



*Agency of Human Services*

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

**GOVERNOR'S SFY16 BUDGET TESTIMONY  
AS PRESENTED TO  
APPROPRIATIONS COMMITTEES**

**SENATE HEALTH AND WELFARE  
MARCH 26, 2015**

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# Department of Disabilities, Aging and Independent Living

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# **Department of Disabilities, Aging and Independent Living Budget Testimony 2015 Legislative Session**

The Department of Disabilities, Aging and Independent Living is responsible for services to elders 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.

## 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 to a level consistent with their interests, abilities and informed choices. Those who participate in DBVI services learn skills and become high achieving successful community members. 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 provides youth with opportunities for learning independent living, job skills, or support for higher education. For those people for whom employment is not a feasible goal, but whose independence is challenged by vision loss, DBVI provides assistance in maintaining independence.

### ***DBVI Performance Measures***

*How many we serve:* 434 individuals

*How well we serve:* 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>2014 Market Decisions Survey (Formal)</i>
Overall Satisfaction with services received	93%	92%			Available February 2015
Services provided met expectations	93%	90%			--
Staff were helpful to achieve vocational goals	98%	95%			--
DBVI delivered services well for me			92%	91%	
I did get the results I wanted from DBVI			93%	89%	

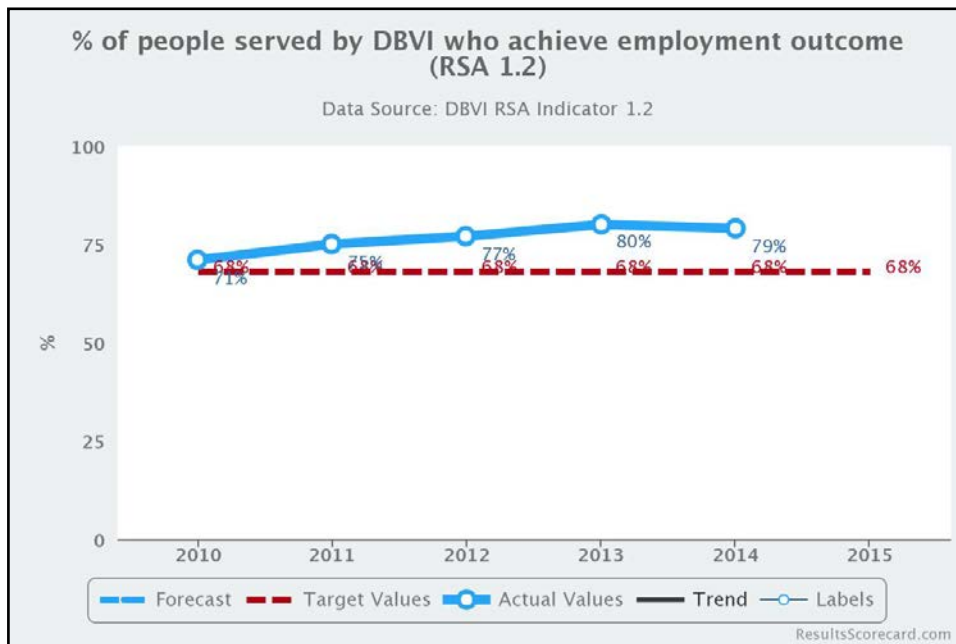
The closure surveys also show that 92% of customers rated DBVI services highly, including the following:

- Staff are easy to contact
- Services are timely
- Services are useful
- Services are easy to access

How clients are better off

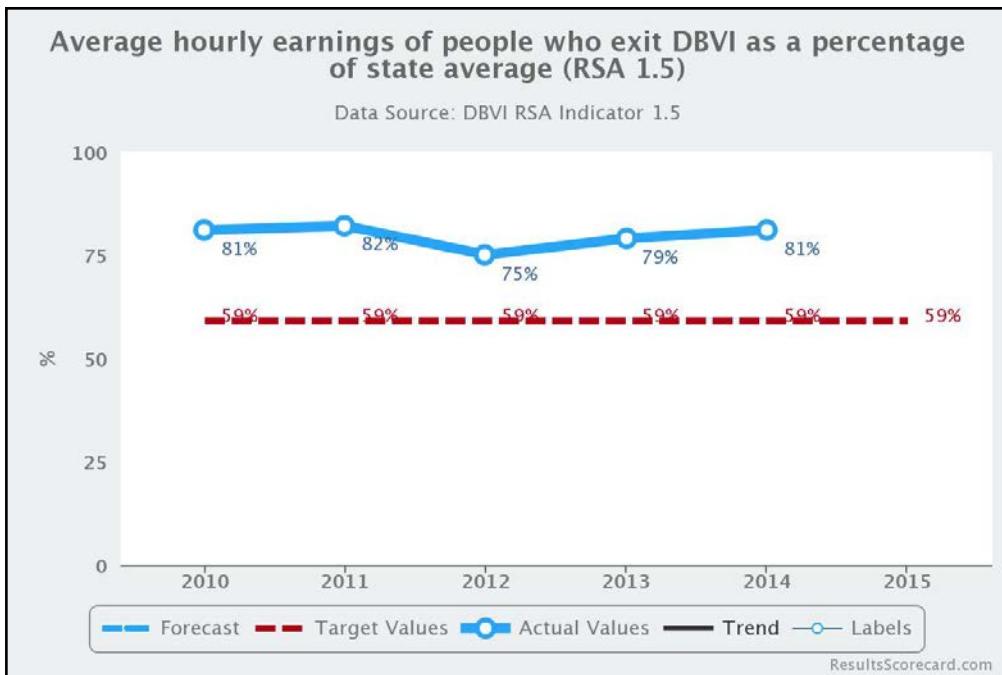
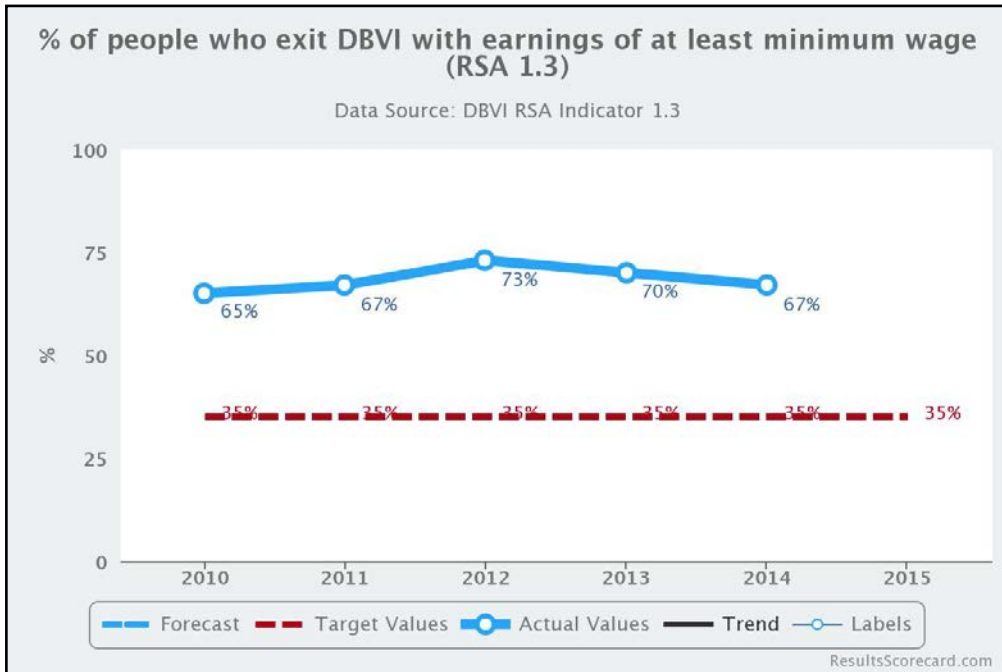
**Employment Rate:** The percentage of people served by DBVI who have achieved an employment outcome (successfully attained vocational goal for a minimum of 90 days)

	2010	2011	2012	2013	2014	National Standard
Employment Rate	71%	75%	77%	80%	79%	67.11%



**Wages:** The percentage of all individuals who have achieved an employment outcome, with earnings equivalent to at least the minimum wage.

	2010	2011	2012	2013	2014	National Standard
% Above Minimum Wage	65%	67%	73%	70%	67%	35.4%)



Customers share many 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 customer-centered culture will guide the staff for continuous improvement by listening to the voice of our customers and using that information and performance data to improve current DBVI products and develop new ones as identified. The complete plan with new goals and strategies will be complete by July 2015. (Appropriations 3460010000, 3460030000)

**II. Developmental Disabilities Services Division (DDSD)** is responsible for services to people with developmental disabilities, traumatic brain injuries, and guardianship services to adults with developmental disabilities services and older Vermonters. DDSD works with private organizations to provide a broad array of long term services and supports, including: service coordination, family supports, community supports, employment supports, guardianship services, residential support, crisis support, clinical interventions, and respite and rehabilitation services. The Division supports Vermonters with developmental disabilities, traumatic brain injuries, and older Vermonters to live as they choose, pursuing their individual goals and preferences within their chosen community. DDSD seeks to ensure their basic human and civil rights, health, and well-being and safety. DDSD provides effective leadership for disability policy and services in Vermont, and meets federal and state mandates by developing and managing public resources effectively.

***Developmental Disabilities Services:*** Developmental Disabilities Services (DDS) are provided by Designated and Specialized Services Agencies with the goal of cost-effective, integrated community living. In SFY 14, 2,833 Vermonters received home and community-based services. In our 2014 Developmental Disabilities Services Consumer Survey, consumers expressed high degrees of satisfaction with where they are living (90%), their jobs (97%), how they spend free time (83%), community supports (97%), and feeling listened to at their support plan meetings with their service agency (93%). In SFY12–14, developmental disabilities services set a target employment rate of 45% for all working age consumers. The average employment rate in SFY13 was 48% with 9 of the 13 agencies exceeding the target (69%). Data for SFY14 is expected to be available in March, 2015.

***DDSD Performance Measures***

***How many we serve:*** 4, 283 Unduplicated individuals across all programs

***How well we serve:*** *Customer Satisfaction*

In our 2014 Developmental Disabilities Services Consumer Survey, consumers expressed high degrees of satisfaction with where they are living (90%), their jobs (97%), how they spend free time (83%), community supports (97%), and feeling listened to at their support plan meetings with their service agency (93%).

### 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.

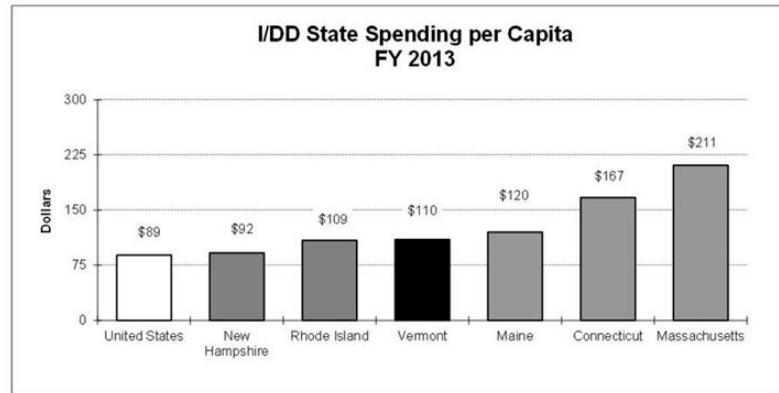
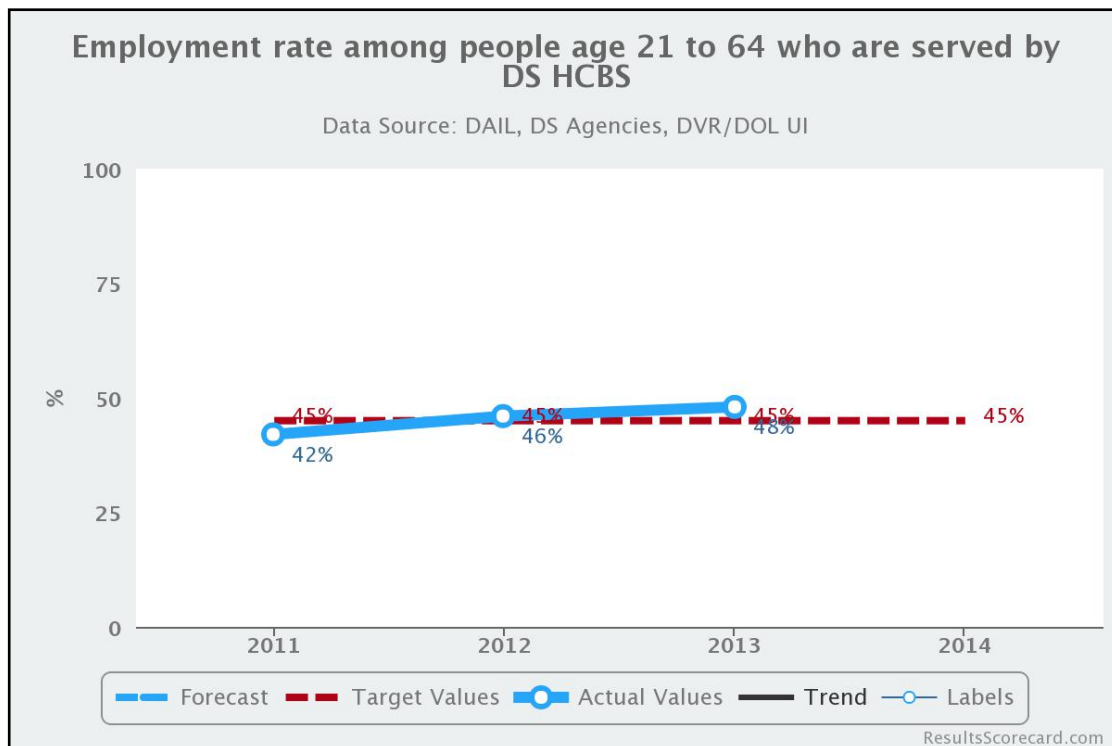


Chart: Preliminary Data – The State of the States in Developmental Disabilities, Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, 2015]

### Oversight

In 2014, State Auditor Douglas R. Hoffer conducted an audit of the Designated Agency (DA) Master Grant and released his report in October, 2014, *Designated Agencies: State Oversight of Services Could be Improved, But Duplicate Payments Not Widespread*. The Department is in the process of implementing the recommendations aimed at strengthening our management and oversight of Developmental Disabilities Services. (Appropriations 3460010000, 3460050000)

### How consumers are better off





**Traumatic Brain Injury Program:** The Traumatic Brain Injury (TBI) 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 SFY14 the program served 83 people and 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. In SFY 14, 27% of people served in the TBI home and community-based rehabilitation services program were employed during the year.

