



*Agency of Human Services*

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

**GOVERNOR'S SFY2022 BUDGET TESTIMONY**

FEBRUARY 2021

**HOUSE APPROPRIATIONS COMMITTEE**

**SENATE APPROPRIATIONS COMMITTEE**

**HOUSE HUMAN SERVICES COMMITTEE**

Monica Caserta Hutt, Commissioner

William Kelly, Chief Financial Officer

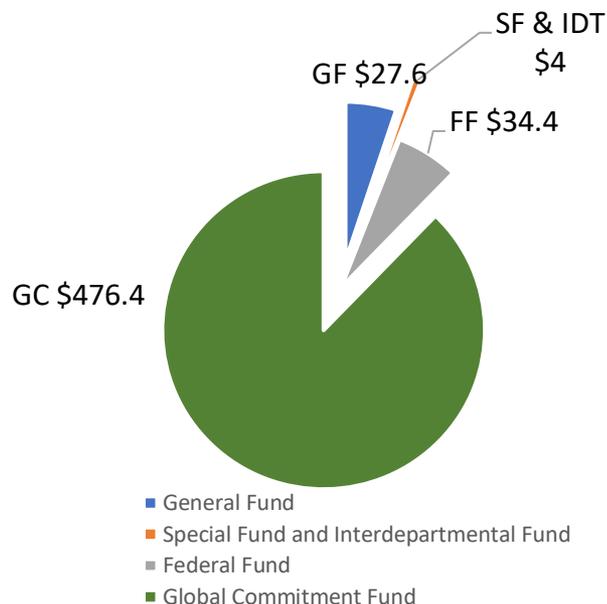
*Mailing Address: HC2 South, 280 State Drive, Waterbury, VT 05671-2020*

*802-241-2401*

Agency of Human Services,  
Department of Disabilities, Aging and  
Independent Living  
FY 2022 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  
FY22 (\$ millions)



**FY 2022 SUMMARY & HIGHLIGHTS**

- No Increase in staffing
- 1.28% increase in General Fund
- 6 Exempt, 276 Classified positions
- Caseload pressures for Developmental Services, Choices for Care
- AFSCME Collective Bargaining Agreement

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

Budget Testimony .....1

Budget Testimony – Additional Information ..... 29

Budget Fact Sheet .....30

Summary of Changes .....31

SFY 2022 Admin. Appropriation by Division .....34

SFY 2022 DAIL Program Summary .....36

DAIL Organizational Chart .....51

Appendices..... 52

Appendix 1 – Program Profile Report.....52

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

## **SFY2022 Budget Testimony**

### **2021 Legislative Session**

The Department of Disabilities, Aging and Independent Living (DAIL) is responsible for services to older Vermonters 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 Commissioner, Deputy Commissioner; Operations; Policy, Planning and Analysis; Legal Unit; 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 older Vermonters, 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 Older Americans Act, the Americans with Disabilities Act, and 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 older Vermonters and strive to enhance and promote those contributions. DDSD is working on compliance with the HCBS rules 'settings' requirements in shared living, group homes and community support settings, while ASD is working on compliance with these rules in Adult Family Care homes. We see this as a value both to those individuals receiving supports and services and to the larger Vermont community. DAIL staff have also begun work on compliance with the rule's requirements regarding conflict of interest in HCBS case management. Case management in DDSD has been given priority since case management intersects with other health reform activities in DDSD. We have had an initial conversation with CMS and expect to solicit additional stakeholder feedback about a proposed approach in the coming months.

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 and direct 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 work contributes to Act 186 outcomes and the Governor’s priorities including “Vermont has a Prosperous Economy” by supporting employment, “Vermont children and young people achieve their potential” through early supports and career development, and “Live with dignity and independence and in settings they prefer” by supporting people with disabilities and older people to make choices about where they live and how they receive supports. The Act 186 scorecard with outcomes and population indicators can be accessed here:

<https://app.resultsscorecard.com/Scorecard/Embed/17845>

The Governor’s priorities are:

- Grow the economy.
- Make Vermont more affordable.
- Protect the most vulnerable.

<https://governor.vermont.gov/content/governor-scotts-priority-initiatives>

Examples of DAIL contributions include reduce fall related injuries; reduce high-risk substance use and prevent suicide among older Vermonters; prevent abuse, neglect and exploitation of vulnerable adults; improve career paths for youths transitioning into adulthood; support employment of older adults and adults with disabilities; ensure that nursing facilities and residential facilities follow federal and state licensing regulations.

DAIL has embraced Results Based Accountability (RBA) and continues to focus on program performance measures and performance improvement. 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 DAIL programs are included in the Vermont ‘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 document represents our continued effort to integrate results and performance measures within budget testimony. We have also begun to develop strategies to utilize Scorecards to assess programmatic performance and we review division scorecards and performance measures regularly as part of our Management Team meetings. For more details on DAIL’s programs and performance measures, please visit the DAIL Performance Budget Scorecard here:

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

For more comprehensive information about DAIL see the DAIL Annual Reports:

<http://dail.vermont.gov/resources/documents-reports/annual-reports>

## **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-**

Our performance measures are intended to measure our success in achieving the goals of our division:

- Assist individuals in pursuing career pathways to higher wage employment.
- Build adaptive blindness skills that improve individual independence and safety.
- Assist youth who are blind to achieve careers and independence.

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 the Agency of Human Services, the Agency of Education, and the Vermont Department of Labor. In short, WIOA represents the most significant change in DBVI's VR structure and practice in a generation.

WIOA had two major impacts on the DBVI program. The first was that WIOA introduced a requirement that agencies across the country devote 15% of 110 federal grant funding to provide Pre-Employment Transition Services (Pre-ETS) for students still in high school, starting 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.

The second major impact was that WIOA introduced new Common Performance Measures (CPM) for DBVI and all core partners. The measures are:

- Job retention six months post program exit.
- Job retention twelve months post program exit.
- Median earnings six months post program exit.
- Credential attainment.
- Measurable skills gains.
- Employer satisfaction.

**How many people we served (SFY2020):**

- 244 individuals received services to assist them to maintain or find employment because of their vision loss.

**How well we served them:**

Customer Satisfaction: Results of a statewide random survey of all participants in the DBVI Vocational Vision Rehabilitation program (conducted by Market Decisions—next statewide survey scheduled for summer 2021).

- 93% of respondents said they are satisfied with the DBVI vocational rehabilitation program.
- 93% of respondents said overall, they are better off because of the services they received from DBVI.
- 95% of respondents said that DBVI staff treated them with dignity and respect.
- 94% of respondents said that DBVI helped them achieve their vocational rehabilitation goals.
- 92% of respondents said that DBVI services met their expectations.
- 89% of respondents said that DBVI vocational rehabilitation services helped them become more independent.
- 84% of respondents said that DBVI helped them reach their job goals.

Our approach to 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 people are better off:**

- 29 blind or visually impaired individuals closed their DBVI case in SFY 2020 with successful employment.
- 62% had a wage above 125% of the minimum wage.

Vermont’s DVR and DBVI programs also received data for the first time, on the WIOA Common Performance Measures and how we compared to national averages. This data combines the outcomes for both DVR and DBVI programs because it is measured as a single program by the federal government. This data shows that:

- Vermont DVR/DBVI consumers are achieving measurable skills at a much higher rate than the national average.
- The employment rate two quarters post exit improved from 49% in SFY 2019 to 51.1% in SFY 2020.
- The median earnings two quarters post exit increased from \$3,516 in SFY 2019 to \$3,900 in SFY 2020.

Measure	National Average SFY 18	Vermont Results SFY 18	National Average SFY 19	Vermont Results SFY 19	National Average SFY 20	Vermont Results SFY 20
Measurable Skills Gains	21.1%	37.8%	23.4%	54.9%	31.4%	49.3%
Employment Rate 2 Quarters Post Exit	NA	NA	50.4%	49.0%	51.3%	51.1%
Employment Rate 4 Quarters Post Exit	NA	NA	NA	NA	NA	NA
Median Earnings 2 Quarters Post Exit	NA	NA	\$3,875	\$3,516	\$3,931	\$3,900
Credential Attainment	NA	NA	NA	NA	NA	NA

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.

WIOA requires DBVI to use 15% of the federal grant award to provide Pre-Employment Transition Services (Pre-ETS). This new federal requirement created an opportunity for DBVI to expand Pre-ETS services in the core areas:

- Job exploration counselling.
- Work based learning opportunities.
- Counselling on post-secondary educational opportunities.
- Workplace readiness training.
- Instruction in self-advocacy.

DBVI has been very successful in expanding Pre-ETS services for students who are blind or visually impaired by providing work-experiences, internships, and job readiness training to build skills necessary for career development. Learn, Earn, and Prosper (LEAP) is a program developed by DBVI to achieve these goals. Most students participate by living and working in the Burlington area in the summer. Other students participate to build job readiness skills during school year retreats and work experiences in their local communities. Our efforts to include more students led to a higher increase in the number of participants and in the number of training hours:

2020 presented new challenges. Typically, LEAP offers a slate of residential programs throughout the year. In March of 2020 when it became clear that residential programs could not be run due to COVID-19, LEAP dramatically changed the way programming was delivered.

Despite the uncertainty, LEAP was quick to identify the need and respond, effectively creating virtual programming that connected and continues to connect youth who are blind visually impaired when they have felt more isolated than ever.

When the stay-at-home order went into effect March 25<sup>th</sup> in Vermont, LEAP was able to pilot its first Friday Retreat in which 14 students attended by April 10<sup>th</sup>. Ever since that first Friday, LEAP has offered weekly virtual retreats to students across Vermont. Our virtual retreats allow students access to training, peer interactions, supervision, and structured breakout sessions that support enhanced learning.

Summer and Fall programs focused on the same skills as residential programs including teamwork, independence, time management and self-advocacy. The virtual environment demanded new and creative ways to deliver these topics. For example, for a virtual class on culinary skills, boxes were mailed to students with ingredients and kitchen tools. Cooking and technical skills were taught while online together with a Certified Vision Rehabilitation Therapist (CVRT) and a locally trained Chef.

Students also received specialized services online necessary to develop adaptive skills related to their blindness including Orientation and Mobility (O&M), Vision Rehabilitation Therapy, and Instruction in Assistive Technology.

Since April 10<sup>th</sup>, LEAP has offered a total of 98 workshops online and provided 1632 total training hours.

Training Hours, LEAP 2020:

- LEAP's Winter Retreat: 360 hours
- Friday Retreats: 175 hours
- Work Based Learning Program: 580 hours
- Orientation and Mobility with a Certified Orientation and Mobility Instructor (COMS): 81 hours
- Independent Living Skills with a CVRT: 192 hours
- Assistive Technology with a Certified Assistive Technology Instructional Specialist (CATIS): 46 hours
- Social, Leadership and Self Advocacy: 198 hours

\*Other than the first set of training hours which was our early February in person Winter Retreat on Networking, all other hours, students were engaged in training were virtual.

We were fortunate to provide so many hours in Vision Rehabilitation Therapy due to our partnership with the University of Massachusetts, Boston. We work with their graduate Interns in Vision Rehabilitation Therapy. These Interns develop lesson plans and facilitate workshops online to students in Independent Living Skills. They are supervised by Dan Norris, Program Coordinator for UMass Boston's Vision Rehabilitation Program and a CVRT himself.

DBVI has successfully expanded and maintained services to youth. The percentage of population served who were under age 22 at entry into DBVI services has grown from 17% of people served in SFY 2014 to 29% of people served in SFY 2019 and remains substantial at 27% in SFY2020.

In 2020, COVID gave LEAP the unique opportunity to completely rethink our partners in the community. In our residential program, we partner with businesses and organizations to provide in-person work experiences and internships. In the new and exciting virtual world, LEAP had the opportunity to connect with people across the country. Students experienced meeting and engaging with professionals who are blind or visually impaired and succeeding in their individual careers. They include:

- Professional blind YouTuber and Advocates.
- Professional blind videographer and YouTubers.
- Director of Advocacy and Governmental Affairs of American Council for the Blind.
- Policy Director at the American Foundation for the Blind.
- Blind and visually impaired Paralympians.
- Blind Product Specialist for Apple.
- Adaptive Technology Experts.
- Executive Director of New England Adaptive Sports and Paralympian.
- The Gibney Family Foundation.
- Professional storytellers from The Vermont Moth.
- The Executive Director of the National Civilian Conservation Corps.
- Global Learning Partners.
- Vermont Community Garden Network.
- Vermont Department of Labor.
- Sangha Yoga Studio.

As a result of the success of the virtual programming in 2020, LEAP will make a virtual program part of its regular offerings. In summer 2021, we hope to offer both residential and virtual services. Our priority is to return to residential services as soon as it is safe to do so. We recognize that the in-person, hands on experience is where the most important learning happens on the job, and students living with their peers. We also recognize that a virtual program offers students who cannot or who are not fully ready for a residential experience, to engage in job readiness training from their own home.

