Vermont
Developmental Disabilities Services
State Fiscal Year 2023
Annual Report

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

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INTRODUCTION

The Vermont Developmental Disabilities Services Division (DDSD) is pleased to share the Vermont Annual Report on Developmental Disabilities Services (DDS) for State Fiscal Year 2023. Many thanks to all who contributed to the creation of this important document. DDSD encourages individuals with lived experience, family members, agency partners, legislators, and other members of the community to read this annual report. Not only does this report highlight the important work that everyone in the system does to support people with developmental disabilities and their families, but it also reviews each of the principles of service outlined in the Developmental Disabilities Act and assesses the extent to which Vermont is living up to those principles through outcomes.

Major initiatives and accomplishments in SFY 2023 include:

Act 186 of 2022 Pilot Planning Grants

Following the passage of Act 186, DDSD has partnered with designated and specialized service agencies and community members to explore new residential and housing options and alternatives for adults with developmental disabilities. Groundwork had been laid by interested parties to research models that are in operation around the country. Act 186 established a Steering Committee to provide guidance and support to the Division related to the pilot planning grants funded through American Rescue Plan Act (ARPA) funds, which were included in the Act. The pilot planning grants, $500,000 for at least 3 grants throughout the State, are to explore residential alternatives to the models currently afforded through the DDS State System of Care Plan. The Steering Committee, representing advocates, individuals with lived experience and providers, assisted the DDSD to craft the Request for Proposals for the planning grants.

This work is led by the DDSD Residential Program Developer, a limited-services position authorized through Act 186.

Home and Community-Based Services Conflict of Interest

DDSD continues to work with the Department of Vermont Health Access (DVHA) to address conflicts of interest in Developmental Disabilities Home and Community-Based Services (DD HCBS).

This includes:

- State determined clinical eligibility,
- Independent referrals to available service providers,
- Independently performed assessments of need,
- Funding determinations made solely by the State, and,
- Most notably, case management that is provided separately from the direct services that are provided.

Vermont's Corrective Action Plan provides a timeline for coming into compliance with planning and implementation in FY2025.

New DDS Payment Model

DDSD and the Department of Vermont Health Access (DVHA) have continued to work on a project to explore a new payment model for DD HCBS. The DD HCBS program has grown significantly over the years, from several hundred to several thousand participants. The goal is to create a transparent and effective payment model for DDS that is both manageable and aligns with the broader payment reform and health care reform goals of the Agency of Human Services (AHS). The State has engaged interested parties and providers to participate in workgroups for the development and implementation of the new payment model.

Much of FY2023 was spent conducting independently administered, standardized assessments of needs for individuals. The State has adopted the Supports Intensity Scale-Adult Version (SIS-A) to ensure compliance with the Center of Medicare and Medicaid requirements. At this time, SIS-A assessments will not be used for determining individual budgets, however the State has developed a levels of support framework to accompany the results of the SIS-A assessment. This is the next phase in the State's process for establishing a new payment model. Information from the first cohort of completed SIS-A assessments will be used to inform this work.

Workforce Recruitment and Retention

DDSD has reconvened a group of interested parties to explore and develop creative and multifaceted approaches to chronic provider workforce issues. The group identified a variety of short-term and long-term solutions to the ongoing challenge of recruiting and retaining direct support workers. This workgroup's top priority is working with the Vermont Department of Labor and Community College of Vermont (CCV) as CCV expands it Registered Apprenticeship program to include direct support professionals (DSP). In partnership with DDSD, this workgroup intends to further prioritize solutions to incentivize and professionalize the integral work performed by care providers across the system.

Looking forward, the Division will focus on the following in the upcoming year.

Electronic Visit Verification

DDSD has learned that our services are out of compliance with the 20th Century CURES Act which implemented Electronic Visit Verification (EVV). EVV is intended to provide additional safeguards around fraud, waste, and abuse for Medicaid funded in-home services.

The EVV system is a telephonic or smart-phone app-based system which allows employees and employers to log in and log out to record the hours and service codes provided. Direct Support Professionals, Independent Direct Support Workers, and employers will also use the EVV system to record services. DDSD will work with community partners to implement EVV for in-home services (e.g., respite, in-home support) as is being done with other services within the Department of Disabilities, Aging and Independent Living.

Payments to Legally Responsible Individuals

Known better as "Paying Parents", DDSD has been receiving input from interested parties to develop a policy allowing payment for parents and guardians for paid support to their adult child. This would be a major shift in policy for the Division. Previously, the agreement between the Centers for Medicare and Medicaid Services (CMS) did not include permission for the DDSD to pay parents or guardians for this support. However, the current agreement does. During the recent State System of Care Plan renewal, targeted input sessions were held on this topic. The Division will continue to collect information from interested parties to shape a proposed policy.

Payment Reform & Home and Conflict of Interest

DDSD will continue work on payment reform and conflict of interest as described above. In combination, these two complex initiatives represent changes to the current DDSD System of Care that are likely to be broad in scope and impact. Understandably, changes of this magnitude create anxiety about the impact on the DDSD system. DAIL will need to continue to work closely with interested parties to achieve change while improving individual outcomes and meeting federal requirements.

The Department looks forward to continued collaboration with individuals with lived experience, families, advocates, providers, and other partners to build on its accomplishments and the work laid out as Special Initiatives in the Vermont State System of Care Plan for Developmental Disabilities.

Jennifer Garabedian
DDSD Director

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Notes**:**

All Fiscal Year (FY) notations in the report refer to State Fiscal Year.
All data is for Vermont unless otherwise noted.
For a list of acronyms used in this report, see Reference D: Acronyms.
For an index of topics referenced in this report, see Reference E: Index.

EXECUTIVE SUMMARY

Brief Summary of Report Content: This annual report on developmental disabilities services includes a review of each of the Developmental Disabilities Act (DD Act) Principles of Service. Each section of the report provides information and data reflecting the extent to which the Developmental Disabilities Services Division (DDSD) is meeting the needs of people with developmental disabilities throughout the State of Vermont.

Resolutions/Recommendations: The report focuses on the adherence to the DD Act principles and unmet need and does not in itself contain any resolutions or recommendations.

Impact: The findings in the report are used to inform current and future Developmental Disabilities Services (DDS) State System of Care Plans (SOCPs). The SOCPs have the potential to impact services and resources since they outline the nature, extent, allocation, and timing of services that will be provided to people with developmental disabilities and their families (§8725). The SOCP is developed every three years but may be updated more frequently if needed.

Stakeholder Involvement, Interest or Concern: This report is of interest to people who receive services, providers, and advocates of DDS because of the potential impact on future SOCPs. Much of the information contained in the report was provided from service and financial data submitted by providers of services.

GENERAL OVERVIEW

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

DDSD contracts directly with fifteen (15) private, non-profit DDS providers who provide services to people with developmental disabilities and their families. (See Reference A: *Map – Vermont Developmental Services Providers*.) Services and supports offered emphasize the development of community capacities to meet the needs of all individuals regardless of severity of disability. DDSD also works with the Supportive Intermediary Service Organization (Supportive ISO) to provide supports to individuals and families to self/family manage services. DDSD works with all people concerned with the delivery of services: people with disabilities, families, guardians, advocates, service providers, the State Program Standing Committee for Developmental Services and state and federal governments to ensure that programs continue to meet the changing needs of people with developmental disabilities and their families.

Individuals served (FY23)

- **4,720 –** Total (unduplicated)
- **3,359** – Home and Community-Based Services
- **916** – Flexible Family Funding
- **437** – Bridge Program: Care Coordination
- **269** – Family Managed Respite

Funding Sources – by percentage of total funding (FY23)

- **97% –** Home and Community-Based Services (long term services and supports)
- **3% –** Other Medicaid Funding (Bridge Program, Family Managed Respite, Flexible Family Funding, Peer Growth and Lifelong Learning, MCO Investments, PASRR Specialized Services, Project Search, Targeted Case Management)

Designated Agencies and Specialized Services Agencies

DAIL authorizes one Designated Agency (DA) in each geographic region of the state based on county lines as responsible for ensuring needed services are available. The *Administrative Rules on Agency Designation* outline these responsibilities for the ten DAs. They are responsible to provide local planning, service coordination and quality oversight through the monitoring of outcomes within their region. The DAs must provide services directly or contract with other providers or individuals to deliver supports and services consistent with available funding; the state and local System of Care Plans; outcome requirements; and state

and federal regulations, policies, and guidelines. Some of the key responsibilities of a DA include intake and referral; assessing individual needs and assigning funding; informing individuals and families of their choice of agencies and management options (see below); ensuring each person has a person-centered support plan; providing regional crisis response services; and providing or arranging for a comprehensive service network that ensures the capacity to meet the support needs of all eligible people in the region.

In addition to the ten DAs, there are five Specialized Service Agencies (SSAs) that DAIL contracts with to provide services. An SSA must be an organization that either:

1. Provides a distinctive approach to service delivery and coordination; or
2. Provides services to meet distinctive individual needs; or
3. Had a contract with DAIL originally to meet the above requirements prior to January 1, 1998.

Management of Services

Individuals, families, or guardians have the choice of receiving services from their DA, or another willing DA or SSA. They may also choose to self-manage, family-manage, or share-manage their services. The Supportive ISO assists individuals and families to manage a person's services. In addition, the Fiscal/Employer Agent (F/EA) provides the infrastructure and guidance to enable employers to meet their fiscal and reporting responsibilities. "Shared-managed" services are when a DA/SSA manages some, but not all, of the services and the individual or a family member manages some of the services.

Type of Management of Home and Community-Based Services[1] (FY23)

- **<1% –** Self-Managed
- **2% –** Family-Managed
- **33% –** Shared-Managed
- **65% –** Agency-Managed

Self-Managed and Family-Managed Services[2] (June 30, 2023)

- **68 –** Individuals who self-managed and family-managed – all HCBS
- **1,104 –** Individuals who shared-managed – some HCBS

Website: *Self and Family Management*

[1] These percentages are based on data collected from employees by ARIS Solutions as the Fiscal/ Employer Agent with the calculation based on total HCBS recipients in FY23. Inaccuracies in these data in previous reports have been corrected in this issue.

[2] These figures are based on data collected from employees by ARIS Solutions as the Fiscal/Employer Agent.

Principles of Service

The next segment of this report highlights each of the Principles of Service from the Developmental Disabilities Act and describes the extent to which each Principle is being met by the DDS system. Each Principle is followed by a description that puts it in the context of Vermont's statewide system of services and supports including relevant history, recognition of what is working well and current challenges. Data and other related information are provided along with facts about unmet or under-met needs pertinent to each Principle.

DAIL MISSION STATEMENT

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

Developmental Disabilities Act – Principles of Services

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

- ***Children's Services***. Children, regardless of the severity of their disability, need families and enduring relationships with adults in a nurturing home environment. The quality of life of children with developmental disabilities, their families and communities is enhanced by caring for children within their own homes. Children with disabilities benefit by growing up in their own families; families benefit by staying together; and communities benefit from the diversity that is provided when people with varying abilities are included.

- ***Adult Services*.** Adults, regardless of the severity of their disability, can make decisions for themselves, can live in typical homes and can contribute as citizens to the communities where they live.

- ***Full Information*.** In order to make good decisions, people with developmental disabilities and their families need complete information about the availability, choices and costs of services, how the decision-making process works, and how to participate in that process.

- ***Individualized Support.*** People have differing abilities, needs, and goals. To be effective and efficient, services must be individualized to the capacities, needs and values of each individual.

- ***Family Support.*** Effective family support services are designed and provided with respect and responsiveness to the unique needs, strengths and cultural values of each family, and the family's expertise regarding its own needs.

- ***Meaningful Choices*.** People with developmental disabilities and their families cannot make good decisions without meaningful choices about how they live and the kinds of services they receive. Effective services shall be flexible so they can be individualized to support and accommodate personalized choices, values and needs, and assure that each recipient is directly involved in decisions that affect that person's life.

- ***Community Participation.*** When people with disabilities are segregated from community life, all Vermonters are diminished. Community participation is increased when people with disabilities meet their everyday needs through resources available to all members of the community.

- ***Employment.*** The goal of job support is to obtain and maintain paid employment in regular employment settings.

- ***Accessibility.*** Services must be geographically available so that people with developmental disabilities and their families are not required to move to gain access to needed services, thereby forfeiting natural community support systems.

- ***Health and Safety.*** The health and safety of people with developmental disabilities is of paramount concern.

- ***Trained Staff.*** In order to assure that the goals of this chapter are attained, all individuals who provide services to people with developmental disabilities and their families must receive training as required by Section 8731 of the Developmental Disabilities Act.

- ***Fiscal Integrity.*** The fiscal stability of the service system is dependent upon skillful and frugal management and sufficient resources to meet the needs of Vermonters with developmental disabilities.

Website:

Developmental Disabilities Act

CHILDREN'S SERVICES

Children, regardless of the severity of their disability, need families and enduring relationships with adults in a nurturing home environment. The quality of life of children with developmental disabilities, their families and communities is enhanced by caring for children within their own homes. Children with disabilities benefit by growing up in their own families; families benefit by staying together; and communities benefit from the diversity that is provided when people with varying abilities are included.

Services for children and youth with developmental disabilities (DD) are typically provided through Early Periodic Screening, Diagnosis and Treatment (EPSDT) state plan services (up to age 21) and the education system (minimally up to age 18). In addition, children may receive Children's Personal Care Services through the Vermont Department of Health (VDH) up through age 21.

Listed below are the services overseen by DAIL that are available to children with developmental disabilities and their families through the network of Vermont's Designated Agencies (DAs) and Specialized Services Agencies (SSAs). In Addison and Franklin/Grand Isle counties, some of these services are alternatively provided through an integrated approach and bundled payment mechanism under the management of the Department of Mental Health.

Home and Community-Based Services

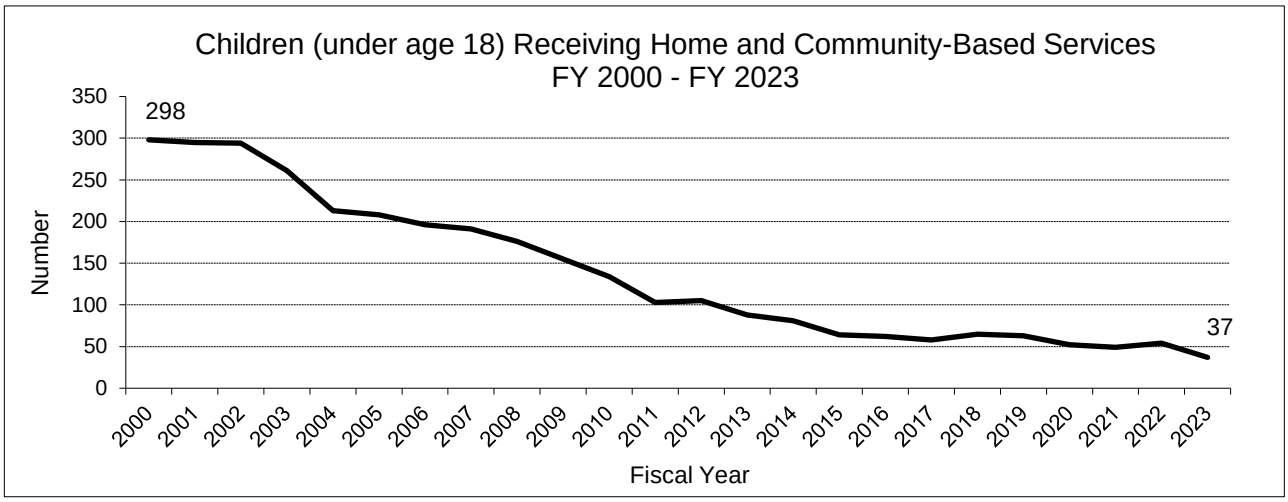
Children with the most intensive needs may be eligible for DD Home and Community-Based Services (HCBS). These services may include service coordination, respite, home support, and crisis, clinical and/or supportive services. For children under age 18 to access HCBS, they must meet the funding priority in the State System of Care Plan of "Preventing Institutionalization" in a nursing facility, psychiatric hospital, or Intermediate Care Facility.

Young adults (age 18 and over) often transition into adult services as they age out of children's services and/or exit high school. Young adults may receive HCBS by meeting any one of the State System of Care Plan funding priorities once they turn 18. (See Reference B: *Vermont State System of Care Plan Funding Priorities: FY 2023 – FY 2025*).

Individuals served – HCBS[3] (FY23)

- **37 –** Children (up to age 18)
- **213 –** Transition age youth (age 18 up to age 22**)**
- **250 –** Total served (up to age 22)

[3] The source of FY23 HCBS data was the Medicaid Management Information System (MMIS). Prior to FY22, these data were collected from the HCBS spreadsheets.



The Bridge Program: Care Coordination for Children with Developmental Disabilities
The Bridge Program is an EPSDT service that provides support to families in need of care coordination to help them access and/or coordinate medical, educational, social, or other services for their children with developmental disabilities. An individual's eligibility for this service is determined by the DAs and available up until the child turns age 22. Care coordination is available in all counties either through the Bridge Program or through an integrated approach and bundled payment mechanism under the management of the Department of Mental Health. The count of individuals served below does not include children receiving the integrated approach with bundled payments.

Individuals served – Bridge Program (FY23)
- **284 –** Children (up to age 18)
- **153 –** Transition age youth (age 18 up to age 22)
- **437 –** Total served (up to age 22)

Performance Measure for Bridge Program (FY23)
- **89**% – Service Goals Achieved

Family Managed Respite
Family Managed Respite (FMR) is available to children up to age 21 with a mental health and/or developmental disability diagnosis who do not receive HCBS funding. Funding is allocated through the DAs to promote the health and well-being of a family by providing a temporary break from caring for their child with a disability. Eligibility is determined through an individual needs assessment. Families manage their funding allocation and are responsible for recruiting, hiring, training, and supervising the respite workers. The maximum per person annual allocation of FMR is $6,000.

Individuals served – FMR[4] (FY23)
- **269 –** Children with a diagnosis of ID/ASD (up to age 21)

[4] The FMR count includes children with co-occurring mental health diagnosis but does not include those with a mental health diagnosis only or children receiving the integrated approach with bundled payments.

Flexible Family Funding

Flexible Family Funding (FFF) is a Global Commitment Investment that provides funding for respite and goods for children and adults of any age who live with their biological or adoptive family or legal guardian. The maximum per person annual allocation of FFF provided by Designated Agencies is $1,000. These funds are used at the discretion of the family for services and supports that benefit the individual and family including respite, assistive technology, individual and household needs and recreation. Families who receive FFF report on the outcomes they anticipate achieving through their use of the funding.

