



*Agency of Human Services*

**Department of Disabilities, Aging, and  
Independent Living**

SENATE HEALTH AND WELFARE COMMITTEE  
DAIL BUDGET TESTIMONY

APRIL 4, 2013

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Department of Disabilities, Aging, and Independent Living  
Senate Health and Welfare Committee  
April 4, 2013

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**Department of Disabilities, Aging and Independent Living**  
**Budget Testimony 2013**  
**Legislative Session**

The Department of Disabilities, Aging and Independent Living is responsible for services to elders and Vermonters of all ages with disabilities, except for services directly related to mental health.

*Our mission is to make Vermont the best state in which to grow old or live with a disability, with dignity, respect and independence.*

DAIL consists of four divisions:

- Division for the Blind and Visually Impaired (DBVI)
- Division of Disability and Aging Services (DDAS)
- Division of Licensing and Protection (DLP)
- Division of Vocational Rehabilitation (DVR)

The Commissioner's Office includes the Deputy Commissioner, an Executive Assistant, the Business Office, the Legal Unit and the State Unit on Aging and Disabilities Operations Team. The Operations Team supports the Department and oversees Older Americans Act and related activities.

## **Divisions and Major Programs and Performance Outcomes**

**I. Division for the Blind and Visually Impaired (DBVI)** supports life with dignity, respect and independence by providing rehabilitation, vocational and independent living services through 3 major programs. In FFY11 and FFY12 137 people met their goals for employment as outlined in their individualized plans. This results in a rehabilitation rate of 77%, compared to the national average of 67%. In SFY13, DBVI is targeting an 80% rehabilitation rate, including gainful employment and independence as homemakers. (Appropriations 3460010000, 3460030000)

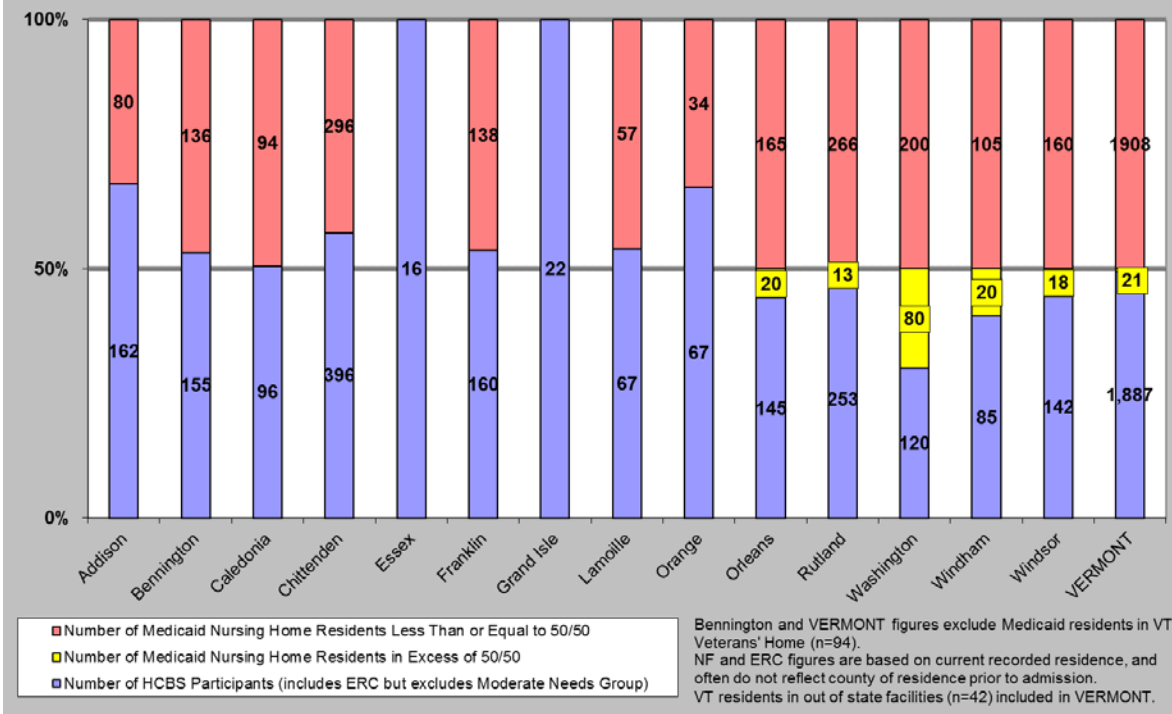
**II. Division of Disability and Aging Services (DDAS)** supports the mission by providing services for older Vermonters, people with physical disabilities, developmental disabilities, and/or traumatic brain injury, and family caregivers through several major programs: Choices for Care, Attendant Services, Developmental Disabilities Services and Traumatic Brain Injury Services. (Appropriations 3460010000, 3460020000, 3460050000, 3460070000)

*Choices for Care* (CFC) is designed to support people to live in the settings of their choice. Vermonters who need long-term support services can choose to receive services in their own homes, nursing homes, or enhanced residential care (ERC) homes. Initially, the program's goal was to achieve a balance between people receiving services in nursing homes and home- and community-based settings (HCBS) of 60:40. Having achieved this goal, a new target of 50:50 was established. Vermont's Area Agencies on Aging, Home Health Agencies, Adult Day Programs, Residential Care Homes, and Assisted Living facilities are core partners in achieving these goals. Statewide, Vermont is very close to reaching the target of 50:50. Nine counties have reached the target of 50:50, while five counties have not.