<b>Report ID:</b>	<b>CGI infoAdvantage</b>
<b>Run Date:</b> 1/22/15	<b>State of Vermont</b>
<b>Run Time:</b> 9:23:15 AM	<b>Performance Measure Detail</b>

**Appropriation: 3460070000 DAIL - TBI home and community based waiver**

**Objective:** To provide rehabilitation services to individuals with a moderate to severe traumatic brain injury to obtain their optimal level of functioning in a community-based setting.

<b>Measures</b>	<b>Unit</b>	<b>FY 14 Targets</b>	<b>FY 14 Actuals</b>	<b>FY 15 Targets</b>	<b>FT 15 Estimate</b>	<b>FY 16 Targets</b>
% of people employed while enrolled in the rehabilitation program	% people	25	27	25	0	28
Number of people that reach their maximum potential and graduate to independent living	# people	5	7	5	0	8
Number of people served in the rehabilitation program that reach their maximum potential and, with continued needs for services, successfully transition to Choices for Care Long-Term Services, or new TBI Targeted Case Management Services	# people	5	0	5	0	10

Program Budget	FY2014 Actuals	FY2015 Original As Passed Budget	FY2015 Governor's BAA Recommended Budget	FY2016 Governor's Recommended Budget
Grants	4,874,479	5,065,064	5,065,064	5,707,565
<b>Total Appropriation</b>	<b>4,874,479</b>	<b>5,065,064</b>	<b>5,065,064</b>	<b>5,707,565</b>
<b>Total Program Cost:</b>	<b>4,874,479</b>	<b>5,065,064</b>	<b>5,065,064</b>	<b>5,707,565</b>

**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 SFY14, 750 adults received guardianship including 655 people with developmental disabilities and 88 adults over age 60. The program also provides case management (7 people served) and representative payee services (339 people served).

**III. Division of Licensing and Protection (DLP) III.** Division of Licensing and Protection (DLP) supports the DAIL mission through the activities of 2 units: Survey and Certification (S&C) and Adult Protective Services (APS). Assertive surveys at healthcare facilities helps ensure vulnerable adults have dignity, respect, and independence. Effective investigation and protective services deal with abridgement of these rights. Appropriation (3460010000)

*How much:*

- In addition to regularly scheduled surveys, S&C conducted 755 onsite complaint and self-report investigations at health care facilities
- APS investigated 1,366 allegations of abuse, neglect and/or exploitation of vulnerable adults

*How well:*

- S&C met target 100% of required federally regulated healthcare surveys
- APS has met all but one of 8 benchmarks for the last two quarters.

*How Vermonters are better off:*

- 16% nursing homes had no deficiencies.
- 5% nursing homes had deficiencies with only potential for minimum harm but no harm.
- 57% nursing homes had deficiencies reflecting no actual harm but potential for more than minimum harm.

- 22% of nursing homes had deficiencies reflecting actual harm or immediate jeopardy of residents.
- 95 individuals were placed on the Adult Abuse Registry. 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 and receive services leading to meaningful employment. VR invests heavily in services for people with the most significant disabilities through supported employment programs and has developed a network of specialized Transition Counselors to support young adults from school to work. The Division operates the VR Reach Up program to serve Temporary Assistance to Needy Families (TANF) recipients with disabilities; a state wide Benefits Counseling Program to support Social Security beneficiaries to 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 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 22 of the past 23 years, with 1,873 Vermonters working as a result of our efforts in FFY14.

*How many we serve:*            9,742 Individuals served

*How well we serve:*            Customer Satisfaction

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

- 91% of customers indicate it is easy to access vocational rehabilitation services;

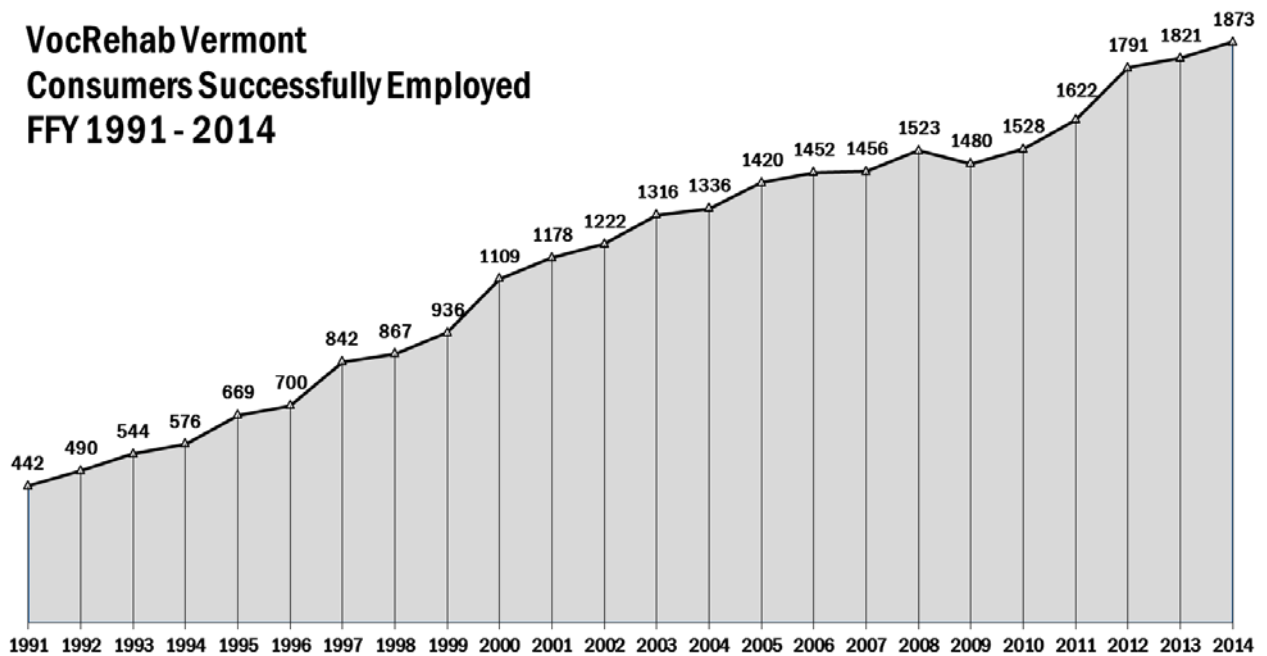
- 86% of customers are very satisfied or satisfied with their control and involvement in the vocational rehabilitation experience;
- 97% of customers indicate that the Vermont Division of Vocational Rehabilitation staff treat them with dignity and respect;
- Among those customers who were working, 81% 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 VR ranks #1 among general VR agencies in:

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

How consumers are better off

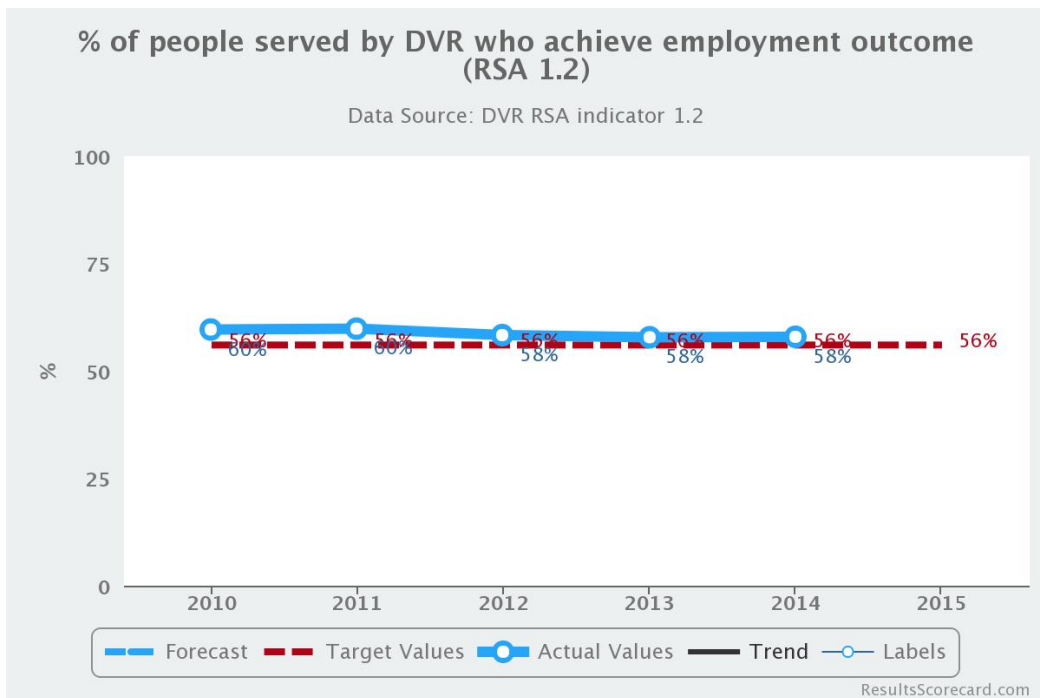
**Total number of people served by DVR who achieve an employment outcome** (RSA Indicator 1.1). Consumers are considered to have a successful employment outcome if they have remained stable in their employment for 90 or more days after they developed an individualized plan for employment (IPE) with VR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

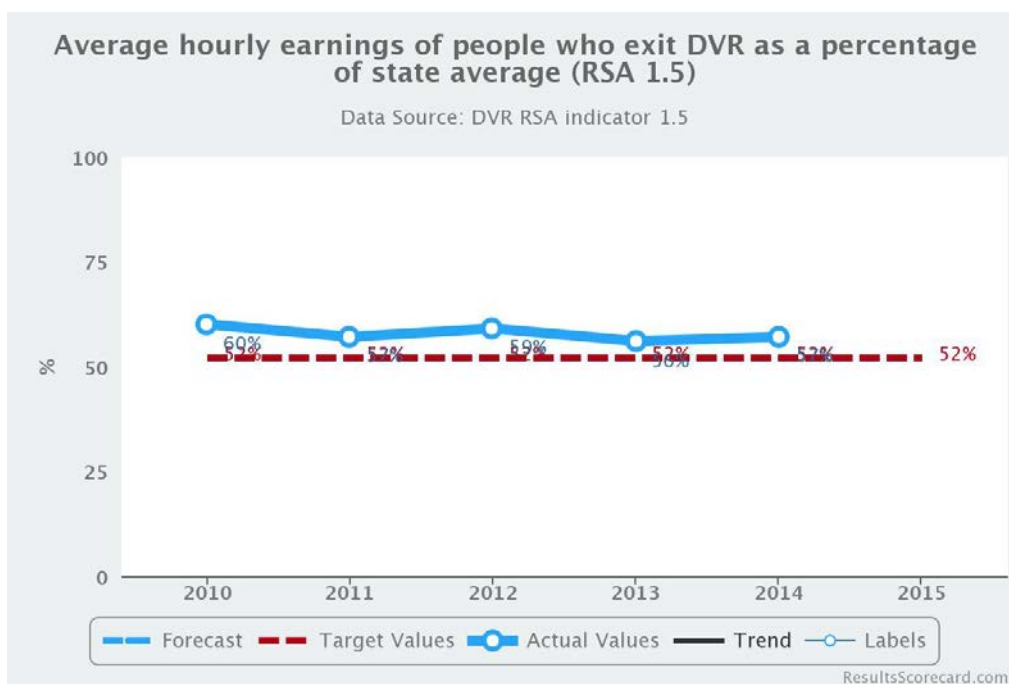
individualized plan for employment (IPE) with VR staff and receiving VR services. In FFY 2014, 3,235 cases were closed after receiving VR services; 1873 (57.9%) were successfully employed at closure.

	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014
Employed Successfully at Closure	1528	1622	1791	1821	1873
In VR Plan with Services at Closure	2563	2713	3071	3153	3235
Percentage Closed Successfully	<b>59.6%</b>	<b>59.8%</b>	<b>58.3%</b>	<b>57.8%</b>	<b>57.9%</b>



**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 2014.

	FFY 2010	FFY 2011	FFY 2012	FFY 2013	(Estimate ) FFY 2014
Average Annual State Wage Current Year (Fiscal Year Wage) (Weighted Average)	\$ 39,312	\$ 39,815	\$ 40,716	\$ 41,795	\$ 42,484
Average Hourly State Wage Current Year (Fiscal Year Wage) (Weighted Average)	\$18.90	\$19.39	\$ 19.58	\$ 20.09	\$ 20.43
Ratio of Average Hourly VR Wage to Average State Wage	<b>60%</b>	<b>57%</b>	<b>59%</b>	<b>56%</b>	<b>57%</b>



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) program, the Moderate Needs (CFC) program, the Attendant Services Program, Adult High Tech, Adult Day services, Aging & Disabilities Resource Connections and other related contracts and grants. 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 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 as listed below. 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. Vermont's Area Agencies on Aging, Home Health Agencies, Adult Day Programs, Residential Care Homes, AFC Authorized Agencies, and Assisted Living facilities are core partners in achieving these goals. Overall, Vermont reached the statewide target of 50:50 in SFY14. However, at a county level, out of 14 counties, 8 counties reached the target of 50:50 as of January 2014, Choices for Care Annual Evaluation Reports use the annual Consumer Survey to measure:

- Information Dissemination
- Access
- Effectiveness
- Experience with Care
- Quality of Life
- Waiting List
- Budget Neutrality
- Health Outcomes
- Service Array and Amounts

<http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/cfc-evaluation-rpts-consumer-surveys>

Core objectives measured in the Choices for Care Quarterly Data Reports include:

1. Support individual choice
2. Serve more people
3. 'Shift the balance': reduce the number and percentage of people who are served in nursing homes; increase the number and percentage of people who are served in alternative settings

