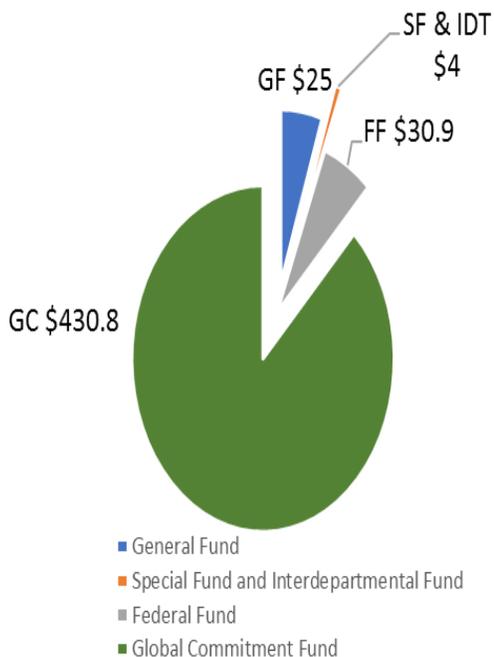


Agency of Human Services,
Department of Disabilities, Aging and
Independent Living
FY 2019 Governor's Recommend
Budget

MISSION: Make Vermont the best state in which to grow old or to live with a disability – with dignity, respect and independence.

Governor's Recommend Budget
FY19 (\$ millions)



FY 2019 SUMMARY & HIGHLIGHTS

- No Increase in staffing
- 2.5% increase in General Fund
- 6 Exempt, 277 Classified positions
- Elimination of the Attendant Services GF only program
- Caseload pressures for Developmental Services, Choices for Care and Traumatic Brain Injury
- Pressure to fund implementation of sick leave legislation for Independent Support Workers
- Reduction in existing Developmental Services Waivers



Agency of Human Services

Department of Disabilities, Aging and Independent Living

GOVERNOR'S SFY 19 BUDGET TESTIMONY

FEBRUARY 2018

HOUSE APPROPRIATIONS COMMITTEE

SENATE APPROPRIATIONS COMMITTEE

HOUSE HUMAN SERVICES COMMITTEE

Monica Caserta Hutt, Commissioner and
William Kelly, Chief Financial Officer

Mailing Address: HC2 South, 280 State Drive, Waterbury, VT 05671-2020

802-241-2401

Department of Disabilities, Aging and Independent Living

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Department of Disabilities, Aging and Independent Living Budget Testimony 2018 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; 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 to 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.vermont.gov/resources/documents-reports/annual-reports>

Globally, DAIL's work across all five divisions is most directly related to two outcomes in Act 186: *Vermont's seniors live with dignity and in settings they prefer* and *Vermonters with disabilities live with dignity and in settings they prefer*. At a population level, these outcomes embody 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, empowering independence, inclusion in their own communities and contributions to Vermont. For these outcomes, we measure employment rates and rates of abuse and neglect. For more information about how DAIL contributes to Act 186, you can access the DAIL scorecard here:

<https://app.resultsscorecard.com/Scorecard/Embed/27950>

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 older Vermonters and 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) and continues to focus on population level indicators and program performance. Throughout this document, we identify measures related to how much, how well and how people are better off because of our services and supports. Three programs are included in the 'Programmatic Performance Budget Project': The Traumatic Brain Injury program, the Division for the Blind and Visually Impaired, and Project SEARCH, but all of our divisions and core programs 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, please visit the DAIL Performance Budget Scorecard here:

<https://app.resultsscorecard.com/Scorecard/Embed/27950>

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 independence is the primary goal, DBVI helps people build adaptive skills through DBVI Independent Living blindness programs.

DBVI Performance Measures

DBVI programs contribute to several of the outcomes measures established by the Vermont legislature in Act 186 of 2014 and revised in Act 6 of 2017. One major focus is Vermont has a Prosperous Economy (Outcome #1). Current DBVI program measures include the average weekly earnings and hours worked when people exit the program, compared to the average weekly earnings and hours worked at the time of application. DBVI programs assist youth who are blind, contributing to Vermont children and young people achieve their potential (Outcome #6). DBVI programs also assist individuals to build adaptive blindness skills so they can "Live with dignity and independence and in settings they prefer" (Outcome #8).

How many people we serve (FFY 2017):

- 254 individuals received services to assist them to maintain or find employment as a result of their vision loss.
- 64 individuals successfully achieved their employment goals this year. Individuals who did not achieve their goals will continue to receive services in FFY 18.

How well we serve them:

Customer Satisfaction: Results of a statewide random survey of all participants in the DBVI Vocational Vision Rehabilitation program in 2017 (conducted by Market Decisions).

- 93%=Overall, how satisfied are you with the DBVI vocational rehabilitation program?
- 93%=Overall, I am better off as a result of the services I received from DBVI.
- 95%=DBVI staff treated me with dignity and respect.
- 94%=How helpful were the staff of DBVI in helping you achieve your vocational rehabilitation goals?
- 92%=Considering all of the expectations you may have had about the services provided by DBVI to what extent have these services met your expectations?
- 89%=The DBVI vocational rehabilitation services I received helped me become more independent in general.
- 84%=DBVI helped me reach my job goals.

Our approach in assisting individuals who are blind or visually impaired on their path to employment and independence begins with the belief that each person can achieve their goals. We know that the “voice of the customer” is important and our strategies are geared to meeting those needs. Each staff member is committed to delivering services well and to making a difference in the lives of the people we serve.

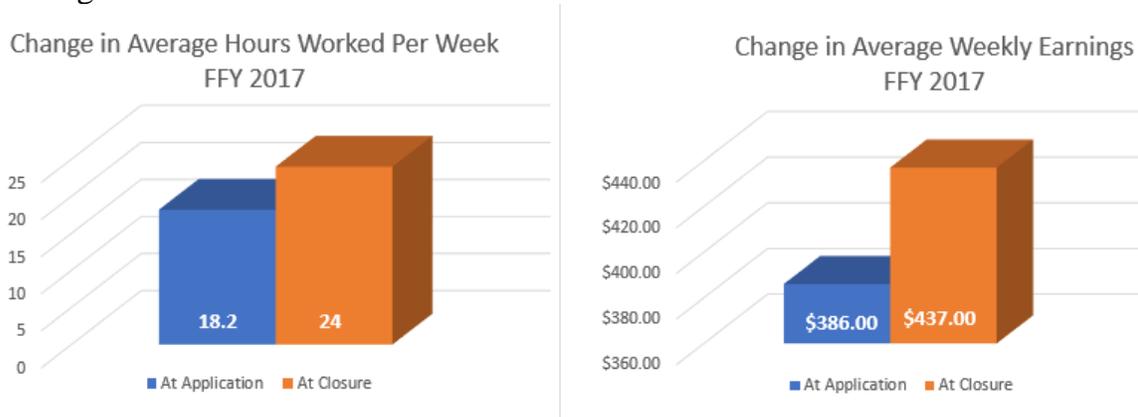
How are people better off:

Change in Average Weekly Earnings (FFY 2017)

- Average weekly earnings at application = \$386
- Average weekly earnings at rehabilitation = **\$437**

Change in Average Hours Worked Per Week (FFY 2017)

- Average hours at application = 18.2
- Average hours at rehabilitation = **24**



In annual closure surveys DBVI participants shared examples of how their new skills have helped them adapt to vision loss, maintain employment, and improve their quality of life. They reported being better off because they can now:

- Obtain their employment goals
- Access printed material with the use of specialized blindness 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

In 2014, the US Congress reauthorized the Rehabilitation Act which is now referred to as the Workforce Innovation and Opportunity Act (WIOA). This requires DBVI to use new measures and targets. In FFY 2018, DBVI will establish baseline data for the following measures:

1. Employment rate two quarters post program exit
2. Employment rate four quarters post program exit
3. Median earnings at two quarters post program exit
4. Credential attainment
5. Measurable skills gains
6. Employer satisfaction

DBVI has one year remaining to put systems in place to collect the required data and establish baselines. After that, DBVI will be required to negotiate targets for each measure with the federal Rehabilitation Services Administration. We believe the measures will support and encourage DBVI programs to focus on longer term outcomes for our consumers and help them build career pathways to higher wage employment.

DBVI staff work towards continuous improvement by listening to the voice of customers and using that information and data to improve performance. An updated DBVI State Plan with new goals and strategies was completed and approved by the State Rehabilitation Council in December 2017. (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)

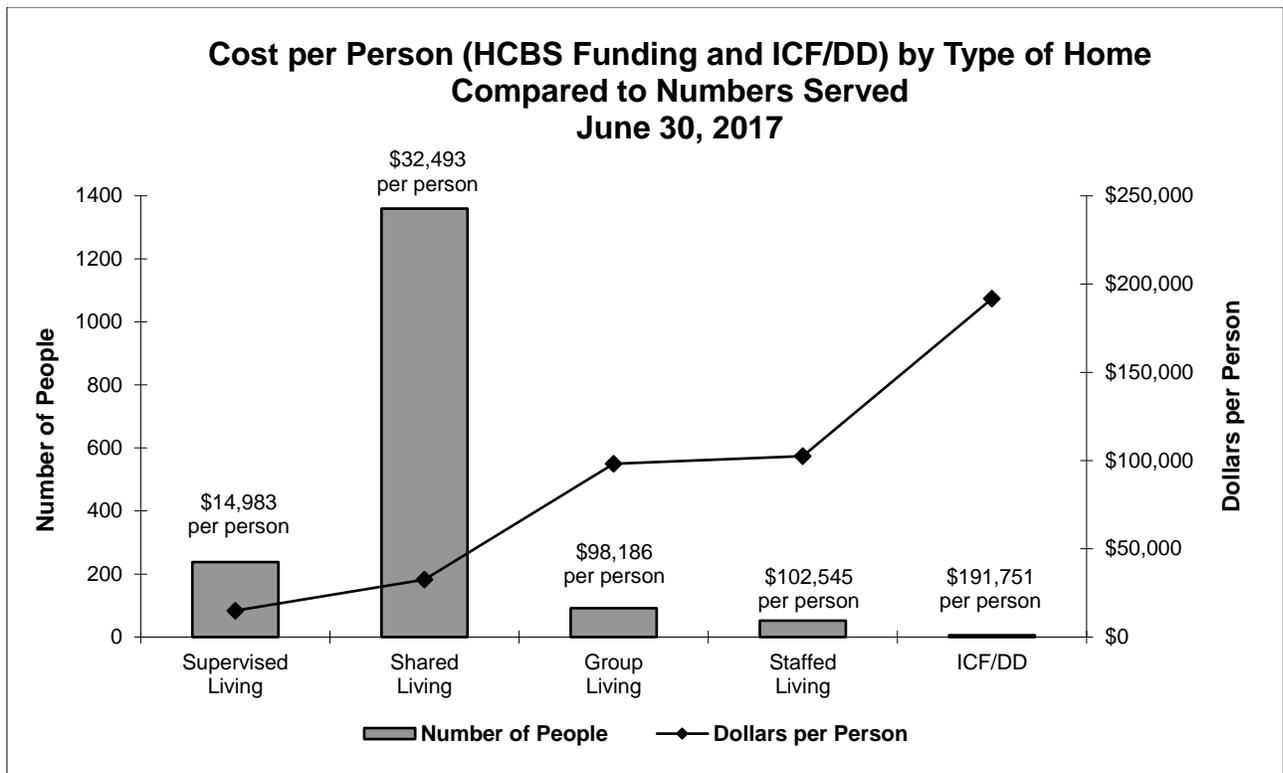
Developmental Disabilities Services: Through a Master Grant Agreement with the Agency of Human Services, Developmental Disabilities Services (DDS) are provided by 15 Designated Agencies and Specialized Services Agencies with the goal of cost-effective, integrated community living. In SFY 17, 3,070 Vermonters received home and community-based services, traditionally known as ‘waiver’ 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 17, 1,256 people with developmental disabilities received supported employment to work, about the same as the previous year.

