

**Department of Disabilities, Aging and Independent Living
Follow Up Information for the 2013 Developmental Services Summer Work
Group Meeting August 7, 2013**

**Agency of Human Services and the Department of Vermont Health Access:
Managed Care Organization (MCO) Investment Information:**

All MCO Investments must meet one of the following criteria:

1. Reduce the rate of uninsured and/or underinsured in Vermont
2. Increase the access of quality health care to uninsured, underinsured, and Medicaid beneficiaries
3. Provide public health approaches and other innovative programs to improve the health outcomes, health status and quality of life for uninsured, underinsured, and Medicaid-eligible individuals in Vermont
4. Encourage the formation and maintenance of public-private partnerships in health care, including initiatives to support and improve the health care delivery system.

Prepared by: Camille George, August 6, 2013

*Source Document: Blank GC MCO Investment Application revised per 1-1-11 STCs SB JG ML
EFFECTIVE Feb 2013*

Sources of Funding for Various Developmental Services and Supports:

Bridges Program: Global Commitment (1115 Medicaid Waiver)

Targeted Case Management (TCM): Global Commitment

Developmental Services Waiver: Global Commitment

Intermediate Care Facility (ICF): Global Commitment

Social Services Block Grant (SSBG): Federal SSBG funds

ARIS Family Managed Respite (non-categorical dollars): Global Commitment MCO Investment

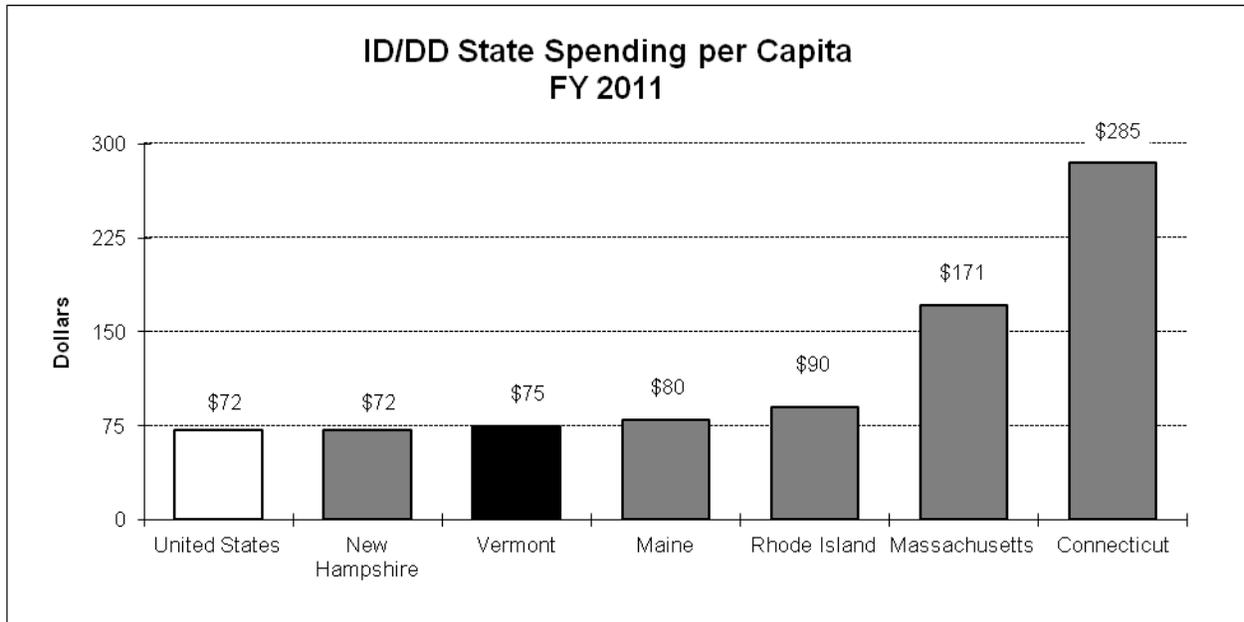
Day Rehabilitation Fee-for-Service (Pre-Admission Screening and Resident Review – PASRR):
Global Commitment

Clinic Fee-for-Service: Global Commitment

The question was also posed regarding what flexibility may exist in the services and funding streams above. The services above are funded for specific purposes. Funds contributed from other departments (such as the Department for Children and Families – DCF – and the Department of Mental Health – DMH) are specifically used to support services to certain individual persons, such as children in state custody or people with a mental health diagnosis.

