



Agency of Human Services

Department of Disabilities, Aging and Independent Living

GOVERNOR'S SFY 17 BUDGET TESTIMONY

FEBRUARY, 2016

HOUSE APPROPRIATIONS COMMITTEE

SENATE APPROPRIATIONS COMMITTEE

HOUSE HUMAN SERVICES COMMITTEE

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Department of Disabilities, Aging and Independent Living

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 Organizational Chart

Department of Disabilities, Aging and Independent Living

Budget Testimony

2017 Legislative Session

The Department of Disabilities, Aging and Independent Living (DAIL) is responsible for services to seniors and Vermonters of all ages with disabilities.

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 five divisions:

- Division for the Blind and Visually Impaired (DBVI)
- Developmental Disabilities Services Division (DDSD)
- Division of Licensing and Protection (DLP)
- Division of Vocational Rehabilitation (DVR)
- Adult Services Division (ASD)

The Commissioner's Office includes the Deputy Commissioner; Operations and Health Reform; Policy, Planning and Analysis; Information Technology and Legal Units; Business Office and an Executive Assistant.

DAIL's primary role in Vermont is to fulfill the commitment that we have made to individuals with disabilities and to seniors, enabling them receive supports and services in their homes and in their communities, living independently and fully included as participating and contributing members of those communities. This commitment is underlined by state and federal mandates like the Olmstead Decision, which require states to provide services to people in the least restrictive environments possible. Vermont remains a leader in the nation in terms of our work in closing institutions, supporting choice and community-based settings, and the development of robust supported employment and mature worker options for all.

As we embrace the intent and spirit behind the federal Home and Community Based Services (HCBS) rules, we ensure that Vermonters value the inclusion and contributions of individuals with disabilities and seniors, and strive to enhance and promote those contributions. We see this as a value both to those individuals receiving supports and services and to the larger Vermont community. For more comprehensive information about DAIL see the DAIL Annual Report:

<http://dail.vt.gov/dail-publications/publications-annual-reports/annual-report-sfy15>

Globally, DAIL's work across all five divisions is most directly related to the seventh outcome in Act 186: *Vermont's elders and people with disabilities and people with mental conditions live with dignity and independence in settings they prefer*. At a population level, this outcome embodies the concept of choice, a cornerstone for our role in state government and across Vermont. Along with a robust provider system, DAIL strives to ensure that individuals not only choose the settings in which they live but choose how they live their lives, focusing on independence, inclusion in their own communities and contributions to the Vermont community. For this outcome, we measure where people live, employment rates and rates of abuse and neglect. For more information about how DAIL contributes to Act 186, you can access the AHS Act 186 scorecard here:

<http://app.resultsscorecard.com/Scorecard/Embed/8460>

DAIL's programs and provider systems also contribute to other Act 186 outcomes. Our work to reduce fall related injuries, address substance use and the suicide rate for seniors, focus on youth employment as part of the transition into adulthood; all support collaborative work across the Agency of Human Service (AHS) towards achieving the Act 186 outcomes and the AHS strategic goals.

DAIL has embraced Results Based Accountability (RBA) work and continues to develop a more mature system to both identify population level indicators and improve programmatic performance. This is a work in progress, with our divisions at different levels of competence and expertise. Throughout this document, we identify measures related to how much, how well and how people are better off because of our services and supports. One of our programs and one of our divisions are specifically part of the 'Vantage' Performance Measurement Pilot Project: the Traumatic Brain Injury program in the Adult Services Division and the Division for the Blind and Visually Impaired, but all of our divisions are considering their work under the rubric of RBA, as reflected in this document. This budget testimony document represents our continued effort to integrate outcomes and performance measures within budget testimony. For more details on DAIL's outcomes and performance measures and our contributions to the AHS outcomes, please visit the DAIL Scorecard here:

<http://app.resultsscorecard.com/Scorecard/Embed/8865>

Divisions and Major Programs and Performance Outcomes

I. The Division for the Blind and Visually Impaired (DBVI) provides and oversees specialized services for people who are visually impaired using a rehabilitation model that starts when the person experiences vision loss. DBVI offers an array of services specifically designed for people who have lost visual function and independence.

DBVI's mission is to support the efforts of Vermonters who are blind or visually impaired to achieve or sustain their economic independence, self-reliance, and social integration at a level consistent with their interests, abilities and informed choices. Those who participate in DBVI services learn or re-learn skills and become successful and active members of their communities. Given appropriate adaptive skills training, and assistive technology instruction, many limitations due to blindness can be overcome. Quality of life, dignity, and full integration are the focus of DBVI.

The goal of DBVI's vocational vision rehabilitation services is to help people with vision loss to retain, return, or secure employment. DBVI transition services provide youth with opportunities for learning independent living, job skills, or support for higher education. When employment is not a feasible goal, DBVI provides assistance in maintaining independence.

DBVI Performance Measures

DBVI programs contribute to several of the outcomes measures in Act 186. One major focus is Vermont having a Prosperous Economy (Outcome #1). Current DBVI program measures include the employment rehabilitation rate of individuals who receive services and average wages as compared to the state average wages. DBVI programs also assist youth who are blind to Successfully Transition to Adulthood (Outcome #6).

How many people we serve: 350 individuals (FFY 2015)

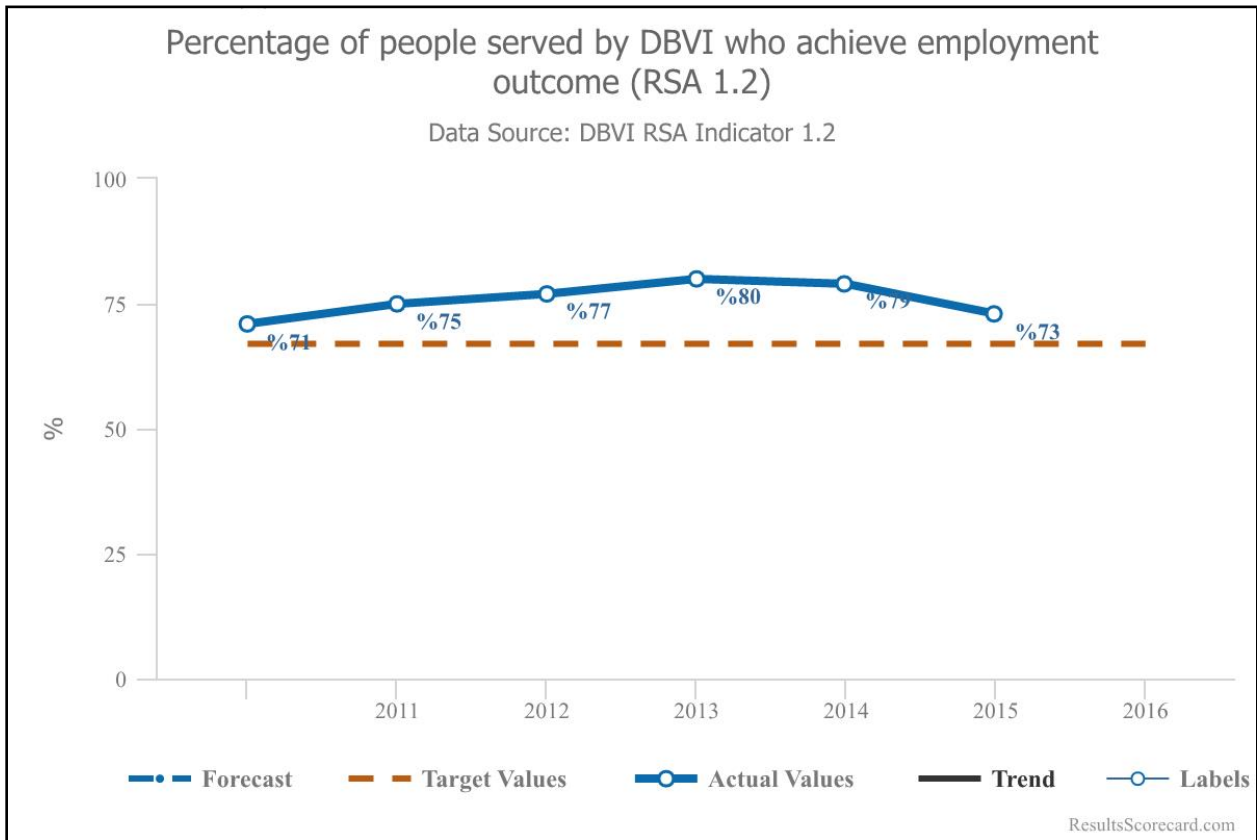
How well we serve them: Customer Satisfaction

	<i>2003 Market Decisions Survey (Formal)</i>	<i>2011 Market Decisions Survey (Formal)</i>	<i>2013 Closure Survey (Ongoing Informal)</i>	<i>2014 Closure Survey (Ongoing Informal)</i>	<i>2015 Market Decisions Survey (Formal)</i>
Overall Satisfaction with services received	93%	92%	N/A	N/A	95%
Services provided met expectations	93%	90%	N/A	N/A	85%
Staff were helpful to achieve vocational goals	98%	95%	N/A	N/A	96%
DBVI delivered services well for me	N/A	N/A	92%	91%	89%
I did get the results I wanted from DBVI	N/A	N/A	93%	89%	94%

How people are better off:

Employment Rate: The percentage of people served by DBVI who have achieved an employment outcome (successfully attained vocational goal for a minimum of 90 days)

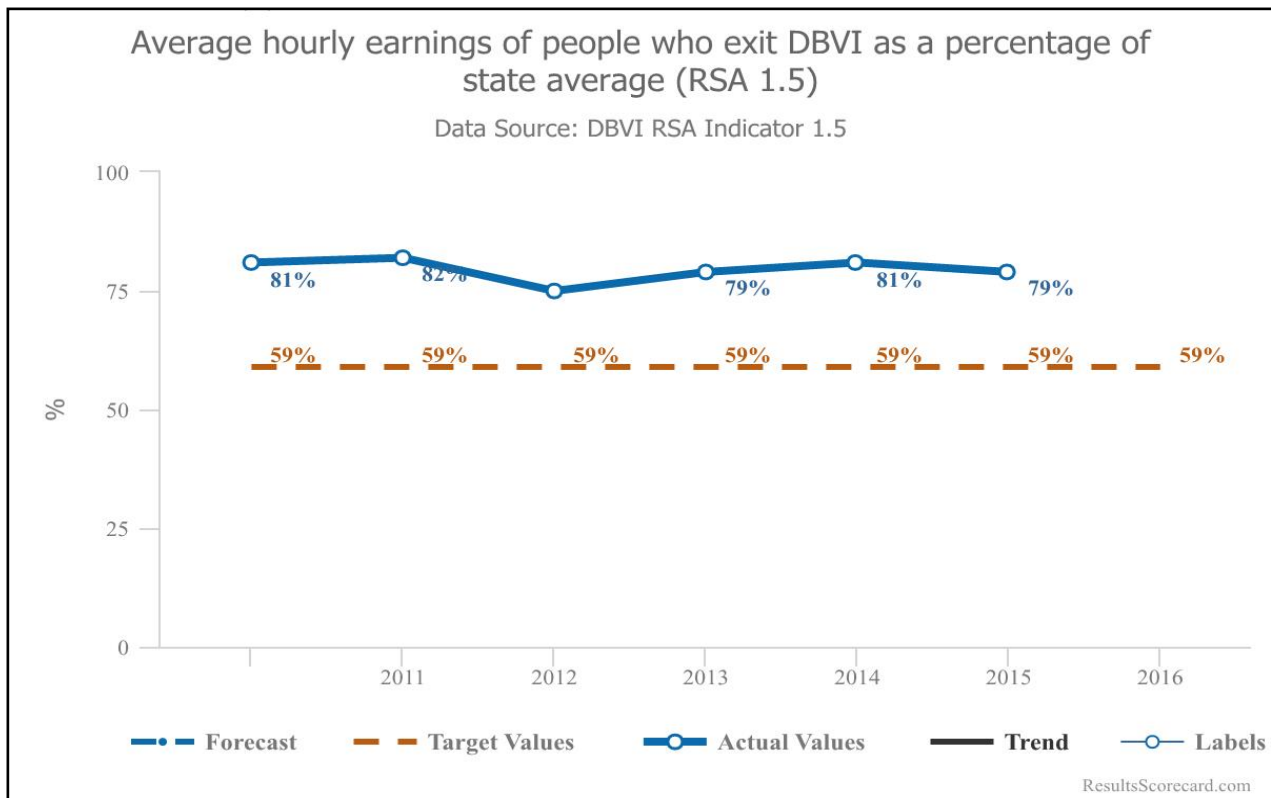
	<i>2010</i>	<i>2011</i>	<i>2012</i>	<i>2013</i>	<i>2014</i>	<i>2015</i>	<i>National Standard</i>
Employment Rate	71%	75%	77%	80%	79%	73%	67.11%



Note: the Target Values represent the federal standard from the Rehabilitation Services Administration in the Department of Education. To meet this standard at least 67% of individuals who exit the DBVI program must be employed for a minimum of 90 days.

Earnings Compared to State Average: Average hourly earnings of people who exit DBVI as a percentage of state earnings average.

	2011	2012	2013	2014	2015	National Standard
% of earning compared to state average	82%	75%	79%	81%	79%	59%



Note: the Target Values represent the federal standard from the Rehabilitation Services Administration in the Department of Education. To meet this standard an overall average of DBVI's consumer earnings must be at least 69% of Vermont's average income.

