VERMONT STATE SYSTEM OF CARE PLAN

FOR DEVELOPMENTAL SERVICES

THREE-YEAR PLAN
FY 2005 – FY 2007

Effective: July 1, 2004 – June 30, 2007

Vermont
State System of Care Plan
for Developmental Services

Three-Year Plan
FY 2005 – FY 2007

For additional information, or to obtain copies of this report in this or other formats, contact:

Vermont Agency of Human Services
Department of Aging & Independent Living
Division of Developmental Services
103 South Main Street
Waterbury, VT 05671-1601
Phone: 802-241-2614
Fax: 802-241-4224
www.ddmhs.state.vt.us

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Background

The Developmental Disabilities Act of 1996 requires the Division of Developmental Services (DDS) 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 purpose of this report is to present the State System of Care Plan to individuals with developmental disabilities, families, advocates, service providers and policy makers. The State System of Care Plan, together with the Division of Developmental Services Annual Report, covers all requirements outlined in developmental disabilities statute. The content of this report is based on the collective input obtained through a variety of means and from a wide range of individuals. Information gathering concerning the need and effectiveness of supports to people with developmental disabilities in Vermont is an ongoing endeavor.

The Vermont Developmental Services System of Care Plan, developed every three years and updated annually, determines criteria for individuals to obtain services and funding, including priorities to develop new, and continue current, services and programs. This plan reflects the Division of Developmental Services' commitment to the well-being of people with disabilities and the use of resources to achieve personal and system outcomes consistent with the Agency of Human Services' outcomes for the citizens of Vermont. This plan covers the period starting July 1, 2004 through June 30, 2007. Updates to relevant pages of this plan will be provided annually; however, the entire plan will not be replaced unless significant circumstances warrant such a change.

Agency of Human Services Reorganization

Effective July 1, 2004, the Division of Developmental Services will join with current programs in the Department of Aging and Disabilities into a new department of state government called the **Department of Aging and Independent Living**. One of the significant changes in this new organization is that the Division of Developmental Services will be responsible for the children's personal care program and the high technology program serving children and adults – both of these programs migrated from the former Department of Prevention, Assistance, Transitions and Health Access (PATH). Many challenges are expected with these changes, but with those challenges will also come opportunities to serve Vermonters with disabilities better.

New Plan

The document represents a new plan and as such draws on the experiences of the previous plans, but also reflects the realities of the current budget for services. This means that the reader will not see things from the expired plans that are not relevant to the money that is available for services for the current fiscal year. Specifically, the funding priorities (see Chapter 6) for children in particular are significantly revised from the previous plan. The main service for children will continue to be Flexible Family Funding, and added to that under the auspices of this plan – personal care and high technology services, both of which are services under the State Medicaid Plan. Developmental Services Medicaid waiver supports will only be available to those children experiencing institutional placements. However, as noted in the planning section (See Chapter 5), it is the Division's intention to promote changes to the personal care program that would enable those supports to be more family friendly and flexible to the desires and needs of individuals with disabilities and their families.

Funding Changes

Also new with this plan is the lack of annualized caseload dollars in FY 2005 for people entering the system, or existing people who have increased needs. What this means is that anyone whose services start after July 1st will also need funding in the following year to "annualize" their budgets. This also complicates the management of resources because not only does the individual budget need review, but the timing of starting services needs to be considered as well. For these reasons there are changes being made to the funding process (see Chapter 6).

PRINCIPLES OF DEVELOPMENTAL SERVICES

The Developmental Disabilities Act of 1996 (DD Act) states that services provided to people with developmental disabilities and their families shall 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 when the children are cared for 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 provided when people of 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 and choice of services, the cost, how the decision making process works, and how to participate in that process.

- **Individualized Support.** People with disabilities have differing abilities, needs, and goals. Thus, 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 unless they have meaningful choices about how they live and the kinds of services they receive. Effective services are 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. Effective services and supports foster full community participation and personal relationships with other members of the community. 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 purposes and principles of this chapter are realized, all individuals who provide services to people with developmental disabilities must have training as required by section 8731 of this title.

- **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.

FISCAL RESOURCES

For FY 2005, the Division of Developmental Services has an appropriated budget of combined state general funds and federal Medicaid funds of **$99,506,091**. This is allocated as follows:

Existing Funding

Existing Community Services	$89,309,649

(includes $1,639,189 for annualization of FY 2004 consumers and $1,055,674 general fund for replacement of lost federal funding due to Medicaid formula change)

Salaries and Expenses for Guardianship Services, Quality Assurance and Division Administration	3,694,308
Division of Rate Setting	16,800

New Funding

Flexible Family Funding	85,609

(new funding for 70 families)

2.75% Cost of Living Increase for Existing Community Services	3,046,350
New Caseload for Consumer Needs	1,921,748*

(229 people @ $26,000/person, minus Equity funding, minus adjustment for partial year of services)

High School Graduates	492,001

(19 people @ $26,000/person)

Public Safety	494,000

(excess caseload costs for 9-10 people due to public safety risk)

Worker's Compensation	445,626*

(coverage for 1,150 employees beginning January 2005)

TOTAL	**$99,506,091**

* Note: The general fund match required to annualize total funding of $2,367,414 will be required in FY 2006. In FY 2005 dollars that is a minimum of $937,022 state general funds to continue services started in FY 2005.

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CHAPTER TWO – ELIGIBILITY FOR SUPPORTS

The Division of Developmental Services' *Rules Implementing the Developmental Disabilities Act of 1996* (Parts 1 and 2) govern eligibility. The Developmental Disabilities Act replaced the term "mental retardation" with "developmental disability" in response to the desires of people with disabilities, their families and advocates. Part 1 of the regulations for the Developmental Disabilities Act provides a definition of developmental disability and criteria for determining developmental disability for young children, school-age children and adults. Part 2 of the regulations provides a definition of who is a recipient.

Formal developmental services eligibility must be determined for Flexible Family Funding, Medicaid waiver or any other developmental services supports (does not apply to personal care or high technology supports). If a person meets the eligibility criteria as a person with a developmental disability, he or she does not automatically qualify for services. The additional step of determining if a person's situation meets the funding priorities (see Chapter 6) is also required for most services. The major exceptions to this are the Flexible Family Funding program which serves any person eligible for the program within the funds available, and the children's personal care program and high technology services for children and adults – both of which are Medicaid State Plan services.

Roughly 10,605 of the state's 616,592[1] citizens have a developmental disability as defined in the Developmental Disabilities Act of 1996. The birth rate in Vermont is about 6,367 live births per year[2]. Using the same percentage, it is expected that approximately 110 children will be born each year with developmental disabilities. Conversely, only about an average of 32 people who receive services die each year. Approximately 100 new individuals are served each year.

Most people with developmental disabilities in Vermont are actively involved in home and community life, working and living along with everyone else. Not everyone with developmental disabilities needs services. Of those that do need support, many people have only moderate needs. Those with more intense needs do require long term, often life-long support, many at a very intensive level. There were 2,889 people served in FY 2003, which is only about 25% of eligible Vermonters. Services are specific to the needs of the person and determined through an individual planning process.

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[1] Based on State of Vermont 2002 census figures and national prevalence rates of 1.5% for mental retardation and .22% for Pervasive Developmental Disorders.
[2] Based on State of Vermont 2001 Vital Statistics.

People Who Leave Services Voluntarily

If person has left services voluntarily, (e.g., temporarily living elsewhere, trying to be independent of the system, etc.) he or she retains eligibility for services for up to two years, but must reapply for funding and have needs that are described by the funding priorities.

Rules Implementing the Developmental Disabilities Act of 1996[3]

Rules Implementing the Developmental Disabilities Act of 1996 state eligibility criteria (Part 1 & Part 2) and govern recipients who are able to pay (Part 7). Part 7 of the Developmental Disabilities Act states services are available regardless of funding source; rules govern room and board and personal spending money; and the financial responsibility of parents (see page 2.3).

Part 1. Eligibility

Young Children (1.01, 1.06)
A young child (not yet old enough to enter first grade) is considered a person with a developmental disability if he or she has:
1. *A condition which has a high probability of resulting in mental retardation; or*
2. *Significant delays in cognitive development and adaptive behavior; or*
3. *A pervasive developmental disorder (i.e., autistic disorder, Rett's disorder, childhood disintegration disorder, Asperger's disorder, and pervasive developmental disorder not otherwise specified) resulting in significant delays in adaptive behavior.*

School Age Children & Adults (1.07, 1.08, 1.05)
A school-age child (old enough to enter first grade and younger than age 18) or an adult (age 18 or older) is considered a person with a developmental disability if he or she has:
1. *Mental retardation (i.e., significantly sub-average cognitive functioning documented by a full scale score of 70 or below on an appropriate standardized test of intelligence and resulting in substantial deficits in adaptive functioning) or a pervasive developmental disorder (i.e., autistic disorder, Rett's disorder, childhood disintegration disorder, Asperger's disorder, and pervasive developmental disorder not otherwise specified) which occurred before age 18; and*
2. *Substantial deficits in adaptive behavior which occurred before age 18.*

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[3] For a complete list of the *Regulations Implementing the Developmental Disabilities Act of 1996*, contact the Division of Developmental Services or go to the website: www.ddmhs.state.vt.us

People Receiving Services on July 1, 1996 (1.14)

People with developmental disabilities and families who are receiving services on July 1, 1996, shall continue to receive services consistent with their needs and the system of care plan.