### Vermont Choices for Care: Nursing Home Residents and Home & Community-Based Participants by County, October 2012

Changes (Yellow) Needed to Achieve At Least 50% HCBS

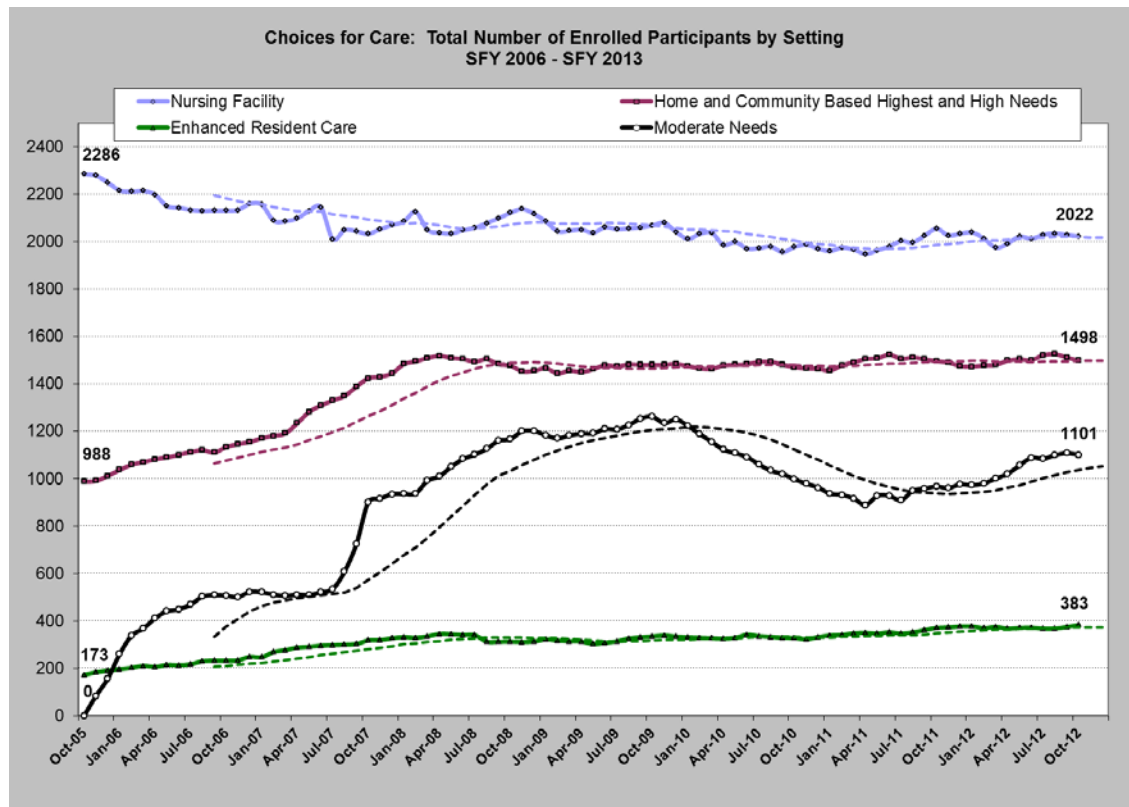
data source: CFC enrollment database



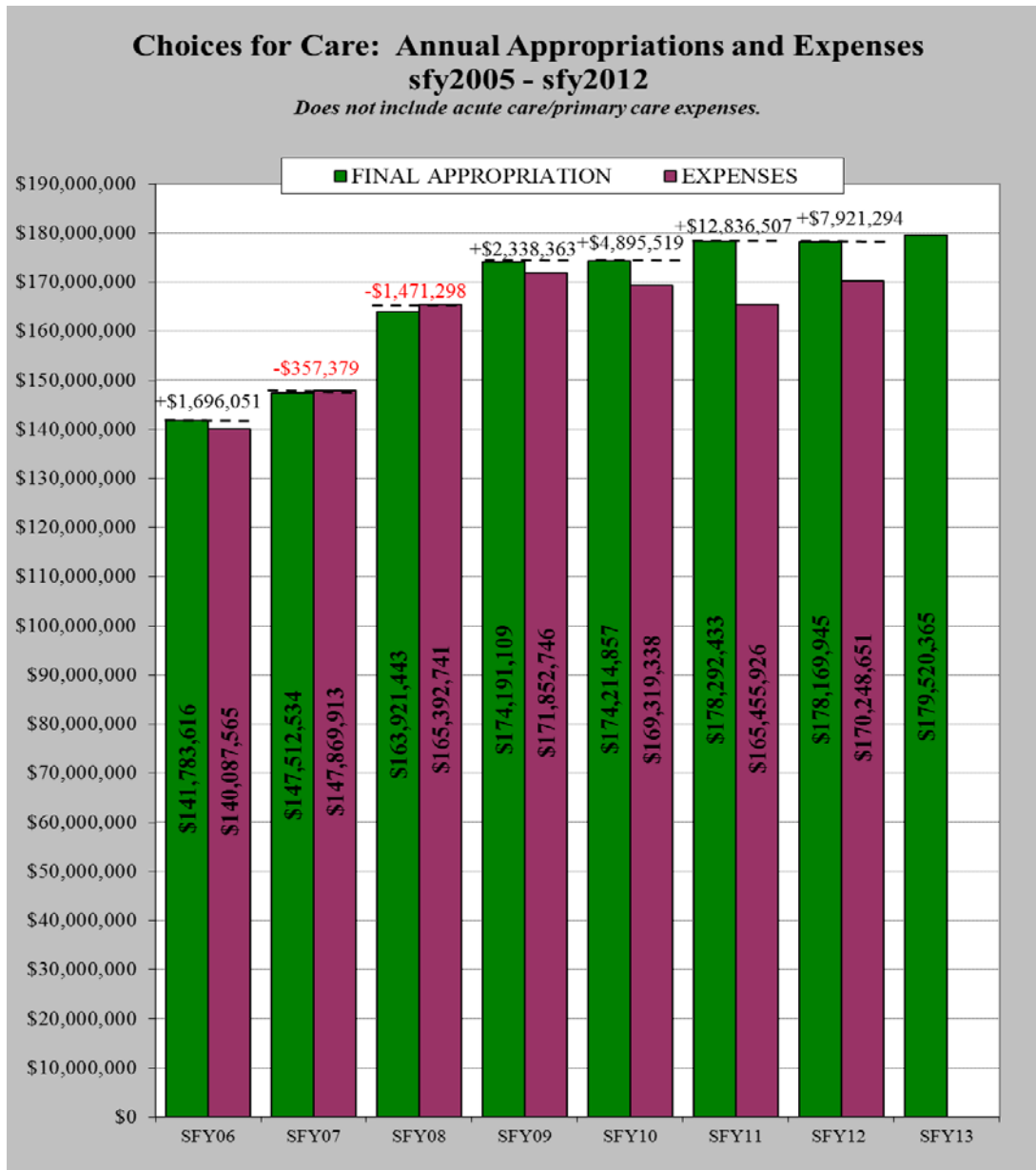
Data source: DAIL SAMS enrollment database

The change in balance is reflected in enrollment trends among different CFC settings.

Data source: DAIL SAMS enrollment database



Enrollment and utilization trends have contributed to CFC savings in the past four years.