DDSD Performance Measures

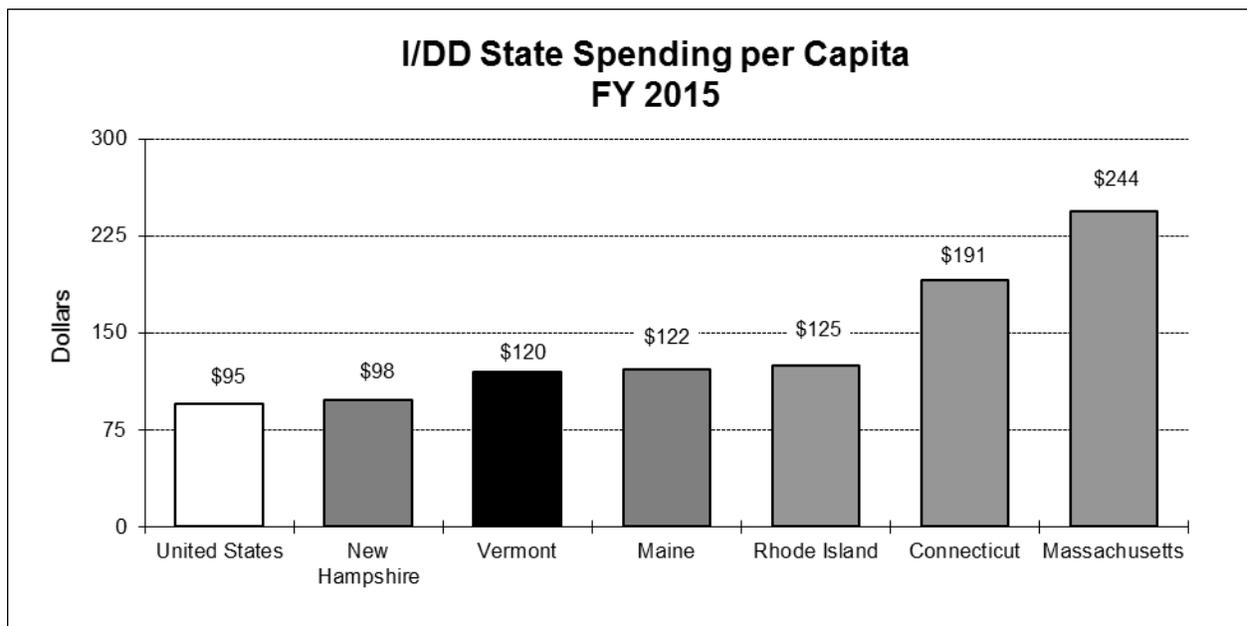
How many people we serve: 4,538 individuals across all programs (unduplicated) in FY17.

How well we serve them:

- Our employment services have been recognized as a national model with a 48% employment rate. Vermonters served in developmental disability services are earning total wages of almost \$4.1 million a year, increasing their income while also reducing federal Social Security disability payments by an estimated \$1.5 million.
- Vermont’s home supports are individualized, based on an assessment that addresses goals, strengths and needs. Of the people receiving paid home supports, a high percentage (79%) live with a shared living provider. This model uses contracted home providers, offers personalized supports, and is generally more economical than other home support options. Staffed Living and Group Living arrangements have much higher per person costs because they are based on a 24-hour staffed model.
- By developing and demonstrating success in the shared living model, Vermont is investing in personalized services at low cost.



- Vermont ranks 2nd lowest of the New England states in spending of state dollars (including Medicaid match) per capita for I/DD services, but is also higher than the national average. Vermont is ranked 15th nationally in state spending per capita.



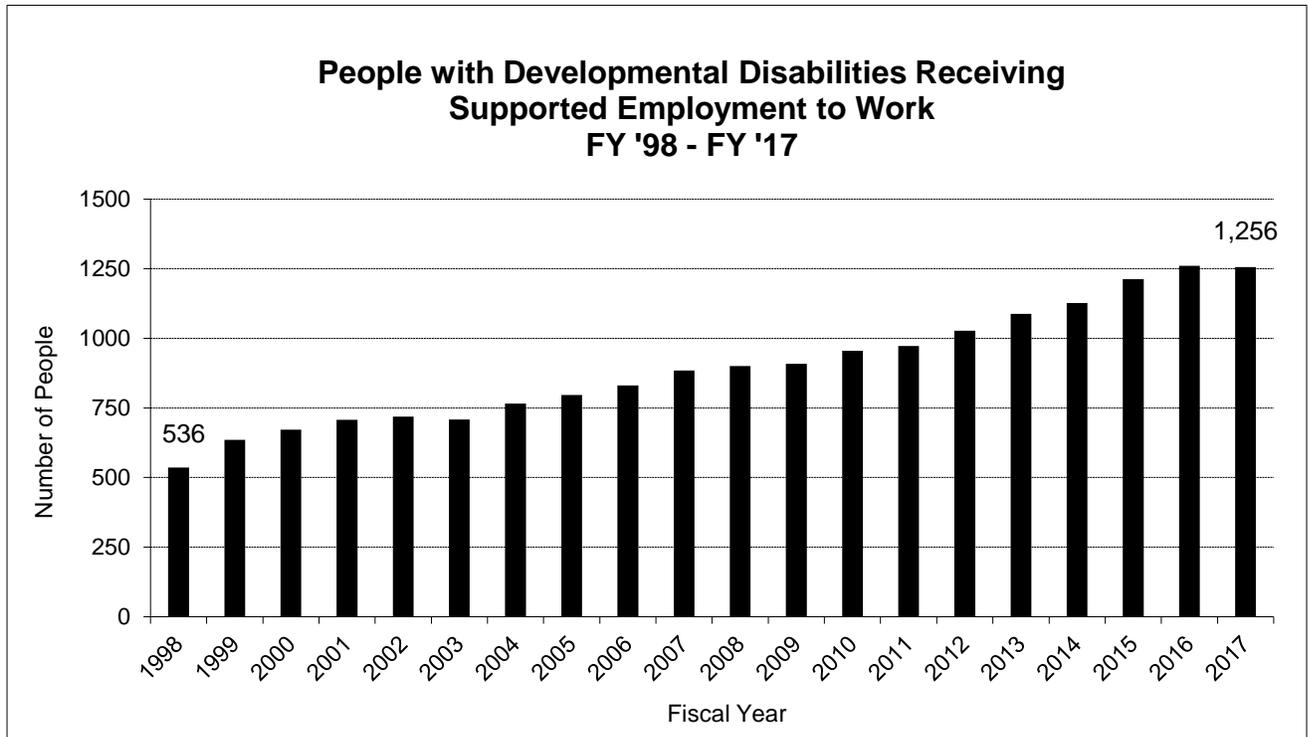
- Vermont ranks second in the nation in the achievement of service outcome as rated in the 2016 report The Case for Inclusion: an annual publication produced by

United Cerebral Palsy. This ranking was based on comparative effectiveness that our programs demonstrate in five areas:

- Promoting Independence
- Tracking Health, Safety & Quality of Live
- Keeping Families Together
- Promoting Productivity
- Reaching Those in Need

How people are better off:

- Vermont participates in the National Core Indicators (NCI) initiative. This is a voluntary effort by public developmental disabilities agencies to measure and track their own performance. The core indicators are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety. With 36 states participating in the Adult Consumer Survey, we can both track our own progress and compare our work with others. The 2016 NCI survey results show people expressed a high degree of satisfaction:
 - 92% said they like where they live.
 - 84% said they decide, or help decide, their daily schedule.
 - 91% say staff show up and leave when they are supposed to.
 - 90% say they do not often feel lonely.
- Individual Service Plans are the cornerstone to personalized service and a self- determined life. Our NCI survey results for 2016 reported that 58% of the people in service said they were able to choose services they get as part of their service plans and 74% said their service coordinator asked them what they want. This is a critical area for improvement going forward.
- 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 two-year certificates to 37 graduates with an 86% employment rate upon graduation.



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 17, 736 adults received public guardianship services. This included 627 people with developmental disabilities and 99 adults over age 60. Ten people also received case management. In addition, the program provides representative payee services to 348 people. (Appropriation 3460016210)

Future Development: In the upcoming year, DDS will be working with the provider network to develop alternative payment methodologies in order to streamline procedures and enhance transparency and accountability for payments and service delivery.

III. Division of Licensing and Protection (DLP) includes two units 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 licenses or certifies health care providers to assess compliance with state and federal regulations and investigates 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 315 onsite complaint and self-report investigations at health care facilities.
- APS investigated 852 allegations of abuse, neglect and/or exploitation of vulnerable adults, which was an average of 85 investigations per investigator.

How well we serve them:

- S&C completed 100% of their required federally regulated surveys on time.
- S&C received a perfect score from the Centers for Medicare and Medicaid Services (CMS) for the second year in a row on their annual performance review, which included both administrative measurements and embedded survey observations.
- APS continues to have external file reviews on a voluntary basis that shows that investigations are conducted professionally and thoroughly.

How people are better off:

- 22% of nursing homes had no deficiencies.
- 59% 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.
- 79 individuals were placed on the Adult Abuse Registry in SFY 17. These individuals, with substantiations of abuse, neglect or exploitation, will no longer be able to work in Vermont with vulnerable adults.

