



**Agency of Human Services**

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

**GOVERNOR'S SFY2027 BUDGET TESTIMONY**

2026 Legislative Session

January 2026

HOUSE APPROPRIATIONS COMMITTEE  
SENATE APPROPRIATIONS COMMITTEE  
HOUSE HUMAN SERVICES COMMITTEE

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## Department Overview

The Department of Disabilities, Aging, and Independent Living (DAIL) is responsible for managing services for older Vermonters and Vermonters of all ages with disabilities. This work is codified at [33 V.S.A. Chapter 5](#) of Vermont's Human Services Statute.

DAIL's mission is to make Vermont the best state in which to grow old or live with a disability, with dignity, respect, and independence. This mission guides the delivery of all services.

## Vision

DAIL's vision is to enable older Vermonters and Vermonters with disabilities to receive supports and services, according to their needs and choices, in their homes and in their chosen communities, living independently whenever possible, and fully included as participating and contributing members of their communities. This is driven by the overarching values of self-determination, safety and protection. This commitment is underlined by state and federal mandates such as the:

- [Age Strong Vermont Plan](#)
- [Older Vermonters Act \(OVA\)](#)
- [Older Americans Act \(OAA\)](#)
- [Americans with Disabilities Act \(ADA\)](#)
- [Workforce Innovation and Opportunity Act \(WIOA\)](#)
- [Vermont Health Care Administrative Rules \(HCAR\)](#)
- [Global Commitment to Health 1115 Waiver](#)
- [Federal Home & Community-Based Rules](#)
- [Olmstead Decision](#), which require states to provide services to people in the least restrictive environments possible.

Vermont remains committed to supporting self-determination, choice, expansion of community-based options, the development of robust supported employment, mature worker options, life-saving protective services and intensive high-quality services as needed.

DAIL's work aligns with the Governor's and the Agency of Human Services' (AHS) priorities to grow the economy, including access to affordable housing, supporting safe and healthy communities, and strengthening the healthcare continuum through system reform, which is reflected in DAIL's strategic planning. Input from interested parties is continuously sought and always welcome.

DAIL embraces continuous performance improvement approaches in assuring the highest quality services to Vermonters. Throughout this document, DAIL identifies measures related to how much, how well, and how people are better off due to our

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services and supports. For more information, please visit the [DAIL Performance Budget Scorecard](#) and [DAIL Divisions Scorecard](#).

## Number of employees and positions

DAIL consists of the Commissioner's Office and five divisions made up of 331 classified positions and 6 exempt positions. As of the end of December 2025, the vacancy rate was 9.2%.

## DAIL's five divisions are:

1. Adult Services Division (ASD)
2. Division for the Blind and Visually Impaired (DBVI)
3. Developmental Disabilities Services Division (DDSD)
4. Division of Licensing and Protection (DLP)
5. Division of Vocational Rehabilitation (DVR) doing business as HireAbility (HA)

The Commissioner's Office includes the Commissioner, Deputy Commissioner, Principal Assistant, Operations Unit, Legal Unit, Business Office, Director of Deaf/Hard of Hearing/DeafBlind Services, Deputy Director of Payment Reform, and an Executive Assistant.

## **Department Highlights**

In addition to managing the day-to-day operations of several large, impactful programs and provision of life-saving protective services, DAIL has worked hard to grow and improve the systems that support aging and disabled Vermonters. Below are DAIL's recent major accomplishments.

1. Age Strong VT Plan: DAIL is pleased to report continued forward momentum implementing Vermont's 10-year multi-sector plan on aging, called [Age Strong Vermont](#), that was launched in January 2024 in collaboration with the Department of Health. Following the development of the [Goal Tracker](#) and [Year 1 Progress Report](#), DAIL hired a project manager in January 2025, presented at the Statehouse, launched a learning series for AHS employees, initiated a Housing Action Group, and supported local communities with local multisector planning, secured additional grant funding from the Vermont Community Foundation, and oversaw a public health project with the UVM Larner College of Medicine. Focus areas for 2025 included healthcare, housing, and affordability. More information about progress will be shared in the **Year 2 Report** to be released in February.
2. Conflict Free Case Management/Developmental Disabilities Payment Reform: Effective October 1, 2025, the Developmental Services (DS) conflict-free case management and payment reform project went "live" October 1, 2025 with its "transition phase. Now in its early implementation and stabilization phase,

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Developmental Disabilities Home- and Community-Based Services transitioned to a payment model using an approach that pairs a Per Member Per Month payment with encounter data, year-end reconciliation, and Fee-for-Service billing of selected supports. This new, model was implemented as part of the State's CMS required Conflict-of-Interest compliance Corrective Action Plan, which included shifting to a standardized method of payment based on the individual's intensity of need using the Supports Intensity Scale for Adults (SIS-A), as an independently administered assessment tool, a standardized rate methodology and year-end reconciliation. In addition, two independent case management entities, Benchmark Human Services and the Columbus Organization, began providing case management to DS clients on 10/1/25. Note: No accompanying bill or statute was required for implementation. More about conflict-free case management can be found here: [Vermont HCBS](#). More about payment reform can be found here: [DDS Payment Reform | Developmental Disabilities Services Division](#).

3. Developmental Disabilities Services (DS) Supported Housing: DAIL supported several housing initiatives in 2025:
  - a. Progress on Act 186 Initiatives: In August 2025, Upper Valley Services, Inc. broke ground on an initiative in Randolph called: ["Hamesbest"; a housing project](#) borne from the Act 186 (2022) housing project. Hamesbest, a public/private partnership, blends a private donation with public funding and innovation to provide housing options for individuals with intellectual/developmental disabilities of varying support needs. Through a blend of technology supported innovation, universal design, and thoughtful direct support, DAIL, and its provider network, continues to expand opportunities in collaboration with DS stakeholders, VHIP, Efficiency VT, Housing Trusts, fundraising, capital campaigns, Congressional Directed Spending, and the Vermont Housing and Conservation Board. Progress continues on Upper Valley Services' other project site, located in downtown Waterbury. This project, a partnership with Downstreet Housing, is to create service supported housing in the Marsh House development. [Marsh House](#) has an anticipated completion date of Spring 2026. The Champlain Housing Trust has worked in collaboration with individual, families and direct service providers such as the Howard Center and Champlain Community Services to develop a [10-unit service supported model in Burlington](#) located adjacent to parks, educational opportunities and other key community supports.
  - b. In addition to this groundbreaking, two new Developmental Services group homes were established to serve specialized needs. Northwest Counseling and Support Services opened Able House, a 6-bed residence aimed to support people to age in place, and Northeast Kingdom Human Services opened Mountain View Home, designed to support 5 residents who have more functional and medical needs. Each home is open to support individuals engaged in Developmental Disabilities Home- and Community-Based Services statewide, increasing the number of available traditional group homes options.

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- c. DAIL participated in the Act 69 Subcommittee to develop a roadmap for housing options for individuals with intellectual/developmental disabilities. This workgroup pulled together expertise across the State to identify barriers and potential solutions to the housing challenges facing the Developmental Disabilities Services system. Included in this Subcommittee were representatives from Green Mountain Self-Advocates, the Developmental Disabilities provider network, Developmental Disabilities Housing Initiative (DDHI), Vermont Housing Conservation Board, Office of State Treasurer, Department of Housing and Community Development, the Agency of Human Services, Associated General Contractors of Vermont and of both the House and Senate. The housing model that the resulting report focuses on is “Service Supported Housing” and include recommendations such as funding for capital development, state-funded vouchers, and increasing staff capacity to achieve the goal. Read the full report here: [The-Road-Home Act-69-FINAL.pdf](#).
- 4. Direct Care Workforce (DCW) Initiatives: To address the workforce shortage across programs and providers, DAIL took a multi-pronged approach with the following initiatives in 2025:
  - a. DAIL was chosen to participate in the National Direct Care Workforce Strategies Center Technical Assistance opportunity. A cross-sector team of Vermont state leaders, including representatives from the AHS, DAIL, VDH, and VDOL are participating in the State Advancement Lab (SAL) technical assistance opportunity and focusing on strengthening and streamlining DCW professional development and learning infrastructure. This group aims to create a framework that defines the goal, maps strengths, identifies gaps, and highlights opportunities to advance statewide training and credentialing infrastructure, with a goal of increasing recruitment and retention. The workplan began in 2025 and concludes mid-2026.
  - b. In Summer 2025, DAIL implemented its DCW marketing campaign to increase interest and recruitment, funded through the Enhanced FMAP Spending Plan. With the focus on ‘[Careers in Caring](#),’ this multi-channel marketing campaign concluded in December 2025. The campaign saw almost 120,000 visits to the Career in Caring webpage and nearly 200 web/outreach inquiries.
  - c. In November 2025, DAIL released a Request for Proposals (RFP) for a Direct Care Worker Registry platform, where independent workers seeking jobs in direct care and individuals seeking caregivers could go to search and be ‘matched’ for potential hiring. This type of registry, along with the ability to offer worker communication and training, has been identified nationally as a strategy to improve access to care. Responses were due at the end of December.
  - d. With \$500,000 appropriated by the legislature in the SFY26 budget for Licensed Nursing Assistant (LNA) recruitment and retention initiatives at

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Skilled Nursing Facilities, DAIL provided a grant to the Vermont Health Care Association who subcontracted with 17 facilities. More details about these grants are in Appendix A. DAIL expects to develop and expand on these approaches through the Rural Health Transformation Program.

5. Pathways to Partnerships Grant (P2P): The US Department of Education, Rehabilitation Services Administration selected Vermont DAIL/DBVI to be one of 20 Disability Innovation Fund (DIF) grant award recipients nationally. Vermont was awarded \$10 million 10/1/2023 through 9/30/2028. Spring of 2024, DBVI was given State approval to operationalize the grant. HireAbility joined as a core partner supporting the operations and outreach for this grant in SFY2025, capitalizing on HireAbility's Transition Counselors and their school connections to expand outreach avenues. The goal of P2P is to create stronger transitional plans for students with disabilities through partnerships between schools and community agencies, enhance the work that is already happening across the state in schools and agencies and to create new opportunities and access to self-advocacy trainings, independent living workshops, peer to peer mentorships, employment and career counseling workshops, and work-based learning experiences for students with disabilities and their families.

- Number of students contacted: 148
- Number of students who use project services: 55
- Age range of students enrolled: 13-year-old – 20-year-old
- Number of different schools with enrolled students: 8
- Number of students from underserved communities: 20
- Number of youths who obtained competitive integrated employment: 2
- Number of formally participating partners: 11
- Number of youth service professionals who completed professional training: 14

Through this collaboration, VT P2P expanded into 20 new schools and began engaging homeschooled students in fall 2025, with plans to expand to the remaining public schools in fall 2026.

6. HireAbility Opioid Recovery Employment Pilot: The opioid epidemic has had a profound impact on the State's workforce because of the very high rate of unemployment (60% plus) among individuals receiving treatment for opioid dependence. To address this directly, DAIL HireAbility started the Opioid Recovery Employment Pilot program in Orleans and Chittenden counties in 2022. In 2025, HAVT was successful in securing one year of Opioid Settlement funding to expand the program to Rutland and Bennington counties and add staff for the Burlington site.

The HireAbility teams work closely with local partners including recovery centers,



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community mental health agencies, treatment courts, rehabilitation programs, probation and parole and many others. A key feature of the pilots is out-stationing staff in recovery centers to meet participants and potential participants out in the community. This is helping build trust and confidence in receiving services from a state agency where they may not have otherwise engaged in our services. Participants are offered wraparound services including a Vocational Counselor to assess skills and interests, an Employee Assistance Program Clinician to identify barriers to employment, risks and triggers, and an Employment Consultant who provides direct employment support such as resumes, mock interviews, job shadows, employer outreach and progressive work experiences.

As of November 2025, the three additional teams and two original pilot sites have been very successful in engaging community providers:

- Generating 542 referrals of whom 317 applied for services.
- 94 individuals have been placed in employment,
- 12 have been placed in other work-based learning opportunities,
- 22 have enrolled in industry recognized post-secondary training and education programs, and
- 5 have completed a credentialed program.

In SFY27, DAIL's proposed budget includes \$875,000 in the base budget to continue the Opioid Recovery Employment Program at its 5 current sites.

7. Deaf, Hard of Hearing, DeafBlind Services: In SFY25, DAIL Director of Deaf, hard of Hearing, DeafBlind Services fielded hundreds of referrals from Vermonters seeking assistance. The top three topics of referrals were seeking information about state agency technical assistance (33%), assistive technology (19%), and resources (13%). More specifically, Vermont is facing a deficit of hearing care professionals such as American Sign Language Interpreters, Audiologists, Speech Language Pathologists, Teachers of the Deaf and mental health professionals specialized in serving people who are Deaf, Hard of Hearing or DeafBlind. Currently, DAIL lacks enough data about the needs of this community. To help solve that problem, DAIL has partnered with a second cohort from the 2025 VT Certified Public Managers (VCPM) program on a project that will produce a comprehensive data report, needs assessment, data analysis and recommendations to address gaps.
8. MissionCare at Bennington: In September 2024, DAIL announced the opening of MissionCare at Bennington, a specialized nursing facility for Vermonters with complex care needs operated by [iCare Health Network](#). As of the end of November 2025, MissionCare has admitted 60 new residents and is at 89% capacity (81 of 91 beds filled). New residents have come to MissionCare from a variety of settings, including:



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- 29 from hospitals
- 11 from out-of-state nursing homes
- 9 from community settings
- 5 from correctional facilities
- 5 from motels/homelessness
- 1 from an in-state nursing home

9. Nursing Facility Stabilization and Sustainability: Vermont's nursing home system comprises 33 Medicaid-enrolled facilities with 2,847 licensed beds, ranging from smaller local homes to larger hospital-related facilities. One nursing home is scheduled to close in April 2026; two others expanded beds as of January 2026, with a net loss of 33 beds to the network. This comes after another nursing home with 50 beds closed in 2023. These closures come at a time when Vermont's population is rapidly aging. Many of Vermont's skilled nursing facilities (SNF) struggle with workforce shortages and financial viability, leading to delays or denials of admissions, quality of care citations, and inability to meet Vermonters' current and future needs across the state. DAIL anticipates needing significantly more SNF beds over the next 10 years, and the ability to build this capacity in the long-term care system is dependent on increasing the workforce and the financial stability of SNFs to improve both access and quality.

DAIL is working in collaboration with AHS and partners on a multi-year, multi-pronged strategic plan to address these challenges and strengthen our nursing homes with the following goals:

- a. **CAPACITY & INFRASTRUCTURE**: Grow SNF capacity to meet future demand for care and build the infrastructure needed.
- b. **WORKFORCE**: Increase recruitment and retention of permanent staff to reduce reliance on agency/contracted staff.
- c. **FINANCIAL STABILITY**: Reduce the need for Extraordinary Financial Relief (EFR) and strengthen financial health across the system.
- d. **QUALITY OF CARE**: Reduce 'immediate jeopardy' incidents and improve quality of care ratings systemwide.
- e. **COMPLEX CARE**: Enhance capacity to admit residents with complex care needs and improve the flow from hospital to SNF.

Several initiatives are underway aiming to achieve these goals, including the [CMS Nursing Home Staffing Campaign](#) and the LNA grants described above, along with efforts at the DVHA Division of Rate Setting to stabilize rates as described in the [Report on Nursing Home EFR](#).