New measures and targets related to the federal Workforce Innovation and Opportunity Act will be developed during the next year, and will include:

- Employment Rate 6 months and 12 months after exit;
- Median earnings 6 months after exit;
- Credential Attainment;
- Measurable Skill Gains; and
- Effectiveness in Serving Employers.

People served by DBVI shared examples of how their new skills have helped them adapt to vision loss, maintain employment, and improve their quality of life. They are better off because they can now:

- Obtain their employment goals.
- Access printed material with the use of assistive technology.
- Travel independently on the job and in the community with the use of the white cane.
- Use special magnification and lighting to access information on the job and at home.

DBVI's commitment to person-centered culture guides the staff towards continuous improvement by listening to our customers and using that information and performance data to improve current DBVI performance. An updated DBVI State Plan with new goals and

strategies was completed and approved by the State Rehabilitation Council in December 2015. (Appropriations 3460010000, 3460030000)

II. Developmental Disabilities Services Division (DDSD) is responsible for services to people with developmental disabilities, and guardianship services to adults with developmental disabilities and older Vermonters. The DDSD works with private non-profit organizations to provide a broad array of long term services and supports, including: service coordination, family supports, community supports, employment supports, residential support, crisis support, clinical interventions and respite. The DDSD supports Vermonters with developmental disabilities to make choices about how and where they live, pursuing their individual goals and preferences within their chosen communities. In partnership with our community provider system, the DDSD seeks to ensure basic human and civil rights, health, and well-being and safety for individuals with developmental disabilities. The DDSD provides effective leadership for disability policy and services in Vermont, and meets federal and state mandates by developing and managing public resources effectively. (Appropriations 3460010000, 3460050000)

Developmental Disabilities Services: Developmental Disabilities Services (DDS) are provided by Designated Agencies and Specialized Services Agencies with the goal of cost-effective, integrated community living. In SFY 15, 2,917 Vermonters received home and community-based services. Other services include Flexible Family Funding, Family Managed Respite, Bridge Program: Care Coordination, Targeted Case Management, Vocational Grants and one 6-person Intermediate Care Facility. In SFY 15, 1,213 people with developmental disabilities received supported employment to work, an 8% increase over the previous year.

DDSD Performance Measures

How many people we serve: 4,408 individuals across all programs (unduplicated)

How well we serve them:

- Our employment services have been recognized as a national model with a 27% increase in the number of people on the job over the past five year period. Vermonters served in developmental disability services are earning wages of over \$4.27 million a year, reducing federal SSI payments by an estimated \$1.7 million while also increasing their total income.
- Without our comprehensive system of community based supports our state would be spending an additional \$580 million to maintain institutional alternatives. Most of the states in the nation still rely on a combination of such programs. All communities in Vermont are stronger because everyone is included. *(This cost estimate is based on 2,917 people served with an average per person cost of \$56,672 HCBS vs. \$255,692 for institutional care – Braddock, 2013)*

- Spending: Vermont ranks in the middle of the New England states in spending of state dollars (including Medicaid match) per state resident for intellectual/developmental disability (I/DD) services – and is higher than the national average, Vermont is ranked 15 nationally in state spending per capita.

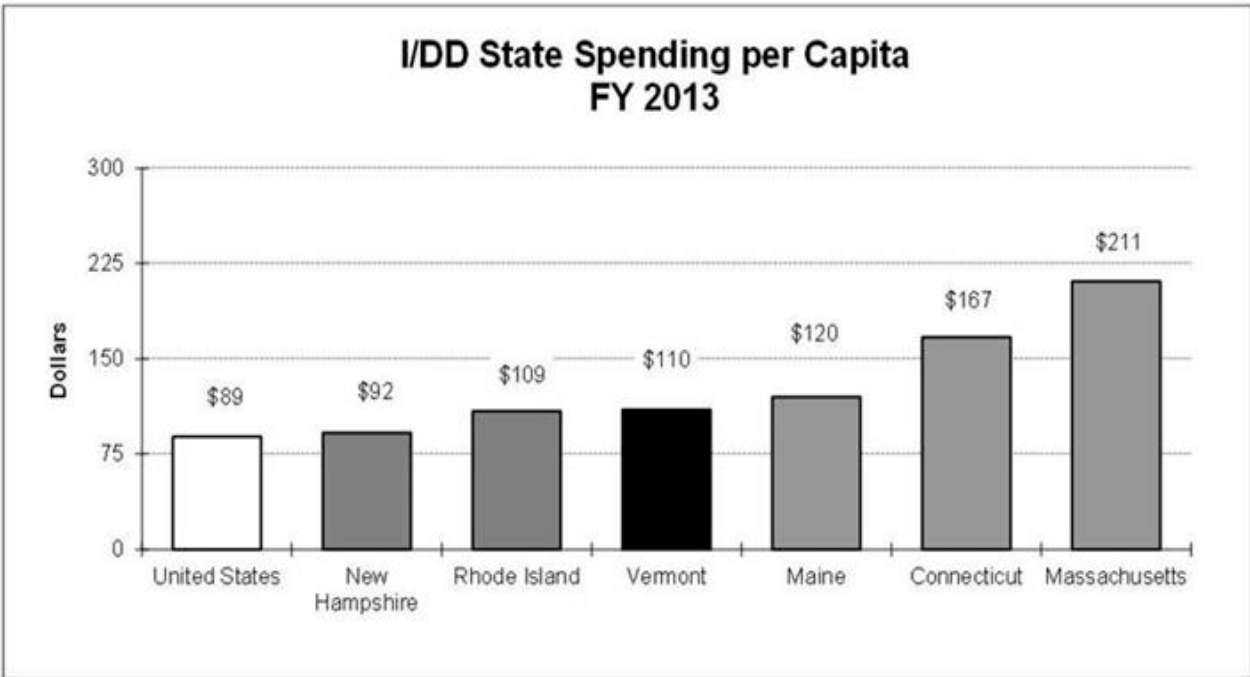
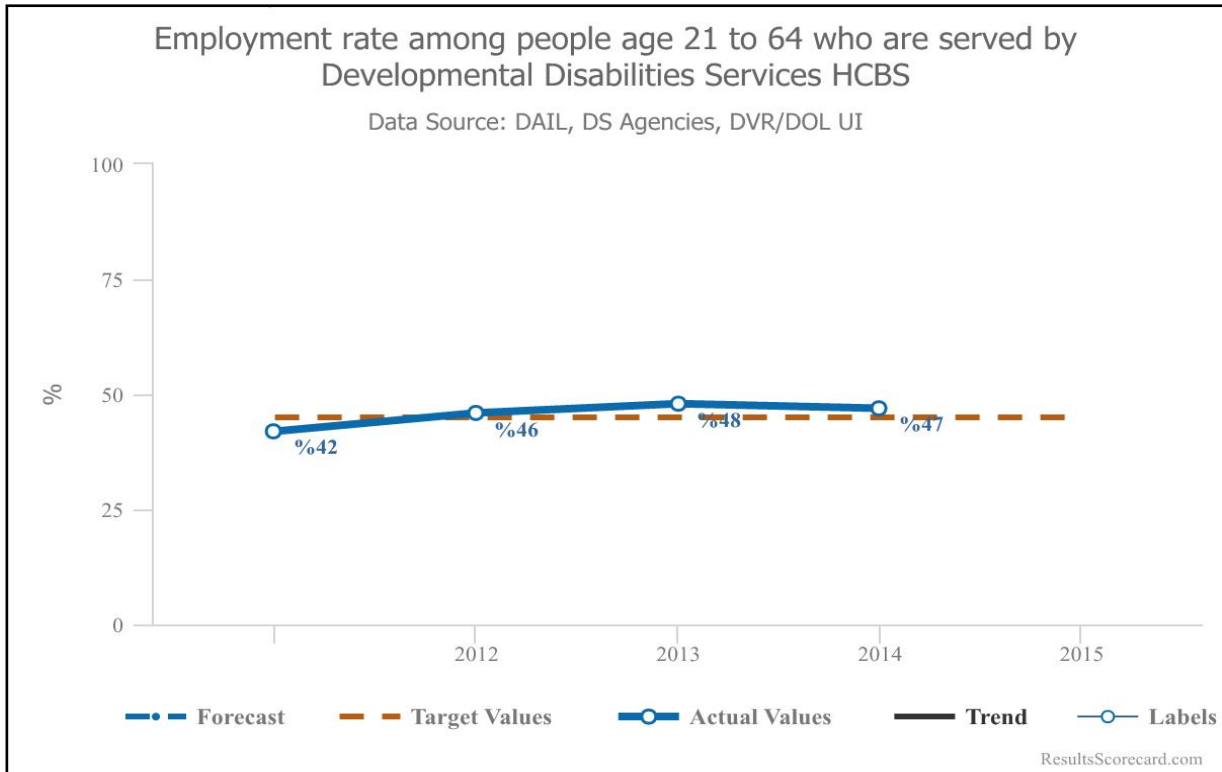


Chart: *The State of the States in Developmental Disabilities*, Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, 2015

How people are better off:

- Preliminary 2015 adult consumer survey results show people expressed a high degree of satisfaction with:
 - where they live (86%)
 - where they work (90%)
 - deciding their daily schedule (90%)
 - shopping (94%)
 - going out to eat (84%)
- More Vermonters with disabilities are going on to post-secondary education than ever before and our “Think College-Vermont”, “College Steps” and “SUCCEED” programs are helping them get there. Last year five colleges and universities issued 2-year certificates to 74 graduates. 76% of the SUCCEED program graduates went on to live independently.
- In SFY 14, 47% of working age people served by DDS home and community-based services were employed.



Target value is the rate established as the statewide goal.

- In the upcoming year we will invest in strategies that will allow us to better understand and improve service satisfaction through measurement of personally defined outcomes. Using methods developed by the Council on Quality & Leadership, we will engage our community partners in learning methods for interviewing and gathering information that will further our state’s proud tradition in promoting principles that support person-centered quality of life including self-determination, choice, and self-advocacy.

Office of Public Guardian: The Office of Public Guardian (OPG) provides guardianship and other court-ordered supervision to people age 18 and older with developmental disabilities and to Vermonters age 60 and older.

- In SFY 15, 747 adults received guardianship
- This included 650 people with developmental disabilities and 97 adults over age 60. The program also provides case management (4 people served) and representative payee services (368 people served). Appropriation (3460010000)

III. Division of Licensing and Protection (DLP) includes two branches that work to protect vulnerable adults and individuals receiving care in licensed and certified facilities. Survey and Certification (S&C) is the State Survey Agency for the State of Vermont. In this role, S&C surveys licensed or certified health care providers to assess compliance with

state and federal regulations, as well as investigating complaints about these facilities. Adult Protective Services (APS) investigates allegations of abuse, neglect, and/or exploitation of vulnerable adults, and, where applicable, implements protective services. Appropriation (3460010000)

DLP Performance Measures

How many people we serve:

- In addition to regularly scheduled surveys, S&C conducted 414 onsite complaint and self-report investigations at health care facilities
- APS investigated 1,587 allegations of abuse, neglect and/or exploitation of vulnerable adults, which was an average of 144 investigations per investigator.

How well we serve them:

- S&C completed 100% of their required federally regulated surveys on time.
- APS successfully completed a settlement agreement based upon their ability to meet the established benchmarks for the last year's worth of reviews ending in SFY 15.

How people are better off:

- 8% of nursing homes had no deficiencies.
- 73% of nursing homes had deficiencies reflecting no actual harm but potential for more than minimum harm.
- 19% of nursing homes had deficiencies reflecting actual harm or immediate jeopardy of residents.
- 155 individuals were placed on the Adult Abuse Registry in SFY 15. These individuals will no longer be able to work in Vermont with vulnerable adults.

IV. Division of Vocational Rehabilitation (DVR) assists Vermonters with a disability to enter or re-enter the work force through a wide variety of programs and individual support services. The core program (VR Section 110) enables Vermonters with a disability to assess their skills and abilities, identify a vocational goal, develop an Individualized Plan for Employment (IPE) and receive services leading to meaningful employment. VR invests heavily in services for people with the most significant disabilities through supported employment programs. The U.S. Congress reauthorized the Rehabilitation Act via the Workforce Innovation and Opportunity Act in 2014 and required VR to substantially expand services to high school students with IEPs or eligible for 504 plans. The Division operates a statewide Benefits Counseling Program to support Social Security beneficiaries to find work; and the Assistive Technology (AT) Project that provides Vermonters with information and training on AT devices and services. (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 leads Creative

Workforce Solutions (CWS), an Agency of Human Services (AHS) initiative that has filled gaps in employment services by eliminating the barriers between service providers and partnering actively with employers. CWS created local employment teams that span four AHS 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 on the next page demonstrates, the number of successful employment outcomes has increased 23 of the past 24 years, with 1,922 Vermonters working as a result of our efforts in FFY 15.