Part 2. Criteria for Being a Recipient

Who can be a Recipient (2.01,2.02)

A recipient is either:
  1. *A person with a developmental disability; or*
  2. *A family member who supports a person with a developmental disability who receives services supports, vouchers, or case benefits funded by the Division of Developmental Services.*

Part 7. Recipients Who are Able to Pay

Services available regardless of funding source (7.01)

  1. *Any services or supports which are provided to people who are eligible for Medicaid must be made available on the same basis to people who are able to pay for the services or who have other sources of payment.*
  2. *The rate charged to recipients who are able to pay for services must be the same as the rate charged to Medicaid-eligible recipients, except that the rate may be discounted to reflect lower administrative or implementation costs, if any, for non-Medicaid recipients. If a provider establishes a sliding fee scale for such services, the provider must have a source of funding (such as United Way, state funds, donated services) for the difference between the cost of providing the service and the fee charged.*
  3. *Any services not funded by Medicaid may be made available in accordance with a sliding fee schedule.*

Room and board; Person Spending Money (7.03)

Medicaid Home and Community Based Waiver funding does not cover room and board, clothing, and personal effects.

Responsibility of parents (7.04)

The parents of a child (under age 18) with a developmental disability are financially responsible for costs not covered by any Medicaid program or funding by the Department: specifically, housing, food, clothing, non-medical transportation, personal items, and child care necessary for a parent to work.

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CHAPTER THREE – Plan Development

CHAPTER THREE – PLAN DEVELOPMENT

The Division of Developmental Services (DDS) gathered information from a variety of sources, including people and organizations that provide, receive, advocate for, and are influenced by, developmental services and supports. The sources of information and a summary of the information gathered are reviewed in this chapter.

Sources of Information for the State System of Care Plan

- DA Program Standing Committees: Local System of Care Plans
- Self-advocates and other people with developmental disabilities: 2001, 2002 & 2003 Consumer Surveys, Green Mountain Self-Advocates
- Family members: 2001 Family Satisfaction Survey
- Division of Developmental Services: Community Alternative Specialists, Guardianship Services Specialists, Division of Developmental Services Leadership Team, Quality Services Reviews
- State Program Standing Committee
- Communities around the State: Local System of Care Plans

Local System of Care Plans

All Designated Agencies (DAs) with which the Division contracts must submit a Local System of Care Plan that covers the three year period of FY 2005 – FY 2007. The purpose of the plans is two-fold:

1. To guide the development of local services, including identifying priority areas of support and use of resources, and
2. To inform the State System of Care Plan and the annual budget process.

The Local System of Care Plans contain sections on plan development, priority needs and resources, and outcomes. Designated Agencies identify local, regional and statewide issues, some of which require focused planning and change in process to achieve, while others require additional funding. Each plan was carefully reviewed and analyzed to determine the applicable contributions and feedback to the State System of Care Plan. The outcomes from each local plan are summarized on the following pages[4] followed by a two-page summary of all local plans.

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[4] Each Local System of Care Plan provides detail about the resources available and those needed to realize the priority needs and meet specific goals of the identified outcomes. Readers are encouraged to review the local plans in their entirety to understand and appreciate the full scope and focus of the plans. They may be accessed by contacting the Division of Developmental Services or your local designated agency.

ADDISON COUNTY
Counseling Services of Addison County – Local System of Care Plan

Agency Outcomes

1. Facilities
   a. Develop plan to meet accessibility requirements of Community Associates
   b. Continue to perform financial analysis of project feasibility
   c. Continue to access input from consumers and guardians

2. System Complexity/Paperwork
   a. Analyze current job descriptions and caseloads of service coordinators
   b. Streamline documentation requirements and internal procedure methods

3. Respite
   a. Continue to develop adequate respite options for scheduled and emergency respite
   b. Promote respite home and research funding for additional respite/crisis supports
   c. Identify additional crisis respite options for children with challenging behaviors

4. Children's Services
   a. Better coordination with Mental Health Division of Counseling Services of Addison County
   b. Become automatic part of school teams and attend school meetings regularly
   c. Create opportunities for families to get together with other families
   d. Expand parent/sibling and consumer lending library add to lending libraries

5. Developmental Home Providers
   a. Provide additional and ongoing training to better meet consumer needs
   b. Create a support group for providers

6. New System Models
   a. Research available funding for transitional residential supports
   b. Research available funding for persons who do not meet developmental services eligibility

7. More Group Activities
   a. Sponsor dances and educational courses according to consumer wishes
   b. Investigate activities offered the community and facilitate consumer involvement

8. Transportation
   a. Raise staff compensation to $.34 per mile
   b. Increase consumer awareness of services for medical and non-medical appointments

BENNINGTON COUNTY
United Counseling Services, Inc. – Local System of Care Plan

Agency Outcomes

1. Develop a variety of residential resources that meet the needs of consumers

2. Develop a pool of respite providers

3. Meet the needs of individuals living with family by providing planning for future needs

4. Increase the skill level of staff to meet the changing needs of the individuals served

5. Increase vocational options for consumers by developing employment options

6. Increase the independence & relationships by increasing consumer ability to communicate

7. Individual Support Agreements will focus on skill development

8. Improve the health and well-being of consumers

9. Increase use of community resources by collaborating with community members & organizations

10. Maintain conformance to Commission on the Accreditation of Rehabilitation Facilities (CARF), Developmental Services Quality Review, and Designated Agency standards

CHITTENDEN COUNTY
Howard Center for Human Services – Local System of Care Plan

Agency Outcomes

1. Transition
    a. Development of an educational series for parents and guardians during transition
    b. Develop an informational packet for families about employment
    c. Create a peer support group for adolescents
    d. Develop an ongoing summer camp option for adolescents

2. Training and Communication
    a. Train contracted workers by facilitating cross-agency training with Champlain Vocational Services & Home Base
    b. Develop model of training to teach life skills to individuals
    c. Increase the quality of service staff provide by developing an ongoing training plan
    d. Increase support for families by developing an Howard Community Services' *Services to Families Manual*

3. Alternative Models of Support
    a. Provide families with a consistent and reliable respite home option
    b. Develop an alternative residential model for sex offenders

LAMOILLE COUNTY
Lamoille County Mental Health Services, Inc. – Local System of Care Plan

Agency Outcomes

1. Children Services
   a. Enhance and expand children services throughout the area
   b. Develop clinical expertise through existing staff with plan to contract out services

2. Consumer and Parent Input – Develop methods to gather information and assistance from consumers and families

3. Crisis – Enhance and sustain present crisis system

4. Education and Training of Consumers, Staff and Contracted Personnel
   a. Provide in-house pre-service training and in-service training
   b. Look for new educational opportunities for consumers
   c. Enhance training opportunities through other agencies and University of Vermont

5. Vocational Supports
   a. Provide financial stability to employment program
   b. Demonstrate that every consumer who wants to be employed has a job

FRANKLIN/GRAND ISLE COUNTIES
Northwest Counseling & Support Services, Inc. – Local System of Care Plan

Agency Outcomes

1. Funding
   a. Schedule periodic meetings with legislators to keep them informed
   b. Identify a coordinator for an outreach program; coordinate with the local ARC

2. Staffing Issues
   a. Advertise for providers and use alternative ways to find workers

3. Leisure and Social Activities
   a. Schedule regular meetings for the Autism Collaborative
   b. Look for more scholarship opportunities for literacy program
   c. Contact Community College to help individuals attend classes
   d. Advertise and interview for reporter and writers for newsletter
   e. Look for coordinator to help organize community leisure activities

4. Education
   a. Participate in school transition plans/quarterly meetings with schools
   b. Support six to twelve children in *Back to School Program*
   c. Develop presence in school for Career Days
   d. Develop a program and video introducing "peer helpers"

5. Employment
   a. Support local business as a way to train and support people
   b. Assist more individuals to enter their own business
   c. Assist individual artists to be self-employed

6. Continuum of Support to Promote Independence
   a. Develop a supported apartment model
   b. Put together a support group to connect people to other supports
   c. Help people connect to friends and natural supports

7. Legislative Initiative
   a. Schedule a legislative breakfast to educate representatives
   b. Hold period meetings with legislators to keep them informed on issues

ORANGE COUNTY
Upper Valley Services, Inc. – Local System of Care Plan

Agency Outcomes

1. Improvement in Agency Level Communication
    a. Continue distribution of agency newsletter
    b. Establish contact standards for regular communications
    c. Invite broader participation on committees and work groups
    d. Establish a workable computer based system
    e. Continue quarterly training meetings for case managers
    f. Plan and schedule staff meetings/training forums

2. Enhancement to Employee Wages and Benefits
    a. Find ways to stabilize the health insurance benefit for staff
    b. Increase contributions to employee retirement plan
    c. Work on developing educational/tuition assistance program
    d. Encourage use of work life assistance programs
    e. Establish an agency wellness committee
    f. Work to increase the compensation for direct support providers

3. Training for Managers in Finances and Planning
    a. Use of monthly financial reports to monitor program costs
    b. Use of job cost information
    c. Updating and use of waiver spreadsheet
    d. Budget development – funding proposals

4. Staff Training and Development
    a. Continue training for staff on Individual Support Agreements
    b. Team building skills, crisis planning, basic fiscal management, privacy, voting rights, medical issues, aging, massage therapy, eastern philosophies & meditation, etc.
    c. Supporting people with communication impairments
    d. Fostering greater autonomy with service models

5. Training Opportunities
    a. Support group for parents and guardians
    b. Self-defense training for vulnerable individuals
    c. Credit based training toward degree programs
    d. Opportunity to attend regional and national training
    e. Schedule specific training sessions for home providers

6. Increase Clinical Supports - build in-house capacity (e.g., speech/communication, PT, OT)

7. Development of 3-year plan for Vermont Crisis Intervention Network program

8. Local One-time Funding Priorities – eliminate Flexible Family Funding waiting list

ORLEANS/ESSEX/CALEDONIA COUNTIES
Northeast Kingdom Human Services, Inc. – Local System of Care Plan