Individuals served – FFF[5] (FY23)

- **611 –** Children (up to age 18)
- **178 –** Transition age youth (age 18 up to age 22)
- **789 –** Total served (up to age 22)

Anticipated Outcomes for FFF[6] (all ages) (FY23)

- **555 –** Enhance Family Stability
- **521** – Improve Quality of Life: Accessibility/Accommodations
- **458** – Increase Independent Living Skills
- **441** – Maintain Housing Stability
- **406** – Address Health and Safety
- **276 –** Increase Communication
- **90 –** Avert Crisis Placement

[5] The total number of adults and children who received FFF in FY23 was 916.

[6] More than one "Anticipated Outcome" could be identified for individuals.

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.

Adults with developmental disabilities have fewer state plan and educational funding and services options than do children with developmental disabilities (see previous section on Children's Services). The primary funding source for adults is Home and Community-Based Services.

Home and Community-Based Services

Home and Community-Based Services (HCBS) are funded under the Global Commitment to Health 1115 Medicaid Waiver through the Centers on Medicare and Medicaid Services. HCBS are comprehensive long-term services and supports designed around the specific needs of a person and based on an individualized budget and person-centered plan. Adults with the most intensive needs are most likely eligible for HCBS. Once a person is determined by a Designated Agency to be clinically eligible and the person receives Medicaid, eligibility for funding is based on the person meeting a funding priority as outlined in the State System of Care Plan (see Reference B: *Vermont State System of Care Plan Funding Priorities: FY 2023 – FY 2025*).

Services available through HCBS[7]:

- Service Coordination
- Community Supports
- Employment Supports
- Post-Secondary Education & Technical Training Support
- Respite Supports
- Clinical Services
- Crisis Services
- Home Supports – Hourly: Supervised Living, In-Home Family Supports
- Home Supports – Daily: Shared Living/Shared Living Hourly, Staffed Living, Group Living
- Home Supports – Emergency Response System, Remote Supports, Home Modifications
- Supportive Services
- Transportation Services

Individuals served – HCBS[8] (FY23)

- **3,322 –** Adults (age 18 and over)

Home Supports

[7] For a list of service definitions and codes, see the *Medicaid Manual for Developmental Disabilities Services*.
[8] The source of FY23 HCBS data was the Medicaid Management Information System (MMIS). In previous years, these data were collected from the HCBS spreadsheets. The total number of adults and children who received HCBS in FY23 was 3,359.

Paid home supports, like all HCBS, are individualized and based on a needs assessment that address goals, strengths and needs. There are multiple types of paid home supports:

- **Shared Living:** Supports provided to one or two people in the home of a shared living provider. Shared living providers are home providers contracted by DA/SSAs. The home is owned or rented by the shared living provider.
    - **Shared Living – Hourly:** Regularly scheduled or intermittent hourly supports provided to an individual who lives in a Shared Living home.

- **Staffed Living:** Supports provided in a home setting for one or two people that is staffed on a full-time basis by providers. The home is typically owned or rented by the service provider.

- **Group Living:** Supports provided in a licensed home setting for three to six people that is staffed full-time by providers. The home is typically owned or rented by the service provider.

- **Supervised Living:** Regularly scheduled or intermittent hourly supports provided to an individual who lives in his or her own home. Supports are provided on a less than full-time schedule (not 24 hours/7 days a week). The home is typically owned or rented by the individual.

- **In-Home Family Supports:** Regularly scheduled or intermittent hourly supports provided to an individual who lives in the home of unpaid family caregivers. Supports are provided on a less than full-time schedule (not 24 hours/7 days a week).

Individuals served – Living with 24-hour paid home supports (June 30, 2023)
- **1,336 –** Shared Living (1,190 homes)
- **82 –** Staffed Living (61 homes)
- **90 –** Group Living (22 homes)

  1,508 – Total

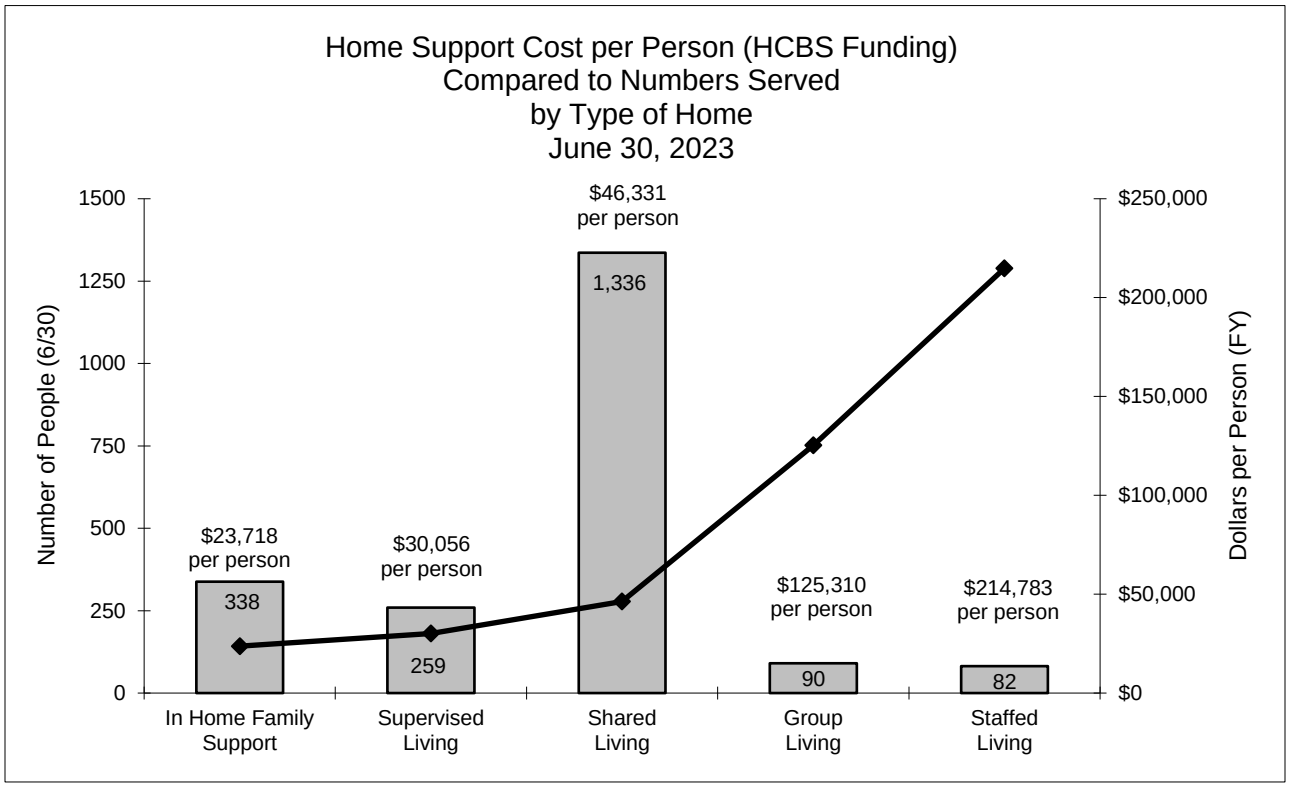
Individuals served – Living in own home with limited or no paid home supports (June 30, 2023)
- **259 –** Supervised Living (less than 24-hour paid HCBS home supports)
- **336 –** Independent Living (no paid home supports)
- **595 –** Total

Individuals served – Living in the home of an unpaid family caregiver with limited paid home supports (June 30, 2023)
- **299 –** In-Home Family Supports (less than 24-hour paid HCBS home supports)

Noteworthy: Of the people receiving some level of paid home supports outside the home of a family member (Shared Living, Staffed Living, Group Living or Supervised Living), a high

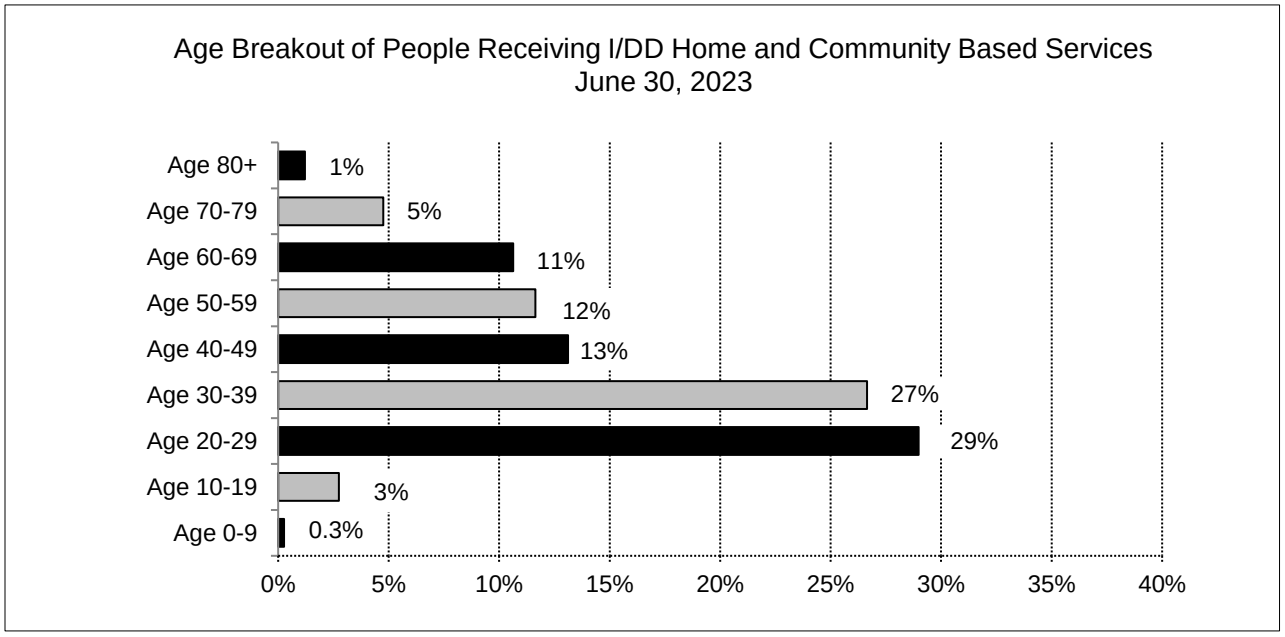
percentage (76%) live with a shared living provider. This model uses contracted home providers which, in general, makes it more economical than other 24-hour home support options. Staffed Living and Group Living arrangements have much higher per person costs because they are a 24-hour staffed model. Availability of Supervised Living, which has the lowest per person cost (outside the home of a family member), is often limited by lack of affordable housing options.

The following graph shows the average cost per person by type of home support[9]. It highlights In-Home Home Support (hourly supports in the home of a family member), Supervised Living (hourly supports in person's own home) and Shared Living as being significantly less expensive than Group Living or Staffed Living arrangements.

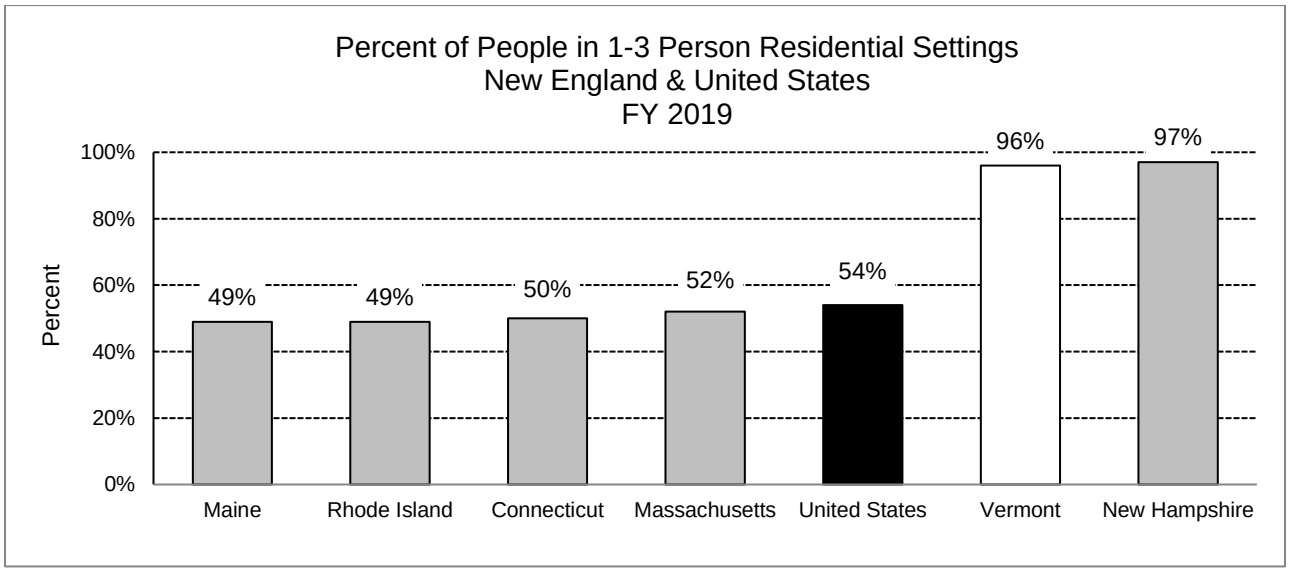


[9] The source of FY23 HCBS home support funding data and In-Home Family Support count was the DD Home and Community-Based Services spreadsheets (based on fiscal year). The numbers served for the other home supports was from the Annual Residential Survey of People Receiving DDS – FY23 (based on 6/30).

The chart below shows the distribution of people receiving HCBS by age[10]. While the general population is aging, the majority of people in HCBS are under age 40.



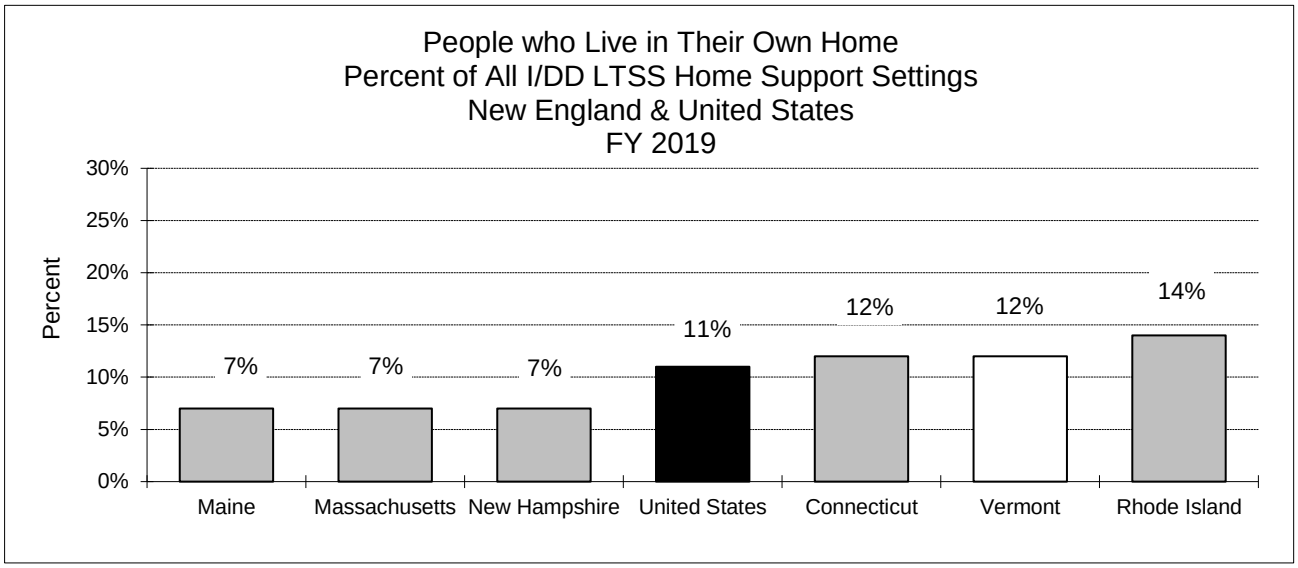
Vermont ranks #1 nationally in terms of size of non-family, non-state operated, residential settings with 1-3 people compared to all settings (including congregate settings of 7-15 and 16+ people). Vermont is the only state that has no residential settings with more than six people with developmental disabilities living in the home. Nationally, 17% of those receiving long term services and supports, reside in non-family, non-state settings, of more than six people with developmental disabilities living in the home[11].



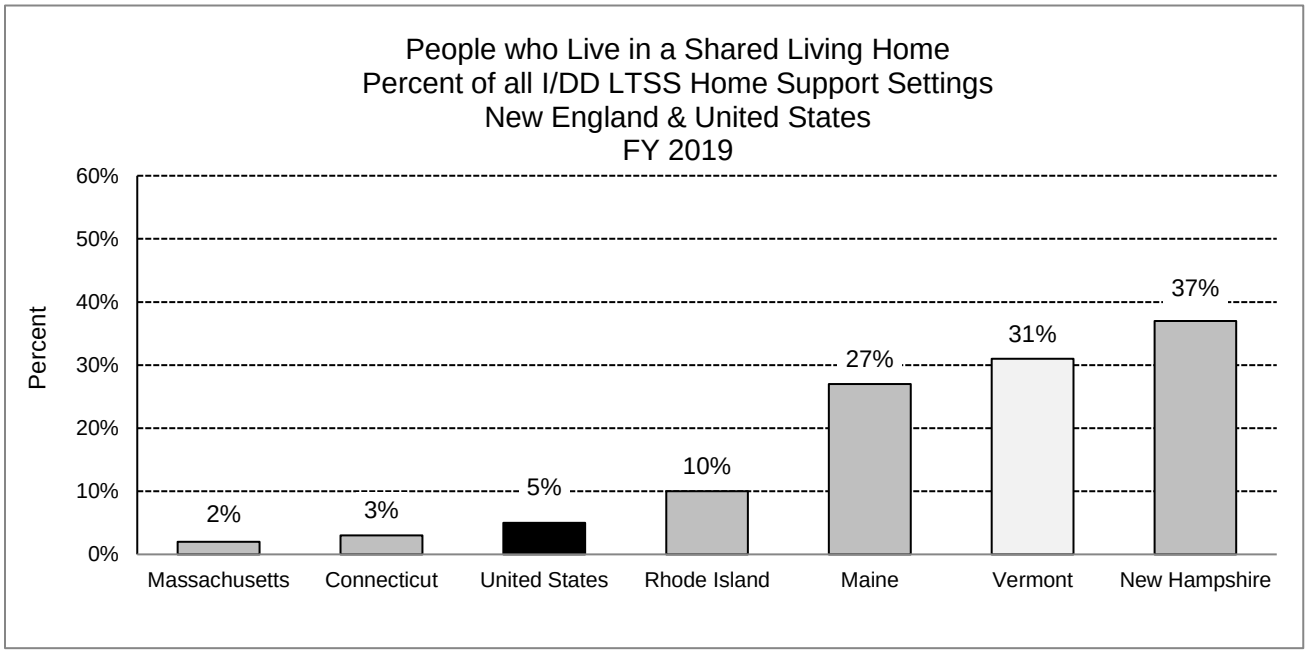
[10] The source of this data was the Medicaid Management Information System (MMIS).

