



REPORT TO THE VERMONT LEGISLATURE

Agency of Human Services

280 State Drive

Waterbury, VT

[fax] 802-241-0450

www.humanservices.vermont.gov

[phone] 802-241-0440

Department of Disabilities, Aging and Independent Living

Developmental Disabilities Services Division Payment Reform Progress Report

In accordance with:
H.493, as enacted Act 27
An Act Relating to Making Appropriations for the Support of the Government

Submitted to: Joint Fiscal Committee

Submitted by: Dr. Jill Bowen, Commissioner
Department of Disabilities, Aging, and Independent Living
(DAIL)

Prepared by: Jessica Bernard
Deputy Director of Payment Reform, DAIL

Reviewed by: Jennifer Garabedian, Director
Developmental Disabilities Services Division, DAIL

Report Date: September 16, 2025

LEGISLATIVE REQUEST

H.493 (as enacted Act 27, 2025) Sec. E.333 DEPARTMENT OF DISABILITIES, AGING, AND INDEPENDENT LIVING; DEVELOPMENTAL SERVICES PAYMENT REFORM

(a)(1) The Department of Disabilities, Aging, and Independent Living shall submit a written progress report to the Joint Fiscal Committee in advance of the Committee's July 2025 meeting regarding the Department's design of a developmental services payment reform model for potential implementation on October 1, 2025, with a final written report to the Joint Fiscal Committee in advance of the Committee's September 2025 meeting.

INTRODUCTION

The Developmental Disabilities Services Division (DDSD) began the payment reform initiative in earnest in 2018 to promote equity in the allocation of resources, ensure consistent assessment of individuals' needs, and improve data reporting for services provided to individuals who have intellectual and developmental disabilities. The goal is to create a more transparent, effective, and accountable payment model for DDSD services that also aligns with the Agency of Human Services' (AHS) broader health care reform goals.

Payment Reform is beginning on October 1, 2025, and will include the use of standardized rates for services, a standardized needs assessment, an updated reconciliation process, and a new framework for calculating both individual and agency budgets. These changes are in conjunction with the transition to conflict free case management (CFCM) and take into account any additional requirements to comply with federal conflict-of-interest regulations.

DDSD Payment Reform Objectives:

- Comply with the All-Payer Model ACO Agreement, which obligates AHS to develop a plan to coordinate payment and delivery of Medicaid Home and Community-based Services with the State's delivery reform efforts for health care;
- Increase the transparency and accountability of DDSD services, consistent with recommendations in the [2014 State Auditor's Report](#);
- Improve the validity and reliability of needs assessments through use of a standardized assessment tool, which can also be used to inform an individual's funding;
- Ensure submission of encounter data to support continued tracking of delivered services;
- Consistent budget ranges for individuals with similar needs;
- Reliable payments for providers;
- Provide flexibility for agencies to respond to changes in individual needs and choices; and
- Support a sustainable and accountable provider network.

BACKGROUND

The new payment model is designed to create budget ranges based on the level of support needed, as indicated by the Supports Intensity Scale-Adult (SIS-A) assessment, and the setting in which a person resides. This is in line with the Adult Services Division's person-centered planning approach for Choices for Care that uses the Independent Living Assessment (ILA) to

authorize services and budgets based on need. Individual budgets and Individual Support Agreements (ISA) in DDSD will continue to be created through the person-centered planning process and will remain driven by the individual, allowing them to choose their support preferences.

The new payment model:

- Uses an independently administered and evidence-based needs assessment (the Supports Intensity Scale-Adult (SIS-A))
- Creates budget ranges based on need
- Pays providers the same rates for the same services
- Pays for services that people receive
- Shows what services are delivered
- Makes individual budgets easier to track
- Shows gaps in service delivery at the individual and agency level

Budget ranges were designed to meet the service and support needs of the majority of people. For people whose needs fall outside of the budget ranges, an Exceptions process has been established as a way for individuals to request additional funding if needed.

- The Exceptions process is not expected to be needed for the majority of people; current estimates are around 20%. Vermont Care Partners has made verbal statements to DDSD and others that they think the rate is higher but have not shared any data with the Department to review, so it is unclear how they arrived at their estimate.
- DDSD has established an Exceptions review committee and is prepared to review a large number of requests in a short amount of time.

To allow for more time to make the transitions under payment reform and CFCM, DDSD's Early Implementation and Stabilization Period allows current participants to keep their service mix in place until no later than Dec 31, 2025. This will give everyone more time to establish a relationship with their new case manager, review their budget under the payment reform framework, request an Exception if needed, and receive a decision from the Department if an Exception or Appeal is requested.

DEVELOPMENTAL DISABILITIES SERVICES NEW SERVICE MODEL

The individual's service plan, based on the outcome of their independently administered needs assessment, will be priced based on the standardized fee schedule.

- This service plan includes supports that are paid through a bundled per-member-per-month (PMPM) payment, as well as other supports paid through the Fee for Service (FFS) mechanism.
- Providers will be paid a PMPM rate for all services anticipated to be delivered each month. The PMPM is calculated with a “service delivery” or “utilization rate” that reflects the amount of service the agency is expected to deliver versus their overall allocation.