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Should more beds be needed immediately, DAIL would work with current providers to maximize use of all potentially available beds, including at border facilities, and provide additional special rate incentives to support workforce needs.

As an alternative to nursing homes, DAIL works to support a full continuum of home and community based options, and over 60% of Choices for Care participants were served in HCBS settings in SFY25. For residential care homes and assisted living facilities in Vermont, in 2025, Vermont saw 3 homes close and 3 homes open with a net gain of 25 beds.

10. APS Statute: In May of 2024, the Federal Administration for Community Living (ACL) implemented new APS regulations that went into effect immediately. In September 2025, ACL also stated their intent to begin reviewing States' APS statutes for compliance with the Federal regulation in the Fall of 2026 or risk losing Federal funds to State APS programs the following Federal fiscal year (FFY 28). DAIL's new APS statute implemented July 1, 2023, brought Vermont close to full compliance with the new federal rules and has brought about many positive changes in the service and protection of vulnerable adults in Vermont.

One notable exception was the omission of "caregiver negligence" from the definitions of maltreatment that define the scope of APS operations and protections. Since the new APS Statute was implemented, the Federal Department of Health and Human Services' Administration for Community Living (ACL) issued a federal rule that requires states' APS programs to define "Neglect" to include acts of negligence. DAIL recognizes this change in definition causes apprehension with some of our partners in the healthcare sector and hosted a series of fourteen meetings with stakeholders in calendar year 2025 to work together and find a solution for all parties to propose to the Vermont Legislature to update the APS Statute to meet the charge of the Federal rule. The working group has arrived at a workable solution all parties could agree to, and the Department is looking forward to the opportunity to present this proposed solution to the Vermont Legislature in the 2026 Legislative session.

11. DAIL Internal Workforce Efforts: Over the past year, our internal workforce initiatives have achieved significant milestones in enhancing our organizational culture. We have broadened our accessibility practices by offering comprehensive training to staff, ensuring that all team members can build their skills set and foster an inclusive environment. Additionally, the rollout of a Supervisor Community of Practice has been instrumental in empowering supervisors with the necessary tools and support to excel in their supervisory roles. This initiative has facilitated peer learning and shared best practices, enhancing overall leadership within the organization. Furthermore, we have successfully set department-wide goals and established a vibrant Culture Club, which plays a crucial role in developing

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strategies to achieve these objectives by leveraging insights from the annual Employee Engagement Survey. As we move into the next year, we are committed to continuing this model, building on our successes to further strengthen our workforce and organizational culture.

## Progress on SFY26 Budget Initiatives

Mandatory Federal Conflict-Free Case Management: The Agency of Human Services has come a long way in its multi-year project to comply with mandatory federal regulations requiring conflict-free case management in home and community-based services (HCBS), including for Choices for Care, the Brain Injury Program and Developmental Disability Services. The project is well-documented and available to the public on a [dedicated agency web page](#).

### SFY26 Appropriation:

Included in the SFY26 Budget was an appropriation of \$8.6 million in Global Commitment funding to cover the following:

- case management vendor costs,
- support broker services for self-managed services,
- a contract for third party, independent intake and eligibility determinations for developmental services,
- two Data Analyst positions for the Developmental Disabilities Services Division, and
- three Adult Services Division quality management positions.

### Progress:

A Request for Proposals was launched in September 2024 and resulted in a contract for two independent statewide case management vendors for Developmental Disabilities Services and Brain Injury Services. The vendors are Benchmark and The Columbus Organization. The contracts were effective April 1, 2025, with a case management implementation date of October 1, 2025.

Choices for Care (CFC) case management services actively transitioned in 2024-2025 to the local Area Agency on Aging. All case management transitions from Home Health Agencies to Vermont Area Agencies on Aging have been completed. CFC participants utilizing the Adult Family Care and Flexible Choices options have new case management services in place as of the end of December 2025.

DAIL completed the transition of more than 4,600 Choices for Care (CFC), Brain Injury Program (BIP) and Developmental Disabilities Services (DDS) participants to an independent case management provider as of December 2025.

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As of January 2026, recruitment and onboarding for the data analyst and quality management staff is in process. The Developmental Disabilities Services Division data manager positions elicited interest from across the country and several qualified candidates have been offered interviews. DDSD staff will meet with nearly a dozen individuals through a first interview by the middle of January 2026 with the hope of selecting a candidate by the end of the month. ASD will begin onboarding three new quality surveyors who have accepted offers. Two will begin onboarding in January, with the third beginning in February.

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## Adult Services Division

### **Adult Services Division Philosophy**

The Adult Services Division's (ASD) vision is to create a collaborative and compassionate community where Vermonters of all ages and abilities thrive. Our programs and services, delivered in partnership with community organizations, support older Vermonters and adults with physical disabilities to live as they choose, pursuing their individual goals and preferences within their chosen communities.

### **ASD Overview**

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.

### **ASD Staff and Partners**

The ASD team is dedicated to service, integrity and creativity. ASD has approximately 45 employees located within the Central Office in Waterbury and regional district offices. Services are managed within three major units: Long-Term Services & Supports Unit, Quality Management Unit, and the State Unit on Aging.

ASD partners with a variety of organizations in managing services and supports for Vermonters including (listed alphabetically):

- Adult Day Centers
- Area Agencies on Aging
- ARIS Solutions
- Brain Injury Providers
- Designated Agencies and Specialized Services Agencies
- Direct Access
- Facilities: Nursing Homes, Residential Care Homes, Assisted Living Residences and Hospitals
- Home Health Agencies
- Home Care Agencies
- HomeShare Vermont
- Long Term Care Ombudsman Project
- Senior Centers
- Supports and Services at Home (SASH)
- UVM Center on Aging
- Vermont Center for Independent Living

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## Adult Services Division

### ASD Programs and Services

Medicaid Funded Long-Term Services and Supports Programs include:

- Adult High Technology Nursing Services
- Adult Day Health Rehabilitation
- Attendant Services Program
- Brain Injury Program
- Choices for Care (High/Highest Group and Moderate Needs Group)
- Money Follows the Person Project (CMS demonstration grant)

Older Americans Act (OAA) Services include:

- Supportive services, such as information, assistance and referral, case management, legal assistance, transportation, etc.
- Nutrition services, including congregate meals and home-delivered meals
- Health promotion and disease prevention evidence-based programs
- Family caregiver support
- State Long-Term Care Ombudsman Program

Other ongoing initiatives, programs and services supported by ASD, often funded through federal and/or state funds include:

- Commodity Supplemental Food Program
- Dementia Respite Grants for Unpaid Family Caregivers
- Elder Care Clinician Program
- Employer Payroll Support for Self-Directed and Surrogate-Directed Services
- Health Insurance Counseling & Support (SHIP/MIPPA)
- Home Delivered Meals for People with Disabilities Under Age 60
- SASH (Support and Services at Home)
- Self-Neglect Initiative
- Senior Farmers' Market Nutrition Program
- 3SquaresVT (SNAP) Outreach

### ASD Recent Developments and Accomplishments

1. See the DAIL Highlights, that include a number of initiatives that ASD has led or participated in, including: [Age Strong VT](#) plan progress, [Conflict of Interest in Case Management](#) progress, Direct Care Worker initiatives.
2. In collaboration with AHS, departments and community partners, ASD has continued to implement strategies outlined in [Vermont's Enhanced FMAP Spending Plan](#) to strengthen the HCBS system. ASD has used this enhanced FMAP funding in the following ways in SFY25:
  - Conflict-of-Interest Provider Grants: ASD awarded grants to the five Area Agencies on Aging (AAAs) to build case management capacity for the transition of Choices for Care participants from other agencies to the AAAs for case management services.

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## Adult Services Division

- Accessibility in Shared Living Homes: A contract with [Direct Access](#) for an accessibility pilot to identify and provide recommendations for home modifications to support individuals' mobility and independence needs in shared living homes (Choices for Care, Brain Injury Program, and Developmental Services) has been continued for a third year.
  - Community Nurse Program Assessment - DAIL contracted with DMA Health Strategies, a public and behavioral health consultancy, to assess community nurse programs in Vermont (VT) and develop a report of findings and recommendations. The assessment included research to identify unique roles, funding mechanisms, and impact of community nurse programs and to evaluate the feasibility of state-funded expansion versus a local funding model. The final report is on the DAIL website [here](#).
3. Recognizing the workforce shortage and the need for more options for direct care, ASD made the policy decision to open up Choices for Care to [non-medical home care providers](#) to enroll as Medicaid providers and provide personal care, companionship and respite to eligible CFC participants. ASD created provider standards and a certification process for these agencies who are now able to apply and enroll in the program. As of November 2025, 3 new providers have received approval to provide Choices for Care services, and 2 providers are in the enrollment process.
  4. CMS approved new performance measures for HCBS quality requirements under Vermont's renewed Global Commitment to Health Waiver. ASD worked with AHS and DVHA to collect data and report to CMS on the new measures and will use this data to improve service quality for participants.
  5. Using \$5 million in [Money Follows the Person](#) funding through a supplemental capacity building grant awarded in 2021, ASD has continued multiple innovative pilots to address unmet needs such as the caregiver workforce shortage, volunteer development to support caregivers, post-transition home modification funding, falls prevention (Capable), technology access and support and hospital discharge planning. Capacity building grants will be completed in 2026.
  6. ASD continued to work with AHS, DHVA, DDSD, provider agencies and ARIS Solutions to implement [Electronic Visit Verification](#) (EVV) for Medicaid funded in-home services. Current in scope programs (CFC, BIP, Attendant Services Program and Children's Personal Care) have an adoption rate of more than 99% by independent direct support workers. In 2025, ASD continued its work with Developmental Services to fully implement EVV for Designated Agencies and Consumer Directed Services. ASD will continue to expand EVV to include newly enrolled CFC home care providers.
  7. As of November 2025, ASD reviewed and provided support and follow up for 423 critical incident reports (CIR) for individuals receiving services through supported living services, the Brain Injury Program and Money Follows the Person. In 2025, in collaboration with DDSD, ASD has developed a CIR reporting database that will be



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## Adult Services Division

implemented in January 2026. This system will allow for enhanced reporting across programs.

8. In 2025, DAIL and AAAs met for two 4-hour retreats at the Waterbury Complex to discuss the current state of homelessness of older Vermonters, where there is progress in helping them find housing, and what more can be done by the State and communities to help more older Vermonters find permanent housing. Housing has become a major area of work at AAAs, taking significant time and resources, and executive directors, supervisors, and case managers shared both challenges and success stories in their work, pointing to higher acuity and complexity of need among those they serve. The themes of persistent collaboration, problem-solving and innovation dominated the conversation, and the group left with concrete next steps to strengthen systems and processes as well as a sense of momentum and hope. As of November 2025, 44 individuals on CFC have been supported by Area Agency on Aging case managers while in the Emergency Housing (GA) program so far in SFY26.
9. ASD completed Year 3 of its [2023-2026 State Plan on Aging](#) which guides the work of the State Unit on Aging and Area Agencies on Aging in service to older Vermonters in greatest need. The Year 3 Progress Report will be submitted to the legislature on January 15, 2026. Work is underway to develop the next four-year State Plan on Aging for 2027-2030.
10. In 2025, the State Dementia Services Coordinator (DSC) made progress toward the goal of improving access and quality of the continuum of services for people living with dementia and their caregivers. The Dementia Services Coordinator has reconvened a Respite Coalition, conducted case studies on the challenges of navigating dementia services within the health care and HCBS systems, and shares educational resources for family caregivers. DAIL partnered with VDH to host the 2<sup>nd</sup> annual Dementia and Brain Health Symposium on Friday, November 7<sup>th</sup>, 2025, at the Waterbury State Office Complex. Approximately 100 people attended in person and many more attended virtually to learn about the current state of brain health research and innovations in serving those with dementia, particularly as dyads with their care partners. The State Dementia Service Coordinator was a member of the symposium steering committee and participated in several meetings to determine the theme of 2025 symposium as well as review potential keynote speakers, panelists and break out session presenters. The DSC also developed content to support the panelist discussion '*Dementia Care in a Rural, Aging State*'.

### ASD Results

All Medicaid services, including Choices for Care, are managed through the State [Global Commitment to Health 1115 Waiver](#) and the accompanying [Comprehensive Quality Strategy](#). Program specific results are also shared in the DAIL [Scorecard](#).

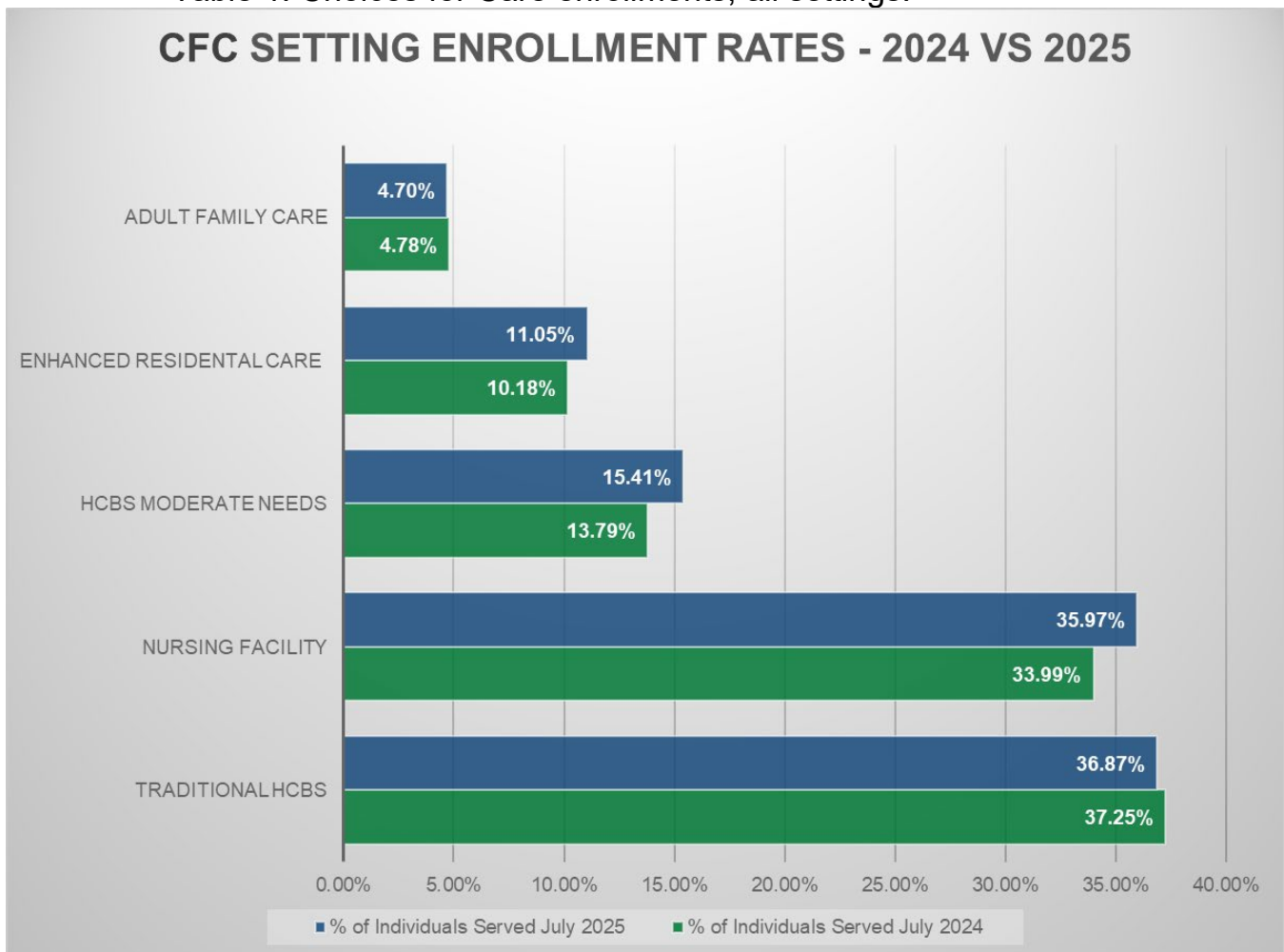
Together with our community partners, ASD served thousands of Vermonters in SFY24. Some highlights include:

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## Adult Services Division

1. **Choices for Care:** In SFY2025, 6,937 people received Choices for Care services across all settings (4% increase from SFY24).
  - Applications for Choices for Care increased in CY2024 from an average of 236 applications per month in 2023 to an average of 243 per month in 2024 (3% increase).
  - Of the total who received services:
    - 973 were in the Moderate Needs Group. (6% increase)
    - 6,065 were in the High/Highest Needs Groups. (4% increase)
  - Of the total in the High/Highest Needs Groups:
    - 4,602 were in a home-based setting (traditional and AFC).
    - 760 were in a Residential Care Home or Assisted Living Facility.
    - 2,960 were in a Skilled Nursing Facility. (This includes short and long-term stays.)
  - Note that some individuals received services in more than one setting above.

