

MEMORANDUM OF UNDERSTANDING**Between the Agency of Human Services, Central Office
and the
Vermont Developmental Disabilities Council**

The Agency of Human Services Central Office (AHS CO) and the Vermont Developmental Disabilities Council (DDC) will enter in to an agreement for collaboration on planning activities to establish a set of best practices in the delivery of health services to adult Vermonters with developmental disabilities that support good health and positive encounters with health care professionals in the delivery of high quality, cost effective care.

Purpose:

This Memorandum of Understanding (MOU) agreement will be for staffing and contract expenditures pursuant to the SIM grant related to health care innovation.

In 2013, the State was awarded a State Innovation Model (SIM) federal grant to support the work outlined below as part of the Vermont Health Care Innovation Project (VHCIP). This MOU is a sub-award to deliver trainings related to disability specific core competencies. Vermont Development Disabilities Council was selected through a competitive bid process, **Requisition Number: 03410-156-16 dated August 28th, 2015.**

MOU Terms:

This MOU will be in effect upon signature for expenditures incurred from **January 1, 2016 through December 31, 2016.** This MOU may be amended as necessary.

Terms of Agreement:

DDC and AHS-CO agree to the following process for documenting the expenses:

1. DDC staff will document time spent on SIM related work using program code **37987**.
2. DDC agrees to use program code **37987** expenditures pursuant to the SIM grant.
3. DDC is authorized to work with the following subcontractors to develop and deliver curriculum; and generally meet the goals of the project:
 - Green Mountain Self-Advocates (GMSA)
 - Vermont Family Network (VFN)
 - Vermont Federation of Families for Children's Mental Health (VFFCMH)
4. DCC agrees to fill out and submit the Request for Approval to Subcontract Form in order to seek approval from the SIM Project Director prior to signing an agreement with a third party. Upon receipt of the Request for Approval to Subcontract Form, the SIM Project Director shall review and respond within five (5) business days. Under no circumstance shall the Contractor enter into a sub-agreement without prior authorization from the SIM Project Director. DDC shall submit the Request for Approval to Subcontract Form to:
 - a. Erin Flynn, Senior Policy Advisor
erin.flynn@vermont.gov
5. Prior approval for travel is required and must be submitted in writing to SIM Project Director using form to be provided. Prior approval for travel request shall be submitted to SIM Project Director who will forward request to CMS after internal approval.

Books, and Student Textbooks.

The Contractor will use an online Learning Management System for these trainings. The Learning Management System, operated by the State and utilized by the Contractor, will be made available for 20 training hours to care coordinators, physicians, nurses, social workers, peer educators, and providers of Disability and Long Term Services and Supports. These online trainings can be tailored for specific professions.

The Contractor will provide a Disability Awareness Toolkit of on-line and/or paper materials to accompany the training, including but not limited to checklists for inclusive trainings, ADA compliance, and disability etiquette; prompts and pre-visit forms to enhance provider-patient communication; and posters and other disability awareness displays materials.

The trainings will be categorized into eleven modules and will cover specific goals and competencies as follows:

Module #1. Introduction
 Lead Organization for Curriculum Design: VTDDC
 Hours of On-line Training: 2 Hours

Topic	Learning Goals	Competencies to be taught	Competencies to be Reinforced
Health disparities and the social determinants of health.	Workshop participants will be able to: <ul style="list-style-type: none"> • Explain what a health disparity is and identify health disparity populations. • Give examples of health disparities experienced by Vermonters with disabilities. • Explain why clinical care is not the sole determinant of health and identify 4 other factors that contribute to health outcomes. • Define “allostatic load” and use the experience of people with disabilities to illustrate this concept. 	<ul style="list-style-type: none"> • The contribution that non-medical systems of care play in supporting good health. • Awareness of the barriers to care faced by people from a wide range of health disparity populations. • How prejudice, injustice, and cultural alienation contribute to poor population health. • The role of behavior and personal choice in health. 	<ul style="list-style-type: none"> • Principles of person-centered care • Cultural competency

Module #2. Disability and Wellness
 Lead Organization for Curriculum Design: GMSA
 Hours of On-line Training: 1 Hour