The current practice in DDSD is for agencies to suspend budgets when there is a gap in specific services of 14 days or more. This process is administratively burdensome, is difficult to track for compliance and reconciliation, and will no longer be necessary under the new model.

Under the new model:

- The utilization rate will be informed by current encounter data reports, FY 24 service utilization rates, and current program and staffing information.
- The agency estimates had an additional five percentage points added to the SFY 24 utilization rate and assumes that most agencies will do a better job at either delivering services or encountering data than they had in previous years.
- Every increase of five percentage points for the system as a whole adds approximately \$6.6 million dollars to the current fiscal estimate.
- Each agency is expected to experience increased utilization at different rates over time. Increased rates, new caseload funding, and utilization pressures would be expected in any service delivery system and can be seen throughout the last five years of DDSD Home- and Community-Based Service (or “DS Waiver”) funding history, which has seen a 45% increase in funding since 2020, or an average of \$20 Million per year.
- An agency’s utilization rate does not limit or reduce access to services for individuals; it adjusts the payment based on data-informed service delivery rates to pay agencies for the services they deliver. The approved budgets will not be reduced based on the number of services a provider can deliver; individuals have access to 100% of their approved budgets and services if the agency is able to deliver them.

To be clear, this model does not ensure that individuals will receive 100% of their services, no agency is able to do this anywhere in the country. This model simply pays for the services that are actually delivered based on a utilization rate that is informed by the agency’s history of service delivery.

Under the new model, funding for services that were not delivered is no longer earned revenue but is applied to the increased rates. By only paying for services that are delivered, rates are able to be increased under payment reform.

Currently, the statewide average utilization rate for non-residential services that agencies are able to deliver is 55%. Residential services are typically provided close to 100% and will be paid to providers at 100% in their bundled payment.

- To assist agencies with monitoring their utilization rate and payment amounts, DDSD will continue to send agencies monthly encounter data reports and host quarterly meetings to review their utilization.

- If there is a pattern of increased or decreased service delivery, DDSD will work with the agency to adjust the rate as needed prior to reconciliation to ensure the agency is drawing down the revenue they have earned to sustain their program.
- In the event that an agency cannot deliver enough services to draw down the revenue they need to support their programs, DDSD will work with the provider to find solutions which could include but are not limited to: workforce development and retention strategies, encounter data reporting training, review and recommendations for financial practices, ensuring appropriate allocation of dollars, and reviewing their use of flexible funding.

Below is deidentified data that shows the range in non-residential service utilization, or service delivery rate, for State Fiscal Year 24 at each agency:

Table 1: Non-Residential Utilization Rates

Deidentified Agency	Agency SFY 24 Non-Residential Service Utilization Rate	Statewide Avg SFY 24 Non-Residential Service Utilization Rate	Difference
1	38%	55%	-17%
2	41%	55%	-14%
3	47%	55%	-8%
4	48%	55%	-7%
5	53%	55%	-2%
6	58%	55%	3%
7	59%	55%	4%
8	61%	55%	6%
9	63%	55%	8%
10	65%	55%	10%
11	66%	55%	11%
12	72%	55%	17%
13	73%	55%	18%
14	74%	55%	19%
15	85%	55%	30%

- A reconciliation process will be used after the close of the fiscal year to correct any over payments if an agency delivered fewer services than they were paid for or correct any under payments if an agency delivered more services than they were paid for.
- As added flexibility, DDSD has built in a 3% risk corridor into the reconciliation process to the benefit of agencies. If an agency delivers services within 3% of the utilization rate they were paid for, they can keep the extra funding and do not have to repay DDSD the 3%. Additionally, agencies will also receive a 5% flexibility payment based on the total budget allocation, which can be used to support individual or programmatic needs as they arise and is not part of reconciliation.
- The 5% flexibility payment and the potential of an additional 3% reconciliation corridor creates the opportunity for agencies to draw down up to 8% of their funding that is not connected to an individual budget and can be used flexibly. This allowance was in

response to the providers' concerns about losing the flexibility of shifting funding from one individual's budget to another, which will no longer be permitted under the new model.

Following the 2014 State Audit and post audit planning:

- Payment reform development began in earnest in 2018 with regular meetings to develop advisory groups (inclusive of providers, individuals with lived experience and advocates, review and choose a needs assessment, build encounter data reporting systems, and understand different payment models.
- Based on the information obtained through the collaborative Payment Reform development process, DDSd presented a draft payment model and rates to providers on May 1, 2024, and continued the ongoing feedback process with providers, advisory groups, and interested parties. Please see Appendix A below for the full list of engagement opportunities.
- Regular presentation of iterations to the rates, based on feedback from key partners, were made to providers with the final rates and payment modeling presented to providers on August 26, 2025. These rates are posted on the DDSd website with very minor changes from the original proposal.