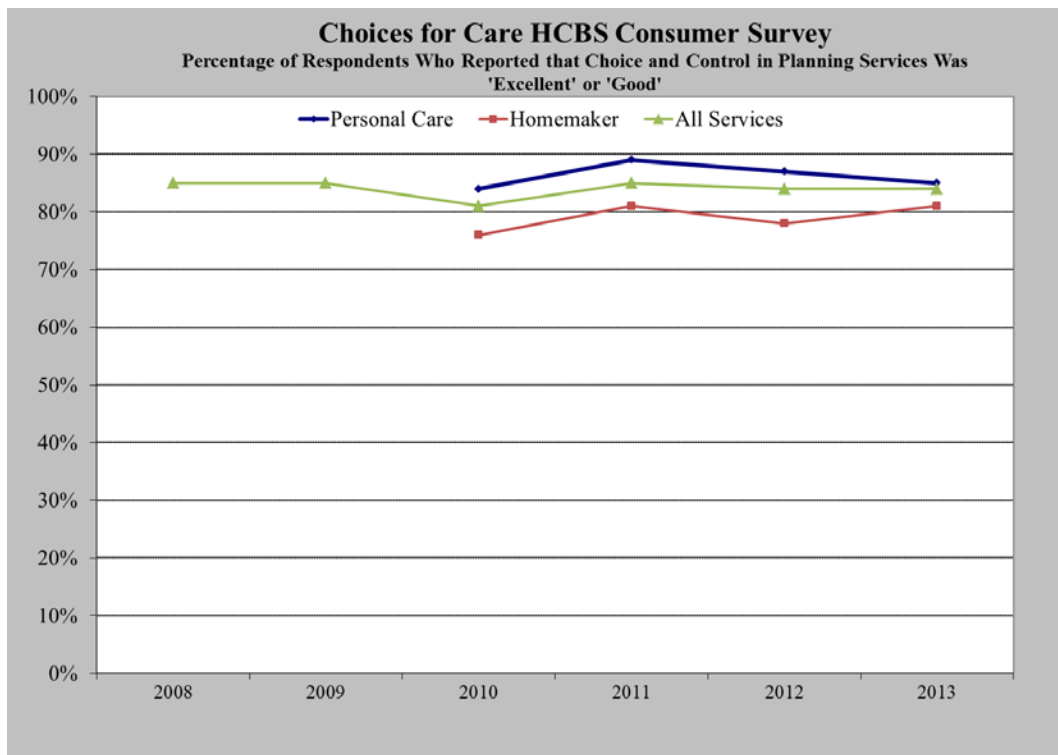
4. Expand the range of service options
5. Eliminate or reduce waiting lists
6. Manage spending to available funding
7. Ensure an adequate supply of nursing home beds
8. Ensure that services are of high quality and support individual outcomes
9. Support the independent evaluation, including associated measures and documents

<http://ddas.vt.gov/ddas-publications/publications-cfc/cfc-qtrly-data-rprts/cfc-quarterly-data-reports#documentContent>

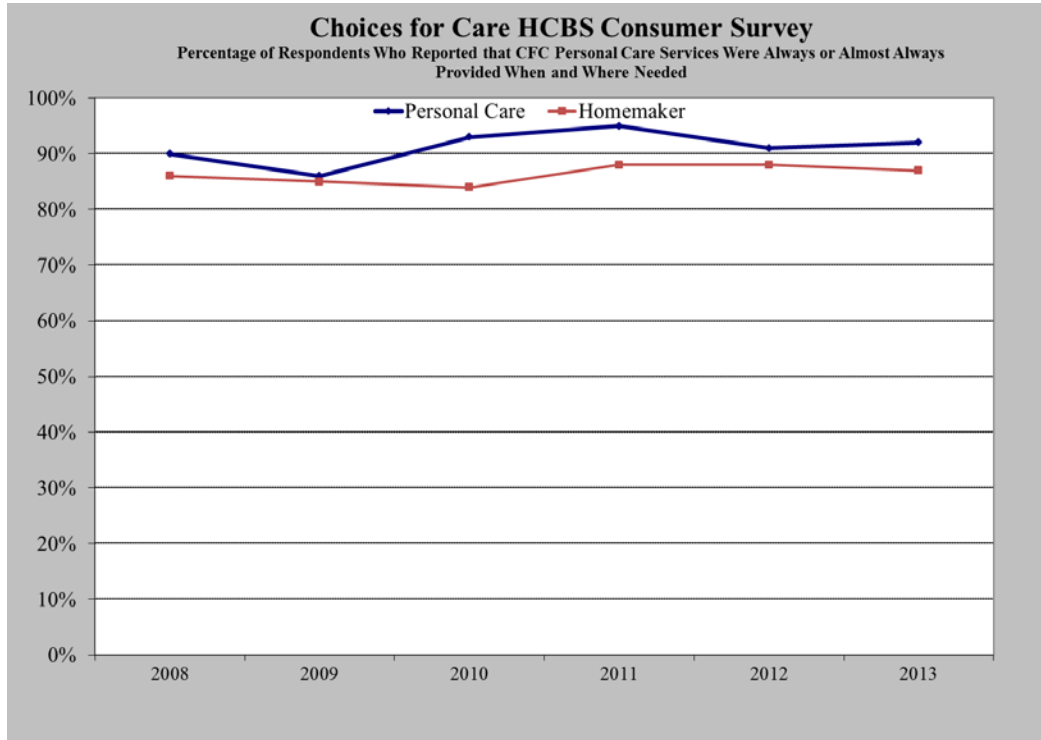
Key highlights of the most recent Choices for Care Data Report, dated November 2014, are as follows:

**1. Support Individual Choice -**

The primary goal of Choices for Care is to support individual choice among a range or ‘menu’ of long term care services and settings. A large majority of participants receiving Home and Community Based Services (HCBS) report that they had good choice and control over home and community based services, and that these services were provided when and where they need them. Consistent with recommendations from the state auditor and the independent evaluator, DAIL has been working with nursing home and enhanced residential care home representatives to collect and share similar information from residents of these facilities. This information would allow a more complete view of how CFC participants perceive their experience.

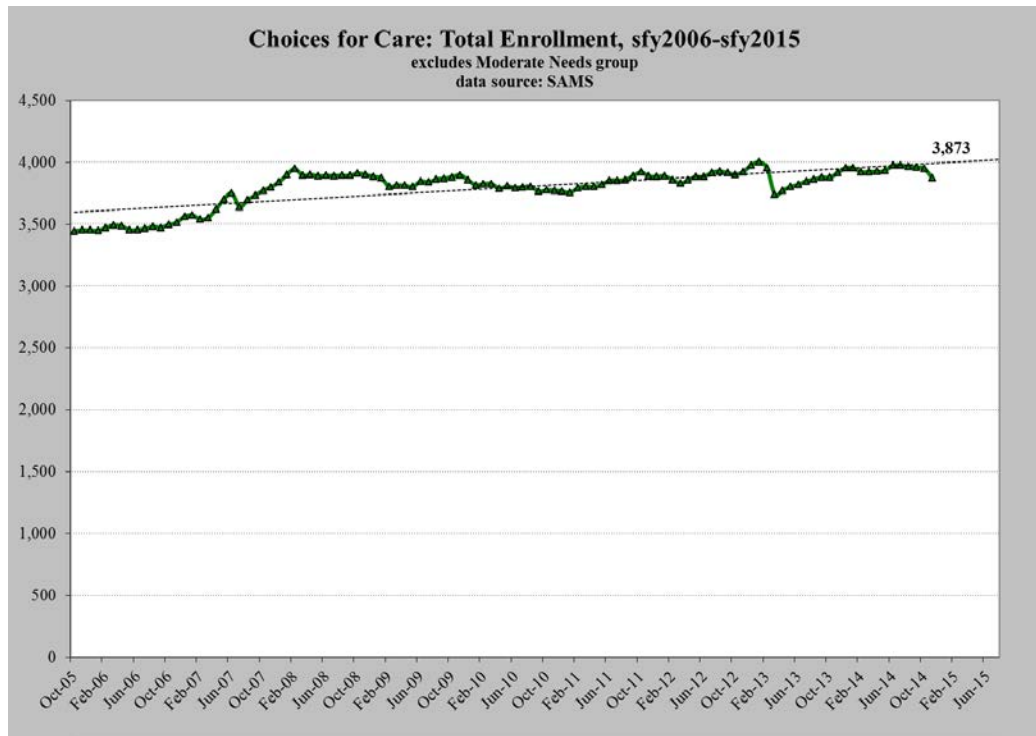


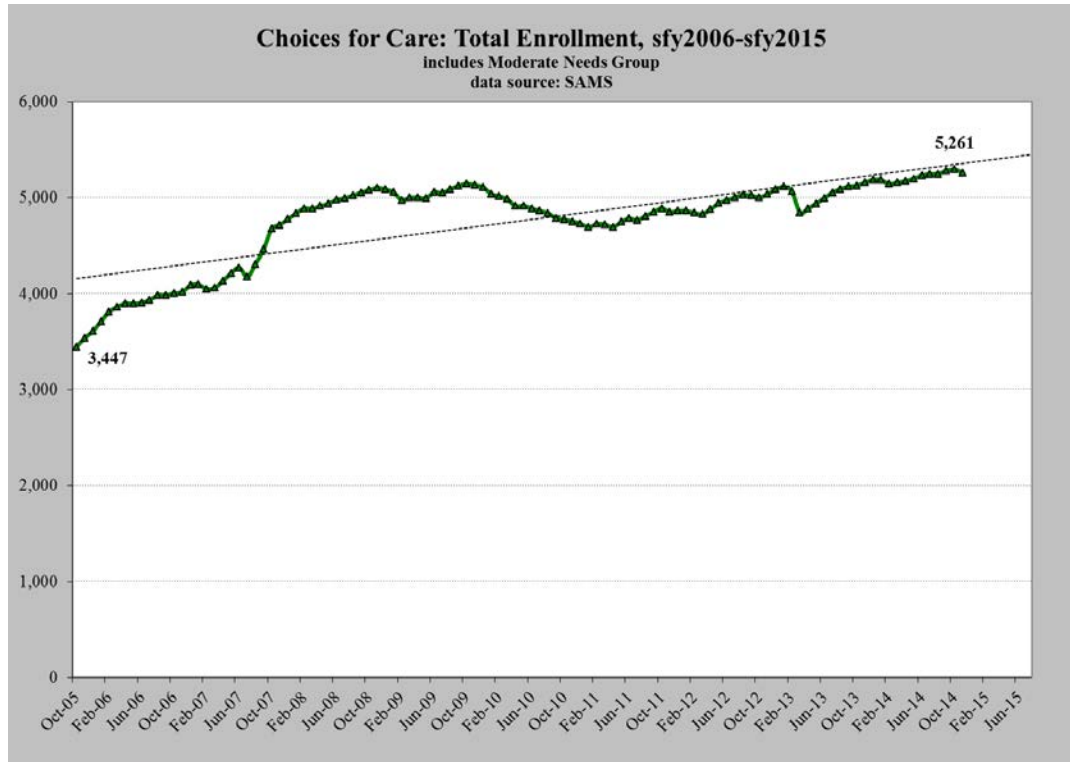




2. Serve more people

The number of people served by Choices for Care has increased substantially since it began in October 2005.

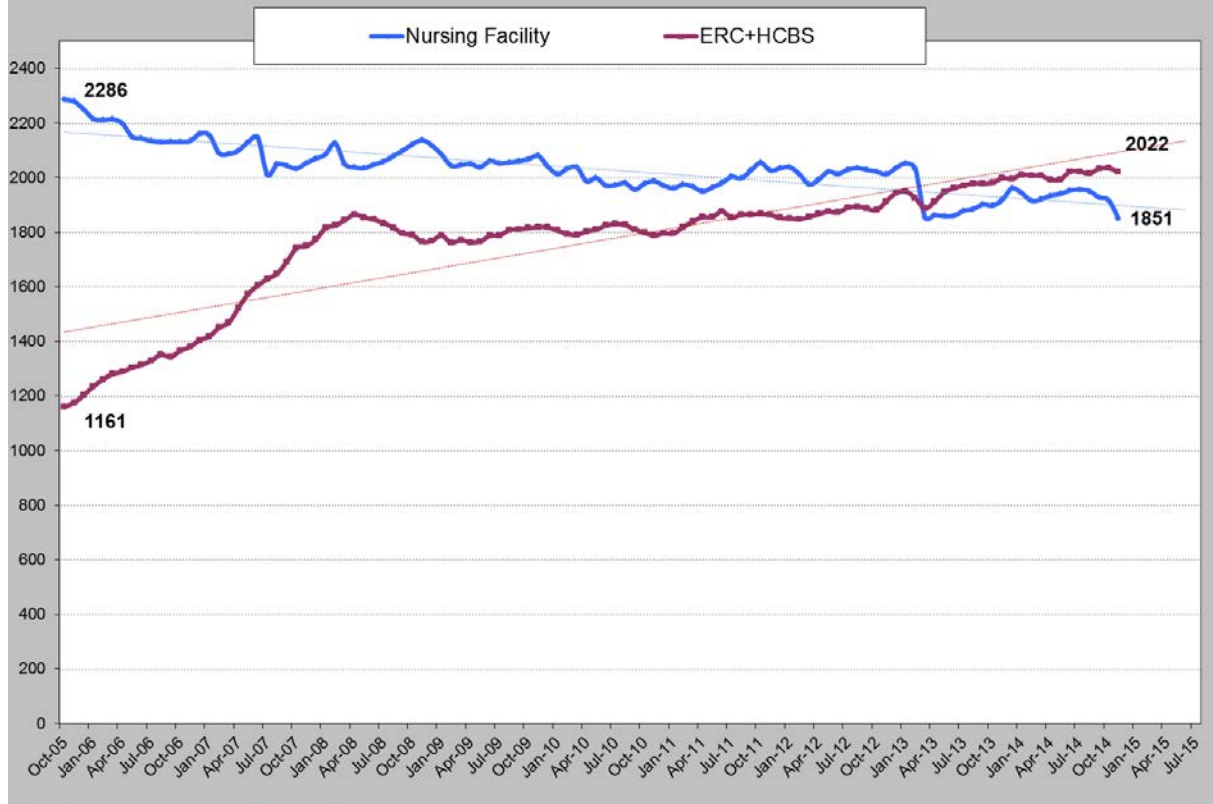




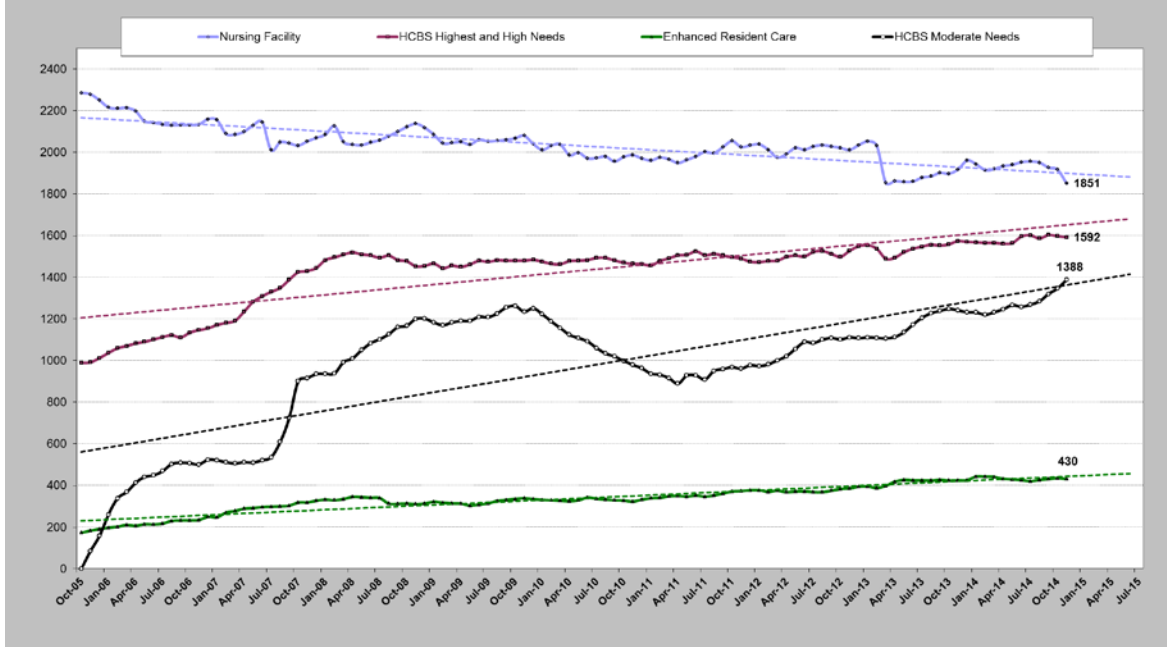
**3. Shift the balance –**

Choices for Care has achieved progress since 2005, with enrollment in CBS and ERC exceeding enrollment in nursing homes for the first time in March 2013.