Agency Outcomes

1. Offender Issues
   a. License Lowell home to accommodate additional individual
   b. Establish second licensed small group residential and crisis program for offenders
   c. Maintain trained and responsive specialized work force in Safe Choices program
   d. Establish a collaborative agreement with agencies to assist with offenders
   e. Develop a long-range plan with Division of Developmental Services to identify growing needs of offenders

2. Develop Newport Vocational Services

3. Continue to Maintain and Support Global Campuses (Consumer Training) Project

4. Inventory Current Resources to Provide Counseling and Therapy

5. Work to Secure Adequate Funding for Staff Salaries and Increase in Staff

6. Develop a Data Collection System

7. Inventory and Develop Current Crisis Services

RUTLAND COUNTY
Rutland Mental Health Services – Local System of Care Plan

Agency Outcomes

1. Health & Safety
   a. Expand current health care coordination
   b. Expand psychiatric services to respond to consumer need
   c. Increase expertise & knowledge in providing clinical and positive behavioral supports

2. Quality of Services
   a. Initiate a focus group consisting of consumers and families to improve intake process
   b. Develop a formal Job Club focusing on career and employment skills
   c. Develop a broader range of employment opportunities
   d. Develop an apartment program as an alternative to shared living model
   e. Develop formal clinical and skill focused groups
   f. Improve consumer and guardian directed Individual Support Agreements
   g. Increase recreational and leisure opportunities to include evenings and weekends

3. Training – Develop and formalize new training program

WASHINGTON COUNTY
Washington County Mental Health Services, Inc. – Local System of Care Plan

Agency Outcomes

1. Residential Living
   a. Meet challenges around behavioral support needs, offenders, PDDs, etc.
   b. Continue exploration of home purchase by consumers
   c. Explore micro homes for two people
   d. Explore purchase or lease of duplex or triplex home
   e. Revise process for recruitment of developmental homes

2. Case Management/Service Coordination
   a. Continue quality improvement to assist consumers with identifying life goals
   b. Assist service coordinators with using waivers and community resources
   c. Continue training of service coordinators
   d. Continue support and encourage participation in *Friends Helping Friends*

3. Intake
   a. Educate families and individuals during intake process
   b. Educate schools about adult services
   c. Arrange meetings with individual schools and give information about services
   d. Continue to use community resources as funding sources

4. Quality Assurance – Continue quarterly forums for feedback; communicate with CAS

5. Education & Training
   a. Develop resource "library" and database
   b. Involve consumers in all aspects of education and training
   c. Develop and enhance WCMHS website
   d. Increase support provided to case managers
   e. Provide training to vocational workers and other direct support providers

6. Crisis Services/Transitions Services
   a. Find a home that will meet crisis housing needs and long term transitional support
   b. Continue training to crisis staff and in other areas as needed
   c. Assist other agencies with crisis situations/collaborate with WCMHS screeners

7. Employment Services – Re-engineer employment services

8. Clinical Services
   a. Get clear understanding on how behaviors are effected by environmental changes
   b. Clarify case manager expectations during medication checks
   c. Simplify and condense consumer records
   d. Increase sensitivity to dignity of consumers
   e. Increase skills used within DBT modules/improve behavior support plans

9. Communication – Participate in system change directed at improving communication supports

WINDHAM/WINDSOR COUNTIES
Health Care and Rehabilitation Services of Southeastern Vermont –
Local System of Care Plan

Agency Outcomes

1. Development of a Solid Base of Available Community Support Staff
   a. Actively recruit staff
   b. Continue advocacy for increased wages and benefits

2. Offering Multiple Residential Options
   a. Enhance existing residential models with new offerings such as shared living
   b. Provide ongoing training and adequate compensation to home providers

3. Making the System Work for Constituents
   a. Streamline processes, eliminate duplicate and non-essential paperwork
   b. Actively listen to concerns of consumers and family members

4. Priority Funding for Children
   a. Advocate for priority funding for children
   b. Look at how best to integrate effective services for children

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FY '05 – FY '07 Local System of Care Plans Summary – Priority Need & Outcome Areas		
Service Areas	**Frequently Mentioned (by 3 or more local plans)**	**Occasionally Mentioned (by 2 local plans)**
Service Coordination	Specific training for Service Coordinators	Decrease caseload size
Community Supports	Facilitate peer connections Enhance educational opportunities Increase community activities	"After hours" community supports (weekends/evenings)
Employment Services	Promote employment opportunities	
Respite/Family Supports	Develop respite options Funding for respite Personal Care Services Funding for Flexible Family Funding	Family peer support
Clinical Services	Develop clinical resources (e.g., psych., behavior) Train staff & increase skills in clinical supports	Increase clinical support for offenders
Crisis Services	Enhance crisis resources	
Home Supports	Develop other residential options Support & training for home providers Develop other residential options for offenders Recruit home providers	
Transition Supports	Better relationships / communication with schools Improve transition supports for students	
Transportation Supports	Increase / find alternative transportation options	

Other Support/ Process Areas	Frequently Mentioned (by 3 or more local plans)	Occasionally Mentioned (by 2 local plans)
Agency Communication/PR	Improve outreach / education about services	
Offender Population	Develop comprehensive plan / models of support Alternative residential models	Clinical services for offenders
Communication Supports	Increase support to help people communicate	
Intake/Needs Assessment	Improve intake and assessment process	
Individual Support Agreement/ Program Planning		Support consumer involvement in Individual Support Agreement (ISA) process
Quality Improvement/Mangmt.		Develop better use of computers
Self-Advocacy		Support self-advocacy participation
Training	Training for staff Training for consumers/families	Training for home providers/contracted workers
Miscellaneous		Support for aging parents
Funding for Services	Adequate funding for services Reinstate / broaden State System of Care Plan funding priorities – specifically kids services One-time funding Personal Care Services More funding for Flexible Family Funding	Develop alternative funding options Funding & outreach for services to people who are not-eligible for DS services
Work Force	Adequate wages & benefits for workers	
System/Process	Complexity of system / over regulation / streamline processes & paperwork	Reassess system's values

Consumer Survey

The Consumer Survey Project conducted 556 interviews of adults who receive developmental services over the course of the past three years (2001, 2002, 2003). Overall, people expressed general satisfaction with where they lived, worked, what they did during the day, and with the people who provide them support. Specifically, people who responded to the survey said they:
- Were happy with where they live
- Have privacy in their home
- Feel safe at home and in their neighborhoods
- Have a way to get to where they want to go
- Like their jobs and the people they work with
- Like their guardian and get to see them when they want to
- Feel listened to at their planning meetings
- Are happy with their service coordinator
- Are happy with the help they get from their agency
- Feel they have enough control over their life

Survey results also indicated people's satisfaction was lower in regard to their autonomy. For example, many people who responded to the survey said they:
- Do not have a choice in where they live or who lives with them
- Cannot have their own money whenever they want
- Cannot go out whenever they want
- Do not have a key to their home
- Do not decide when friends or family can come over to visit
- Wish they had more friends
- Do not choose who helps them at work or during the day
- Do not choose their case worker and are not involved in hiring their support staff

Family Satisfaction Survey

The Division of Developmental Services sent out a Family Satisfaction Survey in 2001 to all people who had a family member with developmental disabilities living with them who received services. There were 539 surveys completed and returned, representing a 49% response rate.

Overall, families were satisfied with the services and supports they receive. In general, families reported satisfaction in:
- Knowing who to contact for information about services
- Choice of support/respite workers
- Control over the hiring of support/respite workers
- Staff respect of choices and opinions of families
- Staff being respectful and courteous
- Work and community supports being worthwhile

Families reported being least satisfied in:
- Help not always being provided right away in a crisis
- Frequent changes in support/respite staff
- Not knowing how much money is spent on behalf of their family member

When comparing 2001 survey responses with the results from the previous family satisfaction survey, there were improvements in many areas, including:
- Choice
- Service planning & coordination
- Responsiveness of services
- Receiving information
- Staff respect
- Information about complaint & appeal process
- Special needs

The one area where families were less satisfied was in:
- Frequent changes in support/respite staff

The Family Satisfaction Survey also gave the Division valuable information about the primary caregiver. Of the people who responded to the survey, 22% of family caregivers are age 60 and over, and of the family members who live with them, 58% are age 35 and older. Of all the adults age 35 and over who live with family, 72% of them have primary caregivers age 60 and over.

Additional analysis show that families of adults who live with them expressed greater satisfaction in more areas then families of children. Although families of people receiving waiver funding expressed greater satisfaction than families getting Flexible Family Funding, there was no significant difference in satisfaction with their service coordinator and in the knowledge and effectiveness of staff.

Green Mountain Self-Advocates

Members of the Green Mountain Self-Advocates' Board voted on a list of suggestions for the System of Care Plan at their April 26, 2004 board meeting. The following recommendations received at least three votes:
- Need help managing my money from case managers
- To be able to live independently. To be able to choose to live alone or with a roommate. To have the option of not living with a developmental home provider.
- Respite
- Physical therapy
- Exercise
- Connecting with family and friends; staying in touch.
- Transportation to where I want to go, when I want to go
- Keeping my job and having support to keep it
- Having my own place
- Peer support
- Being married; having a family
- Travel
- Support workers for community events

The following were noted as areas where the System of Care Plan should not allocate money:
- Institutions or sheltered workshops
- Group homes for children – children should grow up in families, not group homes

Division of Developmental Services

Community Alternative Specialists conduct annual on-site reviews to assess the quality of services provided by the 16 developmental service providers in Vermont. A total of 406 people were reviewed in the 2003 calendar year, accounting for 19% of the people getting Medicaid-funded developmental services.