DVR Performance Measures

How many people we serve: 9,211 Individuals served

How well we serve them: *Customer Satisfaction*

Consumer surveys are conducted approximately every two years. Results from the most recent survey (2013) show that:

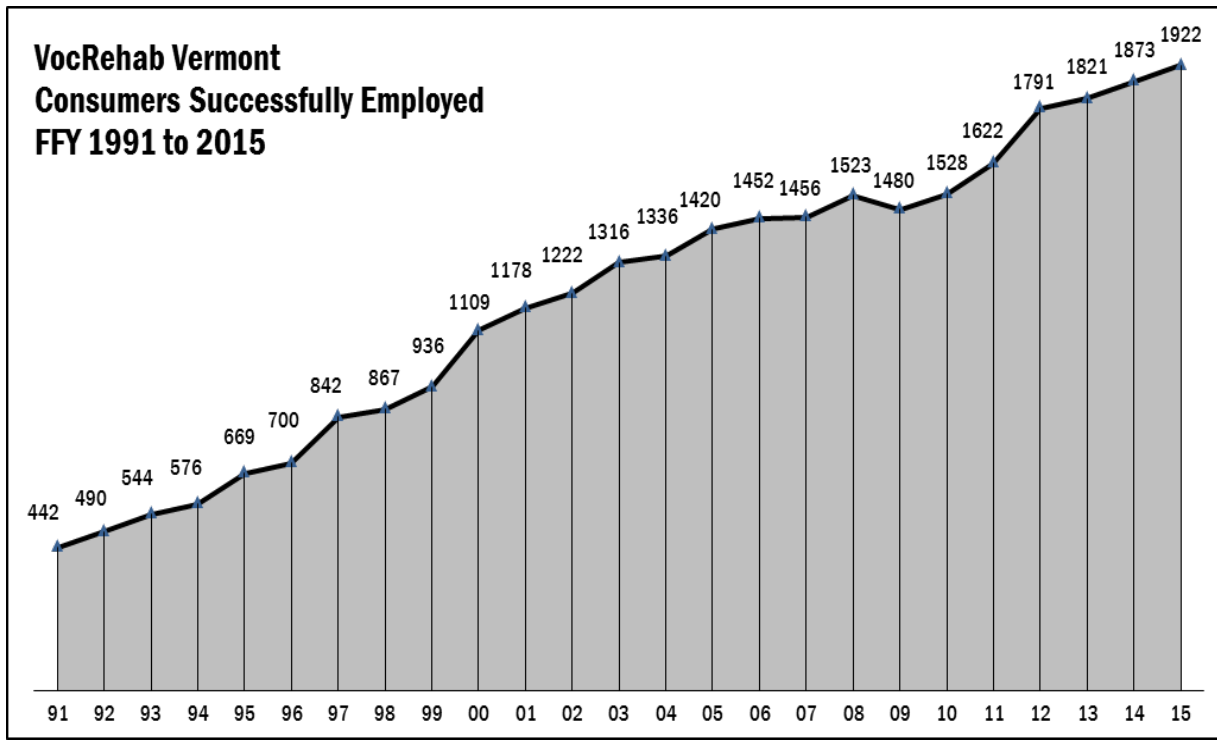
- 91% of customers indicate it is easy to access vocational rehabilitation services;
- 86% of customers are very satisfied or satisfied with their control and involvement in the vocational rehabilitation experience;
- 97% of customers indicate that the DVR staff treat them with dignity and respect;
- Among those customers who were working, 81% are very satisfied or satisfied with their job in 2013;
- Nine in ten customers (90%) would refer a friend or relative to vocational rehabilitation.

Nationally, Vermont DVR ranks #1 among general VR agencies in:

- New DVR applicants per million state population
- DVR employment outcomes per million state population

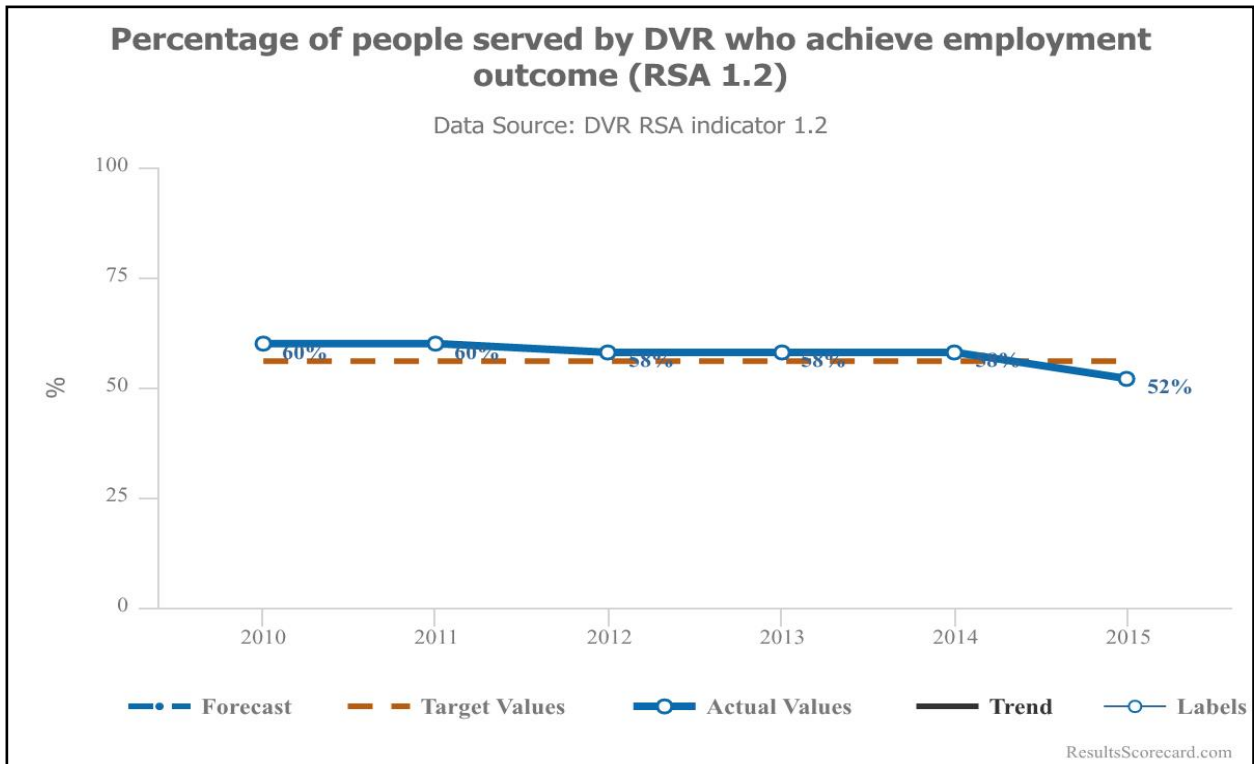
How people are better off:

Total number of people served by DVR who achieve an employment outcome (RSA Indicator 1.1). Consumers are considered to have a successful employment outcome if they have remained stable in their employment for 90 or more days after they developed an Individualized Plan for Employment (IPE) with DVR staff, received DVR services under that plan, and closed their DVR 'case'.



Percentage of people served by DVR who achieve an employment outcome (RSA Indicator 1.2). This is based on all the people who closed their DVR case after developing an individualized plan for employment (IPE) with DVR staff and receiving DVR services. In FFY 15, 3,719 cases were closed after receiving DVR services; 1,922 (51.7%) were successfully employed at closure. The new WIOA legislation necessitated significant changes in DVR service delivery priorities and reallocation of staff resources to expand services to youth in school. This resulted in a lower rehab rate, even though the count of rehabs maintained steady growth.

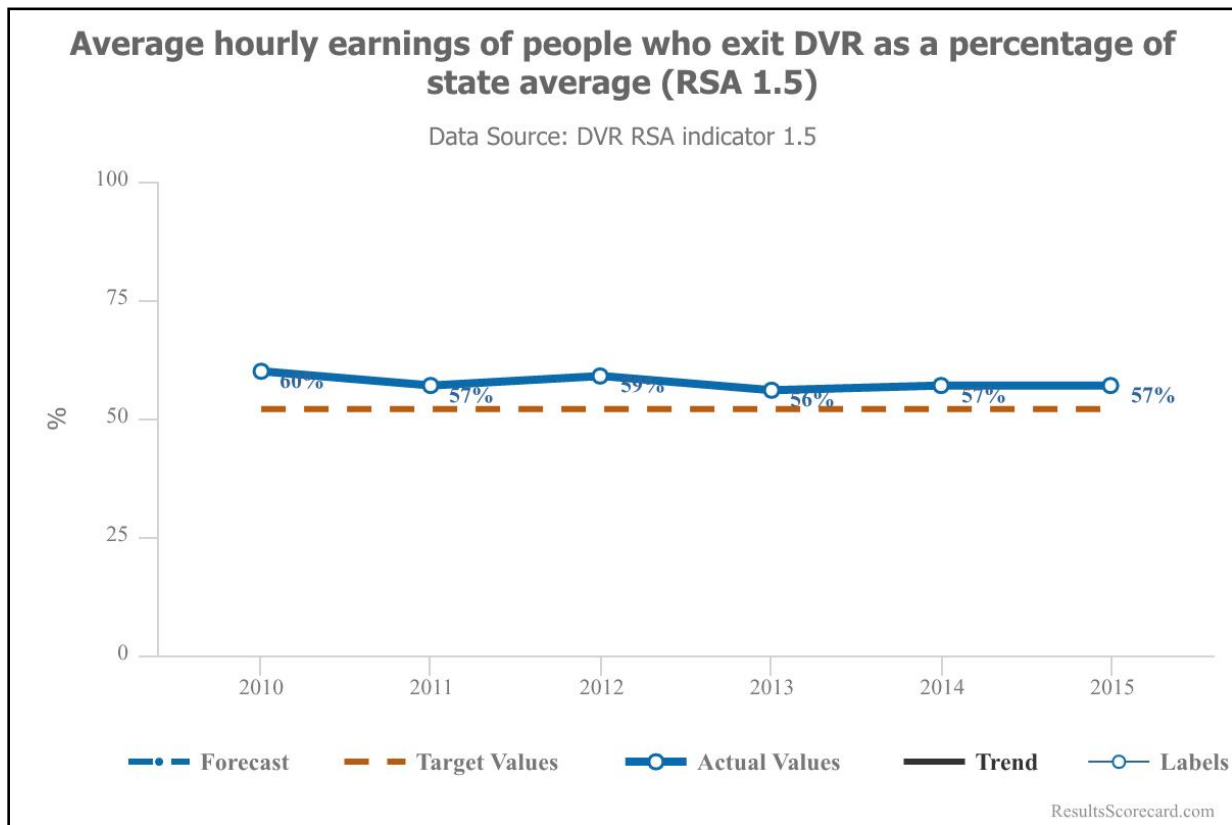
	<i>FFY 2011</i>	<i>FFY 2012</i>	<i>FFY 2013</i>	<i>FFY 2014</i>	<i>FFY 2015</i>
Employed Successfully at Closure	1,622	1,791	1,821	1,873	1,922
In DVR Plan with Services at Closure	2,713	3,071	3,153	3,235	3,719
Percentage Closed Successfully	59.8%	58.3%	57.8%	57.9%	51.7%



Target value is the federal standard.

Average hourly earnings of people who exit DVR with an employment outcome as a percentage of state average hourly earnings (RSA Indicator 1.5). This measure is calculated using Federal Department of Labor, Bureau of Labor Statistics data that are not yet available. As a result, this measure can only be calculated on a provisional basis for FFY 15.

	<i>FFY 2011</i>	<i>FFY 2012</i>	<i>FFY 2013</i>	<i>FFY 2014</i>	<i>FFY 2015 (estimate)</i>
Average Annual State Wage Current Year (Fiscal Year Wage) (Weighted Average)	\$ 39,815	\$ 40,716	\$ 41,795	\$ 42,549	\$ 43,618
Average Hourly State Wage Current Year (Fiscal Year Wage) (Weighted Average)	\$19.39	\$ 19.58	\$ 20.09	\$ 20.46	\$ 20.97
Ratio of Average Hourly VR Wage to Average State Wage	57%	59%	56%	57%	57%



Target value is the federal standard.