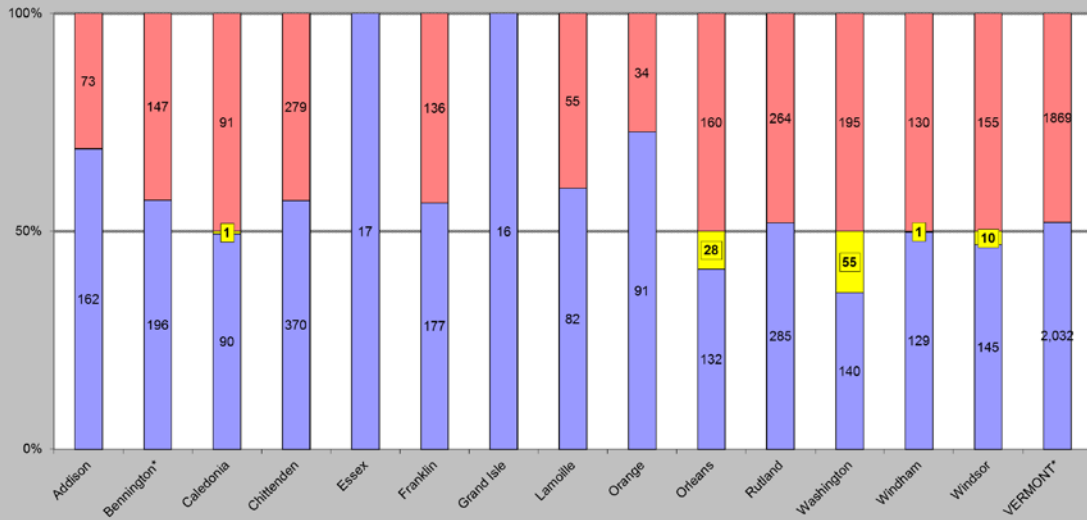
Choices for Care: Total Number of Enrolled Participants, SFY 2006 - SFY 2015  
(excluding Moderate Needs Group)



Choices for Care: Total Number of Enrolled Participants by Setting  
SFY 2006 - SFY 2015



Vermont Choices for Care: Nursing Home Residents and Home & Community-Based Participants by County, October 2014  
 Changes (in Yellow) Needed to Achieve At Least 50% Use of HCBS  
 This represents one measure of 'rebalancing' long term care



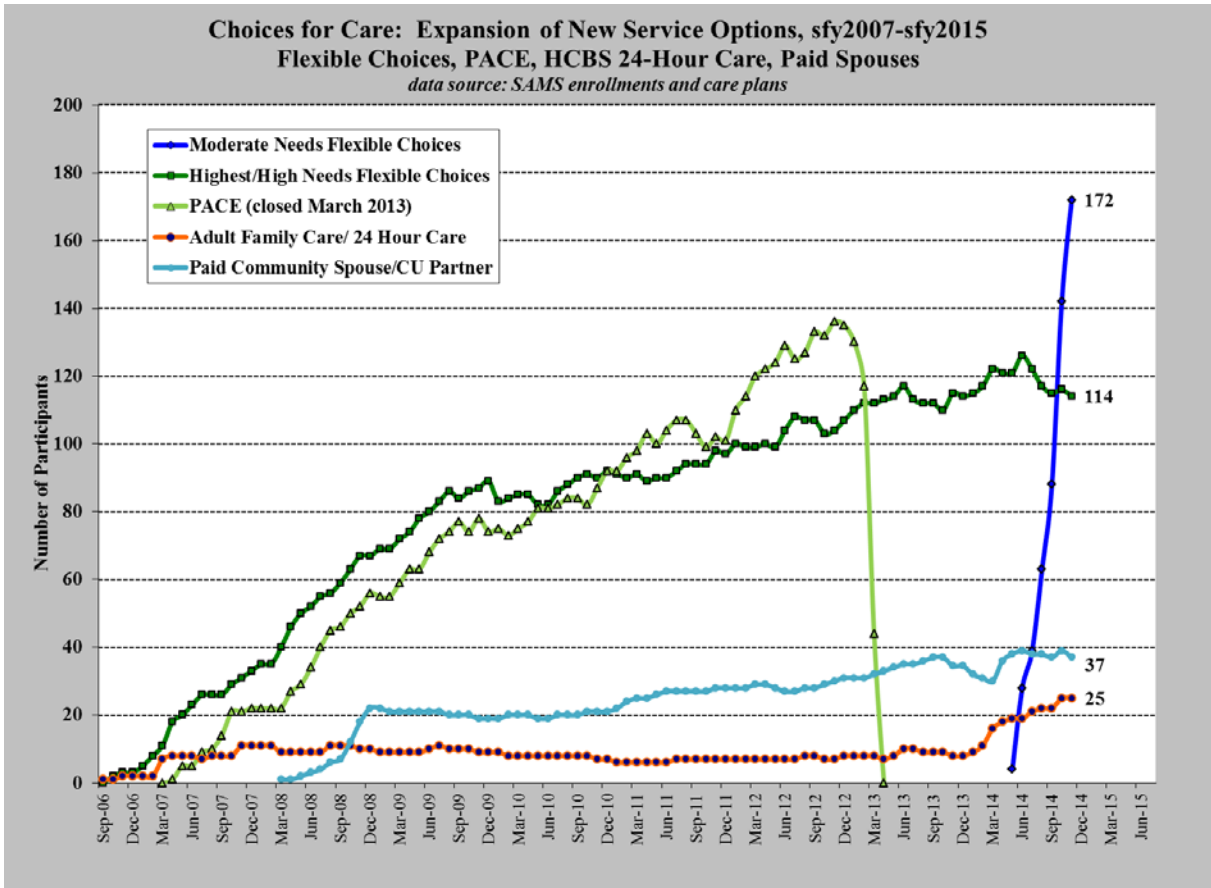
■ Number of HCBS Participants (includes ERC but excludes Moderate Needs Group)  
 ■ Number of Medicaid Nursing Home Residents in Excess of 50/50  
 ■ Number of Medicaid Nursing Home Residents Less Than or Equal to 50/50

\*Bennington and VERMONT figures exclude Medicaid residents in Vermont Veterans' Home (n=48).  
 NF and ERC figures are based on current recorded residence, and often do not reflect county of residence prior to admission.  
 VT residents in out of state facilities (n=48) included in VERMONT.

4. Expand the Range of Service Options –

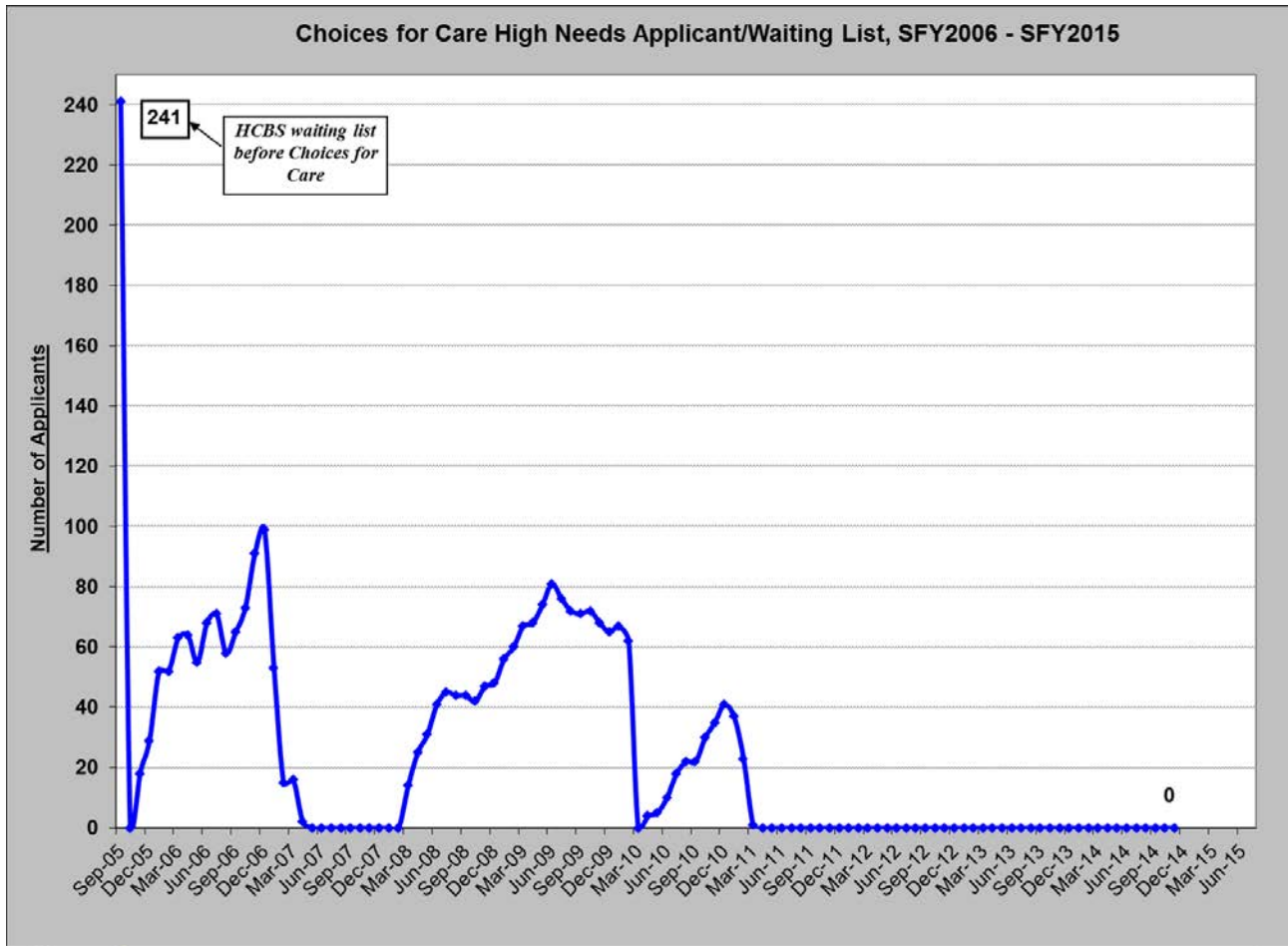
Two new services were added to the Choices for Care options in SFY14

- Adult Family Care: Implemented in September 2013, intended to give people access to 24-hour services in home settings.
- Moderate Needs Flexible Choices: Implemented in February 2014, intended to give participants more choice and control over the services that they receive.

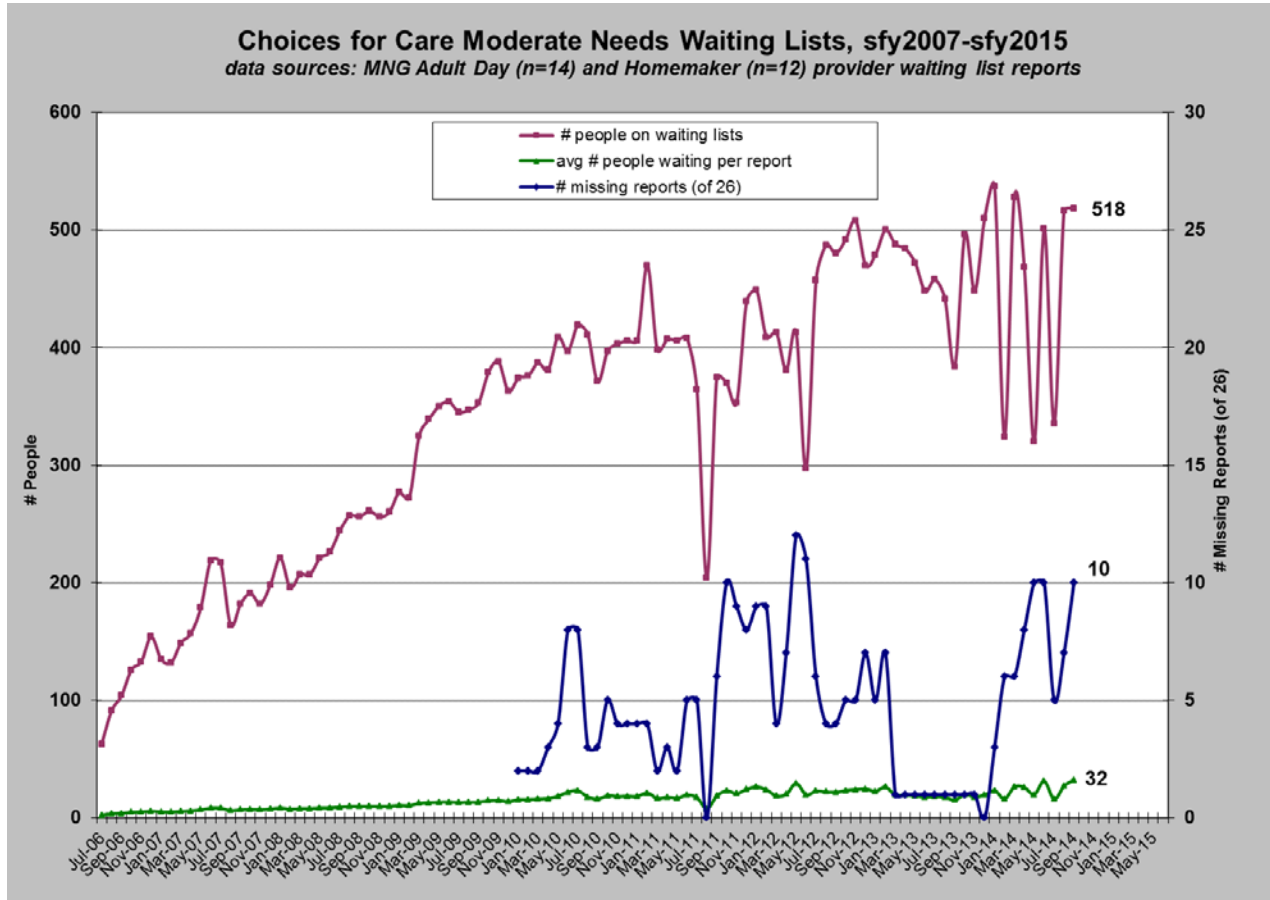


5. Eliminate or Reduce Waiting Lists –

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.)