[11] *In-home and Residential Long-Term Supports and Services for Persons with I/DD: Status and Trends through 2019*, Residential Information Systems Project (RISP), University of Minnesota, *December* 2022.

12% (FY19) – People in I/DD services who live in their own homes as a percentage of all long-term services and supports home support settings – Vermont has the second highest rate of New England states and is just over the national average[12].



31% (FY19) **–** People in I/DD services who live in a Shared Living Home as a percentage of all long-term services and supports home support settings – Vermont has the second highest rate of New England states and is **26%** over the national average[13].



[12] Ibid.
[13] Ibid.

Nursing Facilities – Pre-Admission Screening and Resident Review (PASRR)

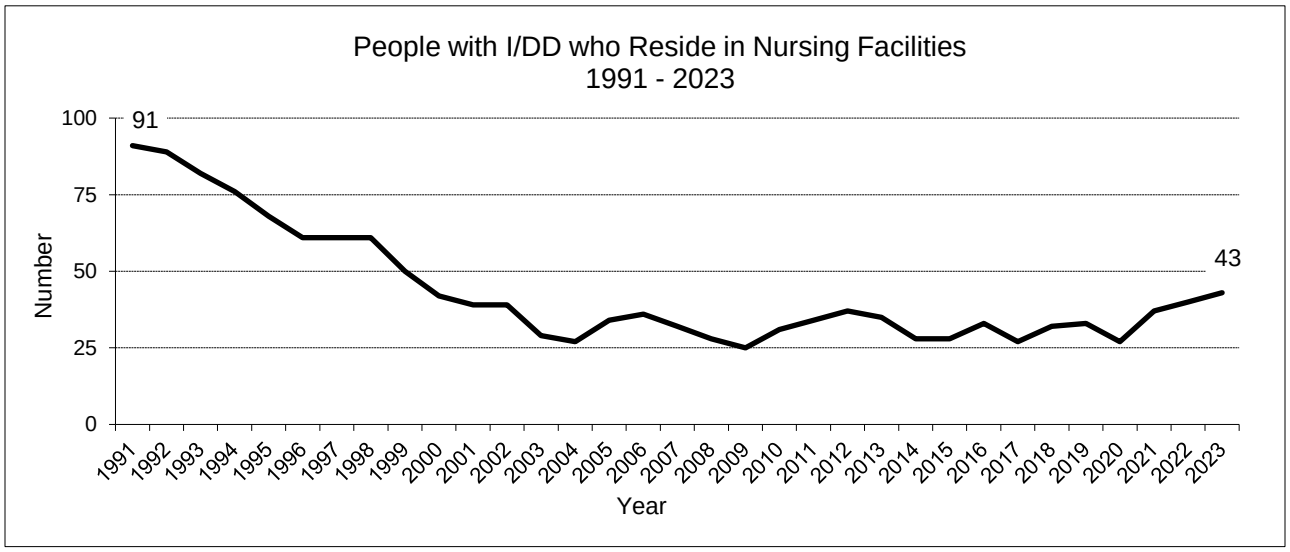
The Omnibus Budget Reconciliation Act of 1987 is a federal law that established PASRR which mandates:

- Screening all nursing facility residents and new referrals to determine the presence of intellectual/developmental disabilities (I/DD);
- Developing community placements, when appropriate; and
- Determining the need for specialized services.

Specialized Services, including support to address social and recreational needs as well as the person's overall well-being, are provided by DA/SSAs to individuals with I/DD who live in nursing facilities.

Individuals served – **PASRR**

- **54** – PASRR evaluations conducted by DDSD staff (FY23)
- **43** – People with I/DD lived in nursing facilities[14] (June 30, 2023)
- **24** – People received Specialized Services (FY23)
- **1.9%** – People with I/DD in nursing facilities as a percentage of all people who reside in nursing facilities[15] (as of June 2022)



The total number of people with I/DD living in nursing facilities was higher in the recent past (FY21 – FY23) due to the following factors:

- Lack of Specialized Services workers due to the COVID-19 pandemic.
- Lack of direct support workers to provide support in a community setting as a temporary placement to meet people's health and safety needs.
- Lack of assessable homes with the modifications necessary to meet the needs of individuals with I/DD and complex mobility and personal care needs.
- Increase in the overall population of people who are aging.

[14] The nursing facility count includes people who are admitted for short term rehabilitation.

[15] Beginning in Calendar Year 2022, the number of people with I/DD residing in nursing facilities are counted as of June 30th. All data prior to 2022 are counted as of December 31st.

FULL INFORMATION

In order to make good decisions, people with developmental disabilities and their families need complete information about the availability, choices and costs of services, how the decision-making process works, and how to participate in that process.

There are a variety of sources of information available to individuals and families to help them make informed choices regarding services and other life decisions. Below is a list of some of the primary resources available.

Designated Agencies and Specialized Service Agencies
Designated Agencies (DA) are required to provide full information to individuals and families to help them make decisions about their services. DAs must provide information about how to contact a Specialized Service Agency (SSA) or other DA, so a recipient is aware of all service provider options. Designated Agencies are also required to share information about the opportunity to self-manage or family-manage services or partially manage some of the services while the agency manages the rest.

Service coordinators play a key role in keeping service recipients informed. One primary responsibility includes sharing timely and accurate information. Ongoing conversations about responsibilities and roles during the person-centered planning process and continuous, thoughtful listening for understanding is required for discerning what information will lead to the most appropriate and effective services.

Re-designation reports and Quality Services Reviews (QSR) indicate agencies understand their responsibilities to help ensure all applicants and service recipients are well informed. When needed, DAIL works with providers to be responsive and thorough in their role assisting individuals and families to be fully informed.

Website: *Regulations Implementing the Developmental Disabilities Act of 1996*

State and Local Program Standing Committees
DAIL and the DA/SSAs are required to have state and local program standing committees for DDS[16]. A dedicated effort to educate and accommodate standing committee members, including instituting practices to make committee meetings accessible, has resulted in decision-making processes that are more understandable and better informed by those receiving services and their family members.

Website: *Administrative Rules on Agency Designation*

[16] The Administrative Rules on Agency Designation requires that a majority of the membership of the DAIL and DA/SSA Standing Committees be self-advocates and family members. In addition, local program standing committees must have at least 25% of their membership made up of self-advocates. The Designation Rules are being updated in FY24.

Guardianship

The powers of a guardian may include decision-making authority in various areas of an individual's life. However, part of the responsibility of a guardian's role is to help individuals under guardianship understand their rights, responsibilities, and options so that, ultimately, decisions can be made that respect the person's individual preference and promote their health and welfare.

Website: *Guardianship*

Vermont Communication Support Project

The mission of the Vermont Communication Support Project (VCSP) is to promote meaningful participation of individuals with communication deficits in judicial and administrative proceedings that significantly impact their lives. Communication Support Specialists provide specialized communication accommodations for people with disabilities to ensure equal access to the justice system. DAIL, in collaboration with the Department of Mental Health and the Department for Children and Families, provides funding and support to the project which is managed by Disability Rights Vermont.

Individuals served – VCSP (FY23)

- **48** – New individuals approved for communication support services
- **93** – Court/administrative cases worked (unduplicated)
- **476** – Assignments: support provided in hearings/meetings (unduplicated)

Website: *Vermont Communication Support Project*

INDIVIDUALIZED SUPPORT

People have differing abilities, needs, and goals.
To be effective and efficient, services must be individualized to the capacities, needs and values of each individual.

Services and supports that are tailored to the differing abilities, needs and goals of every individual is the most fundamental and valued tenet of DDS. It is not just respectful and responsive in terms of good customer service. It focuses on the individual as a unique and singular person so that services and supports can be the most effective, meaningful, efficient, and successful. The process of developing individualized support starts when a person first applies for services. A comprehensive individualized assessment of the individual's needs is completed which examines a person's strengths and needs across the person's life. This information serves as the basis for developing an individualized, person-centered, plan of support.

Role of Service Coordination
Service coordinators play a key role in ensuring people receive individualized support. The responsibilities of the service coordinator are extensive and include, but are not limited to:

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

Individuals served – Source of Service Coordination[17] (FY23)

- **3,359 –** Home and Community-Based Services[18] (all ages)
- **322** – Targeted Case Management[19] (all ages)
- **437** – Bridge Program: Care Coordination (up to age 22)

[17] There is duplication of individuals across service areas as people may have started the year receiving one source of service coordination and then shifted to another source of service coordination.
[18] The source of FY23 HCBS data was the Medicaid Management Information System (MMIS). All people funded through HCBS receive service coordination.
[19] The Targeted Case Management count does not include children under age 18 served through Howard Center's ARCh program.

Home Supports
As noted in the Adult Services section, home supports are provided primarily in residences with just one or two people supported in a home (Shared Living, Staffed Living and Supervised Living). Group Living arrangements funded by DDS are licensed for as few as three residents and no more than six residents. The State System of Care Plan restricts any new Group Living arrangement to four residents unless an agency receives special authorization to develop a five-person or six-person home. In addition to the value of small, personalized home settings, successful and long-lasting living arrangements rely on a compatible match between the individual and others with whom the person lives.

Individuals served – Home Supports (June 30, 2023)
- **1,767 –** Total individuals
- **1,527** – Total home support settings
- **1.2** – Average number of individuals per home support setting

Home Ownership
Individuals who own or rent their own homes are more likely to maintain control over where they live and how they are supported in their home. Alternatively, when a Shared Living or Group Living option does not work out, it is the individual who ultimately needs to move.

Individuals served[20] **– Home Ownership** (June 30, 2023)
- **513 –** Rent their home
- **25** – Own their home
- **538** – Total

Homelessness
Due to many factors such as work force shortages, lack of available housing, and other psycho/social/economic factors, individuals eligible for and/or receiving services were homeless.

Individuals served[21] **– Homeless** (June 30, 2023)
- **25 –** Individuals "unhoused" and/or living in a temporary shelter/motel[22]

Community and Employment Supports
The development and delivery of community and employment supports are based on the value that services are best when they are individualized and person-centered. See the sections on Community Participation and Employment for more information.

[20] The source of this data was the Annual Residential Survey of People Receiving DDS – FY23.
[21] Ibid.
[22] This does not include people living in agency-arranged temporary/short-term placements or crisis beds.

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.

Families play a critical and fundamental role in the lives of their children. While this report focuses in large part on federal and state funded services, it is important to remember that the majority of supports to people with developmental disabilities are provided by members of their family.

Services and supports available to adults and children with developmental disabilities living with their biological or adoptive families include Flexible Family Funding (FFF), Bridge Program, Family Managed Respite (FMR) and Home and Community-Based Services. HCBS funding may include service coordination, respite, in-home family support, employment supports, community supports, clinical services, supportive services, transportation, and crisis services[23]. A person cannot receive FFF, Bridge or FMR if they are receiving HCBS.

Individuals served – Family Supports (FY23)[24]

- **2,369 –** Total individuals (unduplicated)

	Children (under age 22)	**Adults** (age 22 and over)	**Total**[25]
▪ HCBS	**179**	**1,082**	**1,261**
▪ Flexible Family Funding	**788**	**1,267**	**915**
▪ The Bridge Program	**437**	**0**	**437**
▪ Family Managed Respite	**269**	**0**	**269**

Scope of Family Supports (FY23)

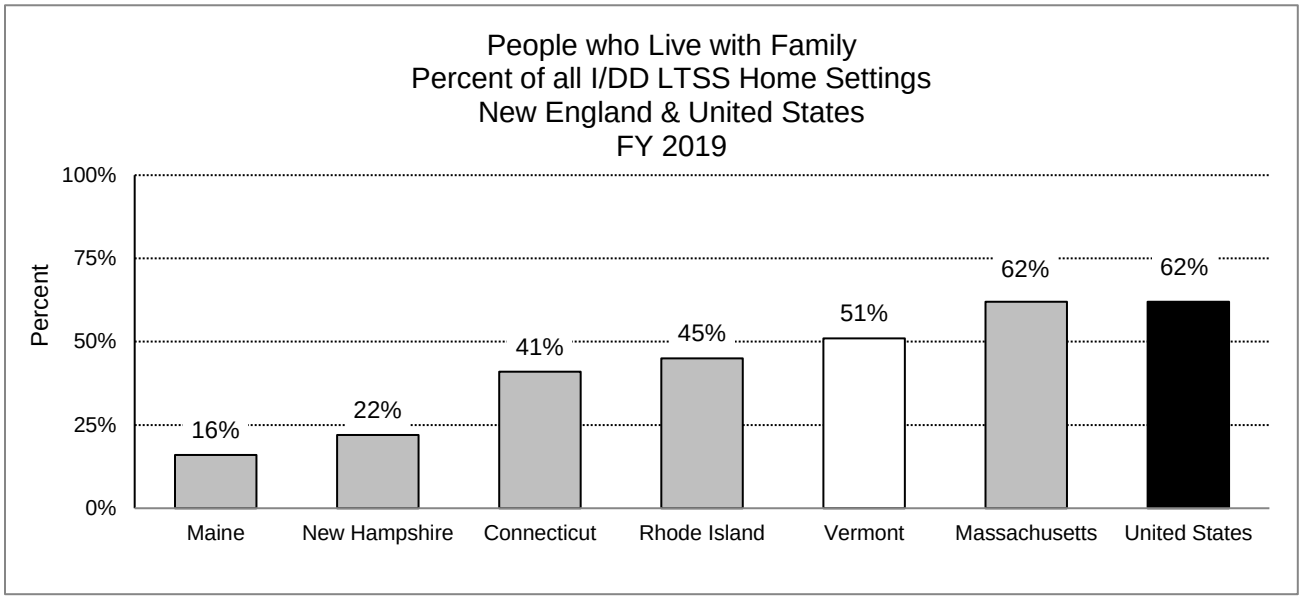
- **38% –** Percentage of individuals receiving HCBS lived with their family

[23] See the Children's Services and Adult Services sections of this report for additional information.

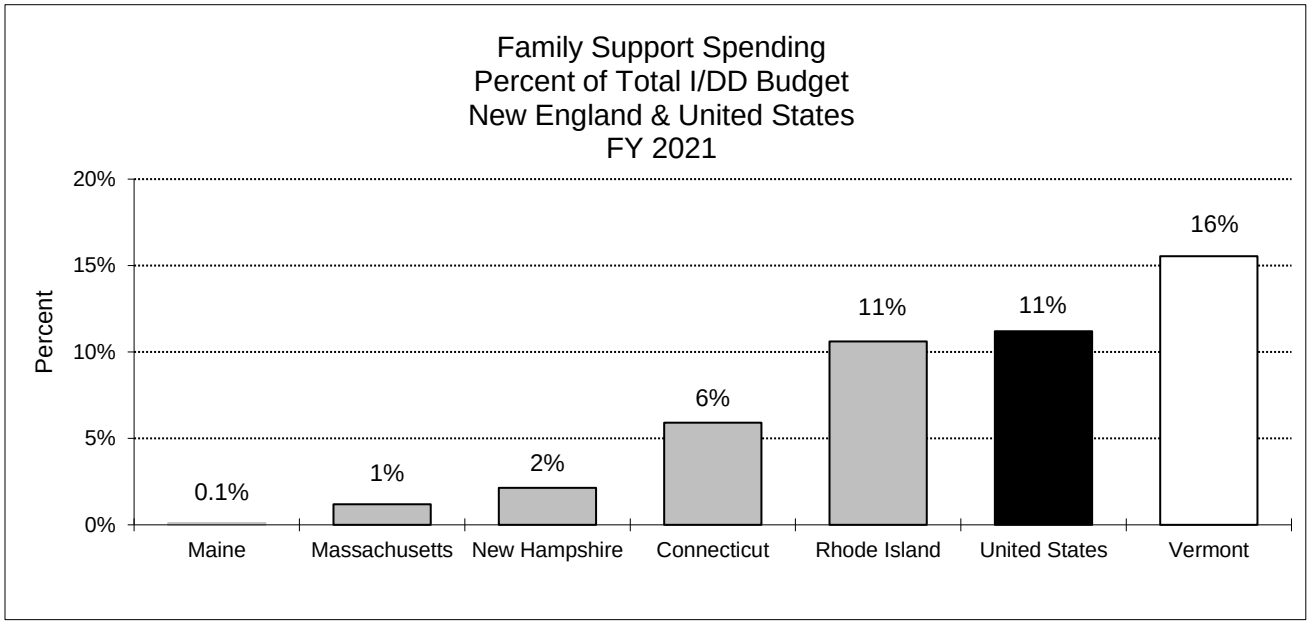
[24] The source of FY23 HCBS data was the Home and Community-Based Services spreadsheets. The source of the rest of the family support data was the Medicaid Management Information System (MMIS).

[25] Numbers served include duplications across funding sources as people can receive more than one type of funding over the course of the year, including starting and stopping services. The Home and Community-Based Services count only includes people receiving HCBS who lived with their families as of June 30, 2023. The other services reflect people who received those services at any point during FY23.

51% (FY19) **–** People in I/DD services who live with their families as a percentage of all long-term services and supports home support settings – Vermont has the second highest rate of New England states and is just 11% lower than the national average[26].



16% (FY21) – Family Support spending as a percentage of the total I/DD budget – Vermont has the highest rate of New England states and is **5%** higher than the national average[27].



[26] *In-home and Residential Long-Term Supports and Services for Persons with I/DD: Status and Trends through 2019*, Residential Information Systems Project (RISP), University of Minnesota, *December* 2022.
[27] *The State of the States in Intellectual and Developmental Disabilities,* Kansas University Center on Developmental Disabilities, University of Kansas, *2021.*

Parents with Disabilities

Throughout Vermont, there are parents who have developmental disabilities who are being supported to raise their children at home with them or to maintain positive relationships with children that live elsewhere. Supports may include instruction and coaching in parenting skills, maintaining stable housing and employment, accessing benefits and other supports.

