



## Vermont Developmental Disabilities Council

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TO: Senate Appropriations Committee (Sen. Kitchel, *Chair*; Sen. Nitka, *Vice Chair*; Sen. Fox, Sen. Sears, Sen. Starr, Sen. Westman; and Sen. Snelling, *Clerk*)

FROM: Karen Schwartz, Executive Director

DATE: April 1, 2013

RE: FY2014 Appropriations Bill ~ Developmental Services Request

Thank you for this opportunity to speak about the developmental services budget request made by the Agency of Human Services and Department of Disabilities, Aging and Independent Living.

### THE BUDGET RECOGNIZES THE NEEDS OF PEOPLE AND SERVICE PROVIDERS

It was good to see that the budget includes \$7.5 million in new caseload funding to meet people's needs, as well as a \$3.25 million increase to providers -- the first in years. It also annualizes FY2013 budget adjustment funding. That funding is deeply appreciated.

### THE BUDGET DOES NOT FULLY FUND CURRENT NEEDS

During budget adjustment testimony you heard from Agency of Human Services Secretary Racine and Department of Disabilities, Aging & Independent Living Commissioner Wehry about an increase in people and populations with significant needs during FY2013.

The total new caseload need for people in FY2013 after budget adjustment was \$9.5 million. The total new caseload requested for people in FY2014 is \$7.5 million ~ \$2 million less. DAIL stated that the new caseload request was based on past 3 year projections that did not include the most recent years, or current trends. It will not be sufficient to meet the current level of need.

### THE \$2.5 MILLION REDUCTION UNDERMINES THE SYSTEM OF CARE.

The budget includes a "policy reduction" of \$2.5 million, although no ways to achieve savings have been identified. Like Challenges for Change, the most likely outcome when the savings are not realized is to cut the individual budgets of people currently receiving services.

Cuts have happened 4 times already in the past 5 years. People have already lost community and job supports; families and caregivers have lost respite breaks; more people spend days in segregated group settings, and more contracted home providers now oversee people's budgets and all their services with minimal supervision.

THE REQUESTED LANGUAGE SETS THE STAGE TO UNDERMINE THE SYSTEM OF CARE THROUGH FUNDING PRIORITY CHANGES

The language request proposes to codify FY2013 Budget Adjustment language that shortens notice to the advisory board before making cuts and rolling back funding priorities that determine which **eligible** people can get services. It could also preclude seeking budget adjustment if there is a shortfall.

- The current funding priorities are already bare bones. There is no room for rollbacks. See page 4.
- Funding priorities have been rolled back for 10 years, and lost priorities demonstrate that real needs of people are no longer being met. See page 5.
- Rolling back funding priorities simply hides needs and undermines adequate projections.

We ask that you carefully consider alternative language included in H. 530 at Section E. 333 that provides for a workgroup to include legislators that would

1. Ensure that any policy changes benefit individuals with developmental disabilities and their families
2. Recommend a methodology for more adequate projections of caseload needs with the help of Joint Fiscal Office; and
3. Make recommendations for a strategic planning process that includes stakeholders to address the system of care in the long term.

WHAT IS NEEDED TO REALIZE THE PROMISE MADE WHEN BRANDON CLOSED

This year marks the 20<sup>th</sup> anniversary of the closing of the Brandon Training School.

At that time a promise was made to support people with intellectual disabilities to have full lives in the community.

To realize that promise we ask that you:

- Stabilize the System of Care through language that establishes legislative review of any proposed changes to funding priorities that determine who gets served.
- Require a better methodology to project needs that includes recent trends and demographics, and uses current funding priorities as a stable baseline.
- Maintain funding levels to meet current and projected needs, rather than reduce the budget before savings are realized.

Thank you for your consideration.