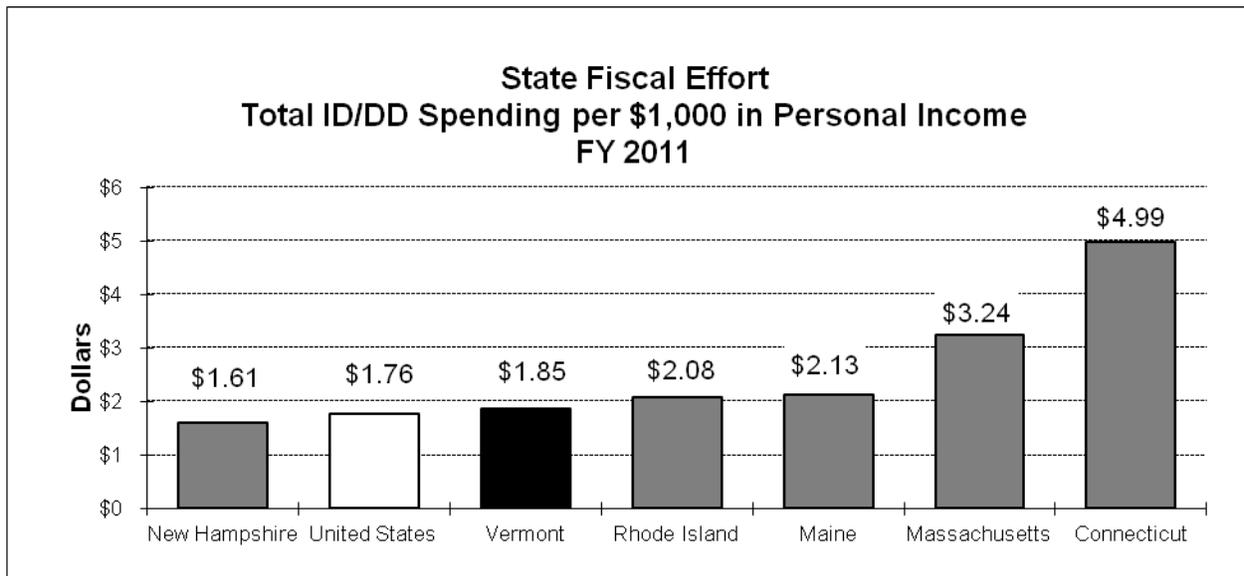
Information provided 7/30/13 by Jim Euber, DAIL Business Office

National Data on Developmental Services in Comparison to Vermont



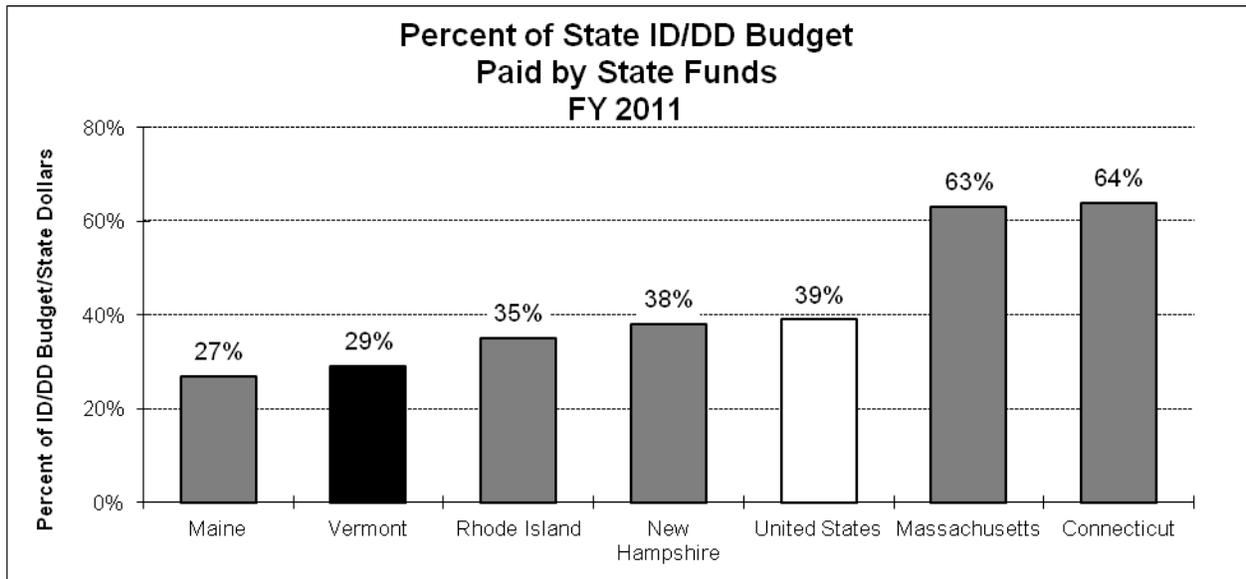
Vermont ranks second to New Hampshire in spending fewer state dollars per state resident for ID/DD services than any New England State.