Individuals served – Parents with Developmental Disabilities (FY23)

- **60** – Total who received support to parent their child who lives with them (full-time or part-time)
  - **11** – Lived in Shared Living or Staffed Living
  - **49** – Lived in their own home/apartment or with other family members
- **28** – Total who received support whose minor children did not live with them

MEANINGFUL CHOICES

People with developmental disabilities and their families cannot make good decisions without meaningful choices about how they live and the kinds of services they receive. Effective services shall be flexible so they can be individualized to support and accommodate personalized choices, values and needs, and assure that each recipient is directly involved in decisions that affect that person's life.

Supporting individuals to make good decisions is integral to high quality services. Person-centered services help ensure that individuals have the support to make meaningful and informed choices in their lives. This may involve accommodations that give people the tools, training, and assistance to help them understand their options, rights, and responsibilities as service recipients. Trusting, respectful relationships; ongoing provision of full information; appropriate communication supports and access to an inclusive community are all factors necessary for people to make choices that are personally meaningful.

Vermont's system of home supports is unique regarding opportunities for autonomy, choice and independence compared with the restrictive and outsized residential programs found in other states. Vermont's community-based and flexible system anticipates that people will have the opportunities to make meaningful choices about where they live and work.

The Federal Centers for Medicare and Medicaid Services' (CMS) *Home and Community-Based Settings Rules* are intended to bring services in line with best practices that bring choice and control to people served and inclusion and protection of participant's rights. The intent is to ensure that individuals receiving long-term services and supports have full access to the benefits of community living and the opportunity to receive services in the most integrated setting possible.

Supported Decision-Making

Supported Decision-Making (SDM) is a term for a range of models, both formal and informal, where individuals are supported to retain the final say in their life decisions. The intended outcomes are to increase self-determination and access to needed supports and to reduce over-reliance on public and private guardianship by empowering individuals to make their own decisions and direct their own lives.

Guardians can play an important role in SDM. At the same time, SDM can ultimately replace the need for a guardian for some individuals. Under SDM, adults with disabilities get help in making and communicating decisions while retaining control over who provides that help. The person's "supporters" can help the person make and communicate decisions in the same area of life that a guardian would, including financial and medical decisions. Ultimately, the individual with the disability makes the final decision, not those supporting the person.
The Office of Public Guardian has informational packets about SDM and offers training to courts, States Attorneys, educators, self-advocates, and families. The SDM philosophy and approach have been incorporated into guidance for guardianship evaluations.

Vermont Communication Task Force

The Vermont Communication Task Force (VCTF) is a statewide multi-disciplinary group that is made up of representatives from the 15 Designated Agencies and Specialized Service Agencies. There is a long history in Vermont of supporting assistive and alternative communication efforts statewide. Experience shows that the presence of an adequate and reliable means of communication greatly enhances a person's ability to make meaningful choices. The VCTF, and the Working Group that supports it, provides information, training and technical assistance to transition age youth and adults with developmental disabilities, family members, educators, service providers and community members.

Website: *Vermont Communication Task Force*

COMMUNITY PARTICIPATION

When people with disabilities are segregated from community life, all Vermonters are diminished. Community participation is increased when people with disabilities meet their everyday needs through resources available to all members of the community.

Community supports assist individuals to develop social connections in their community. Supports are varied and include teaching skills for daily living; fostering healthy relationships; developing volunteer opportunities; and inclusive participation in community. Ideally, it results in individuals becoming active and engaged members of their communities, forming genuine and reciprocal relationships that can lead to fading paid supports.

Individuals served (FY23)

- **2,272 –** Individuals received community supports[28]

The number of paid community support hours an individual receives is determined through their needs assessment. The State System of Care Plan limits the total number of new employment and community support hours to no more than 25 hours total for employment and/or community supports.

Based on reports from the Quality Services Reviews and feedback from the State Program Standing Committee, areas of Community Support that need attention and consideration include:

- Supports and activities that are developed and driven by the individual and their interests.
- Supports to encourage activities that are developed and led by individuals with their peers and interested community members.
- Increase in dedicated one-on-one supports.
- Supports that are flexible and not tied to a Monday through Friday 8:00 am to 5:00 pm schedule.
- Supports that are flexible and not tied to only one-on-one, only group activities, or only center-based activities, and that enable individuals to choose which supports and activities they want.
- Supports that include the opportunity for individuals to increase their independence through understanding and experience using a variety of public and private transportation options (e.g., bus, bicycle, taxi, carpooling).

[28] Community Supports count are based on the FY23 Beginning HCBS Spreadsheets and include people who terminated services during the fiscal year.

- Service coordinators and direct support staff that understand the purpose and intent of community supports and how they relate uniquely to each person.
- Stable and adequate support staff available to provide individuals the needed amount and type of supports required for all of the above.

Peer Growth and Lifelong Learning

Peer Growth and Lifelong Learning (PGLL) is a unique program that provides lifelong learning and teaching experiences to adults with developmental disabilities by enhancing the individual's ability to become an expert in topics of their interest and choosing. Learning occurs through the processes of research, inquiry, community networking and the full examination of selected topics. The benefits from participation are seen in improved self-direction, increased confidence and public speaking expertise, and organizational and executive functioning skills. Researching topics of interest also supports community engagement by connecting individuals with others who share the same interest and provide mentoring.

Individuals served – Peer Growth and Lifelong Learning (FY23)

- **6 –** Provider agencies participated in PGLL
- **18** – New community partnerships formed
- **167** – Individuals participated in seminars (teachers and learners)

Thomases' Story

I was a Bridging student during the program's first year at Champlain Community Services (CCS). Bridging gave me the opportunity to really connect with other students, and schools, and to get out into the community and meet people. I learned about leadership. Becoming Bridging's first advocacy group president helped shape my career as an advocate.

Although I've been involved with Bridging in some capacity each year since it started at CCS, I never imagined eight years after being a student, I would become Bridging's first ever Peer Mentor. I had no idea that I would have a lasting impact for years to come.

My role as peer mentor involves working with each learning pod in such areas as learning how to use public transportation, friends, relationship classes, going to different places in the community, and much more.

When the Bridging Program started at CCS, everything was new for all of us that participated. Having a peer mentor in Bridging was unthinkable when I was a student. I have been part of the Bridging Program every year in some capacity, even when I graduated and went to college, until 2021 when I become Bridging's first ever Peer Mentor. To have high school students with disabilities today see someone with a disability who is living their adult life feels so rewarding.

In the last three school years, there have been 30 students that have had the experience of having a Peer Mentor, including two who have now become Peer Mentors themselves. It has been an amazing experience seeing the students and fellow Peer Mentors grow and develop right in front of my eyes.

EMPLOYMENT

The goal of job support is to obtain and maintain paid employment in regular employment settings.

Supported employment (SE) services are based on the value that personalized job site supports enable individuals to be employed in local jobs and work in the typical workforce with fellow Vermonters. The commitment to the principle that most people can work when provided the right supports sets Vermont apart from other states where "employment" services are facility-based and often equate to sub-minimum wages in segregated workshops, isolated from community. In 2002, Vermont had closed all sheltered workshops in the state, eliminating segregated jobs where people had worked in large group settings for pay well under minimum wage. Today, all individuals in developmental disabilities services who are employed are paid at Vermont minimum wage or higher.

The benefits of work include increased income, a sense of contribution, skill acquisition, increased confidence, independence, social connections, and the opportunity to develop meaningful careers. Employers and the community benefit from the dedication of individuals with developmental disabilities and from the diversity people with developmental disabilities bring to the workforce. Additionally, businesses that employ individuals with disabilities see improved morale, increased customer loyalty and enhanced overall productivity. Observing people with developmental disabilities productively engaged in the workforce helps employers and community members see the valuable contributions of people with disabilities.

Staff from DDSD, HireAbility Vermont, and the Agency of Education meet regularly to strengthen support services for transition age youth to become employed. The use of coordinated supported employment funding and the collaboration of staff across state government is another distinctive quality of how the state and the system supports competitive employment.

Individuals served – Supported Employment[29] (June 30, 2023)

- **940 –** Individuals supported to work
- **42**% – Employment rate among people receiving HCBS age 18-64 [30] (FY22)

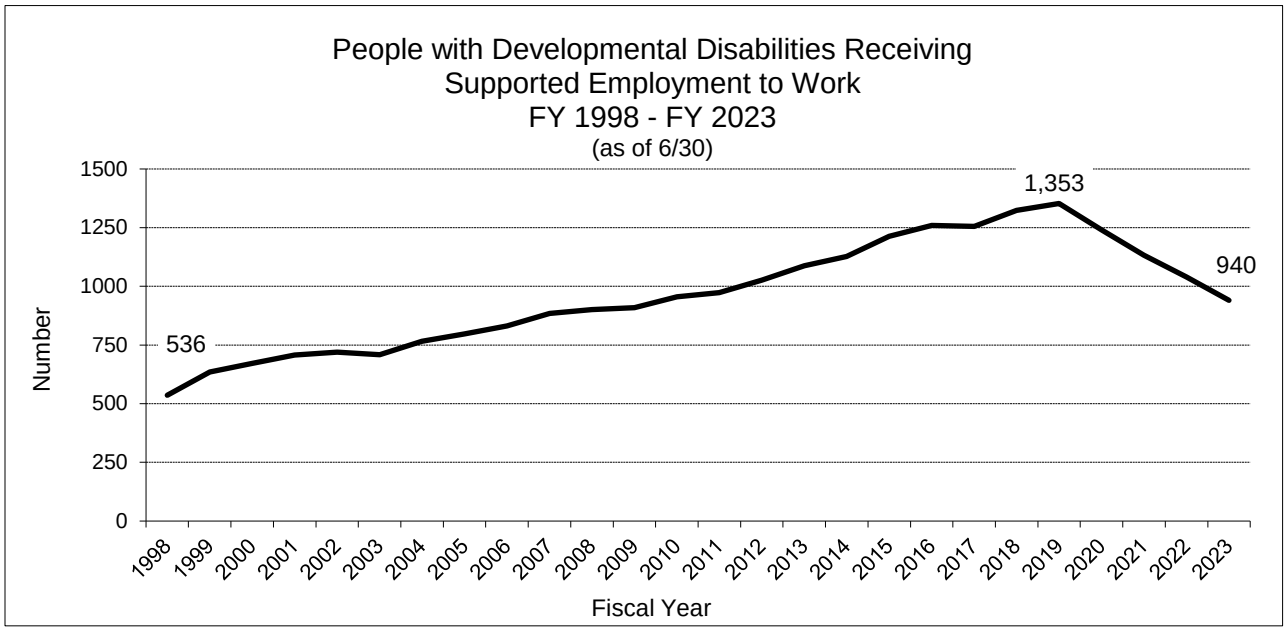
National Comparison[31]

- **35%** – Employment rate among all people with disabilities age 16-64 (2022)
- **74**% – Employment rate among all people without a disability age 16-64 (2022)

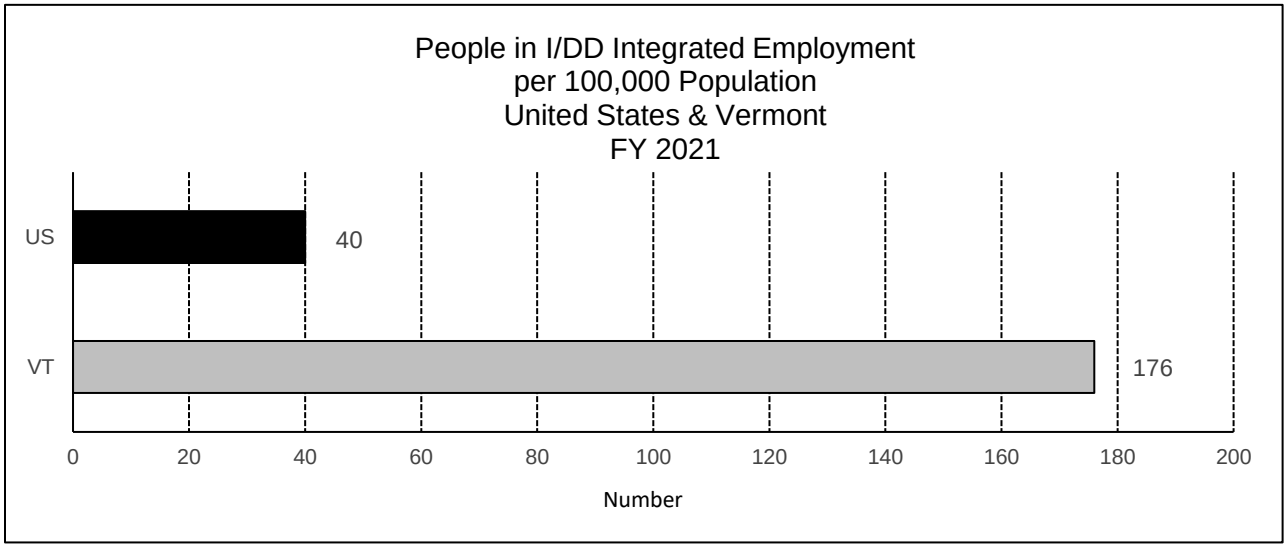
[29] Due to data collection limitations, average wage and average hours worked per week are no longer available.
[30] Employment rate obtained from Unemployment Insurance data through the Department of Labor, 2022. The Employment rate was negatively impacted in FY21 by the COVID-19 pandemic. The rate improved again in FY22.
[31] Source: US Census, Bureau of Labor Statistics, 2022. https://www.bls.gov/news.release/pdf/disabl.pdf

All workers supported by DDS earn at or above the state minimum wage of $13.18 per hour[32]. However, while the number of individuals working has trended up over the past 20 years, the past few years saw a drop in the number of people receiving Supported Employment to work due to the COVID-19 pandemic and related issues.

Resource: *Supported Employment in Vermont is Competitive and Integrated - Data Brief*
Website: *Supported Employment*

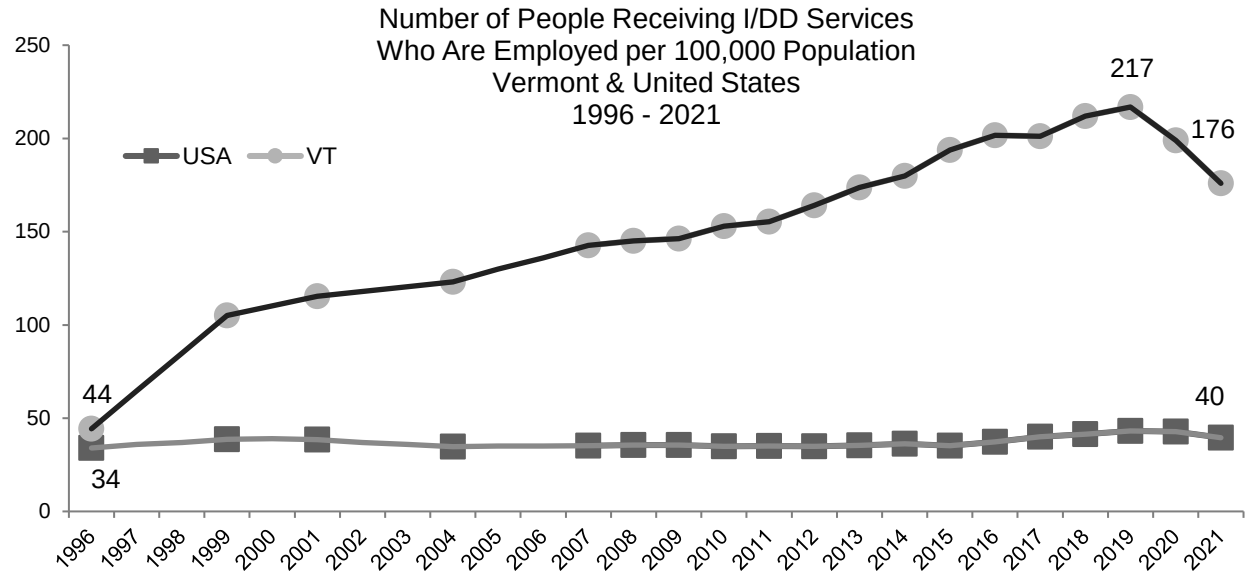


Vermont is ranked #1 in the nation for number of people with developmental disabilities who receive supported employment to work per 100,000 of the state population[33].

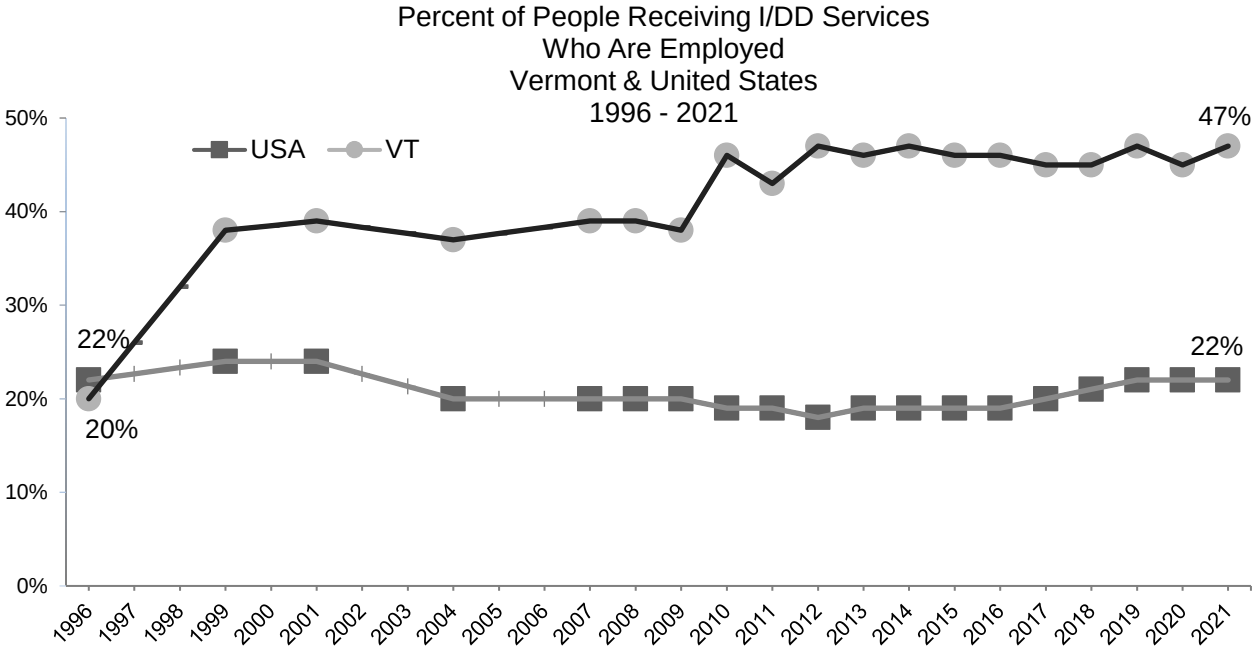


[32] State of Vermont minimum wage as of January 2023.
[33] *StateData: The National Report on Employment Services and Outcomes Through 2021*. Institute for Community Inclusion (UCEDD), University of Massachusetts, Boston, *2022*.