Data source: DAIL business office

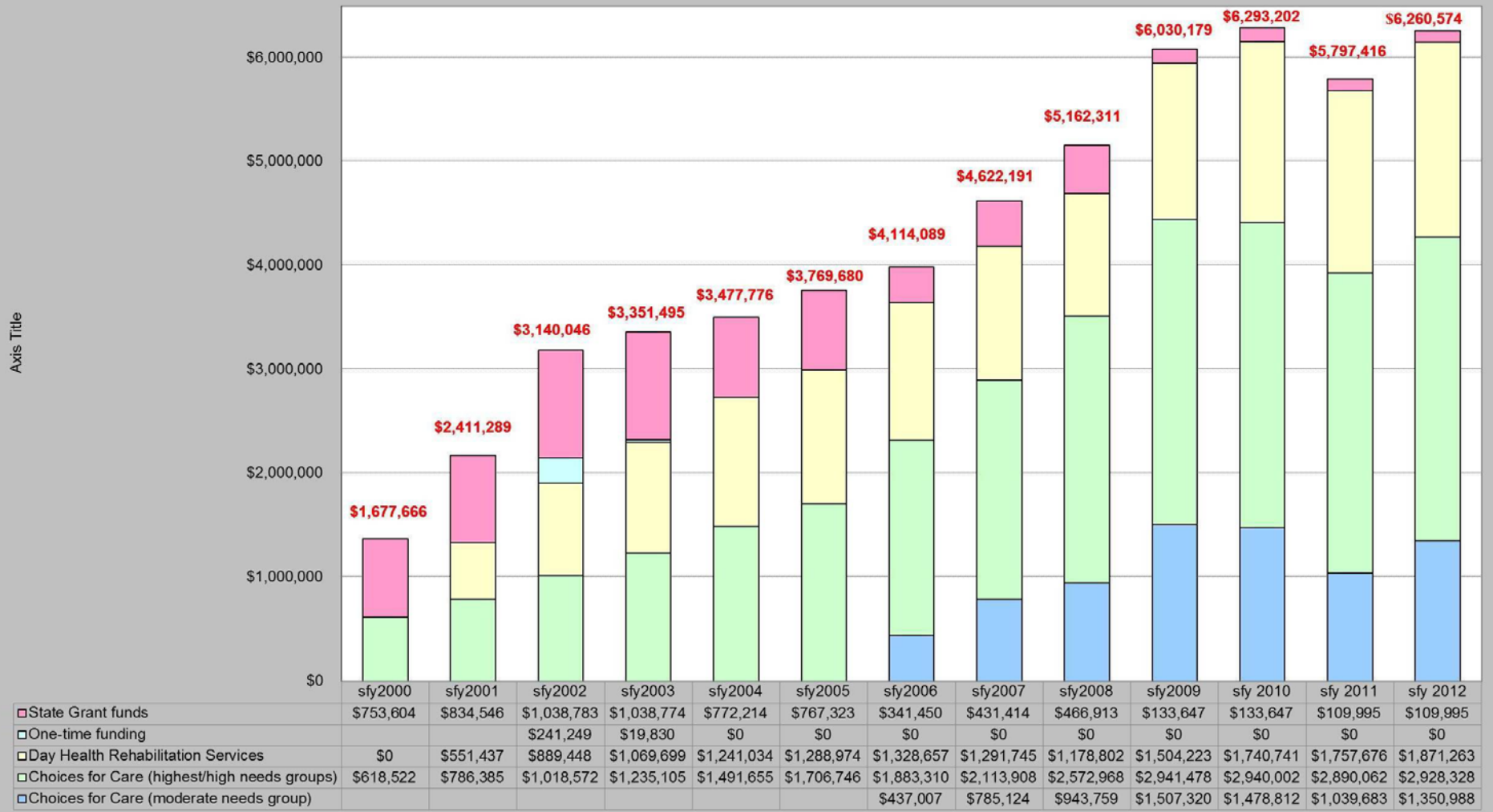
These savings have supported reinvestments and carryforward funds for future expenditure increases. In this way, we are meeting the goal of our Demonstration Waiver to serve more people, not fewer, by allowing and encouraging more home-based services, thus freeing up funds to serve more people.

<b>Choices for Care Reinvestments SFY13 - using SFY12 Carryforward funds</b>			
	<i>Current Appropriation DVHA - LTC</i>	<u>Gross</u>	<u>General Fund</u>
1)	Eliminate proposed FY13 budget reductions	\$779,979	\$339,837
2)	Increase Assistive Community Care Services (ACCS) rate by \$1/day (\$36.25/day to \$37.25/day)	\$350,000	\$152,495
3)	Restore the 2% rate reduction in ERC	\$156,000	\$67,969
4)	Increase wages by 15 cents/hour		
	a. For consumer and surrogate-directed personal care/respice	\$292,922	\$127,626
	b. Attendant Services Program (General Fund)	\$39,657	\$39,657
	c. Attendant Services Program (Global Commitment)	\$28,434	\$12,389
5)	Self-Neglect Initiative	\$350,000	\$152,495
6)	Eliminate 2009 2% rate reduction/providers	\$847,918	\$369,438
7)	Area Agencies on Aging for supportive services, family caregivers, elder abuse, nutrition (one-time grants to 3 AAA)	\$164,453	\$164,453
8)	Mental Health and Aging Initiative	\$225,000	\$98,033
9)	Day Health Rehabilitation Services- increase rate by 2% (\$14.72/hour to \$15.00/hour)	\$30,000	\$13,071
10)	SFY13 Budget Obligation	\$2,500,000	\$1,089,251
11)	Remainder for SFY13 Unanticipated pressures	\$1,632,591	\$711,320
		<b>\$7,396,954</b>	<b>\$3,338,033</b>

Data source: DAIL business office

**Adult Day** providers have experienced a long-term trend of increased State payments. However, SFY11 State payments decreased, primarily due to a freeze in enrollment in the Moderate Needs Group. SFY12 payments were close to SFY10 payments.

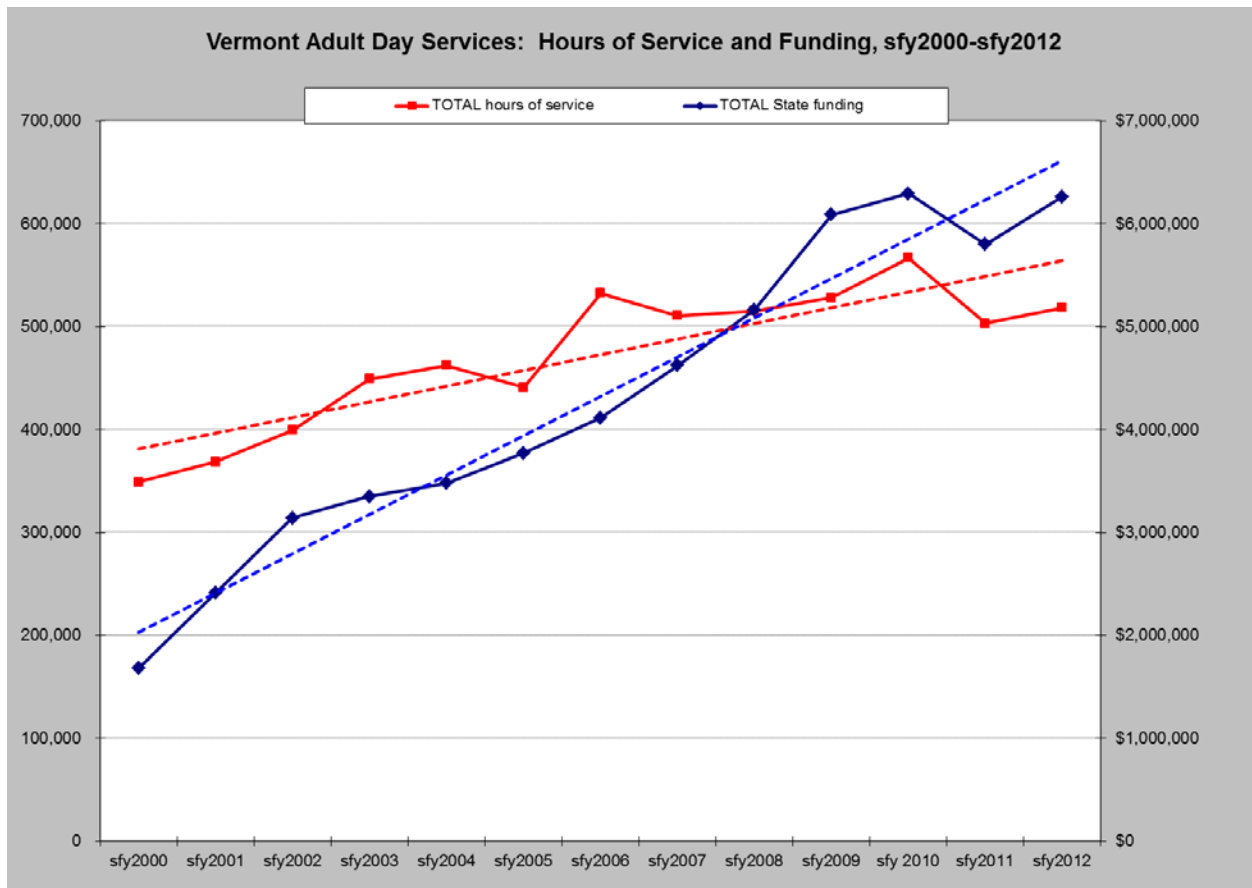
Vermont Adult Day Services: State Payments by Type, sfy2000-sfy2012