Areas of strength that were noted in the quality review reports include:
- High quality home supports; exemplary developmental homes, supervised living program
- Dedicated, skilled staff/providers; effective teams
- Excellent health supports
- Strong clinical supports
- Well delivered employment services
- Consistently high quality services

- Emphasis on growth and independence
- Community supports promote membership, inclusion, life skills
- Strong commitment to training
- Effective quality assurance/quality improvement systems
- Exemplary communication and responsiveness
- Innovative outreach program for parents with disabilities

Priority areas for improvement that were most frequently noted as needing improvement were:
- Individual Support Agreements
- Staff training (e.g., Individual Support Agreement development, funding/budgets, needs assessments, Health and Wellness Guidelines, supervision)
- Behavior Support Plans
- Quality assurance, quality improvement process, monitoring and oversight
- Supported Employment services
- Individual budgets
- Health and safety

There were four agencies where no areas needing improvement were identified.

In addition to the above, a number of meetings were held with Division of Developmental Services staff to elicit feedback about the Plan. Community Alternative Specialists and Guardianship Services staff provided suggestions for specific areas of the plan. The Division's leadership team reviewed local plans and, taking into careful consideration existing supports and services, formulated areas for systems development and improvement. Specifically, Division of Developmental Services staff identified the need for the state and local providers to focus on supports to increase the number of people working, to increase opportunities and supports for people to be able to communicate more effectively, and to convert the personal care program to more flexible supports.

Supported Employment: Employment supports have long been a hallmark of services to people with developmental disabilities in Vermont. Yet there are still a disproportionate number of people spending their day engaged in various "community" activities, without specific purpose, who would rather be working. The 2003 Consumer Survey found that 79% of the people who did not work said they wanted a job.
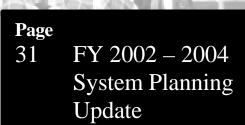
Communication Supports: The Division of Developmental Services' Communication Initiative Action Plan identifies outcome areas that build supports and increase awareness at the individual level, agency level and state level to improve people's communication. This multi-level approach addresses both individual and systemic barriers to communication supports. A number of action steps have already been accomplished, but there are more areas that need work.

Personal Care Program: During the Agency of Human Services reorganization input process, many comments were received about the necessary changes in the personal care program. Therefore, the Division of Developmental Services was given the authority to manage the program and anticipates making significant changes over the next 12 – 24 months.

State Standing Committee

A public forum was held in conjunction with the May 17, 2004 State Standing Committee meeting. The meeting was held via Vermont Interactive Television and was open to the public. Over 155 people attended; including self-advocates, family members, directors of developmental service agencies, direct support staff, local standing committee members, advocates and other interested people. Feedback from the State Standing Committee and other stakeholders was incorporated into the plan. The Developmental Services State Standing Committee reviewed the amended plan at their June 17, 2004 meeting.

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       System Planning
       Update

Support Area	FY '02 – FY '04 System Planning Update	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
Family Services	▪ Define goal of children's services for developmental services; explore defining scope of services to family support. Evaluate impact of any changes to scope of children's services	X				Ongoing applicant list tracking children who apply for services
	▪ Explore waiver to convert Flexible Family Funding (FFF) to Medicaid; develop "family support" waiver while still keeping the "flexibility" of Flexible Family Funding. If waiver option is successful, increase Flexible Family Funding from $1,122 and enhanced FFF from $3,000 to account for inflation				X	Flexible Family Funding minimal services will not meet "institutional" test for waiver
	▪ Consider redefining enhanced Flexible Family Funding for use only by adults who meet new caseload funding priorities	X				Dropped any new enhanced FFF as a result of budget issues
	▪ Clarify funding priority for support to parents with developmental disabilities	X		X		Clarified funding priority; but suspended funding for this need; reinstated for FY 2005
	▪ Clarify funding priority for adults facing loss of a family or minimally paid caregiver	X				
	▪ Work with Dept. of Education and State Interagency Team regarding conflicts between Act 264 and the DD Act				X	
State Respite Homes	▪ Develop plan for use of respite homes considering unmet needs and criteria for use	X		X		
	▪ Recruit new home in southeastern part of Vermont				X	FY 2002 budget cuts
Personal Care Services	▪ Work with PATH to explore an interagency agreement to have DS manage Personal Care Service funding for DS eligible children. If successful, develop unified budgeting process for children with Personal Care Services and waiver supports		X			Occurring in conjunction with the Agency of Human Services reorganization

Support Area	FY '02 – FY '04 System Planning Update	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
Supported Employment	▪ Work to create equitable access to supported employment services across Vermont (further develop Randolph and Lamoille County areas for increased Vocational Rehabilitation's involvement). Increase VR resources in Randolph and Lamoille County		X	X		Sterling Area Services employment program (Lamoille County) developed and continues to grow; development in Randolph has not occurred
	▪ Change funding priorities to increase employment opportunities	X		X		Current funding priority for high school graduates; incentive in FY 2005 for conversion from community supports to employment
Transition Supports	▪ Develop, support and identify resources to provide services to all "June graduates", regardless of employment or residential status; consider achieving through expansion of Flexible Family Funding. If agreed upon, implement family support waiver concept (see family services above)			X		Continued education of need within administration & legislature for these services
	▪ Work with schools to reduce bias against students who live in areas where schools do not prioritize community work opportunities		X	X		Working with schools to revise high school graduate survey & transition process
	▪ Assure reassessment of graduates who have received services as children to insure comparability with other adults receiving services			X		
Service Coordination	▪ Develop infrastructure to support service coordination functions for both independent service coordinators and those that work within provider agencies		X	X		Service coordinator training occurring and accompanying manual under development
	▪ Explore ways to simplify scope of service coordinator responsibilities (e.g., create statewide information resource service, simplify Targeted Care Management billing)	X				No changes recommended

Support Area	FY '02 – FY '04 System Planning Update	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
Community Supports	▪ Limit use of "institutional settings", such as nursing facilities, as community support locations	X				Restricted use of "institutional settings" in system of care plan
	▪ Reprioritize use of resources for community day supports in response to universal requests of self-advocates for work, educational and social opportunities; continue focus on making community supports relevant for the person, not a function of where he/she lives		X	X		Developing system "report card" on supported employment; incentive in FY 2005 for conversion of community supports to employment
	▪ Continue focus on shifting funding from community supports to work supports		X	X		See above
	▪ Periodically disseminate information on options/funding for accessing transportation; explore creative transportation alternatives outside of DDMHS			X		Plan to work with Department of Aging and Disabilities on this issue
Home Supports	▪ Explore creative, safe ways to reduce 24-hour care; develop alternative residential options (e.g., flexible supported living)			X		
	▪ Develop experience and expertise, including use of existing housing resources, that promotes home ownership (e.g., Home of Your Own, Section 8 flexibility)	X		X		Two workshops on home ownership presented by Green Mountain Self Advocates
Crisis/Clinical Services	▪ Continue training and increase local human resources to enable positive approaches	X		X		Provided individual consultations to agencies; revising Guidelines for Behavior Supports
	▪ Increase clinical capacity in the state for evaluations and direct clinical work	X				Conducted specialized training to evaluate people with Pervasive Developmental Disabilities; Provided technical assistance to agencies for increasing clinical capacity

Support Area	FY '02 – FY '04 System Planning Update	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
Crisis/Clinical Services	▪ Identify resources necessary to address mental health needs of children with developmental disabilities (e.g., mental health system, private practitioners, etc.)			X		
	▪ Develop and fund second state-wide crisis bed	X				
	▪ Expand and fund local crisis response capacity	X				
	▪ Assure medical consultations/coordination via nursing is available locally	X		X		
Communication Supports	▪ Ensure systemic and local means for supporting and enhancing communication skills, technology and training	X	X	X		Implemented Communication Task Force; working on local resources
Offenders with Developmental Disabilities	▪ Secure resources to address recommendations made in the *Report to the Legislature on Offenders with Developmental Disabilities* as follows:					Advanced training; much work done in this area, but the need is ongoing – not a one-time thing
	o Develop emergency/short term stay/crisis bed	X				
	o Develop alternative placements to increase security	X	X			
	o Earmark funds for high risk offenders	X				
	o Provide advanced training, clinical supervision and therapy options		X			
	o Provide reliable, enhanced respite		X			
	▪ Amend Act 248 as recommended in the *Report to the Legislature on Offenders with Developmental Disabilities*		X	X		Passed Senate twice; House failed to address
Self-Determination	▪ Develop *Self-Management Handbook*	X	X			Completed "Guide"; handbook in progress via Real Choices grant

Support Area	FY '02 – FY '04 System Planning Update	Completed	In Progress	Ongoing Need	Dropped	COMMENTS
Self-Determination	▪ Support ongoing development of self-advocacy activities, including resources for self-advocates to be paid trainers		X	X		Real Choices activities have included the development of a speaker's bureau and ongoing opportunities for self advocates to be paid trainers
System Issues	▪ Develop mechanism for annual cost of living increases to support community services			X		Cost of living increases funded all 3 years; no ongoing mechanism in place yet
	▪ Develop accurate and meaningful "waiting list" documentation.	X		X		
	▪ Improve understanding of the rights of applicants and service recipients (e.g., accessible complaint and appeals process)	X		X		
	▪ Evaluate "systems change" initiatives (e.g., intake process, needs assessment, funding process, etc.) to identify processes that support or inhibit supports for individuals and families			X		

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      System
      Development

Young Children	Transition Age	Adults	Older Adults	Support Area	FY 2005	FY 2006	FY 2007
X	X	X	X	*Agency of Human Services Reorganization*	▪ Participate in the Agency of Human Services reorganization committees; work with Department of Aging & Disabilities to implement creation of new department to facilitate consumer-focused services for children, youth and adults with disabilities, and elder citizens		
X	X			*Family Services – Personal Care/ High Tech Services*	▪ Work to assume responsibility for Personal Care Services and High Tech Services effective 7/1/05; survey recipients; redesign program; explore service coordination access	▪ Determine if personal care services can be converted to a waiver to allow more flexibility for families	
X	X				▪ Work to create a smoother transition from Personal Care Service and High Tech Services into adult services		
X	X	X		*Respite Homes*		▪ Increase use of state respite homes by people who live with their families and who receive minimal or no support	
X	X	X				▪ Work with agencies to increase regional respite home options	
		X	X	*Employment Supports*	▪ Identify resources and provide incentive for converting Community Supports to Employment Supports		
		X	X			▪ Coordinate training and job development skills for Community Support workers to become Employment Support workers	
	X	X	X		▪ Improve statewide reporting of comparative employment data		

The "Life Cycle" heading spans the Young Children, Transition Age, Adults, Older Adults columns.