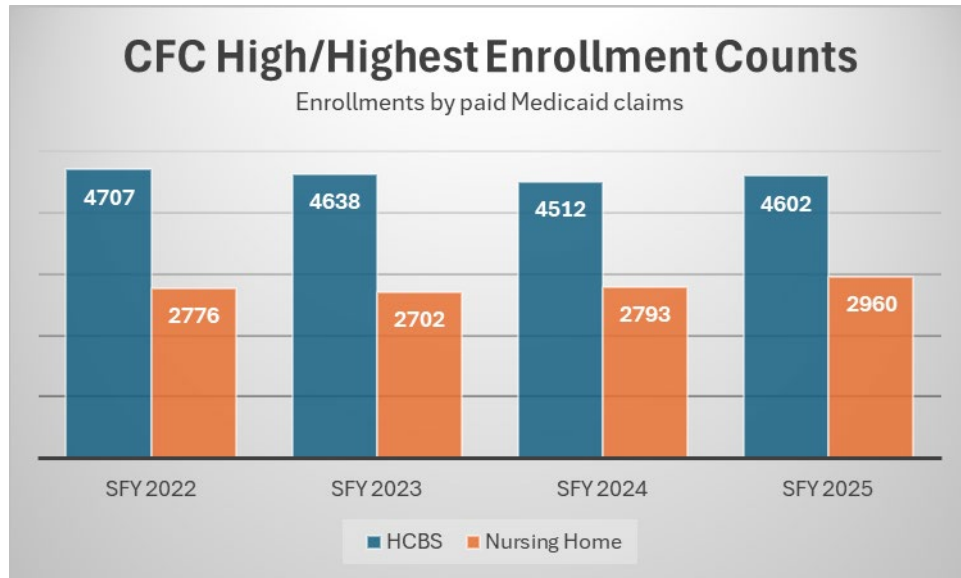
Table 1: Choices for Care enrollments, all settings.



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## Adult Services Division

\*2025 Enrollment Setting takes into account those enrolled in multiple programs at the same time. Dual enrollments happen when a participant is served at a nursing home for some period of time and it is unclear if they will be transitioning back to the community.



\*Chart Data Source - Annual MMIS claims data query using FBR universe data for the SFY. Individuals can be duplicated between both Nursing Home and HCBS enrollment in the SFY.

\*\*Nursing home enrollment increases may be due to continued staffing normalization after the pandemic.

### 2. Adult Day Programs

- 370 were people in SFY2025 with Medicaid funded services (High/Highest Groups, Moderate Needs Group, and Adult Day Health Rehabilitation) (1% decrease from SFY24).
- Providers continue the work to rebuild their programs and increase participation following their closures during the pandemic, which is challenged by the workforce shortage.

### 3. Brain Injury Program

- 71 people were served in SFY2025 with Medicaid funded services.
- 4 people 'graduated' from services, no longer needing this level of support.

### 4. Older Americans Act Home Delivered Meals

- 8237 people were served in FFY2024
- 993,740 meals were served in FFY2024

### 5. Moderate Needs Group Hub and Spoke Pilot

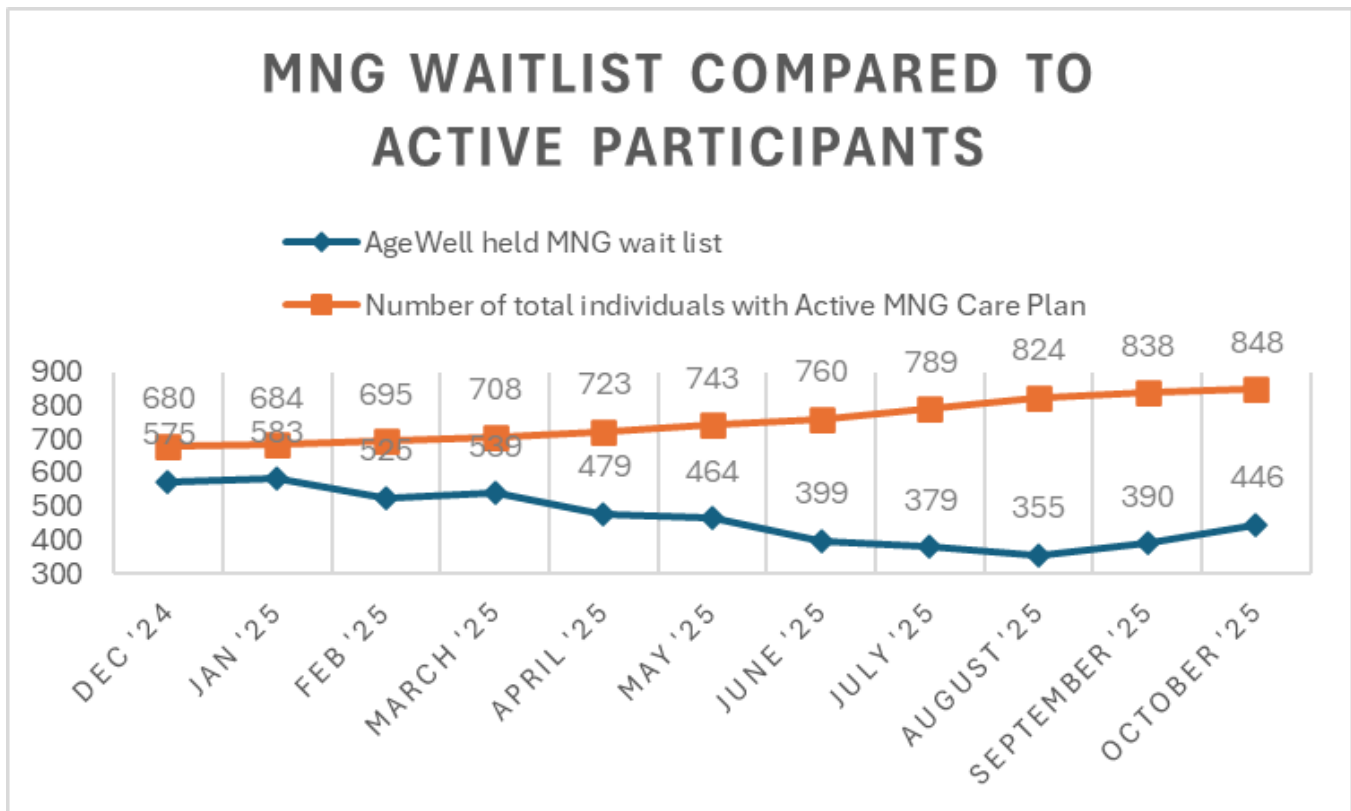
- In 2025, ASD continued to work with Age Well to implement a Moderate Needs

# SFY2027 Budget Testimony

## Adult Services Division

Group Hub and Spoke Model with the goals to address several recommendations in the [Act 167 report](#). The pilot addresses:

- Operational changes to improve allocation procedures
- Creating a unified waitlist and prioritization process
- Expanding access to Moderate Needs Flexible Funds
- In SFY 2025, ASD monitored the monthly enrollment vs the monthly waitlist managed by AgeWell.
- Centralized management of the waitlist has increased access to flexible funds and case management
- The increase in homemaker rate effective 7/1/2025 has allowed some providers to increase access to homemaker services.



### ASD Future Directions

In 2026 ASD plans to:

1. Continue implementation of the [Age Strong VT](#) project with the support of the Age Strong VT Project Manager and in partnership with the Department of Health, the Steering Committee and Implementation Working Groups.
2. Continue work to meet HCBS conflict-of-interest compliance, including, support for provider capacity building and training, revision of regulations, standards and manuals, and participant communications.
3. Adopt a Brain Injury Program (BIP) Rule (currently in public comment phase); Create and implement a new BIP program manual.

## SFY2027 Budget Testimony

### Adult Services Division

4. Three new home care providers have been enrolled in Choices for Care. Continue to assess the need for non-medical home care providers and enroll eligible providers to provide Choices for Care services.
5. Continue to strengthen quality oversight, with the addition of 3 new quality survey positions, across all ASD programs and services through data-driven surveys and reviews as well as continuing to report to CMS on the new performance measures.
6. Continue and expand the coordination between DAIL quality management teams to improve efficiency of Coordinate between the Adult Services Division, Developmental Disabilities Division and DVHA.
7. MFP program will continue to support individuals transitioning from facility to community and plan for program sustainability in the future. Continue to monitor the MFP contracts for successes, challenges, and potential sustainability.
8. Continue to implement the 2023-2026 State Plan on Aging objectives and strategies, while finalizing the 2027-2030 State Plan on Aging.
9. Continue collaboration with AAAs including enhancing their information/referral/assistance systems, expansion of therapeutic meals, and implementation of [TCARE](#), an evidence-based family caregiver assessment tool.
10. Transition to a new database for the management of client records across ASD LTSS programs, and transition to a new AHS-wide database for the management of critical incident reports across programs.

# SFY2027 Budget Testimony

## Developmental Disabilities Services Division

### **Developmental Disabilities Services Division (DDSD) Philosophy**

The Developmental Disabilities Services Division (DDSD) supports people to live, work and participate as integrated citizens in their local communities, pursuing their own choices, goals, aspirations, and preferences. To be effective and efficient, services must be individualized to address the goals, capacities, needs, and values of each person. With support as needed, individuals can make decisions, live in typical homes, and contribute, integrated, as community citizens. DDSD services are based on the principle that communities are stronger when everyone is included.

### **DDSD Overview**

DDSD plans, coordinates, administers, monitors, and evaluates state and federally funded services for people with developmental disabilities and their families within Vermont. DDSD provides funding for services, systems planning, technical assistance, training, quality assurance and program monitoring and standards compliance. DDSD provides court-ordered public guardianship to adults with developmental disabilities and older Vermonters aged 60 and over on behalf of the Commissioner.

For more information about developmental disabilities services, please review the [Developmental Disabilities Services Annual Report](#) or visit the [Developmental Disabilities Services Division](#) website.

### **DDSD Staff and Partners**

DDSD work is carried out by twenty (27) program staff members, including the Quality Management Unit, Services Specialists, administrators, and support staff, and thirty-three staff members working within the Office of Public Guardianship, twenty-nine of whom are full-time public guardians.

The Agency of Human Services supports 4,657 individuals with intellectual and/or developmental disabilities and their families through a variety of supports, provided by fifteen (15) Designated Agencies and Specialized Service Agencies, contracted through the Agency of Human Services. Additionally, the Department has engaged in contracts with two (2) Case Management Organizations to provide conflict-free case management, in accordance with Centers of Medicare and Medicaid (CMS) Conflict-of-Interest requirements. DDSD also partners with a Supportive Intermediary Service Organization (SISO) to assist individuals and families to direct their services, and a Fiscal/Employer Agent which provides the infrastructure and guidance to enable employers to meet their fiscal and reporting responsibilities. DDSD emphasizes the development of community capacities to meet the needs of all individuals, regardless of the acuity of their needs.

DDSD works with a variety of people and organizations to ensure that the changing needs of people with developmental disabilities and their families are met. This includes people with disabilities, families, guardians, advocates, service providers, the



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## Developmental Disabilities Services Division

State Program Standing Committee for Developmental Disabilities Services, and State and Federal governments.

### **DDSD Programs and Services**

**Home and Community-Based Services (HCBS):** HCBS are provided through Designated Agencies (DA) and Specialized Service Agencies (SSA). These services include Community Supports, Employment Supports, Home Supports, Respite, Clinical Services, Supportive Services, and Crisis Services. Home Supports include 24-hour Shared Living, Staffed Living, Group Living, and Supervised Living (hourly supports in the person's own home). In-Home Family Supports are hourly supports provided in the home of a family member. Services can be managed by the agency, managed by the person or a family member, or shared-direct (a combination of agency-managed and self/family-managed services).

Individuals choosing to self- or family-direct all their DS HCBS supports do so with the aid of a Supportive Intermediary Services Organization (Supportive ISO). This organization provides "program management" to these individuals to ensure that services are provided with State and Federal rules and regulations, as well as serve as the enrolled Vermont Medicaid provider for the DS HCBS.

The implementation of Conflict-Free Case Management has resulted in Case Management Organizations providing "case management" services to individuals. This includes individuals receiving DS HCBS and individuals over the age of 22 receiving DS Targeted Case Management.

**The Bridge Program** provides care coordination to families to help them access and coordinate medical, educational, social, or other services for their children with developmental disabilities. The Bridge Program is provided by Vermont's ten (10) Designated Agencies (DA).

**Family Managed Respite** provides respite for families to give them a break from caring for their child with a disability. Individuals and families apply for Family Managed Respite supports through the DAs. Family Managed Respite supports children (as defined as individuals up to the age of 22) diagnosed with intellectual/developmental disabilities or a mental health condition. 415 individuals with an intellectual/developmental disability were supported through Family Managed Respite in SFY2024.

**Flexible Family Funding** provides funding for respite and goods for children and adults who live with their biological or adopted family or legal guardian. These funds are used at the discretion of the family for services and supports that benefit the individual and family. This support, administered by the Designated Agencies, is designed to defer the need for more intensive services. This program, which has been in existence since



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## Developmental Disabilities Services Division

1994, supported 1,017 individuals in SFY2024. Approximately 70% of these individuals were under the age of 18.

**Office of Public Guardian (OPG)**, acting under court authority, provides public guardianship where there is no friend or family member to serve as guardian, and the individual needs a public guardian to protect their rights or welfare. OPG also provides representative payee services and case management services to a limited number of people.

**Specialized Services** are provided by service agencies to adults with developmental disabilities who live in nursing facilities to improve their quality of life by providing support to address social and recreational needs.