Data sources: Medicaid paid claims by dates of service, DAIL grant awards



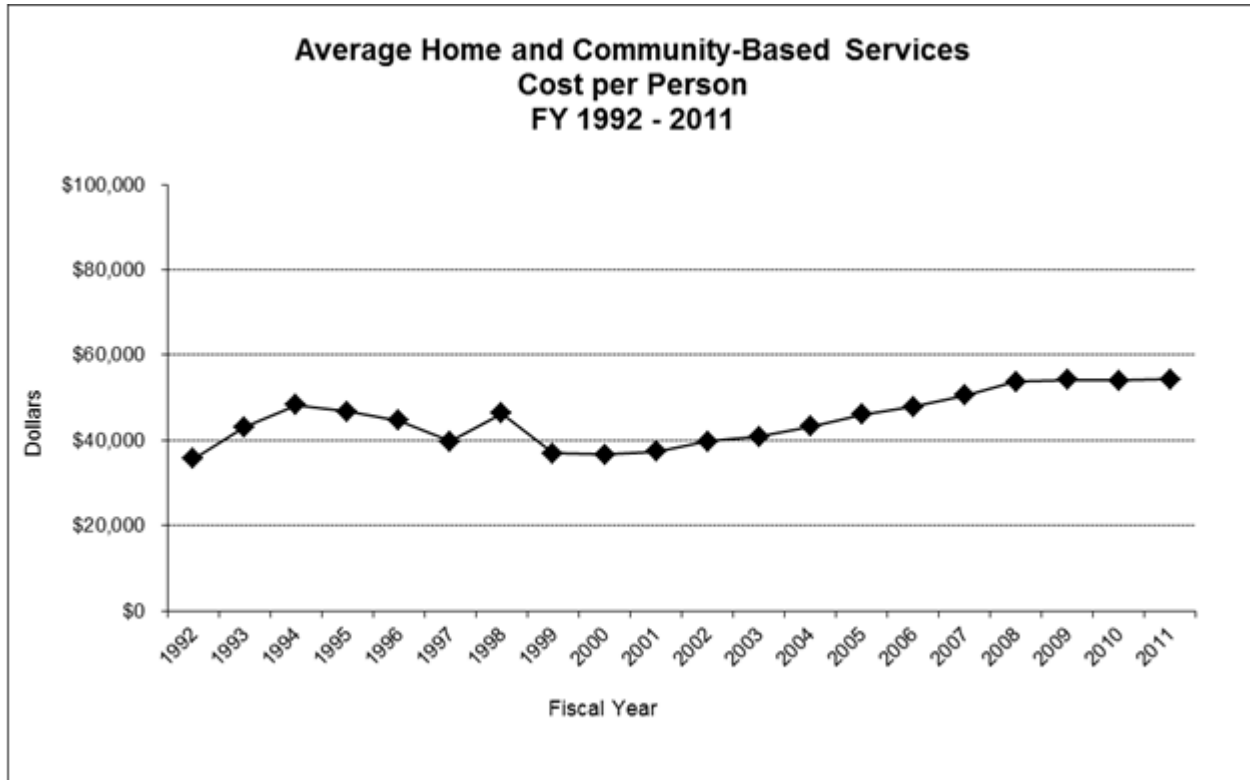
Changes in State payments to Adult Day providers are directly associated with the hours of service provided.



Data sources: Medicaid paid claims by dates of service, DAIL grant awards, and Adult Day provider reports

In SFY13 adult day providers are implementing two outcome/performance measures for the first time: participant depression and caregiver stress. The data will be available by the end of SFY13.

**Developmental Disabilities Services** are provided by Designated and Specialized Services Agencies with the goal of cost-effective, integrated community living. Vermonters with developmental disabilities continue to be served in the community at modest cost to the state, lower than the other New England states and the national average.



Annual data was based on state fiscal year dates of service. Data source: DAIL Business Office

**DS Home & Community Based Waiver Services - 12 Year Funding History**

State Fiscal Year	Number of Consumers Served	Percent Change From Prior Year	Average \$ Per Consumer	Percent Change From Prior Year	Total \$ Spent for Dates of Service in SFY	Percent Change From Prior Year
2012	2,647	4.25%	53,422	-1.65%	141,408,809	2.54%
2011	2,539	3.21%	54,316	0.51%	137,907,924	3.74%
2010	2,460	3.71%	54,040	-0.20%	132,938,400	3.50%
2009	2,372	4.49%	54,151	0.66%	128,446,172	5.18%
2008	2,270	3.18%	53,798	6.48%	122,121,460	9.87%
2007	2,200	4.51%	50,525	5.59%	111,155,000	10.36%
2006	2,105	5.04%	47,849	3.88%	100,722,145	9.11%
2005	2,004	2.61%	46,064	5.55%	92,312,256	8.30%
2004	1,953	1.82%	43,643	6.59%	85,234,779	8.53%
2003	1,918	1.75%	40,946	2.06%	78,534,428	3.85%
2002	1,885	4.14%	40,118	4.90%	75,622,430	9.25%
2001	1,810		38,243		69,219,830	

Annual data was based on state fiscal year dates of service. Data source: DAIL Business Office

Employment generates a lasting impact for the person and the public by increasing self-sufficiency, and by making a meaningful contribution to Vermont’s workforce and economy. Because of this, employment is a core outcome measure within Developmental Disabilities Services (DDS).

In SFY12 DAIL linked outcome-based employment measures to funding incentives and holdbacks in master grant agreements with the Designated Agencies. This past year, the target employment rate for Developmental Disabilities Services was set at 45% for all working age consumers. Three agencies exceeded the target, while thirteen agencies were below the target but achieving progress; the statewide employment rate increased from 36% in SFY10 to 41% in SFY12. Approximately 1,030 out of 2,575 adults served by DDS are in the workforce.

Related employment performance measures for SFY12:

Savings to Social Security	estimated	\$1,440,000
Payroll taxes paid	estimated	\$530,000
Wages earned	estimated	\$3,700,000
Average pay rate		\$9.08 per hour

**III. Division of Licensing and Protection (DLP)** supports the mission through the activities of 2 units: Survey and Certification and Adult Protective Services (APS).