Waiting lists do continue for applicants with moderate needs who do not meet nursing home level of care (Moderate Needs Group/MNG.) Many thousands of Vermonters are potentially eligible for this group, with services limited by available funding.

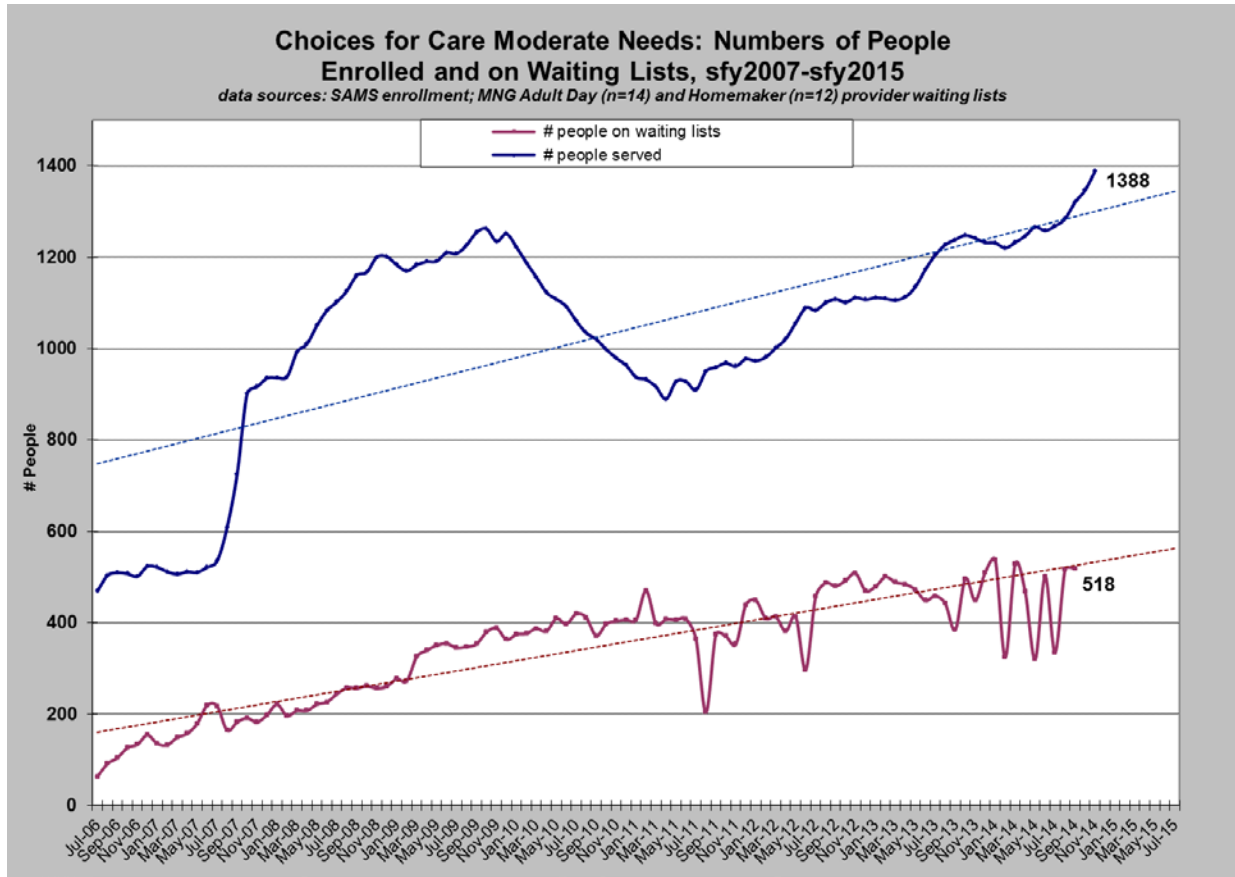


While a very large number of Vermonters is potentially eligible for the Moderate Needs Group, services are limited by available funding. A more focused measure of performance in serving people in the Moderate Needs Group is the percentage of available funding that are actually used. Using this measure, a reasonable goal would be to spend more than 90% of available funding in a given year, leaving less than 10% unspent. In sfy2013, 94% of Moderate Needs funds allocated to Adult Day providers was spent, while only 83% of Moderate Needs funds allocated to Homemaker providers was spent. This data, together with consumer satisfaction survey results, suggested that that some Home Health Agencies could improve access and reduce waiting lists by increasing the use of their funding allocations. This led to the SFY14 mid-year implementation of the Moderate Needs Group Flexible Spending option.

The recent implementation of a Moderate Needs Group Flexible Spending option was intended to improve access and to give consumers more direct control and flexibility in the use of funds. This change did not directly add additional providers of Homemaker services (as previously recommended by the Choices for Care independent evaluators at the University of Massachusetts Medical School).

The eligibility requirements for Moderate Needs Group services are designed to be inclusive. As a result, the use of services is limited by the availability of funding, rather than by rigorous or restrictive functional and financial eligibility requirements. Because the number of potentially eligible people may be tens of thousands of people<sup>1</sup>, it is difficult to foresee circumstances in which a waiting list would be permanently eliminated.

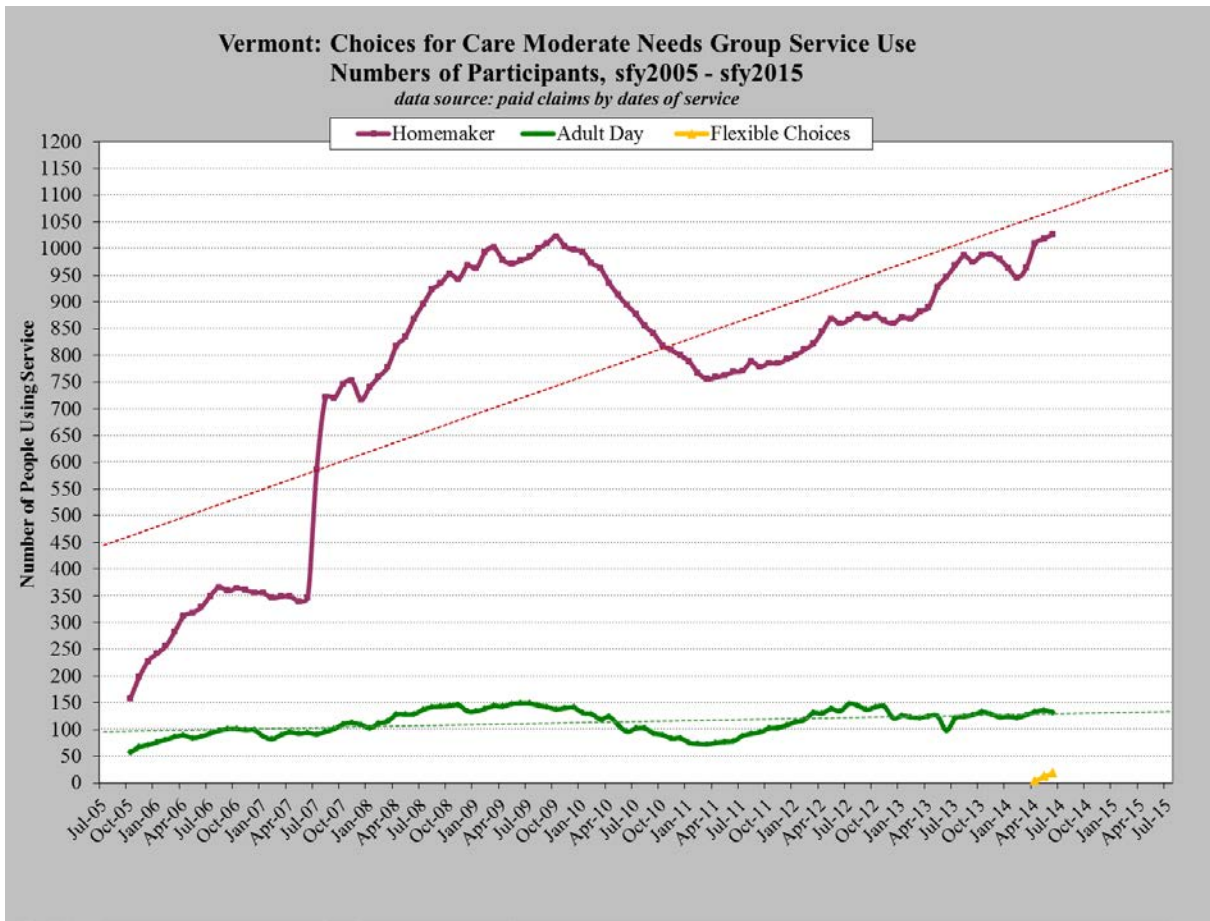
The graph below is consistent with this conclusion. Both the number of people served and the number of people waiting for Moderate Needs services have increased over time.



<sup>1</sup> Moderate Needs Group eligibility:

1. Individuals who require supervision or any physical assistance three (3) or more times in seven (7) days with any single ADL or IADL, or any combination of ADLs and IADLs;
  2. have impaired judgment or decision-making skills that require general supervision on a daily basis;
  3. require at least monthly monitoring for a chronic health condition; and/or
  4. whose health condition shall worsen if services are not provided or if services are discontinued;
- AND the adjusted monthly income of the individual (and spouse, if any) is less than 300% of the supplemental security income (SSI) payment standard for one person (or couple) in the community after deducting recurring monthly medical expenses (including but not limited to prescriptions, medications, physician bills, hospital bills, health insurance premiums, health insurance co-pays, medical equipment and supplies, and other out of pocket medical expenses.).





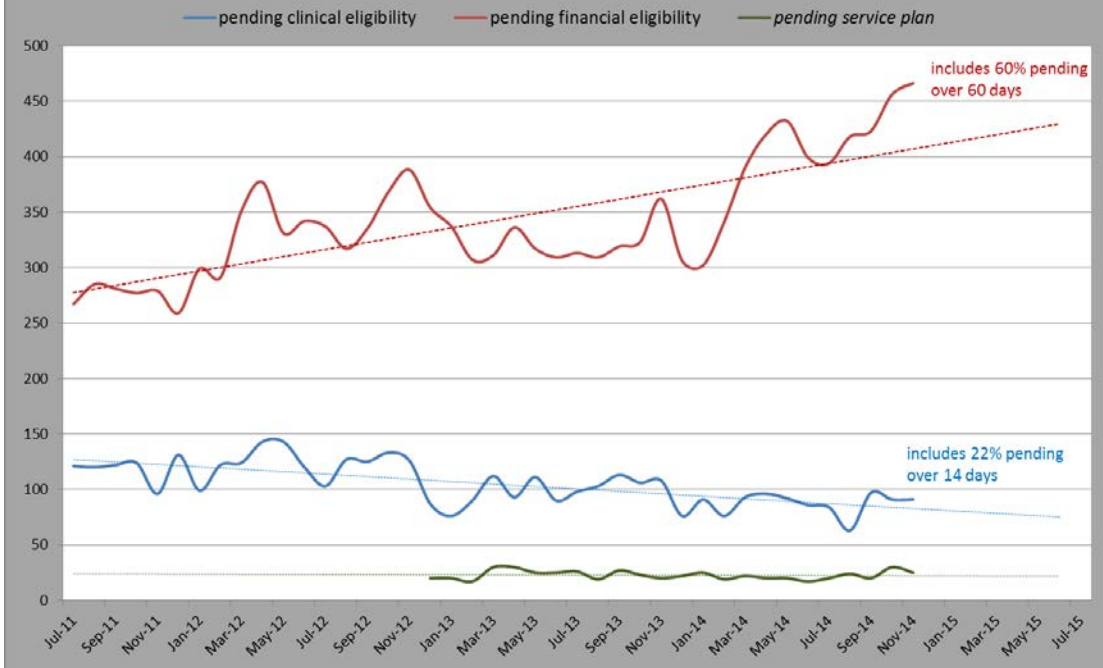
The number of people who are awaiting a DAIL clinical eligibility decision (‘received’ status) has decreased slightly over the past two years, while the number of people who have yet to receive a DCF financial eligibility decision (‘pending’ status) has increased.

DAIL has set a goal of making clinical eligibility decisions within 14 days of receiving an application. Recent data shows that 37% of the applicants awaiting a decision had waited more than 14 days.

DCF has set a goal of making financial eligibility decisions within 60 days of receiving an application. Recent data shows that 56% of the applicants awaiting a decision had waited more than 60 days. Note that some people awaiting a financial eligibility decision had yet to submit all of the information required by DCF to make a decision.