Source: *The State of the States in Developmental Disabilities*, Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, 9th Edition, 2013.



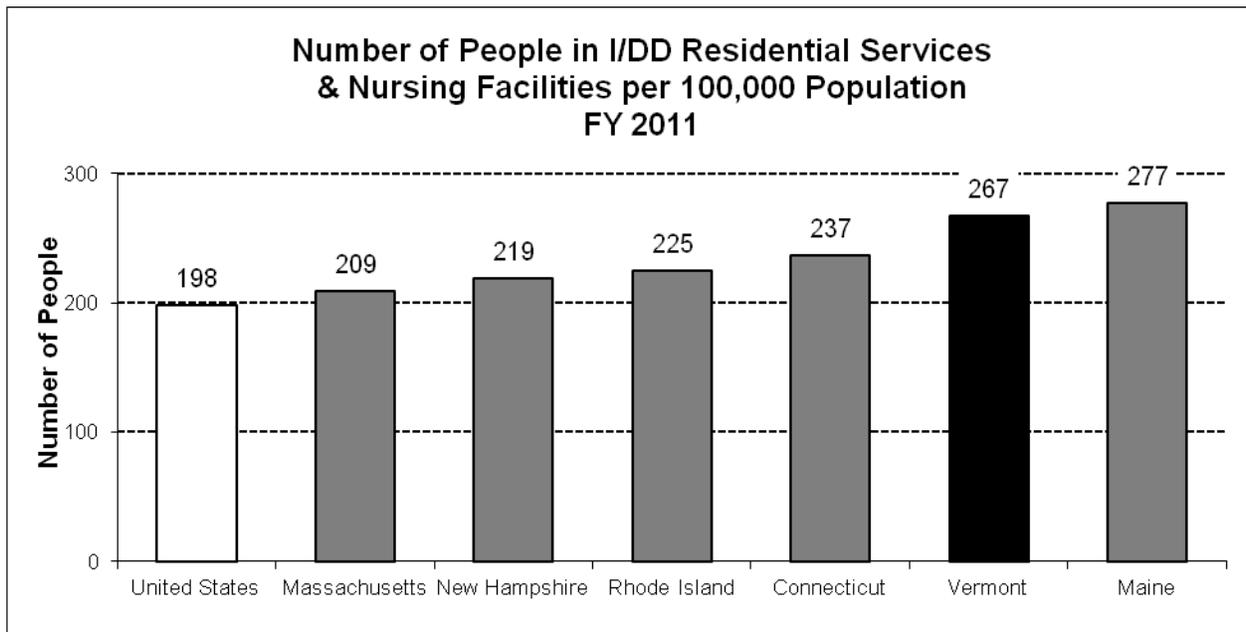
The fiscal effort in Vermont, as measured by total state spending for people with ID/DD services per \$1,000 in personal income, indicates that Vermont ranks 2nd to New Hampshire as the lowest of all New England states.

Source: *The State of the States in Developmental Disabilities*, Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, 9th Edition, 2013.