The number of adults receiving I/DD services who were working per 100,000 in the Vermont population has been steadily increasing overtime and is considerably higher than the national rate[34]. The drop in numbers in 2020/2021 was due to the impact of the COVID-19 pandemic.



The percentage of adults in Vermont receiving I/DD services (employment and community support) who were working saw a steady increase through 2010[35]. Vermont has sustained a high level of employment since then and when compared with national data.



[34] Statedata.info (2023a) *State IDD Agencies U.S. Total, Vermont: Integrated employment rate*. [Data file]. Retrieved 10/11/2023. Institute for Community Inclusion (UCEDD), University of Massachusetts, Boston.
[35] Ibid.

Danny's Story

My name is Daniel. I am 26 years old and started my first job this year on April 17th. I work for CDS (Customer Demonstration Services) at Costco in Colchester. I work 2 days a week for a total of 12 hours a week.

I started my job search journey at the beginning of 2023 and started to meet with a Job Developer at Northwestern Counseling and Support Services. I had an idea that I would like to work in an outside setting with animals. However, my job developer came across a job that she thought might be a good fit for me as I am very outgoing and love to be around people.

The job was to work in customer service handing out samples at Costco. We worked together on the application process, which was very challenging and took a great deal of time. We completed the application on-line. I had an interview on Zoom and set up an appointment for a mandatory drug test and then to meet with the manager at CDS. I stayed with the process and am so happy that I did.

I absolutely love working with the team at CDS and feel like I make a difference everyday I am there. I am proud of the demonstrations that I give when I tell customers about the sample I am giving that day. I always try to make it fun. I am also happy when I make my sales as I then receive a monetary bonus. I have enjoyed having the extra money and it makes me even more motivated.

I have learned a lot about food, working in the customer service world, and being part of a team, which I enjoy as it feels like a family. We all help each other at the end of the day to clean and put items away. I may want to work more hours someday but am content now to do what I am doing and become more productive and confident in my presentations.

Praise from Danny's supervisor:

Danny shows up each shift, early and ready to tackle whatever we need done for the day with a positive attitude and usually a joke. Danny has done a great job adapting to the variety of tasks and the changing speed of the warehouse. Never one to shy away from asking the questions he needs to get the answers he is looking for…he always strives to do his absolute best. The days that Danny is here are truly "lighter" due to his commitment to making people smile, doing his best, and his outgoing personality.

Post-Secondary Education Initiative

The Post-Secondary Education Initiative makes up two programs: the post-secondary, career-oriented college program and Project Search. Peer Growth and Lifelong Learning also has components that contribute to individuals' post-secondary education experience as a lifelong learning model, in addition to increasing community inclusions opportunities (see the Community Supports section for information on Peer Growth and Lifelong Learning).

Post-Secondary College Programs

DDSD and community partners have collaborated to create a post-secondary, career-oriented college program located at Vermont colleges. The goal of the Post-Secondary Education Initiative (PSEI) is successful employment in viable careers at graduation. This model promotes campus inclusion with older students serving as peer mentors to students with developmental disabilities. Facilitating course selections based on vocational interests and independent living skill training has significantly increased self-sufficiency and employment outcomes among these young graduates. Students graduate with a 2-year Certificate of Higher Learning conferred by their colleges in their areas of vocational concentration. The three post-secondary support programs include:

- **Think College Vermont –** College supports program located at the Center on Disability and Community Inclusion – University of Vermont where it supports youth to take courses at UVM.
- **SUCCEED** – Off-campus residential and on-campus academic supports program to attend local colleges, provided by Howard Center, and includes independent living skills that enable graduates to transition to their own apartments.
- **College Steps –** Independent non-profit college program that supports youth to take courses at Castleton University and Northern Vermont University – Johnson and Lyndon Campuses.

Individuals served – Post-Secondary College Programs (June 30, 2023)

- **27 –** Students enrolled
- **7** – Students graduated with a certificate
- **6** – Students employed
- **86**% – Employment rate of graduates[36]

Youth Transition Programs

DDSD and community partners have collaborated to help transition age youth enter the work force and experience successful transitions. Supported education and job training services are located statewide to support young adults aged 18 to 30 with developmental disabilities in their transitions from school to work or higher levels of education. Services include specialized career training, customized job placement, independent living skills training, experiential internships, and the Post-Secondary Education Initiative. As part of the PSEI, these three services contribute to youth transition:

[36] Many college graduates' final internships transitioned into competitive employment which helped maintain a high employment rate, even during the COVID-19 pandemic.

- **Supported Employment** – Customized job development, placement, training, and job site supports that result in competitive employment for youth.
- **Transitional Living Programs** – Skills training needed for youth to navigate their communities, learn independent living skills, and gain employment so they can move into their own apartments.
- **Business Based Training –** Project SEARCH offers training in business settings which teach technical skills for young adults and students in their last year of high school that results in competitive employment.

Individuals served – Project Search (June 30, 2023)
- **17 –** Project Search graduates enrolled
- **14** – Students employed
- **82**% – Employment Rate of graduates
- **Project Search Sites/Partnerships:**
  - Dartmouth Hitchcock Medical Center / Hartford School District / Lincoln Street Incorporated / HireAbility Vermont
  - Rutland Regional Medical Center / Rutland Mental Health Services / HireAbility Vermont
  - University of Vermont Medical Center / South Burlington School District / Howard Center / HireAbility Vermont

Individuals served – Total Post-Secondary Education Initiative (June 30, 2022)
- **41 –** Students graduated with a certificate
- **34** – Students employed
- **83**% – Employment rate of graduates[37]

Website: *Post-Secondary Education Initiatives*

[37] Many college graduates' final internships transitioned into competitive employment which helped maintain a high employment rate, even during the COVID-19 pandemic.

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.

The Vermont Designated Agency system was designed to have a local and consistent process for applying for services and funding for individuals to receive the supports they need regardless of where they live. While there may be slight variations in internal processes from agency to agency, the statewide funding approval process strives to be objective and equitable.

An individual approved for HCBS receives an authorized service package based on the person's assessed needs. This funded package of services is portable and can transfer with the individual if he or she moves to another county and/or is served by another agency within Vermont.

While Vermont has become more diverse in recent years, it remains a very rural state and the availability of resources for employment, health care, public transportation, recreation, and social opportunities varies regionally. However, the DDS system endeavors to address needs and deliver supports in an individualized manner, encouraging creativity and innovation within the scope of the State System of Care Plan.

Community of Practice on Cultural and Linguistic Competence
Vermont completed another year of participation in a national multi-year initiative building a Community of Practice (CoP) on Cultural and Linguistic Competence (CLC) in Developmental Disabilities. The Vermont CoP is a partnership of disability organizations dedicated to advancing diversity, equity, inclusion, and access in the Developmental Disabilities Services State System of Care. The CoP has been meeting since 2017.

Thanks to funds through the American Rescue Plan Act, the CoP has been able to offer $10,000 project grants teams of providers and service participants at three DA/SSAs working on cultural and linguistic competence.

- The Howard Center is working with Vermont Language Justice Project to create a short video in multiple languages to post on their website. The video introduces non-English speakers to the services Howard Center provides.
- Champlain Community Services is sponsoring a series of six lunch and learn trainings that are open to all staff, service users, and family on topics such as LGBTQIA issues, racism, and ableism.
- A team representing both Lamoille County Mental Health and Green Mountain Support Services is still developing its project.

The CoP is also providing the regional teams with technical assistance through Toward Liberation, LLC. Toward liberation is dedicated to helping Vermonters and Vermont organizations to unlearn, dismantle, and heal from racism and other systems of domination.

Language Access Plan

The State of Vermont's Office of Racial Equity published the following report detailing community-driven findings and recommendations for expanding language access across all branches of State government.

2023 Language Access Report

Development and Implementation of Plain Language

DDSD continues to work on creating and incorporating plain language documents. The use of plain language helps to provide clear and concise messages and information so that individuals have an accurate understanding of their services, rights, and responsibilities. The following are accomplishments DDSD has achieved with plain language.

- DDSD Grievance & Appeals workgroup completed a plain language summary on filing appeals. How to File an Appeal for DS Services

  The workgroup continues to work on a grievance document.
- Ongoing collaboration with Green Mountain Self-Advocates to provide plain language consultation and training.
- Ongoing work towards the inclusion of plain language documents and materials when engaging with stakeholder groups.
- Developing plain language versions of documents related to payment reform, the SIS-A, conflict free case management, and other system changes.
- Invested in a readability application that assists with the creation of content that is easily understood and accessible.
- Implemented statewide policies and practices in the creation of accessible communications as required by the Americans with Disabilities Act.

Distribution of Service Providers

All ten DAs are responsible for ensuring needed services are available to individuals within their respective catchment areas. DAs along with the five SSAs, help ensure statewide availability of service providers. (See Reference A: *Map – Vermont Developmental Services Providers*.) The following table shows the number and percentage of individuals who received HCBS by agency, as well as those who self/family-manage services through the Supportive ISO[38].

Home and Community-Based Services
Numbers and Percentages Served by DA/SSA
FY 2023

Number/Percent	Designated Agency	Catchment Area
156 / 5%	Counseling Service of Addison County	Addison
766 / 23%	Howard Center	Chittenden
296 / 9%	Health Care and Rehabilitation Services of Southeastern Vermont	Windsor/ Windham
104 / 3%	Lamoille County Mental Health Services	Lamoille
280 / 8%	Northwestern Counseling and Support Services	Franken/ Grand Isle
377 / 11%	Northeast Kingdom Human Services	Caledonia/ Essex/Orleans
256 / 8%	Rutland Mental Health Services.	Rutland
181 / 5%	United Counseling Service	Bennington
201 / 6%	Upper Valley Services	Orange
288 / 9%	Washington County Mental Health Services	Washington

Number/Percent	Specialized Service Agency	Office Location
83 / 3%	Champlain Community Services	Chittenden
79 / 2%	Families First	Windham
75 / 2%	Green Mountain Support Services	Lamoille
81 / 2%	Lincoln Street Incorporated	Windsor
68 / 2%	Specialized Community Care	Addison

Number/Percent	Supportive ISO	Office Location
68 / 2%	Transition II (self/family-managed)	Chittenden

Percentages are based on the total number served in HCBS.

[38] The source of the HCBS data was the Medicaid Management Information System (MMIS). In situations where people received services from more than one agency during the year, they are counted with the agency that last provided their services. The count includes people whose services ended during the fiscal year.

HEALTH AND SAFETY

The health and safety of people with developmental disabilities is of paramount concern.

DDSD is responsible for helping to ensure the health and safety of individuals who receive Medicaid-funded DDS. This is achieved through collaboration with other entities, including the DA/SSAs, family members, guardians, advocacy organizations and the courts. In particular, the DA/SSAs provide a myriad of services and supports which focus on the welfare of each person they support. It is not necessarily any one specific service that focuses on health and safety as much as an overall person-centered approach that considers all aspects of an individual, including aspirations and goals in the Individual Support Agreement (ISA), personal choice, and dignity of risk. Below are resources and processes that promote the health and safety of people in developmental disabilities services.

Health and Wellness Guidelines

The Health and Wellness Guidelines outline expectations and recommended standards of care so the best possible medical care can be obtained for people receiving DDS. Each DA/SSA, along with the individual and/or family member who manages a person's supports, has the responsibility to ensure that health services for people receiving paid home supports are provided and documented as needed. While the guidelines address a wide variety of medical services, they do not list all possible health conditions. Since individuals' circumstances may vary, the person's team's knowledge about health issues, training and advocacy are important components for ensuring quality and comprehensive health care.

The Quality Services Review includes a review of medical circumstances for a percentage of individuals to help ensure that proper health care and safety concerns are addressed. The DDSD Nurse Surveyor looks to ensure all state and federal rules and regulations are followed as well as evaluating whether individuals have opportunities to lead healthy lives.

Website: *Health and Wellness Guidelines*

Human Rights Committee

There are situations in which a person's actions pose a risk to the health and safety of the person or others. In some situations, for example, restraint of an individual may be needed to ensure safety. The DDSD Human Rights Committee works to ensure that the use of restraints safeguard the human rights of people receiving DDS in Vermont. This includes review of policies, procedures, trends and patterns, individual situations, and individual behavior support plans that authorize the use of restraint procedures. Proposed plans and the use of restraint must comply with DDSD's *Behavior Support Guidelines*. The *Human Rights Committee Guidelines* provide an independent review of restraint procedures proposed or occurring within the supports provided by the DDS system.

Website: *Human Rights Committee*

Public Safety

The DDS system supports individuals who have been involved, or are at risk of becoming involved, with the criminal justice system due to behavior that may pose a risk to the safety of the public. Individuals in the Public Safety group include those:

- Adjudicated for criminal acts committed in the past.
- Found incompetent to stand trial due to an intellectual disability for a crime that involves a serious injury and/or sexual assault (Vermont's Act 248 civil commitment to the Commissioner of DAIL).
- Non-adjudicated and who demonstrate a significant risk to public safety and who receive supports to help them be safe and avoid future criminal acts and/or involvement with the criminal justice system.

Individuals served – Public Safety (6/30/23)

- **203 –** Total who were considered to pose a risk to public safety[39]
- **28** – Total on Act 248[40]

Website: *Public Safety*

Vermont Crisis Intervention Network

The Vermont Crisis Intervention Network (VCIN) is a statewide crisis response network that develops services and supports for people with the most challenging needs in the community to prevent their being placed in institutional care (e.g., psychiatric hospitals, out-of-state residential placements). VCIN provides technical assistance and manages two statewide crisis beds in addition to delivering consultation and training to agency staff and contracted workers. VCIN combines a proactive approach designed to reduce and prevent individuals from experiencing crisis with emergency response services when needed.

Individuals served – VCIN (FY23)

- **71 –** Individuals received technical assistance[41]
- **5** – Crisis bed stays
- **1,055** – Total days crisis beds used (100% occupancy rate)[42]

Website: *Vermont Crisis Intervention Network*

[39] To be considered a risk to public safety, an individual must meet the Public Safety Funding Criteria as outlined in the State System of Care Plan. Not all people on the list are currently receiving services.

[40] Act 248 is a Vermont Statute that creates civil commitment of criminal offenders with intellectual disabilities to the Commissioner of DAIL who have been found incompetent to stand trial for dangerous crimes and are deemed to be at a high risk to commit a future significantly harmful act. The 28 people on Act 248 are included in the 203 who are considered to pose a risk to public safety.

[41] This count does not include people who received training conducted by VCIN staff.

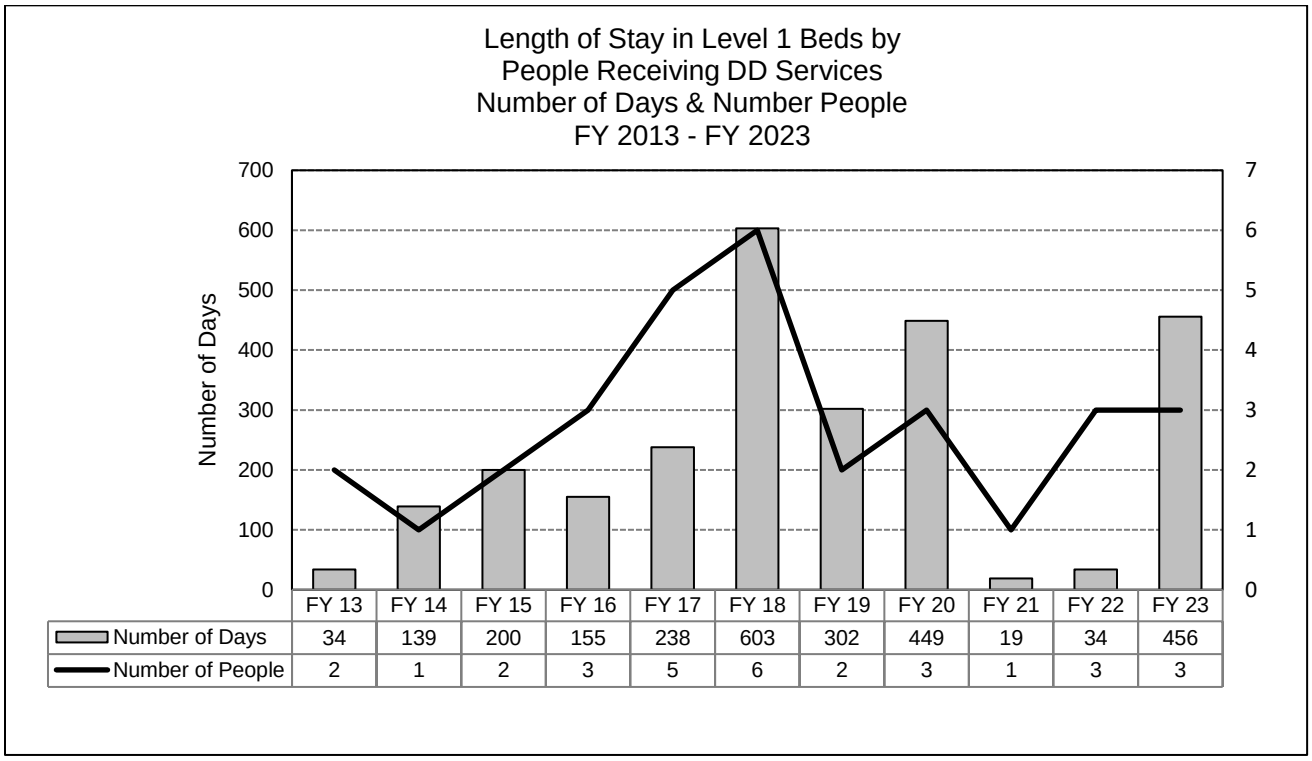
[42] Occupancy rate is based on a possible 1,055 calendar days in FY23 (3 beds x 365 days).

Level 1 Psychiatric Inpatient Treatment

There are three facilities in Vermont that provide Level 1 psychiatric inpatient treatment: Brattleboro Retreat, Rutland Regional Medical Center, and Vermont Psychiatric Care Hospital (VPCH)[43]. Level 1 refers to involuntary hospitalizations for individuals who are the most acutely distressed who require additional resources.[44] On rare occasions, these facilities are used to provide Level 1 inpatient care for people with developmental disabilities when specialized psychiatric treatment is needed that is otherwise not available in a community setting. For example, when a person has significant medical and psychiatric disorders or is at high risk for death by suicide. The number of days for any given hospitalization for this increased level of psychiatric support can vary greatly from person to person. The Division monitors the capacity to meet the needs of people with developmental disabilities experiencing psychiatric crisis both in community settings and in inpatient hospitals.