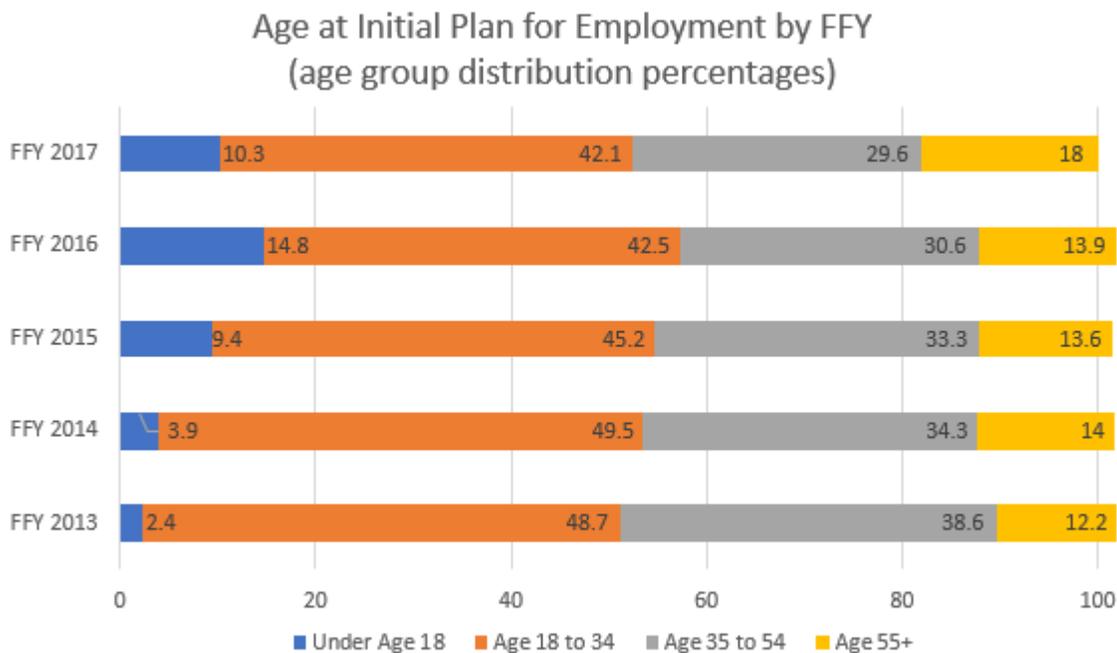
IV. Division of Vocational Rehabilitation (DVR) assists Vermonters with a disability to enter or re-enter the workforce through a wide variety of programs and individual support services. The core program (VR Section 110) enables Vermonters with a disability to assess their skills and abilities, identify a vocational goal, develop an Individualized Plan for Employment and receive services leading to meaningful employment. Historically DVR has invested in supported employment services for adults with developmental disabilities and youth with severe emotional disturbance. The Division operates a statewide Benefits Counseling Program to support Social Security beneficiaries to find work, and the Assistive Technology (AT) Project provides Vermonters with information and training on AT devices and services. (Appropriations 3460010000, 3460040000)

In 2014 the US Congress reauthorized the Rehabilitation Act via the Workforce Innovation and Opportunity Act (WIOA). WIOA is the first legislative reform of the public workforce system in more than 15 years. It strengthens and improves our nation's public workforce system and increases economic opportunities for individuals in the United States, especially youth and individuals with significant barriers to employment. In addition to increasing services to youth with disabilities, WIOA supports employer engagement,

emphasizes competitive integrated employment, enhances accountability, and promotes collaboration between human services, education, and labor efforts. In short, WIOA represents the most significant changes in VR structure and practice in a generation.

The biggest impact of the WIOA legislation is the new requirement that VR agencies across the country devote 15% of VR 110 federal grant funding to provide Pre-Employment Transition Services (Pre-ETS) for students still in high school, starting services as early as the freshman year. The goal of Pre-ETS is to engage students with disabilities earlier to improve their long-term employment and post-secondary educational outcomes. DVR has fully implemented Pre-ETS statewide to serve all of Vermont’s 59 supervisory unions.

The implementation of the Pre-ETS mandate has had a major impact on the DVR caseload. In FFY 2015, our 14 transition counselors worked primarily with youth exiting school as they entered the workforce. In FFY 2017, those 14 counselors worked almost exclusively with youth still in school, preparing for future employment. A comparison that illustrates this clearly is that in FFY 2012, less than 3% of the consumers who signed an Individualized Plan for Employment (IPE) with us were under the age of 18. In FFY 2017, that figure was 10.3% of new plans signed (see chart below). Furthermore, the median age of individuals with an IPE decreased from 35 in FFY 2012 to 33 in FFY 2017.



Linking Learning to Careers (LLC) is a 5-year statewide research project awarded to DVR Vermont by the U.S. Department of Education. This grant is an exciting opportunity to improve career outcomes for Vermont students with disabilities by offering a menu of

enhanced services on top of the excellent core services already available through DVR Transition Counselors. LLC is a timely and direct compliment to recent WIOA regulatory changes with Pre-Employment Transition Services and offers valuable real-world-tested insight into the most effective VR practices for working with students. Throughout Vermont, 800 students will participate in the project with coordination and support from key LLC partners, such as the Community College of Vermont (CCV), Agency of Education, local schools, Mathematica Policy Research, TransCen and others.

WIOA also has changed the way that DVR programs will be measured and evaluated by the federal government. The new measures are:

1. Employment rate two quarters post program exit
2. Employment rate four quarters post program exit
3. Median earnings at two quarters post program exit
4. Credential attainment
5. Measurable skills gains
6. Employer satisfaction

DVR has one more year to collect baseline data. After that, DVR will be required to negotiate targets for each measure with the federal Rehabilitation Services Administration. We believe the measures will support and encourage DVR programs to focus on longer term outcomes for our consumers and help them build career pathways to higher wage employment. DVR is launching the Careers Initiative in January to accomplish this major paradigm shift.

Major changes take time to work through; new services and service populations take time to develop. We are very proud that, during a time of such profound change and reorientation due to the WIOA legislation, our consumer satisfaction ratings went up, the rehabilitation rate is on the rebound, and the average number of rehabilitations per counselor (excluding transition counselors) remains steady.

In 2016, DVR entered into a contract to purchase the AWARE Case Management System from Alliance Enterprises for \$3.8 million over 5 years. AWARE is a COTS IT solution used by over 30 VR agencies across the country. DAIL staff worked hard for the last 17 months to prepare to Go-Live with the system. Major pieces of the work included data migration, adaptation, limited customization, business process redesign, interfaces with the VISION system and Salesforce. Orienting and training staff was a major effort over this time period. In September 2017, we began a two-week transition to AWARE. The first week staff were trained and the second week they began using the system. AWARE will enable us to serve customers more effectively, meet our federal reporting requirements, avoid audit findings and provide us access to a wealth of data with which to make sound decisions and continuously improve our services and outcomes. Most importantly, we did this on time and under budget.

DVR Performance Measures

How many people we serve: 9,077 Individuals were served in SFY 17

- 8,177 people served in the core VR program
- 900 high school students served through Pre-Employment Transition Services only

How well we serve them:

Consumer surveys are conducted approximately every two years. Results from the 2016 survey show that:

- 97% of customers felt welcome when they went to DVR for services;
- 95% of customers would tell their friends with disabilities to go to DVR for help with employment;
- 94% of customers indicate it is easy to access vocational rehabilitation services;
- 88% of customers are very satisfied or satisfied with the services provided by DVR.;
- 97% of customers indicate that the DVR staff treated them with dignity and respect;
- 81% of consumers said DVR helped them achieve their job goal.

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

- New DVR applicants per capita
- DVR employment outcomes per capita

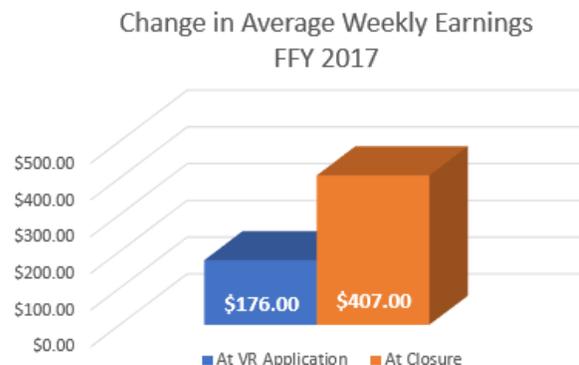
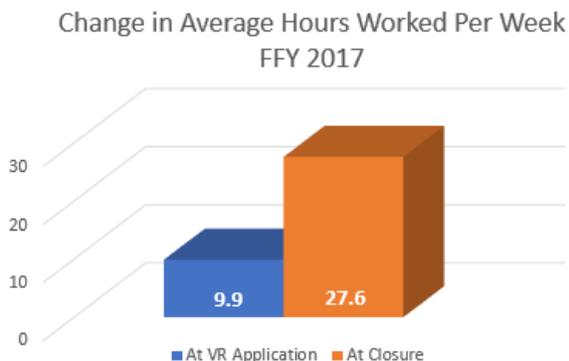
How people are better off:

Change in Average Weekly Earnings (FFY 2017)

- Average weekly earnings at application = \$176
- Average weekly earnings at rehabilitation = **\$407**

Change in Average Hours Worked Per Week (FFY 2017)

- Average hours at application = 9.9
- Average hours at rehabilitation = **27.6**



V. The Adult Services Division (ASD) is responsible for managing a full array of long-term services and supports (LTSS) for older Vermonters and adults with physical disabilities. The primary source of funds for these services is Vermont Medicaid, the federal Older American's Act via Vermont's Area Agencies on Aging and State General Funds.

Medicaid Funded Long-Term Services & Supports Programs include:

- Adult Day Health Rehabilitation
- Adult High Technology Program
- Attendant Services Program
- Choices for Care
- Traumatic Brain Injury Program

Older American's Act (OAA) Services through Area Agencies on Aging include:

- Case management
- Nutrition Services and Programs
- Flex Funds (State funded only)
- Health Promotion and Disease Prevention
- Information, Referral and Assistance
- Legal Assistance
- Family Caregiver Support and
- Volunteer Outreach (State funded only)

Federal & State funded grants & contracts include:

- Aging & Disabilities Resource Connections
- Commodity Supplemental Foods
- Dementia Respite funds
- Employer Payroll Support for Self-Directed Services
- Health Insurance Counseling & Support (SHIP/MIPPA)
- Home Delivered Meals for People Under 60
- Long-Term Care Ombudsman Program
- Nursing Facility Quality
- Online Worker Registry
- Self-Neglect Initiative
- Senior Farmer's Market

Choices for Care (CFC) is the largest Medicaid funded program managed by ASD, serving over 5400 Vermonters. CFC is designed to support adult Vermonters living with a physical disability or condition related to aging, in the settings of their choice. Within CFC, there are three eligibility groups: Highest, High and Moderate Needs. Vermonters who are enrolled in the Highest or High Needs Groups can choose to