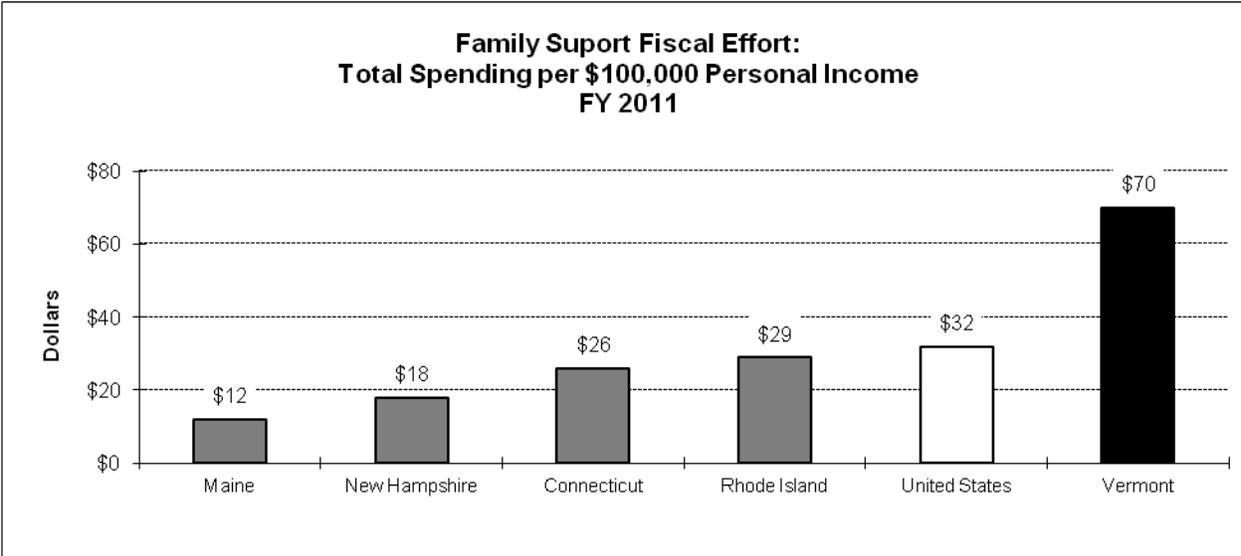
State funds (including state funds used for Medicaid match) account for a smaller proportion of the budget from (ID/DD) services in Vermont than in any other New England State except for Maine and is lower than the national average.

Source: *The State of the States in Developmental Disabilities*, Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, 9th Edition, 2013.



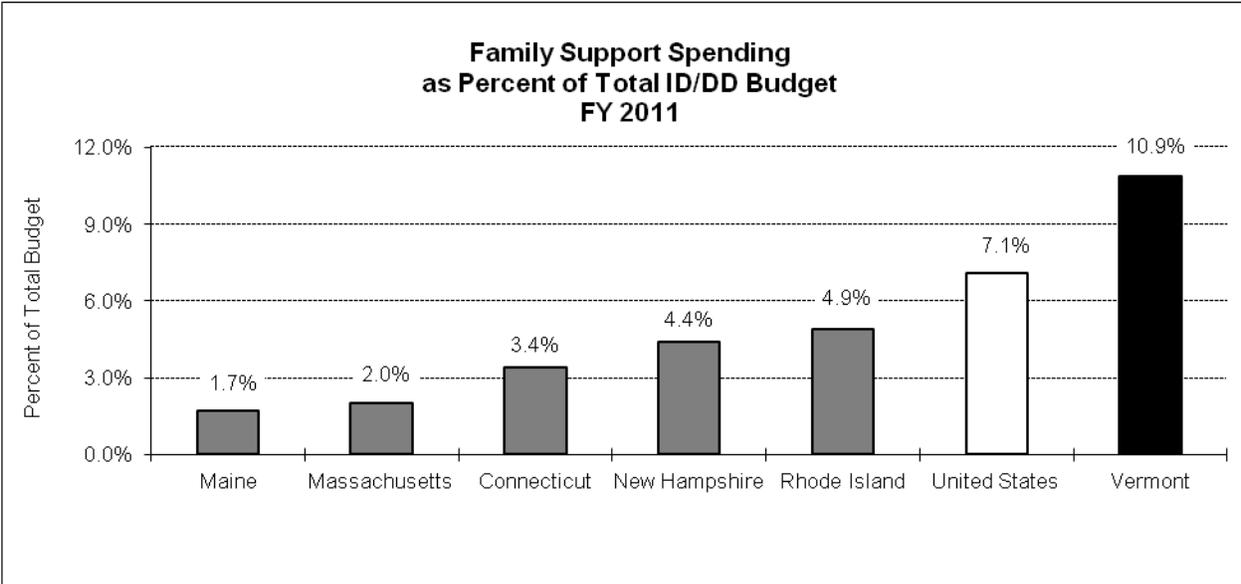
The number of people receiving residential services in the intellectual/ developmental disability (I/DD) service system (including people living in nursing facilities) per 100,000 of the state population is above the national average and higher than any other New England state except for Maine.