Individuals served – Psychiatric Inpatient Treatment (FY23)

- **3 –** Total individuals[45]
- **456 –** Total days



	FY 13	FY 14	FY 15	FY 16	FY 17	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23
Number of Days	34	139	200	155	238	603	302	449	19	34	456
Number of People	2	1	2	3	5	6	2	3	1	3	3

[43] Only a very small portion of psychiatric care beds are considered Level 1 beds in the Brattleboro Retreat (14) and Rutland Regional Medical Center (6). All 25 beds in the VPCH are Level 1 beds.

[44] *Department of Mental Health Act 79 Legislative Report*

[45] This includes only Level 1 beds and does not include stays for individuals who do not require additional resources within the psychiatric unit.

Housing Safety and Accessibility Reviews
The *Housing Safety and Accessibility Review Process* outlines the requirements for the safety and accessibility reviews conducted for DDSD to assess the safety and accessibility of all residential homes not otherwise required to be licensed by the Division of Licensing and Protection. The expectation is that home safety and accessibility inspections of residences occur prior to an individual moving into the home. Agency community support sites attended by four or more people are also reviewed.

Individuals served – Home Safety Reviews (FY23)
- **196 –** Safety inspections[46]
- **50 –** Accessibility inspections

Education and Support of Sexuality
The DDSD *Policy on Education and Support of Sexuality* provides a clear statement about the rights of people receiving DDS to learn about the risks and responsibilities of expressing their sexuality.

Background Check Policy
DAIL requires that background checks be performed on people who may work or volunteer with vulnerable individuals towards the prevention of abuse, neglect, and exploitation. The *DAIL Background Check Policy* describes when a background check is required, the components of a background check and what happens when a background check reveals a potential problem.

Public Guardianship Services
The Office of Public Guardian (OPS) provides court ordered guardianship for adults with developmental disabilities and older Vermonters (aged 60 and over) with significantly impaired cognitive functioning, and who have been found to lack decision-making abilities and who do not have a family member or friend who is willing and able to assume that responsibility. The goal of guardianship is to promote the wellbeing and protect the civil rights of individuals, while encouraging their participation in decision-making and increasing their self-sufficiency.

Powers of Guardianship (varies by individual)
- General Supervision (residence, services, education, care, employment, sale, and encumbrance of property)
- Legal
- Contracts
- Medical and Dental
- Financial Guardianship

[46] The safety inspections included 12 "bedroom only" inspections. They occur when a person moves into another bedroom, or a second person moves in and the room had not been assessed during the initial inspection.

Guardians must maintain close contact with individuals to understand their wishes and preferences; to monitor their wellbeing and the quality of the services they receive; and to make important decisions on their behalf. Whenever possible, people are encouraged and supported to become independent of guardianship in some or all areas of guardianship. When suitable private guardians are identified, guardianship is transferred.

Due to the complexity of the work of Public Guardians, it's important that caseloads sizes are manageable for both adults with intellectual disabilities and older Vermonters.

Challenges Facing Public Guardianship Program (FY23)

- 31 people per guardian (average caseload) – National standards for best practices are no more than 20 people per guardian
- 34% increase court appointments of people into guardianship (past 20 years)
- Increasing severity/complexity of need
- Growing number of people who disregard/reject assistance of the guardian
- Growing number of older Vermonters placed in out-of-state skilled nursing facilities (lack of capacity in Vermont)
- Increasing referrals to OPG Representative Payee Program

Ethics Committee

An Ethics Committee convenes monthly to review any decision by a Public Guardian to abate life-sustaining treatment for a person receiving services who is nearing the end of life. Proposals for Advance Care Planning to address future health care decisions are also reviewed by the committee.

Individuals served – Guardianship Services (June 30, 2023)

- **596 –** Guardianship services – developmental disabilities
- **136 –** Guardianship services – older Vermonters aged 60 and over
- **2** – Case Management
  734 – Total
- **328 – Individuals receiving representative payee services**
- **38 – Termination of guardianship – developmental disabilities**
  - **17 –** Deceased
  - **18 –** Independent of guardianship
  - **3 –** Transfer to private guardian
- **21 – Termination of guardianship – older Vermonters**
  - **17 –** Deceased
  - **3 –** Independent of guardianship
  - **1 –** Transfer to private guardian
- **30 – Office of Public Guardian staff** (24 of whom are full-time guardians)

Resource: *Office of Public Guardian Annual Report State Fiscal Year 2023*
Website: *Office of Public Guardianship*

TRAINED STAFF

In order to assure that the goals of this chapter are attained, all individuals who provide services to people with developmental disabilities and their families must receive training as required by Section 8731 of the Developmental Disabilities Act.

The *Regulations Implementing the Developmental Disabilities Act of 1996* state that training helps ensure safety and quality services and reflects the principles of services of the DD Act. Each provider agency has responsibility for ensuring pre-service and in-service training is available to all workers paid with DDS funds that are administered by the agency. The regulations outline minimal training standards as well as what DA/SSAs must assure regarding training plans and providing training.

The Supportive ISO must inform people who self-manage or family-manage services that the workers they hire must have the knowledge and skills required, and that training may be obtained free of charge from the Supportive ISO. Additionally, the DA/SSAs are required to notify people and family members who share-manage of this responsibility and that training for the workers they hire can be obtained free of charge from the DA/SSA.

Most direct support professionals in Vermont do not work for service agencies. Many are home providers contracted by DA/SSAs, while the majority are employed by home providers and people who self-manage, family- manage or share-manage services.

Direct Support Workers (DSW) by Employee Group[47]

- **1,336** – Home Providers (June 30, 2023)[48]
- **1,713** – DA/SSA Employees[49] (FY23)
- **4,148** – Employees paid through ARIS[50] (CY 22)

Direct support workers require a better understanding of the pre-service/in-service standards and current best practices in the provision of support. Quality Services Reviews identified the following training content that would benefit DA/SSA direct support staff and service coordinators, as well as home providers and non-agency hired support workers.

- Person-Centered Thinking and Planning
- Individual Support Agreements
- Behavior Support Plans
- Critical Incident Reporting
- Health and Wellness Guidelines: Special Care Procedures, Emergency Fact Sheet

[47] These data come from different sources during different timeframes. Therefore, these data do not represent a complete fiscal year count or unduplicated point in time total of all direct support workers.
[48] Home Provider (Shared Living provider) are contracted workers. Data provided by DA/SSAs.
[49] DA/SSA employee data provided by Vermont Care Partners includes all DS-related positions, including managers.
[50] This data is provided by ARIS and includes all Independent Direct Support Workers who received a paycheck through developmental disabilities services and respite through the integrated approach with bundled rates. Many of the workers paid through ARIS are part time.

Training Categories

DDSD and other community partners provide or coordinate a variety of training, including in the following areas.

- Appeals and Grievances
- Autism and Supports
- Childrens Services
- Communication Supports
- DDSD Policies and Guidelines
- Eligibility and Funding
- Guardianship
- Health and Wellness
- Housing Inspection and Accessibility
- Individual Support Agreements
- Person-Centered Thinking and Planning
- Post Secondary Education
- Pre-admission Screening and Resident Review (PASRR)
- Public Safety
- State System of Care Plan
- Supported Employment
- Supports Intensity Scale – Adult Version (SIS-A)
- Trauma and Self- and Co-Regulation Practices

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.

DDS emphasizes cost effective models and maximization of federal funds to capitalize on the resources available. A wide range of Home and Community-Based Services are available under the 1115 Global Commitment to Health Medicaid Waiver. In FY23, HCBS accounted for 97% of all DDSD appropriated funding for DDS, which means Vermont's DDS system leverages a notably high proportion of federal funds.

State Oversight of Funds

AHS is committed to providing high quality, cost-effective services to support Vermonters with developmental disabilities within the funding available, and to obtain value for every dollar appropriated by the Legislature. Guidance regarding the utilization of funding is provided through regulations, policies, and guidelines, including the following:

- *Regulations Implementing the Developmental Disabilities Act of 1996*
- *Vermont State System of Care Plan for Developmental Disabilities Services*
- *Medicaid Manual for Developmental Disabilities Services*
- *DDD Encounter Data Submission Guidance for Home and Community-Based Services*

DAIL performs a variety of oversight activities to ensure cost-effective services, including:

- Verifying eligibility of applicants.
- Reviewing and approving requests for new DDS caseload funding for new and existing service recipients through Equity and Public Safety Funding Committees.
- Requiring at least an annual periodic review/assessment of needs for individuals receiving services.
- Reviewing and approving funding for Unified Service Plans (shared funding from Children's Personal Care Services, High Technology Home Care Services, Department for Children and Families, Department of Mental Health, and Department of Corrections).
- Assisting agencies in filling group home vacancies.
- Providing technical assistance to agencies regarding use of HCBS funding.
- Performing Quality Services Reviews to determine whether services and supports are of high quality and cost effective.
- Completing reviews of high-cost budgets.
- Allocating and monitoring funds to DA/SSAs within funds appropriated by the Legislature.

- Requiring corrective action plans, including repayment of funds, when errors in use of funds are discovered.
- Monitoring use of Flexible Family Funding, Family Managed Respite, and Bridge Program and make funding adjustments when needed.
- Reviewing and approving HCBS monthly for all individuals with developmental disabilities served by DA/SSAs and who self/family-manage services.
- Reviewing required financial operations data submitted monthly by DA/SSAs.
- Reviewing required financial operations budgets of DA/SSAs each fiscal year.
- Working collaboratively to address problems with use of funds identified by the Medicaid Program Integrity Unit and Attorney General's Medicaid Fraud and Abuse Unit.
- Reviewing HCBS Medicaid claims data to track DA/SSA encounter data submissions, billing rates, approve rates, and assure compliance through billing adjustments when required.
- Conducting reviews of paid claims to ensure consistency with authorized rates and funding rules in the State System of Care Plan and Medicaid Manual for DDS.

New Caseload Funding[51]

DDSD manages its resources each year by ensuring new caseload funding goes to those most in need of services (see Reference C: *Developmental Disabilities Services FY 2023 Funding Appropriation*). Both existing servivce recipients and those new to services have access to new caseload funding. Anyone receiving new caseload resources must meet the State System of Care Plan funding priorities (see Reference B: *Developmental Disabilities Services State System of Care Plan Funding Priorities – FY 2023 – FY 2025*).

Individuals served (FY23)

- **335 –** Individuals who received new caseload funding
- **$19,666,809 –** New caseload dollars allocated

Distribution of Funding[52] (FY23)

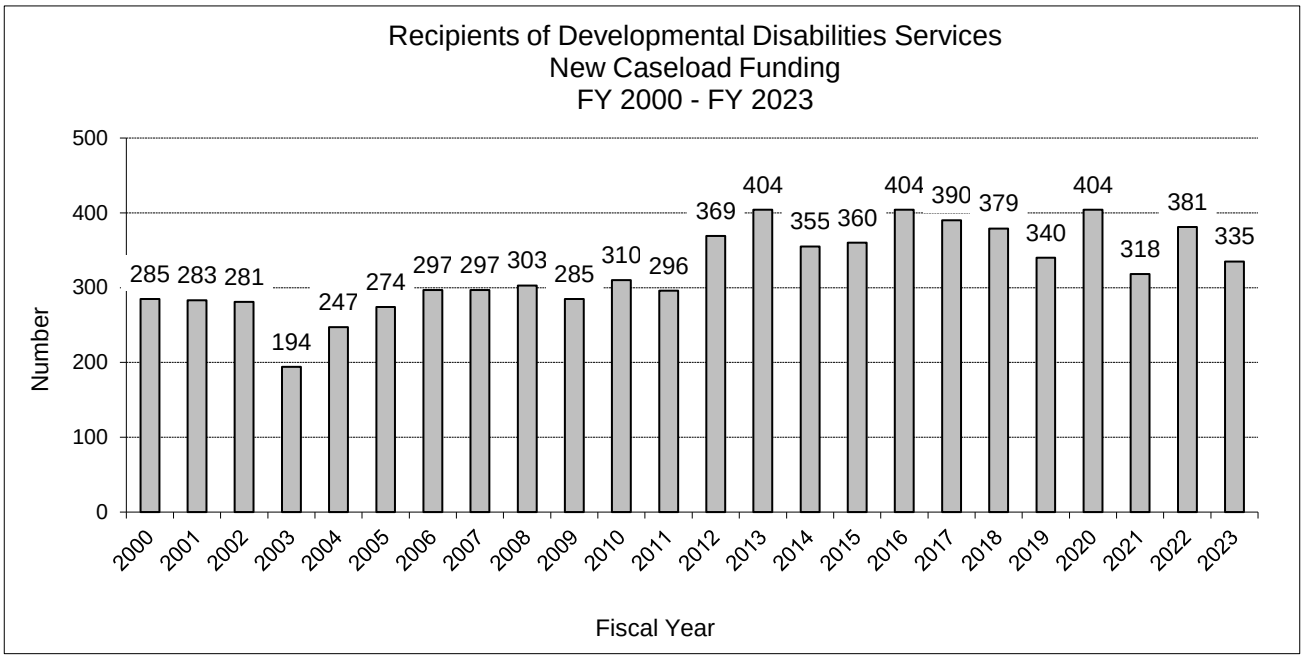
	New Recipients	Existing Recipients
▪ Individuals who received new caseload funding	**59%**	**41%**
▪ Distribution of new caseload dollars	**64%**	**36%**

Home and Community-Based Services – Average Cost (FY23)

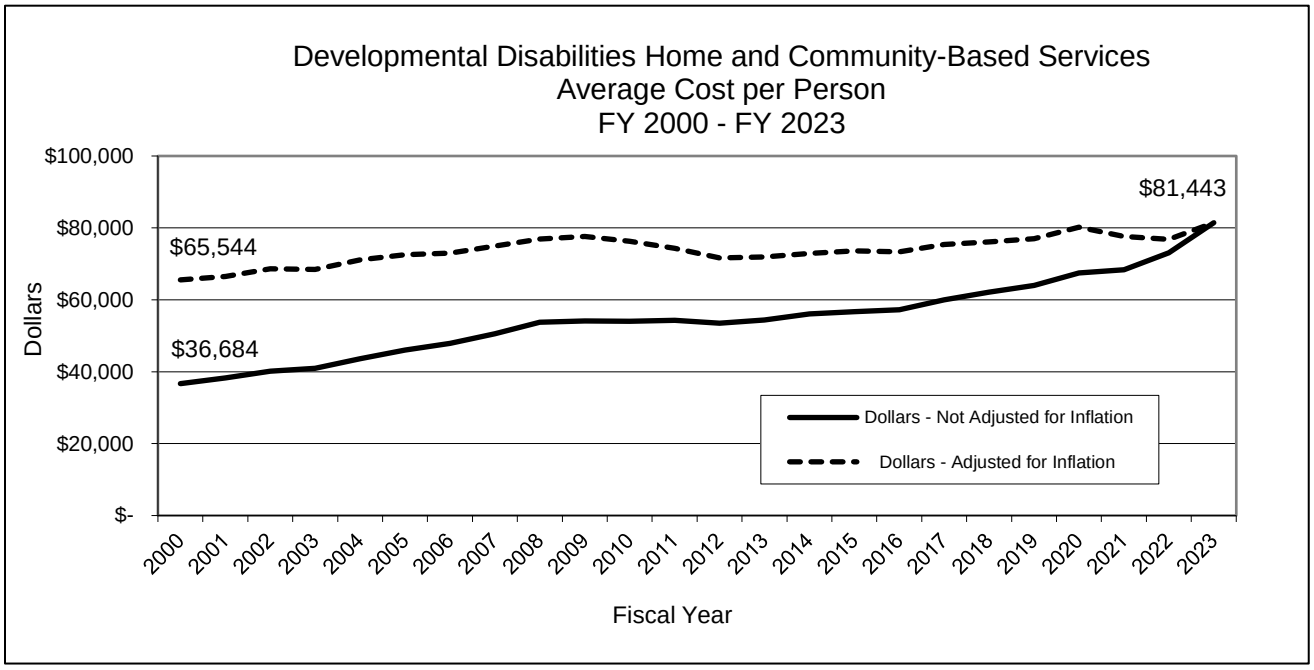
- **$81,443 –** Average HCBS cost per person

[51] New Caseload funding includes funds appropriated by the legislature and funds returned to the state from budgets of individuals who died or left services. In FY22, 142 people receiving HCBS terminated services.

[52] Total Developmental Disabilities Services new HCBS caseload. A "new recipient" means the individual was not currently receiving HCBS when requesting funding. An "existing recipient" was already receiving some HCBS funding.



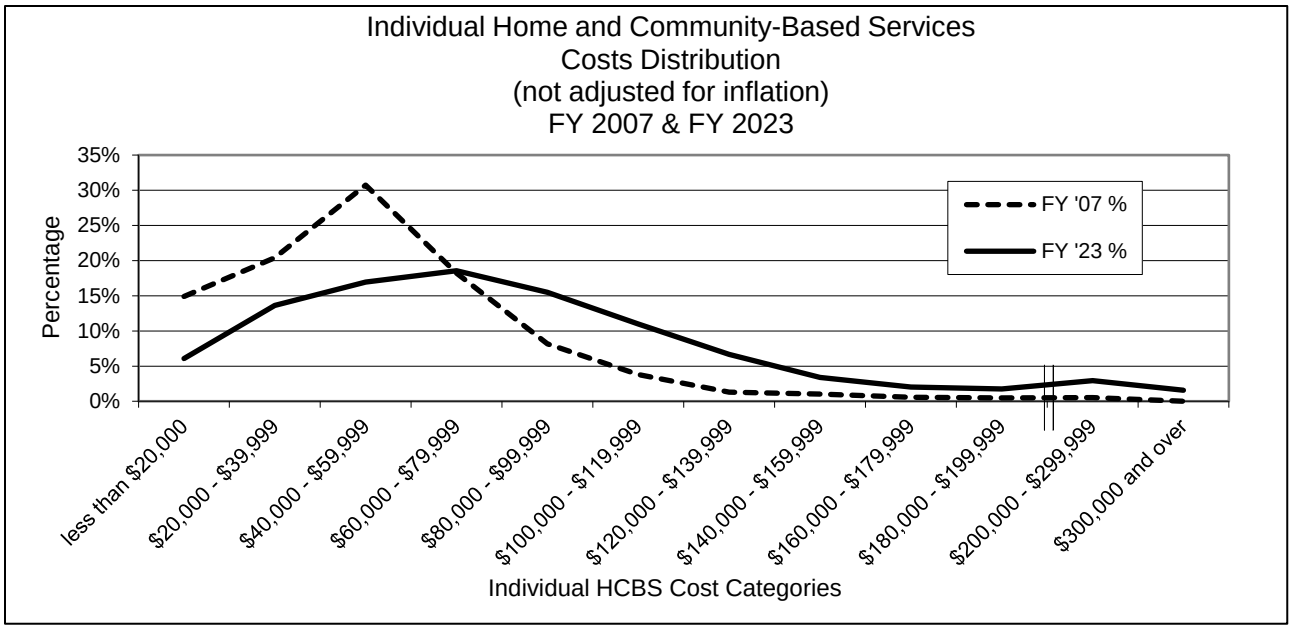
The average cost per person has remained relatively stable over time, whether comparing dollars adjusted for inflation or not adjusted for inflation[53].