Quotes from 2020 LEAP Students:

- “Even virtually, LEAP created an opportunity for us to share, connect, and learn. We got to pick new skills and strengthen existing ones in all different areas, not just social or mobility or daily living. It felt like a dynamic, comprehensive program where each student could decide which sessions would be most beneficial for them.” -LEAP Intern, Storytelling Project, 2020
- “I learned that I had leadership skills within me, which I had always doubted before, as well as learning how to effectively work with others in a professional setting.”-LEAP Intern, Youth Advisory Council, 2020
- “I am so grateful for these LEAP Virtual Retreats. We share ideas, laugh and learn from one another. These retreats remind us that no barrier will set us apart.” -LEAP Virtual Retreat Participant, 2020
- “One lesson I will take with me from LEAP is to step out of your comfort zone, say yes to every opportunity and embrace adventure. Treat your seemingly insurmountable barriers as challenges that can be overcome.” -LEAP Virtual Retreat Participant, 2020
- “The LEAP program means friendship and community for young adults with vision differences. I learned how to communicate and advocate regarding my visual needs. The greatest impact of LEAP for me is happiness.” -LEAP Virtual Retreat Participant, 2020
- “The LEAP program is a wonderful, supportive community in which we can laugh, learn, and form

ever lasting friendships. I don't know of any other program that is so supportive in meeting the emotional and educational needs of blind and visually impaired youth: LEAP is my second family!" -LEAP Intern, Interview Project, Fall 2020

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 approved by the State Rehabilitation Council in December 2017 and can be found at: <https://dbvi.vermont.gov/resources/publications>. (Appropriations 3460010000, 3460030000)

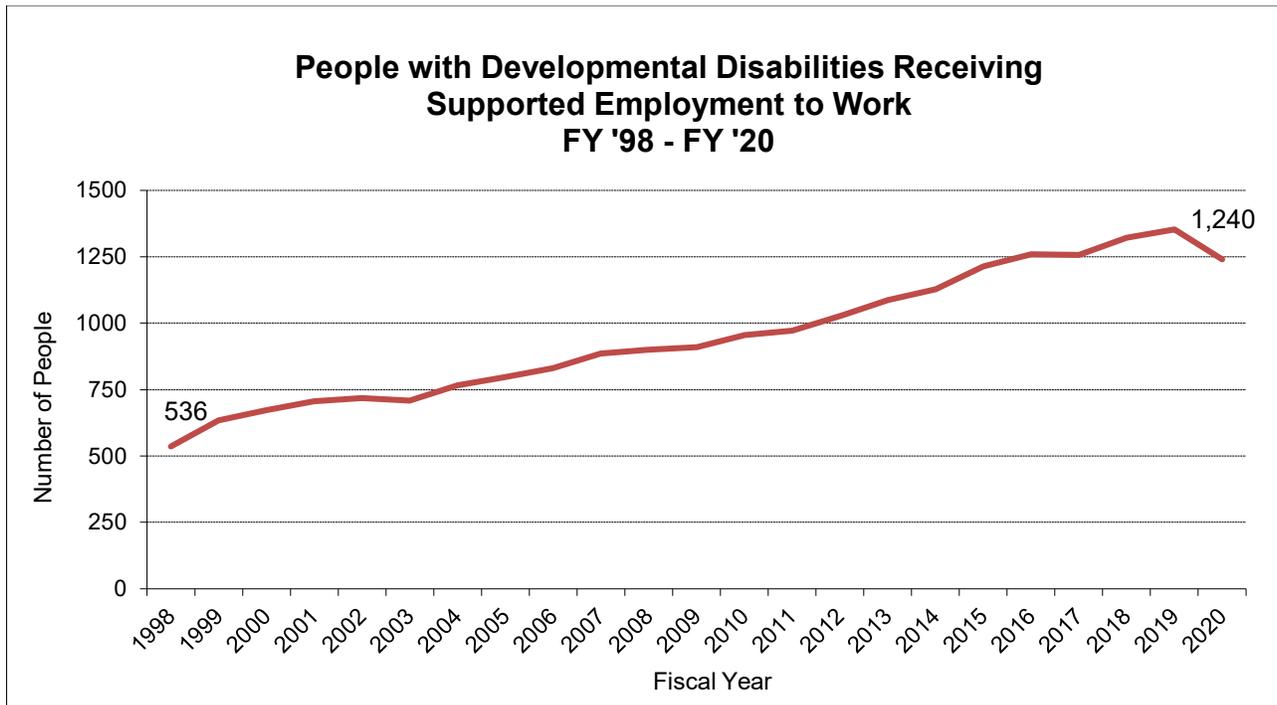
**II. Developmental Disabilities Services Division (DDSD)** is responsible for services to people with developmental disabilities and guardianship services to adults with developmental disabilities and older Vermonters. The DDSD works with private non-profit organizations to provide a broad array of long-term services and supports, including service coordination, family supports, community supports, employment supports, residential support, crisis support, clinical interventions, supportive services 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 leadership for disability policy and services in Vermont and meets federal and state mandates by developing and managing public resources. (Appropriations 3460010000, 3460050000)

**Developmental Disabilities Services:** Through a Provider Agreement with the Department, Developmental Disabilities Services (DDS) are provided by 15 Designated Agencies and Specialized Services Agencies with the goal of cost-effective, integrated community living. In SFY2020, 3,236 Vermonters received comprehensive Developmental Disabilities Home and Community-Based Services (HCBS). Other services include Flexible Family Funding, Family Managed Respite, Bridge Program: Care Coordination, Targeted Case Management, transition to adulthood, post-secondary education and one six-person Intermediate Care Facility. In SFY2020, 1,240 people with developmental disabilities received supported employment services to work.

### **DDSD Performance Measures**

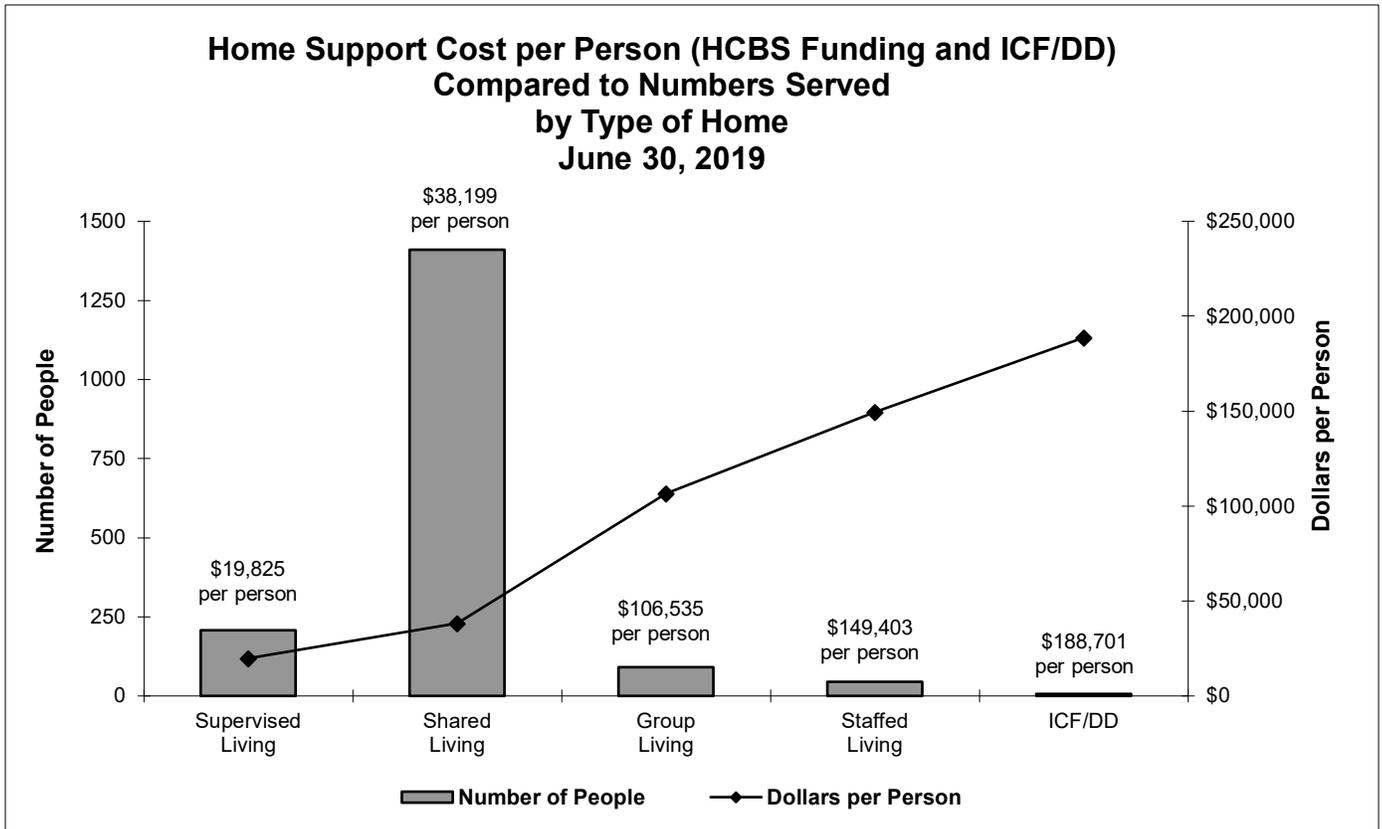
How many people we serve: 4,649 individuals across all programs (unduplicated) in SFY2020.

How well we serve them: Our employment services have been recognized as a national model with a 49% employment rate (SFY2019, most current data). Vermonters served in developmental disability services are earning total wages of over \$4 million a year.

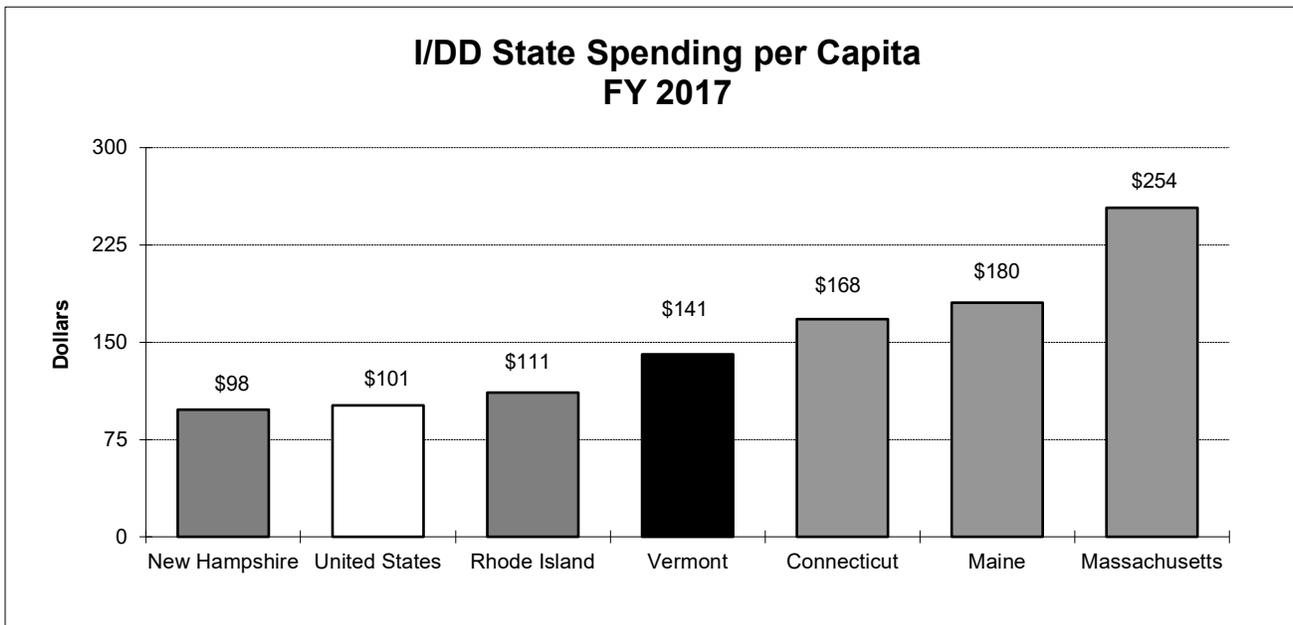


- Vermont’s home supports are individualized, addressing goals, strengths and needs. Of the people receiving paid home supports, a high percentage (76%) live with a shared living provider. This model uses contracted home providers, offers personalized supports, and is generally more economical than other 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 (see chart below)<sup>1</sup>. By developing and demonstrating success in the shared living model, Vermont has invested in personalized services at low cost. However, given the lack of affordable housing and the fact that Shared Living provides an affordable place for a person to live, this has contributed to an over-reliance on the Shared Living model and some limitations in options for more independent living.

<sup>1</sup> Updated 2020 data for the Home Support Comparison chart was not available at the time of publication.



- Vermont ranks in the middle of the New England states in spending of state dollars (including Medicaid match) per state resident for I/DD services – and is higher than the national average. Vermont is ranked 10th nationally in state spending per capita<sup>2</sup>.



<sup>2</sup> Updated 2019 data for the VT ranking nationally and the chart was not available at the time of publication.

## How people are better off:

- Vermont participates in the National Core Indicators (NCI) initiative. This is a voluntary effort by developmental disabilities agencies in collaboration with DDS to measure individual's perception of their services and life circumstances. 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 37 states participating in the In-Person Survey, we can both track our own progress and compare our work with other states. The 2019 NCI survey results show adults (age 18 and over) receiving home and community-based services expressed the following:
  - 88% – Proportion of people who regularly participate in integrated activities in their communities [community inclusion: went shopping, on errands, for entertainment, out to eat].
  - 91% – Proportion of people who make choices about their everyday lives [daily schedule, how to spend money, free time activities].
  - 71% – Proportion of people who make decisions about their everyday lives [residence, work, day activity, staff, roommates].
  - 54% – Proportion of people who do not have a job in the community but would like to have one.
  - 2% – Proportion of people who were reported to be in poor health.
- Individual Service Plans are the cornerstone to personalized services and a self-determined life. Our NCI survey results for 2019 reported that 87% of the people in service said they were able to choose their daily schedule and 86% said their service coordinator asked them what they want.
- 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. Of the 49 students enrolled in May 2020, 41% were employed while attending college. Last year three colleges and universities (University of Vermont, Castleton State College and Northern Vermont University – Johnson and Lyndon campuses) issued two-year certificates to 13 graduates, resulting in an 92% 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. DDS and OPG actively participate in ‘supported decision making’ to help people learn to make decisions about their own lives, promoting increased autonomy and self-determination and decreasing the need for guardianship.

- In SFY2020, 737 adults received public guardianship services. This included 619 people with developmental disabilities and 118 adults over age 60. Three people received case management only. In addition, the program provides representative payee services to 310 people. (Appropriation 3460016210)

Current Initiatives: DDS, in collaboration with the Department of Vermont Health Access, continues to work with consumers, family members, the provider network and other stakeholders in a major initiative to develop a new payment model. The goals of this initiative are to streamline payment, increase person-centered flexibility, support achievement of meaningful outcomes and enhance transparency and accountability for service delivery and funding. This initiative will also help align

DDSD payment and service delivery with broader health care reform activities and the Payer Model.

All-

DDSD continues to work on implementing the HCBS rules to ensure compliance with all requirements by 2022. The intent of the rule is to ensure that individuals receiving long-term services and supports through HCBS programs have full access to the benefits of community living and the opportunity to receive services in the most integrated setting appropriate. The rule promotes choice and control, inclusion, and protection of participant's rights.