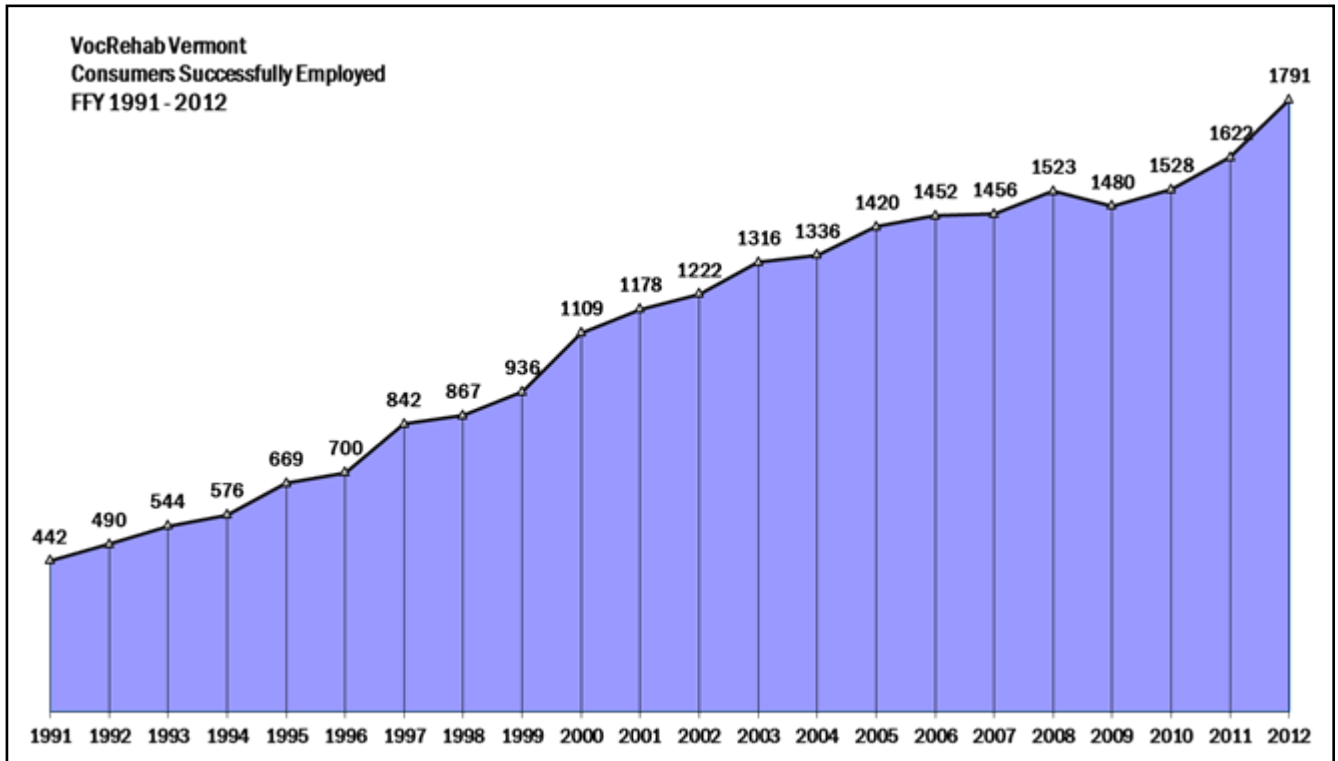
In SFY12 the Survey and Certification Unit conducted all federally required surveys and maintained its goals for the completion rate of all state surveys. In the remainder of SFY13 & SFY14 DLP will continue to meet its federal requirements and expects to conduct bi-annual surveys for Vermont's state-licensed residences.

In CY12 APS investigated 1,358 allegations of abuse, neglect and exploitation of vulnerable adults. In SFY13 we will establish baseline data through use of our new Harmony APS case tracking system and set performance targets in key areas. (Appropriation 3460010000)

**IV. Division of Vocational Rehabilitation (DVR)** gets and keeps Vermonters working. It is the core of all our programs. Any person with a disability that creates a barrier to work will find us a willing partner to help them become or remain employed. We tailor our services to each person so that our work is driven by their interests, goals and needs. Our counselors meet regularly and work closely with our motivated clientele to create an individualized plan for employment. (Appropriations 3460010000, 3460040000)

Our continued success at helping Vermonters with employment is a direct result of a sustained effort to cultivate governmental and private partners. DVR led Creative Workforce Solutions (CWS), an AHS initiative that has filled gaps in employment services by eliminating the barriers between service providers and becoming an active partner with employers. CWS created local employment teams that span four departments and seven divisions within these departments. The coordination and teamwork ensures that employers have an easier time interacting with AHS, which in turn leads to a greater willingness to support our customers and better outcomes for all.

Despite the turbulent economic times, DVR continues to perform remarkably well. As the chart below shows, the number of successful employment outcomes has increased 19 of the past 20 years, with 1,791 Vermonters working as a result of our efforts in FFY12.



The attached packet of information includes the forms requested by the Secretary of Administration and the Appropriation Committees that were not included in the AHS Budget Book.

**Crosswalk Spreadsheet**

The requested SFY14 Budget Development Form provides the information requested by the Appropriation Committees.

**Additional Requested Information**

The requested forms, which were not included in the AHS Budget Books, are included in the attached packet of information.

**Vacancy Savings**

The budgeted vacancy savings amount of (\$501,099) is 2.2% of total budgeted salaries and fringe. DAIL does not plan to intentionally leave any position vacant for the year.

**Summary of Changes from SFY 13 Budget to SFY 14 Proposed Budget**

<b>Total Change SFY13 to SFY14 Recommended Budget</b>	<b>\$18,335,979</b>
<b>(Gross Dollars)</b>	
> DAIL SFY14 Ups & Downs	\$15,696,177
> DVHA SFY14 Ups & Downs (Long Term Care portion Choices for Care, including \$1,692,962 medicaid bump)	\$ 2,639,802
<b>DAIL Administration &amp; Support Section</b>	
> Total SFY13 Base Appropriation	\$28,198,788
> SFY14 increase in Administration & Support	\$ 1,860,125
<b>SFY14 Recommend</b>	<b>\$30,058,913</b>
Positions: Current positions = 283 (286 employees as 3 positions are shared)	
<b>DAIL Division of Disability and Aging Services Grants</b>	
> Total SFY13 Base Appropriation	\$21,051,422
Proposed Changes:	
> HomeShare Vermont Grant change (BAA Item) conversion from general fund only grant to Global Commitment MCO (federal and general fund) AHS Budget Neutral	\$ 184,618
> Annualization of Choices for Care Reinvestment funds moved to DAIL Grants (all BAA items)	\$ 588,091
> Medicaid Bump (Attendent Services Medicaid, Support and Services at Home (SASH), Day Health Rehabilitation Services)	\$ 100,765
> Interdepartmental Fund Decrease – federal funds for 3 Squares VT and Home Heating fuel Assistance (AAA funds) now managed in DCF and not transferred to DAIL.	\$ (481,875)
<b>SFY14 Recommend</b>	<b>\$21,443,021</b>
<b>Blind and Visually Impaired Division</b>	
> SFY13 Base Appropriation No changes	\$1,481,457
<b>SFY14 Recommend</b>	<b>\$1,481,457</b>
<b>Vocational Rehabilitation Division</b>	
SFY13 Base Appropriation	\$8,795,971
> Interdepartmental Fund changes to base budget – TANF/Reach-up increase from DCF	\$ 300,000
<b>SFY14 Recommend</b>	<b>\$9,095,971</b>