Life Cycle				Support Area	FY 2005	FY 2006	FY 2007
Young Children	Transition Age	Adults	Older Adults				
	X	X	X	*Employment Supports*		▪ Work with Vocational Rehabilitation and Special Education Coordinators to develop a resource manual on employment	
	X	X	X		▪ Work with Vocational Rehabilitation to develop forums/training for consumers and families		
	X	X	X			▪ Work with Vocational Rehabilitation to explore alternative methods of employment; specifically helping people to go into business for themselves	
	X			*Transition Supports*	▪ Work with Vocational Rehabilitation and Special Education Coordinators to improve planning for high school graduates transitioning to adult services		
X	X	X	X	*Service Coordination*		▪ Evaluate the effectiveness of Service Coordination and devise ways to adjust the roles and responsibilities of Service Coordinators to enhance quality supports	

Young Children	Transition Age	Adults	Older Adults	Support Area	FY 2005	FY 2006	FY 2007
X	X	X	X	*Intake*	▪ Contact professional organizations to publicize the need of more qualified clinicians to do eligibility assessments		
X	X	X	X		▪ Develop a user-friendly informational booklet on eligibility and how to apply for services and funding		
		X	X	*Community Supports*		▪ Improve information on consumer outcomes related to Community Supports	
	X	X	X		▪ Facilitate exploration and creation of continuing/higher education opportunities		
		X	X	*Home Supports*	▪ Work with agencies and state and regional housing officials to gain access to housing opportunities and Section 8 resources		
		X	X		▪ Work with Licensing and Protection to eliminate licensing barriers to small (3-6 person) supported living models		
		X	X		▪ Work with Department of Aging & Disabilities housing specialist and providers to create opportunities to pilot creative housing alternatives		

Life Cycle

Life Cycle							
Young Children	Transition Age	Adults	Older Adults	**Support Area**	**FY 2005**	**FY 2006**	**FY 2007**
X	X	X	X	*Crisis/Clinical Services*	▪ Collaborate with Upper Valley Services to develop and administer a consumer survey of Vermont Crisis Intervention Network services		
X	X	X	X			▪ Facilitate collaboration and training with people who provide local, regional and statewide crisis supports to improve system-wide crisis network	
X	X	X	X			▪ Evaluate the need for additional systemic and/or local clinical resources	
	X	X	X	*Communication Supports*	▪ Work with Vermont Assistive Technology Project, Office of Vermont Health Access and ancillary service provider networks to improve access to qualified professionals (e.g., SLPs, OTs, PTs)		
	X	X	X		▪ Work with Vermont Communication Task Force and agencies to facilitate development of in-house capacity at agencies for local communication resource person and provide ongoing support		
	X	X	X			▪ Explore alternative ways to access Medicaid funding for communication services	
X	X	X	X	*Training*	▪ Evaluate need for home provider training and develop and facilitate needed local, regional and statewide training opportunities of home providers and contracted workers		
X	X	X	X		▪ Provide training opportunities for consumers and families about issues of interest (e.g., rights, funding, Agency of Human Services reorganization)		

Life Cycle				Support Area	FY 2005	FY 2006	FY 2007
Young Children	Transition Age	Adults	Older Adults				
	X	X	X	*Offenders with Developmental Disabilities*	▪ Evaluate the need for increase in number of staffed residential situations		
	X	X	X		▪ Implement crisis/respite home		▪ Evaluate crisis/respite home
X	X	X	X	*Self/Family-Management*	▪ Develop Request for Proposal & begin implementation for Supportive Intermediary Service Organization (ISO) for people who are self- or family-managing. (An ISO is an organization to help people self/family-managing and home providers who are employers recruit & train employees)		▪ Evaluate implementation of Supportive Intermediate Service Organization
	X	X	X	*Self-Advocacy*	▪ Provide ongoing support to self-advocacy activities; explore use of Medicaid funding to enhance sustainability of self-advocacy activities		
X	X	X	X	*Transportation*	▪ Work with the Agency of Human Services transportation group and transportation users to advocate with VTrans and explore creative ways to expand accessible rural and mass transit transportation options		
X	X	X	X		▪ Work with Department of Aging & Disabilities transportation specialist to develop a resource guide on transportation funding and resource options		

Young Children	Transition Age	Adults	Older Adults	Support Area	FY 2005	FY 2006	FY 2007
	Life Cycle						
X	X	X	X	*Transportation*			▪ Work with providers to explore and develop creative alternative uses of waiver-funded transportation resources
X	X	X	X	*System/ Administrative Issues*	▪ Examine system processes (e.g., intake, funding, etc.) on the state and local level for areas of simplification and streamlining; make adjustments as necessary		
X	X	X	X		▪ Simplify system for funding new caseload needs		
X	X	X	X			▪ Complete revision to Medicaid Procedures to clarify and simplify expectations	
X	X	X	X		▪ Participate in independent assessment of community provider system		

CHAPTER SIX – Funding Process & Guidelines

CHAPTER SIX – FUNDING PROCESS & GUIDELINES

Beginning in FY 2005 the Division's new caseload funding for individuals with developmental disabilities changed from annualized funding to partial year funding. This change means that the funding process must be managed to track individualized budgets as well as the timing of when individuals begin newly funded services. These changes are reflected in this chapter.

Also incorporated in this chapter is written guidance to individuals, families and providers about various funding issues. This is not an exhaustive listing of the various Medicaid rules and regulations, and should be used in concert with the State's approved Medicaid waiver and Medicaid procedures as well as any other interpretive memoranda, guidelines, policies, regulations, etc., issued by the Division of Developmental Services.

Meeting the Service System's Standards

All funding decisions and any changes to individuals' current budgets are made first and foremost to assure funding is available to meet the funding priorities. Decisions to allocate funding or change any individual's budget must be consistent with the following:

- The Developmental Disabilities Act of 1996 and corresponding regulations;
- Medicaid rules and regulations;
- Needs assessment performed during initial intake and periodic review;
- Individual Support Agreement Guidelines;
- Guidelines for Quality Services; and,
- All other guidelines, policies, rules and regulations of the Division.

Limited Funding

The Division of Developmental Services is obligated to meet the needs of individuals eligible for services, ***within the appropriated funding*** received from the Legislature. No services may be authorized that exceed the fiscal year 2005 funding levels unless appropriate prior approval is received. It is, therefore, important that meeting personal and public safety needs are prioritized with all developmental services funding.

Existing Funding

Since the majority of all developmental services funding already exists within the base budgets of designated and specialized service agencies ($89 million), the use and flexibility of these funds must be continually assessed. It is expected that annually each designated agency and specialized service agency will recalculate service/support costs and update individuals' budgets accordingly, respreading costs as appropriate. Designated agencies and specialized service agencies are encouraged to provide services and supports identified in the Local System of Care Plans that may *prevent the need for more costly services*, if it will help alleviate the person's circumstance or can help prevent a circumstance that results in meeting funding priorities. The use of existing base caseload funds must:

- First meet needs related to personal health and safety and/or public safety.
- Be based on needs assessment/periodic review.
- Relate to a person's Individual Support Agreement; the services/supports must be something needed, wanted and valued by the person.
- Consider alternative funding sources and natural supports before using developmental services funding.
- Provide for built-in processes for the ongoing quality improvement of services.
- Provide for the reallocation of existing funding from all individuals (agency-managed; shared-managed and self- or family-managed) from services that are no longer needed or that cost less than anticipated to meet areas of critical need of other individuals.
- Be the most cost effective way to meet the person's need.

Existing funding also provides for changes in existing consumers' budgets to meet needs identified during the periodic review process. This means that changes within already funded areas of support are allowable and can be made without an updated needs assessment. However, decisions made to fund any new areas of support are made during the periodic review process and can only be changed if an updated needs assessment reveals a serious need in the area and the provider has addressed personal/public safety issues of the individual or others.

Existing Funding Reverts to the Equity Fund: All existing funding reverts to the Equity Fund when a person dies (except PASARR specialized services for people in nursing facilities), moves out-of-state, or makes a long-term move to an institutional placement (e.g., jail, nursing facility) or residential school. Existing funding also

reverts to the Equity Fund when individuals become independent of or voluntarily leave Division of Developmental Services-funded services.

Transfers to Other Providers: When an individual transfers from one provider to another, all funding except the following infrastructure is transferred to the new provider: regional and state crisis; regional and state respite homes; and Intermediary Service Organization costs.

Cost of Living Increase: The legislature provided a 2.75% cost of living increase targeted to workforce compensation issues (e.g., salaries, health insurance, contracted home provider payments, etc.) and provider operating expense increases (e.g., fuel, telephone, etc.).