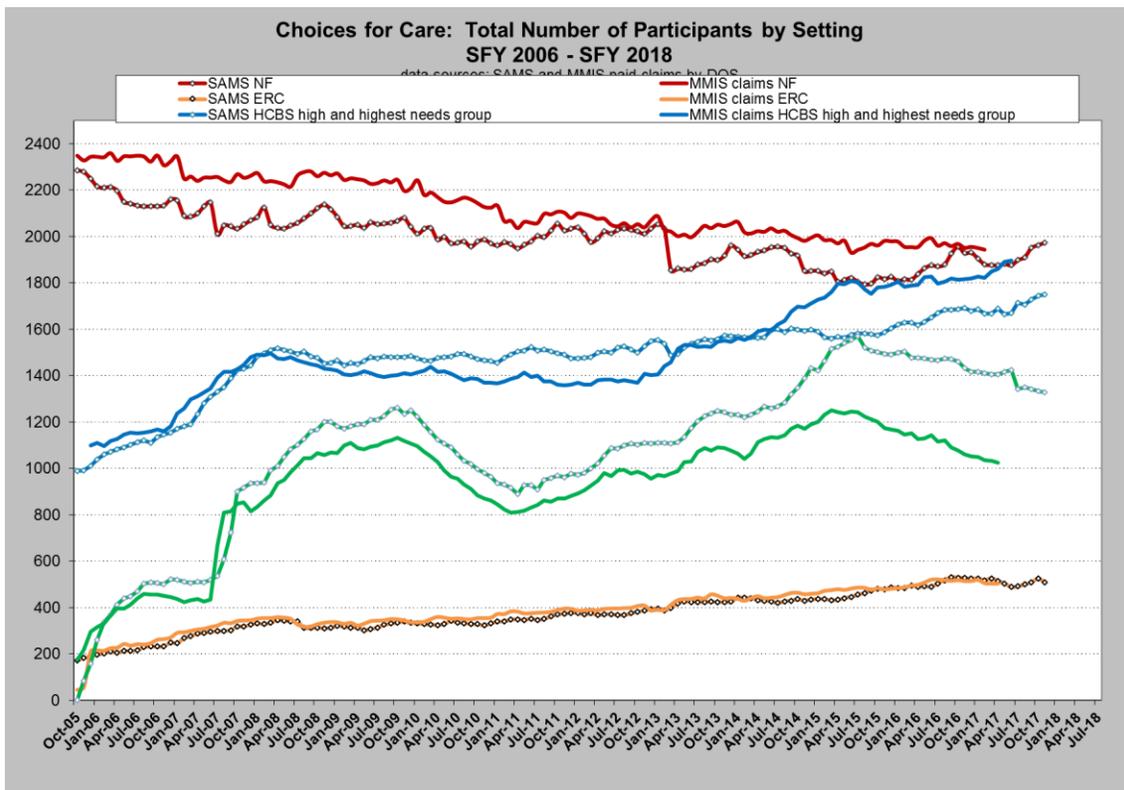
receive services at home, in a nursing facility, Enhanced Residential Care (ERC) homes, or Adult Family Care (AFC) homes. Vermonters who are enrolled in the Moderate Needs Group live in their own home, do not meet nursing home level of care and have a choice of limited home and community-based services.

The success of Choices for Care is measured against several core objectives. Initially, the program’s goal was to achieve a 60:40 balance between people receiving services in nursing facilities and people living in home-based and in Enhanced Residential Care settings. Having achieved this goal, a new target of 50:50 was established and surpassed in January 2014. In SFY2017, 46% of all High/Highest enrollments were in the nursing facility setting while 54% were enrolled in home-based and Enhanced Residential Care settings. This balance has remained steady since SFY2016.

How many people we serve:

As of June 2017, the total number of people enrolled in Choices for Care (High/Highest/Moderate) was 5,432, which represents a 1% decrease in total program participation from SFY 16.

| As of June 2017 (SAMS Enrollment Data) | SFY17 | SFY16 - SFY17 % change |
|---|--------------|-----------------------------------|
| Total Enrollments (high/highest/moderate) | 5,432 | -1% |
| Home-Based Only | 1,707 | 3% |
| ERC only | 491 | -3% |
| NF only | 1,892 | 1% |
| MNG only | 1,342 | -9% |
| High/highest only | 4,090 | 1% |
| High/Highest: HB/ERC % combined total enrollments | 54% | 0% |
| High/Highest: NF% total enrollments | 46% | 0% |
| % CFC Clinical Eligibility <30 days | 93% | 0% |
| MNG Wait List end of fiscal year | 831 | 32% |



How well we serve them:

- In SFY17, CFC managed spending within the limits of available funding, spending all but .6% of the budget resulting in a \$1,178,535 carry forward.
- With limited funds, Moderate Needs providers continue to maintain regional wait lists.
- As of July 2017, clinical eligibility decisions for high/highest applicants indicated that 93% were made within 30 days of receiving an application. This performance continues to be just shy of the 95% target.

How people are better off:

- Consistent with individual choice, the percentage of Choices for Care high/highest participants residing in a home-based setting increased by 3% since SFY16.
- In SFY17, the total combined home-based and ERC enrollments remained at 54% with nursing facility utilization at 46%.

The Choices for Care (CFC) program continually seeks ways to improve consumer experience, how services are delivered and paid for, and to integrate with healthcare reform efforts in Vermont. Work in SFY2018 is expected to focus on:

- Continued quality management work to align with new Federal Regulations for Home and Community-Based Services (HCBS) to assure all Medicaid funded home-based settings meet specific characteristics regarding participant rights, freedoms and

- community participation in addition to person-centered planning standards.
- Launching the National Core Indicators (NCI) for Aging & Disabilities which will provide national comparison of consumer experience data by the end of calendar year 2018.
 - Identifying ways to improve the program application, assessment and person-centered planning process.
 - Implementing online program training modules for CFC providers.
 - Working with a stakeholder group to explore opportunities for Moderate Needs program payment and/or delivery reform.
 - Continued participation in healthcare reform efforts with the goal of improving the link between primary care and long-term services and supports (LTSS) and to identifying a better way to pay for LTSS that promotes the delivery of quality, cost efficient services.

Choices for Care Summary - Expenses and # of People Served by Date of Service

Department of Disabilities Aging and Independent Living

Date 1/9/2018

Source: HP Claims Analysis View Universe; DLB

| Expenditures | QE 9-30-14 | QE-12-31-14 | QE 3-31-15 | QE 6-30-15 | QE 9-30-15 | QE 12-31-15 | QE 3-31-16 | QE 6-30-16 |
|---|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Highest & High (includes all Case Management & Nursing Home) | \$47,064,058 | \$45,778,687 | \$45,900,564 | \$44,841,245 | \$44,867,805 | \$46,182,642 | \$46,345,822 | \$44,852,138 |
| Moderate | \$1,099,365 | \$1,116,373 | \$1,146,029 | \$1,184,931 | \$1,149,410 | \$1,068,295 | \$1,103,624 | \$1,095,034 |
| Total | \$48,163,423 | \$46,895,060 | \$47,046,593 | \$46,026,176 | \$46,017,215 | \$47,250,937 | \$47,449,446 | \$45,947,172 |

Expenditures By Service Category

| | | | | | | | | |
|---|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Nursing Home | \$31,397,458 | \$30,854,845 | \$29,824,521 | \$29,495,996 | \$29,574,032 | \$30,234,872 | \$29,314,604 | \$29,004,614 |
| Adult Day (Moderate, High&Highest) | \$1,276,089 | \$1,156,374 | \$1,056,233 | \$1,125,850 | \$1,140,543 | \$1,073,505 | \$1,108,544 | \$1,164,683 |
| Case Management (HHA & AAA) | \$1,059,132 | \$1,009,235 | \$1,122,176 | \$1,103,623 | \$964,932 | \$1,004,239 | \$1,143,711 | \$1,132,800 |
| Homemaker | \$650,016 | \$678,840 | \$721,193 | \$763,794 | \$724,134 | \$665,866 | \$664,420 | \$652,698 |
| Respite/Companion | \$2,481,391 | \$2,301,855 | \$2,877,740 | \$2,283,482 | \$2,200,414 | \$2,441,004 | \$2,908,262 | \$2,216,448 |
| Enhanced Residential Care | \$2,469,590 | \$2,542,302 | \$2,514,338 | \$2,627,485 | \$2,662,581 | \$2,714,692 | \$2,731,643 | \$2,823,567 |
| Personal Care (by Agency) | \$4,186,280 | \$4,235,083 | \$4,209,400 | \$4,327,998 | \$4,415,740 | \$4,404,009 | \$4,536,566 | \$4,448,593 |
| Personal Care (Self Directed) | \$3,329,016 | \$2,865,347 | \$3,227,779 | \$2,795,047 | \$2,987,478 | \$3,249,938 | \$3,437,464 | \$2,821,046 |
| Flexible Choices | \$1,080,820 | \$1,008,774 | \$1,259,249 | \$1,255,481 | \$1,114,557 | \$1,206,100 | \$1,359,168 | \$1,425,593 |
| Misc (Assistive Devices, Emergency Response Systems, ISO) | \$233,631 | \$242,405 | \$233,964 | \$247,420 | \$232,804 | \$256,712 | \$245,064 | \$257,130 |
| Total | \$48,163,423 | \$46,895,060 | \$47,046,593 | \$46,026,176 | \$46,017,215 | \$47,250,937 | \$47,449,446 | \$45,947,172 |

People Served

| | | | | | | | | | |
|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------|
| * Highest & High (includes all Case Management) | 5,452 | 5,512 | 5,729 | 5,648 | | 5,483 | 5,502 | 5,590 | 5,561 |
| **Moderate | 1,249 | 1,301 | 1,333 | 1,353 | 1,292 | 1,263 | 1,225 | 1,199 | |
| Total | 5,651 | 5,720 | 5,857 | 5,799 | 5,669 | 5,685 | 5,687 | 5,678 | |

*includes all Case Management for Highest, High, and Moderate needs This duplicates people 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 | 2,292 | 2,257 | 2,302 | 2,232 | 2,167 | 2,187 | 2,176 | 2,194 |
| Adult Day (Moderate, High&Highest) | 415 | 419 | 384 | 377 | 384 | 381 | 382 | 381 |
| Case Management (HHA & AAA) | 3,202 | 3,243 | 3,420 | 3,394 | 2,816 | 2,748 | 2,874 | 2,828 |
| Homemaker | 1,133 | 1,175 | 1,212 | 1,237 | 1,182 | 1,144 | 1,094 | 1,067 |
| Respite/Companion | 1,127 | 1,054 | 1,133 | 1,108 | 1,100 | 1,025 | 1,115 | 1,092 |
| Enhanced Residential Care | 493 | 503 | 509 | 516 | 501 | 507 | 517 | 542 |
| Personal Care (by Agency) | 783 | 792 | 788 | 792 | 791 | 776 | 790 | 784 |
| Personal Care (Self Directed) | 847 | 821 | 815 | 812 | 842 | 848 | 828 | 836 |
| Flexible Choices | 217 | 294 | 379 | 448 | 381 | 388 | 394 | 383 |
| Misc (Assistive Devices, Emergency Response Systems, ISO) | 1,283 | 1,290 | 1,250 | 1,243 | 1,251 | 1,279 | 1,281 | 1,261 |
| Total | 5,651 | 5,720 | 5,857 | 5,799 | 5,669 | 5,685 | 5,687 | 5,678 |