**Targeted Case Management** provides assessment, care planning, referral and monitoring to individuals who are not receiving service coordination through HCBS or other funding sources.

As of October 1, 2025, provision of Targeted Case Management transferred from the Designated Agency and Specialized Service Agency providers to the Case Management Organizations. This allows for continuity of care as individuals transition between levels of support.

### DDSD Recent Developments and Accomplishments

The Developmental Disabilities Services Division has had many developments and accomplishments over the last year. A summary can be found on pages 2-9 of this document.

1. **New Payment Model** – Effective October 1, 2025, DDSD implemented its cost-neutral, tiered payment model using a standardized, evidence-based Needs Assessment. Implementation of this model is a foundational principle of the State's conflict-of-interest mitigation strategy. Through establishment of State set, consistent and clear rates, separation of roles related to service planning and budget proposal development, this new approach deconflicts the DDS system. DDSD continues to work closely with key partners, including individuals with lived experience, providers, and advocates, during the early implementation and stabilization period.
2. **Home and Community-Based Services (HCBS) Conflict of Interest (Conflict-Free Case Management) Implementation** - DDSD worked in partnership with DVHA and the DAIL Adult Services Division (ASD), to comply with the federal HCBS Conflict of Interest (COI) requirements by October 2025. For more information: [Conflict of Interest: Home- and Community-Based Services | Department of Vermont Health Access](#). Major components of this initiative included the:

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## Developmental Disabilities Services Division

- Establishment a centralized, Statewide Intake, Eligibility and Referral Team to assist individuals applying for DDS supports
  - Use an independently administered, standardized Needs Assessment ([Supports Intensity Scale for Adults™ or SIS-A](#))
  - Development structured, Statewide payment rate
  - Implementation of a deconflicted funding approach
  - Engagement of independent, conflict-free case management organizations
  - Addition of state-employed data managers to analysis financial and service information
  - Revision and creation of guidelines and standards to ensure alignment and compliance with restructured service system
3. **Direct Care Workforce:** DDSD continues to work with a workforce partner group to explore solutions to chronic provider workforce issues. The group identified a variety of short-term and long-term solutions to the ongoing challenge of recruiting and retaining direct support workers. DAIL was awarded a second [Administration for Community Living Direct Care Workforce Strategies Center Peer Learning Collaborative](#) opportunity; DDSD project manages this team and serves as a core team member.
4. **Housing Options and Alternatives:** DDSD remains highly engaged in understanding and breaking down the barriers to allow individuals to develop and live in settings of their choosing. While Shared Living arrangements remain the predominant housing model through DS HCBS, individuals and families are vocalizing preference in other residential models. In order to make alternatives a realizable option equal to Shared Living, an exploration of appropriate licensing requirements, matching of service or supports, education and outreach, and access to resources such as housing vouchers is underway. DAIL, through the DS State Standing Committee, has convened a time-limited subcommittee to address recommendations and questions which arose related to the licensure of group residential settings from the Act 69 (2025) report. This subcommittee's kickoff meeting occurred in late January 2026 with the expectation that recommendations will be prepared by June 2026. A special focus includes payment parity; through the Developmental Disabilities Services payment reform, a standardized rate structure has been established for designated provider agency programming. However, residential models developed by independent entities were not included in this process. The Department has engaged with the Developmental Disabilities Housing Initiative (DDHI) organization and existing independent providers to examine the cost, programming and administrative structures to determine payment parity.

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### Developmental Disabilities Services Division

5. **Quality Assurance:** The DDSD Quality Management Team continues to modernize the system's quality assurance/quality improvement approach. With time and attention focused on cross-department and agency collaboration to maximize internal resources and minimize administrative burden on external partners, the Quality Management Team is balancing attention on both qualitative and quantitative data collection; the new processes will ensure both experiential elements and compliance components are included. The plan includes streamlined reporting, an annual on-site presence, and accounts for initiatives such as Conflict-Free Case Management, Developmental Disabilities Services Payment Reform, Settings Rule requirements, Legally Responsible Individual policy, the CMS Measure Set, as well as other proposed federal requirements.

**Legally Responsible Individuals Policy:** Effective November 15, 2024, the Developmental Disabilities Services Division implemented its policy to pay Legally Responsible Individuals (frequently referred to as "Paying Parents"). This policy, developed with input from individuals, family and guardians, and approved by the Center for Medicare and Medicaid Services (CMS), allows Legally Responsible Individuals (LRIs) to be paid to provide community and/or in-home supports to adults enrolled in Developmental Disabilities Home- and Community-Based Services (DD HCBS) over the age of 21.

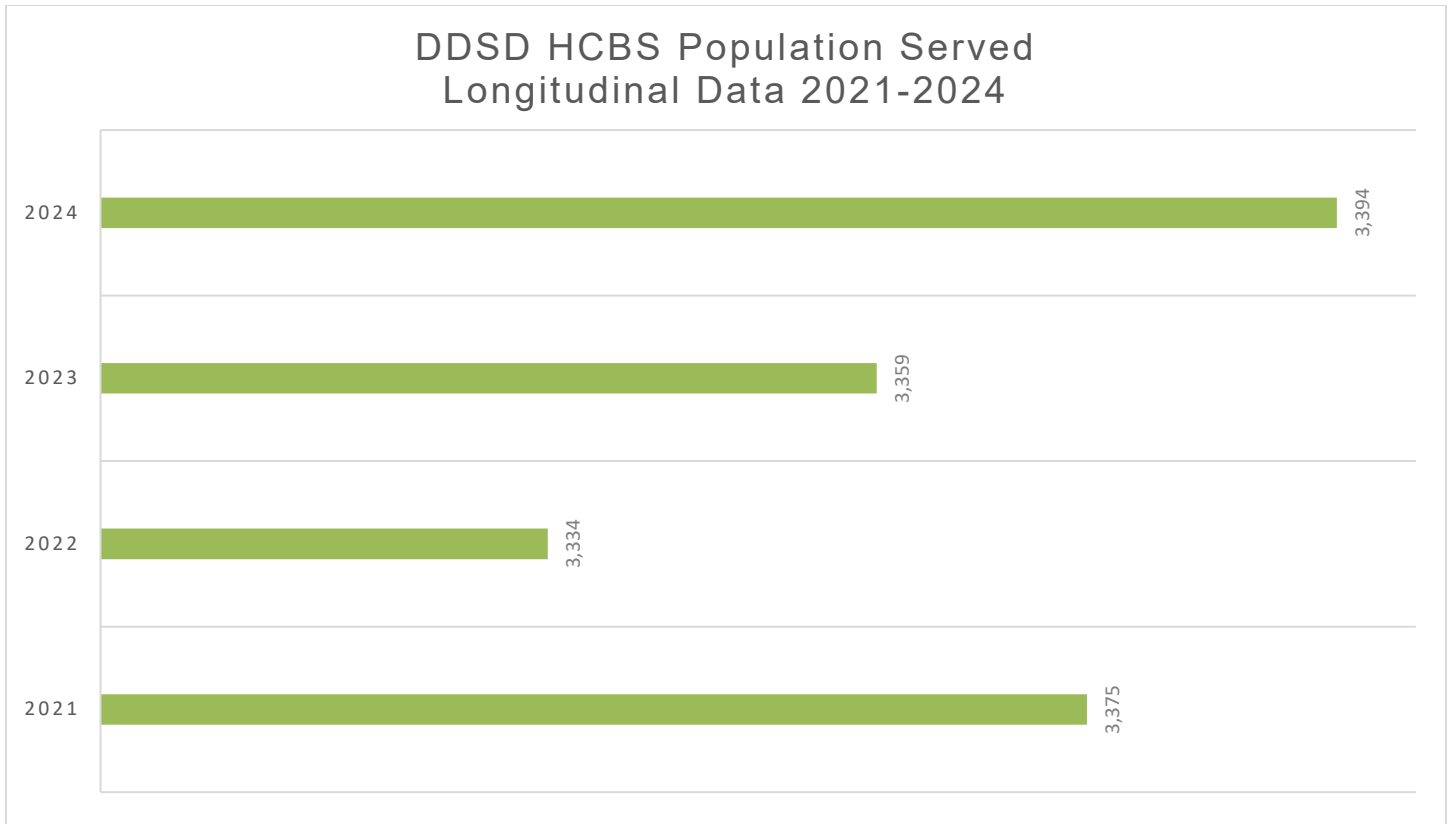
During SFY2025, 39 individuals, and their corresponding Legal Responsible Individuals, availed themselves of this option. This option facilitates the provision of community and in-home supports to individuals who live full-time with their, otherwise unpaid parents and guardians when other services are not available either through staffing challenges or complex support needs. Throughout the fiscal year, approximately 12,697 hours of services were paid to Legally Responsible Individuals, for a total of \$209,243 of authorized services.

#### **DDSD Results (how much, how well, better off): SFY2024**

- 3,394 people were served in Home & Community-Based Services (HCBS).
- 1,017 people served by Flexible Family Funding.
- 646 people served by Family Managed Respite.
- 462 people served in Bridge program.
- 755 people received OPG public guardianship services.
- 328 people received OPG representative payee services.

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## Developmental Disabilities Services Division



**Consumer Survey:** Vermont has historically participated in the National Core Indicators (NCI) Adult In-Person Survey. Due to COVID-19 and the significant challenges related to workforce facing direct provider agencies, DAIL has paused participation in the survey since 2018/2019 survey. Re-engaging in the NCI-I/DD is a priority of DAIL/DDSD and included in the Vermont State System of Care Plan for Developmental Disabilities Services as a goal for 2026-2027 cycle, DAIL has met with the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and Health Services Research Institute (HSRI) who administer the survey, and the Department is working to prioritize resources to make this goal a reality. As DDSD analyzes available data, the Division has looked at available NCI I/DD comparator information in relationship to Vermont's.

As an early adopter of the CMS Measure Set, the Agency of Human Services administers the [Consumer Assessment of Healthcare Providers and Systems \(CAHPS\)](#). The CAHPS, performed at the Medicaid Plan level, is an experiential assessment of individual interaction and satisfaction. This survey, conducted by the Department of Vermont Health Access through the Blueprint for Health was last performed in [2023](#) and through a [dashboard](#). While information specifically related to individuals engaged in DS HCBS is not available on the Vermont dashboard, DDSD has been working to review raw data to determine if results available can be analyzed and shared with key partners to learn about experience of care.

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## Developmental Disabilities Services Division

### DDSD Future Directions

DDSD will continue working hard on the ongoing efforts highlighted under accomplishments including:

- Conflict-Free Case Management, including implementation of new payment model
- Housing Alternatives
- Direct Care Workforce
- Quality Assurance Plan

**Crisis Services and Public Safety:** In addition to the above ongoing efforts, DDSD continues to emphasize need for quality crisis, clinical and public safety support. While much attention has been given to Vermont's statewide approach of "Vermont Crisis Intervention Network" (VCIN), which provides a tri-level approach of supporting the system: Level I—system level training and education available to all partners engaged with the Developmental Disabilities system; Level II—team-based consultation designed for crisis mitigation or follow-along support; Level III—crisis bed admission at one of the Network's four crisis beds.

However, the DS system provides additional clinical and crisis support for individuals with intellectual and developmental disabilities. There is a "Collaborative Crisis" resource, a partnership between Upper Valley Services and DDSD which allows for shared referral between UVS and DDSD for admissions. This resource offers two crisis beds. Designated Agencies and Specialized Services Agencies provide a varying level of crisis supports to individuals in their service; however, based on continual referral and access to the VCIN supports, regional and local capacity is inadequate.

Over the course of the fiscal year, approximately 50 individuals have been referred, and placed on the VCIN waitlist. VCIN, through the three (3) beds that DDSD serves as primary liaison, was able to support 18 individuals. For the other 30 individuals, however, primary care givers, direct support providers, and community partners like emergency services, were required to step in to engage the individual to be safe until longer-term alternatives could be identified. In collaboration with the Department for Children and Families/Families Services Division (DCF/FSD), DDSD developed a new crisis bed specializing in supporting children. While this bed can support individuals of all ages, in its initial 6 months of operation, the team worked closely with the DCF/FSD team to support 4 youth to stabilize and identify long-term programming. The Developmental Disabilities Services system continues to assess the need for crisis system expansion, to adequately meet the needs of individuals. DAIL partners with service providers to strategize how to best use available resources, such a local crisis supports, agency-sponsored crisis housing options and clinical services to meet the needs of Vermonters in crisis, including options to meet individuals with complex

## SFY2027 Budget Testimony

### Developmental Disabilities Services Division

medical and safety support needs.

VCIN staff have clinical and specialized training to meet the developmental and behavioral support needs for individuals engaged in DS HCBS. However, to ensure health and safety needs of an increasingly complex population, the VCIN team screens individuals, during intake, to feel confident that the team can provide for an individual's unique medical or public and personal safety needs. When someone's medical or public safety needs exceed VCIN's expertise, individual's may remain in an alternate setting—such a hospital, skilled nursing facility or correctional facility while long-term programming to meet the participants needs and ensure the required level of safety is developed. While the DDSD team continue to work diligently, in partnership with VCIN and the supporting agency, to develop options and individualized approaches as each situation arises, creating systemic approaches to build capacity is the Division's ultimate goal.

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## Division for the Blind and Visually Impaired

### **Division for the Blind and Visually Impaired (DBVI) Philosophy**

DBVI assists individuals who are blind or visually impaired to meet their employment and independence goals. DBVI uses a holistic rehabilitation approach that helps people to meet their goals, build new skills, and improve their circumstances. The goal is for all participants to achieve or sustain economic independence, self-reliance, and social integration consistent with their interests, abilities, and informed choices.

### **DBVI Overview**

DBVI helps working age individuals achieve economic independence by obtaining livable wage jobs and income. This involves training to improve employment skills and higher education that leads to degrees or certificates. DBVI helps transition high school students from school to the world of work. DBVI's statewide approach for younger students helps to ensure that all blind and visually impaired high school students have pre-employment transition skills. DBVI offers independent living services to help individuals of all ages to build adaptive skills related to their visual impairment and achieve independence.

### **DBVI Staff and Partners**

DBVI services are provided by highly qualified professionals who possess specialized training and understanding of the implications of visual loss. Services are provided by 10 full-time staff and 2 part-time Employment Consultants in four regional field offices. Each office has a Blind Services Rehabilitation Counselor and an Independent Living Service Managers who deliver individualized services. One Blind Services Technology Trainer covers the entire state teaching people how to use assistive technology. The Director of DBVI oversees the statewide program.

DBVI partners with several organizations to accomplish its mission. The major provider of direct instruction for teaching blindness-related skills is the non-profit Vermont Association for the Blind and Visually Impaired (VABVI). Their staff include certified blindness professionals who are highly trained in the areas of Orientation and Mobility, Low Vision, and Rehabilitation Therapy. For other DBVI partners please visit [www.dbvi.vermont.gov](http://www.dbvi.vermont.gov).

### **DBVI Programs and Services**

#### **Vision Rehabilitation Employment Services**

The goal of DBVI's vocational rehabilitation services is to help people with vision loss to retain, return, or secure employment. Individuals meet with a DBVI counselor to identify goals and develop a plan to improve their functional independence.