Currently the state is working on conflict of interest in HCBS case management, however, in the fourth quarter of the fiscal year, work was suspended due to the state of emergency and required pandemic response. DVHA is working with departments who operate HCBS programs, including DDSD, to analyze HCBS case management across the state. A significant stakeholder engagement process was utilized to gather ideas regarding how the State can mitigate the risks of conflict in case management in compliance with that part of the HCBS rule. A website devoted to HCBS conflict of interest in Vermont contains products of this work. The opinions collected range from complete separation of case management from direct service provision, to keeping the status quo and seeking approval from CMS to continue with existing case management providers (Designated Agencies and Specialized Service Agencies) as the only willing and qualified providers of a service. For this reason, DDSD is exploring the concept of a "choice model" for case management and is working with a HCBS technical assistance vendor that is under contract with CMS to help states work towards compliance with HCBS requirements. DDSD continues to plan for a "choice model" proposal to be included in the next waiver application.

DDSD continues to evaluate compliance with the HCBS settings rules. Provider sites have been evaluated and providers are being given plans of correction to ensure full compliance. No sites were identified for heightened scrutiny and it is expected that all settings will be able to come into compliance by the March 2022 timeline.

**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.

Both S&C and APS work to protect and serve vulnerable adults. Vulnerable adults are defined in statute as individuals over 18 years in age who are residents of a facility licensed by S&C, residents of a psychiatric hospital, recipients of home health services, have a diminished capacity to care for themselves, or a diminished capacity to protect themselves from maltreatment.

- S&C conducts unannounced, regular surveys at health care facilities, and investigates complaints made about the care received in these facilities. These surveys and investigations can result in fines and other corrective action, including bans on admissions or revocation of operating licenses.
- When APS discovers that a person has maltreated a vulnerable adult, that person may be placed on the Adult Abuse Registry. The Registry is used by organizations that serve children and vulnerable adults to check the backgrounds of employees and volunteers prior to hiring.

S&C continues to adapt to the recent changes of Act 125, which in 2018 transferred the review process for Nursing Facility Transfers of Ownership from the Green Mountain Care Board to the Agency of Human Services. S&C has taken on additional duties to prepare for this. It is hoped that the new process for nursing facility transfers of ownership will ensure Vermont's nursing facilities provide sustainable and quality care for Vermonters.

Residential Care Homes and Assisted Living Facilities care for residents with increasing needs. Facilities today also face increasing workforce challenges. Coupled with low Medicaid reimbursement, facilities are facing a complex set of challenges. A new challenge is the shift in ownership of some facilities from family or community ownership to larger, multi-level corporate ownership. These changes add complexity to the licensing and monitoring of these facilities. Currently, S&C surveys state licensed facilities approximately every two years. Unannounced visits are made more often when complaints warrant onsite investigations.

In 2019, S&C absorbed the work of approving and monitoring nurse aide training programs. Since 2002, the Office of Professional Regulation (OPR) had overseen this work, but as demands on their time grew, they could no longer oversee these programs.

The Department of Disabilities, Aging, and Independent Living (DAIL) Advisory Board continues its established APS Committee to advise the department on matters pertaining to APS. The APS Committee makes recommendations on APS operations to the DAIL Commissioner, the DLP Director, and the APS Director. As part of its advisory role the APS Committee participates in a quarterly file review, where a random sampling of APS screening decisions and investigations are reviewed as part of APS' continuous quality improvement plan.

Both APS and S&C continue to adapt to changing environments. For APS, the increases in reports and completed investigations stress a system established by a statute that is nearly half a century old. Since the APS statute was established, Vermont demographics and service delivery have changed dramatically. When the statute was first passed, most of the care provided to vulnerable adults was provided in institutional settings. Now, many more vulnerable adults are receiving care in home and community-based settings, provided by a range of different service providers and/or by family caregivers. APS is also seeing changes in complaints; most notably, an increasing number of complaints now involve financial exploitation. In the next biennium, we plan to look at whether any changes should be made to the statutory measures to ensure that APS is able to achieve its goal to protect vulnerable adults whose health or welfare may be adversely affected through abuse, neglect, or exploitation. This may lead to proposed changes in the APS statute at 33 V.S.A. Chapter 69.  
(Appropriation 3460010000)

## **DLP Performance Measures**

### **How many people we serve:**

- S&C conducted 189 onsite investigations across all state and federal provider groups. A suspension of all survey activities across all provider types went into effect in the 3rd quarter of SFY20 due to the pandemic causing a decrease of approximately 47% in onsite investigations from the previous year.

- S&C was on time for 100% of Federal Surveys and 90% of State Surveys before the suspension of survey activities across all provider types went into effect in the 3rd Quarter of SFY20.
- APS received 3649 reports alleging abuse, neglect, or exploitation of vulnerable adults, a decrease of 11% from the previous year.
- APS initiated 639 investigations from these reports, a decrease of 19% from the previous year.
- APS completed 689 investigations, a decrease of 27% from the previous year.
- APS placed 113 individuals on the Adult Abuse Registry, an increase of 14% from the previous year.

#### **How well we serve them:**

- S&C completed 100% of their required federally regulated surveys on time.
- APS expanded the role of the APS Committee of the DAIL Advisory Board to ensure there is an ongoing avenue of information to APS from internal and external partners and advocacy organizations. The body advises APS on changes to the APS Policy Manual and monitors APS performance indicators, as well as conducting quarterly file review of APS reports and investigation outcomes.
- APS is holding annual public hearings to solicit feedback on performance and opportunities for improvement.

#### **How people are better off:**

- 23% of nursing homes had no deficiencies or isolated deficiency with substantial compliance.
- 3% of Nursing Homes had deficiencies reflecting potential for minimum harm.
- 57% of nursing homes had deficiencies reflecting no actual harm but potential for more than minimum harm.
- 17% of nursing homes had deficiencies reflecting actual harm or immediate jeopardy of residents.
- 113 individuals were placed on the Adult Abuse Registry in SFY 20, an increase of 14% from the previous year. 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)

#### **Division Overview**

DVR serves people with disabilities in Vermont who face barriers to employment. We help DVR consumers figure out what types of employment will work for them through assessment, counseling, and guidance. We use our extensive networks in the employer community to create job opportunities, match employer needs with jobseeker skills, and help employers retain staff with disabilities. We use our financial resources within Vermont communities to support consumers as they transition to stable employment, and employers as they try out new workers.

## Staff and Partners

DVR collaborates with other service providers to reach people facing challenges to employment. DVR has created partnerships to serve youth, offenders, veterans, people receiving public benefits, and those who need ongoing support to work.

## Recent Developments and Accomplishments

**Creating Career Pathways for DVR Consumers:** 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. WIOA introduced new Common Performance Measures (CPM) that core partners including DVR will be measured on. The measures are:

- Job retention six months post program exit.
- Job retention twelve months post program exit.
- Median earnings six months post program exit.
- Credential attainment.
- Measurable skills gains.
- Employer satisfaction.

Prior to WIOA, DVR had been measured primarily on how many people the program assisted in getting a job. This shift from quantitative to qualitative measures required a major paradigm shift in our service delivery system. To respond to the paradigm shift, DVR implemented the Careers Initiative, a series of strategies to align program services with the new measures. The new strategies include:

- **Promoting Post-Secondary Education and Training:** DVR has realigned case service resources to support more consumers in post-secondary education and training, both of which will help them achieve credentials in high-demand, high-wage fields.
- **Career Assessment:** DVR is promoting the use of modern career assessment tools that help consumers see beyond entry-level employment and identify potential career paths.
- **Supporting Practice Change:** DVR has updated policy and practice to promote consumers achieving longer-term career goals.
- **Teaming to Support the Consumer:** DVR encourages counselors to pull in other team members to support consumers in achieving their employment goals. This might include the employment consultant, the benefits counselor, or the assistive technology specialist.
- **Follow-Up After Placement:** DVR requires regular follow-up with consumers post-exit to promote job retention and career advancement. This can be critical for consumers who are struggling to retain their jobs.

DVR tracks implementation of our new strategies through a new Performance Dashboard. The Dashboard provides real-time information for staff and managers at the counselor, district, and statewide level. The Dashboard provides them with a useful frame of reference to judge how they are doing, so they can focus on what they need to do to achieve desired outcomes.

Dashboard data already shows how DVR's Careers Initiative is changing practices, services, and outcomes. In the last year DVR has seen the following:

- A 10% increase in DVR consumers participating in post-secondary education and training.
- A 20% increase in DVR consumers with higher wage employment plan goals.
- A 23% increase in DVR consumers earning over 125% of minimum wage at program exit.
- A 9% increase in the number of DVR consumers achieving an employment outcome.

**Linking Learning to Careers (LLC):** Linking Learning to Careers (LLC) began its fifth and final year of operation on October 1, 2020. This project is a Disability Innovation Fund research study supported by the US Department of Education's Rehabilitative Services Administration. It provides supplemental or 'enhanced' transition services to a select group of 400 Vermont youth with disabilities, beginning in their 10<sup>th</sup> or 11<sup>th</sup> grade in high school. These services include work-based learning experiences, post-secondary education/training exploration and dual enrollment opportunities, assistive technology assessments and supports, and transportation assistance. A comparison of participation rates between students with 'enhanced' services and those in the 'core' group shows:

- 70.2% of 'enhanced' students participated in targeted work-based learning experiences compared to 27.8% of the 'core' group.
- 'Enhanced' group students participated in 282 post-secondary education or training activities compared to 58 in the 'core' group.
- 27.3% of 'enhanced' students received assistive technology assessments and support compared to 1% of the 'core' group.

Formative and summative evaluations of the impact of LLC interventions on youth are now underway in partnership with Mathematica Policy Research. DVR has also identified the following programmatic and policy changes based on LLC program results:

- Increasing transition staffing statewide.
- Having transition counselors keep enrolled youth from age 14 through 24 rather than transferring them to an adult counselor.
- Increasing access to post-secondary education/training exploration and experiences.
- Strengthening local VR district youth teams.

## Future Directions

**Kessler Foundation Grant:** DVR was selected by the Kessler Foundation for a grant designed to improve employment prospects for DVR consumers who receive Social Security disability benefits. Vermont was one of only 6 projects to be selected out of over 70 applications. The project will provide an innovative combination of services and financial incentives to help beneficiaries obtain income sufficient to exit the benefit rolls.

**Progressive Education:** DVR was invited by the Federal Department of Labor's Office of Disability Policy, to do a presentation on its innovative approach to supporting people with disabilities in post-secondary and training programs. People with disabilities are less than half as likely to have a post-secondary credential than their peers without disabilities. To address this issue DVR developed the progressive employment approach that systematically introduces consumers to low-risk opportunities to try out post-secondary programs. This is combined with intensive supports like tutoring, assistive

technology, and peer mentoring to give the consumer every possible chance to succeed.

**Summer Youth Employment:** Real work-based learning experiences in high school have been shown to be the most effective way to prepare students with disabilities for employment post high school. For the first time ever, DVR is planning to implement a statewide summer youth program for students with disabilities. We hope to serve up to 200 students across the state in 2021.

## **Programs and Services**

**Vocational Rehabilitation Core Services:** DVR services for jobseekers are tailored to the person and driven by his or her own interests, job goals, and needs. Each person meets regularly with his or her DVR counselor, who helps to develop an Individualized Plan for Employment (IPE) and manages the services and supports needed to realize the person's career goals. The core services of vocational assessment, counseling and guidance, job training, and job placement provided by DVR staff and partners, are enhanced with a range of purchased services and supports.

**DVR Placement Services:** DVR also has an ongoing partnership with the Vermont Association of Business, Industry, and Rehabilitation (VABIR) to provide employment services to DVR customers. DVR counselors benefit from dedicated employment consultants who provide job development, job placement, and workplace supports to help people find and keep jobs.

**Creative Workforce Solutions (CWS):** CWS is the employer outreach arm of the DVR program. DVR oversees 12 Business Account Managers (BAM) who have active relationships with 2,500 employers statewide. The BAMs convene local teams of Agency of Human Service providers who provide employment services across multiple populations. These CWS teams are designed to coordinate local employer outreach across programs to better serve employers.

**Jump on Board for Success (JOBS):** The JOBS program is a DVR partnership with the Department of Mental Health. JOBS provides employment and mental health case management services for youth with severe emotional/behavioral disabilities.

**Benefits Counseling Program:** The DVR benefits counseling program provides expert advice to Social Security disability program beneficiaries on the impact employment will have on their benefits.

**Employee Assistance Program (EAP):** EAP has offered comprehensive Employee Assistance Program (EAP) services since 1986. EAP provides short-term counseling and referral, management consultation, wellness workshops, and resource information.

**Rehabilitation Counselor for the Deaf (RCD):** RCDs provide a wide range of services for Vermonters who are Deaf, hard of hearing, or late-deafened.

**Assistive Technology Program:** The AT program helps individuals of all ages find accessible solutions to overcome disability and aging related barriers at home, work, and in the community.

## Results

### Number of People Served:

- A total of 6,610 individuals were served in SFY 2020. 8,074 were served in SFY 2019.
- 5,709 people were served in the core DVR program in SFY 2020. 6,756 were served in SFY 2019.
- 1,583 high school students were served through the Pre-Employment Transition Services program in SFY 2020. 1,318 were served in SFY 2019.

### How well we served them:

The DVR Consumer Experience Survey is conducted every three years to determine consumers' overall satisfaction with the program. The survey is conducted by a third-party research firm, Market Decisions Research, who have an extensive background in working with VR agencies nationwide. Seven hundred consumers were contacted to provide information for our 2019 survey.

The overall results were positive. Market Decisions Research found that of the consumers surveyed:

- 81% reported that they were satisfied or very satisfied with DVR.
- 96% said that they would recommend that their friends or family members seek help from DVR.
- 92% of consumers responded that they are satisfied with their experience working with DVR staff and DVR counselors; this is a two percent increase from our 2016 survey.

Consumers also reported consistently high rates of satisfaction about their treatment by DVR staff. In the 2019 survey, 98% of consumers reported feeling that they were treated by DVR staff with dignity and respect. The largest improvement in customer experience was seen in the ability of consumers to communicate with their DVR counselors. In 2016, 88% of consumers were satisfied with their ability to contact their counselors; in 2019 this percentage rose to 91%, an all-time high.