Topic	Learning Goals	Competencies to be taught	Competencies to be Reinforced
Understanding Disability and the Intersection with Wellness	<p>Workshop participants will be able to:</p> <ul style="list-style-type: none"> • Demonstrate basic knowledge of what disability is and how approaches have changed over time. • Identify the unique personal and cultural barriers people with disabilities face when accessing healthcare • Embrace the need for and promote self-determination, supportive decision-making and dignity of risk • Explain basic components of person-centered approaches to providing care. 	<ul style="list-style-type: none"> • Respecting the “dignity of risk” • Promoting self-determination and supportive decision-making • Familiarity with core values of disability culture • Recognizing the attitudinal barriers impacting people with disabilities. • Treating people with dignity and respect. • Focusing on a person’s abilities, preferences and strengths • Using “People First” and respectful language • Recognizing the individual as an important source of information. • Awareness of and avoidance of stereotypes • Promoting equal opportunities/access for people with disabilities to work, parent and live on their own. • Appreciating the sexuality and reproductive health of individuals with disabilities. • Being an ally: respecting all policies regarding the rights, anonymity, and confidentiality of people with disabilities, and ensuring that they are fully informed of their rights and protections. 	<ul style="list-style-type: none"> • ADA definition of disability • Disability is a natural part of the living process. • Individuals with disabilities as medically underserved population (worse outcomes across broad range of indicators and social determinants of health) • Accessibility • Communication and listening to individuals with disabilities • Cultural competency • Person centered planning

Module #3. Universal Design and Accessibility

Lead Organization for Curriculum Design: GMSA

Hours of On-line Training: 2 Hours

Topic	Learning Goals	Competencies to be taught	Competencies to be Reinforced
Universal Design and Accessibility	<p>Workshop participants will be able to:</p> <ul style="list-style-type: none"> • Explain what is required by law when serving people with disabilities • Identify key components of creating a welcoming and accessible environment (addressing service delivery, attitudinal and physical environments) • Meet typical requests for accommodations and know how to access additional resources as needed 	<ul style="list-style-type: none"> • Familiarity with ADA legal requirements applicable to health care • Readily implement effective accommodations for people living with mobility, sensory, mental health, and cognitive limitations or differences that affect their functioning. • Knowledge of mandated reporting requirements • Awareness of community resources available to individuals with disabilities and their families, including peer counseling, mutual support groups, independent living services and supports, advocacy organizations, and recreational services. 	<ul style="list-style-type: none"> • ADA definition of disability • Capacities, policies and procedures for achieving and maintaining facility accessibility • Capacities, policies and procedures for communication and access to information • Seven Principles of Universal Design (Equitable use, flexibility in use, simple and intuitive use, perceptible information, tolerance for error low physical effort, size and space for approach and use) • Cultural competency

Module #4. Communication and Interaction

Lead Organization for Curriculum Design: GMSA

Hours of On-line Training: 2 Hours

Topic	Learning Goals	Competencies to be taught	Competencies to be Reinforced
Communication and Interaction	<p>Workshop participants will be able to:</p> <ul style="list-style-type: none"> • Tailor patient intake, educational materials, and follow up materials to be accessible to people with disabilities • Prioritize what information to present, use simplified language and assess for understanding. • Implement disability-specific communication protocols such as accessing an interpreter, augmenting text with pictures, using augmentative and alternative communication, allow longer appointment times, knowing when to pull in “the other person in the room.” • Provide medical information in a values-neutral manner • Explain legal reporting requirements and options for mandated and non-mandated reporter victim services 	<ul style="list-style-type: none"> • Using preferred modes of communication. • Adapting communication to ensure comprehension. • Where applicable, including caregivers to enhance understanding • Allowing sufficient time to effectively communicate. • Providing information about disabilities in plain language • Presume competence • Using alternative /augmentative interviewing /discussion strategies • Giving information in different ways. • Adapting setting to minimize sensory issues • Setting realistic outcomes for appointments • Accessing resources 	<ul style="list-style-type: none"> • Accessibility • Communication and listening to individuals with disabilities • Honoring self-determination • Recognizing that the individual is not a passive recipient of care but should create, direct and participate in their care plan and services to the fullest extent possible • Recognizing the individual as an important source of information. • Understanding the importance of treating individuals with disabilities with dignity and respect