V. The Adult Services Division (ASD) is responsible for long-term services and supports for older Vermonters and adults with physical disabilities. This includes management of the Choices for Care (CFC) High and Highest Needs program, the Moderate Needs (CFC) program, the Money Follows the Person (MFP) project, the Attendant Services Program, Adult High Tech, Adult Day Services, Aging & Disabilities Resource Connections and other related contracts and grants. ASD is also responsible for management of the Vermont State Plan on Aging and all Older American’s Act (OAA) related services. ASD works with private organizations to provide a broad array of long term services and supports, including: residential support, community support, case management, family supports, respite, assistance with activities of daily living, assistive technology, nursing home level of care, rehabilitation services, support to live at home, information and referral, and personal care. (Appropriations 3460010000, 3460020000; Choices for Care in DVHA budget)

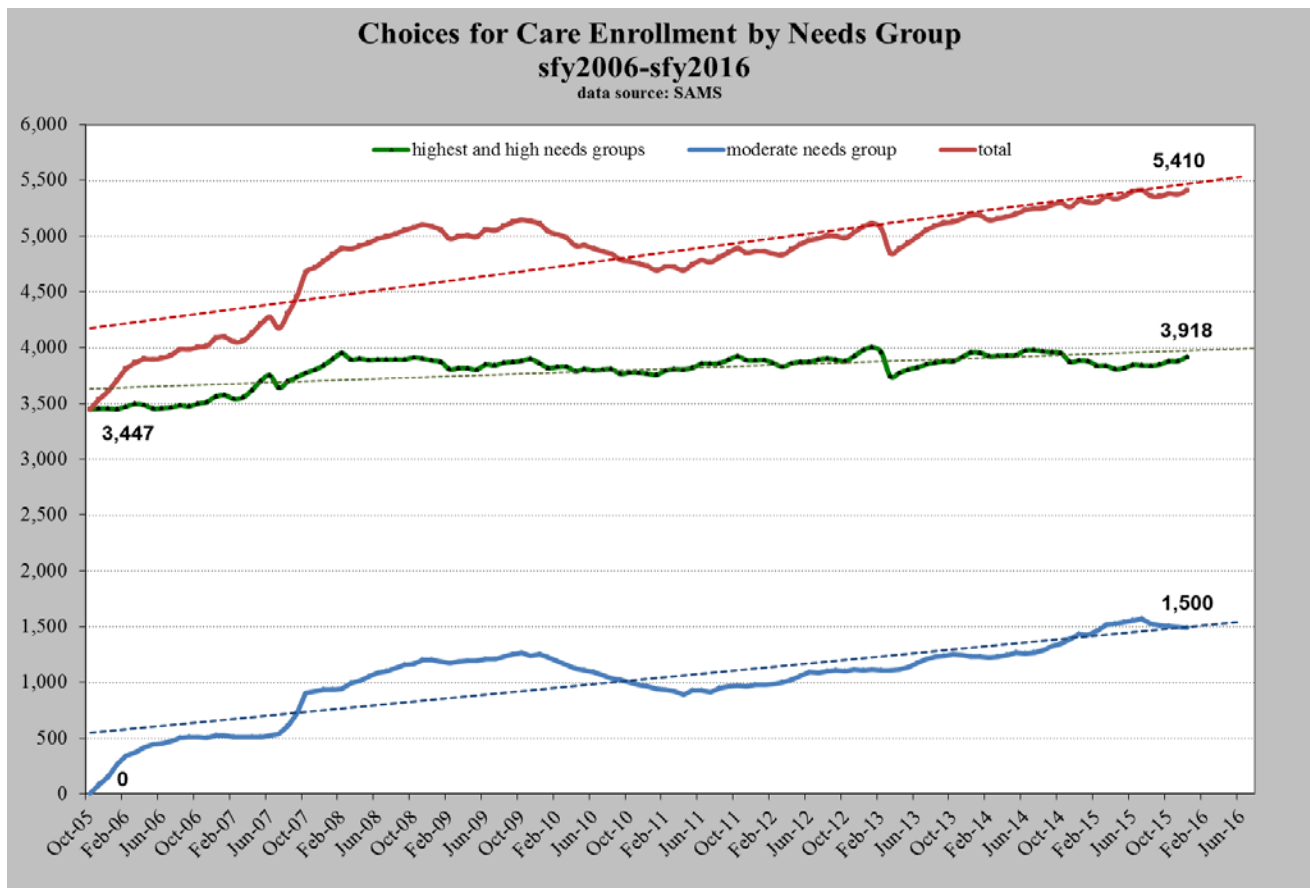
Choices for Care (CFC) is designed to support people to live in the settings of their choice. Vermonters who need long-term support services can choose to receive services in their own homes, nursing homes, Enhanced Residential Care (ERC) homes, or Adult Family Care (AFC) homes. The success of Choices for Care is measured against several core objectives,

incorporated into a Results Based Accountability (RBA) format. Initially, the program’s goal was to achieve a 60:40 balance between people receiving services in nursing homes and home- and community-based settings (HCBS). Having achieved this goal, a new target of 50:50 was established and surpassed in January 2014.

In January 2015, Choices for Care was consolidated into Vermont’s Global Commitment to Health waiver. The consolidation provides the State opportunities for administrative efficiencies and opportunities for program improvements across all “specialized services”.

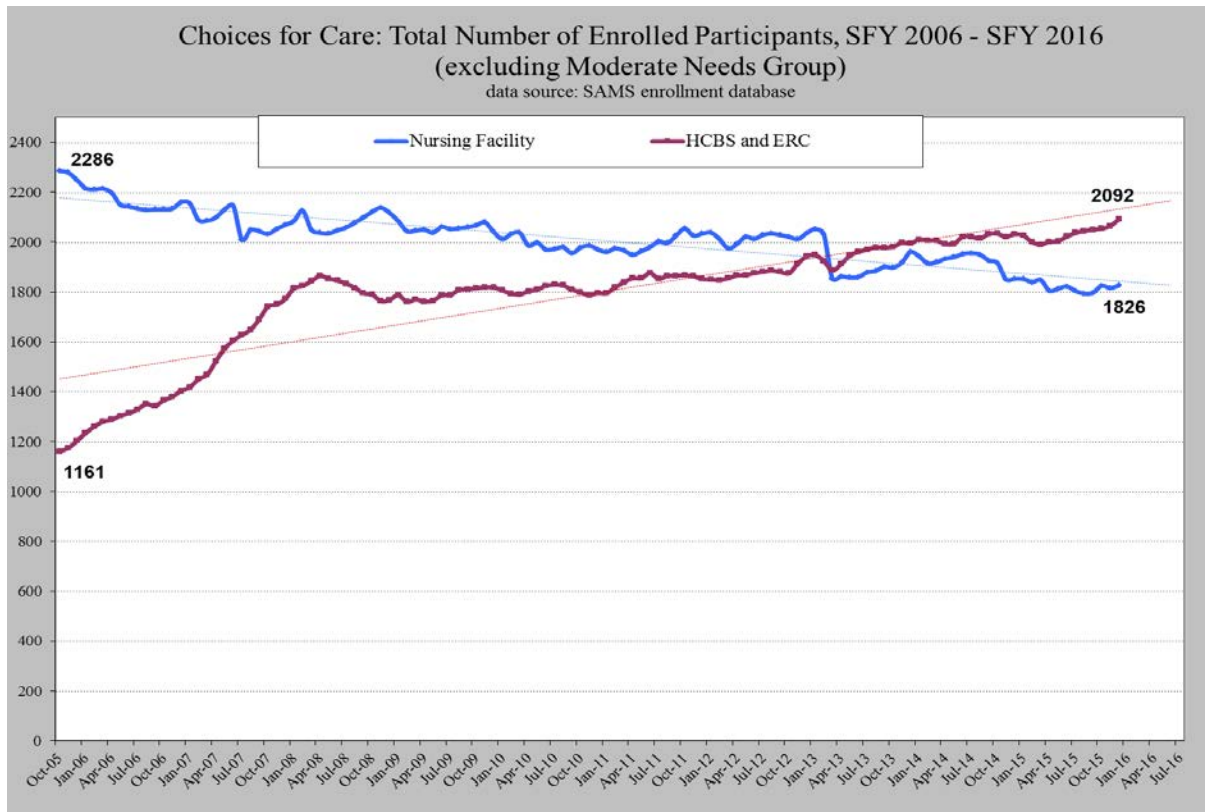
How many people we serve:

- July 2015, the total number of people enrolled in Choices for Care was 5,411, an increase of 168 people from the end of SFY 14. This is a 3% increase in total program participation.
 - High/Highest (Home, ERC, Nursing Facility) = 3,841 (71%)
 - Moderate Needs = 1,555 (29%)
- July 2015, Moderate Needs services saw a 13% growth.
- 80 people enrolled in MFP to receive help in transitioning from nursing home to community (10% increase from previous year)



How well we serve them:

- Consistent with individual choice, the percentage of people residing in nursing facilities continues to decline while the percentage of people served in alternative settings continues to increase. As of July 2015, about 53% of people enrolled in Choices for Care were served in a home-based or Enhanced Residential Care setting while 43% were served in a nursing facility.
- In SFY 15, CFC managed spending within the limits of available funding, with \$2.1 million carryforward.
- Choices for Care has eliminated the high needs waiting list for people who meet nursing home level of care criteria (high/highest needs clinical eligibility.)
- With limited funds, Moderate Needs providers continue to maintain regional wait lists of almost 500 people statewide.
- The number of people who are awaiting a DAIL clinical eligibility decision ('received' status) has decreased slightly over the past two years.
- Clinical eligibility decisions must be made within 30 days of receiving an application. Recent data shows that about 96% of clinical decisions are made within 30 days.
- In SFY 15, 75 people residing in nursing facilities transitioned with help from the Money Follows the Person project, to a CFC home and community based setting (42% increase from previous year)

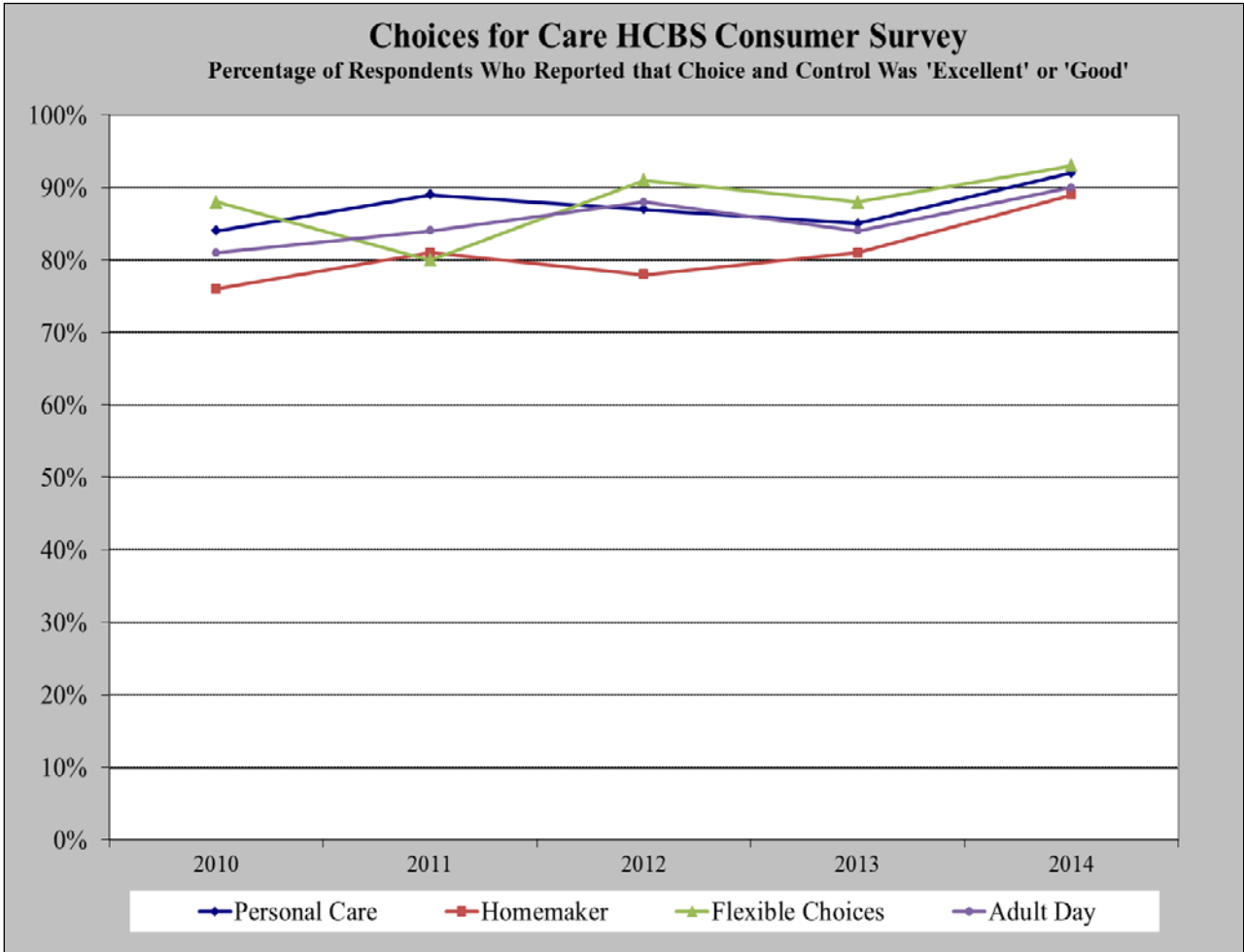


How people are better off:

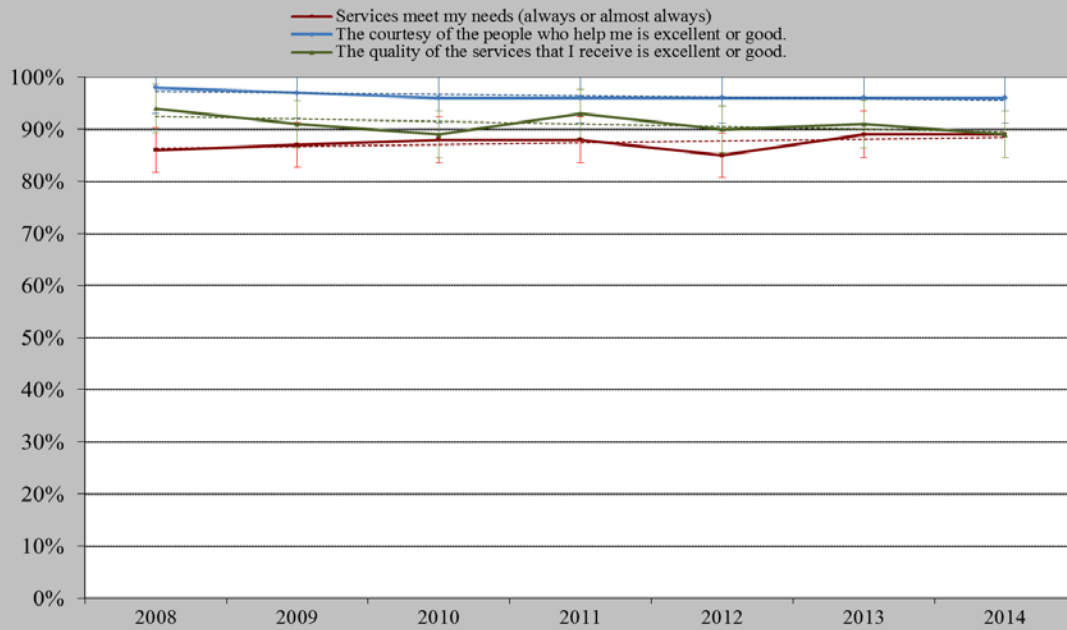
Highlights

- 88% of respondents who receive CFC home-based Personal Care services stated their services always or almost always met their needs. This is a decrease from 92% in the previous year.
- 89% of respondents who receive Moderate Needs Homemaker services stated their choice and control over planning was excellent or good. This is an increase from 81% in the previous year.
- 70% of respondents receiving CFC high/highest HCBS were satisfied with how they spend free time. This is an increase from 66% in the previous year.