### Employer Satisfaction with DVR Creative Workforce Solutions (CWS)

In 2019 DVR contracted with Market Decisions Research to develop a survey that would determine employer satisfaction with DVR services. From April 10, 2019 through May 15, 2019, Market Decisions Research surveyed 200 employers that had contact with a CWS team member(s) within the last 18 months. The survey found that 77% of employers were satisfied with CWS services, and 94% would be open to working with the CWS team in the future. One area of improvement that was identified in the survey results, is that employers would like to be contacted more frequently. The information the survey provided is invaluable as we continue to improve our services to employers and develop more connections to best serve DVR customers.

### Youth and School Staff Satisfaction with DVR

In 2020 DVR contracted with Market Decisions Research to develop two electronic surveys. One was designed to determine the satisfaction of youth with DVR transition services, and the other to evaluate school and partner satisfaction. The youth survey was distributed to 639 consumers; 104 completed the survey. Consumers included in the sample were youth who were currently receiving or had received transition services within the last year. Over 75% of youth respondents stated that they were satisfied with services, and 78% of youth reported that they found working with their transition counselor helpful. The school and partner survey was sent to 502 school and partner staff; 189 responded. 96% reported they were familiar with DVR transition services and 93% reported they felt confident they know how and when to refer a student for services. Overwhelmingly both surveys

found that satisfaction with transition services is high. However, one area for improvement that was identified is to increase the number of counseling staff that serve transition age youth. This would allow youth to have more regular contact with their counselors and for school staff and partners to collaborate more frequently to provide the most comprehensive services.

**How people are better off:**

The most immediate measure of how people are better off is their employment status when they leave the program. The SFY 2020 numbers are as follows:

- 621 individuals closed their DVR case with successful employment. This means they met their individual employment goal and were employed for at least 90 days and were stable.
- 289 or 47% had a wage above 125% of the minimum wage.

Vermont’s DVR and DBVI programs also received data for the first time, on the WIOA Common Performance Measures and how we compared to national averages. This data combines the outcomes for both DVR and DBVI programs because it is measured as a single program by the federal government. This data shows that:

- Vermont DVR/DBVI consumers are achieving measurable skills at a much higher rate than the national average.
- The employment rate two quarters post exit improved from 49% in SFY 2019 to 51.1% in SFY 2020.
- The median earnings two quarters post exit increased from \$3,516 in SFY 2019 to \$3,900 in SFY 2020.

Measure	National Average SFY 18	Vermont Results SFY 18	National Average SFY 19	Vermont Results SFY 19	National Average SFY 20	Vermont Results SFY 20
Measurable Skills Gains	21.1%	37.8%	23.4%	54.9%	31.4%	49.3%
Employment Rate 2 Quarters Post Exit	NA	NA	50.4%	49.0%	51.3%	51.1%
Employment Rate 4 Quarters Post Exit	NA	NA	NA	NA	NA	NA
Median Earnings 2 Quarters Post Exit	NA	NA	\$3,875	\$3,516	\$3,931	\$3,900
Credential Attainment	NA	NA	NA	NA	NA	NA

**V. 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. Vermont Medicaid, the federal Older Americans Act and State General Funds are the primary sources of funds for these services.

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 Americans Act (OAA) Services, primarily provided through Area Agencies on Aging include:

- Supportive Services, including Information, Referral and Assistance, Case Management, Legal Assistance, Transportation and more.
- Nutrition Services (congregate and home-delivered meals, nutrition counseling and education).
- Health Promotion and Disease Prevention.
- Family Caregiver Support.
- State Long-Term Care Ombudsman Program (provided through Vermont Legal Aid).

Federal & State funded grants & contracts include:

- Commodity Supplemental Food Program.
- Dementia Respite Grants for Family Caregivers.
- Elder Care Clinician Program.
- Employer Payroll Support for Self-Directed Services.
- Federal Brain Injury State Partnership Grant.
- Health Insurance Counseling & Support (SHIP/MIPPA).
- Home Delivered Meals for People with Disabilities Under Age 60.
- Money Follows the Person Project.
- Self-Neglect Initiative.
- Senior Farmers' Market Nutrition Program.
- 3SquaresVT (SNAP) Outreach.

Special projects include:

- Falls Prevention Coalition.
- Federal HCBS Regulations Assessment & Implementation Project.
- Governor's Commission on Alzheimer's Disease and Related Disorders.
- Reframing Aging in Vermont.
- Suicide Prevention.
- High Tech Nursing payment reform.
- Per member/per month nursing facility rate project.

**Adult Day Services** is a community-based non-residential service that assists individuals to remain active in their communities by maximizing health, independence, and optimal functioning. Funding comes from Medicaid State Plan (Day Health) and Choices for Care (High, Highest & Moderate Needs Groups).

### **How many people we served:**

- In SFY2020, an average of 499 people was served monthly by all Medicaid funding sources (Day Health and CFC High/Highest/Moderate Needs Groups) (-5% increase). Note that this average is based on people served July 2019-February 2020. Adult Days were closed March 16 – June 2020.
- 22% of Total were served through the Medicaid State Plan (Day Health).
- 51% of Total were served through the CFC High/Highest Needs Group.
- 26% of Total were served through the CFC Moderate Needs Group.

### **How well we served them:**

- All Adult Day services received a 2% Medicaid rate increase July 1, 2019 for SFY20.
- Five (5) Adult Day Sites were successfully certified under the Standards for Adult Day Services in Vermont.
- Three (3) Adult Day sites closed due to longstanding financial difficulties exacerbated by the closures during the pandemic. These include Project Independence in Barre, InterAge in Rutland and Oxbow Senior Independence Program in Newbury. Participants were transitioned to other services.
- Types of adult day issues discovered, provided technical assistance by QMU, and resolved during certification reviews include but are not limited to those relating to effective Participant-Centered planning and Quality Management activities; interagency and support-network collaboration and communication; and documentation best-practices.
- Examples of good adult day practices discovered during certification reviews included strong compliance with the Vermont Adult Day Standards; a high quality of programming related to activities promoting participants' optimal level of independence in a community-based setting; enhancement and maintenance of participant functioning; and reduction of social/emotional isolation. Feedback from community, family, and interagency staffs include high praise.

**Choices for Care (CFC)** is the largest Medicaid funded program managed by ASD, serving over 5,700 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 Groups. Vermonters who are enrolled in the Highest or High Needs Groups meet nursing home level of care and 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 at 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, reflecting the goal of supporting individual choice, the goal was to achieve a 60:40 balance between people receiving services in nursing facilities and people living in home-based and Enhanced Residential Care settings. Having achieved this goal, a new target of 50:50 was established, and this target was surpassed in January 2014. In SFY2020, 42% of all people in the High/Highest Needs Groups were served in nursing facilities while 58% were served in home-based and Enhanced Residential Care settings.

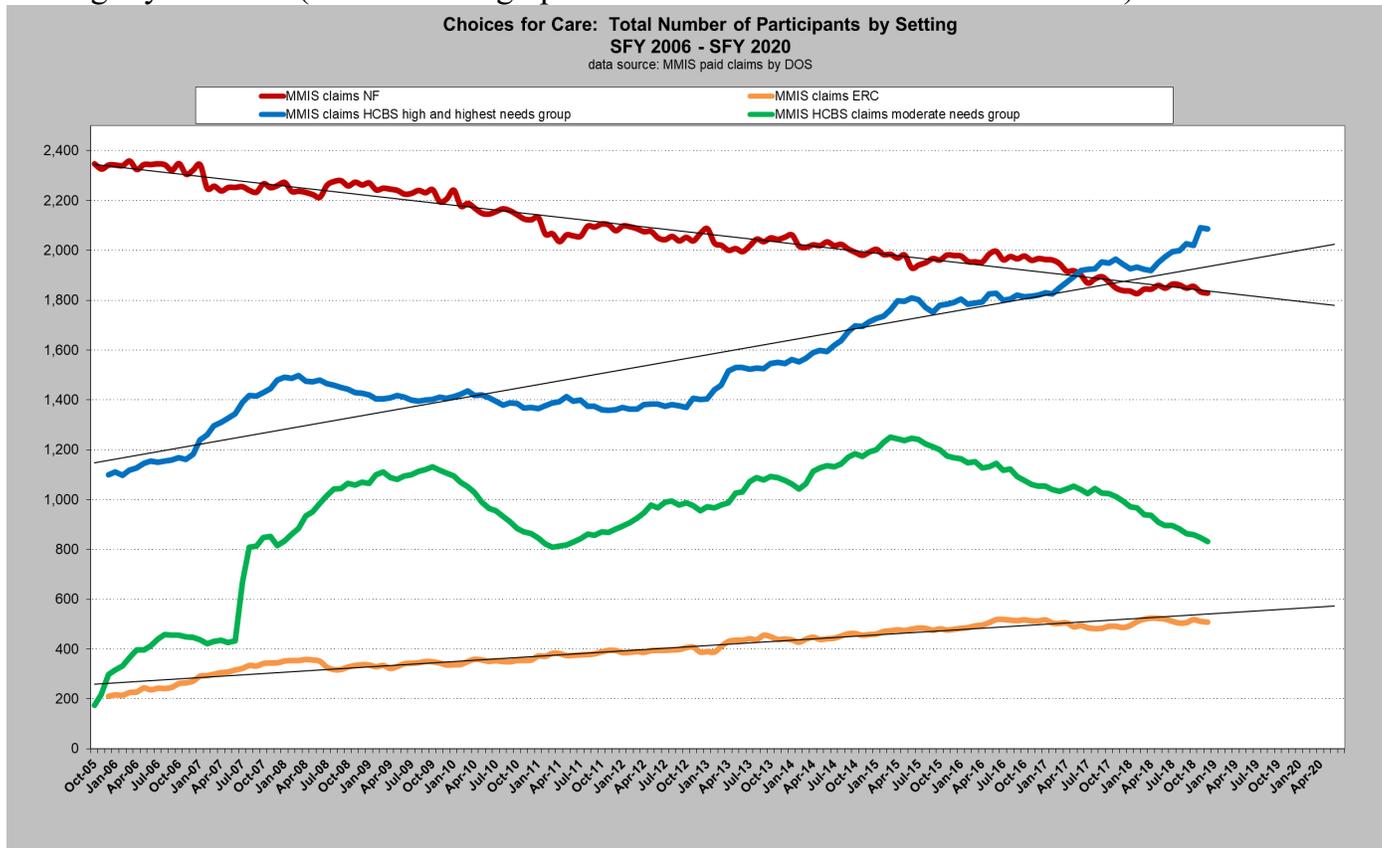
**How many people we served:**

As of June 30, 2020, the total number of people enrolled in Choices for Care (High/Highest/Moderate Needs Groups) was 5,710, a 4% increase from the total number of people enrolled in SFY2019. This represents a 12% increase in home-based, a 5% increase in Enhanced Residential Care, a 7% increase in nursing facility and a 4% decrease in Moderate Needs Group enrollments. Anecdotal feedback regarding the decline in Moderate Needs enrollment suggests the primary cause is unmet workforce demands for homemaker services, which was exacerbated during the COVID-19 state of emergency.

<b>As of June 2020 (SAMS Enrollment Data)</b>	<b>SFY2020</b>	<b>SFY2019 – SFY2020 % change</b>
<b>Total CFC Enrollments (high/highest/moderate)</b>	5,710	4%
Home-Based (HB) High/Highest only	2,139	12%
Enhanced Residential Care (ERC) High/Highest only	561	5%
Nursing Facility High/Highest only	1,954	7%
<b>Total High/highest Group only</b>	4,527	6%
<b>Total Moderate Needs Group only</b>	1,183	-4%
HB & ERC % combined total of High/Highest	58%	1%
NF % total of High/Highest	42%	-1%
% of CFC Clinical Eligibility Determinations <30 days	92%	-2%
Estimated Moderate Needs Group Wait List end of SFY2020	467	

The table above shows point-in-time participant enrollments from the SAMS database as of June 2020. Home-Based High/Highest Needs Groups counts includes traditional home-based, Flexible Choices and Adult Family Care. Nursing Facility High/Highest Needs Groups counts includes 95 (5%) short-term rehab stays. Note that the MNG wait list is estimated and some providers did not submit all data for SFY2020.

The graph below shows the actual numbers of people served taken from paid Medicaid claims, which is slightly different (note that this graph does not include the SFY20 data above).



### How well we serve them:

- In SFY2020, CFC managed spending within the limits of available funding, spending all but .25% of the budget.
- \$654,278.01 was carried forward into SFY2021 which is below the 1% reserve intended to avoid implementing a High Needs Group wait list. Therefore, there were no funds available to reinvest.
- With limited funds, Moderate Needs Group providers continue to maintain regional wait lists, however, utilization of homemaker services has declined, primarily due to critical challenges related to workforce.
- The ASD clinical team saw two team members deployed to COVID response in SFY2020 creating more fluctuations in workload for clinical determinations than normal. In addition, with assessments being done remotely during COVID, delays occasionally occurred due to the need to gather more documentation from multiple healthcare providers. As of July 2020, 92% of clinical eligibility decisions for high/highest needs groups applicants were made within 30 days of receiving an application. This performance was close to the 95% target.
- Two (2) Designated Home Health Agencies and three (3) Area Agencies on Aging were successfully certified under the Case Management Standards & Certification Procedures for the Older American's Act & Choices for Care Programs. Note that two (2) Certification Reviews for Home Health Agencies and one (1) for Area Agencies on Aging were postponed and rescheduled out of annual parameters due to Covid-19.
- Examples of case management issues found and resolved during certification reviews included needed enhancement of person-centered planning and practices; complete and timely reassessment and documentation practices; supervisory practices towards stronger agency case manager/service coordinator support; and ongoing development and documentation of short and long-term goal

support - Case note reviews in some cases showed a need for enhancement of short and long-term goals within general documentation and review narratives, including support strategies, task assignment, and timelines for achievement.