New Payment Model Resources	
Final Rates	https://ddsd.vermont.gov/sites/ddsd/files/documents/DS%20Rate%20Models_FINAL_2025-08-18.pdf
Final Funding Ranges	https://ddsd.vermont.gov/sites/ddsd/files/documents/Individual%20Budgets_2025_08_22.pdf
Provider Network Payment Reform Meeting Materials (August 26, 2025)	https://ddsd.vermont.gov/sites/ddsd/files/documents/Individual%20Budgets_2025_08_22.pdf

The majority of agencies are projected to increase revenue or draw down funding on par with their current allocation through the new model, inclusive of exceptions.

- It is expected that more than half of the agencies will be on track to draw down similar or improved revenue their current year data based on the payment reform model's projections.
- 10 agencies are projected to continue to earn approximately the same revenue or increase their earnings.
- The Department has been working with the remaining 5 agencies to identify areas of improvement related to encounter data reporting and service delivery rates to support sustainability.
- Based on historic agency billing rates and service delivery rates, there is variability across the system for the estimated percentage change in revenue (range of -6.09% to 32.46%).

NEW MODEL FINANCIAL IMPLICATIONS

For those agencies who could potentially see a revenue reduction, this would most likely occur if they were not able to deliver and encounter an adequate number of services. For those agencies, individual discussions are being held and are ongoing to assist in identifying opportunities to mitigate these scenarios.

Payment Reform is still projected to be budget neutral and expend all of the allocated Home and Community Based Services (HCBS) funding for Developmental Services.

- It is estimated that agencies will draw down over \$24 million dollars through fee-for-service billing and \$280 million dollars through bundled payments, which includes an overestimate of utilization rates by at least 5% as compared to what each agency was able to provide in SFY 24.
- If agencies do not draw down the increased utilization rates, the money will be reinvested in the HCBS program, no funding will be taken out of the system.
- DDSD is also earmarking over \$7 million dollars for Exception approvals and more than \$3.4 million dollars for a Shared Living Provider (SLP) stipend policy that allows SLPs to maintain their current stipend if it is over the standardized rates.
- If Exception requests exceed the amount reserved, DDSD will monitor utilization rates and adjust available funds if agencies fall below anticipated rates.
- In total, \$328 million dollars is expected to be expended for the DS HCBS program in FY 26.
- Additionally, in the event that agencies exceeded expected utilization rates and more funding was needed, the department would explore internal adjustments before seeking additional appropriations from the Legislature.

CONFLICT-OF-INTEREST AND PAYMENT REFORM IMPLEMENTATION

As this system change launches, external case managers and direct service agency staff will be integral to the initiatives' success. Their partnership to support individuals, guardians and families navigate the changes is key.

- DDSD has contracted with two Case Management Organizations, Benchmark Human Services and The Columbus Organization, to provide Conflict-Free Case Management for the DS Home- and Community-Based Service and Brain Injury programs.

Since contract execution on April 1, 2025, these organizations have been working to establish, hire and train staff and become proficient in Vermont's case management expectations.

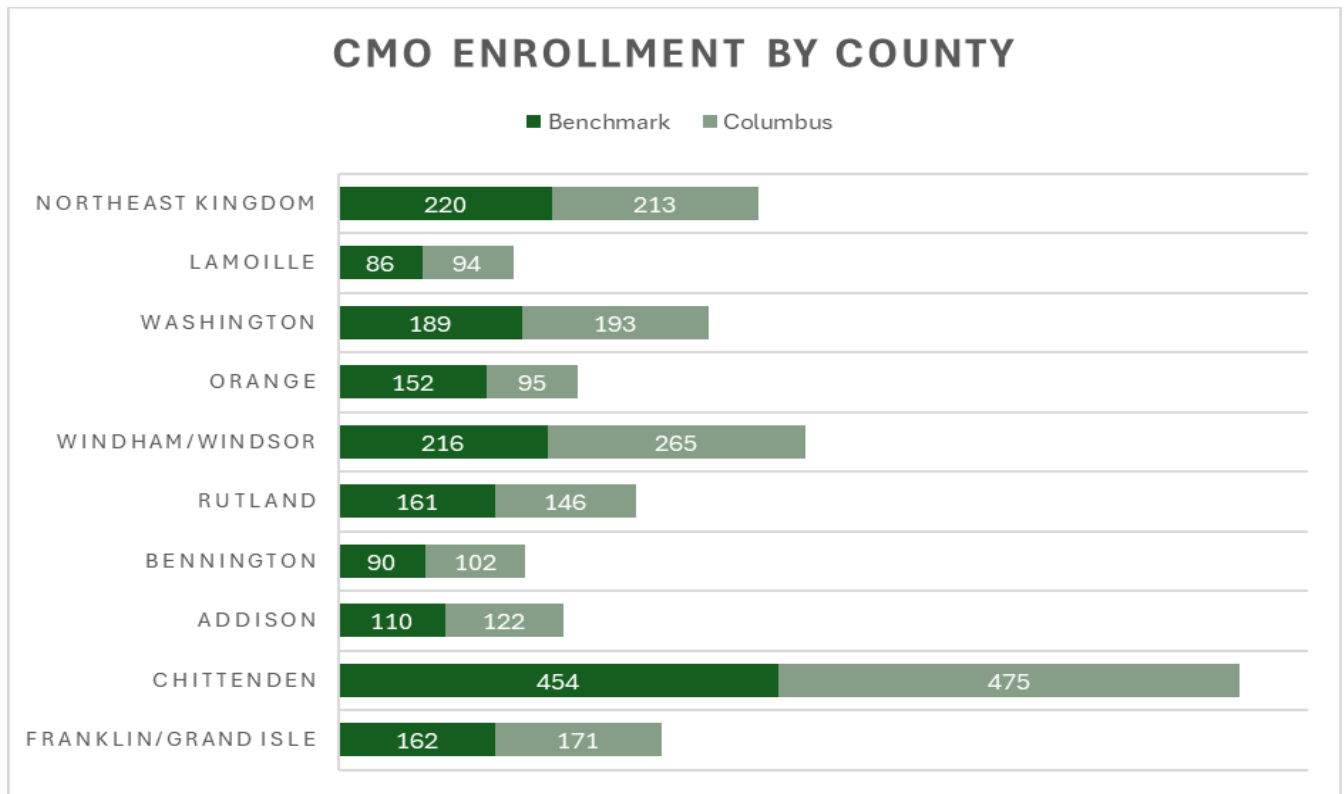
- As of September 5, 2025, both Organizations were nearly fully staffed with one organization 86% of their case manager positions hired and the other 96% of their case manager positions hired.