Module #5. Tools to Improve Communication

Lead Organization for Curriculum Design: GMSA

Hours of On-line Training: 2 Hours

Topic	Learning Goals	Competencies to be taught	Competencies to be Reinforced
<p>Health Care Tools: a Vast “Buffet” of Opportunities for Increasing Communication, Patient Participation in Care, and Improved Outcomes</p>	<p>Workshop participants will be able to:</p> <ul style="list-style-type: none"> • Give an overview of the types of tools available and their purpose • Explain why health care tools are a potentially useful accommodation for people with disabilities • Give an example of a type of health care tool available for patients with disabilities and their families/ supports 	<ul style="list-style-type: none"> • The contribution healthcare tools can make in increasing communication between providers and patients with disabilities. • Awareness of helpful accommodations to increase the active participation of patients with disabilities in their health care. • Accessing resources to creating cognitively accessible health information. • Appreciation for the ability of patients with disabilities to explicitly convey their health care and communication needs when given the appropriate opportunities and supports. 	<ul style="list-style-type: none"> • Recognizing the individual as an important source of information, including how they prefer to receive assistance. • Recognizing that the individual is not a passive recipient of care but should create, direct and participate in their care plan and services to the fullest extent possible • Using the individual’s preferred mode of communication • Adapting communication to meet the individual’s needs for receiving information and reflecting back information to ensure that the individual has been accurately understood. • Recognizing that individuals with disabilities can promote their own good health by developing and maintaining healthy lifestyles. • Understanding that many individuals, including those with disabilities, have stronger receptive (understanding) communication skills than expressive skills. • Asking the individual, their family members, or guardians for suggestions about what to keep in mind when providing services to the individual, noting the solutions in the individual’s chart and plan of care, and anticipating those needs prior to the next visit.

Module #6. Person-Centered Care and Person-Directed Planning

Lead Organization for Curriculum Design: VFN

Hours of On-line Training: 1.5 Hours

Topic	Learning Goals	Competencies to be taught	Competencies to be Reinforced
Person Centered Care and Person-Directed Planning	<p>Workshop participants will be able to:</p> <ul style="list-style-type: none"> • Define what person- and Family Centered Care means. • Communicate the benefits of Person- and Family Centered Care. • Understand the importance of trust, communication, and respect to the process. • Understand that each family is a unique cultural unit. 	<ul style="list-style-type: none"> • Including life context and social and cultural determinants in making goals and shared care plan. • Providing care that is focused on the desired outcomes of the patient/patient family. • Development and implementation of a person-directed shared care plan. • Accessing/connecting with health, wellness, lifestyle, and community resources. • Supporting caregivers. 	<ul style="list-style-type: none"> • Honoring self-determination • Supporting the individual to understand the concept of “dignity of risk” • Cultural competency • Advocating within the care setting for the role of the individual and his/her chosen family members in care decisions • Seeing the individual as a whole person with hopes, values, preferences and strengths as well as limitations • Recognizing the individual as an important source of information • Appreciating the importance individuals with disabilities place on preserving function, maintaining their lifestyles and maximizing independence. • Communication

Module #7. Transition from Pediatric to Adult Care

Lead Organization for Curriculum Design: VFN

Hours of On-line Training: 1 Hour

Topic	3-4 Learning Goals	Competencies to be taught	Competencies to be Reinforced
Transitioning young adults with complex physical and/or mental health needs to adult healthcare providers.	<p>Visitors from the Vermont community of former refugees will share experiences.</p> <ul style="list-style-type: none"> • Learn the elements of a transition policy/statement for a practice. • Use a Plan of Care for Transition Planning. • Develop a transfer package for the patient and new provider. 	<ul style="list-style-type: none"> • Principles of Person and/or Family Centeredness. • Development and implementation of a person-directed shared care plan. • Needs Assessment • Care Transitions • Coordinated services in the Medical Home. • Linking children, youth, and families to appropriate adult health care services and supports. • Disability Competency for Care Management Practitioners. 	<ul style="list-style-type: none"> • Disability Competency for Providers • Disability Competency for Care Management Practitioners. • Accessibility