- Examples of good case management practices found during certification reviews included many instances of outstanding service in areas of person-centered support including, but not limited to, the respect and inclusion of participants input into the dynamics of initial service delivery and planning; Proactive Service Plan development beginning before annual due dates; strong focus on the monitoring of service delivery; and case managers with extensive knowledge about the full range of services available to individuals in their region. Participant and interagency staff feedback regarding Choices for Care services provided by these agencies include high praise.
- In SFY2020, 232 critical incidents were processed for Choices for Care participants living in Adult Family Care, participants receiving Money Follows the Person assistance and Brain Injury Program participants. The types of incidents included:

Type of Incidents	Count	% of Total
Medical Emergency	158	68%
Mental Health	26	11%
Natural Death	22	9%
Criminal Activity/Incarceration	8	3%
Report of Abuse Neglect, Exploitation/Use of a Prohibited Practice	7	3%
Other: includes Action by Paid Staff/Provider/Worker paid by DDS funds	5	2%
Missing Person	4	2%
Untimely/Suspicious Death	2	1%
<b>Grand Total</b>	<b>232</b>	<b>100%</b>

**How people are better off:**

- Consistent with individual choice and in line with [AARP research \(2018\)](#) on Americans' preference for home-based services, in SFY2020 the percentage of Choices for Care high/highest participants residing in a home-based setting increased by 3%.
- In SFY2020, the balance of high/highest participant enrollments in nursing facilities as compared to non-nursing facility settings has continued to shift, showing 42% of all high/highest needs groups enrollments in nursing facilities (previously 43%) and 58% in home-based and Enhanced Residential Care combined (previously 57%). In 2005, the balance was 64% of high/highest needs groups participants were enrolled in nursing facilities and 36% home-based and Enhanced Residential Care combined. Additionally, since 2005 home-based participation has grown by 96%, Enhanced Residential Care participation has grown by 232% and nursing facility participation has declined by 15%.

High/Highest Needs Groups Settings	Oct-05		Jun-20		Change 2005 - 2020	
	#	% of total	#	% of total	#	% change
Home-Based	1092	31%	2139	46%	1047	96%
Enhanced Residential Care	169	5%	561	12%	392	232%
Nursing Facility	2286	64%	1954	42%	-332	-15%
<b>Totals:</b>	<b>3547</b>	<b>100%</b>	<b>4654</b>		<b>1107</b>	<b>31%</b>

Data Source: SAMS database point in time participant enrollments.

In 2018 ASD started using the National Core Indicators for Aging and Disabilities (NCI-AD) to survey participants of the Choices for Care and Traumatic Brain Injury programs. The resulting quality and consumer experience data reports can be found on the [NCI-AD website](#) which compares Vermont data to 13 other participating state As a part of the Vermont’s Global Commitment (GC) Comprehensive Quality Strategy (CQS), DAIL focused on four NCI-AD questions:

54% of people on the Choices for Care program reported they get to do the things they want to do outside the home as often as they want to, compared to 61% nationally.
67% of people on the Choices for Care program reported they can choose or change any of the services they receive, compared to 69% nationally.
3% of people on the Choices for Care program reported they have a paid job in the community, compared to 3% nationally.
39% of people on the Choices for Care program who are not currently employed, reported they would like a paid job in the community, compared to 20% nationally.

Other interesting Choices for Care and TBI participant combined NCI-AD data shows that:

- Vermont had a much higher percent of participants (25% vs 14% nationally) who reported having Alzheimer’s Disease or related dementia.
- Vermont had a noticeably lower percent of participants (69% vs 74%) who reported having access to transportation when they want to do things outside of their home (non-medical).
- Vermont had a significantly higher percent of participants (79% vs 53% nationally) who reported that their case manager/coordinator talked to them about services and how to help with unmet needs.
- Vermont had the highest percentage of participants (43% vs 33% nationally) who reported overnight hospital/rehab stays.
- Vermont had the highest percent of participants (58% vs 48% nationally) who reported they had emergency room visits within last year.
- Vermont had the highest percent of participants (19% vs 14% nationally) who reported often being sad or depressed.
- Vermont had the 3<sup>rd</sup> highest percent of participants (70% vs 67% nationally) who reported having talked to someone about being sad or depressed in the last year.
- Vermont had the highest percent of participants (39% vs 20% nationally) who reported wanting a job (of those who reported they did not have a job).
- Vermont had the highest percent of participants (40% vs 26% nationally) who reported wanting to volunteer (of those who reported they did not volunteer).
- Vermont had a higher-than-average percent of people (84% vs 77% nationally) who reported needing help with self-care.
- Vermont had the highest percent of participants (89% vs 84% nationally) who reported they have access to healthy foods when they want them.

NCI-AD data was presented to stakeholders in 2019 with the goal of creating ways improve quality of services and quality of life for program participants. There is no updated data in 2020. DAIL will conduct the NCI-AD survey again in 2021.

**The Brain Injury (BI) Program** serves Vermonters with moderate to severe brain injuries, diverting or returning them from hospitals and facilities to community-based settings. The BI Program focuses on independent living, with increased emphasis on rehabilitation culminating in graduation from the BI Program. In SFY2015 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 served:**

In SFY2020 the TBI program served 90 people (14% increase).

As seen over the last few years, it is hard to predict how many people will experience a severe brain injury requiring Medicaid funded BI services. For example, in many cases it can take several months for an eligible individual to be enrolled with an available provider. Additionally, DAIL has worked with BI providers to serve some brain injury survivors within the Choices for Care Adult Family Care option, reducing the need to fund services with targeted BI program rehab dollars. Fortunately, some of the Choices for Care Adult Family Care providers are also BI specialty providers.

**How well we serve them:**

One goal of the BI program is to prevent the need for a person to go to a specialized out of state facility. In SFY2020, the average cost per person receiving BI services in Vermont was approximately \$7,471 per month or \$245 per day. Out-of-state specialty facilities cost from \$425-\$650 per day. It is estimated that for each person that is successfully diverted from a specialized out-of-state facility the state saves at least \$90,155 per person per year.

**How people are better off:**

- 17% of people served in BI home and community-based services rehabilitation services were employed in SFY2020 (target 25%).
- 4 people served in the rehabilitation program met their rehabilitation goals and graduated to independent living in SFY2020 (target 7).

As a part of the State’s Comprehensive Quality Strategy (CQS), DAIL focused on four NCI-AD questions:

51% of people on the BI program reported they get to do the things they want to do outside the home as often as they want to, compared to 61% nationally.
68% of people on the Choices for Care program reported they can choose or change any of the services they receive, compared to 69% nationally.
3% of people on the Choices for Care program reported they have a paid job in the community, compared to 3% nationally.
The % of people on the BI program who are not currently employed and would like a job could not be reported due to the low number of responses. (20% nationally)

In SFY2020, DAIL completed its second year as a recipient of the federal Administration for Community Living (ACL) BI State Partnership Grant. Vermont is receiving approximately \$150,000 per year for three years (2018-2022). In its second year, DAIL has continued its work with the VT Department of Corrections (DOC) to ensure that all individuals entering a correctional facility are screened for lifetime history of traumatic brain injury (TBI) during the intake/assessment process. The DOC now has data on the percentage of individuals who screen positive. DAIL has also worked with the Brain Injury Association of VT (BIAVT) to assist with brain injury awareness efforts, including development of a brain injury awareness media campaign and an improved website. DAIL also contracted with the National Association of State Head Injury Administrators (NASHIA) to receive technical assistance to create an evaluation plan based on best practices to ensure the brain injury state plan goals and outcomes are objective and measurable. For more information on the grant progress and partnerships with the Vermont Brain Injury Association, Vermont Department of Corrections and Vermont Department of Health, refer to the [Brain Injury Grant special projects web page](#).

**Older Americans 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 Area Agencies on Aging (AAA) and Vermont Legal Aid for Long-Term Care Ombudsman services.

**How many people we serve (FFY2019):** (NOTE: FFY 2019 is the most current OAA Area Agency on Aging data. FFY2020 data will not be confirmed until early 2021).

- 60,671 Vermonters age 60 and older received AAA OAA services in FFY2019 (5% increase).
- 5,826 Vermonters received home delivered meals in FFY2019 (2% increase).
- 779,938 home delivered meals were provided in FFY2019 (3% increase), 94% of which were provided to OAA eligible Vermonters.
- 12,674 Vermonters participated in congregate meals in FFY2019 (1% increase).
- 272,482 community meals were served in FFY2019 (8% decrease), 95% of which were provided to OAA eligible Vermonters.
- 6,706 Vermonters received AAA OAA Case Management services in FFY2019 (6% decrease).
- In FFY2020, 393 complaints were opened by the Long-Term Care Ombudsman (26% decrease), 358 were closed (42% decrease) and 297 were resolved (28% decrease). These decreases are primarily due to the COVID-19 emergency which prevented Ombudsman staff and volunteers from visiting facilities for over half its fiscal year (March 13-September 30).

**How well we serve them:**

- 96% of people receiving home delivered meals reported that they have enough to eat (unchanged from previous year).
- 83.5% of people receiving home delivered meals reported that meals help manage or improve their medical condition (1.5% decrease).
- 85% of Case Management services recipients surveyed reported they were living in the setting of their choice (unchanged from previous year).
- 72% of Case Management services recipients surveyed reported their unmet needs were addressed (13% decrease). The decrease may be due to COVID restrictions and caregiver shortage.

- 83% of verified Long-Term Care Ombudsman complaints were resolved to the satisfaction of the participant (75% target).
- 92% of nursing facilities were visited by Long-Term Care Ombudsman (95% target).

**The Adult Services Division manages additional services** that complement Older Americans Act services including the following:

- Dementia Respite Grant via Area Agencies on Aging: 174 family caregivers received Dementia Respite Grant funding in SFY2019 (63% decrease, due to COVID-19 and decreased use of respite in 4<sup>th</sup> quarter (April-June) when AAAs normally release many respite grants). 135 caregivers used the grant for respite, 126 for self-directed care (in-home caregivers), 41 for supplemental services, 23 for residential respite and 6 for clinical counseling.
- Home Delivered Meals for People under 60 via Vermont Center for Independent Living: 568 people were served (14% increase), 85% of survey respondents reported that the meals helped maintain their health, and 94% of survey respondents reported that staff were easy to reach when help was needed.
- Senior Farmer's Market Nutrition Program via Northeast Organic Farmer's Association: 1061 Vermonters were served in SFY2019 (11% increase), while 15 farms and 65 housing sites participated (Federal USDA Funds).

**Vermont State Plan on Aging:** In SFY2018 the State Unit on Aging team facilitated a statewide needs assessment and worked closely with the Area Agencies on Aging and stakeholders to create and launch the [Vermont State Plan on Aging \(FFY 2019 - 2022\)](#). The plan includes the following goals:

1. Support Healthy Aging for All.
2. Strengthen Core Older Americans Act Services that Support Older Vermonters in greatest Economic and Social Need.
3. Bolster the System of Protection and Justice for Older Vermonters.

The complete Vermont State Plan on Aging that includes Objectives, Strategies and Measures can be found on the [Adult Services Division web page](#), along with Progress Reports for [Year 1](#) (FFY2019) and [Year 2](#) (FFY2020).

## Budget Testimony – Additional Information

- **Crosswalk Spreadsheet (UPS and DOWNS)** - The requested SFY 2021 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

- SFY2022 TOTAL DAIL PROPOSED BUDGET - \$542,422,784
  - General Fund – 5.09%.
  - Global Commitment – 87.82%.
  - Federal Fund – 6.34%.
  - Special and Interdepartmental Funds – less than 1%.

<b>SFY2022 DAIL PROPOSED BUDGET BY DIVISION</b>						
<b>DIVISION</b>		<b>TOTAL</b>	<b>% of</b>	<b>Fund Split</b>		
				<b>GF</b>	<b>GC</b>	<b>Federal/Other</b>
1)	<b>Developmental Disabilities Services Division</b>	\$ 248,952,782	45.64%	1.8%	97.2%	1%
	(includes DS Waiver)					
2)	<b>Adult Services Division</b>	\$ 256,426,084	47.44%	4%	91.1%	4.9%
	(includes AAA, Attendant Services Programs, Day Health Rehab Services and Choices for Care)					
3)	<b>Vocational Rehabilitation</b>	\$ 23,314,042	4.29%	20%	0.00%	80%
4)	<b>Blind and Visually Impaired</b>	\$ 2,924,369	0.53%	32%	10.8%	57.2%
5)	<b>Licensing and Protection</b>	\$ 5,237,229	0.96%	48.19%	0%	51.81%
6)	<b>Commissioner's Office</b>	\$ 5,568,278	1.08%	87.13%	0%	12.87%
	<b>Totals</b>	<b>\$ 542,422,784</b>	<b>100</b>			

## Summary of Changes from SFY2021 Base Budget to SFY2022 Proposed Budget

<b>Total Change SFY2021 to SFY2022 Recommended Budget</b>	<b>\$10,419,487</b>
<b>(All Gross Dollars)</b>	
<b>DAIL Administration &amp; Support Section</b>	
Total SFY2021 Base Appropriation	\$39,293,539
SFY2022 net increase in Administration & Support	\$566,472
<b>SFY2022 Recommend</b>	<b>\$39,860,011</b>
Positions: Current positions = 282 (284 employees as 2 positions are shared)	
<b>Disabilities, Aging, and Independent Living – Aging and Adult Services Grants</b>	
Total SFY2021 Base Appropriation	\$18,762,373
Proposed Changes:	
1) AFSCME Collective Bargaining Agreement	\$55,330
2) Adult Days backfill	\$250,000
<b>SFY2022 Recommend</b>	<b>\$19,067,703</b>
<b>Blind and Visually Impaired Division</b>	
SFY2021 Base Appropriation	\$1,661,457
No Proposed Changes	
<b>SFY2022 Recommend</b>	<b>\$1,661,457</b>

<b>Vocational Rehabilitation Division</b>	
SFY2021 Base Appropriation	\$7,024,368
No proposed changes	
<b>SFY2022 Recommend</b>	<b>\$7,024,368</b>
<b>Developmental Services Appropriation</b>	
SFY2021 Base Appropriation	\$234,832,050
Proposed Changes	
1) DS Caseload – 359 individuals @ 39,732 = \$14,263,788 less Equity Fund (\$8,033,362) = \$6,230,426	\$6,230,426
2) DS Public Safety/Act 248 Caseload 15@ \$73,606=\$1,104,090	\$1,104,090
3) AFSCME Collective Bargaining Agreement	\$744,016
4) Technical Adjustment	\$5,000
5) Commercial Policy WC premium reduction	(\$154,890)
Total changes	\$7,928,642
<b>SFY2022 Recommend</b>	<b>\$242,760,692</b>
<b>Traumatic Brain Injury (TBI) Program</b>	
SFY2021 Base Appropriation	\$5,152,980
1) Utilization increase	\$246,619
<b>SFY2022 Recommend</b>	<b>\$ 5,399,599</b>