Case Management Organizations must demonstrate readiness and compliance with requirements set forth in the Department's Case Management Standards and contracts with the Organizations no later than October 1, 2025.

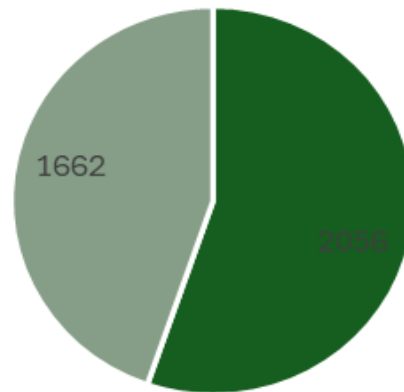
- DAIL meets bi-weekly with each Case Management Organization to assess Organization's progress toward readiness and compliance, which is on track.

Related to successful implementation are initial meetings between Case Management Organizations, Designated/Specialized Service Agency Staff and individuals and their guardian (when applicable).

- These initial meetings are expected to occur no later than October 1, 2025, as an opportunity for the Case Manager to meet the individual and team to start to develop a working relationship. Because this is the first meeting for some people, this is not expected to be a meeting where person-centered planning, Individual Support Agreement changes or budget changes occur.
- As of September 5, 2025, approximately 55% of the initial meetings statewide had occurred, leaving 45% to happen. The Department's understanding is that there is variation across the State related to scheduling; however, there is collaboration across Case Management Organizations and Designated and Specialized Service Agencies to achieve the expected goal of 100% by October 1, 2025.
- Case Management Organizations report weekly to DDSD on their progress toward reaching this goal and Division staff connect routinely with Designated and Specialized Services Agency representatives to gauge preparedness. The additional time afforded through the Early Implementation and Stabilization Period described in the next section, may provide for contingency planning.



TOTAL INITIAL CASE MANAGER MEETINGS (BOTH CMO)



■ Completed Meetings ■ Remaining Meetings

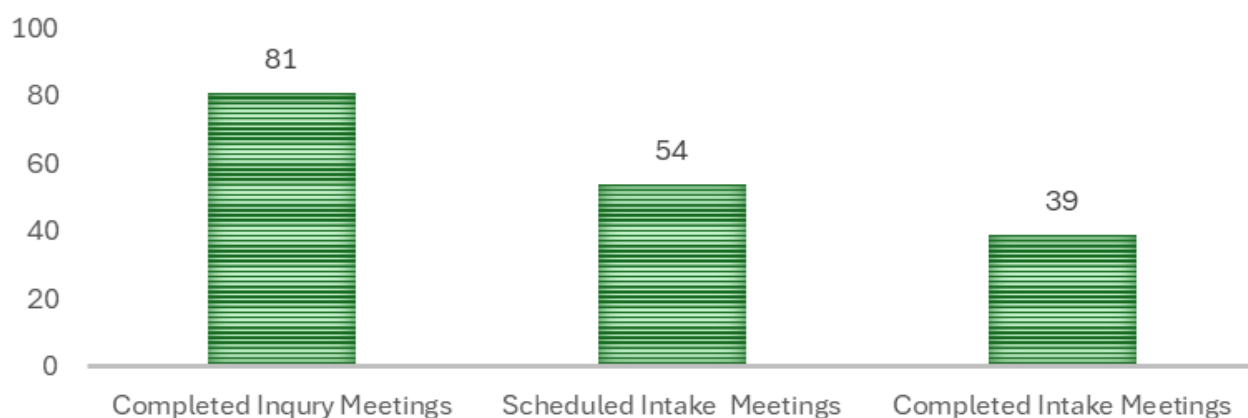
Also, as part of Vermont's conflict-of-interest mitigation, Designated Agencies will no longer perform intake, eligibility, and referral (or "options counseling"). These activities will be performed by a centralized, statewide "Intake and Eligibility Team".