| Choices for Care Summary - Expenses and # of People Served by Date of Service | | | | | |
|---|-------------------|--------------------|-------------------|-------------------|-------------------|
| Department of Disabilities Aging and Independent Living | | | | | |
| Date 1/9/2018 | | | | | |
| Source: HP Claims Analysis View Universe; DLB | | | | | |
| | | | | | |
| Expenditures | QE 9-30-16 | QE 12-31-16 | QE 3-31-17 | QE 6-30-17 | QE 9-30-17 |
| Highest & High (includes all Case Management & Nursing Home) | \$47,388,255 | \$47,617,620 | \$47,699,745 | \$46,883,851 | \$48,600,726 |
| Moderate | \$1,072,995 | \$1,346,849 | \$1,005,640 | \$997,406 | \$1,065,267 |
| Total | \$48,461,250 | \$48,964,469 | \$48,705,385 | \$47,881,257 | \$49,665,993 |
| Expenditures By Service Category | | | | | |
| Nursing Home | \$30,761,478 | \$31,570,237 | \$30,440,203 | \$30,089,689 | \$30,898,519 |
| Adult Day (Moderate, High&Highest) | \$1,188,236 | \$1,225,627 | \$1,072,806 | \$1,205,549 | \$1,266,770 |
| Case Management (HHA & AAA) | \$1,063,945 | \$1,094,988 | \$1,210,203 | \$1,241,032 | \$1,156,941 |
| Homemaker | \$622,959 | \$814,825 | \$608,207 | \$583,304 | \$593,776 |
| Respite/Companion | \$2,427,013 | \$2,235,435 | \$2,818,610 | \$2,292,296 | \$2,435,463 |
| Enhanced Residential Care | \$2,934,237 | \$2,985,608 | \$2,925,331 | \$2,932,768 | \$2,897,328 |
| Personal Care (by Agency) | \$4,454,577 | \$4,667,954 | \$4,619,084 | \$4,824,254 | \$5,152,626 |
| Personal Care (Self Directed) | \$3,333,883 | \$2,811,891 | \$3,223,972 | \$2,844,915 | \$3,362,309 |
| Flexible Choices | \$1,409,373 | \$1,268,439 | \$1,475,911 | \$1,525,004 | \$1,573,385 |
| Misc (Assistive Devices, Emergency Response Systems, ISO) | \$265,549 | \$289,465 | \$311,058 | \$342,446 | \$328,876 |
| Total | \$48,461,250 | \$48,964,469 | \$48,705,385 | \$47,881,257 | \$49,665,993 |
| People Served | | | | | |
| * Highest & High (includes all Case Management) | 5,506 | 5,586 | 5,625 | 5,608 | 5,408 |
| **Moderate | 1,173 | 1,137 | 1,113 | 1,107 | 1,085 |
| Total | 5,648 | 5,705 | 5,712 | 5,680 | 5,548 |
| *includes all Case Management for Highest, High, and Moderate needs This duplicates people 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 | 2,189 | 2,242 | 2,248 | 2,214 | 2,102 |
| Adult Day (Moderate, High&Highest) | 375 | 365 | 358 | 370 | 388 |
| Case Management (HHA & AAA) | 2,763 | 2,796 | 2,829 | 2,846 | 2,685 |
| Homemaker | 1,052 | 1,018 | 998 | 987 | 958 |
| Respite/Companion | 1,073 | 993 | 1,064 | 1,053 | 1,050 |
| Enhanced Residential Care | 549 | 551 | 553 | 548 | 513 |
| Personal Care (by Agency) | 799 | 809 | 827 | 851 | 848 |
| Personal Care (Self Directed) | 850 | 828 | 825 | 811 | 842 |
| Flexible Choices | 366 | 364 | 384 | 455 | 437 |
| Misc (Assistive Devices, Emergency Response Systems, ISO) | 1,269 | 1,295 | 1,296 | 1,309 | 1,298 |
| Total | 5,648 | 5,705 | 5,712 | 5,680 | 5,548 |

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 SFY15 the program was selected to participate in the Department of Finance and Management's Performance Measurement Pilot Project. As part of this pilot, the program 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 SFY17 the TBI program served 96 people (4% increase)

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 SFY17, the average cost per person of providing TBI services in Vermont was approximately \$197/day. Out-of-state specialty facilities cost from \$350-\$650 per day. It is estimated that for each person that is successfully diverted from a specialized out-of-state facility the state avoids additional costs of at least \$56,000 per person, per year.

How people are better off:

- 25% of people served in TBI home and community-based services rehabilitation services were employed in SFY17, which met the 25% target (4% decrease SFY16).
- 5 people served in the rehabilitation program met their rehabilitation goals and graduated to independent living in SFY 17. This is a decline from 7 people in SFY16.

The TBI program recently collaborated with the Brain Injury Association of Vermont to administer a statewide TBI needs assessment intended to shape the development of TBI services in Vermont over the next five years.

In 2018, the TBI program will be joining the National Core Indicators (NCI) for Aging & Disabilities which will provide national comparison of consumer experience data by the end of calendar year 2018.

Older American's Act (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. 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 Northeast Organic Farming Association of Vermont. Services 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 and Community Meals
- Legal assistance
- Nutrition Services
- State Long-Term Care Ombudsman

How many people we serve (FFY16): *NOTE: FFY17 OAA data will not be final/confirmed until early 2018.*

- 58,141 Vermonters over the age of 60 received services in FFY 16 (4% decrease)
- 5616 seniors received home delivered meals in FFY 16 (14% increase)
- 13,451 Vermonters participated in community meals in FFY 16 (21% increase)
- 353,164 community meals were served in FFY 16 (4% decrease)
- 915 Vermonters were served in SFY17 the Senior Farmer's Market Nutrition Program (3% decrease), while 14 farms and 61 housing sites participated
- 255 family caregivers received Dementia Respite Grant funding in SFY17 (5% increase), while 70% of caregivers received support to develop and implement "Self-Care Plans"

How well we serve them:

The State Unit on Aging (SUA) team works 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 (2015-2018).

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.

Currently, the SUA is in the process of submitting a new Vermont State Plan on Aging to the Administration on Community Living (ACL) which includes a statewide needs assessment and stakeholder input. The plan is due July 2018 and will take effect October 2018.

OAA partners identified the following new measures for home delivered meals and case management services. Complete data will be available next fiscal year.

Home Delivered Meals Measures:

- # and % of people receiving home delivered meals who report they have enough to eat
- # and % of people receiving home delivered meals who report that meals help manage or improve their medical condition

Case Management Measures:

- # and % of case management clients who are living in the setting of their choice
- # and % of case management clients who report that their unmet needs were addressed
- # and % of case management clients who feel connected to an activity/person in community

Budget Testimony – Additional Information

- **Crosswalk Spreadsheet (UPS and DOWNS)** - The requested SFY 19 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 19 TOTAL DAIL PROPOSED BUDGET - \$490,723,522
 - General Fund – 5.09%
 - Global Commitment – 87.79%
 - Federal Fund – 6.31%
 - Special and Interdepartmental Funds – .81%

| SFY 19 DAIL PROPOSED BUDGET BY DIVISION | | | | | | |
|--|---|-----------------------|-------------|-------------------|-----------|----------------------|
| DIVISION | | TOTAL | % of | Fund Split | | |
| | | | | GF | GC | Federal/Other |
| 1) | Developmental Disabilities Services Division | \$ 222,578,039 | 45.36% | 1.60% | 97.13% | 1.27% |
| | (includes DS Waiver) | | | | | |
| 2) | Adult Services Division | \$ 233,346,915 | 47.55% | 3.78% | 91.87% | 4.35% |
| | (includes AAA, Attendant Services Programs, Day Health Rehab Services and Choices for Care) | | | | | |
| 3) | Vocational Rehabilitation | \$ 22,585,771 | 4.60% | 20.02% | 0.00% | 79.98% |
| 4) | Blind and Visually Impaired | \$ 2,543,295 | 0.52% | 24.63% | 9.63% | 65.74% |
| 5) | Licensing and Protection | \$ 4,792,592 | 0.98% | 56.72% | 0% | 43.28% |
| 6) | Commissioner's Office | \$ 4,876,910 | 0.99% | 96.28% | 0% | 3.72% |
| | Totals | \$ 490,723,522 | 100 | | | |

Summary of Changes from SFY 18 Base Budget to SFY 19 Proposed Budget

| | |
|--|---------------------|
| Total Change SFY 18 to SFY 19 Recommended Budget | \$11,826,513 |
| (All Gross Dollars) | |
| DAIL SFY 19 Ups & Downs | \$5,258,951 |
| DVHA SFY 19 Ups & Downs (Long Term Care - Choices for Care) | \$6,567,562 |
| DAIL Administration & Support Section | |
| Total SFY 18 Base Appropriation | \$36,342,450 |
| SFY 19 net increase in Administration & Support | \$ 720,847 |
| SFY19 Recommend | \$37,063,297 |
| Positions: Current positions = 278 (283 employees as 5 positions are shared) | |
| Disabilities, Aging, and Independent Living – Aging and Adult Services Grants | |
| Total SFY 18 Base Appropriation | \$21,162,885 |
| Proposed Changes: | |
| 1) Management savings reduction Participant Directed Attendant Care underutilization (GF only program) (BAA item) | (\$300,000) |
| 2) Management savings reduction Participant Directed Attendant Care underutilization (Medicaid program) (BAA item) | (\$300,000) |
| 3) Elimination of the Attendant Services GF only Program | (\$1,389,547) |
| 4) Technical adjustment between GC and GC Investment – net zero | \$0 |
| 5) Sick Leave Legislation Implementation (ASP – GF & ASP Medicaid) | \$35,157 |
| SFY19 Recommend | \$19,208,495 |
| Blind and Visually Impaired Division | |
| SFY 18 Base Appropriation | \$1,451,457 |
| No changes | |
| SFY19 Recommend | \$1,451,457 |

| Vocational Rehabilitation Division | |
|--|----------------------|
| SFY 18 Base Appropriation | \$8,972,255 |
| Budget reconciliation entries – no proposed reductions | (\$1,797,887) |
| SFY19 Recommend | \$7,174,368 |
| Developmental Services Appropriation | |
| SFY 18 Base Appropriation | \$208,837,426 |
| Proposed Changes | |
| 1) Adjustment to DA wage increase Act 85 (AHS net-neutral) BAA Item | \$1,211,116 |
| 2) DS Caseload – 368 individuals @36,235 =\$13,334,480 less Equity Fund (\$5,781,411) = \$7,553,069 | \$7,553,069 |
| 3) DS Public Safety/Act 248 Caseload 17@\$71,774=\$1,220,158 | \$1,220,158 |
| 4) Annualization of FY17 carry-forward for DS Caseload (to cover FY17 August Rescission) | \$1,481,350 |
| 5) Reduction to current DS HCBS Waivers, to include impact on administration | (\$4,328,067) |
| 6) Budget Reconciliation entry – Communications Support Project – DMH & DCF (not new \$22,500 from each Dept.) | \$45,000 |
| 7) Technical adjustment between GC and GC Investment – net zero | \$0 |
| 8) Transfer from DVHA due to High Tech reductions (Unified Service Plans) (AHS net-neutral) | \$450,000 |
| 9) Sick Leave Legislation Implementation – Developmental Services | \$299,866 |
| SFY 19 Recommend | \$216,769,918 |
| Traumatic Brain Injury (TBI) Program | |
| SFY 18 Base Appropriation | \$5,647,336 |
| 1) TBI Caseload pressure 5 x \$71,577 | \$357,889 |
| SFY 19 Recommend | \$ 6,005,225 |

| Choices for Care (CFC) 1115 Demonstration Waiver | |
|---|----------------------|
| <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 SFY 19 budget, we will develop a plan for that fiscal year. | |
| SFY 18 Base Appropriation | \$196,483,201 |
| 1) Statutory Nursing Home rate increases (net of reduction due to decrease in utilization) | \$2,059,013 |
| 2) Vermont Veterans Home – Increase Medicaid Rates – Remove Upper Payment Limit (statewide net GF savings of \$1,098,847) | \$2,806,903 |
| 3) HCBS caseload pressure 49 x \$30,000 | \$1,470,000 |
| 4) CFC consumers funding changing from Money Follows the Person Grant to Global Commitment as demonstration grant is ending. Leveraged the GF to GC | (\$18,924) |
| 5) Sick Leave Legislation Implementation | \$250,570 |
| SFY 19 Recommend | \$203,050,763 |