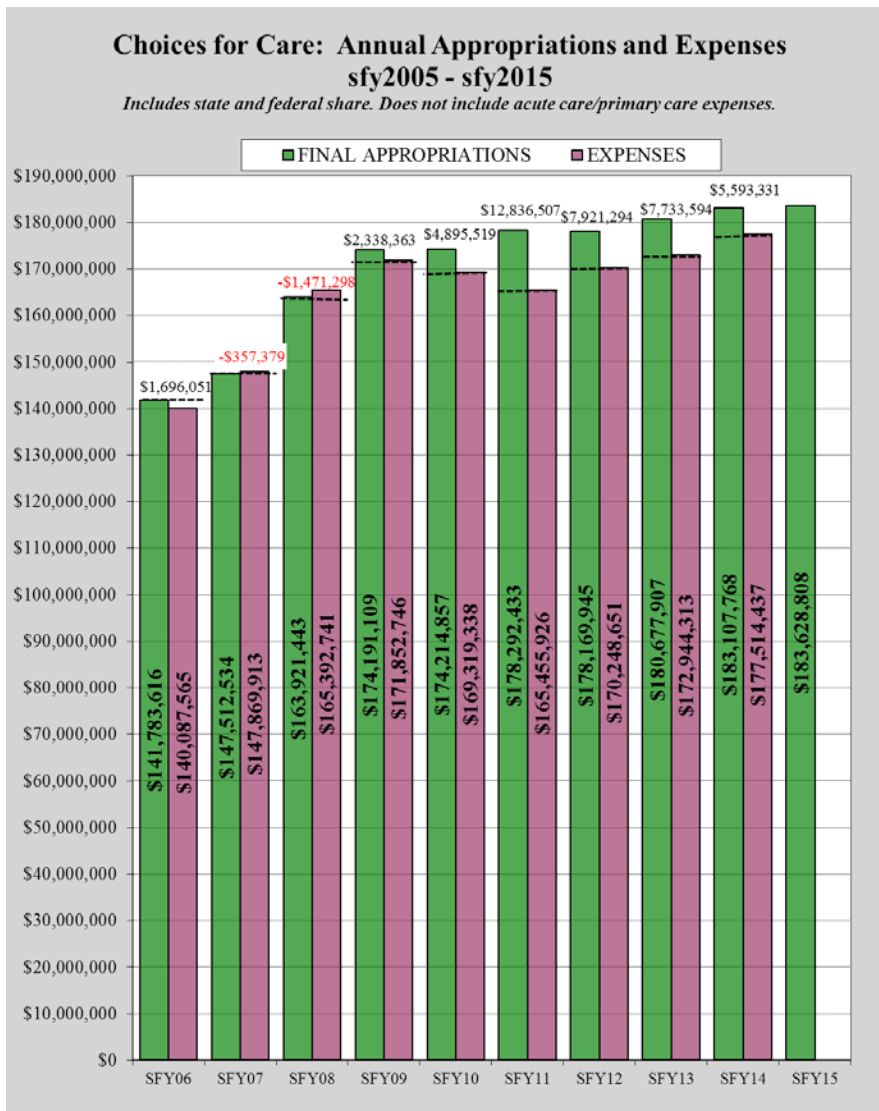
### Choices for Care: Number of Applicants in 'Received' Status and 'Pending Financial Eligibility' sfy2012 - sfy2015

data source: SAMS



6. Manage Spending to Available Funding –

Recent financial reports show that Choices for Care spending has been less than the legislative appropriation:



Data source: DAIL business office

Savings (i.e. appropriated funds that were not expended within the fiscal year) are carried forward to support Choices for Care ‘reinvestments’. The following reinvestments were made in sfy2015, using sfy2014 carryforward funds:

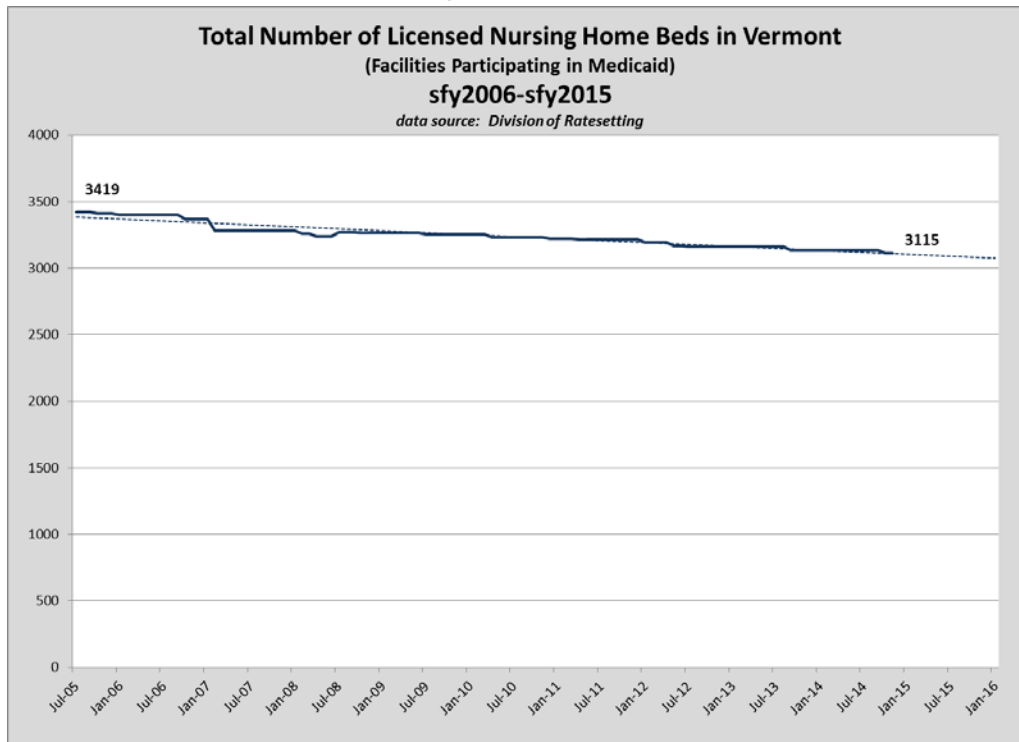
<b>Department of Disabilities, Aging and Independent Living SFY15 Choices for Care Reinvestments (using SFY14 Carryforward funds)</b>		<b>Gross \$</b>
	<b>Carryforward from SFY14</b>	<b>\$6,347,586</b>
	<b>Choices for Care:</b>	
1	August rescission to CFC carry-forward funds	\$1,614,884
2	CFC Contingency Fund at 1/2% (restore 50% August rescission)	\$887,573
3	Collective Bargaining Agreement (CBA): CFC Independent Direct Support Worker wage increases	\$816,726
4	CFC Moderate Needs investment over 2 years	\$2,502,384
	<b>Other:</b>	
5	One-time reinvestment in home modifications (\$206,896 GF)	\$475,514
6	One-time funding increase for SASH (\$50,505 Gross GC)	\$50,505
	<b>TOTAL</b>	<b>\$6,347,586</b>

Data source: DAIL business office

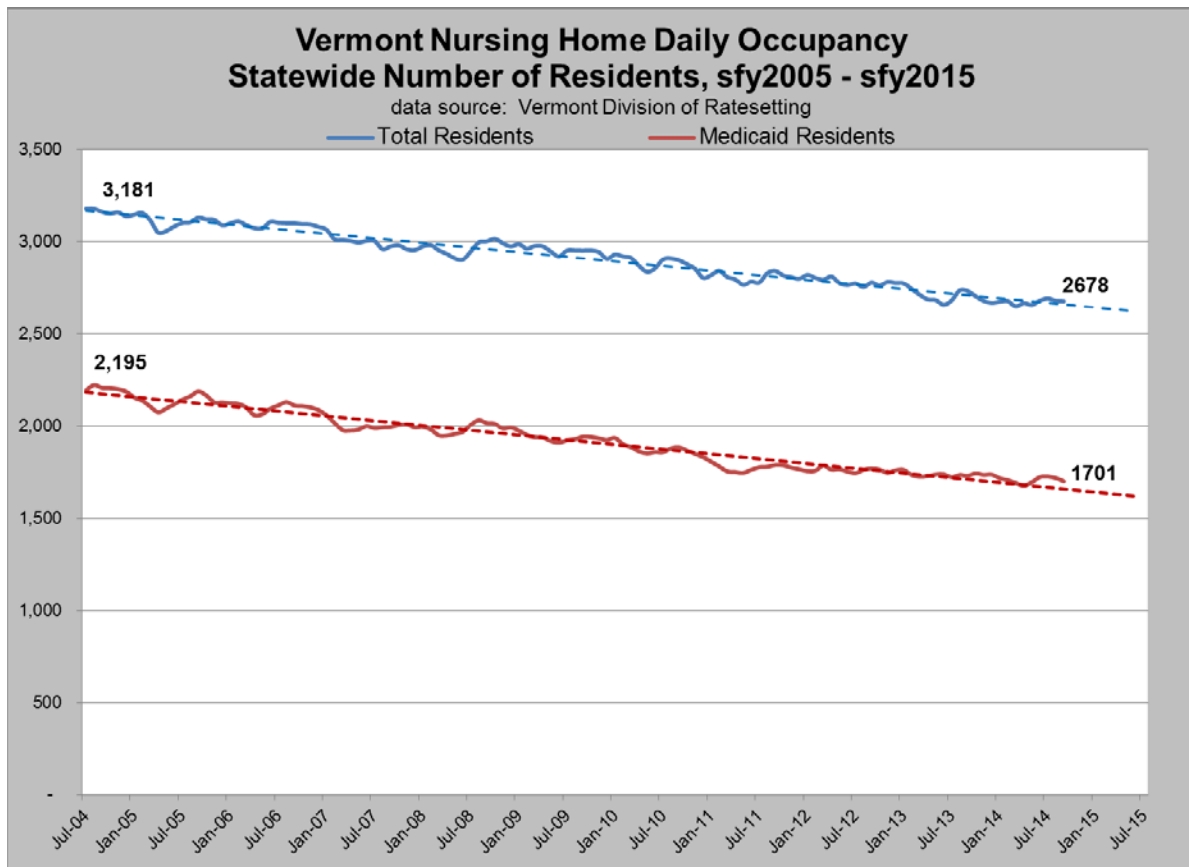
Choices for Care financial reports and other materials are available online at: <http://www.dail.vermont.gov/dail-publications>

7. Ensure an adequate supply of nursing home beds

While one goal of Choices for Care is to ‘shift the balance’, another goal is to ensure continued access to an adequate supply of high-quality nursing homes. The number of nursing home beds in Vermont has decreased:



And fewer people are using these nursing home beds:

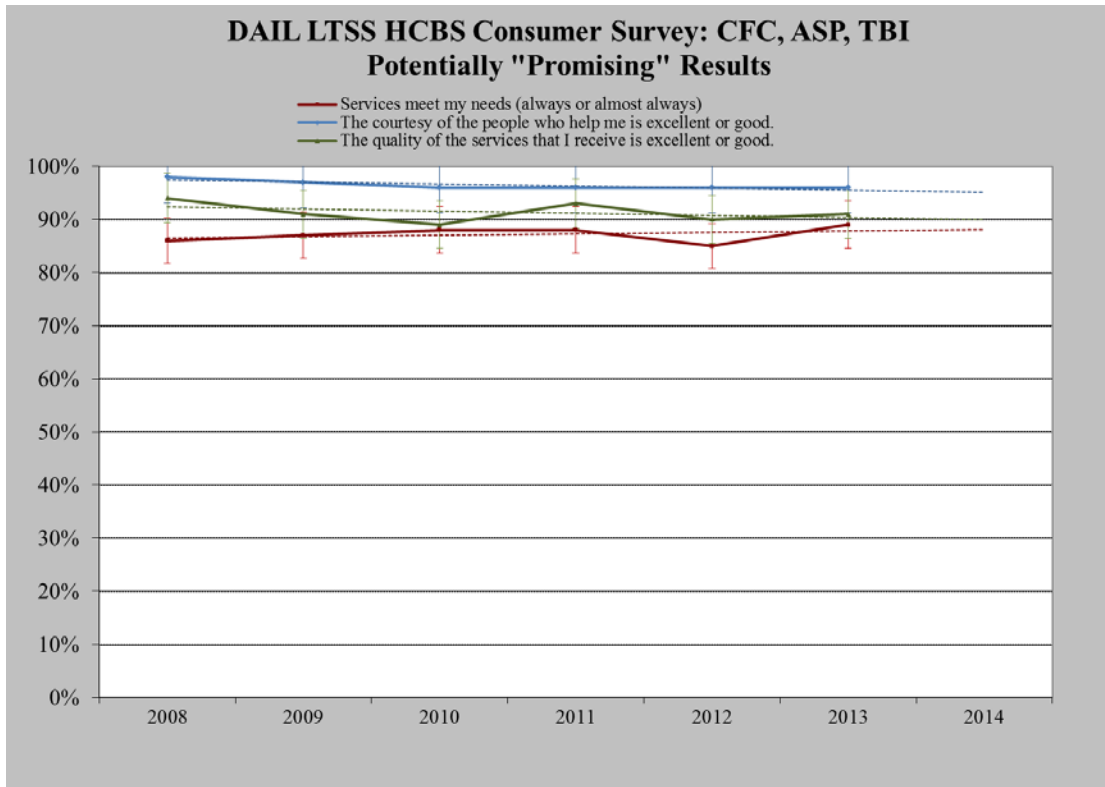


The state wide vacancy rate was 15% in October 2014 or 467 available beds.