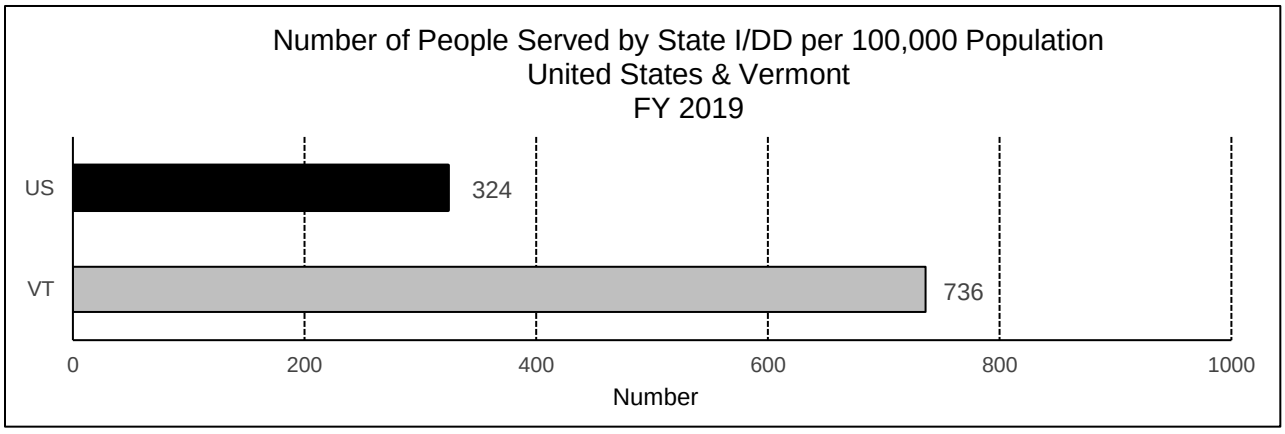
[53] An inflation calculator was used to determine the adjusted average HCBS cost per person for previous years based on the FY23 average HCBS cost person. Source: U.S. Inflation Calculator.

Home and Community-Based Services – Cost Distribution[54]

The distribution of service rates for people receiving HCBS has stayed relatively consistent over time, especially at the $60,000 rate and over. In FY23, 37% percent of individuals who received HCBS were funded for less than $60,000 per person per year[55].



The high number of people served in Vermont (per 100K of the population) compared with the national average shows a commitment to supporting people with I/DD in their communities[56]. The use of state dollars to support Home and Community-Based Services is considerably lower than the national average and the other New England states.

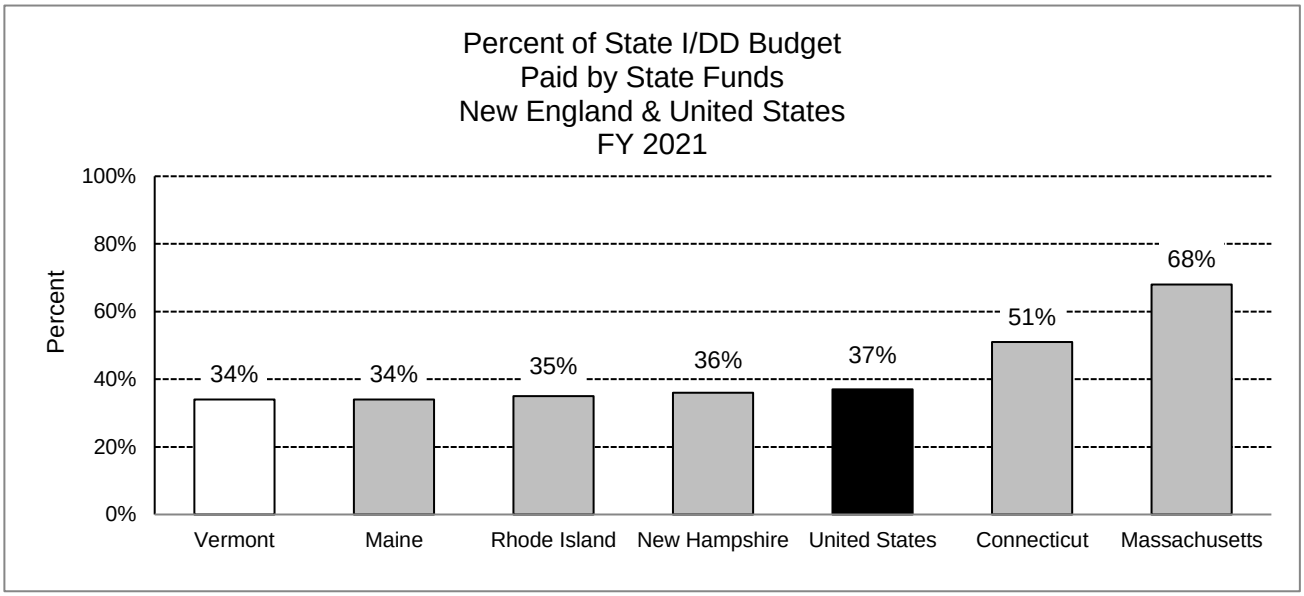


[54] The source of FY23 HCBS data was the DD Home and Community-Based Services spreadsheets.

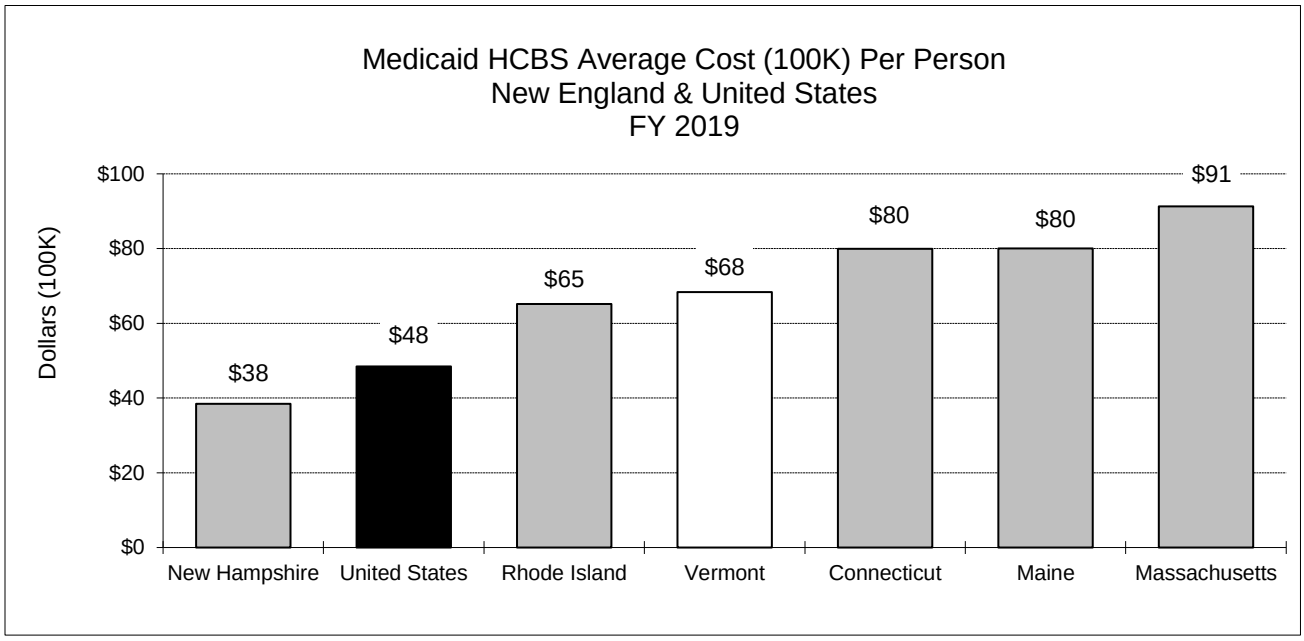
[55] The last two data points on the right side of the chart have been condensed. The second highest cost category combines what would have been five cost categories ($20,000 each) into a large category spanning $200,000 – $299,999. This category includes HCBS costs for 11 people in FY07 and 99 people in FY23. The last cost category of $300,000 and over includes 53 people in FY23. This adjustment to the graph better represents the changes in cost distribution over time.

[56] *In-home and Residential Long-Term Supports and Services for Persons with I/DD: Status and Trends through 2019*, Residential Information Systems Project (RISP), University of Minnesota, *December* 2022.

State funds used for Medicaid match account for a smaller proportion of I/DD services budget in Vermont than other New England States and the national average[57].



The average cost of Home and Community-Based Services in Vermont are comparable to the other New England States[58]. While Vermont's average HCBS cost is higher than the national average, Vermont services are 100% community-based and do not use large group homes or institutions.



[57] *The State of the States in Intellectual and Developmental Disabilities,* Kansas University Center on Developmental Disabilities, University of Kansas, *2021.*

[58] *In-home and Residential Long-Term Supports and Services for Persons with I/DD: Status and Trends through 2019*, Residential Information Systems Project (RISP), University of Minnesota, *December* 2022.

One-Time Funding – Global Commitment Investments
Developmental disabilities services funding methodology generates One-Time Funding.

Types of One-Time Funding allocations made by DAIL

1. **Funding to DA/SSAs:** Allocated to individuals who meet clinical and financial eligibility for DDS to address needs identified through the State System of Care Plan.

   One-Time Funding allocated to DA/SSAs (FY23)
   - **$600,000 –** Total dollars allocated
   - **723 –** Total number of service recipients[59]

   Number of Service Recipients by Outcome[60] (FY23)
   - **367 –** Addressed Health and Safety
   - **307 –** Improved Quality of Life: Accessibility/Accommodations
   - **104 –** Maintained Housing Stability
   - **102 –** Increased Communication
   - **94 –** Increased Self-Advocacy Skills
   - **89 –** Increased Independent Living Skills
   - **60 –** Averted Crisis Placement

2. **Funding to Special Projects and System Initiatives:** Identified by DAIL and through the State System of Care Plan process.

   Global Commitment Investments (FY23)
   - One Time Crisis Funding
   - Peer Growth and Lifelong Learning
   - Post-Secondary Education Initiative: College Steps, SUCCEED, Think College Vermont
   - Project Search
   - Supported Employment Enhancements
   - Vermont Communication Support Project

[59] This number includes duplications (funding received by individuals more than once in the fiscal year) and occasions when multiple individuals benefit from one allocation.
[60] Multiple outcomes are identified for some individuals. The count does not include "other" outcomes or if it were too soon to determine an outcome.

Service Cost Comparison

When looking at alternative services options in Vermont, the average cost of HCBS is still relatively low considering that all services are individualized and community-based, and do not rely on expensive institutions or large group homes that are common in other states. The following data compare the difference between the daily cost in Vermont for a Level 1 emergency bed or nursing facility with the average daily cost for HCBS. It is important to recognize that HCBS comprise a range of services – from minimal supports like Respite and Community Supports up to intensive, comprehensive services. The needs of people receiving the highest cost HCBS are comparative to those staying in Level 1 inpatient psychiatric facilities.

Developmental Disabilities Services – Daily Rates (FY23)

- **$ 223 –** DD Home and Community-Based Services – Average Cost

Nursing Facility Costs – Daily Rate (FY23)

- **$ 281 –** Average Medicaid cost[61]

Level 1 Institutional Facility – Daily Rates (FY23)

- **$3,100 –** Brattleboro Retreat and
- **$2,063 –** Rutland Regional Medical Center
- **$3,289 –** Vermont Psychiatric Care Hospital

Payment Reform

DDSD, in collaboration with DVHA, continues to work with consumers, family members, the provider network and other stakeholders in a major initiative to develop a new payment model for HCBS. The goals of this initiative are to streamline payment, increase person-centered flexibility, support achievement of meaningful outcomes, and enhanced transparency and accountability for services delivery and funding.

The payment reform advisory committee and workgroups are focused on:

- Implementing a new needs assessment tool, reviewing levels of support framework and descriptions created from the 500-person sample of assessments with the new tool, and continuing to work towards establishing a process to allow for more equitable allocation of resources.
- Improving agencies' ability to fully report encounter data (services delivered to individuals).
- Designing the future payment model.
- Increasing opportunities for stakeholders to engage, provide feedback, and ask questions about Payment Reform initiatives.

For more information about Payment Reform, please see the *Introduction* at the beginning of this report. **Website:** Payment Reform

[61] The average Nursing Facility Medicaid per diem cost includes estate recovery, room and board patient share, and Nursing Facility Bed Tax.

ASSURING THE QUALITY OF DEVELOPMENTAL DISABILITIES SERVICES

The DDSD Quality Services Reviews (QSRs) monitor and review the quality of services provided using the federal Centers for Medicare and Medicaid Services (CMS) and State of Vermont HCBS funding. The purpose of the QSR is to ascertain the quality of the services provided by the DA/SSAs and to ensure that minimum standards are met with respect to *DDS Policies and Guidelines*. The QSR involves on-site reviews by DDSD Quality Management Reviewers to assess the quality of Medicaid-funded services. Site visits are conducted every two years with follow-up as appropriate.

The QSR is one component of a broader collection of *Sources of Quality Assurance and Protection for Citizens with Developmental Disabilities* that maintain and improve the quality of DDS. Other components supported by the review team and DAIL/DDSD include monitoring and follow-up regarding:

- Agency Designation
- Medicaid and HCBS eligibility
- Housing safety and accessibility inspections
- Monitoring of critical incident reports
- Grievance and appeal processing and investigations
- Independent survey of recipient satisfaction
- Training and technical assistance
- Corrective action plans
- DA/SSAs internal quality assurance processes

DDSD Outcomes used to Monitor and Review Quality Services

- *Respect* – Individuals feel that they are treated with dignity and respect
- *Self Determination* – Individuals direct their own lives
- *Person Centered* – Individuals' needs are met, and their strengths are honored
- *Individuals live and work as independently and interdependently as they choose*
- *Relationships* – Individuals experience positive relationships, including connections with family and their natural supports
- *Participation* – Individuals participate in their local communities
- *Well-being* – Individuals experience optimal health and well-being
- *Communication* – Individuals communicate effectively with others
- *Systems Outcomes*

The QSR DDSD Outcomes are evaluated based on the services provided to a sample of individuals receiving HCBS funding. To the degree possible, the sample will be reflective of the spectrum of supports provided by the agency. Due in part to the relatively small 15% sample size, most of those individuals reviewed are intentionally skewed toward service recipients with higher budgets and/or greater needs (e.g., significant medical/behavioral/ public safety issues).

The QSR consists of a visit and conversation with everyone in the sample and their support team; a conversation with the person's guardian/family where applicable; a review of the person's agency file (including the person's support plan) and a conversation with the person's service coordinator. The nurse surveyor also focuses specifically on how well the agency meets the medical requirements set out in the *Health and Wellness Guidelines.*

There are five and a half full-time quality review team members. This team requires a two-year cycle to complete a full round of quality reviews at all the agencies. In addition, quality management reviewers provide technical assistance to assist the agencies to address issues discovered during, or in follow-up, to the QSR.

During FY23, the Quality Reviews continued to be conducted, with a combination of in person and virtual visits and interviews completed via a video conference or phone call. Attempts were made to have in-person visits for all 24-hour residential settings at the residence. Additional in person visits occurred at the provider agency or a location in the community identified by the person or members of their support team. Using these methods, the review team was able to complete the required number of quality service and designation reviews for the FY23 schedule.

Quality Services Reviews Conducted (FY23)

- **5 –** Designated Agencies
  2 – Specialized Service Agencies
  7 – Total reviews conducted
- **207 –** Individuals reviewed

Designation Reviews (FY23)

- **5 –** Agencies received re-designation reviews (Conducted in FY23)
  3 – Agencies completed the re-designation process and received certificates (Completed in FY23)
- **1 –** Agency submitted re-designation report (Submitted in FY23)[62]

Areas in Need of Improvement

The QSR reports include a summary of examples of positive practice seen at agencies as well as areas for improvement/necessary changes. The following are frequently mentioned "Areas of Improvement" noted in QSRs.

- A requirement for agencies to have improved documentation: ISAs, specifically measurable outcomes with the data to be collected and tracked to show progress clearly identified and relevant to the goal of outcome, complete outcome reviews performed on the timeline identified in the ISA, and accurate and complete Emergency Fact Sheets.

[62] Re-designation report was presented to the DS State Program Standing Committee which recommended Provisional Designation. The DAIL Commissioner is reviewing the recommendation and related information for consideration of the agency's re-designation.

- The need for improvement of agencies' internal quality assurance mechanism, including active and effective supervision and mentoring of staff, especially service coordinators by their supervisors.
- Supervision and support from agencies' leadership for supervisors and service coordinators who are striving to address ongoing service delivery issues as the chronic staffing shortage continues and the agencies' struggle to provide the needed services to all people.
- Many individuals/guardians across agencies expressed renewed interest in beginning or re-focusing employment efforts as people move back into more community-based activities and supports following the COVID-19 pandemic.

In addition to the above Areas of Importance, multiple agencies were advised to monitor and correct issues with the transfer of data, forms, and documentation to their new Electronic Medical Records (EMR). The Individual Support Agreement document and format was an issue as was the Emergency Fact Sheet. EMRs were not pulling complete data from other documents within the EMR as it was intended, resulting in documents lacking some of the required information.

Critical Incident Reporting

The Critical Incident Reporting (CIR) requirements outline the essential methods of documenting, evaluating, and monitoring certain serious occurrences and ensure that the necessary individuals receive timely and accurate information to allow for appropriate follow-up. Most of the incidents reported receive follow-up by DDSD staff who may conduct more in-depth investigations. The nature of this oversight helps improve the health and safety of people served and may result in changes in direct service practices. The *Critical Incident Reporting Guidelines* provide details about the reporting requirements.