- Public Consulting Group (PCG) has been contracted to fulfill this role as of August 11, 2025. Beginning effective August 11, 2025, allowed for the full process to be completed within the regulatorily required 45 days by DAIL/DDSD's implementation date of October 1, 2025.

As the Intake and Eligibility Team has begun its work with new individuals coming into the system; education and advertising of the process change have started; providing updated information across systems, such as the Agency of Education, medical providers, and throughout the Agency of Human Services field staff. In order to ensure that all levels of staff can access the necessary information, the Division's first priority has been working with PCG to ensure appropriate knowledge and training to transition intake, eligibility and referral duties.

- Designated and Specialized Service Agencies did not experience a reduction in funds related to this new partner. Funding for the Public Consulting Group Intake and Eligibility Team contract required a request for additional funding from DAIL. As part of the SFY2026 Conflict-of-Interest implementation, DAIL requested approximately \$661,775 for an eligibility and intake contract. This funding was appropriated as part of the DS Grants.

INTAKE AND ELIGIBILITY TEAM DATA (NEW INTAKES SINCE 8/11/25)



CONTINUITY OF CARE

Throughout these initiatives, minimizing disruption, where possible, and highlighting options for consistency in person-centered approaches has been viewed as a key ingredient to measuring success. Working with Designated and Specialized Service Agencies, the Division developed a streamlined process to request variances for any shared living stipend that exceeds the new model's standardized approach. The "SLP Variance" process is designed to maintain the valuation of qualified and dedicated shared living providers, important relationships, and residential settings. Expediting these requests, to align with provider agency contract cycles, is anticipated to lessen Exceptions requests in the coming months.

While Case Management Organization enrollment occurred in May 2025, as these Organizations have been finalizing their staffing patterns, individuals and guardians have been reaching out to request a transfer between agencies—often to accommodate continuity of care with a former service coordinator. Although original guidance had been that transfers between Case Management Organizations would be on hold until January 1, 2026, the Division is working with individuals to grant requests to ensure maximum person-centeredness.

Additionally, all of the Developmental Disabilities Services Home- and Community Based Services options remain available to individuals. This includes maintaining the option of self- and family-direction which is a valued option within the DDS system. To that end, individuals and families working with Transition II to manage their services will continue to work with Transition II (the Supportive Intermediary Service Organization) for the remainder of the fiscal year while Transition II develops a sustainability plan. To meet the federal conflict-of-interest requirements, individuals and their guardians will also begin working with a case manager. Individuals and families continue to have the option to direct services; through conflict-free case management this option will be explained as an equal and unbiased option on par with options for service

delivery from the Designated Agency in their catchment area and any available Specialized Service Agencies.

OUTREACH AND ENGAGEMENT

To reach as many partners as possible, the Department has taken a multi-faceted, and iterative approach.

The Department's outreach and engagement is focused on three major areas:

1. Change to an independently administered needs assessment, the Supports Intensity Scale for Adults;
2. Implementation of Conflict-Free Case Management through an external Case Management Organization; and
3. Adoption of a new approach to payment for the services an individual needs.

DDSD offered quarterly meetings with Division staff and Public Consulting Group (PCG) to learn about the Supports Intensity Scale for Adults (SIS A) and the payment reform changes as they were developing, gather feedback, and answer questions.

- These sessions were designed for individuals, families, and guardians, but agency staff could also attend. Between 2022 and 2024, a total of 27 sessions were offered to provide education and outreach related to this upcoming change.

Advisory groups and partners have meaningfully contributed by helping to draft supplemental and context questions to accompany the SIS A and bolster the person centered planning process, providing feedback on the number of levels of support for Vermont, suggesting changes that were incorporated into the exceptions form and process to be more transparent and person centered, advising the Department about shared living provider stipend variances, and sharing available information and data, and their experiences to help inform change that keeps individuals and families at the heart of all the work.

In preparation for Conflict-of-Interest and Payment Reform implementation, the Department engaged in direct mail communications with participants and guardians through the postal system and electronic mail, established a [Conflict-of-Interest specific website](#), and offered in-person and virtual forums across the State.

- These forums were a combination of Agency-sponsored and Division-organized events. Between March 2024 and April 2025, 22 sessions occurred;
- Direct mailings and email correspondence from the Division starting in January 2025 which have included general information, advertisement of information sessions (in-person and virtual) with State Staff, announcements of the Case Management Organizations (CMOs), opportunities to meet the CMOs, and will continue through the "life cycle" of the initiatives;
- "Welcome Letters" and outreach sent directly by the Case Management Organization at the end of June 2025.

Similar input and education sessions were established for the direct service provider network, with a specific focus on the new payment model.