<b>Developmental Services Appropriation</b>	
> SFY13 Base Appropriation	\$157,203,376
SFY14 Proposed changes - \$13,044,323	
> Non-DS Waiver Caseload – SFI (Severe Functional Impairment) & CCC (Complex Community Cases) AHS Initiative estimated 15 cases approx. (BAA Item)	\$1,875,000
> Caseload - general and high school graduates	\$5,399,080
> Caseload - Public Safety/Act 248	\$2,084,765
> Annualized DS Caseload Pressure as presented on SFY13 BAA	\$3,000,000
> Annualized DS Caseload (Policy reduction)	<b>\$(2,500,000)</b>
> ARIS Intermediary Service Organization (ISO) Contract – DDS fee increase \$32 per client to \$36, approx 1700 DS clients effective 2/1/13 – annual increase \$81,600 (BAA Item)	\$81,600
> IDT Transfer from Health Department – Federal Autism Grant	\$58,000
> Medicaid Bump	\$3,304,124
> Integrated Family Services (IFS) AHS Budget Neutral transfers within AHS Departments	<b>\$(258,246)</b>
<b>SFY14 Recommend</b>	<b>\$170,247,699</b>
<b>Traumatic Brain Injury (TBI) Program</b>	
> SFY13 Base Appropriation	\$4,772,899
SFY14 Proposed Increases	
>Medicaid Bump	\$100,130
<b>SFY14 Recommend</b>	<b>\$ 4,873,029</b>

<b>Programs Managed by DAIL, but Appropriated to DVHA</b>	
<b>Choices for Care (CfC) 1115 Demonstration Waiver</b>	
<i>(appears in DVHA's budget)</i>	
CFC Spending Plan - Each year, DAIL creates a spending plan year using the amount appropriated to the long-term care budget. This includes estimated expenditures for nursing homes, home- and community-based services and other Medicaid acute/primary care costs for Choices for Care participants. Once we have our final '14 budget, we will develop a plan for that fiscal year.	
> SFY13 Base Appropriation (not including acute portion)	\$174,812,768
SFY14 Net Changes in Choices for Care (not including acute care portion)	\$2,639,802
Pressures - \$6,769,781	
> Division of Rate Setting (DRS) Estimate Nursing Home Statutory Increases	\$3,000,000
> CFC Reinvestment Pressure annualized – Restore the 2% rate reduction in ERC (BAA Item)	\$156,000
> CFC Reinvestment Pressure annualized – Increase wages .15/hr for self-directed personal care/respice (BAA Item)	\$292,922
> CFC Reinvestment Pressure annualized – Eliminate 2009 2% rate reduction/providers (BAA Item)	\$847,918
> CFC Reinvestment Pressure annualized – FY13 budget proposal covered by FY12 carry forward	\$779,979
> Medicaid bump (Long Term Care portion excluding Nursing Homes as they receive Statutory Increases mentioned above.	\$1,692,962
Reductions - <b>(\$4,129,979)</b>	
> NH Utilization decrease 2.1 % - current trend	<b>\$(2,400,000)</b>
> Planned carryover from FY13 LTC portion	<b>\$(1,729,979)</b>
<b>FY14 Recommend (not including acute care)</b>	<b>\$177,452,570</b>



<i>All data is for SFY12 unless otherwise noted</i>			
<b>Whom We Serve</b>	<b>Program Description</b>	<b>Performance Measures</b>	<b>SFY14 Proposed</b>
People 60 and over  58,070 people	<b><i>Older Americans Act</i></b> supports a range of services for people 60+ aimed at helping people to live as independently as they chose and supporting family caregivers to maintain their essential caregiving role. Specific services include: nutrition programs, information/referral/assistance; family caregiver support; case management; health promotion & disease prevention, and legal services. Federal law- 42 U.S.C 3001, et.seq.	The AAA area plans serve as a blueprint for their work. Detailed goals for core programs outlining objectives, strategies, and target outcomes are developed by each individual AAA and approved by DAIL. In FFY12 AAA met 95% of stated Area Plan performance targets. In FFY13 AAAs are submitting quarterly reports on their outcomes related to 9 Core Goal Areas with a target of 95% completion of performance targets.	Approx \$11M Approx \$4.7M GF
People 60 and over and adults with disabilities  34,541 contacts were provided information, referral and assistance ( <i>A contact does not necessarily equal 1 person</i> )	<b><i>Aging and Disability Resource Connections (ADRC)</i></b> provides trusted and timely information on long-term care services and supports and assistance in accessing needed services. Services include information, referral and assistance, options counseling, support during care transitions and access to benefits and services. In 2012 DAIL received an enhancement grant which expands partnership from 5 to 10 organizations statewide which include 5 AAAs, the Brain Injury Association, the Vermont Center for Independent Living, Vermont 211, the Vermont Family Network, and Green Mountain Self Advocates.	Options Counseling was fully implemented in 2012. For the 18 month period from 4/1/11 – 9/30/12, 347 people received Options Counseling. 93% of the individuals who received options counseling indicated they understood their long term care support choices after meeting with the options counselor. 86% indicated they were better able to make decisions regarding their long term care services options after receiving options counseling.  In 2013 all partners will be providing full-range of ADRC services. DAIL will complete MOU with DCF and DVHA to enhance efficiency of service delivery.	Approx \$700K federal funds
People 60 and over and adults with disabilities with housing and care needs: 1) Home Access Program:	<b><i>SASH, Support and Services at Home</i></b> : Built Designated Regional Housing Organization (DRHO) infrastructure needed to implement SASH on a regional level and integrated the	SASH: Develop six Designated Regional Housing Organizations (DHRO) covering the whole state; integrate 20 senior housing sites into	\$797,620 GC/MCO