Access to New Caseload Funding

- *Funding Priorities:* Within the funds available, any individual whose life circumstances are described by the funding priorities has access to new caseload funding.
- *Dollar Threshold:* Individuals are eligible for new caseload funding if their needs as described in the funding priorities, exceed $4,000 and the ability of the provider to use its existing base budget resources by reallocating among its consumers.

Limitations on the Use of All DDS Funding

Division of Developmental Services funds ***cannot be used to increase the availability*** of the following services:

- Enclaves (segregated work environments within an employer's worksite)
- Congregate residential settings in excess of 4 beds for adults (age 18 and over)

Division of Developmental Services funds ***cannot be used at all to fund*** the following services/settings:

- Congregate (defined as 3 or more individuals) residential settings for children under 18 years old[5];
- Institutional settings (e.g., nursing facilities, etc.) for providing "community supports" other than for people living, working or volunteering in the setting;

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[5] Existing group home for children with emotional, behavioral and/or developmental disabilities in Chittenden County is "grandfathered in".

- Any residential schools/treatment centers, in-state or out-of-state institutional or congregate placements (e.g., out-of-state ICF/MR, nursing facility, public or private training centers or schools, etc.);
- Room and board paid for with Medicaid waiver funds; room and board includes permanent or temporary housing (e.g., rent, hotels, etc.) and meals; or,
- Sheltered workshops.

Role of the Division in Caseload Funding

The Division of Developmental Services maintains an active role in the allocation and review of caseload funding. The Division will:

- Assist agencies to negotiate and facilitate arrangements for eligible individuals when the Department for Children and Family Services, local schools, Department of Corrections or other state agencies and/or out-of-state organizations are contributing payment for an individual's services through the waiver.
- Prepare budget recommendations for the Administration's review.
- Issue guidelines for any budgetary rescissions.
- Review funding requests for current and new recipients whose services cost in excess of $100,000. Prior approval is required.
- Participate in the deliberations of the Equity Committee.
- Review requests for any out-of-home placements supported by developmental services funding for children under 18 years old. Prior approval is required.
- Administer special program allocations (Special Services Fund and Guardianship Services Fund) and joint funding with other state agencies (see Special Program Allocations).
- Manage the risk pool, with input from the Oversight Committee (made up of consumers, providers and Department staff).
- Assist in filling vacancies in the ICF/MR or group homes, as these residential supports are considered statewide resources.
- Resolve questions from new applicants, existing consumers, providers and others concerning who is the designated agency.
- Provide guidelines and technical assistance to agencies and local funding committees.

Guidance for Management of All Funding

The following guidance applies to Division of Developmental Services funding as noted below:

Allocations:
1. All resources identified as "new caseload funding" must be used to address the needs of individuals as described in the funding priorities.

2. For up to one (1) calendar year after approval, any unused resources for individuals who do not receive all or a part of the package of services for which funding was allocated are returned to the New Caseload Fund, Equity Fund, PASARR Fund (for people in nursing facilities), High School Graduate Fund or Public Safety Fund, as appropriate.

3. Any newly allocated funding to meet a person's needs as identified in a funding priority must be used to meet those needs. For up to one (1) calendar year after approval, the appropriate funding source must be notified if the intended funded areas of support change.

4. If someone moves out of a group living situation or a person dies, that person's costs may be spread among the remaining people in the home for up to thirty (30) days without prior approval. Requests to extend the funding beyond thirty (30) days must be made to the Equity Committee and cannot extend beyond ninety (90) days in total.

Eligibility:
5. Individuals who are receiving Flexible Family Funding and then move to Medicaid waiver services are no longer eligible for Flexible Family Funding.

6. For a person who currently lives in another state, that state, or other source, may be willing to pay for bridge funding in Vermont for a period of at least one year. The Division may facilitate such an arrangement. When bridge money ends, the person needs to meet funding priorities in order to receive funding.

7. For a person who is currently receiving services in Vermont and plans to move to another state, Vermont may provide up to one year of bridge funding to the receiving state in order to facilitate the placement. The Division may facilitate such an arrangement.

Administrative:

8. The allowable administrative rate for funding approved from the New Caseload Fund, Equity Fund, High School Graduate Fund, Public Safety Fund or PASARR Fund is limited to 5%.

9. All services must be budgeted at the actual cost. Individuals who anticipate receiving services from a provider other than the designated agency (e.g., from a specialized services agency or via self- or family-management), should submit a budget to the designated agency. The designated agency will review the budget and submit the lesser of the two costs for funding consideration. If a decision is made within a calendar year from the date of the service implementation to move to a different provider or method of management, excess funding is returned to the appropriate caseload fund. By contrast, if the person decides to move to the designated agency for services, the designated agency may receive its costs to implement the same services originally funded.

10. Waiver services, clinic services, rehabilitation services or targeted case management cannot be billed for the same individual at the same provider on the same day. The waiver should include money to pay for appropriate mental health services if needed. However, mental health services provided by a private provider and billed directly to Medicaid should be pursued if feasible.

11. Infrastructure costs for services such as psychiatric and facilitated communication are charged to the individuals who use these services. Costs for broader-based services such as regional or statewide crisis, respite beds, fiscal Intermediary Service Organization(s), etc. are spread over all consumers' waivers.

Funding Limitations:

12. The maximum cost for service coordination managed through a designated or specialized service agency is $46.79/hour; if actual costs are less than $46.79/hour, the actual cost should be used.

13. Reasonable transportation expenses, including payments for accessible vehicles, should not exceed $6,000/year (ongoing).

14. A person cannot receive funding from two waivers at the same time (e.g., Division of Developmental Services' waiver and Mental Health Children's waiver, etc.). To determine which waiver is most appropriate, the individual should be evaluated by both to determine which is most appropriate. Then the person can make an informed decision about which waiver package can best meet his/her needs.

15. All State Plan Medicaid services must be explored and accessed before providing funding with a Medicaid waiver. This includes, but is not limited to: personal care services, therapy, home health, durable medical equipment, nutrition, high technology and Medicaid transportation.

16. All relevant generic and community resources are evaluated prior to using new or existing caseload dollars for waiver services. This includes: Vocational Rehabilitation, Department of Employment and Training, Social Security (IRWE, PASS), schools, Family, Infant and Toddler Program; parent child centers, Department of Children and Families, Planned Parenthood, etc.

17. Room and board costs cannot be funded under the waiver. Other sources of funding to assist with room and board costs are SSI, general funds, Section 8 subsidies, public assistance (e.g., fuel assistance program, general assistance, food stamps, etc.).

18. Accessibility modifications that do not add to the value of the home can be paid for, when necessary, using existing, new caseload or one-time funds. For example, if a new bedroom is needed to allow the person to live in the home, the home provider should pay for the addition of the bedroom. However, any additional cost to make that bedroom accessible could be paid for with caseload dollars. The costs of ramps, widening doorways, accessibility modifications to bathrooms are examples of appropriate costs to reimburse.

Guideline Clarification:

19. Developmental or shared living homes must meet the housing safety guidelines for the consumer. The home provider, or applicable landlord, is responsible for all costs to be in compliance with safety guidelines.

Individualized Budgets and Authorized Funding Limits

All individuals with Medicaid waiver funding have an individualized budget and must be given an Authorized Funding Limit. The Authorized Funding Limit contains separate limits for "goods" and "services". In both cases, the funding limits need to be reflective of the funded areas of support documented in the person's needs assessment and the Individual Support Agreement and must be an allowable Medicaid expense.

Type of Authorized Funding Limit	Allowable Service Categories	Comments
Service Funding Limit	▪ Service Planning & Coordination ▪ Community Supports ▪ Employment Services ▪ Respite ▪ Clinical Interventions ▪ Crisis Services ▪ Housing & Home Supports	▪ Includes employee and independent contractor expenses and mileage expenses
Goods Funding Limit	▪ Community Supports ▪ Employment Services ▪ Housing & Home Supports	▪ Maximum of 25% of the individual's total waiver budget or $3,000, whichever is less ▪ Must be consistent with the Individual Support Agreement and funded areas of support ▪ Is not used for employee or contractor salary or expenses ▪ Exceptions to funding limit for van expense, up to a maximum of $6,000, and home modifications for physical accessibility which are individually determined

Additional guidance is provided on the following two pages regarding the ability of individuals and teams to move funds within individualized budgets, as well as responsibilities if an individual overspends his/her waiver budget.

MOVING FUNDS IN INDIVIDUALIZED BUDGETS

Applies to ALL
Self-Managed / Family-Managed / Shared Management/ Agency-Managed
Services and Supports

Moving funds between funded areas of support is allowable. A move to an unfunded area is allowable if a new needs assessment reveals a serious need in that area. Only individuals and/or their guardians and the agency may make decisions to move funds between funded areas. Home providers or other employers may not move funds. Moving funds requires a team decision. In all cases the DA/SSA must be notified of the decision. Moving funds must comply with the Vermont Developmental Services State System of Care Plan.