DBVI counselors provide guidance related to employment and help people explore interests and abilities. On their individual path to employment, most people who work with DBVI:



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### Division for the Blind and Visually Impaired

- Build and strengthen vocational skills.
- Learn new adaptive skills to remain independent regardless of vision loss.
- Learn to use specialized technology needed to do their jobs.
- Receive services to maximize visual function.
- Help with a job search and provide training in job skills.
- Assist with attending college.
- Provide technology and training that allow people to access printed materials and complete work tasks.

#### **DBVI Services for Students**

DBVI is required to spend 15% of its federal VR funding on pre-employment transition services. We provide these services to students through the strong partnership and collaboration of the Connections Team:

1. Division for the Blind and Visually Impaired
2. The Vermont Association for the Blind and Visually Impaired (VABVI)
3. ReSOURCE's Learn, Earn and Prosper (LEAP) Program

These three partners collaborate closely to identify students who are blind or visually impaired in the state and provide high quality services founded in evidence-based practice.

These services include the following:

1. Paid work-based learning opportunities with local employers
2. Workplace readiness training
3. Assistive technology training
4. College and further education preparedness
5. Independent living skills
6. Peer to peer connection and mentoring

# SFY2027 Budget Testimony

## Division for the Blind and Visually Impaired

### **DBVI Services in Independent Living**

DBVI's Independent Living Program promotes independence and furthers equality through access and instruction in adaptive skills related to blindness and low vision for individuals served. DBVI Independent Living Managers assist individuals to identify goals and develop a plan to achieve the highest possible degree of independence.

The most frequent goals identified by participants are:

- self-advocacy and self-empowerment; followed by
- information access/technology.
- self-care
- mobility and transportation.

### **Assistive Technology**

Assistive technology is critical for many people with vision loss. DBVI invests significant efforts to stay current in new assistive technology to help people find employment, participate in their communities, and eliminate other barriers caused by vision loss

### **DBVI Recent Developments and Accomplishments**

#### **[New DBVI Video - Click here!](#)**

DBVI partnered with Story Lab and Media Factory to create a short film featuring Vermonters who share their experiences living and working with vision loss. The video highlights how DBVI's individualized services help people adapt, pursue meaningful careers, and stay connected to the activities they love.

### **White Cane Awareness**

DBVI held White Cane events in Burlington, Barre, Bellows Falls, Rutland, and St. Johnsbury. Community members and partners gathered across the state gathered to learn about the variety of white canes through an experiential walk that brings awareness to their community and promotes safe travel for people who are blind. The goal of White Cane Day is to bring communities together and share the importance and safety of the White Cane.

#### **[Burlington News White Cane Awareness Day Video](#)**

### **Interagency Transition Core Team Event**

DBVI collaborated with HireAbility and several organizations to host the event at Killington Grand Hotel where 230 individuals participated. The theme this year was *Anchored in Collaboration*. The keynote speaker focused on collaboration mapping to help local core team align to support youth with disabilities prepare for life beyond high school.

# SFY2027 Budget Testimony

## Division for the Blind and Visually Impaired

### **DBVI State Plan**

The DBVI Central Office worked with Jaclyn Holden, Director of Performance Improvement in AHS, to launch our work on the State Plan. We developed a strategic plan to review and receive feedback for the goals and strategies. Jaclyn facilitated a staff meeting to engage staff with reviewing the current goals and strategies by measuring the effort in relation to impact. Our mission is to develop goals that are targeted and measurable in alignment with the feedback from the SRC and the participants that DBVI serves. The state plan is due in March 2026.

### **Transition Student Updates**

#### *Tech Readiness Skills Inventory*

The Tech Readiness tool was developed by Allie Fuddy (a Certified Assistive Technology Instructional Specialist), the LEAP Program and VT DBVI with a vision of ensuring every student is ready to thrive beyond high school.

This tool is designed to highlight student strengths and areas of growth in technology. It's also meant to spark collaboration among their team. The skills identified reflect what students' need most in technology skills as they take on their transition to work or post-secondary education.

DBVI's goal is to ensure that every student entering DBVI services at age 14 begins this journey with the Tech Readiness Tool. This will inform goals on their IEP and the services and training they receive through high school for graduation readiness.

#### *LEAP Programs*

This year, DBVI's Pre-Employment Transition Services contracted provider, LEAP, developed so many awesome learning programs for students! These included both in person and virtual opportunities in work-based learning, work readiness education, college prep and more.

### **[LEAP's Fall Retreat - Watch here!](#)**

### **DBVI Results (how much, how well, better off)**

#### **How many DBVI served (SFY2025):**

- 299 individuals received services to assist them to maintain or find employment because of their vision loss. 287 received services in SFY2024.

Individuals previously served in the DBVI Homemaker Program are now being served in the DBVI Independent Living and Older Blind program for FFY 2025.

- 751 individuals over the age of 55 received specialized vision rehabilitation services.

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## Division for the Blind and Visually Impaired

- 106 individuals were served by the Independent Living Program.
- 2 individuals served in the Business Enterprise Program.
- Total for SFY2024= 1,158 (Includes DBVI VR; DBVI Independent Living; and Older Blind programs).

### **Total Training Hours, Transition Services FFY2025: 2537**

- Work-Based Learning Training hours: 757
- Work Readiness Training & Self-Advocacy Instruction: 344
- Orientation and Mobility with a COMS: 34
- Independent Living Skills with a CVRT: 33
- Assistive Technology Instruction with a CATIS: 44
- The 5 Required Service provided by DBVI Vocational Counselors and Transition Manager: 1325

### **Numbers don't tell the whole story!**

Students who participated in LEAP's residential program in Summer 2024 leveled up to Community Internships in Summer 2025. This means they were placed on internships in their own community and practiced work skills direct with an employer. Many more hours are captured in a 24/7, nearly 4-week, residential program than an internship.

Advancing from a residential program to an internship where students can learn skills independently with their supervisor is an important step in their work readiness journey.

A student in Brattleboro was placed at *The Bike Hub* in Bennington and was hired at the end of the summer internship!

- The percentage of population served who were under age 22 at entry into DBVI services was 19%.

### How well DBVI served people:

Below are the recent Customer Satisfaction results of a 3-year statewide random survey of all participants in the Division for the Blind and Visually Impaired (DBVI) Vision Rehabilitation Employment program (Conducted by Market Decisions):

- 92.1% of consumers said they are satisfied with the DBVI vocational rehabilitation program.
- 93.9% of consumers agree that they are better off as a result of the services received from DBVI.
- 96.1% of consumers said that DBVI staff treated them with dignity and respect.
- 94.1% of consumers said that DBVI helped or is helping them achieve their vocational rehabilitation goals.

## SFY2027 Budget Testimony

### Division for the Blind and Visually Impaired

- 91.7% of consumers said that DBVI services met their expectations.
- 85.7% of consumers said that DBVI vocational rehabilitation services are helping or will help them become more independent in general.
- 76.6% of consumers said that DBVI helped them reach their job goals.

#### How people are better off:

- 35 blind or visually impaired individuals closed their DBVI case in SFY2025 with successful employment.
- 82% had a wage above 125% of the minimum wage in SFY2025.
- 58.5% employment rate four quarters post exit in SFY2025, an increase from 55.4% in SFY2023 and 57.4% in SFY2024.
- Median earnings in the second quarter post-exit from VR services dropped to \$6,275 in SFY 2025 after rising by 13% to \$6,950 in SFY2024. However, this lower median earnings level remains above the national average for VR agencies.

Table 1: Table showing VT and National averages for key federal WIOA reporting metrics. Data for VT is combined between DBVI and DVR HireAbility agencies as per federal reporting requirements.

Measure	PY 2021	Nation	PY 2022	Nation	PY 2023	Nation	PY 2024	Nation
	SFY 2022 VT		SFY 2023 VT		SFY 2024 VT		SFY 2025 VT	
Empl Rate 2nd Qtr	53.3	52.5	56.0	56.2	56.9	55.9	58.3	53.8
Empl Rate 4th Qtr	52.0	48.0	55.4	52.8	57.4	52.6	58.5	51.9
Median Earnings 2nd Qtr	5,213	4,776	6,153	5,130	6,950	5,513	6,278	5,331
Credential Rate	42.5	30.8	53.2	37.6	53.4	40.7	55.7	38.0
MSG Rate	57.3	43.0	56.7	48.7	55.7	52.1	57.6	52.2

# SFY2027 Budget Testimony

## Division for the Blind and Visually Impaired

### DBVI Future Directions

DBVI believes the best path forward for people with visual impairments includes a solid foundation in assistive technology. DBVI staff stay up to date on the new emerging technologies, specifically wearable devices to help customers achieve their employment and independence goals. For example, wearable devices such as Meta Glasses are breaking down traditional barriers that have been in place. It is being used by people who are blind to provide detailed descriptions of graphical information and navigating new spaces handsfree. Other examples of wearable devices in collaboration with artificial intelligence (AI) generate descriptions of images found on web pages, power point, charts, graphs, and other visual representations of data. This can create opportunities in the workplace and increase independence within the home and community.

### Research and Evidence-based Training

This year, DBVI partnered with the National Research and Training Center of Blindness and Low Vision (NRTC), the nation's only federally funded center on employment outcomes for people who are blind or have low vision, to provide blindness awareness training for all DBVI staff. DBVI will continue a new training series to generate new knowledge on present-day research on employment, transition and increased labor force participation for Vermont professionals. In 2026 and 2027, prominent researchers Dr. Michele McDonnall and Dr. Stephanie Welch-Grenier will share field-based evidence:

- Rehabilitation Services Administration Vermont outcome data, with national comparison.
- Assistive Technology in the workplace study outcome data.
- Advice for VR Professionals: Evidence for effective meetings with employers
- NRTC Transition outcome data, projects and products
- Research study outcomes and implications for consumers, employers, and state agencies.

# SFY2027 Budget Testimony

## Division of Licensing and Protection

### Division of Licensing and Protection (DLP) Philosophy

Balanced and assertive regulation of health care organizations ensures that Vermonters receive care with dignity, respect, and independence. When vulnerable Vermonters are maltreated, an effective investigation, appropriate remediation, and protective services should be put in place to prevent additional harm.

### DLP Overview

DLP has two branches that work to protect vulnerable adults and individuals receiving care:

- [Survey and Certification](#) (S&C) is the State Survey Agency for the State of Vermont. In this role, S&C licenses and certifies health care organizations to ensure that they meet minimum state and federal regulatory compliance. Details can be found at:
- [Adult Protective Services](#) (APS) investigates allegations of abuse, neglect, and exploitation of vulnerable adults and implements protective services, as necessary, to limit future maltreatment. The APS Annual Report can be found at [APS Statistical Information | Division of Licensing and Protection \(vermont.gov\)](#)

### DLP Staff and Partners

S&C currently has 29 employees, 18 who are federally trained and certified to perform investigations and surveys. These Surveyors are home-based and travel throughout the state to investigate complaints and to perform recurring, scheduled surveys, 17 of whom are Registered Nurses and 1 Generalist Surveyor. S&C follows federal and state regulations and procedures developed by the Centers for Medicare and Medicaid Services (CMS).

APS currently has 21 employees, including ten permanent home-based investigators who travel throughout the state to investigate allegations of maltreatment of vulnerable adults. APS frequently partners with law enforcement agencies and human service providers in the performance of their investigations.

Like many State programs, DLP has struggled to meet growing caseloads with level staffing numbers. This has been especially challenging for APS; reports to APS have more than doubled in the past decade, while permanent staffing levels remain the same.

### DLP Programs and 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,



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## Division of Licensing and Protection

have a diminished capacity to care for themselves, or a diminished capacity to protect themselves from maltreatment.

1. 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.
2. APS investigates reports of maltreatment of vulnerable adults. A person who APS determines has maltreated a vulnerable adult may be placed on the Adult Abuse Registry. Organizations that serve children and vulnerable adults use the Registry to check the backgrounds of employees and volunteers prior to hiring.

### DLP Recent Developments and Accomplishments

1. **State Licensed Facilities:** State licensed Residential Care Homes and Assisted Living Residences continue to experience increasing challenges that S&C must account for in its survey efforts. Vermont currently has approximately 138 licensed skilled nursing facilities, residential care homes, and assisted living residences, totaling 6,281 licensed beds, caring for many of the most vulnerable Vermonters. Over the last year 3 facilities closed and 3 opened, however there was a net increase of 25 beds.

In addition to enhanced oversight, DAIL adopted new Residential Care regulations October 1, 2024. The newly adopted Residential Care Home and Assisted Living Residence Regulations had an effective date of April 1, 2025, and were implemented by the applicable homes/facilities and enforced by DLP.

2. **Nurse Aide Training and Competency Program:** S&C oversees the Nurse Aide Training and Competency Program which approves nurse aide training programs statewide. S&C also holds the vendor contract to assure the availability of testing for licensure for licensed nurse's aide students. S&C negotiated a new contract for testing with Excel, an experienced and trusted testing company from New Hampshire. Excel began providing testing opportunities for nurse aide students in late SFY23, and reports from the training programs have been positive.
3. **Utilization of Social Services Block Grant (SSBG):** This past year, DAIL identified a portion of SSBG funds to partially fund four limited-service APS positions. These limited-service positions (three Service Navigators and one Investigator) have served approximately 369 vulnerable adults at risk of maltreatment in SFY 25.

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### **DLP Results (how much, how well, better off)**

#### S&C:

- S&C conducted 298 onsite investigations looking at 500 combined complaints and self-reports across all state and federal provider groups. This represents an increase of 12.03% from the previous year.
- 11.8% of Nursing Homes had no deficiencies, isolated deficiency with substantial compliance, or no onsite survey performed during this period. This represents a decrease of 19.7% from the previous year. This decrease follows a national trend of rising deficiencies in Nursing Homes due, in part, to staffing shortages and increased closures and transfer of ownership of facilities.
- 58.8% of Nursing Homes had a deficiency reflecting the potential for more than minimum harm. This has not changed since the previous year.
- 29.4% of Nursing Homes had a deficiency reflecting actual harm or immediate jeopardy of residents. This represents an increase of 11.36% from the previous year. To address this increase and reduce potential harm to residents, S&C has minimized time for return visits to facilities with IJ findings, increased monitoring of those facilities, and prioritized Plans of Correction to address the need for stabilization and sustained improvement.
- Since 2018, S&C has processed fifteen (15) applications for SNF transfer of ownership for an average of two per year. In calendar year 2021 and 2022, eight (8) applications were received, indicating more than double the number of transfers of ownership applications that occurred between 2018-2019. In SFY25, four (4) applications were processed, which resulted in the transfer of ownership for a total of six (6) nursing homes in SFY25.

#### APS:

- APS received 4,141 reports alleging abuse, neglect, or exploitation of vulnerable adults, an increase of 4.9% from the previous year.
- APS initiated 1,076 field cases from these reports, an increase of 24% from the previous year.
- APS completed 405 investigations and 671 assessments. This is the second-year assessments have been conducted which were added in the APS statute revision effective July 1, 2023.
- APS placed 60 individuals on the Adult Abuse Registry, an increase of 36.4% from the previous year.

Reports to APS have increased 115% over the last decade. The last time APS staffing levels were adjusted for caseloads was over a decade ago. Over the last few years, Vermont APS has identified and made use of Federal limited-service grant funds to help maintain acceptable operational levels with a focus on victim safety, though this

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source of Federal funding ended in SFY25 without expectation for new Federal funding options beyond a significantly smaller allotment (less than the equivalent of one full-time employee).