Module #8. Cultural Competency
Lead Organization for Curriculum Design: VFN
Hours of On-line Training: 1.5 Hours

Topic	Learning Goals	Competencies to be taught	Competencies to be Reinforced
Providing culturally competent care that honors the richness in our differences and celebrates our unique qualities.	Workshop participants will be able to: <ul style="list-style-type: none"> • Define cultural competency • Understand all of us have bias, values, and beliefs that sometimes conflict. • Introduction to CLAS (Culturally and Linguistically Appropriate Services) standards. 	<ul style="list-style-type: none"> • Cultural Competency • Bias, culture and values in healthcare. 	<ul style="list-style-type: none"> • Accessing/connecting with health, wellness, and lifestyle and community resources. • Principles of person-centeredness. • Communication • Accessibility • Seeing the individual as a whole person with hopes, values, preferences and strengths as well as limitations • Recognizing the individual as an important source of information • Appreciating the importance individuals with disabilities place on preserving function, maintaining their lifestyles and maximizing independence. • Identifying resources

Module #9. Sexuality and Reproductive Health
Lead Organization for Curriculum Design: GMSA
Hours of On-line Training: 2 Hour

Topic	Learning Goals	Competencies to be taught	Competencies to be Reinforced
Sexuality and reproductive health of individuals with disabilities and core concepts about sexual violence and abuse	Workshop participants will be able to: <ul style="list-style-type: none"> • Provide medical information in a values neutral manner • Appreciate the sexuality and reproductive health of individuals with disabilities • Understand the increased risk of sexual violence and abuse experienced by individuals with disabilities 	<ul style="list-style-type: none"> • Knowledge of mandated reporting requirements • Recognize one's own comfort level when working with individuals with disabilities • People with disabilities are sexual beings. • People with disabilities need to receive good information about sexual and reproductive in a way they can understand. 	<ul style="list-style-type: none"> • Dignity of risk • Cultural competency • Honoring self-determination • Appreciating the importance individuals with disabilities place on preserving function, maintaining their lifestyles, and maximizing independence. • Person centered planning • Concerns about loss of privacy • Awareness of community resources available and appropriate referrals to preventive and reproductive/sexual health care services • Provider skills and behavior (PFL, respect, strength based focus, etc.) • Communication

Module #10. Adverse Childhood Events, a Strength-Based Approach

Lead Organization for Curriculum Design: VFFCMH

Hours of On-line Training: 4 Hours

Topic	Learning Goals	Competencies to be taught	Competencies to be Reinforced
Adverse Childhood Events, A Strength-based approach	<p>Workshop participants will be able to:</p> <ul style="list-style-type: none"> • Define what ACES are and provide examples. • Explain how ACES impact health later in life • Understand the Family perspective on ACES and how to appropriately apply the ACES scores in a strength-based manner. • Understand and be able to apply some resiliency building techniques/ activities 	<ul style="list-style-type: none"> • Awareness of ACES and the connection to lifelong health • The appropriate use of ACES in a strength-based manner • The role resiliency plays in addressing the impact of ACES. 	<ul style="list-style-type: none"> • Awareness of the social determinants of health • Strength-based, family-centered approach in human and health services • Resiliency as a key component of wellness

Module #11. Facilitating Inclusive and Accessible Trainings

Lead Organization for Curriculum Design: GMSA

Hours of On-line Training: 1 Hour

Topic	Learning Goals	Competencies to be taught	Competencies to be Reinforced
Facilitating Inclusive and Accessible Trainings	<p>Workshop participants will be able to:</p> <ul style="list-style-type: none"> • Explain the meaning and practical application of “inclusiveness” and “accessibility” as they pertain to people with disabilities across all cultures. • Explain the meaning of the phrases “nothing about us without us” and “presuming competence.” • Identify tools (such as checklists) that promote and provide instructions for creating inclusive training environment • Identify 10+ mechanisms for making trainings inclusive and accessible 	<ul style="list-style-type: none"> • Using checklist to design trainings in a way that is inclusive to people from all linguistic, cultural, and ability backgrounds. • Using feedback for continuous quality improvement in the accessibility of training curricula and materials. 	<ul style="list-style-type: none"> • Cultural competency • Accommodations for cognitive accessibility • Universal design