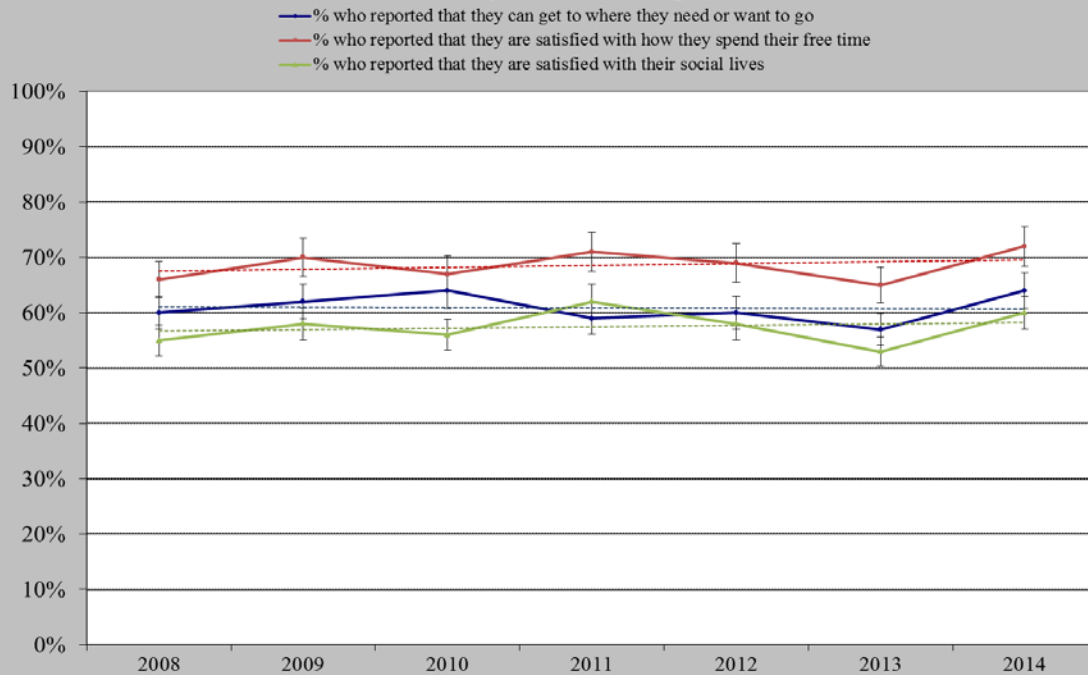
Additional data can be reviewed in the following three graphs. Complete data reports found at: <http://ddas.vt.gov/ddas-publications/publications-cfc/cfc-qrtrly-data-rprts/choices-for-care-data-report-july-2015>



DAIL LTSS HCBS Consumer Survey: CFC, ASP, TBI
Potentially "Promising" Results



DAIL LTSS HCBS Consumer Survey: CFC, ASP, TBI
Potentially "Concerning" Results



Choices for Care Summary - Expenses and # of People Served by Date of Service
 Department of Disabilities Aging and Independent Living Date 1/4/2015
 Source: HP Claims Analysis View Universe; DLB 1/4/2015
 Expenditures

	QE 9-30-13	QE 12-31-13	QE 3-31-14	QE 6-30-14	QE 9-30-14	QE 12-31-14	QE 3-31-15	QE 6-30-15	QE 9-30-15
Highest & High (includes all Case Management & Nursing Home)	\$44,988,043	\$45,057,050	\$44,641,172	\$44,345,549	\$47,064,058	\$45,778,687	\$45,900,564	\$44,841,245	\$44,867,805
Moderate	\$935,848	\$927,515	\$907,426	\$1,051,050	\$1,099,365	\$1,116,373	\$1,146,029	\$1,184,931	\$1,149,410
Total	\$45,923,891	\$45,984,565	\$45,548,598	\$45,396,599	\$48,163,423	\$46,895,060	\$47,046,593	\$46,026,176	\$46,017,215

Expenditures by Service Category

Nursing Home	\$30,707,281	\$31,227,677	\$29,651,641	\$29,981,452	\$31,397,458	\$30,854,845	\$29,824,521	\$29,495,996	\$29,574,032
Adult Day (Moderate, High&Highest)	\$1,261,934	\$1,165,882	\$1,080,164	\$1,279,302	\$1,276,089	\$1,156,374	\$1,056,233	\$1,125,850	\$1,140,543
Case Management (HHA & AAA)	\$975,909	\$916,048	\$1,082,882	\$1,104,303	\$1,059,132	\$1,009,235	\$1,122,176	\$1,103,623	\$964,932
Homemaker	\$564,603	\$583,893	\$568,460	\$626,113	\$650,016	\$678,840	\$721,193	\$763,794	\$724,134
Respite/Companion	\$2,013,315	\$2,013,135	\$2,548,824	\$1,993,880	\$2,481,391	\$2,301,855	\$2,877,740	\$2,283,482	\$2,200,414
Enhanced Residential Care	\$2,355,297	\$2,357,709	\$0.2293334	\$2,343,941	\$2,469,590	\$2,542,302	\$2,514,338	\$2,627,485	\$2,662,581
Personal Care (by Agency)	\$3,835,268	\$3,982,717	\$3,916,962	\$4,028,424	\$4,186,280	\$4,235,083	\$4,209,400	\$4,327,998	\$4,415,740
Personal Care (Self Directed)	\$3,033,539	\$2,682,768	\$3,131,333	\$2,752,809	\$3,329,016	\$2,865,347	\$3,227,779	\$2,795,047	\$2,987,478
Flexible Choices	\$940,735	\$811,207	\$1,049,028	\$1,058,198	\$1,080,820	\$1,008,774	\$1,259,249	\$1,255,481	\$1,114,557
Misc (Assistive Devices, Emergency Response Systems, ISO)	\$236,010	\$243,529	\$225,970	\$228,177	\$233,631	\$242,405	\$233,964	\$247,420	\$232,804
Total	\$45,923,891	\$45,984,565	\$45,548,598	\$45,396,599	\$48,163,423	\$46,895,060	\$47,046,593	\$46,026,176	\$46,017,215

People Served

* Highest & High (includes all Case Management)	5,313	5,270	5,344	5,389	5,452	5,512	5,729	5,648	5,483
**Moderate	1,166	1,154	1,140	1,245	1,249	1,301	1,333	1,353	1,292
Total	5,466	5,460	5,473	5,552	5,651	5,720	5,857	5,799	5,669

Who are counted in Moderate needs.

**People in Moderate needs are also counted in Highest High due to universal case management code.

People Served by Service Category

Nursing Home	2,310	2,323	2,306	2,286	2,292	2,257	2,302	2,232	2,167
Adult Day (Moderate, High&Highest)	404	408	385	420	415	419	384	377	384
Case Management (HHA & AAA)	3,041	2,973	3,083	3,156	3,202	3,243	3,420	3,394	2,816
Homemaker	1,060	1,046	1,036	1,096	1,133	1,175	1,212	1,237	1,182
Respite/Companion	1,109	1,047	1,123	1,111	1,127	1,054	1,133	1,108	1,100
Enhanced Residential Care	490	485	477	482	493	503	509	516	501
Personal Care (by Agency)	766	752	763	796	783	792	788	792	791
Personal Care (Self Directed)	809	805	808	817	847	821	815	812	842
Flexible Choices	126	120	128	163	217	294	379	448	381
Misc (Assistive Devices, Emergency Response Systems, ISO)	1,252	1,274	1,260	1,281	1,283	1,290	1,250	1,243	1,251
Total	5,466	5,460	5,473	5,552	5,651	5,720	5,857	5,799	5,669

Older American's Act (OAA) Services and Related Activities: Vermont enhances the federally funded OAA work by funding services through the Area Agencies on Aging (AAA's) to support caregiver respite for people with dementia, support for people who self-neglect, and senior nutrition services through the Vermont Food Bank and Northeastern Organic Farm Association.

In November 2015, management of the Older American's Act and related work was reorganized to a new team within ASD, providing the needed support and leadership for key OAA activities including the Vermont State Plan on Aging. The OAA services support Vermonters age 60 and older and are designed to help older Vermonters remain as independent as possible and to experience a high quality of life. Services are provided through Vermont's five AAA's, Aging & Disabilities Resource Connections, Vermont Legal Aid and include:

- Aging & Disabilities Resource Connections (ADRC)
- Information, Referral & Assistance
- Options Counseling
- Case Management
- Dementia Respite and Family Caregiver Support
- Health and Wellness
- Health Insurance Counseling
- Home Delivered Meals
- Legal assistance
- Nutrition Services
- State Long-Term Care Ombudsman

How many people we serve:

- 59,495 Vermonters over the age of 60 received services in FFY 14
- 4,715 seniors received home delivered meals in FFY 14 (4% increase)
- 467 younger people with a disability received home delivered meals through the Vermont Center for Independent Living (VCIL) in SFY 15 (7% increase)
- 10,657 Vermonters participated in community meals in FFY 14 (5% decrease)
- 385,695 community meals were served in FFY 14 (1% increase)
- 2,370 Vermonters served in the Senior Farmer's Market Nutrition Program
- 3,075 Vermonters served each month in FFY 14 with Commodity Supplemental Foods (3% increase)
- 245 family caregivers received Dementia Respite Grant funding (9% decrease)
- 398 family caregivers received services from National Family Caregiver Support Program (22% decrease)
- 468 Vermonters served by the Eldercare Clinician Program in SFY 15 (8% decline from previous year)

How well we serve them:

The new State Unit on Aging team is working closely with the Area Agencies on Aging and partners to identify outcomes and targets that relate directly to the four key goals of the Vermont State Plan on Aging (2015-2017).

Goal #1: Decrease the impacts of poverty on Older Vermonters and Vermonters with disabilities and support pathways out of poverty.

Goal #2: Promote the health, wellbeing and safety of older Vermonters.

Goal #3: Enhance the Vermont aging network's focus on program effectiveness and accountability for outcomes.

Goal #4: Older Vermonters have access to high quality, person-centered, evidence-based or evidence-informed dementia care services, mental health and substance abuse services and health care.

It is expected that by July 2016, the AAA partners will have established a core set of outcomes in the RBA framework.

How people are better off:

According to the Consumer Satisfaction Survey (2014):

- 89% of respondents say the quality of the meal is excellent or good
- 73% of respondents say their meal always or usually tastes good

Traumatic Brain Injury Program: The Traumatic Brain Injury (TBI) Program transitions to the Adult Services Division in January 2016. The program serves Vermonters with moderate to severe brain injuries, diverting or returning them from hospitals and facilities to community-based settings. The TBI Program focuses on independent living, with increased emphasis on rehabilitation culminating in graduation from the TBI Program. In SFY 15 the program was selected to participate in the Department of Finance and Management's Performance Measurement Pilot Project. As part of this pilot program, we began measuring performance related to: employment; transitioning people who reach their maximum rehabilitation potential to independent living; and transitioning people who have reached their maximum rehabilitation potential but who have a continued need for services.

How many people we serve:

In SFY 15 the program served 82 people.