<b>Developmental Services Budget Comparison ~ FY2013 and FY2014</b>						
<b>FY2014 DAIL Testimony</b>	Non-DS Caseload SFI/CCC					1,875,000
		Number	Per Person	Total	Less Equity	
	DS General & High school	328	\$28,382	\$9,309,296	3,910,216	5,399,080
	DS Public Safety	37	56,345	2,084,765		2,084,765
				<b>FY2014 New Caseload Subtotal</b>		<b>7,483,845</b>
	Added for FY13 Shortfall (BAA)					3,000,000
	"Annualized Policy Reduction					-2,500,000
	Agency Medicaid Increase					3,252,614
				DS ONLY	TOTAL	11,236,459
				With SFI/CCC	TOTAL	<b>13,111,459</b>
	<b>COMPARE FY2013 ~ From 2013 DAIL Testimony</b>					
<b>FY2013 DAIL Testimony</b>		Number	Per Person	Total	Less Equity	
	General & High school	304	\$27,790	\$8,448,160	3,934,303	4,513,857
	Public Safety	36	54,897	1,976,292		1,976,292
						349,900
					New Caseload Subtotal	<b>6,490,149</b>
					Added by FY2013 BAA	<b>3,000,000</b>
					<b>FY2013 Total New Caseload</b>	<b>9,490,149</b>

Prepared by Vermont Developmental Disabilities Council ~ Contact Karen Schwartz 802-585-5441 karen.schwartz@state.vt.us

**FY2012-14 Vermont Developmental Services  
System of Care Plan Funding Priorities**

1. **Health and Safety:** Ongoing, direct supports and/or supervision are needed to prevent imminent risk to the individual's personal health or safety. [Priority is for adults age 18 and over.]
  - a. "Imminent" is defined as presently occurring or expected to occur within 45 days.
  - b. "Risk to the individual's personal health and safety" means an individual has substantial needs in one or more areas that without paid supports put the individual at serious risk of danger, injury or harm (as determined through the needs assessment; see *Attachment E* for the needs assessment.)
2. **Public Safety:** Ongoing, direct supports and/or supervision are needed to prevent an adult who poses a risk to public safety from endangering others. [Priority is for adults age 18 and over.] To be considered a risk to public safety, an individual must meet the Public Safety Funding Criteria (see Section Three, page 14).
3. **Preventing Institutionalization – Nursing Facilities:** Ongoing, direct supports and/or supervision needed to prevent or end institutionalization in nursing facilities when deemed appropriate by Pre-Admission Screening and Resident Review (PASRR). [Priority is for children and adults.] Services are legally mandated.
4. **Preventing Institutionalization – Psychiatric Hospitals and ICF/DD:** Ongoing, direct supports and/or supervision needed to prevent or end long term stays in inpatient public or private psychiatric hospitals or end institutionalization in an ICF/DD. [Priority is for children and adults.]
5. **Employment for High School Graduates:** Ongoing, direct supports and/or supervision needed for a high school graduate to maintain employment upon graduation. [Priority for adults age 19 and over.]
6. **Parenting:** Ongoing, direct supports and/or supervision needed for a parent with developmental disabilities to provide training in parenting skills to help keep a child under the age of 18 at home. Services may not substitute for regular role and expenses of parenting; maximum amount is \$7,800 per person per year. [Priority is for adults age 18 and over.]

## Developmental Services System of Care ~ Changes to Funding Priorities 2000 to 2010

Over the past 10 years, the following funding priorities have been suspended, eliminated, or changed:

- Support to prevent an adult or child from regressing mentally or physically (suspended 2002; eliminated 2005)
- Support to keep a child under 18 with his or her natural or adoptive family (suspended 2002; eliminated 2005)
- Support to assist an adult to be independent from DD-funded services, or to move to “minimal services’ within 2 years (suspended 2002; eliminated 2005)
- Support for a young adult aging out of SRS custody who is eligible for and requires ongoing services (eliminated 2003)
- Support to keep a person from losing a job (suspended 2002; limited to “support needed for a high school graduate to maintain paid employment” in 2005; changed qualifying age from 18 to 19 in 2006.)
- Prevent risk to health or safety (changed qualifying age from 18 to 19 in 2006)

FROM **Developmental Disabilities Services ~ FACT SHEET #2, To Help Inform System of Care Planning Input ~ Funding DAIL, Division of Disabilities & Aging Services (2010)**