- In addition to leveraging existing bi-weekly meetings between DDSD and the provider agencies to discuss upcoming changes, specific provider modeling and estimate

sessions have occurred with members of each Designated Agency and Specialized Service Agency.

See **Appendix A** for a detailed list of Engagement Opportunities offered.

Given the significant system change, outreach and education has not been without challenge. The Department continues to evolve its approach based on the input and feedback that is received through a variety of channels including:

- Direct conversations with members of the public,
- Monthly advisory board meetings,
- Standing meetings with the Developmental Disabilities Services State Program Standing Committee and DAIL Advisory Board,
- Regular meetings with provider network representatives, and
- Discussions with representatives from the Vermont Developmental Disabilities Counsel plus monthly meetings with Green Mountain Self-Advocates.

The Department is committed to continuously improving its efforts for outreach, education and communication, not only during the implementation and early stabilization period but ongoing.

- The advent of the Division's "Client Record Management System" or "CRMS", allows for document sharing across Case Management Organizations, Direct Service Providers and the Department. This secure, HIPAA-compliant platform is the early stage of what will become the Division's database. Coupled with the Division's Quality Management Team and newly approved data analysts, DDSD will be well-positioned to access information and measure outcomes for the system.

In addition to annual on-site quality reviews of Designated/Specialized Services Agencies and the Case Management Organizations, the Division has committed to sharing information with the State Program Standing Committee related to the Exceptions Committee and to repurpose one of the Payment Reform Advisory Committee to share de-identified Exceptions Request information to discuss systematically with individuals with lived experience, providers, and advocates.

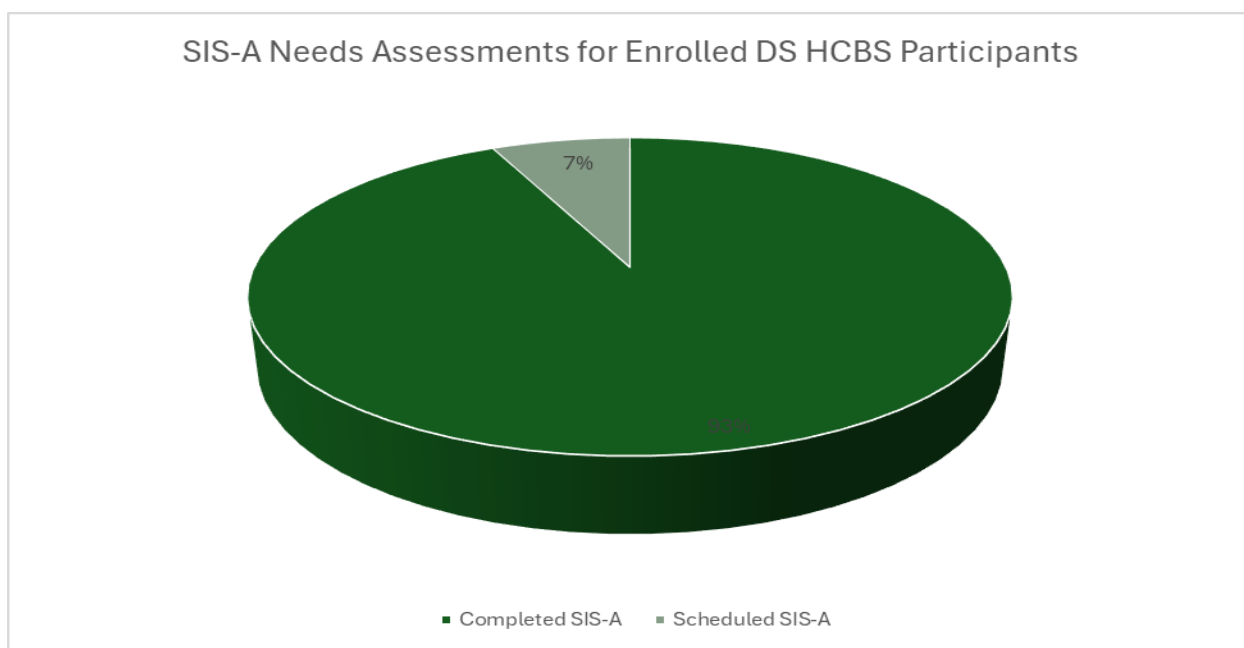
EARLY IMPLEMENTATION AND STABILIZATION

As the new payment model is launched on October 1, 2025, DDSD is expecting to receive exceptions requests to ensure that individuals who require additional services beyond their standardized funding tier can receive the necessary support.

- Through this period, defined as October 1, 2025, through December 31, 2025, the Division has agreed to implement the new payment structure while keeping individuals' current services mixes at the pre-October 1, 2025, levels.
- Given DDSD's current estimates that approximately 80% of individuals will continue to have their needs met through their SIS A determined budget, this approach should result in no change for the majority of enrolled DS HCBS participants. The Division has appropriated funding available to ensure that necessary services can continue.

New case management organizations are receiving training on the new system of care and payment model and will be able to help explain the changes and new processes as they meet with the individuals they serve.