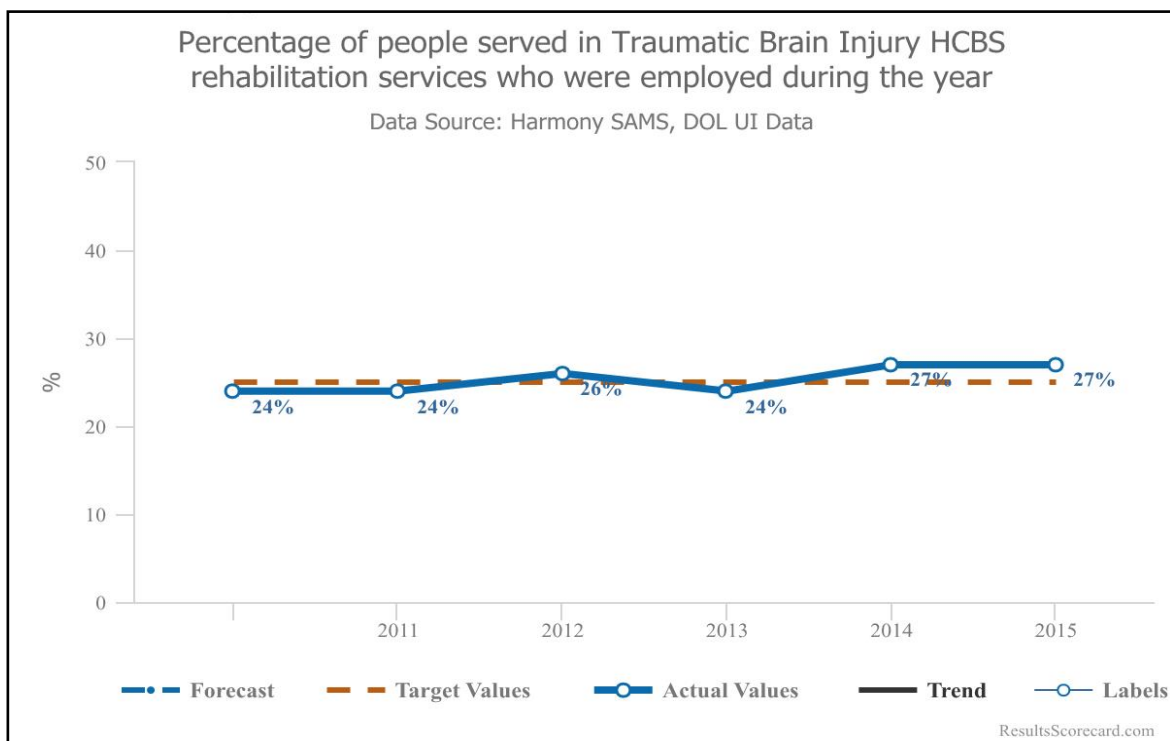
How well we serve them:

One of the goals of the TBI program is to prevent the need for a person to go to a specialized out of state facility. In SFY 15, the average cost per person of providing TBI services was approximately \$194/day. Though this amount exceeded the average cost per person in-state Vermont nursing home (\$171/day), the average cost per person of providing TBI service in an out of state specialty rehab facility is approximately \$450 per day or

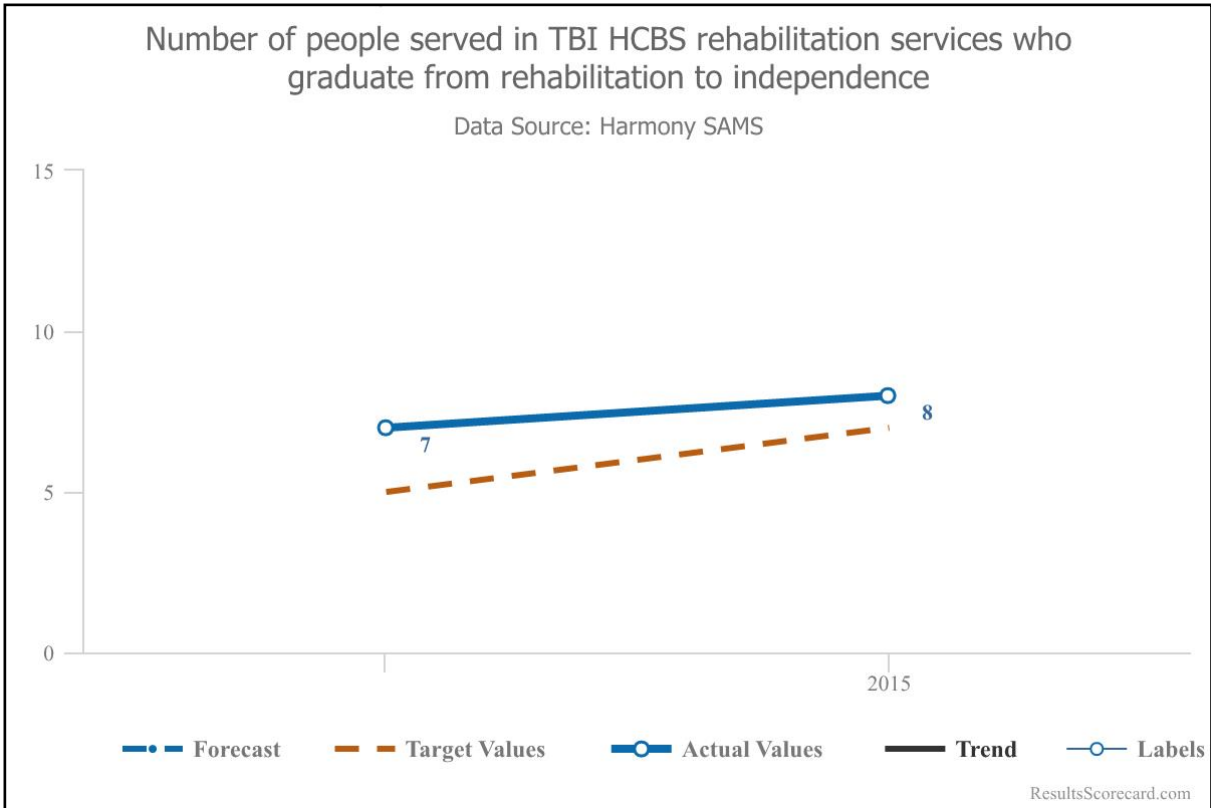
greater, which is about \$256/day or 132% more than the average cost per day of providing TBI community-based services in Vermont. Each person that is successfully diverted from a specialized out-of-state facility avoids additional costs of approximately \$93,000 per year.

How people are better off:

- 27% of people served in TBI home and community-based services rehabilitation services were employed in SFY 15.
- 8 people served in the rehabilitation program met their rehabilitation goals and graduated to independent living in SFY 15.
- 6 people served met their maximum rehabilitation potential and transitioned to Choices for Care in SFY 15.



Target value is the rate established as the statewide goal.



Target value is the number established as the statewide goal.

Budget Testimony – Additional Information

- **Crosswalk Spreadsheet (UPS and DOWNS)** - The requested SFY 17 Budget Development Form provides the information requested by the Appropriation Committees. This was previously sent by the Agency of Human Services central office.
- **Additional Requested Information (VANTAGE REPORTS)** - The requested forms, which were not included in the AHS Budget Books, are included in the attached packet of information.

Budget Fact Sheet

- SFY 17 TOTAL DAIL PROPOSED BUDGET - \$453,019,736
 - General Fund – 4.88%
 - Global Commitment – 87.91%
 - Federal Fund – 5.94%
 - Special and Interdepartmental Funds – 1.27%

SFY 17 DAIL PROPOSED BUDGET BY DIVISION						
DIVISION		TOTAL	% of	Fund Split		
				GF	GC	Federal/Other
1)	Disabilities Services Division	\$ 199,788,577	44.10%	0.97%	98.64%	0.39%
	(includes DS Waiver)					
2)	Adult Services Division	\$ 217,474,364	48.01%	4.78%	3.47%	91.75%
	(includes AAA, Attendant Services Programs, Day Health Rehab Services and Choices for Care)					
3)	Vocational Rehabilitation	\$ 23,867,589	5.27%	14.55%	0.00%	85.45%
4)	Blind and Visually Impaired	\$ 2,455,417	0.54%	21.69%	10.64%	67.67%
5)	Licensing and Protection	\$ 4,042,035	0.89%	51.33%	3.49%	45.18%
6)	Commissioner's Office	\$ 5,391,754	1.19%	87.34%	2.29%	10.37%
	Totals	\$ 453,019,736	100%			

Summary of Changes from SFY 16 Budget to SFY 17 Proposed Budget

Total Change SFY 16 to SFY 17 Recommended Budget	\$13,650,331
(Gross Dollars)	
DAIL SFY 17 Ups & Downs	\$8,863,348
DVHA SFY 17 Ups & Downs (Long Term Care portion Choices for Care)	\$4,786,983
DAIL Administration & Support Section	
Total SFY 16 Base Appropriation	\$33,898,596
SFY 17 increase in Administration & Support	\$ 918,248
SFY17 Recommend	\$34,816,844
Positions: Current positions = 281 (286 employees as 6 positions are shared)	
Disabilites, Aging, and Independent Living – Aging and Adult Services Grants	
Total SFY 16 Base Appropriation	\$20,560,309
Proposed Changes:	
Appropriation fund adjustment due to GC and CFC waiver consolidation – net neutral	\$ 0
SFY 17 Recommend	\$20,560,309
Blind and Visually Impaired Division	
SFY 16 Base Appropriation	\$1,411,457
no changes	
SFY 17 Recommend	\$1,411,457
Vocational Rehabilitation Division	
SFY 16 Base Appropriation	\$8,972,255
no changes	
SFY 17 Recommend	\$8,972,255
Developmental Services Appropriation	
SFY 16 Base Appropriation	\$186,372,573
Caseload - general and high school graduates	\$6,022,720
Caseload - Public Safety/Act 248	\$1,973,676
Transfer of On Deposit Waiver funds – to DCF (AHS Net Neutral) [BAA Item]	(\$400,000)

Minimum Wage increase – Daily Respite	\$348,704
SFY 17 Recommend	\$194,317,673
Traumatic Brain Injury (TBI) Program	
SFY 16 Base Appropriation	\$5,647,336
no changes	
SFY 17 Recommend	\$ 5,647,336

Programs Managed by DAIL, but Appropriated to DVHA	
Choices for Care (CFC) 1115 Demonstration Waiver	
<i>(appears in DVHA's budget)</i>	
<p>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.</p> <p>Once we have our final SFY 17 budget, we will develop a plan for that fiscal year.</p>	
SFY 16 Base Appropriation (not including ute portion)	\$182,506,879
Statutory Nursing Home rate increases (net of reduction due to decrease in utilization)	\$1,439,842
Moderate Needs – backfilling SFY16 one-time funds	\$1,241,748
H&CB caseload pressure (not including Moderate Needs)	\$2,550,393
Anticipated SFY 16 carryforward into SFY 17	(\$445,000)
SFY 17 Recommend (not including acute care)	\$187,293,862

**DEPARTMENT OF DISABILITIES, AGING, & INDEPENDENT LIVING
ADMINISTRATION BUDGET BY DIVISIONS SFY 17**

	TOTAL	VR	DBVI	DDSD	ASD	L & P	Com office	TOTAL
PERSONAL SERVICES DETAIL								
Classified Salary Total	16,899,141	7,381,862	578,614	2,841,010	1,995,188	2,479,256	1,623,211	16,899,141
Exempt Salary Total	561,515	-	-	-	92,518	-	468,997	561,515
Salary Total	17,460,656	7,381,862	578,614	2,841,010	2,087,706	2,479,256	2,092,208	17,460,656
FICA	1,335,630	564,616	44,264	217,337	152,450	189,663	167,300	1,335,630
HEALTH	3,899,072	1,860,709	115,262	583,420	427,518	512,283	399,880	3,899,072
RETIREMENT	3,050,371	1,289,635	101,084	496,324	348,145	433,126	382,057	3,050,371
DENTAL	226,590	106,194	9,635	31,098	25,747	27,209	26,707	226,590
LIFE	62,174	26,295	2,060	10,114	7,094	8,826	7,785	62,174
LTD	4,700	1,674	193	390	355	177	1,911	4,700
EAP	8,580	3,930	300	1,290	960	1,140	960	8,580
Fringe Benefits Total	8,587,117	3,853,053	272,798	1,339,973	962,269	1,172,424	986,600	8,587,117
Unemployment	135,418	11,151	696	66,630	53,467	1,925	1,549	135,418
WC/ Other Ins	307,410	-	-	-	-	-	307,410	307,410
Emp room allowance	15,470	-	-	8,583	6,887	-	-	15,470
Tuition	40,000	36,000	4,000	-	-	-	-	40,000
Overtime	50,000	20,999	2,080	6,965	9,583	5,754	4,618	50,000
Temp Employee	68,310	43,918	-	8,125	6,520	9,747	-	68,310
Contracts	3,385,973	1,501,091	30,483	854,708	685,862	168,686	145,143	3,385,973
Employment Training Specialist	200,000	195,000	5,000	-	-	-	-	200,000
Vacancy Savings	(644,563)	(328,694)	(18,499)	(90,891)	(68,338)	(75,528)	(62,613)	(644,563)
Sub-Total Misc Personal Services	3,558,018	1,479,465	23,759	854,120	693,982	110,584	396,107	3,558,018
TOTAL PERSONAL SERVICES	29,605,791	12,714,380	875,171	5,035,103	3,743,957	3,762,264	3,474,915	29,605,791
Number of positions by Division	281	126	10	43	32	38	32	281
OPERATING DETAIL								
	TOTAL	VR	DBVI	DDSD	ASD	L & P	Com office	TOTAL
Repair & Maint - Buildings	27,000	15,172	1,458	1,798	1,442	2,000	5,130	27,000
RENTALS	1,224,991	1,031,095	78,937	86,294	-	-	28,665	1,224,991
Rentals - Auto & Other	35,036	12,992	1,414	1,744	1,399	3,667	13,820	35,036
Fee for Space	1,041,126	373,676	13,409	50,078	67,487	-	536,476	1,041,126
Insurance other than Empl Bene	34,646	1,510	2,297	2,812	2,257	17,734	8,036	34,646
Insurance	34,698	0	0	-	-	0	34,698	34,698
Dues	44,000	2,984	2,376	2,929	2,351	25,000	8,360	44,000
Advertising	50,000	27,800	2,700	3,329	2,671	4,000	9,500	50,000
Communications	221,528	88,475	6,963	54,158	30,842	4,000	37,090	221,528
data circuits, internet	43,000	23,348	2,322	2,863	2,297	4,000	8,170	43,000
DII Assessment	561,020	-	-	-	-	-	561,020	561,020
Printing and Binding	200,000	102,200	10,800	16,089	12,911	20,000	38,000	200,000
Registration for Meetings&Conf	60,000	29,760	3,240	3,994	3,206	8,400	11,400	60,000
Postage	105,642	52,398	5,705	7,033	5,644	14,790	20,072	105,642
Travel - Total	623,994	213,675	17,436	169,414	69,698	128,760	25,011	623,994
Other Purchased Services	20,000	9,920	1,080	1,332	1,068	2,800	3,800	20,000
Evaluations	20,000	9,920	1,080	1,332	1,068	2,800	3,800	20,000
Office Supplies	120,000	58,520	6,480	10,763	8,637	12,800	22,800	120,000
Other General Supplies	16,000	7,936	864	1,065	855	2,240	3,040	16,000
Food	5,000	2,480	270	333	267	700	950	5,000
Educational Supplies	18,000	8,928	972	1,198	962	2,520	3,420	18,000
Subscriptions	14,500	7,192	783	965	775	2,030	2,755	14,500
Data Processing Supplies	8,000	3,968	432	533	427	1,120	1,520	8,000
Electricity	6,500	3,224	351	433	347	910	1,235	6,500
Furniture & Fixtures	33,000	16,368	1,782	2,197	1,763	4,620	6,270	33,000
Other Equipment	20,000	4,920	1,080	1,332	1,068	2,800	8,800	20,000
Information Technology Equip	85,000	33,780	670	6,990	5,610	5,000	32,950	85,000
InfoTech Purchases-Software	63,000	37,720	3,780	4,660	3,740	6,800	6,300	63,000
Vision Assessment	340,683	-	-	-	-	-	340,683	340,683
HR Services	132,689	-	-	-	-	-	132,689	132,689
Other Operating	2,000	992	108	133	107	280	380	2,000
TOTAL	5,211,053	2,180,954	168,788	435,801	228,900	279,771	1,916,840	5,211,053
TOTAL ADMINISTRATION	34,816,844	14,895,334	1,043,960	5,470,904	3,972,857	4,042,035	5,391,755	34,816,844