Critical Incident Reports (FY23)

- **1,127 –** Medical emergency (serious and life threatening)
- **488** – Positive COVID-19 tests
- **330** – Alleged abuse/neglect and prohibitive practices
- **114** – Criminal act
- **84** – Missing person
- **52** – Seclusion or restraint (mechanical, physical, chemical)
- **40** – Death of a person
- **24** – Media
- **21** – Suicide attempt (or lethal gesture)
- **131** – Other[63]

2,911 – Total CIRs reported to DDSD

Website: *Quality Oversight*

[63] The "Other" category includes CIRs that rise to the level of what could be considered a critical incident that still may need follow-up by DDSD staff even if the incident does not fit into the identified reporting categories.

Staff Turnover and Vacancies

Critical to the quality of developmental disabilities services is the stability of the direct support workforce. Several factors have contributed to the chronic provider workforce crisis, including the impact of the pandemic, low wages, and the need for more robust training and supervision. The DD services system continues to explore and implement new and creative steps to increase successful recruitment and retention of direct support workers. The following data reflect staff turnover and vacancy rates of all employees who work at developmental disabilities services agencies.

Vermont Care Partners Staff Survey[64]

- **22% –** Turnover Rate – (FY23)
- **30% –** Vacancy Rate (July 1, 2023)
    - **11% - 36%** – Range of Vacancy Rates (across DA/SSAs)

Public Guardians

Public Guardians play a distinct role in quality assurance as well, including on-going monitoring of people's welfare; assessment of quality of life and functional accessibility; participation in individual support plans; and advocacy for appropriate services. Public Guardians are expected to have contact with people for whom they are guardians at least once a month. OPG has guardians available to respond to emergencies 24-hours a day.

[64] These percentages do not include administration and other non-program positions or contracted workers (e.g., shared living providers). The percentages also do not reflect Independent Direct Support Workers hired by families and shared living providers. The numbers reflect data from 14 DA/SSAs.

MEETING THE NEEDS OF PEOPLE WITH DEVELOPMENTAL DISABILITIES

In enacting the *Developmental Disabilities Act*, the Legislature made clear its intention that DDS would be provided to some, but not all, of the state's citizens with developmental disabilities. It gave responsibility for defining which individuals would have priority for funding and supports to DDSD through the *Regulations Implementing the Developmental Disabilities Act of 1996* and the *Vermont State System of Care Plan for Developmental Disabilities Services*.

Prevalence Rates

Using national prevalence rates, it is likely that roughly 16,177[65] of the state's 647,064[66] citizens have a developmental disability as defined in the Vermont *Developmental Disabilities Act*. In FY23, 29% of Vermonters with a developmental disability are estimated to meet clinical eligibility and receive DDS based on the 4,720 individuals who received services.

Meeting the Need

There are many pressures that contribute to individuals needing services. There are people living in Vermont whose needs, due to the presence of a developmental disability, do not rise to the level of requiring supports. There are also those who have some or most of their needs met by parents or other family members and/or by services outside of the DDS system (e.g., local schools, Medicaid, Economic Services, HireAbility Vermont). They may also be getting more moderate DD services, such as service coordination (Bridge Program or Targeted Case Management), Flexible Family Funding or Family Managed Respite.

However, many people also need comprehensive, long-term services and supports. Those who need additional supports, or do not have other supports available to them, may be eligible for more comprehensive Home and Community-Based Services. The need for services is often the result of a combination of circumstances, including, but not limited to:

- No longer eligible for other services (e.g., Department for Children and Families, Children's Personal Care Services)
- No longer in high school
- Medical complexities
- Risk to oneself or others
- Behavior and/or mental health issues
- Significant level of support needed for communication, self-care, mobility, wandering and/or sleep disturbance
- Unpaid caregiver factors (e.g., aging, illness, medical and/or physical issues, unable to work without support for their family member, death)

[65] This calculation is based on prevalence rates of 1.5% for intellectual disability and 1.0% for autism spectrum disorder.

[66] Vermont census obtained from the U.S. Census Bureau's Quick Facts Population Estimates as of 7/1/22.

The level of paid support a person receives is determined based on the person's circumstances and the extent of the person's needs. Those with ongoing or more intense needs usually require long term, often life-long, support.

The *Administrative Rules on Agency Designation* require DAs to conduct intake and determine eligibility for services and funding. Designated Agencies must:

- Determine clinical and financial eligibility.
- Determine the levels and areas of unmet needs for the person.
- Submit funding proposals to the DA's Local Funding Committee to determine if:
  - The identified needs meet a funding priority established in the State System of Care Plan; and
  - The proposed plan of services is the most cost-effective means for providing the service.
- Submit funding proposals to one of DDSDs statewide funding committees (Equity Funding Committee or Public Safety Funding Committee) to determine if:
  - The needs meet a funding priority;
  - All other possible resources for meeting the need have been explored; and
  - The proposed funding is the appropriate amount to meet the need.

The HCBS funding priorities outlined in the State System of Care Plan[67] provide the criteria that an individual must meet to be eligible for new caseload funding.

A person must meet one of these criteria to receive HCBS funding:

- **Health and safety** – for adults aged 18 and over
- **Public safety** – for adults aged 18 and over
- **Prevent institutionalization** – nursing facilities and psychiatric hospitals – all ages
- **Employment for transition age youth/young adults** – aged 18 through 26 who have exited high school
- **Parenting** – for parents with disabilities aged 18 and over

Individuals new to services, and those already receiving services who have new needs and who meet a funding priority, have access to new caseload funding though Equity and Public Safety funding. (See the Fiscal Integrity section for additional details.)

Waiting List

There are two groups of individuals whose needs, related to the presence of a developmental disability, may or may not be met, in whole or in part:

1. Those who are not known to the DDS system; and
2. Those who are known to the DDS system but who do not meet eligibility for funding.

[67] See Reference B: *Vermont State System of Care Plan Funding Priorities: FY 2023 – FY 2025*.

For those who are not known to the DDS system, there is a comprehensive and integrated referral system in Vermont to assist those to find available services. Vermont 211 and related *Information, Referral, and Assistance* (IR&A) resources help those with unmet needs. This wide-ranging support network offers opportunities for people to have their general needs met through one or more of those alternative resources.

Sometimes that level of support is not sufficient. There are families in Vermont who report being on the brink of crisis, due in part to the unmet needs of their family member who has a developmental disability. As noted above, if they meet an HCBS funding priority, they will receive HCBS to provide needed support.

The System of Care Plan requires that funding be provided for only the level and amount of services to meet each person's needs as identified in the individual needs assessment. For example, a person may receive services in one area while another area of service was not identified as a priority need and was therefore not funded. DDSD collects waiting list information from the DAs to ascertain the scope of unmet needs. The collection of data on people who have applied for services and did not meet a funding priority helps DDSD track the scope of services that may be needed in the future. Based on reports from the DAs, no people were on the waiting list who met a State System of Care funding priority. There are individuals waiting due to their circumstances of not currently meeting a funding priority.

Waiting List[68] (FY23)

- **0 –** Individuals waiting for HCBS who met a funding priority
- **336** – Individuals waiting for HCBS who did not meet a funding priority

[68] As of 7/1/23, waiting lists are only required to be maintained by the Designated Agencies for people who do not receive any Home and Community Based Services (HCBS). People who receive some HCBS are no longer tracked through the waiting list. They will continue to be monitored by agencies through the reoccurring assessment of need process.

Number of People Waiting for Home and Community-Based Services Who Did Not Meet a Funding Priority by Type of Service – FY 2023

Home and Community-Based Services	Number Waiting
Service Coordination	200
Employment Services	7
Community Supports	112
Clinical Services	62
Crisis Services (Individual)	15
Supportive Services	43
In-Home Family Support	32
Respite – Family	187
Supervised Living – Home Support	7
Shared Living – Home Support	6
Respite – Shared Living	4
Staffed Living – Home Support	0
Group Living – Home Support	0
Home Modification/Remote Support	2
Transportation	4
(unduplicated number) **TOTAL**	**336**

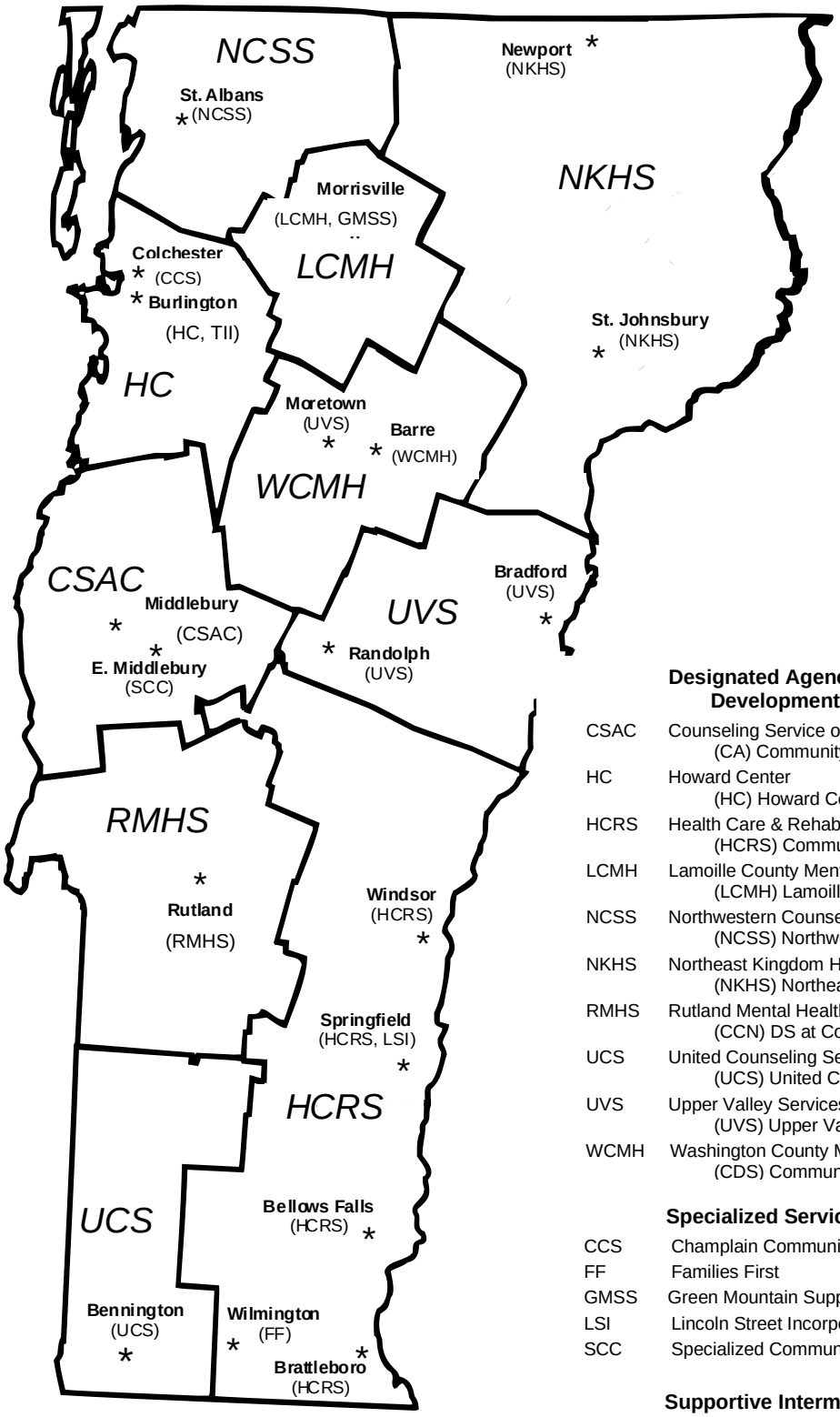
It is difficult to know how many people and families may be financially and clinically eligible for services but have not applied for services from a DA. According to the prevalence rates noted at the beginning at this section, it is estimated that 71% of Vermonters with developmental disabilities meet clinical eligibility but do not receive developmental disabilities services[69]. Of those who do not receive services, some will have applied for services but did not meet a funding priority and are on a waiting list. Others, for one reason or another, have not requested supports from an agency.

Agencies monitor their waiting lists and review the needs of people who are waiting for services when there are changes in the funding priorities or when notified of significant changes in the person's circumstances.

[69] This is based on the estimated 29% of Vermonters who have a developmental disability and who met clinical eligibility and received developmental disabilities services (see "Prevalence Rates" on page 52).

REFERENCES

Vermont Developmental Services Providers



Designated Agencies (DA)
Developmental Disabilities Services Programs

CSAC	Counseling Service of Addison County (CA) Community Associates
HC	Howard Center (HC) Howard Center Developmental Services
HCRS	Health Care & Rehabilitation Services of Southeastern VT (HCRS) Community Services Division of HCRS
LCMH	Lamoille County Mental Health Services (LCMH) Lamoille County Mental Health Services
NCSS	Northwestern Counseling & Support Services (NCSS) Northwestern Counseling & Support Services/DS
NKHS	Northeast Kingdom Human Services (NKHS) Northeast Kingdom Human Services, Inc.
RMHS	Rutland Mental Health Services (CCN) DS at Community Care Network
UCS	United Counseling Service (UCS) United Counseling Services, Inc.
UVS	Upper Valley Services (DDS only) (UVS) Upper Valley Services, Inc
WCMH	Washington County Mental Health Services (CDS) Community Developmental Services

Specialized Service Agencies (SSA)

CCS	Champlain Community Services
FF	Families First
GMSS	Green Mountain Support Services
LSI	Lincoln Street Incorporated
SCC	Specialized Community Care

Supportive Intermediary Service Organization (ISO)

TII	Transition II

VERMONT STATE SYSTEM OF CARE PLAN FOR DEVELOPMENTAL DISABILITIES SERVICES FUNDING PRIORITIES FY 2023 – FY 2025

1. **Health and Safety**: Ongoing, direct supports and/or supervision are needed to prevent imminent risk to the individual's personal health or safety. [Priority is for adults age 18 and over.]
   a. "Imminent" is defined as presently occurring or expected to occur within 45 days.
   b. "Risk to the individual's personal health and safety" means an individual has substantial needs in one or more areas that, without paid supports, put the individual at serious risk of danger, injury, or harm.
2. **Public Safety**: Ongoing, direct supports and/or supervision are needed to prevent an adult who poses a risk to public safety from endangering others. To be considered a risk to public safety, an individual must meet the Public Safety Funding Criteria. [Priority is for adults age 18 and over.]
3. **Preventing Institutionalization – Nursing Facilities**: Ongoing, direct supports and/or supervision needed to prevent or end institutionalization in nursing facilities when deemed appropriate by Pre-Admission Screening and Resident Review (PASRR). Services are legally mandated. [Priority is for children and adults.]
4. **Preventing Institutionalization – Psychiatric Hospitals and Intermediate Care Facility for People with Developmental Disabilities (ICF/DD)**: Ongoing, direct supports and/or supervision needed to prevent or end stays in inpatient public or private psychiatric hospitals or end institutionalization in an ICF/DD. [Priority is for children and adults.]
5. **Employment for Transition Age Youth/Young Adults**: Ongoing, direct supports and/or supervision needed for a youth/young adult to maintain employment. [Priority for adults age 18 through age 26 who have exited high school.]
6. **Parenting:** Ongoing, direct supports and/or supervision needed for a parent with developmental disabilities to provide training in parenting skills to help keep a child under the age of 18 at home. Services may not substitute for regular role and expenses of parenting. [The maximum amount of funding is $10,000 per person per year.]

DEVELOPMENTAL DISABILITIES SERVICES
FY 2023 FUNDING APPROPRIATION

New Caseload Projected Need (341 individuals [includes high school graduates] x $43,051 avg)	14,680,391
Minus Returned Caseload Estimate (3-year average)	(7,658,127)
Public Safety/Act 248 (13 individuals x $68,978 average)	896,714
TOTAL FY '23 ESTIMATED NEW CASELOAD NEED	7,918,978

New Caseload Funded in Final FY 2023 Budget	7,918,978
Budgets to Actuals realignment	(4,336,456)
8% Provider Rate Increase	22,493,138
AFSME CBA wage funding	2,948,846
Misc – Commercial Policy WC premium increase	16,274
TOTAL DDS FUNDING INCREASE – FY 2023	29,040,780
TOTAL DDS APPROPRIATION – AS PASSED FY 2022	253,129,050
TOTAL DDS APPROPRIATION – AS PASSED FY 2023	**282,169,830**

Reference D

ACRONYMS

Acronym	Description
ABA	Applied Behavioral Analysis
ACT 248	Supervision of individuals with developmental disabilities that have been charged with crimes and who have been found to be incompetent
AHS	Agency of Human Services
ASD	Autism Spectrum Disorder
CDCI	Center on Disability and Community Inclusion
CIR	Critical Incident Report
CMS	Centers for Medicare and Medicaid Services
COI	Conflict of Interest
CoP	Community of Practice on Cultural and Linguistic Competence
CY	Calendar Year
DA	Designated Agency
DAIL	Department of Disabilities, Aging and Independent Living
DD	Developmental Disability or Developmental Disabilities
DD ACT	Developmental Disability Act
DDS	Developmental Disabilities Services
DDSD	Developmental Disabilities Services Division
DMH	Department of Mental Health
DSP	Direct Support Professionals
DSW	Direct Support Workers
DVHA	Department of Vermont Health Access
DVR	Division of Vocational Services
EPSDT	Early Periodic Screening, Diagnosis and Treatment
EVV	Electronic Visit Verification
F/EA	Fiscal/Employer Agent
FMAP	Federal Medicaid Assistance Percentage
FMR	Family Managed Respite
FFF	Flexible Family Funding
FY	Fiscal Year (State Fiscal Year)
GMSA	Green Mountain Self Advocates
HCBS	Home and Community-Based Services
ICF/DD	Intermediate Care Facility for people with Developmental Disabilities
I/DD	Intellectual/Developmental Disability
IFS	Integrating Family Services
IR&A	Information, Referral and Assistance
ISA	Individual Support Agreement
ISO	Intermediary Service Organization or Supportive ISO
LRI	Legally Responsible Individual
MMIS	Medicaid Management Information System
P&A	Protection and Advocacy
PASRR	Pre-admission Screening and Resident Review
SIS-A	Supports Intensity Scale – Adult Version

Acronym	Description
SOCP	State System of Care Plan
SSA	Specialized Service Agency
QSR	Quality Services Review
VCIN	Vermont Crisis Intervention Network
VCIL	Vermont Center for Independent Living
VCSP	Vermont Communication Support Project
UVM	University of Vermont

Reference E

INDEX

[70] Page numbers are listed for key references to the topic and do not necessarily include all mentions of the topic area.