Applies to Self-Managed and Family-Managed Services

The individual/family:
- makes the decision to move funds within funded areas of support with his/her team
- notifies the DA/SSA prior to implementing any change
- is responsible for any overspending in the funded areas of support/authorized funding limits
- must personally pay their employee(s) or other bills if the overall authorized funding limit is exceeded

The DA/SSA:
- may or may not be part of the team
- notifies the ISO of any changes in the budget/authorized funding limits
- may determine the individual or family cannot manage services if overspending is repeated

The ISO:
- will enforce the limits on funded areas of support/authorized funding limits
- will not pay the employee(s) or bills if overall authorized funding limit is exceeded

Applies to Shared Management

The individual/family:
- with the agency, discuss moving funds; come to agreement prior to moving the funds between funded areas of support and before implementing any change
- is responsible for any over-spending in the funded areas for those services that they manage

The DA/SSA:
- notifies the ISO of any changes in the budget
- is responsible for any overspending in the funded areas it manages
- may determine the individual/ family cannot manage services if overspending is repeated

The ISO:
- will enforce the limits on funded areas of support and the authorized funding limits
- will not pay the employee(s) or bills if overall authorized funding limit is exceeded

Applies to Agency-Managed Services

The individual/family:
- is involved in the team decision about moving funds between funded areas of support

The DA/SSA:
- manages the individualized budget and is responsible for any overspending in funded areas of support/ authorized funding limits.
- does not use the ISO for their employees

OVERSPENDING IN FUNDED AREAS OF SUPPORT AND AUTHORIZED FUNDING LIMITS

Applies to
Self-Managed / Family-Managed and Shared Management Services and Supports

If an individual or family exceeds the money available in a funded area of support, but there are still funds in another funded area of support, the ISO will pay the worker *__for that payroll period only__*. The ISO will not continue to pay workers after they have notified the individual or family and the DA/SSA of the overspending, unless directed by the DA/SSA. The team must address the issue before the next payroll period. The DA/SSA must notify the ISO of any changes in the budget before the next payroll period. Otherwise, timesheet and Requests for Goods Payments will not be processed by the ISO. Also, the ISO will not process timesheets or Requests for Goods Payments that exceed the overall authorized funding limits for goods and services.

Applies to Self-Managed and Family-Managed Services

The individual/family:
- is notified of the overspending by the ISO and the team decides how to address the issue
- notifies the DA/SSA how they addressed the issue and the changes to existing funded areas of support
- is responsible for personally paying his/her employee and other bills if the overall authorized funding limit is exceeded

The DA/SSA:
- discusses how the issue will be addressed with the individual or family. DA/SSA may make contact if the individual or family does not contact them.
- notifies the ISO of the new changes in the funded areas of support
- is not responsible for any overspending caused by the individual or family
- may determine the individual or family cannot manage services if overspending is repeated

The ISO:
- enforces spending limits in each funded area of support
- notifies the individual or family <u>and</u> the DA/SSA of any overspending in funded areas of support
- pays the worker <u>if</u> there are unspent funds in another funded area of support
- will not pay the worker if the overall authorized funding limit is exceeded

Applies to Shared Management

The individual/family:
- is notified of the overspending by the ISO
- the team decides how to address the issue and whether any money can be shifted between funded areas of support
- is responsible for the services he/she manages
- is personally responsible for paying his/her employee and other bills if funding cannot be moved or if overall authorized funding limit is exceeded

The DA/SSA:
- discusses how the issue will be addressed with the individual or family. DA/SSA may make contact if the individual or family does not contact them.
- notifies the ISO of the new changes in the funded areas of support
- is not responsible for overspending by the individual or family
- is responsible for any overspending in the areas it manages
- may determine the individual or family cannot manage services if overspending is repeated

The ISO:
- enforces spending limits in each funded area of support
- notifies the individual or family <u>and</u> the DA/SSA of any overspending in funded areas of support
- pays the worker <u>if</u> there are unspent funds in another funded area of support
- will not pay the worker if the overall authorized funding limit is exceeded

Funding Priorities

The role of the developmental services system is to support individuals and families in their communities – not to substitute or replace them. With that in mind, the following criteria must be met *before* accessing developmental services waiver funds:

- Community and family resources must be used to the fullest extent possible.
- Alternative funding must be unavailable or insufficient; waiver funding may be used only for services that cannot be funded through other private or public means or as a Medicaid State Plan service.
- Waiver funding may not duplicate or substitute for services and supports that are the responsibility of other support systems (e.g., education; Early Periodic Screening, Diagnosis & Treatment (EPSDT); medical health insurance, etc.).
- Funding requests must be more than $4,000, unless otherwise noted.
- The *requested uses of funding must be consistent with the Principles of the DD Act of 1996* and must comply with all applicable rules, regulations and guidelines of the state and federal government.

Funding priorities focus on a person's circumstances and translate to the need for supports that address fundamental health and safety, security, legally mandated services and community safety. Funding priorities are of equal value. An individual may have needs in more than one priority area. **Within the resources appropriated by the legislature and those available from the Equity Fund and through review of potential funding changes for existing consumers,** it is the goal of the developmental services system to assist eligible people who have a need for support brought about by the following circumstances (see the following page) to have those needs met.

FUNDING PRIORITIES

	Age	Priority	Approval	Comments
A.	Children & Youth under age 21	Support needed by families to assist them with personal care tasks as defined in the Personal Care Program	Eligibility & support level determined via Personal Care Program process	Entitled state plan service for eligible children & youth; no minimum dollar amount
B.	Children & Adults	Support for respite and items through Flexible Family Funding that will help the biological or adopted family or legal guardian support the person at home	Determined by the designated agency; does not need to go through local funding committee	Sliding service scale in *Flexible Family Funding Guidelines*; maximum $1,122/person
C.	Children & Adults	Support needed to prevent or end institutionalization in inpatient public or private psychiatric hospitals, nursing facilities or Intermediate Care Facilities for People with Mental Retardation (ICF/MR)	Reviewed by local funding committee & forwarded to Equity Committee	Money from PASARR Fund is approved by PASARR manager; legally mandated
D.	Adults 18 & over	Support needed to prevent or respond to an adult being abused, neglected or exploited	Reviewed by local funding committee & forwarded to Equity Committee	
E.	Adults 18 & over	Support needed by an adult to prevent an imminent risk to the person's health or safety	Reviewed by local funding committee & forwarded to Equity Committee	Age requirement of 21 effective July 1, 2006
F.	Adults 18 & over	Support needed for parents with developmental disabilities to provide training in parenting skills to help keep a child under 18 at home.	Reviewed by local funding committee & forwarded to Equity Committee	Services may not substitute for regular role & expenses of parenting; maximum amount of $5,000/ year
G.	Adults 18 & over	Support needed to respond to an adult who is homeless or at imminent risk of being homeless	Reviewed by local funding committee & forwarded to Equity Committee	
H.	Adults 18 & over	Support needed by an adult who is experiencing the death or loss of an unpaid or minimally paid (e.g., residential care home) caregiver	Reviewed by local funding committee & forwarded to Equity Committee	
I.	Adults 18 & over	Support needed for specialized services in a nursing facility	PASARR fund manager; Equity Committee if PASARR funds are insufficient	Limited to 5 hours per week; legally mandated
J.	Adults 18 & over	Support needed for a high school graduate to maintain an employer-paid job	Reviewed by local funding committee & forwarded to Equity Committee	Maximum of up to 25 hours/week unless public safety issues warrant more
K.	Adults 18 & over	Support needed by an adult who has been committed to the custody of the Department of Aging & Independent Living pursuant to Act 248	Reviewed by local funding committee & forwarded to Public Safety Funding Committee	Services may be legally mandated
L.	Adults 18 & over	Support needed to prevent an adult who poses a risk to public safety from endangering others	Reviewed by local funding committee & forwarded to Public Safety Funding Committee	Does not substitute/ replace Corrections supervision; see add'l. requirements under Public Safety Fund

Local Funding Committees

Each designated agency will maintain a local funding committee that meets at least monthly and is comprised of relevant individuals that may include staff, individuals with developmental disabilities and their families, individuals representing local community resources (e.g., Vocational Rehabilitation, schools, etc.), and other interested citizens.

The local committee will review applications for funding for the various caseload resources submitted on behalf of individuals with developmental disabilities for its county. The committee will:
1. Confirm that the person meets Division eligibility criteria;
2. Determine whether the person's needs meet a funding priority; and,
3. Determine if the supports and services described are relevant to the needs and funding priority.

If the committee determines that all criteria are met, the proposal is submitted to either the Equity Committee or Public Safety Funding Committee, as appropriate, for funding consideration.

Equity Committee

The Equity Committee will manage the New Caseload Fund, Equity Fund and High School Graduate Fund. The Equity Committee is comprised of the following members:

#	Representation	Selected by
5	Designated Agency and/or Specialized Service Agency	Designated Agency & Specialized Service Agency
2	Consumer or Family	Designated Agency &/or Specialized Service Agency & Division of Developmental Services
2	Division of Developmental Services	Division of Developmental Services

All Committee members (except the Division of Developmental Services representatives) will serve on a rotating two year term, initially staggered from 2 – 3 years so that a balance of experienced and new members can be maintained. Alternates may be appointed to participate for Committee members in their absence. The Committee will select a chairperson from its membership.

Any conflicts of interest of Equity Committee members will be acknowledged and accommodated (e.g., refrain from voting on requests for funding where a conflict exists; sharing only relevant information, etc.). Other non-voting individuals may be invited to participate or mentor with committee members as determined by the Equity Committee.

Committee meetings will be held at least monthly with provisions for emergency decisions as necessary between regularly scheduled meetings. The Committee will use the standard application for funding format provided by the Division. Decisions of the Equity Committee will be made, in writing, to the provider as soon as practical following the Committee meetings.

Public Safety Funding Committee

The Public Safety Funding Committee will review all referrals for funding from the Public Safety Fund. Local funding committees must review requests for public safety funding prior to submission to the Public Safety Funding Committee. The Committee will be comprised of the following members:

#	Representation	Selected by
2	Designated Agency and/or Specialized Service Agency	Designated Agency & Specialized Service Agency
1	Consumer or Family	Designated Agency &/or Specialized Service Agency & Division of Developmental Services
1	Division of Developmental Services	Division of Developmental Services (i.e., staff member with responsibility for statewide offender services)
1	Other interested group (e.g., Sex Offender Group, Department of Corrections, sex offender professionals)	Division of Developmental Services

Any conflicts of interest of Public Safety Funding Committee members will be acknowledged and accommodated (e.g., refrain from voting on requests for funding where a conflict exists; sharing only relevant information, etc.). Other non-voting individuals may be invited to participate or mentor with committee members as determined by the Public Safety Funding Committee. The Committee will select a chairperson from its membership.