**DEPARTMENT OF DISABILITIES, AGING, & INDEPENDENT LIVING
ADMINISTRATION BUDGET BY DIVISIONS SFY17**

ADMINISTRATION - RECEIPTS	Total	VR	DBVI	DDSD	ASD	L & P	COMM	TOTAL
<u>FEDERAL FUNDS</u>								
TITLE 18 SURVEY & CERT; 93.777	1,216,000					1,216,000		1,216,000
TITLE 19 SURVEY & CERT; 93.777	506,000					506,000		506,000
IND LIVING PART B; 84.169	120,000	120,000						120,000
TITLE III E; 93.052	433,000				20,000		413,000	433,000
SECTION 110; 84.126	8,438,161	8,438,161						8,438,161
VR TRAINING GRANT; 84.126	110,000	80,000	30,000					110,000
SECTION 110 DBVI; 84.126	789,802		789,802					789,802
TBI Grants; 93.234	59,094	59,094						59,094
Senior Employment; 17.235	3,002			3,002				3,002
ASSISTIVE TECH. GRANT; 84.224	457,000	457,000						457,000
CLIA; 93.777	4,000					4,000		4,000
SHIP; 93.779	8,000				8,000			8,000
VR Social Security Grant; 96.007	148,000	148,000						148,000
Money Follows the Person; 93.971	573,000				573,000			573,000
DDHS ADRC; 93.048	28,000				28,000			28,000
Social Services Block Grant; 93.667	380,107			380,107				380,107
SIMS Grant; 93.624	146,000						146,000	146,000
WIPA; 96.008	72,709	72,709						72,709
Total Federal	13,491,875	9,374,964	819,802	383,109	629,000	1,726,000	559,000	13,491,875
<u>Special Funds</u>								
VR FEES (EAP & AT)	1,318,889	1,318,889	0					1,318,889
VENDING	24,568	0	24,568					24,568
CONFERENCE FEES	47,000	3,000	0	24,411	19,589			47,000
Total Special	1,390,457	1,321,889	24,568	24,411	19,589	-	-	1,390,457
<u>Interdepartmental Transfers</u>								
SNAP; 03440	946,284	946,284						946,284
Welfare to Work; 03440	20,000	20,000						20,000
DOH Hospital Surveyor; 03420	100,000					100,000		100,000
Total IntraUnit	1,066,284	966,284	-	-	-	100,000	-	1,066,284
Global Commitment	7,230,839	1,132,197	16,240	3,284,652	2,533,361	141,101	123,289	7,230,840
General Fund	11,637,389	2,100,000	183,350	1,778,732	790,907	2,074,934	4,709,466	11,637,389
TOTAL RECEIPTS	34,816,844	14,895,334	1,043,960	5,470,904	3,972,857	4,042,035	5,391,755	34,816,844

DAIL State Fiscal Year 2016 Program Summary			
<i>All data is for SFY 15 unless otherwise noted</i>			
Whom We Serve	Program Description	Performance Measures	SFY 17 Proposed
People age 60 and over and adults with disabilities	Support and Services at Home (SASH): Statewide Residential-based coordination of health and other services for seniors and/or people with disabilities. Services include case management, health care coordination, nutrition assistance, and disease and falls prevention activities.	Performance (SFY2015): SASH operates 540 active ‘panels’ in affordable housing communities, with the capacity to serve 5,400 participants. Performance: <ul style="list-style-type: none"> • The percentage of participants experiencing falls: 2012: 31% (N=1057, n=328) 2013: 33% (N=1031, n=341) 2014: 37% (N=971, n=359) 2015: 28% (N=831, n=233) • The percentage of participants with an advance directive: 2012: 26% (N=1057, n=275) 2013: 44% (N= 1031, n=454) 2014: 53% (N=971, n=515) 2015: 67% (N=831, n=557) 	\$974,023 GC/MCO All inclusive
People with disabilities	Home Access Program (HAP): 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.	Performance (SFY 2015): VHCB manages the Home Access Program grant and performance measures.	\$100,000
People age 60 and over and adults with disabilities	Homesharing: DAIL supports two innovative Homeshare Programs in Vermont: HomeShare Vermont is active in Addison, Chittenden and Grand Isle Counties; HomeShare Now is active in Washington and Orange Counties. “Homesharing” arranges live-in ‘matches’ between Vermonters who have a living space to share and others who need a place to live and can	Performance (SFY 15): <ul style="list-style-type: none"> • 191 Vermonters in ‘matches’ • 169 Vermonters provided affordable housing • 100% of people matched reported perceived benefits in at least one quality of life measure such as sleeping better, feeling 	\$327,163 GC/MCO

DAIL State Fiscal Year 2016 Program Summary			
<i>All data is for SFY 15 unless otherwise noted</i>			
Whom We Serve	Program Description	Performance Measures	SFY 17 Proposed
	offer support (such as personal care, housekeeping, and socialization). HomeShare Vermont also helps seniors and people with disabilities find paid caregivers to help them remain in their homes. The Homeshare Programs have been successful in helping people stay in their own homes, as well as in helping people find affordable housing.	<p>safer, eating better, happier, get out more and call family for help less often.</p> <ul style="list-style-type: none"> • 26% of matched home providers reported that they would be unable to remain safely and comfortably at home had they not received a home sharer 	
People age 60 and over and adults with disabilities	State Long Term Care Ombudsman Program 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 CFC 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.	<p>Performance (FFY 15):</p> <ul style="list-style-type: none"> • Responded to 543 complaints (4% increase from FFY 14) • Approximately 14% related to HCBS • Provided 413 consultations to individuals (25% decrease from FFY 14) • Provided 172 consultations to long term care service providers (33% decrease from FFY 14) • Approximately 87% of complaints were fully or partially resolved to the satisfaction of the individuals receiving services which is well above the 75% target and national average (3% increase from FFY 14) • Made 1,087 non-complaint related visits to maintain a presence in facilities 	<p>\$702,743 Total</p> <p>a) \$88,344 GF</p> <p>b) \$302,928 FF</p> <p>c) \$141,481 GC</p> <p>d) \$169,990 CFC/GC</p>

DAIL State Fiscal Year 2016 Program Summary			
<i>All data is for SFY 15 unless otherwise noted</i>			
Whom We Serve	Program Description	Performance Measures	SFY 17 Proposed
	Division for the Blind and Visually Impaired		
People who are blind or visually impaired	Employment and Vision Rehabilitation. Federal law - 29 United States Code (U. S. C), chapter 16	Performance (FFY 15): <ul style="list-style-type: none"> • 350 people served • Employment rate 73% (national standard is 67%) • 79% earned more than the state average earnings (national standard is 59%) • 95% of people were satisfied with services • 94% of people said they got the results they wanted 	\$1,061,007 Gross
People who are blind or visually impaired	Independent Living Services provides people who are blind or visually impaired learn skills to remain independent in their homes and communities.	Performance (FFY 15): <ul style="list-style-type: none"> • 88 people were served. 	\$85,000 Gross
People with the most significant visual impairments	Randolph/Sheppard Program 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.)	Performance (FFY 15): <ul style="list-style-type: none"> • 4 individuals who operate small café and vending businesses on state and federal property • Gross earnings for blind business owners increased 1% 	\$223,450 Gross
	Adult Services Division		
People age 60 and over	Older Americans Act 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	Performance (FFY 15): 60,732 people served <ul style="list-style-type: none"> • 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 	Approx \$11M Total Approx \$4.9M GF

DAIL State Fiscal Year 2016 Program Summary			
<i>All data is for SFY 15 unless otherwise noted</i>			
Whom We Serve	Program Description	Performance Measures	SFY 17 Proposed
	prevention, and legal services. Federal law- 42 U.S.C 3001, et.seq.	individual AAA and approved by DAIL. AAAs continue work including Results Based Accountability (RBA) to demonstrate performance and are in the process of developing statewide, consolidated RBA outcomes and measures to be complete by June 2016.	
People age 60 and over, adults with disabilities, and their families	<p><i>Aging and Disabilities Resource Connection (ADRC)</i> is comprised of ten core partners serving the State of Vermont as the primary points of access through a No Wrong Door model for all individuals seeking information about and access to long term services and supports. The ADRC partners collectively provide information and assistance, options counseling and decision support, assistance in accessing publicly and non-publicly funded services, and transitions from hospital and nursing home to the community. In 2015, the ADRC partners transitioned from using the REFER database to the SAMS database which will provide more consistent use of documentation tools, data collection and reporting for partners and the State.</p> <p>The ADRC is involved in pilot projects in including a Medicaid Reimbursement Pilot Project and a Care Transitions Pilot.</p>	<p>Performance (FFY 15):</p> <ul style="list-style-type: none"> • In December 2015, over 500 people were active recipients of Options Counseling (Source: SAMS active enrollments and partner data reporting) • 211 provided IR&A to approximately 500 people with disabilities and approximately 3,500 people 60 or older. (Source: Partner data reporting) • <u>Medicaid Reimbursement Pilot:</u> • A total of 430 people were served from February 1, 2014 – October 21, 2015. • 76% decrease in the number of days a new CFC applicant waited from the date of their application • Preliminary results suggest that new applications approved in 90 days or less were associated with lower Medicaid costs than 	Approximately \$700K federal funds

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Whom We Serve	Program Description	Performance Measures	SFY 17 Proposed
		<p>those applications that were approved in more than 90 days</p> <p><u>Care Transitions Pilot:</u> The Bennington pilot showed a decline in the median hospital readmission rate from 41.1% to 15.5%, which translates to a potential monthly median cost savings and/or avoidance of \$64,000.</p> <p><u>Veterans Independence Program (VIP):</u></p> <ul style="list-style-type: none"> • 46 Veterans served 	
People age 60 and over, adults with physical disabilities, and their families	<p>Choices for Care provides a range of services to support people living at home, in an Enhanced Residential Care Home, Adult Family Care or in a nursing facility.</p> <p>Vermont Choices for Care regulations.</p>	<p>Performance (SFY 15):</p> <ul style="list-style-type: none"> • At the end of SFY 15, the total number of people enrolled in CFC was 5,411, an increase of 168 people from the end of SFY 14. This is a 3% increase in total participation. Consistent with individual choice, the percentage of people residing in nursing facilities continues to decline while the percentage of people served in alternative settings continues to increase. As of July 2015, about 53% of people enrolled in Choices for Care were served in a home-based or an ERC setting while 43% were served in a nursing facility. In SFY 15, CFC managed spending within the limits of available funding, with \$2.1 million carryforward. 	<p>DVHA appropriation (LTC component) \$187,293,862 Gross</p>

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		<ul style="list-style-type: none"> • In SFY 15, Moderate Needs services saw a 13% growth, serving about 1,555 people. • With limited funds, Moderate Needs providers continue to maintain regional wait lists of almost 500 people statewide. • 89% of respondents who receive Moderate Needs Homemaker services stated their choice and control over planning was excellent or good. This is an increase from 81% in the previous year. • 88% of respondents who receive CFC HCBS Personal Care services stated their services always or almost always met their needs. This is a decrease from 92% in the previous year. • 92% of respondents who receive CFC HCBS Personal Care services said choices and control over planning was excellent or good. • 73% of respondents who receive CFC Adult Family Care said choice and control over planning was excellent or good. • 70% of respondents receiving CFC high/highest HCBS were 	