- To prepare for the transition, service providers are continuing to work to ensure that virtually everyone will have a SIS A completed by the end of October. DDSD is providing regular reports about assessment details and is working with individual agencies when needed to help them meet their assessment goals.
- As of September 12th, there are currently 256 or 7% of initial SIS A assessments left to be completed for the 3,321 people served in HCBS. By November 2025, less than 1% of HCBS recipients will still need to complete their first SIS A.



Individuals will begin receiving letters with their preliminary budgets in September to prompt a conversation with their new case manager and determine if they will need to ask for an exception.

- The case manager and direct service provider will help submit an exception request if needed. DDSD will work to process exception requests and communicate decisions as quickly as possible.
- Individuals will continue to receive services and benefits while a decision is pending. Notices of Decision will be sent in November and provide another opportunity for individuals to make an exceptions request or submit an appeal.

As the Developmental Disabilities Services system works through this change, people will continue to receive the current service mix, through the lens of the new payment model until no later than December 31, 2025.

- This allows additional time for relationship developmental for the team with the newly established case manager, understanding of any implications of the standardized budget

tier, and for need to request an Exception for the limited percentage that are estimated to need to leverage this option.

NEXT STEPS

DDSD is committed to continuing the ongoing dialogue with providers, individuals, families, and advocates, and communicating the most up to date information about changes.

DDSD will be:

- Monitoring and tracking the system on individual, provider and systems bases
- Able to address issues as they arise and adjust as needed through built-in flexibilities.

Service provision and accountability of utilization will allow for key information to flow which enables gap analyses to lead to solution approaches as well as the emergence of best practices.

The Department's goal is to support all agencies as we navigate these changes together, which will, in turn, provide more stability for the individuals and families who engage in services and the system of care that supports them.

APPENDICES

Appendix A:

Overview of Engagement Opportunities Provided by the Developmental Disabilities Services Division

1. Quarterly Payment Reform and Supports Intensity Scale-Adults (SIS A) Engagement Sessions

Date:
June 7, 2022
June 20, 2022
June 22, 2022
June 29, 2022
September 8, 2022
September 19, 2022
October 11, 2022
October 13, 2022
February 21, 2023
February 23, 2023
March 6, 2023
March 8, 2023
August 22, 2023
August 25, 2023
August 29, 2023
September 6, 2023
November 29, 2023
November 30, 2023
December 13, 2023
December 14, 2023
March 19, 2024
March 21, 2024
March 27, 2024
July 16, 2024
July 17, 2024
July 22, 2024

2. Community Forums

DDSD staff held community forums virtually and in-person across the state to review the changes under payment reform and conflict free case management (CFCM).

Location	Date
Waterbury	April 14, 2025
Rutland	April 16, 2025
Burlington	April 18, 2025
St. Albans	April 21, 2025
Bennington	April 22, 2025
Virtual	April 24, 2025
White River Junction	April 25, 2025
St. Johnsbury	April 28, 2025

3. Statewide Provider Rate Model Sessions

Date:
March 25, 2024
April 22, 2024
May 1, 2024
June 3, 2024
July 22, 2024
August 6, 2024
October 30, 2024
February 26, 2025
August 26, 2025

4. Provider Estimate Reviews

Provider Agency	Date
Counseling Services of Addison County	May 28, 2025
Specialized Community Care	May 28, 2025
Washington County Mental Health Services	May 29, 2025
Northeast Kingdom Human Services	May 30, 2025
Northwestern Counseling Support Services	June 5, 2025
Health Care and Rehabilitation Services	June 5, 2025
Champlain Community Services	June 6, 2025
Upper Valley Services	June 6, 2025
Howard Center	June 9, 2025
Green Mountain Support Services	June 9, 2025
Rutland Mental Health Services	June 10, 2025
Lamoille County Mental Health Services	June 11, 2025
United Counseling Services	June 12, 2025
Families First of Southern Vermont	June 13, 2025
Lincoln Street Incorporated	June 17, 2025

5. Agency Specific Payment Reform and CFCM Presentations when requested:

Provider Agency	Session Date	Session Date	Session Date
Upper Valley	January 29 2025	February 18, 2025	
Lamoille County Mental Health Services	March 6, 2025		
Families First of Southern Vermont	February 13, 2025		
Howard Center	March 11 2025	March 13, 2025	March 24, 2025
Lincoln Street Inc.	February 19, 2025	March 12, 2025	
Rutland Mental Health Services	March 31, 2025		
Northwestern Counseling and Support Services	April 3, 2025	April 14, 2025	
Health Care and Rehabilitation Services	October 16, 2024	April 10, 2025	

6. **Monthly updates** at the DAIL Advisory Board and State Program Standing Committee. Committee membership consists of individuals receiving DDSD services, family members, advocates, and providers.
7. **Bi-weekly meetings** with providers and DDSD staff. Ongoing since 2020, alternate between payment reform and conflict free case management topics.
8. **Monthly Developmental Services (DS) Director** meetings with providers belonging to the VCP network.
9. **Payment Reform Advisory Group** - Committee membership consists of individuals receiving DDSD services, family members, advocates, and providers.
10. **Standardized Assessment Workgroup** - Committee membership consists of individuals receiving DDSD services, family members, advocates, and providers.