Committee meetings will be held as needed, no later than two (2) weeks following the submission of a request for funding, with provisions for emergency decisions as necessary between meetings. The Committee will use the standard application for funding format provided by the Division. The Division of Developmental Services will provide financial and administrative services to the Public Safety Funding Committee. Decisions of the Public Safety Funding Committee will be made, in writing, to the provider within two (2) business days following Committee meetings.

New Caseload Fund

The New Caseload Fund is comprised of funding allocated by the Legislature to meet the needs of individuals whose circumstances are described in the funding priorities and will be managed by the Equity Committee. Beginning in FY 2005, partial year funding of new services, rather than full year funding was appropriated.

FY 2005 Appropriated Amount Including Medicaid   **$1,921,748**
FY 2005 General Fund   **$760,628**

Public Safety Fund

The Legislature appropriated funding to specifically address public safety issues posed by adults with developmental disabilities. It is not a priority to use new or existing caseload funds to prevent a person who has been convicted of a crime from going to jail.

FY 2005 Appropriated Amount Including Medicaid   **$494,000**

People currently receiving services – risk must be newly identified and fall into any of the categories listed below.
New applicants – risk identified at application and must fall into any of the categories listed below.
For people currently receiving services and new applicants – request for annual budgets in excess of 150% of the average annual waiver cost for FY 2003 (i.e., $61,500); **AND,**

MEETS AT LEAST ONE OF THE FOLLOWING:

- Committed to the Department under Act 248 or under an order of non-hospitalization because of being dangerous to others; **OR**
- Convicted of a crime and has maxed out of sentence and there is evidence that the individual poses a risk of endangering others in the future; **OR**

- Substantiated by the Department of Aging and Independent Living or the Department for Children and Family Services for abuse, neglect, or exploitation, and there is evidence that the individual poses a risk of endangering others in the future; **OR**
- In the custody of the Department for Children and Family Services (DCFS) for an act that would have been a crime if committed by an adult, and who is now aging out of DCFS custody and there is evidence that the individual poses a risk of endangering others in the future; **OR**
- Not charged with or convicted of a crime, but the individual is known to have committed one or more acts which are dangerous to others and which are against the law in Vermont, and there is evidence that the individual poses a risk of endangering others in the future; **OR**
- Convicted of a crime and under supervision of the Department of Corrections (probation, parole, pre-approved furlough, conditional re-entry). The Department of Corrections is actively taking responsibility for supervision for community safety, and the developmental service agency is providing supports because of the person's developmental disability. *Note: offense-related specialized support needs cannot be funded for a person who is still under a sentence and is under supervision of the Department of Corrections.*

Individuals Not Eligible: The following individuals are not eligible for public safety funding:

- Individuals believed to pose a risk of dangerousness to others, but who have not committed an act that is a crime in Vermont.
- Individuals who have committed an offense in the past, but whose proposed services do not reflect any offense-related specialized support needs or who do not pose a risk of endangering others in the future.
- Individuals who have been charged with a crime, but whose case is still pending in the courts.
- Individuals whose annual budgets do not exceed 150% of the FY average annual waiver cost (i.e., $61,500).

Equity Fund

The Equity Fund is a statewide resource that contains funding returned because a person has died, gone into an institution, left the state or not used funding granted during the year from the Equity Fund. The Equity Fund supplements the New Caseload Fund when those resources are insufficient to meet funding priorities. The

purpose of the Equity Fund is to assure that funding already appropriated, but no longer needed, is reassigned to individuals who meet the funding priorities. The Equity Committee will manage the Equity Fund.

FY 2005 Estimated Total Value of the Equity Fund   **$2,110,500**

High School Graduate Fund

High school graduate funding is provided to individuals who exit high school during the year. In order to receive funding, high school graduates must either need support to maintain an employer-paid job or have a compelling rationale to meet another funding priority. Funding to serve approximately 19 individuals was received from the legislature. This level of funding does not cover all of the need. However, if targeted graduate funding is insufficient for individuals who otherwise meet the funding priorities, the individual has access to the New Caseload Fund or the Equity Fund. High School Graduate Funding will be managed by the Equity Committee.

FY 2005 Appropriated Amount Including Medicaid   **$492,001**

One-time Funding

When caseload funding is approved from the High School Graduate Fund or the Public Safety Fund, the general fund amount needed to support a full year of services is committed. This assures that funds to pay for a full year of services are built into the base budget. The balance of the general fund allocation that is not needed for supporting the person in that first year creates resources known as one-time funding. **Due to the change in the method of appropriating new caseload funds for less than a full year, there will be far fewer one-time funds available in FY 2005.**

One-time Funding is used for temporary or short-term expenditures (it may not be used for ongoing needs) that directly assist people with disabilities and their families. This funding is available to both people already receiving services and to new applicants. Requests for One-time Funding are limited to a maximum of **$2,500**. If there is a balance of one-time funds at the end of the fiscal year, it will be equally distributed to designated and specialized service agencies.

Appropriate Uses for One-time Funds:
- One-time allocations to address personal or public safety issues for individuals with developmental disabilities.
- One-time allocations of Flexible Family Funding to people with disabilities and families in need.

- Short-term increases in supports to a person already receiving services to resolve or prevent a crisis.
- Assistive technology (e.g., adaptive equipment, home modifications to make the person's home physically accessible) and other special supports and services not covered under the Medicaid State Plan.
- Supports that may not meet Funding Priorities but are proactive and short term in nature.
- Transitional support to assist an adult to become independent of Division of Developmental Services-funded services
- Small grants to self-advocates, families and others for innovative programs, plans or training that promotes the principles of services as stated in the Developmental Disabilities Act of 1996.

Special Allocations

Employment Conversion Initiative – An amount equal to **$50,000** is allocated for additional support needed to maintain an employer-paid job for individuals who have transferred an amount equal to at least 85% of his/her existing community supports funding to work supports. The maximum amount available for each person is $5,000 and funding decisions will be made by the Equity Committee.

Division Administered Funds – The Division administers two small funds that cover dental services, adaptive equipment and other ancillary services not covered by Medicaid and unanticipated services for individuals receiving public guardianship but not served by designated agencies or specialized service agencies. Funds for FY 2005 are allocated as follows:

- *Special Services Fund*   *$30,000*
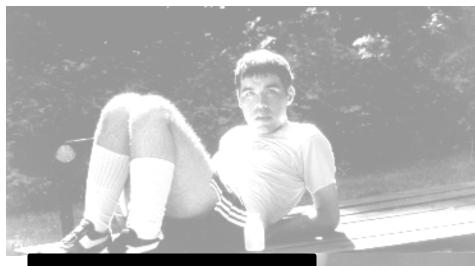- *Guardianship Services Fund*   *$19,000*

Joint Funding – Joint funding arrangements for Medicaid waiver and targeted case management involving other state agencies (e.g., Department for Children and Family Services, Department of Corrections, Division of Mental Health, etc.) and/or out-of-state organizations, must involve the Division of Developmental Services in negotiation and receipt of funds. Providers may contract directly with local schools to provide services that are not funded through the Medicaid waiver or targeted case management. However, any current service arrangements involving local schools and the use of the Medicaid waiver that have not expired, continue to require involvement and approval of the Division.

Pre-Admission Screening & Resident Review (PASARR) Funding – Individuals who live in nursing facilities who need specialized services are funded under Nursing Home Day Rehabilitation and prior authorized on an individual basis by the Division of Developmental Services. New applicants are limited to five (5) hours per week. Existing consumers' allocations are reviewed on an annual basis by the Division. Funding for specialized services will be allocated from the revolving PASARR fund. If the PASARR Fund is depleted and the Division is legally mandated to provide a service, then funds will be allocated through the New Caseload or Equity Funds.

If a person who had waiver funding moves to a nursing facility and needs specialized services, a portion of his or her waiver money is converted to Nursing Home Day Rehabilitation funding to pay for specialized services. If a person needs specialized services and is not supported under the waiver, funding comes from the revolving PASARR Fund and is limited to 5 hours per week for a new referral. If a consumer dies or stops receiving specialized services, the funds are added back to the revolving PASARR Fund or may be allocated to the Equity Fund if there are sufficient resources to cover current and anticipated PASARR needs. If a person receiving specialized services moves out of a nursing facility, his or her specialized services funding is converted to waiver funding to support the community-based services. The balance of the waiver costs for a person moving from a nursing facility to a community placement comes from the New Caseload or Equity Funds.

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CHAPTER SEVEN – APPLICANT & WAITING LISTS

Applicant List

Each designated agency and specialized service agency maintains an applicant list of:

- All people (new and existing for designated agencies; existing for specialized service agencies) who are eligible for services based on their disability, but whose needs do not meet the *System of Care Plan's* funding priorities. These individuals are periodically reviewed at least annually to see if their needs have changed resulting in meeting a funding priority.

Waiting List

Each designated agency maintains a waiting list of:

- All people (new and existing) who have needs that meet the funding priorities but for whom there are insufficient funds either through legislatively appropriated caseload funding or reallocation of existing resources.

Individuals who meet the following funding priorities shall receive funding to meet their related need and should <u>not</u> be placed on the waiting list for that service area:

- People at imminent risk of homelessness;
- People experiencing an imminent risk to their health or safety; and,
- People who pose a serious risk to public safety.

This means, however, that support needed to address the above areas may be provided, but a *comprehensive* array of supports might not be funded.