Source: *The State of the States in Developmental Disabilities*, Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, 9th Edition, 2013.



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

Source: *The State of the States in Developmental Disabilities*, Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, 9th Edition, 2013.

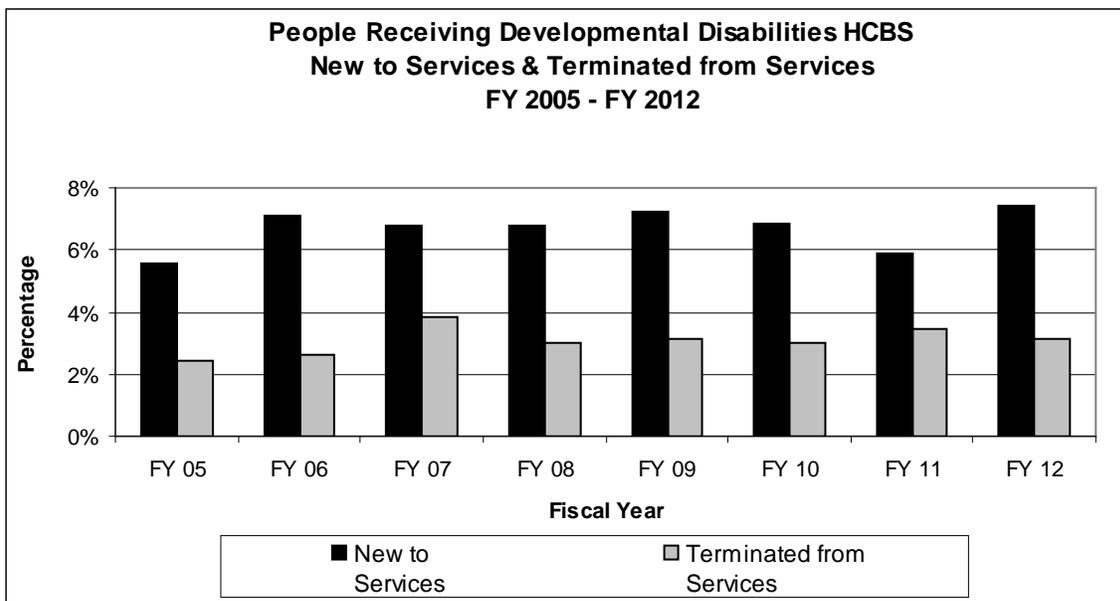


Vermont's family support ID/DD spending is ranked 1st in New England and 9th in the nation in terms of the percent of the total ID/DD budget.

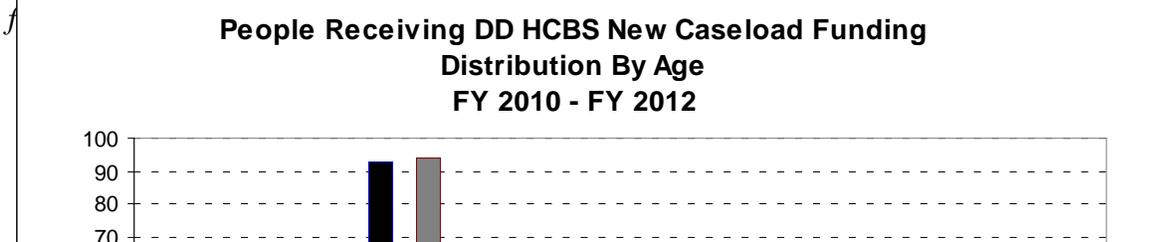
Source: *The State of the States in Developmental Disabilities*, Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, 9th Edition, 2013.