#### **DLP Future Directions**

In May of 2024, the Federal Administration for Community Living (ACL) implemented new APS regulations that went into effect immediately. In September 2025, ACL also stated their intent to begin reviewing States' APS statutes for compliance to the Federal regulation in the Fall of 2026 or risk losing Federal funds to State APS programs the following Federal fiscal year (FFY 28). DAIL's new APS statute implemented July 1, 2023, brought Vermont close to full compliance with the new federal rules. APS hosted a series of 14 meetings in calendar year 2025 with representatives from 16 stakeholder groups to work towards agreed changes that address the primary concerns of all parties involved. The APS Working Group was able to find a solution to fully meet the Federal rule while addressing stakeholders' concerns through alternate reporting channels and expanded language in the definitions. All members of the APS Working Group agreed to the final proposed language that was introduced in H.582.

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## HireAbility (Division of Vocational Rehabilitation)

### DVR Division Philosophy

The Division of Vocational Rehabilitation's (DVR's) mission is to help Vermonters with disabilities prepare for, obtain, and maintain meaningful careers and to help employers recruit, train, and retain employees with disabilities. Participant choice and self-direction are core values that drive DVR's approach to providing services and developing new programs. DVR's ability to help jobseekers succeed also depends on clearly understanding the needs of other customers: employers. To improve outreach to both participants and employers, DVR rebranded as HireAbility Vermont in SFY 2022 and launched a marketing campaign to promote services for both audiences. The HireAbility rebrand reinforces its commitment to helping participants access high-wage and high-quality careers through training and education. It also conveys the goal of being a source of motivated and trained employees for Vermont employers.

### DVR Division Overview

HireAbility serves people with disabilities in Vermont who face barriers to employment and helps participants figure out what types of career pathways will work for them, through assessment, counseling, and guidance. HireAbility uses extensive networks in the employer community to create job opportunities, match employer needs with jobseeker skills, and help employers retain staff with disabilities. HireAbility also invests heavily in post-secondary training and education to help participants gain credentials that will lead to a high wage and high-quality employment.

### DVR Staff and Partners

HireAbility has about 150 staff located in 12 district offices around the state. HireAbility collaborates with other service providers to reach people with disabilities facing challenges to employment. HireAbility has created partnerships with multiple organizations to serve youth, offenders, veterans, people receiving public benefits, and those who need ongoing support.

### DVR Programs and Services

**HireAbility Core Services:** Services for jobseekers are tailored to the person and driven by their own interests, job goals, and needs. Each person meets regularly with their counselor, who helps 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 HireAbility staff and partners, are enhanced with a range of purchased services and supports.

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

**HireAbility Employment Teams:** HireAbility manages 8 Business Account Managers

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### HireAbility (Division of Vocational Rehabilitation)

(BAMs) who have active relationships with 1,000+ employers statewide. The BAMs convene local teams of Agency of Human Services (AHS) providers who deliver employment services across multiple populations. These employment teams coordinate local employer outreach across programs to better serve employers.

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

**Work Incentives Counseling Program:** HireAbility certified work incentives counselors provide information and expertise to Social Security disability program beneficiaries about the impact employment will have on their benefits, and how to take advantage of available work incentives to reach for higher wage career goals.

**Employee Assistance Program (EAP):** EAP has offered comprehensive Employee Assistance Program (EAP) services since 1986. EAP provides short-term counseling and referrals, 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 (ATP):** 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.

### DVR Recent Developments and Accomplishments

**1. Improving Participant Outcomes Across Measures:** In SFY24, HireAbility introduced several new measures that raise the standard by which progress is measured, including wages of 150% of minimum wage at closure, credential attainment, and engagement in work-based learning opportunities

HireAbility's Dashboard data indicates the Careers Initiative continues to have a positive impact on practices, services, and outcomes in SFY 2025:

- For our Career Assessment focus, we measure the rate of participation in assessment within the first 180 days after application. At inception in 2020, the rate was 11%. In SFY 2025 it was 40%, a 29 percentage-point increase. This rate is 4 percentage points higher than SFY 2024. We also measure assessment participation throughout the life of the case, as it remains an important tool for career development throughout. In SFY 2022, just under a quarter of cases served had assessments done. The rate has grown steadily over the years and reached 46 % in SFY 2025, a 22 percentage-point increase.
- Our Higher Wage Plan Goal focus is intended to encourage participants to use their

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### HireAbility (Division of Vocational Rehabilitation)

assessment results and our workforce expertise to consider longer-term career paths instead of short-term survival jobs. In this area, we've seen a 16 percentage-point increase since inception of this Dashboard measure. The SFY 2025 rate rose 4 percentage points over SFY 2024.

- HireAbility has maintained performance in our measures for wage rates for cases closed successfully over the past two years, following gradual improvement over prior years. In SFY 2025, 63% of successful closures had wages above 125% of minimum wage. In SFY 2024, HireAbility introduced a new measure at 150% of minimum wage: in SFY 2025, 36% of successful closures exceeded that measure.

HireAbility is also seeing a positive impact on the Common Performance Measures themselves with gains across four measures in SFY 2025.

2. **The Opioid Recovery Employment Pilot:** The Opioid epidemic has had a profound impact on the State's workforce because of the very high rate of unemployment (60% plus) among individuals receiving treatment for opioid dependence. Opioid dependence disproportionately affects adults ages 20 to 40 and in Vermont the epidemic has had the effect of taking younger workers out of the workforce, just when they should be building careers and credentials. Also, if a person with an opioid use disorder is employed, they are more likely to have:

- A lower rate of recurrence
- Less criminal activity
- A higher rate of treatment completion
- A lower risk of overdose

In the summer of 2022, the legislature provided the Division of Vocational Rehabilitation (recently rebranded as HireAbility (HA) Vermont) with dedicated funds to pilot specialized employment services in Burlington and Newport for individuals with opioid use disorders. The pilots use a team staffing model that has proven successful with other high needs populations needing an intensive and holistic approach. In 2025, the pilot was expanded to Rutland and Bennington districts. The teams include:

- A HA vocational counselor at each site (2 in Burlington)
- A contracted VABIR job placement specialist at each site
- A part time Employee Assistance Program staff person

The pilot sites have been very successful in engaging community providers and the recovery community, generating 542 referrals of whom 317 applied for services. The pilot sites have also showed promising early outcome data. As of November 2025:

- Over twenty community-based organizations have made 542 referrals.
- 317 individuals have engaged in services. This is a very high rate of uptake for an especially hard to engage population.
- 94 individuals have been placed in employment.



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### HireAbility (Division of Vocational Rehabilitation)

- 12 have been placed in other work-based learning opportunities.
  - 22 have enrolled in industry-recognized post-secondary training and education programs.
  - 5 have completed a credentialed program.
3. **Jump On Board for Success (JOBS) Program:** Over the past two FFYs, HireAbility's support for the JOBS program has been centralized to two JOBS Program Managers that focus solely on JOBS programs as a team, with oversight from HireAbility's Transition Director. This tight, dedicated support team is better able to provide consistent, high-quality support and attention to the program. Meanwhile, our contracts have shifted towards a benchmarks model for payment that focuses attention on concrete measurable outcomes rather than service hours. The results for the programs have been outstanding: The number of individuals served has expanded from 287 in 2024 to 317 in 2025; participation in career assessment, employment, and credential-focused education has increased, and successful closures likewise are up (24 in FY 2025 compared to 5 the prior FY, with many at higher earnings level.
4. **Farm First:** Farm First provides Vermont's farmers and their families with support, resources, and information to reduce stress and improve emotional well-being. HireAbility does this by having a Resource Coordinator to respond to outreach and establish a plan for each farmer – the plan may include up to 12 counseling sessions with an Employee Assistance Program counselor or an affiliate, a referral for Hire Ability services and/or other supports such as business advising, agricultural mediation, etc. The program was initially started to serve dairy farmers but at this time HireAbility is serving all farmers with approximately 50% of these farmers being primarily focused in dairy. In SFY 2025, 64 farmers received a total of 274 counseling sessions.
5. **Diversity, Equity, Inclusion and Access (DEIA):** Working with a contractor and partners, HireAbility developed the following DEIA vision statement for the program: **HireAbility will become an organization where: All staff and participants have a sense of belonging & feel welcomed here at HireAbility. Our diverse staff reflect the communities that we serve. Our strong connections with multicultural communities and community partners ensure engagement, successful outcomes, and career pathway opportunities for participants from diverse backgrounds.**

To make this vision a reality, HireAbility worked with the consultant to conduct a needs assessment and identify opportunities for growth. Based on the needs assessment, HireAbility identified four areas of focus for work on and formed four charter groups made up of a diverse cross section of staff to do this work. The goals for each charter group are as follows:

- Develop a workforce that reflects the diverse populations served by HireAbility.
- Effectively reach all populations that are eligible for HireAbility services.



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### HireAbility (Division of Vocational Rehabilitation)

- Ensure staff have access to the tools and knowledge and feel competent to serve all participants in a culturally appropriate way.
- Strengthen our existing iterative communication loops to ensure staff are informed and contributing is encouraged.

The charter groups have been charged with developing strategies to move the agency forward in these areas. Additionally, metrics have been identified to understand process made. Currently we are in the baseline collection phases with our metrics.

6. **The Vermont Career Advancement Project (VCAP):** HireAbility was awarded a \$6.5 million grant from the US Department of Education to support the Vermont Career Advancement Project (VCAP) in 2021. VCAP has established a robust partnership between HireAbility, the Vermont Department of Labor (VDOL), the Community College of Vermont (CCV), Vermont State University (VTSU), and secondary Career and Technical Education Centers (CTEs), to build on-ramps enabling individuals with disabilities to pursue high quality, high paying careers. The project has embedded dedicated Career Pathways Student Advisors in these post-secondary programs to provide intensive support for VCAP participants. VCAP has also partnered with other workforce development organizations to expand paid and credentialed occupational training programs in response to employer needs.

With an addition in 2023 of the VCAP Employer Advisory Group, VCAP uses feedback from the employer advisors to strengthen HireAbility's extensive network of employer contacts through its Business Account Managers. CCV and VTSU, which have program development experience and expertise, provide the required Related Instruction for apprenticeships and other credentialed programs, as well as stackable credentials and nested programming. These programs are linked directly to secondary and adult programs offered through Vermont's Career and Technical Education (CTE) centers. The project goals include enrollment of 500 participants, with 375 earning Industry Recognized Credentials and 75 enrolling in Registered Apprenticeships. 75% of participants will exit their training programs employed and earn at least 150% of the state's minimum wage.

HireAbility started enrollment in VCAP in August 2022. In December 2024, VCAP met the enrollment goal of 500 participants who have engaged in career path exploration and committed to an Individualized Plan for Employment. As of October 2025, there have been 410 educational goals completed including 35 college degrees and 102 industry recognized credentials such as vocational and technical licenses or certificates. There have been 54 individuals who have completed their career pathway goal and gained competitive employment with an average wage of \$22/hour. Healthcare careers such as medical assistant and nurses, social service workers such as social works and counselors, tractor-trailer drivers, and welders and manufacturers are among the most common careers held by VCAP participants.

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HireAbility has viewed VCAP as a project to support systems' change with an aim of ensuring that all Vermonters with disabilities have the option of a career. VCAP has allowed HireAbility to identify best practices and resources necessary to support participants in creating their individualized career path. During VCAP's final project year, HireAbility will be evaluating its internal system to embed practices, identify resources, and sustain partnerships to support career advancement.

### DVR Results (How much, how well, better off)

#### Number of People Served:

- A total of 6,684 individuals were served in SFY 2025. 6,734 were served in SFY 2024.
- 6,062 people were served in the core HireAbility program in SFY 2025. 6,172 were served in SFY 2024.
- 1,533 high school students were served through the Pre-Employment Transition Services program in SFY 2025. 1,598 were served in SFY 2024.
- These slight declines are not unexpected as staffing levels were cut somewhat during SFY 2025 due to budget reductions.

**How Well We Served Them:** The HireAbility Participant Experience Survey is conducted every two years to determine participants' overall satisfaction with the program. The survey is conducted by a third-party research firm, Market Decisions Research (MDR), which has an extensive background working with Vocational Rehabilitation agencies nationwide. Surveys were completed by 702 participants in HireAbility's 2024 survey. This represents 42% response rate (participants that completed the survey). All core metrics improved compared with the 2022 survey results, except one that remained level.

The following are highlights from the 2024 results:

- 82% of participants reported they were satisfied or very satisfied with HireAbility.
- 94% said they would recommend that their friends or family members seek help from HireAbility.
- 92% of participants responded they are satisfied with their experience working with HireAbility staff and counselors. This is a two percent increase from the 2022 survey.
- 97% felt they were treated by staff with dignity and respect.
- 85% of participants reported that it was very easy or somewhat easy to connect with their counselor, even with the continuation of services often being delivered remotely.

HireAbility will conduct the next survey in spring of 2026.

**Employer Satisfaction with HireAbility:** In 2022, HireAbility contracted with MDR to develop a survey that would determine employer satisfaction with services. Between February and May 2022, MDR surveyed 72 employers that had contact with a HireAbility team member(s) within the last 18 months. The survey found that 93% of employers were satisfied with

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services, up from 77% in 2019, and 100% of employers would be open to working with HireAbility again in the future, up from 94% in 2019. One area of improvement that was identified is that employers would like to be contacted more frequently.

The survey results provided invaluable information that will help us continue to improve services to employers, develop more connections, and better serve HireAbility customers.

**How People are Better Off:** The most apparent measure of successful participant outcomes is their employment status when they leave the program. In SFY 2025, 563 individuals closed their cases with successful employment (an 8% increase over last SFY). This means they met their individual employment goals and were stably employed for at least 90 days. In addition, 329 of these individuals (58%) earned above 125% of minimum wage.

HireAbility's SFY 2025 results on all five WIOA Common Performance Measures show Vermont participants are achieving outcomes at a higher rate than the national average across five measures. Additionally, Vermont's programs improved on four of the five performance measures in SFY 2025 compared to SFY 2024 outcomes.

The employment rate, for four quarters, post-exit, continues to improve, starting at 49.7% in SFY 2020 and increasing to 58.5% in SFY 2025. It is important to note the employment rate is calculated based on all participants served, not just job retention for participants who exited the program employed. The only measure that declined was median earnings in the second quarters post-exit, which jumped considerably from SFY 2023 to 2024, then dropped back to \$6,278 in SFY 2025. Still, Vermont remains consistently above the national average reported by VR agencies (\$5,331 in SFY 2025). On the other four measures, our progress has been steady and almost uniformly in an upward direction.

This table shows VT and National averages for key federal WIOA reporting metrics. Data for VT combines the Division of the Blind and Visually Impaired (DBVI) and HireAbility agencies per federal reporting requirements.