**DEPARTMENT OF DISABILITIES, AGING, & INDEPENDENT LIVING
ADMINISTRATION BUDGET BY DIVISIONS SFY19**

| | TOTAL | VR | DBVI | DDSD | ASD | L & P | Com office | TOTAL |
|--|-------------------|-------------------|----------------|------------------|------------------|------------------|------------------|-------------------|
| PERSONAL SERVICES DETAIL | | | | | | | | |
| SFY18 Classified Salary | 18,693,347 | 7,816,768 | 574,278 | 3,079,117 | 2,809,921 | 3,015,066 | 1,398,197 | 18,693,347 |
| Exempt Salary Total | 570,752 | - | - | - | 76,669 | - | 494,083 | 570,752 |
| Salary Total | 19,264,099 | 7,816,768 | 574,278 | 3,079,117 | 2,886,590 | 3,015,066 | 1,892,280 | 19,264,099 |
| FICA | 1,473,704 | 597,982 | 43,932 | 235,553 | 220,825 | 230,653 | 144,759 | 1,473,704 |
| HEALTH | 3,931,487 | 1,837,174 | 136,190 | 603,450 | 493,271 | 516,205 | 345,197 | 3,931,487 |
| RETIREMENT | 3,359,146 | 1,365,590 | 100,326 | 537,922 | 504,288 | 526,733 | 324,287 | 3,359,146 |
| DENTAL | 229,772 | 106,598 | 9,097 | 34,111 | 29,723 | 28,605 | 21,637 | 229,772 |
| LIFE | 81,295 | 32,988 | 2,423 | 12,994 | 12,181 | 12,724 | 7,985 | 81,295 |
| LTD | 5,724 | 2,176 | 207 | 419 | 380 | 489 | 2,053 | 5,724 |
| EAP | 8,490 | 3,900 | 300 | 1,320 | 1,080 | 1,140 | 750 | 8,490 |
| Fringe Benefits Total | 9,089,618 | 3,946,408 | 292,475 | 1,425,769 | 1,261,748 | 1,316,549 | 846,668 | 9,089,618 |
| Unemployment | 135,418 | 11,151 | 696 | 66,630 | 53,467 | 1,925 | 1,549 | 135,418 |
| WC/ Other Ins | 294,927 | - | - | - | - | - | 294,927 | 294,927 |
| 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 | 268,310 | 243,918 | 0 | 8,125 | 6,520 | 9,747 | 0 | 268,310 |
| Contracts | 3,385,973 | 1,501,091 | 30,483 | 854,708 | 685,862 | 168,686 | 145,143 | 3,385,973 |
| Vacancy Savings | (957,905) | (460,291) | (25,905) | (127,280) | (95,698) | (105,766) | (142,965) | (957,905) |
| Sub-Total Misc Personal Services | 3,232,193 | 1,352,868 | 11,353 | 817,731 | 666,622 | 80,346 | 303,272 | 3,232,193 |
| TOTAL PERSONAL SERVICES | 31,585,910 | 13,116,044 | 878,107 | 5,322,617 | 4,814,960 | 4,411,962 | 3,042,220 | 31,585,910 |
| Number of positions by Division | 283 | 130 | 10 | 44 | 36 | 38 | 25 | 283 |

| | TOTAL | VR | DBVI | DDSD | ASD | L & P | Com office | TOTAL |
|--------------------------------|-------------------|-------------------|------------------|------------------|------------------|------------------|------------------|-------------------|
| OPERATING DETAIL | | | | | | | | |
| Repair & Maint - Buildings | 27,000 | 15,172 | 1,458 | 1,798 | 1,442 | 2,000 | 5,130 | 27,000 |
| RENTALS | 1,624,046 | 1,356,395 | 103,845 | 113,519 | - | - | 50,287 | 1,624,046 |
| Rentals - Auto & Other | 35,036 | 12,992 | 1,414 | 1,744 | 1,399 | 3,667 | 13,820 | 35,036 |
| Fee for Space | 626,804 | 156,604 | 22,540 | 61,641 | 95,157 | 89,571 | 201,291 | 626,804 |
| Insurance other than Empl Bene | 34,200 | 1,548 | 2,355 | 2,882 | 2,314 | 18,177 | 6,924 | 34,200 |
| Insurance | 48,611 | 0 | 0 | - | - | 0 | 48,611 | 48,611 |
| 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 |
| ADS App Support SOV Emp Exp | 209,901 | - | - | - | - | - | 209,901 | 209,901 |
| DII Assessment | 524,234 | - | - | - | - | - | 524,234 | 524,234 |
| 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 | 614,941 | 208,243 | 16,712 | 168,690 | 68,974 | 128,036 | 24,287 | 614,941 |
| Other Purchased Services | 89,421 | 21,491 | 12,650 | 12,902 | 12,638 | 14,370 | 15,370 | 89,421 |
| 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 | 81,000 | 33,780 | 670 | 6,990 | 5,610 | 5,000 | 28,950 | 81,000 |
| Inf Tech Purchases-Software | 63,000 | 37,720 | 3,780 | 4,660 | 3,740 | 6,800 | 6,300 | 63,000 |
| Vision Assessment | 348,086 | - | - | - | - | - | 348,086 | 348,086 |
| HR Services | 163,937 | - | - | - | - | - | 163,937 | 163,937 |
| Other Operating | 2,000 | 992 | 108 | 133 | 107 | 280 | 380 | 2,000 |
| TOTAL | 5,477,387 | 2,295,359 | 213,731 | 485,504 | 267,472 | 380,631 | 1,834,690 | 5,477,387 |
| TOTAL ADMINISTRATION | 37,063,297 | 15,411,403 | 1,091,838 | 5,808,121 | 5,082,432 | 4,792,592 | 4,876,910 | 37,063,297 |

| ADMINISTRATION - RECEIPTS | Total | VR | DBVI | DDSD | ASD | L & P | COMM | TOTAL |
|---|-------------------|-------------------|------------------|------------------|------------------|------------------|------------------|-------------------|
| FEDERAL FUNDS | | | | | | | | |
| TITLE 18 SURVEY & CERT; 93.777 | 1,270,869 | | | | | 1,270,869 | | 1,270,869 |
| TITLE 19 SURVEY & CERT; 93.777 | 606,000 | | | | | 606,000 | | 606,000 |
| IND LIVING PART B; 84.169 | 120,000 | 120,000 | | | | | | 120,000 |
| TITLE III E; 93.052 | 433,000 | | | | 433,000 | | 0 | 433,000 |
| SECTION 110; 84.126 | 9,193,709 | 9,193,709 | | | | | | 9,193,709 |
| SSA - Promoting Opportunity Demonstrati | 60,000 | 60,000 | | | | | | 60,000 |
| VR TRAINING GRANT; 84.126 | 110,000 | 80,000 | 30,000 | | | | | 110,000 |
| SECTION 110 DBVI; 84.126 | 781,858 | | 781,858 | | | | | 781,858 |
| 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 | 240,000 | 240,000 | | | | | | 240,000 |
| CLIA; 93.777 | 2,000 | | | | | 2,000 | | 2,000 |
| SHIP; 93.779 | 17,000 | | | | 17,000 | | | 17,000 |
| 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 |
| Medicaid 93.778 | 4,057,235 | 0 | 18,204 | 1,986,832 | 1,921,739 | 95,204 | 35,256 | 4,057,235 |
| Total Federal | 18,301,583 | 9,973,512 | 830,062 | 2,369,941 | 2,972,739 | 1,974,073 | 181,256 | 18,301,583 |
| Special Funds | | | | | | | | |
| 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 |
| Interdepartmental Transfers | | | | | | | | |
| 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 |
| General Fund | 16,304,973 | 3,149,718 | 237,208 | 3,413,769 | 2,090,105 | 2,718,519 | 4,695,654 | 16,304,973 |
| TOTAL RECEIPTS | 37,063,297 | 15,411,403 | 1,091,838 | 5,808,121 | 5,082,432 | 4,792,592 | 4,876,910 | 37,063,297 |

| DAIL State Fiscal Year 2018 Program Summary | | | |
|--|---|--|-----------------------------------|
| <i>All data is for SFY 17 unless otherwise noted</i> | | | |
| Whom We Serve | Program Description | Performance Measures | SFY 19 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 (SFY2017): SASH operates 54 active ‘panels’ in affordable housing communities, with the capacity to serve 5,400 participants. Performance: <u>Advance Directives:</u> <u>Falls:</u> 10/2014: 53% 10/2014: 42% 4/2015: 53% 4/2015: 44% 10/2015: 54% 10/2015: 46% 10/2016: 61% 10/2016: 49% 3/2017: 66% 3/2017: 51% <u>Immunizations:</u> <u>Shingles:</u> <u>Flu:</u> 10/2014: 20% 10/2014:69% 4/2015: 26% 4/2015: 26% 10/2015: 30% 10/2015:71% 10/2016: 36% 3/2017: 67% 3/2017: 39% <u>Pneumococcal:</u> 10/2014: 53% 4/2015: 57% 10/2015: 60% 10/2016: 64% 3/2017: 69% <u>Controlled Blood Pressure</u> 10/2014: 76% 4/2015: 74% 10/2015: 76% 10/2016: not available 3/2017: 76% | \$974,023 GC/MCO All inclusive |