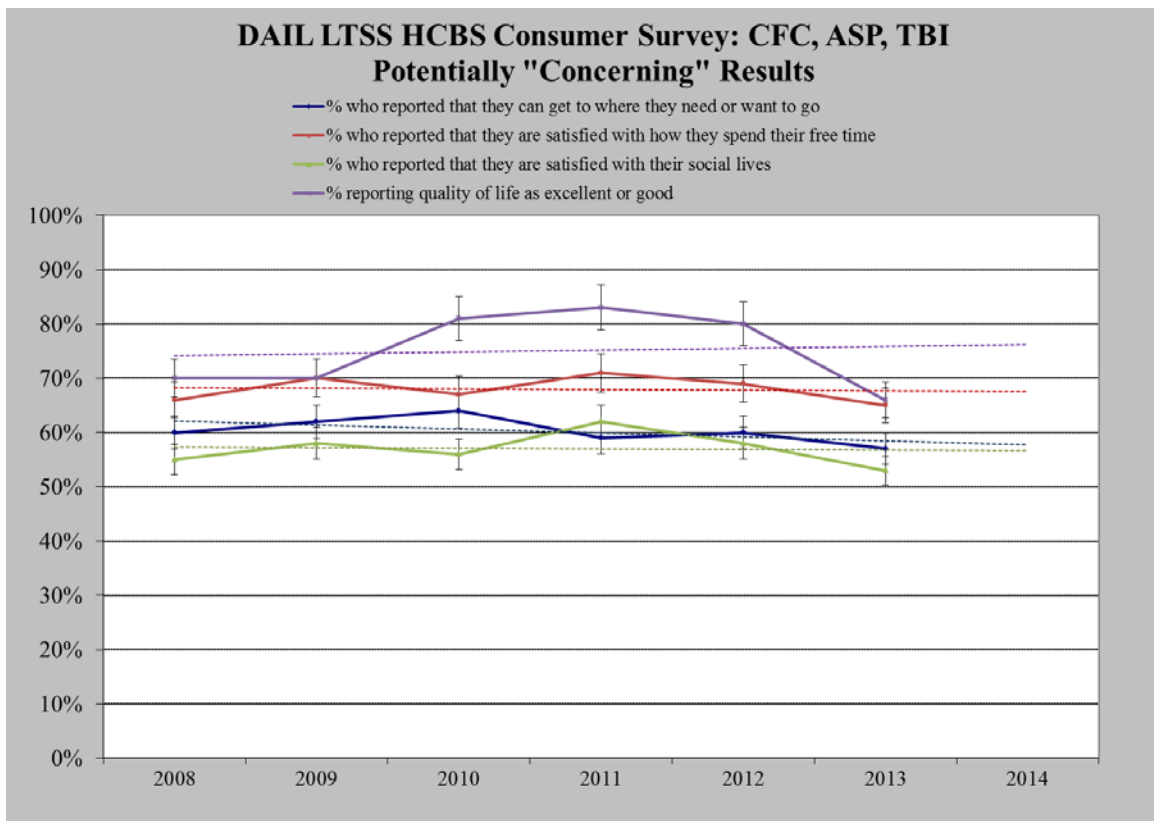
**8. Ensure high quality services and support individual outcomes**

The results of surveys of Choices for Care HCBS participants are generally positive. Consistent with recent recommendations from the state auditor, DAIL is now working with nursing home providers and enhanced residential care home providers to collect similar information from residents of these facilities.

Through surveys, a large majority of CFC HCBS participants report positive aspects of services, as shown below:



However, the surveys also suggest some opportunities for improvement:



9. Support the independent evaluation, including associated measures and documents.  
One of the requirements of Choices for Care is to support an independent evaluation. Under contract with DAIL, the University of Massachusetts Medical School has served as the independent evaluator. Their work includes:
- Evaluation reports, including specific performance goals and measures.
  - Policy reports, including recommendations for improving services.

The independent evaluator uses the results of consumer surveys in the independent evaluation. Surveys of CFC HCBS participants are currently performed under contract by another independent contractor, Market Decisions. . Relevant documents, including the results of consumer surveys, are available online at: <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/cfc-evaluation-rpts-consumer-surveys>

*Adult Day Centers* provide a safe, supportive environment where participants can come during the day and receive a range of professional health, social and therapeutic services, as well as a nutritious meal and valuable social interaction. Adult day services also provide respite, support and education to family members and caregivers.

*How much/many:* An average of 500 people per month participated in Adult Day services, supported through State and federal funds. This is a 4% increase in participation from the previous year. Overall, the total State payments for Adult Day services were \$6.7 million to include:

- 128 people per month served in CFC Moderate Needs, at a cost of \$1.5 million
- 230 per month served in CFC Highest/High Needs, at a cost of \$3.3 million
- 142 people per month served in Medicaid Day Health Services, at a cost of \$1.9 million<sup>2</sup>

According to the 2013 Vermont Long-Term Care Consumer Survey Report, 94% of respondents receiving Adult Day services rated the quality of their services as excellent or good.

DAIL staff led its first RBA exercise with adult day providers. Two outcomes were

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<sup>2</sup> <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/ltc-consumer-satisfaction-survey-2013-1>

identified and incorporated in the General funds grant agreement: 1) Participants are satisfied and have choice and control; 2) Caregivers have improved quality of life. These two outcomes will be measured by satisfaction and quality of life surveys administered by the Adult Day providers.

*The Attendant Services Program (ASP)* supports personal care services for adults with a “severe and permanent disability” who need physical assistance with activities of daily living (such as bathing, getting dressed and eating) to remain in their homes. People must be able to direct their own services. Medicaid covers services for those who are financially eligible for Medicaid coverage. A limited amount of State General Funds are also available for people who are not Medicaid eligible. However, in July of 2014, a budget rescission froze all new General Fund expenditures, both for new applicants and increased awards to current participants.

According to the 2013 Vermont Long-Term Care Consumer Survey Report, 97% of respondents receiving Attendant Services rated the quality of their services as excellent or good.



The attached packet of information includes the forms requested by the Secretary of Administration and the Appropriation Committees that were not sent previously as requested:

- **Crosswalk Spreadsheet** - The requested SFY16 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** - 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 (\$645,735) is 2.5% of total budgeted salaries and fringe. DAIL does not plan to intentionally leave any position vacant for the year.

**Summary of Changes from SFY 15 Budget to SFY 16 Proposed  
Budget**

<b>Total Change SFY15 to SFY16 Recommended Budget (Gross Dollars)</b>	<b>\$10,422,891</b>
> DAIL SFY16 Ups & Downs	\$5,049,563
> DVHA SFY16 Ups & Downs (Long Term Care portion Choices for Care)	\$ 5,373,328
<b>DAIL Administration &amp; Support Section</b>	
> Total SFY15 Base Appropriation	\$31,796,856
> SFY16 increase in Administration & Support	\$ 2,214,042
<b>SFY16 Recommend</b>	<b>\$34,010,898</b>
Positions: Current positions = 289 (295 employees as 6 positions are shared)	
<b>Disabilites, Aging, and Independent Living – Aging and Adult Services Grants</b>	
> Total SFY15 Base Appropriation	\$21,201,840
Proposed Changes:	
> Ombudsman Grant (Vermont Legal Aid) net neutral base fund adjustment from SFY15 Budget	\$ 0
> Direct Care Worker – Collective Bargaining Agreement funding (net-neutral with AHS CO) [BAA Item]	\$ 221,713
> SASH (BAA Item) \$50,505 covered by CFC Reinvestment Funds	\$ 50,505
> Eliminate SASH one-time funding by Reinvestment Funds	(\$50,505)
> Eliminate Adult Day (General Fund only Grants – approx. \$8K per Adult Day)	(\$115,710)
> Freeze Attendant Services Program (Attrition of 4 consumers at \$25K each)	(\$100,000)
> Senior Community Service Employment federal grant (moved to DAIL VR Grants – net neutral)	(\$647,534)
> Medicaid Provider Increase 2.5% for 6 months – Day Health Rehab Services (Adult Day)	\$26,846
> Medicaid Provider Increase 2.5% for 6 months – Attendant Services	\$18,750
<b>SFY16 Recommend</b>	<b>\$20,605,905</b>

<b>Blind and Visually Impaired Division</b>	
> SFY15 Base Appropriation	\$1,481,457
> Reductions to Case Services (\$10K for Center-Based Rehabilitation, \$50K less for Counselors to manage with)	(\$60,000)
> Reduce Service to Groups	(\$10,000)
> Reduce Older Blind Grant to VABVI [Vermont Assoc. for the Blind and Visually Impaired] (eliminate one Rehabilitation Teacher employed by VABVI – serves 200+ older blind Vermonters	(\$42,000)
<b>SFY16 Recommend</b>	<b>\$1,369,457</b>
<b>Vocational Rehabilitation Division</b>	
> SFY15 Base Appropriation	\$8,795,971
> Eliminate Assistive Technology Reuse (GF only) Program	(\$70,000)
> Eliminate GF portion of VCIL Independent Living Services Grant	(\$51,250)
> Eliminate Adaptive Van set aside (VR Section 110 Case Services)	(\$100,000)
> Reduce set aside funds for Industry Certified training programs (VR Section 110 Case Services)	(\$100,000)
> Senior Community Service Employment federal grant moved from DAIL Grants to VR Grants – net neutral	\$647,534
> MOU with Department of Children and Families (DCF) related to the SSI application Assistance (AHS net neutral)	(\$150,000)
<b>SFY16 Recommend</b>	<b>\$8,972,255</b>
<b>Developmental Services Appropriation</b>	
SFY15 Base Appropriation	\$178,044,952
> Caseload - general and high school graduates	\$6,577,767
> Caseload - Public Safety/Act 248	\$2,485,857
> Initiatives to reduce spending	(\$1,963,335)
> 2.5% Medicaid Rate increase for 6 months	\$2,084,187
> <b>BAA/Net Neutral Items below:</b>	
> SFI Funding no longer needed [BAA Item]	(\$287,190)
> Direct Care Worker – Collective Bargaining Agreement [BAA Item]	\$1,289,974
> Integrated Family Services (IFS) Transfer to DMH from DAIL (non-categorical funding to Howard Center for Accessing Resources for Children (ARCH) bundle [AHS net-neutral] – [BAA Item]	(\$100,000)
> IDT – Health Department Autism federal Grant ended	(\$58,000)
<b>SFY16 Recommend</b>	<b>\$188,074,212</b>

<b>Traumatic Brain Injury (TBI) Program</b>	
> SFY15 Base Appropriation	\$5,024,741
> TBI Caseload Pressure (7 individuals x \$75K)	\$525,000
> 2.5% Medicaid Rate increase for 6 months	\$60,229
> Minimum Wage (respite) diff between 1140 days @ 139.68 vs 1140 days @ 77.06	\$71,387
> Payroll Services for TBI (PMPM fee \$52 x 12 months x 42 consumers)	\$26,208
<b>SFY16 Recommend</b>	<b>\$ 5,707,565</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 '16 budget, we will develop a plan for that fiscal year.	
> SFY15 Base Appropriation (not including acute portion)	\$177,807,240
> Statutory Nursing Home rate increases	\$3,200,000
> 2.5% Medicaid Rate Increases for 6 months – LTC H&CB Services (not including Moderate Needs)	\$813,634
> H&CB caseload pressure (not including Moderate Needs)	\$1,820,000
> Eliminate Enhanced Residential Care Case Management	(\$433,622)
> Eliminate Adult Family Care Case Management	(\$26,684)
<b>FY16 Recommend (not including acute care)</b>	<b>\$183,180,568</b>

<i>All data is for SFY14 unless otherwise noted</i>			
<b>Whom We Serve</b>	<b>Program Description</b>	<b>Performance Measures</b>	<b>SFY16 Proposed</b>
<p>People 60 and over 59,495 people served</p>	<p><b>Older Americans Act</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 &amp; disease prevention, and legal services. Federal law- 42 U.S.C 3001, et.seq.</p>	<p>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. AAAs continue training in the Results Based Accountability (RBA) method to demonstrate performance.</p>	<p>Approx \$11M Total Approx \$4.9M GF</p>
<p>People 60 and over, and all persons with disabilities primarily age 18 and over, their desired families, care givers, and support persons.</p> <p>Over 50,000 contacts were provided information, referral and assistance (<i>A contact does not necessarily equal 1 person.</i>)</p> <p><i>*data based on SFY14(excluding Green Mountain Self Advocates and the Vermont Family Network).</i></p>	<p><b>Aging and Disabilities Resource Connection(ADRC)</b> is comprised of ten core partners serving the State of Vermont. The mission of the ADRC is to serve 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. The ADRC is involved in several pilot projects in SFY14 including a Medicaid Reimbursement Pilot Project and a Care Transitions Pilot. The ten core partners of the VT ADRC include the five Area Agencies on Aging, the Vermont Center for Independent Living, the Brain Injury Association of Vermont, VT 211, Vermont Family Network, and Green Mountain Self Advocates.</p>	<p>A total of over 51,243 contacts were received by the ADRC partners in SFY14 (excluding GMSA and VFN whose data was unavailable by this report). The person centered Options Counseling Program served over 7,000 unique individuals during SFY14, a service designed to assist individuals in making informed decisions about their person-centered goals and choices. Of those served, over 92 % of the individuals who received the service indicated they understood their long term care support choices after meeting with the Options Counselor. An MOU was executed among DCF, DVHA, and DAIL to pilot the effectiveness of a sustainable Medicaid funding stream for the Options Counseling service. A letter of Agreement was executed among DAIL, the Southwestern Vermont Medical Center, Southwestern Vermont Council on Aging, Vermont Center for Independent Living, and The Brain Injury Association of Vermont. The</p>	<p>Approximately \$700K federal funds</p>

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<b>Whom We Serve</b>	<b>Program Description</b>	<b>Performance Measures</b>	<b>SFY16 Proposed</b>
		pilot was launched on January 17, 2014 and within two days of start up received over 10 referrals. Vermont's ADRC employs over 60 uniquely qualified Options Counselors who meet the national core job duties and competencies. Recent RBA exercises identified updated, measurable goals for the upcoming year.	
People 60 and over and adults with disabilities with housing and care needs.	<p><b><i>Support and Services at Home (SASH) :</i></b> Statewide Residential-based coordination of health and other services for seniors and/or people with disabilities. Housing and Services including Case Management; health care coordination; nutrition assistance, disease and falls prevention activities. .</p> <p><b><i>Home Access Program (HAP):</i></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><i>Homesharing:</i></b> 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 offer support (such as personal care,</p>	<p>SASH operates in 93 affordable housing communities and has established 36.5 SASH panels with the capacity to serve 3,650 participants. Housing and Supportive Services (HASS) sites have been integrated into SASH with all but one remaining, which will be integrated by April 1, 2014.</p> <p>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 a performance target of 150 homeshare matches.</p> <p>SFY13 performance: 207 homeshare matches; 141 people secured affordable housing; 67 people found in-home</p>	\$1,032,765 GC/MCO All inclusive