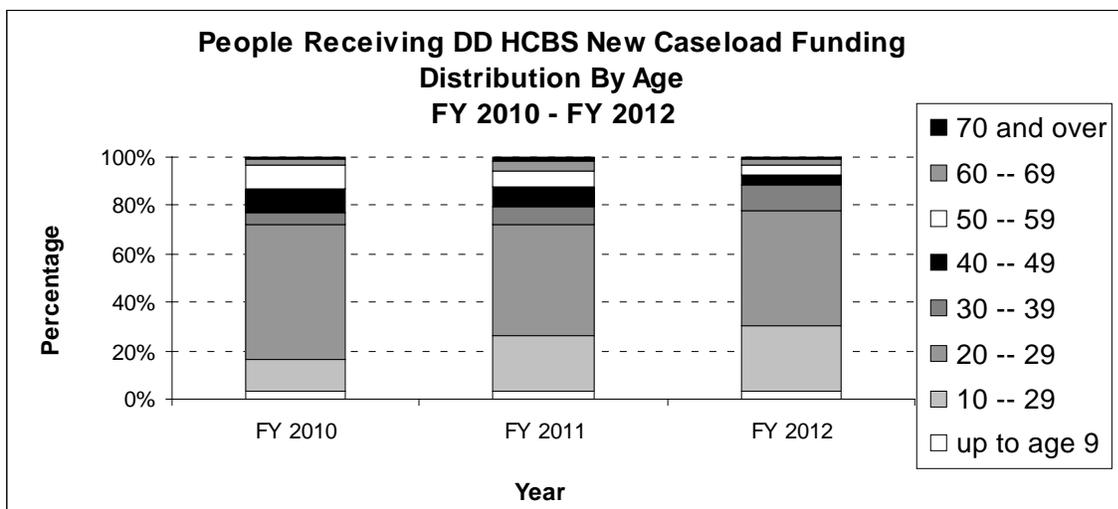
**Total People with Developmental Disabilities
Receiving Home and Community-Based Services:
Total Served, End of Year Count, Newly Served, Terminated and Net New
SFY '07 – SFY '12**

	Total Served Fiscal Year	Year End Count (June 30th)	New to Services	%	Terminated from Services	%	Net New
FY 05	2004	1955	112	5.6 %	49	2.4 %	
FY 06	2105	2050	150	7.1 %	55	2.6 %	101
FY 07	2200	2116	149	6.8 %	84	3.8 %	95
FY 08	2270	2201	154	6.8 %	69	3.0 %	70
FY 09	2372	2297	171	7.2 %	75	3.2 %	102
FY 10	2460	2389	168	6.8 %	74	3.0 %	88
FY 11	2539	2452	149	5.9 %	87	3.4 %	79
FY 12	2649	2566	197	7.4 %	83	3.1 %	110
AVERAGE	2325	2253	156	6.7 %	72	3.1 %	92



Source: DAIL Business Office – DS Waiver Client List. Prepared by: June Bascom, DAIL/DDSD





Age Bracket	FY 2010	%	FY 2011	%	FY 2012	%
up to age 9	6	3.6%	5	3.4%	6	3.0%
10 -- 29	22	13.1%	34	22.8%	54	27.4%
20 -- 29	93	55.4%	68	45.6%	94	47.7%
30 -- 39	8	4.8%	12	8.1%	20	10.2%
41 -- 49	17	10.1%	12	8.1%	9	4.6%
50 -- 59	16	9.5%	10	6.7%	7	3.6%
60 -- 69	5	3.0%	5	3.4%	5	2.5%
70 -- 79	1	0.6%	3	2.0%	2	1.0%
Total	168	100%	149	100%	197	100%

Source: DAIL Business Office – DS Waiver Client List. Source: DAIL Business Office – DS Waiver Client List. Prepared by: June Bascom, DAIL/DDSD Submitted 8/7/13

Vermont Developmental Disabilities Services

Eligibility and Prevalence

Updated – 8/7/13

Using national prevalence rates, it is likely that roughly 13,722¹ of the state's 626,011² citizens have a developmental disability as defined in the Vermont Developmental Disabilities Act of 1996. Given the birth rate in Vermont of about 5,687³ live births per year, it is expected that approximately 125 children⁴ will be born each year with developmental disabilities.