| DAIL State Fiscal Year 2018 Program Summary | | | |
|--|--|--|---------------------|
| <i>All data is for SFY 17 unless otherwise noted</i> | | | |
| Whom We Serve | Program Description | Performance Measures | SFY 19 Proposed |
| 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 2017): VHCB manages the Home Access Program grant and performance measures. | \$100,000 GF |
| 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, Franklin and Grand Isle Counties; HomeShare Now is active in Washington, Lamoille, Orange, Caledonia and Windsor Counties. “Homesharing” arranges live-in ‘matches’ between Vermonters who have a living space to share and others who need a place to live. The Homeshare Programs have been successful in helping people stay in their own homes, as well as in helping people find affordable housing. | Performance (SFY 17): <ul style="list-style-type: none"> • 298 Vermonters in “matches.” • 206 Vermonters provided affordable housing. • 100% of people matched reported perceived benefits in at least one quality of life measure such as sleeping better, feeling safer, eating better, happier, get out more and call family for help less often. • 54% of matched home providers reported they would be unable to remain safely and comfortably at home had they not received a home sharer. | \$327,163 GC/MCO |
| Division for the Blind and Visually Impaired | | | |
| People who are blind or visually impaired | DBVI Vocational Vision Rehabilitation Program Federal law - 29 United States Code (U. S. C), chapter 16 | Performance (FFY 17): <ul style="list-style-type: none"> • 254 people served. • 64 individuals successfully achieved their employment goals. Individuals who did not achieve their goals will continue to receive services in FFY 18. • Employment rate of individuals who exited the program=80% (national standard is 68.9%). | \$928,612 Gross |

| DAIL State Fiscal Year 2018 Program Summary | | | |
|---|---|--|--|
| <i>All data is for SFY 17 unless otherwise noted</i> | | | |
| Whom We Serve | Program Description | Performance Measures | SFY 19 Proposed |
| | | Statewide Survey (Market Decisions) FFY 2017 Statewide Survey Results (Conducted by Market Decisions) <ul style="list-style-type: none"> • 93%--Overall, how satisfied are you with the DBVI vocational rehabilitation program? • 93%=Overall, I am better off as a result of the services I received from DBVI. | |
| People who are blind or visually impaired | Independent Living Services helps people who are blind or visually impaired learn skills to remain independent in their homes and communities. | Performance (FFY 17): <ul style="list-style-type: none"> • 96 people were served. | \$74,395 Federal |
| People who are blind or visually impaired and over age 55 | Older Blind Program helps people who are blind or visually impaired and over the age of 55 learn skills to remain independent in their home and communities. Services are provided through a grant with the Vermont Association for the Blind and Visually impaired. | Performance (FFY 17): <ul style="list-style-type: none"> • 820 people were served. | \$225,000 Federal |
| People with the most significant visual impairments | Randolph/Sheppard Program assists 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 17): <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 funds services for people age 60+ to help them live as independently as possible and to support family caregivers. Services include: nutrition programs, information/referral/ assistance, family caregiver support, case management, health promotion & disease prevention, volunteer outreach and legal services. Federal law-42 U.S.C 3001, et.seq. | Performance (FFY 16): <i>NOTE: FFY17 data will not be final/confirmed until early 2018:</i> <ul style="list-style-type: none"> • Overall, 58,141 people served (4% decrease). • Home delivered Meals: <ul style="list-style-type: none"> ○ 5,616 people served (14% increase). ○ 812,423 meals served | Approx. \$11M Total Approx. \$5M GF |

| DAIL State Fiscal Year 2018 Program Summary <i>All data is for SFY 17 unless otherwise noted</i> | | | |
|---|---|---|-------------------------|
| Whom We Serve | Program Description | Performance Measures | SFY 19 Proposed |
| | | <p>(steady).</p> <ul style="list-style-type: none"> • Congregate Meals: <ul style="list-style-type: none"> ○ 13,451 people served (21% increase). ○ 353,164 meals served (4% decrease). <p>New State RBA performance measures beginning FFY17:</p> <ul style="list-style-type: none"> • The number and percentage of home delivered meals clients who report they have enough to eat. • The number and percentage of home delivered meals clients who report that meals help manage or improve their medical condition. | |
| Family caregivers of people with Alzheimer’s Disease and Related Disorders | <i>Dementia Respite</i> The Dementia Respite Grant is managed by Vermont’s five Area Agencies on Aging. The goal is to help family caregivers by reducing stress, maintaining their health, and maintaining their caregiving roles. Grants may be used to pay for a range of services including in-home care, respite care, homemaker services, and Adult Day services. | Performance (SFY17): <ul style="list-style-type: none"> • 255 people served (5% increase). • 70% of caregivers who received a dementia respite grant also received support to develop and implement “Self-Care Plans.” | \$250,000 GF |
| Adults under age 60 with disabilities | <i>Home Delivered Meals – VCIL</i> The VT Center for Independent Living (VCIL) contracts with home delivered meals partners to provide nutritious meals for people under age 60 who are at nutritional risk. | Performance (SFY17): <ul style="list-style-type: none"> • 535 people served (3% increase). • 56,373 meals served (.4% increase). • 100% of applications were processed in the required 5-day timeframe. | Approx. \$507,000 GF |

| DAIL State Fiscal Year 2018 Program Summary <i>All data is for SFY 17 unless otherwise noted</i> | | | |
|---|---|--|------------------------|
| Whom We Serve | Program Description | Performance Measures | SFY 19 Proposed |
| People age 60 and older | <i>Self-Neglect</i> Vermont's five Area Agencies on Aging (AAA) work with people identified with "self-neglect" behaviors with the goal of improving their quality of life by reducing possible risk and harm to self, others and the environment. | Performance (SFY17): 206 people were served statewide in self-neglect services by the AAAs. Performance measures to be tracked beginning SFY 18: <ul style="list-style-type: none"> • % of consumers with complete assessments. • % of consumers with goals. • % of consumer goals with provider engagement. | \$265,000 GF |
| Adults living in congregate housing and Vermont farms | <i>Senior Farmers Market</i> The Northeast Organic Farmer's Association (NOFA) recruits congregate housing sites and farms to participate in Community Supported Agriculture (CSA). The goal is to support local farms while bringing fresh local food to seniors residing in congregate housing. | Performance (SFY17): <ul style="list-style-type: none"> • 915 people served (3% decrease). • 14 farms participated (8% increase). • 61 housing sites participated (2% increase). | Approx. \$46,000 FF |
| Adults living in licensed long-term care facilities and all Choices for Care participants. | <i>The Vermont Long Term Care Ombudsman Project of Vermont Legal Aid</i> protects the safety, welfare and rights of older Vermonters who receive services in licensed nursing facilities, 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. 33 V. S. A. § 7501 et seq. | Performance (FFY 17): <ul style="list-style-type: none"> • Responded to 443 verified complaints (9% decrease). • Approximately 20% related to HCBS (5% increase). • Provided 433 consultations to individuals in long-term care facilities (23% increase). • Provided 123 consultations to people receiving HCBS. • Provided 140 consultations to long term care facility providers (32% increase). • Provided 91 consultations to HCBS agencies/providers. • Approximately 87.6% of complaints were fully or partially | \$702,617 Total |

| DAIL State Fiscal Year 2018 Program Summary <i>All data is for SFY 17 unless otherwise noted</i> | | | |
|---|--|--|--|
| Whom We Serve | Program Description | Performance Measures | SFY 19 Proposed |
| | | <p>resolved to the satisfaction of the individuals receiving services which is well above the 75% target and national average (5.6% increase).</p> <ul style="list-style-type: none"> • Made 1,014 non-complaint related visits to maintain a presence in facilities (20% decrease). • New federal regulations were implemented. | |
| 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 Global Commitment (GC) Medicaid Regulations & Vermont Choices for Care regulations.</p> | <p>Performance (SFY 17): High/Highest as of July 2017:</p> <ul style="list-style-type: none"> • 5,432 people enrolled all settings (1% increase). • 54% of all high/highest enrollments in home-based and ERC settings combined (steady). • 46% of all high/highest in nursing facilities (steady). • 93% of clinical determinations (high/highest) were completed within 30 days or less (target 95%). <p>Moderate Needs as of July 2017:</p> <ul style="list-style-type: none"> • 1,342 people enrolled (9% decrease). <p><i>Source: SAMS enrollments</i></p> | <p>DVHA appropriation (LTC component) \$203,050,763 Gross</p> |
| 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>Eligibility Criteria:</i> People residing in a nursing facility for 90 days or</p> | <p>Performance (CY16 and CY17):</p> <ul style="list-style-type: none"> • CY16: reached 280 cumulative MFP assisted nursing facility transitions (since beginning of the grant) surpassing the target of 266 by 5%. • CY17: projected to reach 344 cumulative transitions, surpassing the target of 332 by 1%. | <p>MFP expenses in the DVHA budget. Administrative expenses in DAIL (100% Federal Funds)</p> |

| DAIL State Fiscal Year 2018 Program Summary <i>All data is for SFY 17 unless otherwise noted</i> | | | |
|---|---|---|--|
| Whom We Serve | Program Description | Performance Measures | SFY 19 Proposed |
| | longer, using Medicaid reimbursement, who express a desire to return to a HCBS setting. The federal MFP grant was extended through September 30, 2019 with an additional \$8m (about \$5m less than anticipated) | <ul style="list-style-type: none"> • CY16: a 1% reduction in readmissions from the previous year. • CY17: as of 9/1/17, 2% reduction in readmissions from CY16. | |
| 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 17):</p> <ul style="list-style-type: none"> • 474 people per month average were served, a 2% reduction from SFY16. • 29% of people served were CFC Moderate Needs (1% decrease). • 40% of people served were CFC Highest/High needs, (1% increase). • 31% of people served were Day Health Rehabilitation Services (steady). | <i>Approx.: \$4M Gross Choices for Care, and Day Health Rehab Services</i> |
| Adults with disabilities | <p>Attendant Services Program (ASP) provides physical assistance with activities of daily living to adults with severe and permanent disabilities, allowing people to remain in their own homes and communities. General Funds option has been frozen since July 2014.</p> <p>33 V. S. A. § 6321; Vermont program regulations.</p> | <p>Performance (SFY 17):</p> <ul style="list-style-type: none"> • 145 people served (3% less than SFY16). <p>Medicaid Option: Serves people eligible under State Plan Medicaid and are able to self-direct.</p> <ul style="list-style-type: none"> • 80 people served (steady). <p>General Fund Option: Serves people who are not Medicaid eligible and are able to self-direct.</p> <ul style="list-style-type: none"> • 58 people served (8% less than SFY16). 33% reduction since this option was frozen in July 2014. <p>Personal Services (SSBG): Serves people who are Medicaid eligible but are not able to self-direct and use an agent to manage caregivers.</p> <ul style="list-style-type: none"> • 7 people served. | |

| DAIL State Fiscal Year 2018 Program Summary <i>All data is for SFY 17 unless otherwise noted</i> | | | |
|---|--|--|--|
| Whom We Serve | Program Description | Performance Measures | SFY 19 Proposed |
| Adults who rely on medical technology | High Technology Home Care provides skilled nursing care to adults 21 and older who are Medicaid eligible and depend on technology. Services include RN oversight, treatment coordination, medical supplies and sophisticated medical equipment. (High Technology services for people under the age of 21 are managed by the VT Department of Health.) Benefits are covered within the Medicaid State Plan. | Performance (SFY 17): <ul style="list-style-type: none"> On average, 26 people served per month. | DVHA appropriation Approx. \$4M GC |
| 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. Services are rehabilitation-based and driven by participants goals and choices, intended to help people achieve their optimum independence and return to work. | Performance (SFY 17): <ul style="list-style-type: none"> 96 people served (4% increase since SFY16). 25% of people receiving rehabilitation services were employed through the 3rd quarter (target was 25%). 5 people graduated from the rehabilitation program to independence (target was 7). | \$6,005,225 GC |
| People with developmental disabilities and their families | Home and Community-Based Services (HCBS) consist of a range of services to support individuals with developmental disabilities 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 17): <ul style="list-style-type: none"> 3,070 people served. In SFY 16, 48% of working age people were employed. Adult consumer survey results from SFY 16 show the following: <ul style="list-style-type: none"> People like where they live (92%). People decide or helped decide their daily schedule (84%). Staff show up and leave when they are supposed to (91%). People do not often feel lonely (90%). | \$200,688,434 GC |