<i>All data is for SFY14 unless otherwise noted</i>			
<b>Whom We Serve</b>	<b>Program Description</b>	<b>Performance Measures</b>	<b>SFY16 Proposed</b>
	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.	caregivers.	
People 60 and over  The program responded to 521 complaints, including approximately 14% related to home and community based services. The program provided 549 consultations to individuals and 257 consultations to providers of long term care services.	<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.	Approximately 84% of complaints were fully or partially resolved to the satisfaction of the individuals receiving services or someone with authority to act on their behalf.  Accessibility: Visit at least 95% of all long term care facilities each quarter and distribute resident's rights fact sheet to 100% of Vermont residential care homes and assisted living facilities.	\$702,743 Total a) \$88,344 GF b) \$302,928 FF c) \$141,481 GC d) \$169,990 CFC
	<b>Division for the Blind and Visually Impaired</b>	10 positions – \$830K gross (sal&fringe)	
People who are blind or visually impaired  328 people	<b><i>Employment and Vision Rehabilitation.</i></b> Federal law - 29 United States Code (U. S. C), chapter 16	There were 103 new applicants and 70 successful closures. The rehab rate was 83% compared to the 67% national average. The target is to increase rehab rate to 84%.	\$1,061,007 Gross
People who are blind or visually impaired  106 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 25 new applicants and 51 people completed goals outlined in individualized plans.	\$85,000 Gross
People with the most significant visual impairments	<b><i>Randolph /Sheppard Program</i></b> provides Business Enterprise Supports to assist blind business owners to successfully run cafeterias and vending	Gross earnings for blind business owners increased 1%.	\$223,450 Gross

<i>All data is for SFY14 unless otherwise noted</i>			
<b>Whom We Serve</b>	<b>Program Description</b>	<b>Performance Measures</b>	<b>SFY16 Proposed</b>
	programs on state and federal property. 21 V. S. A. § 501 et seq.; federal law (20 U. S. C. § 107 et seq.)		
	<b>Adult Services Division</b>	Performance measure applicable to all ASD 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  5261 people (October 2014)	<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.	<ol style="list-style-type: none"> <li>1. Support Individual Choice: 84% of HCBS survey respondents stated that choice and control were excellent to good.</li> <li>2. Serve more people: The number of people served has increased 53% (including Mod Needs) since October 2005.</li> <li>3. Shift the balance: Since 2005, Choices for Care rebalancing has steadily evolved Enrollment in HCBS and ERC exceeding enrollment in nursing homes for the first time in March 2013.</li> <li>4. Expand options: Since Choices for Care began, four new service options have been developed. The Vermont PACE program closed two sites (Colchester and Rutland) in March 2013, leaving three new options. The implementation of Adult Family Care September 2013 is intended to increase the number of people receiving 24-hour care in a home setting.</li> </ol>	DVHA appropriation (LTC component) \$183,180,568 Gross



<i>All data is for SFY14 unless otherwise noted</i>			
<b>Whom We Serve</b>	<b>Program Description</b>	<b>Performance Measures</b>	<b>SFY16 Proposed</b>
		<p>5. Eliminate or reduce wait lists: The wait list for high/highest has gone from 241 in 2005 to zero in 2011 where it is currently. The moderate needs providers maintain wait lists of approximately 500 people statewide. This is being partially addressed through the BAA/CFC reinvestment process.</p> <p>6. Manage spending to available funding: Recent financial reports show that Choices for Care spending continues to be less than the legislative appropriation.</p> <p>7. Ensure an adequate supply of nursing home beds: The number of nursing home beds in Vermont has decreased by about 9% since 2005. Since Choices for Care began, the total occupancy of Vermont nursing homes has decreased from 92% to below 85%.</p> <p>8. Ensure that services are of high quality and support individual outcomes: The results of surveys of Choices for Care HCBS participants are generally positive. Consistent with recent recommendations from the state auditor, DAIL is now working with nursing home providers and enhanced residential care home providers to collect similar information from residents</p>	

<i>All data is for SFY14 unless otherwise noted</i>			
<b>Whom We Serve</b>	<b>Program Description</b>	<b>Performance Measures</b>	<b>SFY16 Proposed</b>
		<p>of these facilities. Through surveys, a large majority of CFC HCBS participants report positive aspects of services.</p> <p>9. Support the independent evaluation of CFC: Under contracts with the State of Vermont, the University of Massachusetts Medical School has served as the independent evaluator. Their work includes:</p> <ul style="list-style-type: none"> <li>• Evaluation reports, including specific performance goals and measures.</li> <li>• Policy reports, including recommendations for improving services.</li> </ul>	
<p>People transitioning from nursing homes to the community.</p>	<p><b><i>Money Follows the Person (MFP) Grant</i></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 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.</p>	<p>Quality of Life Survey given prior to transition, at 11 months and 24 months post transition.</p> <p>Program Goal: Support nursing home residents to move back into the community and to graduate from the program with successful completion of 365 days living in home setting. CY13 goal was to serve 70 people. 53 transitioned of the 113 enrolled. Since the beginning of MFP, a total of 252 people have enrolled, 139 participants have transitioned to the community, and 52 participants have graduated. For the 113 people enrolled but not transitioned, housing is identified as a barrier to</p>	<p>MFP expenses in the DVHA budget. Administrative expenses in DAIL (100% Federal Funds)</p>

<i>All data is for SFY14 unless otherwise noted</i>			
<b>Whom We Serve</b>	<b>Program Description</b>	<b>Performance Measures</b>	<b>SFY16 Proposed</b>
		transition. Adult Family Care home is focused on increasing housing options for CFC/MFP participants.	
Adults with physical and/or cognitive impairments  Vermont Medicaid supported an average of <b>500 people per month</b> , (26% CFC Moderate Needs, 46% CFC Highest/High needs, and 28% Day Health Rehabilitation Services)	<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 the 2014 VT LTC Consumer Satisfaction Survey, 94% of respondents rated the quality of services as excellent or good; 83% of respondents agreed or strongly agreed that the Adult Day Center helped maintain or improve health. In addition, participants are screened for depression 2x/year with the goal that referrals are made in 100% of indicated cases. Caregiver stress is screened 2x/year for indication of improved status over time, in the aggregate.	\$3,715,834 a) Choices for Care \$1,640,156 plus pending CFC reinvestment for MNG b) Day Health Rehab Services GC \$1,980,656
Adults with severe and permanent disabilities who need physical assistance with activities of daily living  191 people were served in SFY14, including 97 people through Medicaid and 94 people with general funds.	<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 the 2014 VT LTC Consumer Satisfaction Survey, 97% of respondents rate the quality of services they received from the ASP as excellent or good; 97% of respondents agreed or strongly agreed that the ASP helped maintain or improve health.	\$3,730,516 Total a) \$1,920,451 GF b) \$1,810,065 GC
Adults who rely on medical technology to survive  An average of 36 people per	<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	A new assessment and reimbursement process is being developed together with	DVHA appropriation – approx \$4M GC

<i>All data is for SFY14 unless otherwise noted</i>			
<b>Whom We Serve</b>	<b>Program Description</b>	<b>Performance Measures</b>	<b>SFY16 Proposed</b>
month were served in SFY14.	sophisticated medical equipment. DAIL manages the program for adults.  Vermont Global Commitment to Health regulations.	DVHA. The goal is to reassess all participants early 2015 and authorize an efficient plan that meets participants needs at a rate that maintains provider access in all regions of the state.	
	<b>Developmental Disabilities Services Division</b>	Performance measure applicable to all DDSD programs: <i>People live with dignity and respect in their own homes and communities.</i>	
People with developmental disabilities and their families  2,833 people (HCBS)	<i>Developmental Disabilities Services</i> 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. SFY13 average employment rate was 48% with 9 agencies exceeding the target. <i>Access to High Quality Health Care:</i> In Calendar Year 2013, 93% of adults age 22 and over served by DDS HCBS who had access to preventive/ambulatory services.	\$182,110,249 GC
People with developmental disabilities and their families	<i>Flexible Family Funding allows</i> funds to be used flexibly, at the discretion of the family, to	No target set.	\$1,188,273 GC

<i>All data is for SFY14 unless otherwise noted</i>			
<b>Whom We Serve</b>	<b>Program Description</b>	<b>Performance Measures</b>	<b>SFY16 Proposed</b>
1,103 people	<p>purchase goods, services and supports that benefit the individual and family. 71% (785) 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>Older people and adults with developmental disabilities who are unable to make basic life decisions</p> <p>750 people: Includes 655 people with developmental disabilities and 88 people over age 60</p> <p>Representative payee services to 339 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: \$2.6M - GF</p>
<p>People with moderate to severe traumatic brain injuries</p> <p>83 people</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>Achieve greater individual independence, as measured by individual progress in rehabilitation.</p> <p>New performance measures as part of the DFM Performance Measurement Pilot Program in FY 14 included:  1) Number of people employed while enrolled in the rehabilitation program. In SFY 14, 27% of people were employed (target was 25%).  2) Number of people served in the rehabilitation program that meet their</p>	<p>\$5,707,565 GC</p>

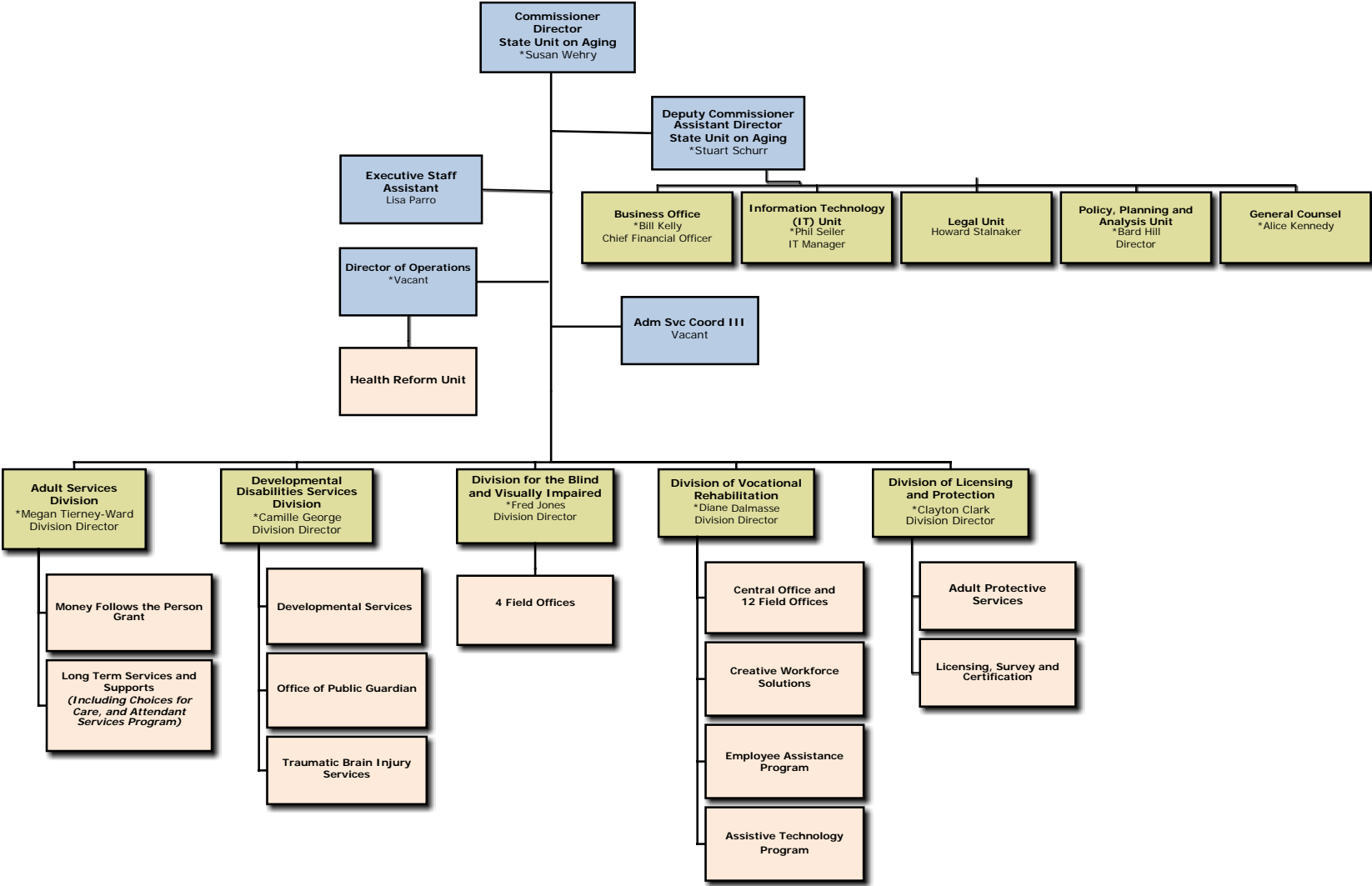
<i>All data is for SFY14 unless otherwise noted</i>			
<b>Whom We Serve</b>	<b>Program Description</b>	<b>Performance Measures</b>	<b>SFY16 Proposed</b>
		<p>maximum potential and graduate to independent living. In SFY 14, 7 people graduated to independence (target was 5 ).</p> <p>3)Number of people that meet their maximum potential in the rehabilitation program who still need services and transition to other service. In SFY 14 0 people transitioned to other programs (SFY 14 target was 5).</p>	
<b>Division of Licensing and Protection</b>			
<p>Completed 100% of CMS required surveys of health care providers per CMS prescribed timeframes</p> <p>Completed on-site investigations of 755 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>	\$2.3M Gross approx
<p>In SFY14, APS received 4,043 intakes, referred 1,515 for investigation and completed 1,366 investigations, resulting in 165 recommendations for substantiation. As a result, 95 individuals were placed on the Adult Abuse Registry.</p>	<p><b>Adult Protective Services</b> investigates allegations of abuse, neglect and/or 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>The number of investigations APS performs has been trending upward since performing 625 investigations in SFY05.</p>	\$1.3M approx. GF
<b>Division of Vocational Rehabilitation</b>			

<i>All data is for SFY14 unless otherwise noted</i>			
<b>Whom We Serve</b>	<b>Program Description</b>	<b>Performance Measures</b>	<b>SFY16 Proposed</b>
People with disabilities 10,140 cases 9,742 people	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.	DVR achieved 1,878 employment outcomes. Federal standard and indicators is for one more employment outcome than the previous year, which VR has met in 22 out of the past 23 years.	\$8,353,536 Gross
People with disabilities 80 people	<i>Independent Living Part B</i> 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.		\$190,000 Gross
People with traumatic head injuries 23 people	<i>Traumatic Brain Injury Grant</i> is a grant to the Lenny Burke Farm to provide supervised living supports so that people with traumatic brain injuries 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 Fill between 900 and 1100 requests for interpreters in each year	<i>Interpreter Referral Service</i> enables organizations and individuals to hire qualified interpreters		\$55,000 Gross
People with disabilities Directly served 1,308 people, and reached over 12,100 people through Public Awareness and Technical Assistance Activities.	<i>Assistive Technology Project</i> 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





# Department of Disabilities, Aging, and Independent Living (DAIL) Organizational Chart State Unit on Aging (SUA)



\* = Identifies contacts for DAIL Senior Leadership

As of 01/22/2015