

Vermont Conversion

*Policies, partnerships, and funding
for conversion to competitive
employment*

*Jennie Masterson
Developmental Disabilities Services
Vermont
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Vermont service system

- One designated agency per county receives state \$
~to provide full menu of DDS services
- Employment program within each to serve as employment team for each agency
~provide the full range of supported employment services
~VR Counselors partner with SE staff
~SE program is responsible for all placement & training activities
~all job seekers are open with VR for auxiliary services
- MW \$ blended with VR \$ @ program level
~all funding sources = SE program budget

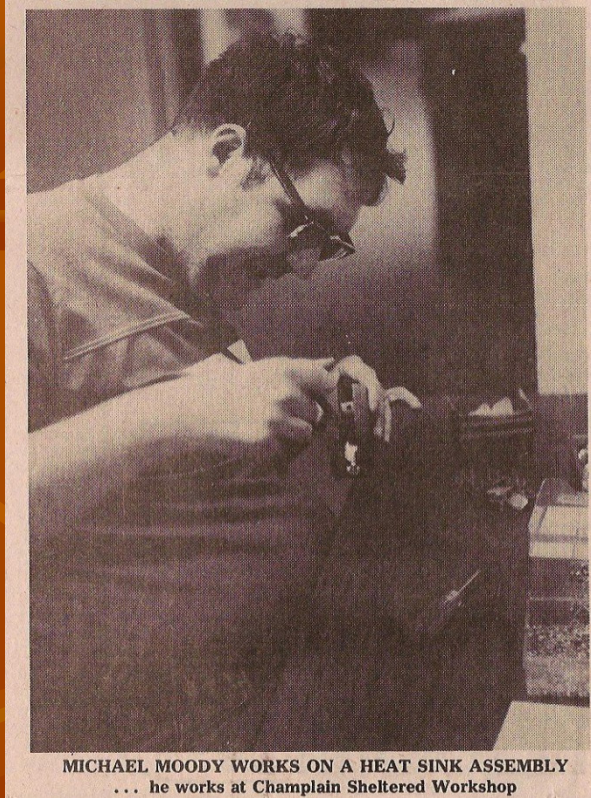


**Conversion may require
policy change**

Changes to *System of Care Plan* at each annual renewal to shift policy and funding priority over time

- Discontinued sub-minimum and under-the-table placements ~ 1999
- Closed entry ~ no new people entering workshop 2000
- Stopped funding workshops ~ transition year 2001~ 2002
- Stopped funding enclaves, agency sponsored businesses, and work groups ~ 2003

Re-allocate workshop infrastructure \$ to supported employment services



MICHAEL MOODY WORKS ON A HEAT SINK ASSEMBLY
... he works at Champlain Sheltered Workshop

sheltered workshop 1982

Infrastructure resources

shifts to



supported employment

job development and job supports

Conversion may require regulatory change

Revised the SE service definition in the *DDS State Medicaid Waiver Plan* to capture our full intent for employment services

Conversion may require

*developing new funding
partnerships*

Medicaid Infrastructure Grant

Engage dialogue with State VR authority

Engage dialogue with State ID/DD authority

VR interest

- RSA regulations require a provision for SE
Need to show effective strategies that promote SE in federal rules and guidelines
- Title 110 and 6b funding can be allocated to SE
- Contracting for grant outcomes is more effective than fee for service ~ more rehabs by negotiating annual goals

Funding the conversion with Medicaid Waiver

Group rate to individual budgets

- 1) State and agency business offices worked together to develop individualized budgets which were annualized for long-term
- 2) DDS increased general fund \$ in base budget to close gap

Funding the conversion with VR title 110/6b\$

- ~VR contracted for specific # of successful rehabs.
Funding assured consistent job development
- ~Three years of MIG \$ post conversion for staff training, family support, community development
- ~Recent MIG grants awarded as a result of CCS's successful employment services to develop a statewide self-employment initiative for DDS and VR clients

Combining VR with Medicaid funding for SE services increases service capacity

	FY2010	VR FY10 Grant
REVENUE		
Admin, personnel, infrastructure re-allocated from workshop	70,000	
Projected Medicaid Waiver (group to individual)	500,000	
Targeted Case Management		
DDS GF funds annualized for conversion	50,000	
Provider fund raising, United Way, etc.)		
Title 110 Voc Rehab for job development	10,000	10,000
Title VI-B Voc Rehab		
Ticket to Work	10,000	10,000
Medicaid Infrastructure Grant (MIG)		25,000
TOTAL REVENUE all sources	640,000	20,000
		11

Parting thoughts.....

*Listen to self advocates and families! Ask
for their help as peer mentors in the
process of change*

Vermonters at work