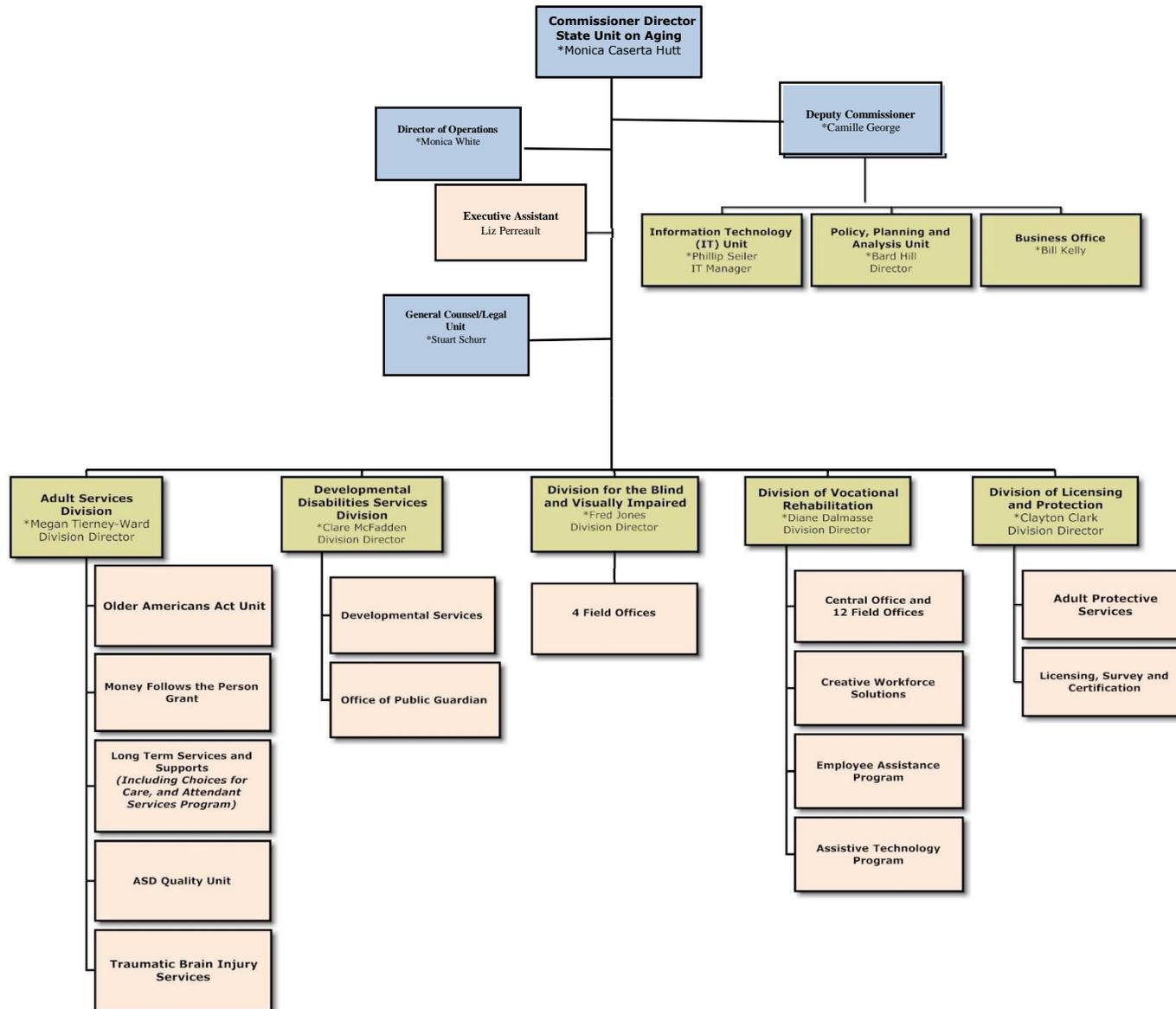
| DAIL State Fiscal Year 2018 Program Summary | | | |
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| <i>All data is for SFY 17 unless otherwise noted</i> | | | |
| Whom We Serve | Program Description | Performance Measures | SFY 19 Proposed |
| Developmental Disabilities Services Division | | | |
| | 18 V. S. A. chapter 204A; Vermont Developmental Disabilities Act Regulations; Vermont Global Commitment to Health regulations. | | |
| People with developmental disabilities and their families | <p><i>Flexible Family Funding (FFF)</i> provides funds to be used flexibly, at the discretion of the family, to purchase goods, services and supports that benefit the individual and family. 69% (729) of the 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 17):</p> <ul style="list-style-type: none"> • 1,056 people served. • The number of family members reporting that they anticipated using funds for: <ul style="list-style-type: none"> ○ Respite: 207 ○ Assistive Technology: 216. ○ Individual needs: 833. ○ Household needs: 658 ○ Recreation: 499 ○ Other: 320 • The number of families reporting that funds would address the following outcomes: <ul style="list-style-type: none"> ○ Address health and safety: 447 ○ Improve quality of life: 611 ○ Avert crisis placement: 136 ○ Increase communication skills: 321 ○ Increase independent living: 448 ○ Enhance family stability: 630 ○ Maintain housing stability: 532 | <p>\$1,153,596 GC</p> |

| DAIL State Fiscal Year 2018 Program Summary <i>All data is for SFY 17 unless otherwise noted</i> | | | |
|---|--|---|-----------------------|
| Whom We Serve | Program Description | Performance Measures | SFY 19 Proposed |
| Children and youth with a mental health or developmental disability and their families | 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. | Performance (SFY 17): <ul style="list-style-type: none"> • 286 children and youth with a diagnosis of ID/ASD received FMR (This does not include children with only a mental health diagnosis, or children receiving integrated services with bundled payments). | Approx.: \$1.6M GC |
| Children and youth with a developmental disability and their families | The Bridge Program provides care coordination to families to help them access and/or coordinate medical, educational, social and other services for children up to age 22. | Performance (SFY 17): <ul style="list-style-type: none"> • 391 children served (This does not include children receiving integrated services with bundled payments). • 84% of goals were being met (Agencies report service goals and the number of service goal outcomes achieved). | \$881,074 GC |
| Adults with developmental disabilities and older Vermonters who have been found to lack decision making abilities concerning basic life decisions | Office of Public Guardian (OPG) provide public guardians to assist and empower people under guardianship in making decisions and taking actions in critical life areas. Courts assign a public guardian when; an individual needs a guardian to protect his or her rights or welfare, no friend or family member is available to serve as guardian, and the individual needs a public guardian. OPG facilitates guardianship evaluations for new private and public guardianship applicants. OPG also provides representative payee services and case management services to a limited number of people. 18 VSA 9301-9317; 14 VSA 3093 | Performance (SFY 17): <ul style="list-style-type: none"> • 726 adults received guardianship services including: <ul style="list-style-type: none"> ○ 627 people with developmental disabilities. ○ 99 adults over age 60. • 348 people received representative payee services. • 10 people received case management services. | |

| DAIL State Fiscal Year 2018 Program Summary | | | |
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| <i>All data is for SFY 17 unless otherwise noted</i> | | | |
| Whom We Serve | Program Description | Performance Measures | SFY 19 Proposed |
| Division of Licensing and Protection | | | |
| People receiving services from Vermont health care facilities and agencies | Survey and Certification (S&C) 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 17): <ul style="list-style-type: none"> Conducted 315 onsite investigations, in response to 524 complaints. Met target for completing 100% of required surveys of federally regulated healthcare entities. Nursing facility surveys: <ul style="list-style-type: none"> 22% had no deficiencies. 59% had deficiencies reflecting no actual harm but potential for more than minimum harm. 19% had deficiencies reflecting actual harm or immediate jeopardy of residents. | \$3.1M Gross approx. |
| Vulnerable adults | Adult Protective Services (APS) investigates allegations of abuse, neglect and/or exploitation, raises awareness of adult maltreatment in all of its forms, and provides information about alternatives and services for vulnerable adults who are the victims of maltreatment. Chapter 69 of Title 33 of the Vermont Statutes Annotated. | Performance (SFY 17): <ul style="list-style-type: none"> Received 3,261 reports alleging abuse, neglect, or exploitation of a vulnerable adult. Completed 852 investigations. 79 individuals were placed on the Adult Abuse Registry. | \$1.6M approx. GF |
| 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 17): <ul style="list-style-type: none"> 9,077 people served in total. 8,177 people served in the core VR program 900 high school students served through Pre-Employment Transition Services only 1,441 employment outcomes. Results from the most recent customer survey (2016): <ul style="list-style-type: none"> 97% of customers felt welcome when they went to DVR for | \$6,669,368 Gross |

| DAIL State Fiscal Year 2018 Program Summary <i>All data is for SFY 17 unless otherwise noted</i> | | | |
|---|--|---|-------------------------|
| Whom We Serve | Program Description | Performance Measures | SFY 19 Proposed |
| | | services. <ul style="list-style-type: none"> • 95% of customers would tell their friends with disabilities to go to DVR for help with employment. • 94% of customers indicate it is easy to access vocational rehabilitation services. • 88% of customers are very satisfied or satisfied with the services provided by DVR. • 97% of customers indicate that the DVR staff treated them with dignity and respect. • 81% of consumers said DVR helped them achieve their job goal. Nationally, Vermont VR ranks #1 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 17): <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 | Vermont Interpreter Referral Service (VIRS) operated by the Vermont Center for Independent Living enables organizations and individuals to hire qualified interpreters. | Performance (SFY 17): <ul style="list-style-type: none"> • VIRS filled 1139 requests for interpreters. | \$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 17): <ul style="list-style-type: none"> • 2,212 people served. • Reached 2,568 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)



* = Identifies contacts for DAIL Senior Leadership As of 10/2/2017