Measure	SFY 2022		SFY 2023		SFY 2024		SFY 2025	
	VT	Nation	VT	Nation	VT	Nation	VT	Nation
<b>Empl Rate 2nd Qtr</b>	53.3	52.5	56.0	56.2	56.9	55.9	58.3	53.8
<b>Empl Rate 4th Qtr</b>	52.0	48.0	55.4	52.8	57.4	52.6	58.5	51.9
<b>Median Earnings 2nd Qtr</b>	5,213	4,776	6,153	5,130	6,950	5,513	6,278	5,331
<b>Credential Rate</b>	42.5	30.8	53.2	37.6	53.4	40.7	55.7	38.0
<b>MSG Rate</b>	57.3	43.0	56.7	48.7	55.7	52.1	57.6	52.2

### DVR Future Directions

In addition to its commitment to providing excellent employment support services to

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### HireAbility (Division of Vocational Rehabilitation)

Vermonters and businesses, HireAbility will continue to prioritize performance improvement efforts, integrating the learning and innovations made the VCAP Career Pathway Navigators into the daily practice of all HireAbility counselors as that grant comes to a close, and continuing our leadership development in support of Diversity, Equity and Inclusion. Our Development Team is also actively pursuing funding to sustain and expand:

- The Opioid Recovery Employment Pilot and bring back successful initiatives that were suspended due to RSA budget restrictions, including the very successful Summer Youth Employment Program (SCEP) and Career Training Offset (CTO) program.
- The Summer Youth Employment Program (SCEP) which had 4 successful years providing high school students with disabilities paid summer work experiences combined with career exploration curriculum. We're committed to restoring our partnership with local employers to provide meaningful real life work experiences for students with disabilities.

The Career Training Offset (CTO) program which helped participants engage in industry-recognized credential training programs by providing financial support to offset reduced work hours while they pursued training to boost their career opportunities. In SFY 2024, 125 participants started training programs with support from the CTO and 69 successfully completed a CTO supported training program. Forty participants held employment in their intended field. It is an effective strategy to help participants develop livable wage careers that HireAbility is eager to restore.

# SFY2027 Budget Testimony

## Fact Sheet

### SFY2027 TOTAL DAIL PROPOSED BUDGET - \$829,747,105

- General Fund – 4.7%.
- Global Commitment – 88.2%.
- Federal Fund – 6.5%.
- Special and Interdepartmental Funds-less than 1%

SFY2027 DAIL PROPOSED BUDGET BY DIVISION					
DIVISION	Proposed Budget Total	% Of Total Budget	Fund Split		
			GF	GC	Federal /Other
<b>Developmental Disabilities Services Division</b>	\$367,828,199	44%	2%	97%	1%
(Includes DS Waiver)					
<b>Adult Services Division</b>	\$403,614,407	49%	3%	93%	4%
(Includes AAA, Attendant Services Programs, Adult Day)					
<b>Vocational Rehabilitation</b>	\$ 35,925,811	4%	24%	0%	76%
<b>Blind and Visually Impaired</b>	\$ 5,836,237	Approx. 1%	21%	5%	74%
<b>Licensing and Protection</b>	\$ 7,999,965	Approx. 1%	55%	0%	45%
<b>Commissioner's Office</b>	\$ 8,542,486	Approx. 1%	85%	1%	14%
<b>Totals</b>	<b>\$829,747,105</b>	<b>100%</b>			

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### Summary of Changes from SFY2026 Base Budget to SFY2027 Proposed Budget

<b>Total Change SFY2026 to SFY2027 Recommended Budget</b>	\$31,346,555
<b>(All Gross Dollars)</b>	
<b>DAIL Administration &amp; Support – Sec. B329</b>	
Total SFY2026 Base Appropriation	\$55,517,792
Proposed Changes:	
1) SFY2027 net increase (Salary & Fringe and Internal Service Funds)	\$ 5,865,610
<b>Total Changes</b>	\$ 5,865,610
Fund splits – GF \$2,418,322 Special Funds \$1,210,599, IdptT \$441,297, FF \$1,795,392	
<b>SFY2027 Recommend</b>	\$61,383,402
Positions: 328 positions and 331 employees as 3 positions are shared	
<b>Adult Services Division Grants - Sec. B.330</b>	
Total SFY2026 Base Appropriation	\$24,909,492
Proposed Changes:	
1) Underutilization of Adult Day – Day Health & Rehab Services (no impact on providers or consumers)	\$ (1,000,000)
2) Federal Revenue Reconciliation – GF increase FF decrease (AHS net-neutral with AHSCO B.300)	\$0
3) Budget to Actuals Adjustment – Federal Fund	\$3,350,782
<b>Total Changes</b>	\$2,350,782
Fund splits – GF \$130,000 FF \$3,220,782, GC \$(1,000,000)	
<b>SFY2027 Recommend</b>	\$27,260,274
<b>Blind and Visually Impaired Grants – Sec. B.331</b>	
SFY2026 Base Appropriation	\$ 3,407,604
Proposed Changes:	
1) no changes	
<b>SFY2027 Recommend</b>	\$ 3,407,604
<b>Vocational Rehabilitation Division - Sec. B.332</b>	
SFY2026 Base Appropriation	\$ 10,179,845
1) Budget to Actuals Adjustment – Interdepartmental Transfers Fund	\$ (1,092,461)
2) Budget to Actuals Adjustment – Federal Fund	\$ 1,058,000
3) Opioid Recovery Employment Program	\$875,000
<b>Total Changes</b>	\$840,539
Fund splits \$875,000 GF, IdptT \$(1,092,461), FF \$1,058,000	
<b>SFY27 Recommend</b>	\$ 11,020,384

<b>Developmental Services Grants Appropriation - Sec. B.333</b>	
SFY2026 Base Appropriation	\$349,987,467
Proposed Changes	
1) DS Caseload (including High School Graduates)	\$ 6,604,679
2) DS Public Safety/Act 248 Caseload	\$ 3,344,342
3) Internal Service Fund – Commercial Policy Workers Comp premium increase	\$ 8,109
4) ARIS payroll benefit withholding % reduction (no impact on consumers or providers)	\$ (2,573,645)
5) Budget to Actuals Adjustment – Interdepartmental Transfers Fund (Disability Rights with DCF and DMH)	\$ 16,666
6) Budget to Actuals Adjustment – Federal Fund	\$ (203,573)
7) ARCh Program ended, funds returned to DAIL (AHS net-neutral w/DMH B.314)	\$496,938
8) Integrating Family Services (IFS) ended, funds returned to DAIL (AHS net-neutral w/ DMH B.314)	\$290,485
9) Integrating Family Services (IFS) ended, funds returned to DCF on-deposit with DAIL (AHS net-neutral w/ DMH B.314)	\$200,000
<b>Total changes</b>	\$ 8,184,001
Fund splits - IdptT \$16,666, FF \$(203,573), GC \$8,370,908	
<b>SFY2027 Recommend</b>	<b>\$358,171,468</b>
<b>Brain Injury (TBI) Program - Sec. B.334</b>	
SFY2026 Base Appropriation	\$ 7,540,256
1) No changes	\$0
<b>Total changes</b>	\$0
<b>SFY2027 Recommend</b>	<b>\$ 7,540,256</b>
<b>Choices for Care (CFC) – Sec. B 334.1</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.	
SFY2026 Base Appropriation	\$346,858,094
1) Statutory Nursing Home (NH) inflationary increase	\$ 5,471,782
2) Nursing Home Medicaid Bed Day pressure – 26,625 days @ approx.\$362 per day	\$ 9,625,625
3) Home and Community Based caseload pressure (22 consumers @ approx.\$45,969 per year)	\$ 1,011,311
4) ARIS payroll benefit withholding reduction (no impact on consumers or providers)	\$ (2,003,095)
<b>Total Changes</b>	\$ 14,105,623
Fund splits – all changes are GC fund \$14,105,623	
<b>SFY2027 Recommend</b>	<b>\$360,963,717</b>



**DEPARTMENT OF DISABILITIES, AGING, & INDEPENDENT LIVING  
ADMINISTRATION BUDGET BY DIVISIONS SFY27**

	TOTAL	VR	DBVI	DDSD	ASD	L & P	Com office	TOTAL
<b>PERSONAL SERVICES DETAIL</b>								
Classified Salary	27,134,301	11,272,289	1,279,697	4,546,833	3,969,746	4,400,447	1,665,289	27,134,301
Exempt Salary Total	776,131	-	-	-	-	0	776,131	776,131
Salary Total	27,910,432	11,272,289	1,279,697	4,546,833	3,969,746	4,400,447	2,441,420	27,910,432
FICA	2,015,876	811,944	92,765	330,704	287,914	316,356	176,193	2,015,876
HEALTH	8,932,237	3,891,843	427,747	1,384,181	1,086,627	1,450,609	691,230	8,932,237
RETIREMENT	8,024,095	3,246,412	368,552	1,309,491	1,143,286	1,267,326	689,028	8,024,095
DENTAL	290,949	129,213	14,943	47,466	36,039	42,192	21,096	290,949
LIFE	67,570	27,690	3,186	10,208	9,387	11,324	5,775	67,570
LTD	5,828	2,145	204	568	399	596	1,916	5,828
EAP	12,578	5,586	646	2,052	1,558	1,824	912	12,578
FMLI	103,576	41,828	4,749	16,876	14,729	16,334	9,060	103,576
CCC	122,818	49,603	5,632	20,008	17,466	19,367	10,742	122,818
Fringe Benefits Total	19,575,527	8,206,264	918,424	3,121,554	2,597,405	3,125,928	1,605,952	19,575,527
Unemployment	135,418	11,151	696	66,630	53,467	1,925	1,549	135,418
WC/ Other Ins	262,098	-	-	-	0	0	262,098	262,098
Emp room allowance	15,470	-	-	8,583	6,887	0	0	15,470
Tuition	40,000	36,000	4,000	-	0	0	0	40,000
Overtime	50,000	21,000	2,080	6,965	9,583	5,754	4,618	50,000
Temporaries	70,000	45,000	-	8,322	6,678	10,000	-	70,000
ETS - formally Contractual on Payroll	200,000	200,000	-	-	-	-	-	200,000
Temp Employee Contracts	268,310	243,918	0	8,125	6,520	9,747	0	268,310
Vacancy Savings	(823,242)	(420,895)	(25,303)	(129,223)	(94,982)	(106,151)	(46,688)	(823,242)
Sub-Total Misc Personal Services	5,997,698	3,024,161	11,956	1,496,676	998,224	99,961	366,720	5,997,698
<b>TOTAL PERSONAL SERVICES</b>	<b>53,483,657</b>	<b>22,502,714</b>	<b>2,210,077</b>	<b>9,165,063</b>	<b>7,565,375</b>	<b>7,626,336</b>	<b>4,414,092</b>	<b>53,483,657</b>
<b>Number employees by Division</b>	<b>331</b>	<b>147</b>	<b>17</b>	<b>54</b>	<b>41</b>	<b>48</b>	<b>24</b>	<b>331</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	1,356,396	103,845	113,518	-	-	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	887,180	300,763	31,425	78,369	118,531	111,749	246,343	887,180
Insurance	154,612	0	0	-	-	0	154,612	154,612
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 Assessment/SLA Charges	554,440	-	-	-	-	-	554,440	554,440
ADS Allocation Exp	1,576,455	-	-	-	-	-	1,576,455	1,576,455
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	578,127	198,987	15,006	161,008	65,227	117,033	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 Assessment	618,853	-	-	-	-	-	618,853	618,853
HR Services	322,400	-	-	-	-	0	322,400	322,400
Other Operating	2,000	992	108	133	107	280	380	2,000
<b>TOTAL</b>	<b>7,899,745</b>	<b>2,402,713</b>	<b>218,556</b>	<b>491,668</b>	<b>284,785</b>	<b>373,629</b>	<b>4,128,394</b>	<b>7,899,745</b>
<b>TOTAL ADMINISTRATION</b>	<b>61,383,402</b>	<b>24,905,427.00</b>	<b>2,428,633</b>	<b>9,656,731</b>	<b>7,850,160</b>	<b>7,999,965</b>	<b>8,542,486</b>	<b>61,383,402</b>

ADMINISTRATION - RECEIPTS	Total	VR	DBVI	DDSD	ASD	L & P	COMM	TOTAL
<b>FEDERAL FUNDS</b>								
TITLE 18 SURVEY & CERT; 93.777	1,885,000					1,885,000		1,885,000
TITLE 19 SURVEY & CERT; 93.796	1,140,000					1,140,000		1,140,000
CLIA; 93.777	100					100		100
Hospice Impact; 93.777	49,250					49,250		49,250
IND LIVING PART B; 93.369	116,000	116,000						116,000
TITLE III E; 93.052	500,000				500,000		0	500,000
SECTION 110; 84.126A	11,501,971	11,501,971						11,501,971
CMS-EVV; 93.778	34,000			11,333	11,333		11,334	34,000
SECTION 110 DBVI; 84.126	723,000		723,000					723,000
Senior Employment; 17.235	20,447			20,447				20,447
ASSISTIVE TECH. GRANT; 93.464	447,419	447,419						447,419
SHIP; 93.324	7,351				7,351			7,351
Money Follows the Person; 93.971	2,231,365				2,231,365			2,231,365
Social Services Block Grant; 93.667	740,000			380,107		359,893		740,000
VT Career Advancement Project (VCAF	1,667,894	1,667,894						1,667,894
Title VI-B (Stafford VR); 84.187A	2,251	2,251						2,251
Medicaid 93.778	6,828,848	0	0	1,880,000	3,857,522	25,000	1,066,326	6,828,848
Medicaid Admin MMIS 93.778	7,000				7,000			7,000
PADS MMIS; 93.778	193,000			64,333	64,333		64,334	193,000
CHIP; 93.767	1,135			1,135				1,135
VT Pathways to Partnership 84.421E	958,000		958,000					958,000
Total Federal	29,054,031	13,735,535	1,681,000	2,357,355	6,678,904	3,459,243	1,141,994	29,054,031
<b>Special Funds</b>								
VR FEES (EAP & AT)	2,529,488	2,529,488	0					2,529,488
VENDING	24,568	0	24,568					24,568
CONFERENCE FEES	47,000	3,000	0	24,411	19,589			47,000
Total Special	2,601,056	2,532,488	24,568	24,411	19,589	0	0	2,601,056
<b>Interdepartmental Transfers</b>								
VR SNAP MOU DCF; 03420 - 3440010500	1,350,000	1,350,000						1,350,000
VR EAP MOU AGA; 220030000	20,000	20,000						20,000
VR JOBS - 3440080000	10,000	10,000						10,000
VR BAM - Admin DCF 3440080000	7,581	7,581						7,581
DLP DOH Hospital Surveyor; 03420 - 3420021000	120,000					120,000		120,000
Total IntraUnit	1,507,581	1,387,581	0	0	0	120,000	0	1,507,581
GC MCO Indirects	110,000						110,000	110,000
General Fund	28,110,734	7,249,823	723,065	7,274,965	1,151,667	4,420,722	7,290,492	28,110,734
TOTAL RECEIPTS	61,383,402	24,905,427	2,428,633	9,656,731	7,850,160	7,999,965	8,542,486	61,383,402

For the full DAIL budget documentation in Adaptive, please click [here](#).