Not everyone with developmental disabilities needs services. Most individuals with developmental disabilities in Vermont are actively involved in home and community life, working and living along with everyone else. Of those who do need support, many people have only moderate needs. Those with more intense needs usually require long term, often life-long support.

In enacting the Developmental Disabilities Act, the Legislature made clear its intention that developmental disabilities services 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 the Division through Regulations and the State System of Care Plan.

There were 4,105 people who received developmental disabilities services in FY 2012, which is about 30% of Vermonters who are estimated to meet clinical eligibility for developmental disabilities services. The number of people served each year increases by approximately 100 individuals taking into account the people who die or leave services annually. Services are determined through an individual planning process and designed to be based on the needs and strengths of the individual, the individual's goals and the availability of naturally occurring supports.

Note: This information is an update from the Vermont State System of Care Plan for People with Developmental Disabilities – FY 2012 – FY 2014. The prevalence data is based on studies of children with PDD and therefore may be slightly higher than what it would be for the total population. However, this may be better for more accurately predicting future need.

THE PACIFIC HEALTH POLICY GROUP

¹ Based on national prevalence rates of 1.5% for intellectual disability and .7% for Pervasive Developmental Disorders (Prevalence of Autism spectrum Disorders – Autism and Developmental Disabilities Monitoring Network, 14 Sites, United States, 2008).

² Based on national census figures for 2012 obtained from the U.S. Census Bureau.

³ Based on State of Vermont 2012 data from the Department of Health Vital Statistics.

⁴ Based on national prevalence rates of 1.5% for intellectual disability and .7% for Pervasive Developmental Disorders (Prevalence of Autism spectrum Disorders – Autism and Developmental Disabilities Monitoring Network, 14 Sites, United States, 2008).

Follow-up Study on the Financial Sustainability of the Vermont Designated Agency Provider System for Mental Health, Developmental Disability and Substance Abuse Services

September 2007

Options for Managing Systems Costs

Service Modifications (page 7-4)

Improve access to respite services for aged parents serving as the primary caregiver (unpaid) for developmentally disabled adults

DAIL should consider increasing its financial commitment to respite services, with priority services targeted to single-parent households where the caregiver is 60 years old or older or two-parent households where the caregivers are aged 70 years or older. The goal of increased respite services is to maintain the parental living model as long as appropriate and possible for those who desire it. The maintenance of the parental model should reduce the costs associated with alternative placements in the near and medium term. Of the 655 developmentally disabled adults living with elderly unpaid caregivers, many are at risk of caregiver exhaustion, resulting in the need for an alternative living arrangement. If the provision of respite services delays an out-of-home placement on average for one additional year, the savings is estimated at \$25,000 per person per year.

However, over the longer term (next seven to ten years) DAIL must plan for the inevitable loss of a significant number of these parents as caregivers.

Submitted by June Bascom for 2013 DS Summer Legislative Study Work Group 8/7/13

**Average Percentage Reduction of Funding Requests at Equity and Public Safety
Funding Committees – Three Month Sample 3013***

Month	Average % of reductions of total amount requested for all applications— Equity	Average % reductions of those applications that were reduced or denied only- Equity	Average % of reductions of total amount requested for all applications— Public Safety	Average % reductions of those applications that were reduced or denied only- Public Safety
February	47% (29)	57% (20)		
March	19% (27)	30% (17)	52% (5)	65% (4)
April	17% (28)	26% (19)	6% (4)	13% (2)
May			24% (1)	24% (1)

**Note: Data includes both reduced and denied fully. Data includes both new applications and applications submitted for people already receiving services with requests for increases. Different months were analyzed between Equity and Public Safety Committees as the May Equity applications were not representative of this particular year.*

Prepared by: Ed Riddell and Clare McFadden. Source: DDSD Funding Committee Spreadsheets