<i>All data is for SFY12 unless otherwise noted</i>			
<b>Whom We Serve</b>	<b>Program Description</b>	<b>Performance Measures</b>	<b>SFY14 Proposed</b>
<p>55 households, 77 people</p> <p>2) Homesharing: 1,089 people resulting in 122 matches</p>	<p>Housing and Supportive Services (HASS) program into SASH. The Designated Regional Housing Organizations plan, build and maintain a system of partnerships with organizations, e.g., Home Health organizations, Community Mental Health, AAAs, Blueprint Community Health Teams and determine referral and support systems for SASH members. They educate and inform non-profit and public housing organizations about SASH and negotiate operating agreements with non-profit and public housing hubs.</p> <p><b>HAP, Home Access Program:</b> DAIL transfers \$100,000, to the Vermont Housing and Conservation Board (VHCB) to support VCIL's HAP Program which provides information, assistance, and referral services to help people with physical disabilities locate and secure funding for home modifications.</p> <p><b>Homesharing:</b> Support for two HomeShare programs, one in Chittenden/Grand Isle/Addison and one in Central Vermont. Homesharing matches people who are willing to share their home and who need extra care to stay in their homes with people seeking to live as home sharers. Both programs provide care to people living in their own homes and low cost, secure housing for people who may be only marginally housed. Expanded funding was provided in 2012 for expansion of services to different regions of the state and increase capacity.</p>	<p>SASH; execute sub-grant agreements with all HASS sites.</p> <p>HAP: Number of access modifications: In 2012 HAP served 55 households; completed 67 home access projects---21 were bathroom modifications; 44 were ramp access projects and two were home entrance modifications.</p> <p>Homesharing: Goals include homeshare matches, caregiver matches, and affordable housing placement with the target of 150 homeshare matches; 92 caregiver matches; 118 affordable housing placements in SFY13</p>	

<i>All data is for SFY12 unless otherwise noted</i>			
<b>Whom We Serve</b>	<b>Program Description</b>	<b>Performance Measures</b>	<b>SFY14 Proposed</b>
People 60 and over  The program responded to 636 complaints: 366 Nursing facility related, 158 residential care homes based, 106 home and community based, and 6 were hospital related	<b><i>State Long Term Care Ombudsman Program</i></b> protects the safety, welfare and rights of older Vermonters who receive long-term care services in nursing homes, residential care homes, assisted living residences and to Choices for Care participants of any age receiving services in any of the settings above as well as in home-and community-based settings. Operated through a grant agreement with Vermont Legal Aid, 33 V. S. A. § 7501 et seq.	82% of the people served were fully or partially satisfied with results. In FFY13, the Ombudsman Program has set targets focused on: <ul style="list-style-type: none"> <li>• Program quality</li> <li>• Accessibility: visit at least 95% of all long term care facilities each quarter.</li> </ul>	\$649,587 Total a) \$88,344 GF b) \$307,230 FF c) \$98,388 GC d) \$155,625
<b>Division for the Blind and Visually Impaired</b>			
People who are blind or visually impaired  350 people	<b><i>Employment and Vision Rehabilitation.</i></b> Federal law - 29 United States Code (U. S. C), chapter 16	There were 111 new applicants and 68 successful closures. The rehab rate was 77% compared to the 67% national average. The target is to increase rehab rate to 80%.	\$1,183,612 Gross
People who are blind or visually impaired  103 people	<b><i>Independent Living Services</i></b> provides people who are blind or visually impaired learn skills to remain independent in their homes and communities.	There were 35 new applicants and 19 people completed goals outlined in individualized plans.	\$74,395 Gross
People with the most significant visual impairments  4 people	<b><i>Randolph /Sheppard Program</i></b> provides Business Enterprise Supports to assist blind business owners to successfully run cafeterias and vending programs on state and federal property. 21 V. S. A. § 501 et seq.; federal law (20 U. S. C. § 107 et seq.)	Gross earnings for blind business owners increased 1%.	\$223,450 Gross

<i>All data is for SFY12 unless otherwise noted</i>			
<b>Whom We Serve</b>	<b>Program Description</b>	<b>Performance Measures</b>	<b>SFY14 Proposed</b>
	<b>Division of Disability and Aging Services</b>	Performance measure applicable to all DDAS programs: <i>People live with dignity and respect in their own homes and communities.</i>	
Long term support services for people 60 and over and adults with physical disabilities  7,595 people	<b>Choices for Care</b> is a 1115 Medicaid Demonstration Waiver provides a range of services to support people living at home, in an Enhanced Residential Care Home, or in a nursing facility.  Vermont Choices for Care regulations.	Rebalance' services to 50:50 use of nursing homes and nursing home alternatives. Statewide, 50.3% of CFC participants are served in nursing homes and 49.7% of CFC participants are served in alternative settings.  In a 2012 Consumer Satisfaction Survey, 93% reported that they were living in the setting of their choice, 93% of people using personal care reported that the quality of the personal assistance they received was excellent or good, and 90% rated the degree to which their needs were met as excellent or good.	DVHA appropriation (LTC component) \$177,145,303 Gross
People transitioning from nursing homes to the community.  30 people in CY12	<b>Money Follows the Person (MFP) Grant</b> is a special program supplementing the CFC program who choose to transition: \$2,500 per person to help overcome barriers for returning to community (rent, mortgage, etc), and enhanced FMAP on all HCBS for each person enrolled and transitioned to approved housing. The period of enrollment is 365 days. <i>Program Criteria:</i> People residing in a nursing facility for 90 days or longer, using Medicaid reimbursement, who express a desire to return to a home- and	Quality of Life Survey given prior to transition, at 11 months and 24 months post transition.  <i>Program Goal:</i> Support nursing home residents to move back into the community. CY12 goal was to serve 25 people, 30 were served. CY13 goal is to serve 70 people.	MFP expenses in the DVHA budget. Administrative expenses in DAIL \$528,061 (100% Federal Funds)

<i>All data is for SFY12 unless otherwise noted</i>			
<b>Whom We Serve</b>	<b>Program Description</b>	<b>Performance Measures</b>	<b>SFY14 Proposed</b>
	community-based setting. A 5 year grant for \$18M (2011-2016). Develop and implement <i>Adult Family Homes</i> . The state projects that approximately one-third of participants will transition to Adult Family Care Homes.		
People with developmental disabilities and their families  2,649 people	<b><i>Developmental Disabilities Services</i></b> provides a range of home and community based services to support individuals and their families, increasing independence and supporting participation in their local communities. Priorities are to prevent imminent risk to the individual's personal health or safety; prevent an adult who poses a risk to public safety from endangering others; prevent or end institutionalization; maintain employment upon graduation from high school; and provide training in parenting skills for a parent with developmental disabilities to help keep a child under the age of 18 at home.  18 V. S. A. chapter 204A; Vermont Developmental Disabilities Act Regulations; Vermont Global Commitment to Health regulations.	Designated Agency Master Grants include performance targets linked to funding incentives and hold backs. <i>Employment Rate:</i> target set at 45% for all working age consumers. Agencies below this target are required to show progress towards target to avoid a holdback; agencies that exceed this target are required to maintain performance to avoid a holdback; and agencies that demonstrate significant increases or exceed a 50% employment rate may be eligible for incentives. SFY10 average employment rate was 36%. SFY12 average employment rate was 41%, with three agencies exceeding the target and 13 agencies improving performance towards meeting the target.	\$152,767,308 GC
People with developmental disabilities and their families  1,076 people	<b><i>Flexible Family Funding allows</i></b> funds to be used flexibly, at the discretion of the family, to purchase goods, services and supports that benefit the individual and family.  18 V. S. A. chapter 204A; Vermont Developmental Disabilities Act Regulations	No target set.	\$1,043,888 GC