<b>Choices for Care (CFC)</b>	
This includes estimated expenditures for nursing homes, home and community-based services and other Medicaid acute/primary care costs for Choices for Care participants.	
SFY2021 Base Appropriation	\$225,276,530
1) Statutory Nursing Home inflationary and Nursing rebase increases (net of reduction due to decrease in Medicaid bed day utilization)	(\$1,094,845)
2) SFY21 Carryforward (one-time)	(\$2,159,269)
3) Home and Community Based caseload pressure 120 x \$33,792	\$4,055,040
4) AFSCME Collective Bargaining Agreement	\$571,498
Total Changes	\$1,372,424
<b>SFY 22 Recommend</b>	<b>\$226,648,954</b>

**DEPARTMENT OF DISABILITIES, AGING, & INDEPENDENT LIVING  
ADMINISTRATION BUDGET BY DIVISIONS SFY22**

	TOTAL	VR	DBVI	DDSD	ASD	L & P	Com office	TOTAL
<b>PERSONAL SERVICES DETAIL</b>								
SFY22 Classified Salary	19,646,978	8,214,543	694,512	3,225,760	2,864,167	3,248,655	1,399,341	19,646,978
Exempt Salary Total	651,997	-	-	-	115,752	-	536,245	651,997
Salary Total	<b>20,298,975</b>	<b>8,214,543</b>	<b>694,512</b>	<b>3,225,760</b>	<b>2,979,919</b>	<b>3,248,655</b>	<b>1,935,586</b>	<b>20,298,975</b>
FICA	1,552,870	628,411	53,130	246,771	227,964	248,522	148,072	1,552,870
HEALTH	4,179,633	1,914,418	130,999	687,965	497,353	571,555	377,343	4,179,633
RETIREMENT	4,332,675	1,757,920	148,626	690,313	637,704	695,213	402,899	4,332,675
DENTAL	237,424	98,224	9,909	39,063	31,635	33,435	25,158	237,424
LIFE	85,664	34,668	2,931	13,613	12,575	13,709	8,168	85,664
LTD	5,969	2,133	219	465	672	511	1,969	5,969
EAP	9,088	4,064	384	1,440	1,120	1,312	768	9,088
Fringe Benefits Total	<b>10,403,323</b>	<b>4,439,838</b>	<b>346,198</b>	<b>1,679,630</b>	<b>1,409,023</b>	<b>1,564,257</b>	<b>964,377</b>	<b>10,403,323</b>
Unemployment	135,418	11,151	696	66,630	53,467	1,925	1,549	135,418
WC/ Other Ins	265,932	-	-	-	-	-	265,932	265,932
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	(956,817)	(426,787)	(26,245)	(131,581)	(98,519)	(109,452)	(164,233)	(956,817)
Sub-Total Misc Personal Services	3,204,286	1,386,372	11,013	813,430	663,801	76,660	253,009	3,204,286
<b>TOTAL PERSONAL SERVICES</b>	<b>33,906,584</b>	<b>14,040,753</b>	<b>1,051,723</b>	<b>5,718,820</b>	<b>5,052,743</b>	<b>4,889,572</b>	<b>3,152,972</b>	<b>33,906,584</b>
<b>Number of employees by Division</b>	<b>284</b>	<b>127</b>	<b>12</b>	<b>45</b>	<b>35</b>	<b>41</b>	<b>24</b>	<b>284</b>
<b>OPERATING DETAIL</b>								
	TOTAL	VR	DBVI	DDSD	ASD	L & P	Com office	TOTAL
Repair & Maint - Buildings	27,000	15,172	1,458	1,798	1,442	2,000	5,130	27,000
RENTALS	1,624,046	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	595,544	146,971	24,058	59,971	90,831	85,776	187,937	595,544
Insurance other than Empl Bene	0	0	0	-	-	0	0	0
Insurance	78,601	0	0	-	-	0	78,601	78,601
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	327,006	0	0	-	-	0	327,006	327,006
DII Assesment/SLA Charges	538,291	-	-	-	-	-	538,291	538,291
ADS Allocation Exp	347,687	-	-	-	-	-	347,687	347,687
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	79,641	26,397	5,705	7,033	5,644	14,790	20,072	79,641
Travel - Total	578,127	198,987	15,006	161,008	65,227	117,034	20,866	578,127
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 Assesment	416,855	-	-	-	-	-	416,855	416,855
HR Services	190,645	-	-	-	-	-	190,645	190,645
Other Operating	2,000	992	108	133	107	280	380	2,000
<b>TOTAL</b>	<b>5,953,427</b>	<b>2,248,921</b>	<b>211,188</b>	<b>473,270</b>	<b>257,085</b>	<b>347,657</b>	<b>2,415,307</b>	<b>5,953,427</b>
<b>TOTAL ADMINISTRATION</b>	<b>39,860,011</b>	<b>16,289,674</b>	<b>1,262,912</b>	<b>6,192,090</b>	<b>5,309,828</b>	<b>5,237,229</b>	<b>5,568,278</b>	<b>39,860,011</b>

**ADMINISTRATION - RECEIPTS**

	Total	VR	DBVI	DDSD	ASD	L & P	COMM	TOTAL
<b>FEDERAL FUNDS</b>								
TITLE 18 SURVEY & CERT; 93.777	1,475,286					1,475,286		1,475,286
TITLE 19 SURVEY & CERT; 93.777	845,652					845,652		845,652
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	8,503,481	8,503,481						8,503,481
SSA - Promoting Opportunity Demonstration	60,000	60,000						60,000
SECTION 110 DBVI; 84.126	544,095		544,095					544,095
Senior Employment; 17.235	20,447			20,447				20,447
ASSISTIVE TECH. GRANT; 84.224	178,000	178,000						178,000
SHIP; 93.779	17,000				17,000			17,000
Money Follows the Person; 93.971	700,000				700,000			700,000
Social Services Block Grant; 93.667	380,107			380,107				380,107
SIMS Grant; 93.624	35,594						35,594	35,594
WIPA; 96.008	110,000	110,000						110,000
Medicaid 93.778	4,564,493	0	123,742	1,533,314	2,001,299	284,703	621,434	4,564,493
Linked to Learning Careers 84.421	1,684,162	1,684,162						1,684,162
<b>Total Federal</b>	<b>19,671,316</b>	<b>10,655,643</b>	<b>667,837</b>	<b>1,933,868</b>	<b>3,151,299</b>	<b>2,605,641</b>	<b>657,028</b>	<b>19,671,316</b>
<b>Special Funds</b>								
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
<b>Total Special</b>	<b>1,390,457</b>	<b>1,321,889</b>	<b>24,568</b>	<b>24,411</b>	<b>19,589</b>	<b>-</b>	<b>-</b>	<b>1,390,457</b>
<b>Interdepartmental Transfers</b>								
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
<b>Total IntraUnit</b>	<b>1,066,284</b>	<b>966,284</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>100,000</b>	<b>-</b>	<b>1,066,284</b>
<b>General Fund</b>	<b>17,731,954</b>	<b>3,345,858</b>	<b>570,507</b>	<b>4,233,810</b>	<b>2,138,941</b>	<b>2,531,588</b>	<b>4,911,250</b>	<b>17,731,954</b>
<b>TOTAL RECEIPTS</b>	<b>39,860,011</b>	<b>16,289,674</b>	<b>1,262,912</b>	<b>6,192,090</b>	<b>5,309,828</b>	<b>5,237,229</b>	<b>5,568,278</b>	<b>39,860,011</b>

**Commissioner's Office**

<p>People age 60 and over and adults with disabilities.</p>	<p><b>Support and Services at Home (SASH):</b> Statewide Residential-based coordination of health and other services for older Vermonters and/or people with disabilities. Services include case management, health care coordination, nutrition assistance, and disease and falls prevention activities.</p>	<p>Performance (SFY2020): SASH operates 54.5 active 'panels' in affordable housing communities, with the capacity to serve over 5,400 participants. Performance: <u>Improve Identification of Social Isolation:</u> 5/2017: 41%. 5/2018: 51.7%. 5/2019: 54.2%. 5/2020: 61.1%. <u>Improve Identification of Suicide Risk:</u> 5/2017: 22.1%. 5/2018: 25.6%. 5/2019: 60.7%. 5/2020: 65.4% <u>Substance Use Screening:</u> 5/2017: N/A. 5/2018: 25% (baseline). 5/2019: 62.3%. 5/2020: 93.5%.</p>	<p align="right">\$974,023 GC/MCO all inclusive</p>
<p>People with disabilities.</p>	<p><b>Home Access Program (HAP):</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>Performance (SFY2020): VHCB manages the Home Access Program grant and performance measures.</p>	<p align="right">\$100,000 GF</p>

<p>People age 60 and over and adults with disabilities.</p>	<p><b>Homesharing:</b> DAIL supports an innovative Homeshare Program in Vermont: HomeShare Vermont is active in Addison, Chittenden, Franklin, Grand Isle, 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 Program have been successful in helping people stay in their own homes, as well as in helping people find affordable housing.</p>	<p>Performance (SFY2020):</p> <ul style="list-style-type: none"> <li>• 216 Vermonters in “matches.”</li> <li>• 108 Vermonters provided affordable housing.</li> <li>• 97% 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.</li> <li>• 46% of matched home providers reported they would be unable to remain safely and comfortably at home without a home sharer.</li> </ul>	<p>\$327,163 GC/MCO</p>
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<b>Division for the Blind and Visually Impaired</b>			
People who are blind or visually impaired.	<p><b>DBVI Vocational Vision Rehabilitation Program:</b> Federal law - 29 United States Code (U. S. C), chapter 16.</p> <p>The DBVI Vocational Rehabilitation Program offers free, flexible services to people who are blind or visually impaired with assistance to build adaptive blindness skills and secure or maintain employment. DBVI partners with employers across Vermont to help people who are blind or visually impaired realize their full potential.</p>	<p>Performance (FFY2020):</p> <ul style="list-style-type: none"> <li>• 244 people served.</li> <li>• 29 individuals successfully achieved their employment goals. Individuals who did not achieve their goals will continue to receive services in FFY 21.</li> </ul> <p><b>Statewide Survey--</b>Statewide Survey Results FFY 2017 (Conducted by Market Decisions; next statewide survey scheduled for FFY 2021:</p> <ul style="list-style-type: none"> <li>• 93% of DBVI consumers are satisfied with the DBVI vocational rehabilitation program.</li> <li>• 93% of DBVI consumers feel they are better off as a result of the services I received from DBVI.</li> </ul>	\$988,612 Gross
People who are blind or visually impaired.	<p><b>Independent Living Services</b> helps people who are blind or visually impaired learn skills to remain independent in their homes and communities.</p>	<p>Performance (FFY2020):</p> <ul style="list-style-type: none"> <li>• 74 people were served.</li> </ul>	\$74,395 Federal
People who are blind or visually impaired and over age 55.	<p><b>Older Blind Program</b> 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.</p>	<p>Performance (FFY2020):</p> <ul style="list-style-type: none"> <li>• 778 people were served.</li> </ul>	\$225,000 Federal
People with the most significant visual impairments.	<p><b>Randolph/Sheppard Program</b> 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.)</p>	<p>Performance (FFY2020):</p> <ul style="list-style-type: none"> <li>• 4 individuals who operate small café and vending businesses on state and federal property.</li> <li>• Gross earnings for blind business owners increased 1%.</li> </ul>	\$223,450 Gross

People with disabilities.	<b>IL Part B</b> is a grant to the Vermont Center for Independent Living to provide independent living services to people with disabilities through their Peer Advocacy Counseling Program and assistive technology through the Sue Williams Freedom Fund.	Performance (SFY2020): <ul style="list-style-type: none"> <li>Peer Advocacy Counseling Program (overall, including federal funds): 267 individuals served.</li> <li>Sue Williams Freedom Fund: 39 individuals served.</li> </ul>	\$150,000 Gross
<b>Adult Services Division</b>			
People age 60 and over.	<b>Older Americans Act funds</b> 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 (FFY2019): (NOTE: FFY2020 data will not be final/confirmed until early 2021.) <ul style="list-style-type: none"> <li>Overall, 60,671 people served (5% increase).</li> <li>Home delivered Meals: <ul style="list-style-type: none"> <li>5,826 people served (2% decrease).</li> <li>779,938 meals served (3% increase).</li> <li>94% of meals served were provided to OAA eligible Vermonters.</li> <li>96% of home delivered meals consumers reported they had enough to eat (no change from last year).</li> <li>83.5% of home delivered meals consumers reported that meals help manage or improve their medical condition (1.5% decrease from last year).</li> </ul> </li> <li>Congregate Meals: <ul style="list-style-type: none"> <li>12,674 people served (1% increase).</li> <li>272,482 meals served (8% decrease).</li> <li>95% of meals served were provided to OAA eligible Vermonters.</li> </ul> </li> </ul>	Approx. \$12M Total approx. \$5M GF

		<ul style="list-style-type: none"> <li>• Case Management: <ul style="list-style-type: none"> <li>○ 6,706 people served.</li> <li>○ 85% of survey respondents report living in the setting of their choice.</li> <li>○ 72% of survey respondents report their unmet needs were addressed.</li> </ul> </li> </ul>	
Family caregivers of people with Alzheimer’s Disease and Related Disorders.	<p><b>Dementia Respite</b></p> <p>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.</p>	<p>Performance (SFY2020):</p> <ul style="list-style-type: none"> <li>• 174 people served (63% decrease).</li> <li>• Caregivers used funds for: <ul style="list-style-type: none"> <li>78% for Respite Care.</li> <li>72% for Self-Directed Caregivers.</li> <li>24% for Supplemental Services.</li> <li>13% for Residential Respite.</li> <li>3% for Counseling.</li> </ul> </li> </ul>	\$250,000 GF
Adults under age 60 with disabilities.	<p><b>Home Delivered Meals – VCIL</b></p> <p>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.</p>	<p>Performance (SFY2020):</p> <ul style="list-style-type: none"> <li>• 568 people served (14% increase).</li> <li>• 85% of respondents to a consumer survey reported that meals helped maintain their health (9% decrease).</li> <li>• 94% of respondents to a consumer survey reported that staff were easy to reach when help was needed (4% decrease).</li> </ul>	Approx. \$480K GF