3. Budget

Personnel- Kirsten Murphy, Interim Executive Director of the Vermont Developmental Disabilities Council. Calculated as \$33.46/hour for 8 hours/week for 48 weeks.	\$12,850.00
Fringe- Kirsten Murphy, Executive Director of the Vermont Developmental Disabilities Council with fringe at 46% of wages. Calculated as \$15.40/hour for 8 hours for 48 weeks.	\$5,916.00
Travel- 3 overnight accommodations in Brattleboro @\$130/night = \$390 3 in-state, per diem dinners in Brattleboro @\$12.85 = \$38.55 In-state mileage at .54/mile for 2170 miles = \$1,171.45	\$1,600.00
Contracts:	
GMSA = 10 hours of finished product, or 10 x \$6650	\$66,500.00
VFN = 4.5 hours of finished product, or 4.5 x \$6650	\$29,925.00
VFFCMH = 4 hours of finished product, or 4 x \$6650	\$26,600.00
Video/Graphic artist(s) Contract: This was the amount estimated in our proposal. We would develop RFB based on the amount of available funds.	\$37,000.00
TOTAL	\$180,391.00

4. Timeline (subject to changes within each 6-month period)

January – June 2016	Jan	Feb	March	Apr	May	June
Event	Curriculum development Two two-hour planning meetings Bi-weekly Check-in phone meeting(s)	Curriculum development Bi-Weekly Check-in phone meeting(s)	3 sessions of Introductory Care Coordination training, Day 1 (PCDC) Curriculum development Check-in phone meeting(s) as needed	3 sessions of Disability Competency Training Day 1. - (VTDDC) Webinar (PCDC) Curriculum development Check-in phone meeting(s) as needed	3 sessions of Introductory Care Coordination training, Day 2 (PCDC) Curriculum development Check-in phone meeting(s) as needed	3 sessions of Disability Competency Training Day 2. = (VTDDC) Webinar (PCDC) Curriculum development Check-in phone meeting(s) as needed

July – December 2016	July	August	September	October	November	December
Event	3 sessions of Introductory Care Coordination training, day 3 (PCDC) Curriculum development Check-in phone meeting(s) as needed	Webinar (PCDC) Check-in phone meeting(s) as needed	Advanced Care Coordination Training (2 consecutive days) (PCDC) 3 sessions of Disability Competency Training Day 3. (VTDDC) Check-in phone meeting(s) as needed	Care Coordination for Managers and Supervisors Training (PCDC) Webinar (PCDC) Check-in phone meeting(s) as needed	Train-the-Trainer training (2 consecutive days) (PCDC) Check-in phone meeting(s) as needed	Webinar (PCDC) Evaluation Check-in phone meeting(s) as needed

Reporting Provisions

Quarterly and programmatic status report shall be submitted to DVHA no later than the 10th of the month following the 3-month period being reported. The reports shall include a narrative summary outlining specific progress on projects as directed by the reporting templates provided. The final report should include all materials developed as part of the full training series, organized in a format that the State can upload onto its online Learning Management System

The reporting schedule is as follows:

- a. 2016: April 10, July 10, October 10
- b. Final Report Due: March 30, 2017

Funding

Source of Funds: 100% Federal
CFDA Title: ACA - State Innovation Models: Funding for Model Design or Model Testing Assistance
CFDA Number: 93.624
Award Number: 1G1CMS331181-01-00
Award Year: FFY2013
Federal Granting Agency: HHS, CMS/CMS Innovation Center

The provisions of this Memorandum of Understanding are hereby entered into and agreed to by virtue of the authorized signatures below:

 Hal Cohen
 Secretary
 Agency of Human Services

 Kirsten Murphy
 Interim Executive Director
 Vermont Developmental Disabilities Council

Business Office Use Only:

AHS Approvals:	
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