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		<p>satisfied with how they spend free time. This is an increase from 66% in the previous year.</p> <ul style="list-style-type: none"> 71% of CFC high/highest HCBS respondents were satisfied with the amount of contact they had with family and friends. This is an increase from 68% in the previous year. 	
People transitioning from nursing homes to the community	<p>Money Follows the Person (MFP) Grant 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 HCBS; 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.</p>	<p>Performance (SFY 15):</p> <ul style="list-style-type: none"> 68 nursing facility residents were educated about MFP 80 people enrolled in MFP (10% increase from previous year) 75 people residing in nursing facilities transitioned to a home and community based setting (42% increase from previous year) 32 people graduated from MFP by completing 365 days of living in a home and community based setting. (39% increase from previous year) Since the beginning of MFP, a total of 336 people have enrolled, 214 participants have transitioned to the community, and 88 participants have graduated from MFP based on length of stay in a community 	<p>MFP expenses in the DVHA budget. Administrative expenses in DAIL (100% Federal Funds)</p>

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		setting.	
Adults with physical and/or cognitive impairments	<p>Adult Day Services is a community-based non-residential service that assists individuals to remain as active in their communities by maximizing health, independence and optimal functioning.</p> <p>Vermont Global Commitment to Health regulations; Vermont Choices for Care regulations.</p>	<p>Performance (SFY 15): VT Medicaid supported an average of 504 people per month, (29% CFC Moderate Needs, 41% CFC Highest/High needs, and 31% Day Health Rehabilitation Services) A 2015 Consumer Satisfaction Survey:</p> <ul style="list-style-type: none"> • 91% of respondents rated the quality of services as excellent or good • 94% of respondents agreed or strongly agreed that the Adult Day Center helped maintain or improve health. 	<p>\$3,894,897</p> <p>a) Choices for Care \$1,941,087</p> <p>b) Day Health Rehab Services GC \$1,953,810</p>
Adults with disabilities	<p>Attendant Services Program 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. General Funds option has been frozen since July 2014. Since then, 12 people have applied and were placed on a wait list.</p> <p>33 V. S. A. § 6321; Vermont program regulations.</p>	<p>Performance (SFY 15): 181 people were served in SFY 15, including 101 people through Medicaid and 72 people with general funds and 8 people with Personal Services (SSBG). In the 2015 Consumer Survey:</p> <ul style="list-style-type: none"> • 100% of respondents rate the quality of services they received from the ASP as excellent or good • 94% of respondents agreed or strongly agreed that the ASP helped maintain or improve health 	<p>\$3,711,766 Total</p> <p>a) \$1,895,165 GF</p> <p>b) \$1,816,601 GC</p>
Adults who rely on medical technology	High Technology Home Care provides skilled nursing care to people who are Medicaid-eligible	Performance (SFY 15): 26 people served in SFY 15.	DVHA appropriation – approx \$4M GC

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	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.	A new assessment and reimbursement process is being developed together with DVHA. The goal is to reassess all participants and authorize an efficient plan that meets participants' needs at a rate that maintains provider access in all regions of the state.	
People with moderate to severe traumatic brain injuries	Traumatic Brain Injury Program 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.	Performance (SFY 15): <ul style="list-style-type: none"> • 82 people served • In SFY 15, 27% of people in the rehabilitation program were employed (target was 25%) • 8 people graduated from the rehabilitation program to independence (target was 7) 	\$5,647,336 GC
	Developmental Disabilities Services Division		
People with developmental disabilities and their families	Home and Community-Based Services (HCBS) consist of a range of 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.	Performance (SFY 15): <ul style="list-style-type: none"> • 4,408 people served • In SFY 14, 47% of working age people served by DDS home and community-based services were employed. Preliminary 2015 adult consumer survey results show people expressed a high degree of satisfaction with: <ul style="list-style-type: none"> • where they live (86%) • where they work (90%) • deciding their daily schedule (90%) 	\$182,110,249 GC

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	18 V. S. A. chapter 204A; Vermont Developmental Disabilities Act Regulations; Vermont Global Commitment to Health regulations.	<ul style="list-style-type: none"> shopping (94%) going out to eat (84%) 	
People with developmental disabilities and their families	<p>Flexible Family Funding (FFF) allows funds to be used flexibly, at the discretion of the family, to purchase goods, services and supports that benefit the individual and family. 69% (750) of people served were children under the age of 18.</p> <p>18 V. S. A. chapter 204A; Vermont Developmental Disabilities Act Regulations</p>	<p>Performance (SFY 15):</p> <ul style="list-style-type: none"> 1086 people served Performance measures under development; expected implementation SFY 17 	\$1,174,907 GC
Children and youth with a mental health or developmental disability and their families	<p>Family Managed Respite (FMR) provides respite for children up to age 22 with a mental health or developmental disability (ID and/or ASD) diagnosis who do not receive home and community-based services funding. Respite can be used as needed either planned or in response to a crisis.</p>	<p>Performance (SFY 15):</p> <ul style="list-style-type: none"> 191 children and youth (up to age 22) with a diagnosis of ID/ASD received FMR (non-IFS; FMR budget includes all FMR services, including those provided by IFS agencies and with a MH diagnosis) Performance measures under development; expected implementation SFY 17. 	\$1,660,133 GC
Children and youth with a developmental disability and their families	<p>The Bridge Program provides support to families in need of care coordination to help them access and/or coordinate medical, educational, social or other services for children up to age 22.</p>	<p>Performance (SFY 15):</p> <ul style="list-style-type: none"> 300 children served (non-IFS) 78% of goals were being met (Designated Agencies track and report the number of service goals and the number of service goal outcomes achieved.) 	\$821,074 GC
Adults with developmental	Office of Public Guardian (OPG) Public	Performance (SFY 15):	Approx: \$2.6M GF

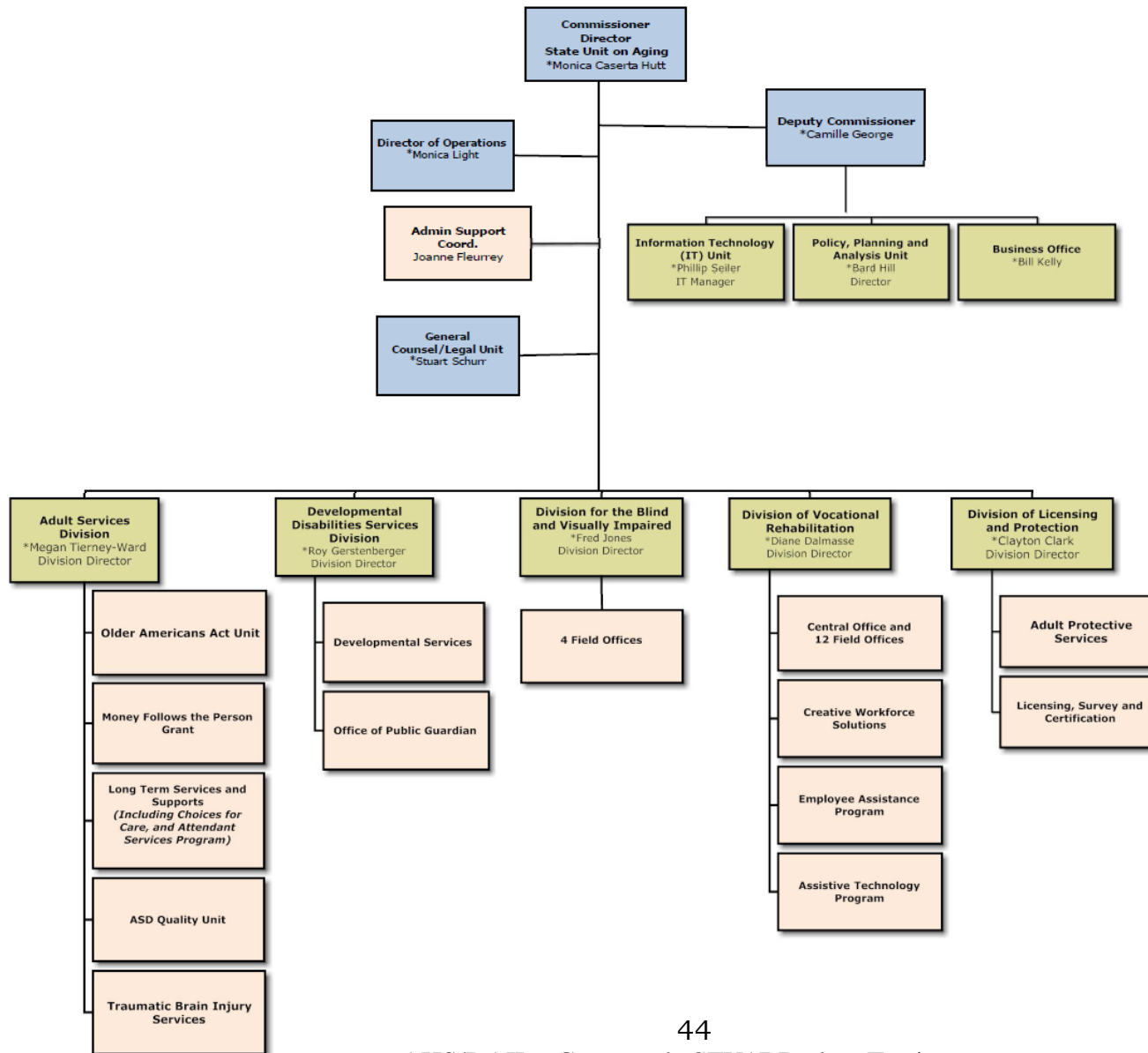
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disabilities and older Vermonters who have been found to lack decision making abilities concerning basic life decisions	guardians assist and empower people under guardianship in making decisions and taking actions in critical life areas. Courts assign 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 new private and public guardianship applicants. 18 VSA 9301-9317; 14 VSA 3093	<ul style="list-style-type: none"> 747 adults received guardianship services (650 people with developmental disabilities and 97 adults over age 60) 368 people received representative payee services 4 people received case management services Arranged guardianship evaluations for 219 people 	
Division of Licensing and Protection			
People receiving services from Vermont health care facilities and agencies	<i>Survey and Certification (S&C)</i> 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 Long Term Care facility; federal regulations for nursing homes	Performance (SFY 15): <ul style="list-style-type: none"> Conducted 414 onsite investigations, across all licensed providers Met target for 100% of required federally regulated healthcare surveys Nursing home surveys: <ul style="list-style-type: none"> 8% had no deficiencies 73% had deficiencies reflecting no actual harm but potential for more than minimum harm 19% had deficiencies reflecting actual harm or immediate jeopardy of residents 	\$2.3M Gross approx
Vulnerable adults	<i>Adult Protective Services (APS)</i> investigates allegations of abuse, neglect and/or exploitation, increase awareness of adult abuse in all of its forms, provide information about alternatives and	Performance (SFY 15): <ul style="list-style-type: none"> 4,295 reports of alleged abuse, neglect and/or exploitation of vulnerable adults received 	\$1.3M approx. GF

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	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	<ul style="list-style-type: none"> Investigated 1,587 allegations (an average of 144 investigations per investigator) 205 recommendations for substantiation 155 individuals were placed on the Adult Abuse Registry 	
Division of Vocational Rehabilitation			
People with disabilities	General Vocational Rehabilitation (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.	Performance (SFY 15): <ul style="list-style-type: none"> 9,211 people served 1,922 employment outcomes Results from the most recent customer survey (2013) show that: <ul style="list-style-type: none"> 91% indicate it is easy to access vocational rehabilitation services 86% are very satisfied or satisfied with their control and involvement in the vocational rehabilitation experience 97% indicate that the Vermont Division of Vocational Rehabilitation staff treat them with dignity and respect Among those who were working, 81% are very satisfied or satisfied with their job 90% would refer a friend or relative to vocational rehabilitation Nationally, Vermont VR ranks #1	\$8,353,536 Gross

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		among general VR agencies in: <ul style="list-style-type: none"> • New VR applicants per million state population • VR employment outcomes per million state population 	
People with disabilities	Independent Living Part 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.	Performance (SFY 15): <ul style="list-style-type: none"> • 80 people served • 35 Individual Plans for Independent Living completed 	\$150,000 Gross
People who are deaf or hard of hearing	Interpreter Referral Service operated by the Vermont Center for Independent Living enables organizations and individuals to hire qualified interpreters	Performance (SFY 15): <ul style="list-style-type: none"> • VIRS filled 1305 requests for interpreters (operating for only 3 quarters) 	\$55,000 Gross
People with disabilities	Assistive Technology Program helps people of all ages and abilities to achieve greater independence, efficiency and control over their environment using assistive technology. Required by federal statute: Federal Assistive Technology Act	Performance (SFY 15): <ul style="list-style-type: none"> • 2,228 people served • Reached 1,819 people through public awareness and technical assistance activities 	\$300K approx. Gross

Department of Disabilities, Aging, and Independent Living (DAIL) Organizational Chart

State Unit on Aging (SUA)



As of 1/1/2016

* = Identifies contacts for DAIL Senior Leadership