<p>People age 60 and older.</p>	<p><b>Self-Neglect</b>  The Self-Neglect Initiative is for the ongoing effort to help and coordinate support for individuals age 60 years and older who are self-neglecting. The focus of this effort is to enhance a coordinated community response through a combination of training and education, outreach, assessment, service provision and community engagement. Service provision includes information and assistance/referral and case management (including assessment, identifying goals, working towards those goals, and engaging with additional community providers for other relevant services such as clinical therapy, meals, housecleaning, money management, etc.). Funds are distributed to the five (5) Area Agencies on Aging (AAAs) designated through the Older Americans Act to serve those age 60 and older in greatest economic and social need.</p>	<p>Performance (SFY2020):</p> <ul style="list-style-type: none"> <li>• 80% of people served had complete assessments (27% increase).</li> <li>• 78% of people served had goals (47% increase).</li> <li>• 66% of people had goals with provider engagement (93% increase).</li> </ul>	<p>\$265,000 GC</p>
<p>Adults living in congregate housing and Vermont farms.</p>	<p><b>Senior Farmers Market</b>  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.</p>	<p>Performance (SFY2020):</p> <ul style="list-style-type: none"> <li>• 1061 people served (11% increase).</li> <li>• 15 farms participated (no change).</li> <li>• 65 housing sites participated (5% increase).</li> </ul>	<p>Approx. \$46,000 FF</p>
<p>Adults living in licensed long-term care facilities and all Choices for Care participants.</p>	<p><b>The Vermont Long Term Care Ombudsman Project of Vermont Legal Aid</b> 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.</p>	<p>Performance (FFY2020):  Decreases below are due to the suspension of visits to LTC facilities for half the FFY, beginning 3/13/20.</p> <ul style="list-style-type: none"> <li>• 393 complaints were opened (26% decrease).</li> <li>• 93% of open complaints were verified.</li> <li>• 358 complaints were closed (42% decrease).</li> <li>• 297 complaints were resolved (28% decrease).</li> </ul>	<p>\$700K approx. Total</p>

		<ul style="list-style-type: none"> <li>• Provided 369 consultations to individuals in long-term care facilities (8% decrease).</li> <li>• Provided 101 consultations to people receiving HCBS (50% decrease).</li> <li>• Provided 128 consultations to long term care facility providers (30% decrease).</li> <li>• Provided 106 consultations to HCBS agencies/providers (2% decrease).</li> <li>• Approximately 83% of complaints were fully or partially resolved to the satisfaction of the individuals receiving services which is well above the 75% target and national average.</li> <li>• 92% of all long-term care facilities were visited; visits were suspended 3/13/20.</li> <li>• Made 199 non-complaint related visits to maintain a presence in facilities (75% decrease).</li> </ul>	
<p>People age 60 and over, adults with physical disabilities, and their families.</p>	<p><b>Choices for Care</b> 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. Vermont Global Commitment (GC) Medicaid Regulations &amp; Vermont Choices for Care regulations.</p>	<p>Performance (SFY2020) as of July 2020:</p> <ul style="list-style-type: none"> <li>• 5,837 people enrolled all settings High/Highest/Moderate (6% increase).</li> <li>• 4654 enrolled in High/Highest (9% increase).</li> <li>• 46% of all high/highest enrollments in home-based setting (3% increase).</li> <li>• 12% of all high/highest enrollments in ERC setting (4% decrease).</li> <li>• 42% of all high/highest in nursing facilities (2% decrease).</li> <li>• 92% of clinical determinations (high/highest) were completed within 30 days or less (target 95%). The clinical team experienced more fluctuations in the workload for clinical determinations than normal due to leave of staff, COVID deployments of staff, and conducting assessments remotely.</li> </ul>	<p>Over \$226M</p>

		<p>Moderate Needs as of July 2020:</p> <ul style="list-style-type: none"> <li>• 1,183 people enrolled (4% decrease).</li> <li>• Reduction in enrollments primarily in Homemaker Services, due to workforce demands.</li> </ul> <p>National Core Indicators for Home-Based High/Highest settings (most recent data from 2018 survey):</p> <ul style="list-style-type: none"> <li>• 54% of people surveyed reported they get to do the things they want to do outside the home as often as they want to, compared to 61% nationally.</li> <li>• 67% of people surveyed reported that they can choose or change any of the services they receive, compared to 69% nationally.</li> <li>• 3% of people reported that they have a paid job in the community, compared to 3% nationally.</li> <li>• 39% of people not employed reported they would like a paid job in the community, compared to 20% nationally.</li> </ul>	
People transitioning from nursing homes to the community.	<b>Money Follows the Person (MFP) Grant</b> is a special program supplementing the CFC program who choose to transition: \$2,500 per person to help overcome barriers for returning to the 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.	<p>Performance (CY2020): MFP's goal was to transition 44 people out of nursing facilities in CY2020.</p> <ul style="list-style-type: none"> <li>• As of 12/17/20, 24 people had been transitioned and 10 transitions are in process, with 5 nursing facility readmissions to date.</li> </ul>	MFP expenses in the DVHA budget. Administrative expenses in DAIL (100% Federal Funds)
Adults with physical and/or cognitive impairments.	<b>Adult Day Services</b> is a community-based non-residential service that assists individuals to remain active in their communities by maximizing health, independence and optimal functioning.  Vermont Global Commitment to Health regulations; Vermont Choices for Care regulations.	<p>Performance (SFY2020):</p> <ul style="list-style-type: none"> <li>• 499 people per month average were served, a 5% decrease from SFY19. (note: this average does not include April-June when Adult Days were closed due to COVID. Three adult day programs have closed permanently and as of January 2021, in person services at</li> </ul>	Approx. \$4M Gross Choices for Care, and Day Health Rehab Services

		<p>the remaining 11 programs remain paused due to COVID).</p> <ul style="list-style-type: none"> <li>• 26% of people served were CFC Moderate Needs.</li> <li>• 51% of people served were CFC Highest/High needs.</li> <li>• 22% of people served were Day Health Rehabilitation Services.</li> </ul>	
Adults with disabilities.	<p><b>Attendant Services Program (ASP)</b> 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 (SFY2020): Unduplicated served throughout the entire year.</p> <ul style="list-style-type: none"> <li>• 110 people served (4% decrease).</li> </ul> <p><u>Medicaid Option</u> - Serves people eligible under State Plan Medicaid and are able to self-direct:</p> <ul style="list-style-type: none"> <li>• 67 people served (1% decrease).</li> </ul> <p><u>General Fund Option</u>: Serves people who are not Medicaid eligible and are able to self-direct. This option has been frozen since July 1, 2014.</p> <ul style="list-style-type: none"> <li>• 39 people served (7% decrease).</li> </ul> <p><u>Personal Services (SSBG)</u>: 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"> <li>• 4 people served (no change).</li> </ul>	\$2.5M approx.
Adults who rely on medical technology.	<p><b>High Technology Home Care</b> 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.</p>	<p>Performance (SFY2020):</p> <ul style="list-style-type: none"> <li>• 17 unduplicated people were enrolled (no change from SFY19).</li> </ul> <p>Home Health Agencies continue to struggle with recruiting RNs to fill the need. DAIL is working with DVHA to create a high-tech family-managed option and allowing parents who are RNs to be paid to provide care.</p>	DVHA appropriation Approx. \$4M GC

<p>People with moderate to severe traumatic brain injuries.</p>	<p><b>Traumatic Brain Injury Program (Brain Injury Program)</b> 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.</p>	<p>Performance (SFY2020):</p> <ul style="list-style-type: none"> <li>• 90 people served (14% increase).</li> <li>• 17% of people receiving rehabilitation services were employed through the 3<sup>rd</sup> quarter of CY2020 (target was 25%).</li> <li>• 4 people graduated from the rehabilitation program to independence (target was 7).</li> </ul> <p>DAIL worked with providers to shift more long-term participants to the Choices for Care program when possible, reducing the need to fund their services with TBI program dollars.</p> <p>National Core Indicators data (most recent data from 2018 survey):</p> <ul style="list-style-type: none"> <li>• 51% of respondents reported they get to do the things they want to do outside the home as often as they want to, compared to 61% nationally.</li> <li>• 68% of respondents reported that they can choose or change any of the services they receive, compared to 69% nationally.</li> <li>• 3% of respondents reported that they have a paid job in the community, compared to 3% nationally.</li> <li>• The % of people on the TBI program who are not currently employed and would like a job could not be reported due to the low number of responses.</li> </ul>	<p>Over \$5M GC</p>
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<b>Developmental Disabilities Services Division</b>			
<p>People with developmental disabilities and their families.</p>	<p><b>Home and Community-Based Services (HCBS)</b> 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. 18 V. S. A. chapter 204A; Vermont Developmental Disabilities Act Regulations; Vermont Global Commitment to Health regulations.</p>	<p>Performance (SFY2020):</p> <ul style="list-style-type: none"> <li>• 3,236 people served.</li> <li>• In SFY2019 (most current data), 49% of working age people were employed.</li> </ul> <p>National Core Indicators In-Person Survey SFY2019 results of adults receiving home and community-based services show the following:</p> <ul style="list-style-type: none"> <li>• Proportion of people who regularly participate in integrated activities in their communities [community inclusion - went shopping, on errands, for entertainment, out to eat]: 88%.</li> <li>• Proportion of people who make choices about their everyday lives [daily schedule, how to spend money, free time activities]: 91%.</li> <li>• Proportion of people who make decisions about their everyday lives [residence, work, day activity, staff, roommates]: 71%.</li> <li>• Proportion of people who do not have a job in the community but would like to have one: 54%.</li> <li>• Proportion of people who were reported to be in poor health: 2%.</li> </ul>	<p>\$226M approx. GC</p>
<p>People with developmental disabilities and their families.</p>	<p><b>Flexible Family Funding (FFF)</b> provides funds to be used flexibly, at the discretion of the family, to purchase goods, services and supports that benefit the individual and family. 68% (705) of the people served were children under the age of 18. (18 V. S. A. chapter 204A; Vermont Developmental Disabilities Act Regulations).</p>	<p>Performance (SFY2020):</p> <ul style="list-style-type: none"> <li>• 1,040 people served.</li> <li>• The number of family members reporting that they anticipated using funds for: <ul style="list-style-type: none"> <li>○ Respite: 222.</li> <li>○ Assistive Technology: 207.</li> </ul> </li> </ul>	<p>Approx \$1.1M GC</p>

		<ul style="list-style-type: none"> <li>○ Individual needs: 822.</li> <li>○ Household needs: 697.</li> <li>○ Recreation: 522.</li> <li>○ Other: 264.</li> <li>● The number of families reporting that funds would address the following outcomes: <ul style="list-style-type: none"> <li>○ Health and safety: 425.</li> <li>○ Improve quality of life: 602.</li> <li>○ Avert crisis placement: 117.</li> <li>○ Increase communication skills: 366.</li> <li>○ Increase independent living: 498.</li> <li>○ Enhance family stability: 657.</li> <li>○ Maintain housing stability: 503.</li> </ul> </li> </ul>	
Children and youth with a mental health or developmental disability and their families.	<b>Family Managed Respite (FMR)</b> provides respite for children up to age 22 with a mental health or developmental disability 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 (SFY2020): <ul style="list-style-type: none"> <li>● 253 children and youth with a diagnosis of developmental disability received FMR. This does not include children with only a mental health diagnosis, or children receiving integrated services with bundled payments.</li> </ul>	Approx. \$1.6M GC
Children and youth with a developmental disability and their families.	<b>The Bridge Program</b> 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 (SFY2020): <ul style="list-style-type: none"> <li>● 395 children served. This does not include children receiving integrated services with bundled payments.</li> <li>● 88% of goals were being met (based on agencies reporting service goals and the service goal outcomes achieved).</li> </ul>	Approx. \$800K GC

<p>Adults with developmental disabilities and older Vermonters who have been found to lack decision making abilities concerning basic life decisions.</p>	<p><b>Office of Public Guardian (OPG)</b> 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 need 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.</p>	<p>Performance (SFY2020):</p> <ul style="list-style-type: none"> <li>• 737 adults received guardianship services including: <ul style="list-style-type: none"> <li>○ 619 people with developmental disabilities.</li> <li>○ 118 adults over age 60.</li> </ul> </li> <li>• 310 people received representative payee services.</li> <li>• 3 people received case management services.</li> </ul>	<p>Approx. \$3.8M</p>
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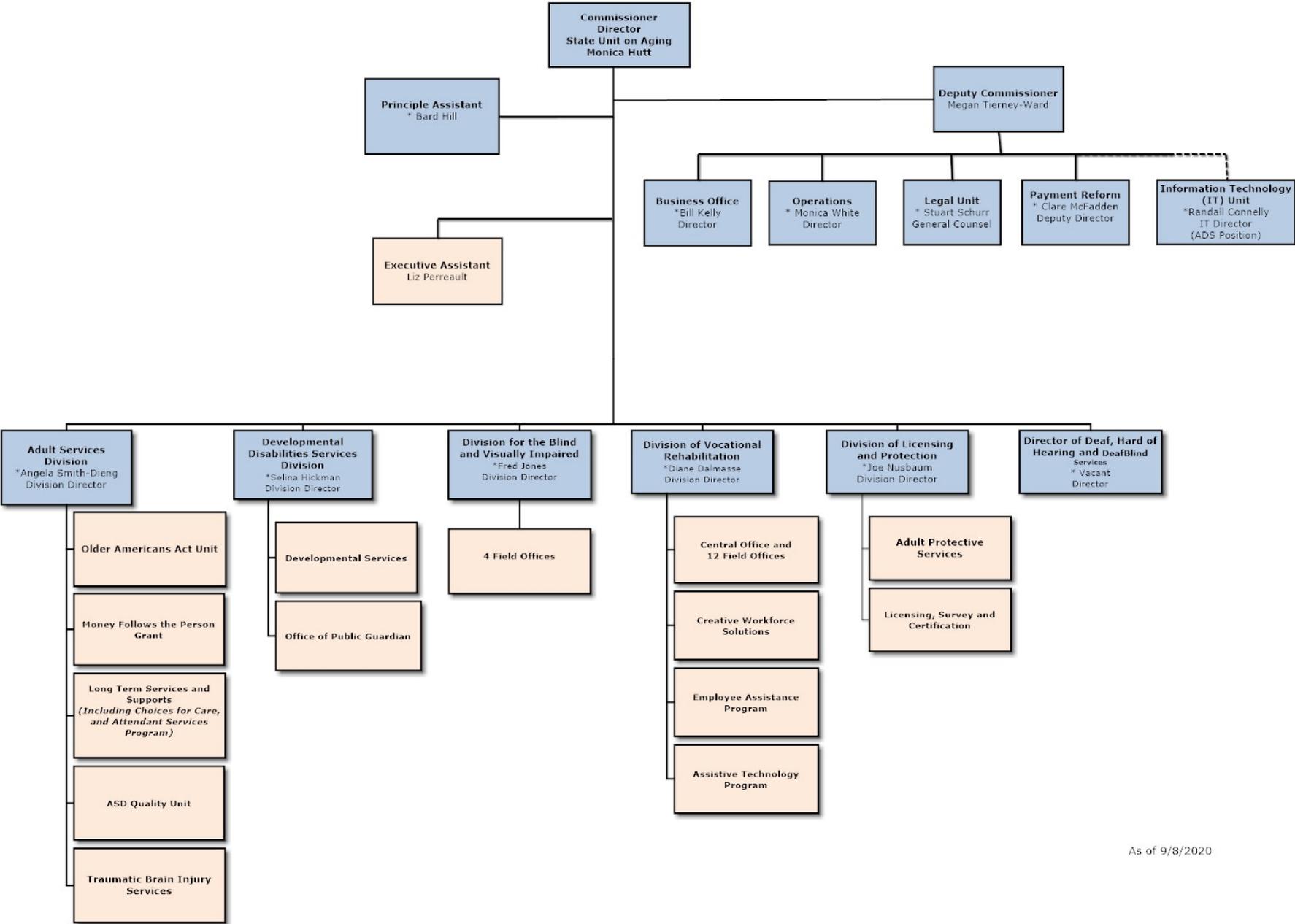
**Division of Licensing and Protection**