<i>All data is for SFY12 unless otherwise noted</i>			
<b>Whom We Serve</b>	<b>Program Description</b>	<b>Performance Measures</b>	<b>SFY14 Proposed</b>
Adults with physical and/or cognitive impairments  1,120 people, with 518,509 hours of service	<b>Adult Day Services</b> is a community-based non-residential services to assist individuals to remain as active in their communities by maximizing health, independence and optimal functioning. Day Health Rehabilitation Services is an entitlement as a Global Commitment Medicaid (state plan) service.  Vermont Global Commitment to Health regulations; Vermont Choices for Care regulations.	In a 2012 Consumer Satisfaction Survey, 95% of people responding reported that they are very or somewhat satisfied with the Adult Day Center they attend, and 98% rated the quality of services as excellent or good. Participants are screened for depression 2x/year and referrals are made in 100% of indicated cases. Caregiver stress is screened 2x/year for indication of improved status over time, in the aggregate.	\$3,679,329 a) Choices for Care \$1,640,156 b) GF only Grants \$109,995 c) Day Health Rehab Services GC \$1,929,178
Adults with severe and permanent disabilities who need physical assistance with activities of daily living  214 people	<b>Attendant Services Program</b> supports independent living for adults with severe and permanent disabilities who need physical assistance with activities of daily living. Provides personal assistance services assistance, allowing people to remain in their own homes and communities.  33 V. S. A. § 6321; Vermont program regulations.	In SFY10, the average Medicaid PDAC application took about 69 days from application date to date award was granted. In SFY11, the average took about 92 days. Target is to reduce the application timeframe by half, at a minimum to below 60 days. Updated ASP Regulations were approved on 1/17/13, to be implemented in mid-February 2013, supporting the goal to reduce application time by half.	\$4,106,815 Total a) \$2,415,540 GF b) \$1,691,275 GC
People who rely on medical technology to survive  51 people	<b>High Technology Home Care</b> provides skilled nursing care to people who are Medicaid-eligible and technology-dependent. Services include coordinating treatments, medical supplies and sophisticated medical equipment. DAIL manages the program for adults.  Vermont Global Commitment to Health regulations.	Inter-rate reliability testing is performed on a 10% participant sample to ensure that assessment decisions are consistent.	DVHA appropriation – approx \$4M GC

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<b>Whom We Serve</b>	<b>Program Description</b>	<b>Performance Measures</b>	<b>SFY14 Proposed</b>
<p>Older people and adults with developmental disabilities who are unable to make basic life decisions</p> <p>733 people: Includes 643 people with developmental disabilities and 81 people over age 60</p> <p>Representative payee services to more than 300 people</p>	<p><b>Office of Public Guardian (OPG)</b> Public guardians assist and empower people under guardianship in making decisions and taking actions in critical life areas. Courts assign a public guardian when there is no friend or family member to serve as guardian, and the individual needs a public guardian to protect his or her rights or welfare; facilitates guardianship evaluations for more than 200 new private and public guardianship applicants each year.</p> <p>18 VSA 9301-9317; 14 VSA 3093</p>	<p>Diminish need for public guardianship by identifying, training, and assisting private guardians; by encouraging and preparing individuals to make their own decisions; and by developing supportive community resources. No target set.</p>	<p>Approx: \$2M - \$1.5M GC and \$500K GF</p>
<p>People with moderate to severe traumatic brain injuries</p> <p>71 people</p> <p>(Note: although the TBI program is not designed to serve veterans with brain injuries, the Brain Injury Association (BIA) serves about 30 veterans through other funding sources.)</p>	<p><b>Traumatic Brain Injury Program</b> diverts and/or returns individuals from hospitals and facilities to community-based settings, rehabilitation-based, choice-driven program, intended to achieve their optimum independence and help return to work.</p> <p>Veterans are covered by their VA health benefits and do not apply for Medicaid services. VA prefers to use VA services. VT TBI service network is available. The Brain Injury Association (BIA) of VT currently offers Neuro-Resource Facilitator services and employment services.</p>	<p>Achieve greater individual independence, as measured by individual progress in rehabilitation.</p>	<p>\$4,873,029 GC</p>

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<b>Whom We Serve</b>	<b>Program Description</b>	<b>Performance Measures</b>	<b>SFY14 Proposed</b>
	<b>Division of Licensing and Protection</b>		
<p>Conducted 68 full surveys at RCH/ALR/TCR in CY12 (about 43% of the total number of facilities)</p> <p>Completed CMS surveys of all other health care providers per CMS prescribed timeframes</p> <p>Completed on-site investigations of 537 complaints and incidents across all licensed providers</p>	<p><b>Survey and Certification</b> provides regulatory oversight of health care facilities and agencies under state and federal regulations. 33 V. S. A. § 7101 et seq.; state regulations for each type of LTC facility; federal regulations for nursing homes</p>	<p>CMS performance review has not yet been finalized. However, preliminary reports show the division as having met performance standards for the measures that have been reviewed thus far.</p>	\$2.2M Gross
<p>Vulnerable adults CY12: 150 reports/month of abuse, neglect or exploitation -1,799 for the year</p> <p>CY12: 113 /month resulted in an investigation –1, 358 completed investigations</p>	<p><b>Adult Protective Services</b> investigates allegations of abuse, neglect and exploitation, increase awareness of adult abuse in all of its forms, provide information about alternatives and services for vulnerable adults who are the victims of abuse and increase the reporting of suspected abuse. Chapter 69 of Title 33 of the Vermont Statutes Annotated</p>	<p>Investigations are up significantly from FY05 when 625 investigations were opened, but only slightly increased over the 1,258 investigations undertaken in FY10.</p>	\$1.3M GF
	<b>Division of Vocational Rehabilitation</b>		
<p>People with disabilities 10,109 people</p>	<p>General VR offers free, flexible services to any person or employer dealing with a disability that affects employment. Partner with human service providers and employers across Vermont to help people with disabilities realize their full potential.</p>	<p>DVR achieved 1,791, employment outcomes. Federal standard and indicated is for one more employment outcome than the previous year, which VR has met in 19 out of the past 20 years.</p>	



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<b>Whom We Serve</b>	<b>Program Description</b>	<b>Performance Measures</b>	<b>SFY14 Proposed</b>
People with disabilities 52 people	<b><i>Independent Living Part B</i></b> is a grant to the Vermont Center for Independent Living to provide independent living services to people with disabilities. The funding is administered through the Sue Williams Fund at VCIL.		\$150,000 Gross
People with traumatic head injuries 23 people	<b><i>Traumatic Brain Injury Grant</i></b> is a grant to the Lenny Burke Farm to provide supervised living supports so that people with traumatic brain injuries that may live and work independently in their local communities.	Global Commitment to Health Medicaid regulations	\$143,719 Gross
People who are deaf or hard of hearing Filled 1,037 requests for interpreters in SFY11	<b><i>Interpreter Referral Service</i></b> enables organizations and individuals to hire qualified interpreters		\$55,000 Gross
People with disabilities Directly served 2,805 people, with thousands more reached through Public Awareness and Technical Assistance Activities.	<b><i>Assistive Technology Project</i></b> helps people of all ages and abilities to achieve greater independence, efficiency and control over their environment using assistive technology. Required by federal statute: Fed tech Act		\$230,000 Gross