Appendix B: Summary of Feedback:

Perspective	Key Areas of Feedback	Changes Based on Feedback
<p>Advisory Groups:</p> <p>Developmental Services State Program Standing Committee</p> <p>DAIL Advisory Board</p> <p>Payment Reform Advisory Committee</p> <p>Standardized Assessment Workgroup</p> <p>Green Mountain Support Advocates</p>	<ul style="list-style-type: none"> • Need more transparency into budgets • Worried about reductions in budgets/services • Need plain language versions of all documents • More ways for individuals/families to get information • There should be six levels of support based on SIS A score • Support the creation of a 'Context' document to accompany the SIS A, person-centered-planning-process, Exceptions process, and is helpful for everyone to better understand and support someone • The first draft of the Context document is too long • Make sure individuals and families are included in the Exceptions process • Families should get to keep all services as-is. • Would like to see data around agency utilization, SLP stipends, Exceptions requests, distribution of people across levels of support, and more data in general • Concerned about meeting deadlines • Process for measuring outcomes and change • Ensure people know about Grievance and Appeal rights 	<ul style="list-style-type: none"> • Everyone will see their services and budgets when they meet with their new case manager • There will be an Exceptions process for anyone who might face a reduction to their budget/services • Made an effort to put documents or presentations into plain language when possible or have a plain language version to accompany the information • VT could have had either five or six levels of support for the SIS A, DAIL agreed with feedback that 6 was better • Created a workgroup to focus on and draft the Context document • Reduced the length of the Context document based on feedback • Added a signature section to the Exceptions request form for individuals/guardians to sign • SLP policy to keep stipends as-is • Will hire an analyst to monitor data, create reports, and improve what data and information the department is able to collect and share on a regular basis. • Created a policy to keep services as-is until December 31, 2025, to ensure people have time to transition to new case managers and talk about

		<p>their budgets and/or the Exceptions process, if needed</p> <ul style="list-style-type: none"> Created the SIS A Engagement series to help people get more information about changes
SIS A Engagement Sessions with individuals, families, guardians	<ul style="list-style-type: none"> Worried about budget reductions and/or losing services Where to get information as it changes Concerned that the new assessment has scores that are attached to funding Concerns about having to have new case managers 	<ul style="list-style-type: none"> Talked about the changes and the Exceptions process, as well as grievance and appeal rights Separated out different topics on the website to try to make it clearer Kept the engagement sessions going for two years Updated each quarterly session with new information
Providers	<ul style="list-style-type: none"> Need flexibility in funding The flexibility factor should be increased to 10% Add an overtime assumption to the rates Self and surrogate directed services should stay in agency bundled payments Encounter data reporting has been challenging, data may not be fully representative of service delivery Crisis rate needs to take on-call staff into consideration Residential utilization rate should be 100% Mixed feedback on if all agencies should have an 80% non-residential utilization rate or agency specific Service coordination should not be built into the rates 	<ul style="list-style-type: none"> Added the 5% flexibility factor to all budgets, was originally 3%, increased to 5% Added overtime and childcare tax into the rate calculations to increase the rates Kept Self and surrogate directed services in bundled payments and boosts the amount of the 5% flexibility factor is calculated with Analysts spent months working with FY 23 data to fill gaps in reporting. DAIL ultimately decided to use the FY 24 data in response to data quality concerns to have more accurate estimates Crisis rates were increased to add an on-call assumption Residential services are funded at 100%, non-

	<ul style="list-style-type: none"> • Agencies did not want to track the services the service coordinators would be responsible for after the new case managers join the teams • The risk corridor should not be two sided, meaning the state should pay for all services delivered. • The assumptions for health insurance, other benefits, and paid time off should be increased • The increase to health insurance assumptions was not enough • Need an hourly code for nursing supports • Worried about any reductions to budgets/services for individuals and still meeting their needs as a service provider • Worried about reduction to agency revenue and still being able to meet the needs of the people served as well as staff • Support the creation of a 'Context' document to accompany the SIS A, person-centered-planning-process, Exceptions process, and is helpful for everyone to better understand and support someone • The first draft of the Context document is too long 	<p>residential services will have agency specific utilization rates</p> <ul style="list-style-type: none"> • Service Coordination cannot be billed as a separate service as is seen as duplicative with CFCM, and was built into the rates • The risk corridor is one sided and only benefits the agencies • Increased assumption to \$745 per employee per month for all staff, including nonparticipating employees (assumed cost per participating employee is \$1,117) • Increased paid holidays from 10 to 12 • Added hourly nursing codes • Allowing SLPs to retain current stipends if they are over the standardized rate • Created the Exceptions process to address reductions to budgets/services • Created Payment Reform drop-in hours every other Friday to answer questions • Created a policy to keep services as-is until December 31, 2025, to ensure people have time to transition to new case managers and talk about their budgets and/or the Exceptions process, if needed
--	---	--