<p>People receiving services from Vermont health care facilities and agencies.</p>	<p><b>Survey and Certification (S&amp;C)</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 Long-Term Care facility; federal regulations for nursing homes.</p>	<p>Performance (SFY2020):</p> <ul style="list-style-type: none"> <li>• S&amp;C conducted 189 onsite investigations across all state and federal provider groups. A suspension of all survey activities across all provider types went into effect in the 3rd quarter of SFY20 due to the pandemic causing a decrease of approximately 47% in onsite investigations from the previous year.</li> <li>• S&amp;C was on time for 100% of Federal Surveys and 90% of State Surveys before the suspension of survey activities across all provider types went into effect in the 3rd Quarter of SFY20.</li> <li>• Nursing facility surveys:23% of nursing homes had no deficiencies or isolated deficiency with substantial compliance.</li> <li>• 3% of Nursing Homes had deficiencies reflecting potential for minimum harm.</li> <li>• 57% of nursing homes had deficiencies reflecting no actual harm but potential for more than minimum harm.</li> </ul>	<p>\$3.1M Gross approx.</p>
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		<ul style="list-style-type: none"> <li>17% of nursing homes had deficiencies reflecting actual harm or immediate jeopardy of residents.</li> </ul>	
Vulnerable adults.	<p><b>Adult Protective Services (APS)</b> 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).</p>	<p>Performance (SFY2020):</p> <ul style="list-style-type: none"> <li>APS received 3,649 reports alleging abuse, neglect, or exploitation of vulnerable adults, a decrease of 11% from the previous year.</li> <li>APS initiated 639 investigations from these reports, a decrease of 19% from the previous year.</li> <li>APS completed 689 investigations, a decrease of 27% from the previous year.</li> <li>APS placed 113 individuals on the Adult Abuse Registry, an increase of 14% from the previous year.</li> </ul>	<p>\$1.6M Approx. GF</p>
<b>Division of Vocational Rehabilitation</b>			
People with disabilities	<p><b>General Vocational Rehabilitation (VR)</b> offers free, flexible services to any person or employer dealing with a disability that affects employment. Partner with human service providers and employers across Vermont to help people with disabilities realize their full potential.</p>	<p>Performance (SFY2020):</p> <ul style="list-style-type: none"> <li>6,610 total people served.</li> <li>5,709 people served in the core VR program.</li> <li>1,583 high school students served through Pre-Employment Transition Services only.</li> <li>621 individuals closed their VR case with successful employment. This means they had met their individual employment goal and had been employed for at least 90 days and were stable.</li> <li>47% had a wage above 125% of the minimum wage.</li> <li>The employment rate two quarters post exit improved from 49% in SFY 2019 to 51.1% in SFY2020.</li> </ul>	<p>\$6,669,368 Gross</p>

		<ul style="list-style-type: none"> <li>The median earnings two quarters post exit increased from \$3,516 in SFY 2019 to \$3,900 in SFY 2020.</li> </ul> <p>Results from the most recent customer survey (2019):</p> <ul style="list-style-type: none"> <li>98% of customers felt they were treated with dignity and respect.</li> <li>96 % of customers would tell their friends with disabilities to go to DVR for help with employment.</li> <li>92% of consumers reporting that they are satisfied with their experience working with DVR staff and DVR Counselors provided by DVR.</li> </ul>	
People who are deaf or hard of hearing.	<b>Vermont Interpreter Referral Service (VIRS)</b> operated by the Vermont Center for Independent Living enables organizations and individuals to hire qualified interpreters.	Performance (SFY2020): <ul style="list-style-type: none"> <li>VIRS filled 634 requests for interpreters.</li> </ul>	\$55,000 Gross
People with disabilities.	<b>Assistive Technology Program</b> helps people of all ages and abilities to achieve greater independence, efficiency and control over their environment using assistive technology. Required by federal statute: Federal Assistive Technology Act.	Performance (SFY2020): <ul style="list-style-type: none"> <li>999 people were provided information and assistance about AT and how it might help them.</li> <li>38 people were provided assistance in securing funding for AT equipment.</li> <li>The AT program conducted 191 device demonstrations for individuals who might benefit from AT.</li> <li>The AT program made 446 device loans for individuals to allow them to try out an AT tool before making a purchase.</li> </ul>	\$300K approx. Gross

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



As of 9/8/2020

DEPARTMENT NAME		Financial Info							
Programs	Financial Category	GF \$\$	TF \$\$	Spec F (incl tobacco) \$\$	Fed F \$\$	All other funds \$\$	Total funds \$\$	Authorized Positions (if available)	\$ Amounts granted out (if available)
<b>PROGRAM NAME</b>									
DAIL Administration	FY 2020 Actual expenditures	\$ 17,170,861.80	\$ -	\$ 1,867,258.60	\$ 18,825,378.29	\$ 1,429,389.77	\$ 39,292,888.46	277	
	FY 2021 estimated expenditures (including requested budget adjustments)	\$ 17,542,770.00	\$ -	\$ 1,390,457.00	\$ 19,426,506.00	\$ 1,066,284.00	\$ 39,426,017.00	279	
	FY 2022 Budget Request for Governor's Recommendation	\$ 17,731,954.00	\$ -	\$ 1,390,457.00	\$ 19,671,316.00	\$ 1,066,284.00	\$ 39,860,011.00	282	
<b>PROGRAM NAME</b>									
DAIL Grants Home Share - see scorecard for Performance Measure Report	FY 2020 Actual expenditures	\$ -	\$ -	\$ -	\$ -	\$ 284,117.74	\$ 284,117.74		\$ 284,117.74
	FY 2021 estimated expenditures (including requested budget adjustments)	\$ -	\$ -	\$ -	\$ -	\$ 327,163.00	\$ 327,163.00		\$ 327,163.00
	FY 2022 Budget Request for Governor's Recommendation	\$ -	\$ -	\$ -	\$ -	\$ 327,163.00	\$ 327,163.00		\$ 327,163.00
<b>PROGRAM NAME</b>									
DAIL Grants Self Neglect - see scorecard for Performance Measure Report	FY 2020 Actual expenditures	\$ -	\$ -	\$ -	\$ -	\$ 334,429.00	\$ 334,429.00		\$ 334,429.00
	FY 2021 estimated expenditures (including requested budget adjustments)	\$ -	\$ -	\$ -	\$ -	\$ 265,000.00	\$ 265,000.00		\$ 265,000.00
	FY 2022 Budget Request for Governor's Recommendation	\$ -	\$ -	\$ -	\$ -	\$ 265,000.00	\$ 265,000.00		\$ 265,000.00
<b>PROGRAM NAME</b>									
DAIL Grants - SASH see scorecard for Performance Measure Report	FY 2020 Actual expenditures					\$ 974,023.00	\$ 974,023.00		\$ 974,023.00
	FY 2021 estimated expenditures (including requested budget adjustments)					\$ 974,023.00	\$ 974,023.00		\$ 974,023.00
	FY 2022 Budget Request for Governor's Recommendation					\$ 974,023.00	\$ 974,023.00		\$ 974,023.00
<b>PROGRAM NAME</b>									
Remaining DAIL Grants	FY 2020 Actual expenditures	\$ 7,623,375.00	\$ -	\$ 50,801.92	\$ 9,608,324.35	\$ 3,027,576.59	\$ 20,310,077.86		\$ 20,310,077.86
	FY 2021 estimated expenditures (including requested budget adjustments)	\$ 7,454,782.00	\$ -	\$ -	\$ 7,148,466.00	\$ 3,206,186.00	\$ 17,809,434.00		\$ 17,809,434.00
	FY 2022 Budget Request for Governor's Recommendation	\$ 7,470,790.00	\$ -	\$ -	\$ 7,148,466.00	\$ 2,882,261.00	\$ 17,501,517.00		\$ 17,501,517.00
<b>PROGRAM NAME</b>									
Division for the Blind and Visually Impaired - see scorecard for Performance Measure Report	FY 2020 Actual expenditures	\$ 489,154.00	\$ -	\$ 144,783.15	\$ 861,359.72	\$ 330,416.70	\$ 1,825,713.57		\$ 1,825,713.57
	FY 2021 estimated expenditures (including requested budget adjustments)	\$ 389,154.00	\$ -	\$ 223,450.00	\$ 743,853.00	\$ 305,000.00	\$ 1,661,457.00		\$ 1,661,457.00
	FY 2022 Budget Request for Governor's Recommendation	\$ 389,154.00	\$ -	\$ 223,450.00	\$ 743,853.00	\$ 305,000.00	\$ 1,661,457.00		\$ 1,661,457.00
<b>PROGRAM NAME</b>									
Vocational Rehabilitation	FY 2020 Actual expenditures	\$ 1,371,845.00	\$ -	\$ -	\$ 3,675,019.63	\$ 145,269.50	\$ 5,192,134.13		\$ 5,192,134.13
	FY 2021 estimated expenditures (including requested budget adjustments)	\$ 1,371,845.00	\$ -	\$ -	\$ 4,402,523.00	\$ 1,250,000.00	\$ 7,024,368.00		\$ 7,024,368.00
	FY 2022 Budget Request for Governor's Recommendation	\$ 1,371,845.00	\$ -	\$ -	\$ 4,402,523.00	\$ 1,250,000.00	\$ 7,024,368.00		\$ 7,024,368.00
<b>PROGRAM NAME</b>									
Developmental Disabilities Services Appropriation Project Search - see scorecard for Performance Measure Report	FY 2020 Actual expenditures	\$ -	\$ -	\$ -	\$ -	\$ 259,394.00	\$ 259,394.00		\$ 259,394.00
	FY 2021 estimated expenditures (including requested budget adjustments)	\$ -	\$ -	\$ -	\$ -	\$ 259,394.00	\$ 259,394.00		\$ 259,394.00
	FY 2022 Budget Request for Governor's Recommendation	\$ -	\$ -	\$ -	\$ -	\$ 259,394.00	\$ 259,394.00		\$ 259,394.00
<b>PROGRAM NAME</b>									
Remaining Developmental Disabilities Services Appropriation	FY 2020 Actual expenditures	\$ 155,125.00	\$ -	\$ 7,065.57	\$ 337,856.60	\$ 225,782,397.30	\$ 226,282,444.47		\$ 226,282,444.47
	FY 2021 estimated expenditures (including requested budget adjustments)	\$ 155,125.00	\$ -	\$ 15,463.00	\$ 359,857.00	\$ 234,387,585.00	\$ 234,918,030.00		\$ 234,918,030.00
	FY 2022 Budget Request for Governor's Recommendation	\$ 155,125.00	\$ -	\$ 15,463.00	\$ 359,857.00	\$ 241,970,853.00	\$ 242,501,298.00		\$ 242,501,298.00
<b>PROGRAM NAME</b>									
Traumatic Brain Injury (TBI) - see scorecard for Performance Measure Report	FY 2020 Actual expenditures	\$ -	\$ -	\$ -	\$ -	\$ 5,076,832.74	\$ 5,076,832.74		\$ 5,076,832.74
	FY 2021 estimated expenditures (including requested budget adjustments)	\$ -	\$ -	\$ -	\$ -	\$ 5,152,980.00	\$ 5,152,980.00		\$ 5,152,980.00
	FY 2022 Budget Request for Governor's Recommendation	\$ -	\$ -	\$ -	\$ -	\$ 5,399,599.00	\$ 5,399,599.00		\$ 5,399,599.00
<b>PROGRAM NAME</b>									
Choices for Care Program	FY 2020 Actual expenditures	\$ 498,563.92	\$ -	\$ -	\$ 1,880,978.00	\$ 223,038,684.20	\$ 225,418,226.12		\$ 225,418,226.12
	FY 2021 estimated expenditures (including requested budget adjustments)	\$ 498,579.00	\$ -	\$ -	\$ 2,083,333.00	\$ 223,609,075.00	\$ 226,190,987.00		\$ 226,190,987.00
	FY 2022 Budget Request for Governor's Recommendation	\$ 498,579.00	\$ -	\$ -	\$ 2,083,333.00	\$ 224,067,042.00	\$ 226,648,954.00		\$ 226,648,954.00
	<b>FY 2020 Actuals</b>	\$ 27,308,924.72	\$ -	\$ 2,069,909.24	\$ 35,188,916.59	\$ 460,682,530.54	\$ 525,250,281.09	277	\$ 485,957,392.63
	<b>FY 2021 Estimated</b>	\$ 27,412,255.00	\$ -	\$ 1,629,370.00	\$ 34,164,538.00	\$ 470,802,690.00	\$ 534,008,853.00	279	\$ 494,582,836.00
	<b>FY 2022 Budget Request</b>	\$ 27,617,447.00	\$ -	\$ 1,629,370.00	\$ 34,409,348.00	\$ 478,766,619.00	\$ 542,422,784.00	282	\$ 502,562,773.00