## DAIL Program Summary

**\*All data is for SFY2025 unless otherwise noted**

Whom We Serve	Program Description	Performance Measures	SFY2027 Proposed
<b>Division for the Blind and Visually Impaired</b>			
People who are blind or visually impaired.	<b>DBVI Vocational Vision Rehabilitation Program:</b> Federal law - 29 United States Code (U. S. C), chapter 16. 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.	<b>Performance (SFY2025):</b> <ul style="list-style-type: none"> <li>• 299 people served.</li> <li>• 35 individuals successfully achieved their employment goals. Individuals who did not achieve their goals will continue to receive services in SFY 26.</li> <li>• 82% had a wage above 125% of the minimum wage.</li> </ul> <b>Statewide Survey- Statewide Survey Results (Conducted by Market Decisions:</b> <ul style="list-style-type: none"> <li>• 92.1% of consumers said they are satisfied with the DBVI vocational rehabilitation program.</li> <li>• 93.9% of consumers agree that they are better off as a result of the services received from DBVI.</li> </ul>	\$1,234,759 Gross
People who are blind or visually impaired	<b>Independent Living Services</b> helps people who are blind or visually impaired learn skills to remain independent in their homes and communities.	<b>Performance (SFY2025):</b> 106 people were served. 11 individuals met their Independent Living goals within the reporting year. Individuals who did not achieve their goals will continue to receive services in SFY 26.	\$74,395 Federal Funds
People who are blind or visually impaired and over age 55.	<b>Older Blind Program</b> helps people who are blind or visually	<b>Performance (FFY2025):</b> 751 people were served.	\$225,000 Federal Funds

## DAIL Program Summary

**\*All data is for SFY2025 unless otherwise noted**

	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.		
People with the most significant visual impairments.	<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.)	<b>Performance (FFY2025):</b> <ul style="list-style-type: none"> <li>• 3 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
VT Pathways to Partnership Grant	<b>VT Pathways to Partnership</b> Project Goals- 1) Establish Partnerships and High Performing Systems of Support 2) Center Leadership, Advocacy, and Engagement of People with Disabilities and Their Families. 3) Improve Career and Post-secondary Outcomes for Youth with Disabilities.	<b>Performance (FFY2025):</b> <ul style="list-style-type: none"> <li>•Number of students contacted:148</li> <li>•Number of students who use project services: 55</li> <li>•Number of different schools with enrolled students: 8</li> <li>•Number of students from underserved communities: 20</li> <li>•Number of youth who obtained competitive integrated employment: 2</li> <li>•Number of youth service professionals who completed professional training: 14</li> </ul>	1,500,000 Federal Funds

## DAIL Program Summary

**\*All data is for SFY2025 unless otherwise noted**

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.	<b>Performance (FFY2025):</b> <ul style="list-style-type: none"> <li>Peer Advocacy Counseling Program (overall, including federal funds): 145 individuals served.</li> <li>Sue Williams Freedom Fund: 63 individuals served.</li> </ul>	\$150,000 Gross
<b>Adult Services Division</b>			
People with disabilities.	<b>Home Access Program (HAP):</b> DAIL transfers \$100,000 to the Vermont Housing and Conservation Board (VHCB) to support VCIL's HAP Program. The HAP program provides information, assistance, and referral services to help people with physical disabilities locate and secure funding for home modifications.	<b>Performance (SFY2025):</b> VHCB manages the Home Access Program grant and performance measures.	\$100,000 General Funds
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.	<b>Performance (FFY2024):</b> (NOTE: FFY2025 data will not be final/confirmed until early 2026.) <ul style="list-style-type: none"> <li>Overall, 41,848 people served (14% decrease).</li> <li>Home delivered Meals: <ul style="list-style-type: none"> <li>8,237 people served (5% decrease).</li> <li>993,740 meals served (3% decrease).</li> <li>100% of meals served were provided to OAA</li> </ul> </li> </ul>	Approx. \$12,000,000 Total approx. \$5,000,000 General Funds

## DAIL Program Summary

**\*All data is for SFY2025 unless otherwise noted**

	seq.	<p>eligible Vermonters.</p> <ul style="list-style-type: none"> <li>• Congregate Meals: <ul style="list-style-type: none"> <li>○ 8,979 people served (6% increase).</li> <li>○ 163,661 meals served (1% increase).</li> </ul> </li> <li>• Case Management: <ul style="list-style-type: none"> <li>○ 5,023 people served (16% decrease).</li> </ul> </li> </ul>	
People 60 and over and adults with disabilities.	<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><b>Performance (SFY2025):</b> SASH operates 57 active 'panels' in affordable housing communities, with the capacity to serve up to 5,400 participants. Performance: 4,850 people were served. <u>Improve Identification of Social Isolation:</u> 80% screened (0% increase) <u>Improve Identification of Suicide Risk:</u> 82% screened (3% increase) <u>Substance Use Screening:</u> 70% screened (3% decrease)</p>	\$974,023 GC/MCO
People age 60 and over and adults with disabilities.	<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	<p><b>Performance (SFY2025):</b></p> <ul style="list-style-type: none"> <li>• 300 Vermonters in "matches," providing for affordable housing (157 Hosts, 143 Guests) (10% increase).</li> <li>• 96% of people matched reported perceived benefits in at least one quality of life measure such as sleeping better, feeling safer, eating</li> </ul>	\$480,000 GF/GC-MCO



## DAIL Program Summary

**\*All data is for SFY2025 unless otherwise noted**

	<p>and others who need a place to live.</p> <p>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>better, happier, get out more and call family for help less often.</p> <ul style="list-style-type: none"> <li>38% of matched home providers reported they would be unable to remain safely and comfortably at home without a home sharer.</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><b>Performance (SFY2025):</b></p> <ul style="list-style-type: none"> <li>131 people served (1% decrease).</li> <li>Caregiver uses of funds: 103 used funds for Respite Care. 41 used funds for Supplemental Services. 86 used funds for self-directed care.</li> </ul>	<p style="text-align: right;">\$250,000 General Funds</p>
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><b>Performance (SFY2025):</b></p> <ul style="list-style-type: none"> <li>438 people served (2% increase).</li> <li>94% of respondents to a consumer survey reported that meals helped maintain their health (47% increase).</li> <li>87% of respondents to a consumer survey reported that staff were easy to reach when help was needed (1% increase).</li> </ul>	<p style="text-align: right;">Approx. \$480,000 General Funds</p>
People age 60 and older.	<p><b>Self-Neglect</b></p> <p>The Self-Neglect Initiative is for</p>	<p><b>Performance (SFY2025):</b></p> <ul style="list-style-type: none"> <li>131 people served (19%</li> </ul>	<p style="text-align: right;">\$265,000 GC</p>



## DAIL Program Summary

**\*All data is for SFY2025 unless otherwise noted**

	<p>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>increase).</p> <ul style="list-style-type: none"> <li>• 76% of people served had complete assessments (7% increase).</li> <li>• 78% of people served had goals (15% increase).</li> <li>• 70% of people had goals with provider engagement (6% increase).</li> </ul>	
Adults living in congregate housing and Vermont farms.	<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</p>	<p><b>Performance (SFY2025):</b></p> <ul style="list-style-type: none"> <li>• 2,086 people served (8% increase).</li> <li>• 187 farms participated (6% increase).</li> <li>• 78 housing sites participated (no change).</li> </ul>	<p>Approx. \$46,000 Federal Funds</p>

## DAIL Program Summary

**\*All data is for SFY2025 unless otherwise noted**

	bringing fresh local food to seniors residing in congregate housing. DAIL also partners with DCF on 'Farm to Family' farmers' market coupons for older adults.		
Adults living in licensed long-term care facilities and all Choices for Care participants.	<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.	<b>Performance (FFY2025):</b> <ul style="list-style-type: none"> <li>• 459 complaints were opened (12% increase).</li> <li>• 87% of closed complaints were verified.</li> <li>• 394 complaints were closed.</li> <li>• 304 complaints were resolved.</li> <li>• Provided 99 consultations to individuals in long-term care facilities.</li> <li>• Provided 9 consultations to people receiving HCBS.</li> <li>• Provided 56 consultations to long term care facility providers.</li> <li>• Provided 14 consultations to HCBS providers.</li> <li>• Approximately 94% of complaints were fully or partially resolved to the satisfaction of the individual receiving services which is well above the 75% target and national average.</li> <li>• 100% of all long-term care facilities were visited.</li> <li>• Made 171 non-complaint related visits to maintain a</li> </ul>	Approx. \$700,000 Total FF/GC

## DAIL Program Summary

**\*All data is for SFY2025 unless otherwise noted**

		presence in facilities.	
People age 60 and over, adults with physical disabilities, and their families.	<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 & Vermont Choices for Care regulations.	<b>Performance (SFY2025):</b> <ul style="list-style-type: none"> <li>6,937 people received services in all settings (High/Highest/Moderate) (4% increase).</li> <li>6,065 people served in High/Highest: <ul style="list-style-type: none"> <li>4,602 were served in home-based settings.</li> <li>760 were served in Enhanced Residential Care.</li> <li>2,960 were served in skilled nursing facilities.</li> <li>Some people were served in multiple settings above.</li> </ul> </li> <li>75% of clinical determinations (high/highest) were completed within 30 days or less (target 95%). The clinical team experienced increased applications, more complex applications, and more fluctuations in the workload for clinical determinations.</li> <li>974 people received Moderate Needs Group (MNG) services.</li> </ul>	Over \$358,000,000 GC
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	<b>Performance (SFY2025):</b> <ul style="list-style-type: none"> <li>75 people transitioned from institutions to community-based settings.</li> </ul>	\$2,450,000 Federal Funds in Choices for Care program \$993,409 Federal Funds in Admin

## DAIL Program Summary

**\*All data is for SFY2025 unless otherwise noted**

	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.	<ul style="list-style-type: none"> <li>10 people were readmitted to a nursing facility.</li> </ul>	
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.	<b>Performance (SFY2025):</b> <ul style="list-style-type: none"> <li>370 people were served in Adult Day Centers (1% decrease).</li> <li>192 were served through High/Highest.</li> <li>105 were served through Moderate Needs Group.</li> <li>96 served through Day Health Rehabilitation Services.</li> </ul>	Approx. \$3,000,000 Gross Choices for Care, and Day Health Rehab Services
Adults with disabilities.	<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. 33 V. S. A. § 6321; Vermont program regulations.	<b>Performance (SFY2025):</b> Unduplicated served throughout the entire year: <ul style="list-style-type: none"> <li>111 people served (3% increase).</li> </ul> <u>Medicaid Option</u> - Serves people eligible under State Plan Medicaid and are able to self-direct: <ul style="list-style-type: none"> <li>82 people served (5% increase).</li> </ul> <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. <ul style="list-style-type: none"> <li>27 people served (4%</li> </ul>	Approx. \$2,500,000

## DAIL Program Summary

**\*All data is for SFY2025 unless otherwise noted**

		<p>decrease).</p> <p><u>Personal Services</u> (SSBG): Serves people who are Medicaid eligible but are not able to self-direct and use an agent to manage caregivers.</p> <ul style="list-style-type: none"> <li>• 2 people served (no change)</li> </ul>	
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><b>Performance (SFY2025):</b> 13 people were served.</p>	<p>DVHA appropriation Approx. \$4,000,000 GC</p>

## DAIL Program Summary

**\*All data is for SFY2025 unless otherwise noted**

People with moderate to severe traumatic brain injuries.	<b>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.	<b>Performance (SFY2025):</b> <ul style="list-style-type: none"> <li>71 people served (12% decrease).</li> <li>15% of people receiving rehabilitation services were employed through the 3<sup>rd</sup> quarter of CY2023.</li> <li>4 people graduated from the rehabilitation program to independence.</li> </ul> <p>DAIL works with providers to shift long-term participants to the Choices for Care program when possible, reducing the need to fund their services with BIP program dollars.</p>	Over \$6,000,000 GC
<b>Developmental Disabilities Services Division</b>			
People with developmental disabilities and their families.	<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	<b>Performance (SFY2024):</b> <ul style="list-style-type: none"> <li>3,394 people served.</li> <li>218 people served who were considered to pose a risk to public safety; of whom 28 were on Act 248.</li> <li>43 Pre-Admission Screen and Resident Reviews (PASRR) performed by DDS staff related to possible nursing facility placement</li> <li>14 individuals living in a nursing facility received Specialized Services.</li> <li>In SFY2022 (most current</li> </ul>	Approx. \$304,000,000 GC

## DAIL Program Summary

**\*All data is for SFY2025 unless otherwise noted**

	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.	data), 42% of working age people (age 18 – 64) were employed.	
People with developmental disabilities and their families.	<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. 67% (619) of the people served were children under the age of 18. 18 V. S. A. chapter 204A; Vermont Developmental Disabilities Act Regulations.	<b>Performance (SFY2024):</b> <ul style="list-style-type: none"> <li>• 1,017 people served.</li> <li>• The number of families reporting that funds would address the following outcomes: <ul style="list-style-type: none"> <li>○ Enhance family stability: 460.</li> <li>○ Improve quality of life: 407.</li> <li>○ Increase independent living: 357.</li> <li>○ Maintain housing stability: 370.</li> <li>○ Health and safety: 304.</li> <li>○ Increase communication skills: 236.</li> <li>○ Avert crisis placement: 61.</li> </ul> </li> </ul>	Approx. \$1,100,000 GC
Children and youth with a mental health or developmental disability and their families.	<b>Family Managed Respite (FMR)</b> provides respite for children and youth up to age 22 with a mental health or developmental disability diagnosis who do not receive home and community-based	<b>Performance (SFY2024):</b> <ul style="list-style-type: none"> <li>• 408 children and youth with a diagnosis of developmental disability received FMR. This does not include children with only a mental health</li> </ul>	Approx. \$1,600,000 GC



## DAIL Program Summary

**\*All data is for SFY2025 unless otherwise noted**

	services funding. Respite can be used as needed, either planned or in response to a crisis.	diagnosis, or children receiving integrated services with bundled payments.	
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 and youth up to age 22.	<b>Performance (SFY2024):</b> <ul style="list-style-type: none"> <li>462 children and youth served. This does not include children receiving integrated services with bundled payments.</li> </ul>	Approx. \$800,000 GC
Adults with developmental disabilities and older Vermonters who have been found to lack decision making abilities concerning basic life decisions.	<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 needs a guardian to protect his or her rights or welfare, no friend or family member is available to serve as guardian, and the individual needs a public guardian. OPG facilitates guardianship evaluations for new private and public guardianship applicants. OPG also provides representative payee services and case management services to a limited number of people. 18 VSA 9301-9317; 14 VSA 3093.	<b>Performance (SFY2024):</b> <ul style="list-style-type: none"> <li>755 adults received guardianship services including: <ul style="list-style-type: none"> <li>581 adults with developmental disabilities.</li> <li>172 adults over age 60.</li> <li>2 adults received case management only.</li> </ul> </li> <li>328 adults received representative payee services.</li> </ul>	Approx. \$3,800,000
<b>Division of Licensing and Protection</b>			
People receiving services from Vermont health care facilities and agencies.	<b>Survey and Certification (S&amp;C)</b> provides regulatory oversight of health care facilities and agencies	<b>Performance (SFY2025):</b> <ul style="list-style-type: none"> <li>S&amp;C conducted 298 onsite investigations across all</li> </ul>	Approx. \$3,100,000 Gross

## DAIL Program Summary

**\*All data is for SFY2025 unless otherwise noted**

	<p>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>state and federal provider groups.</p> <ul style="list-style-type: none"> <li>• S&amp;C was on time for 100% of Federal Surveys (an increase of 24.4% from last year) and 68.8% of State Surveys (an decrease of 17.9% from last year).</li> <li>• Nursing facility surveys: 11.8% of nursing homes had no deficiencies or isolated deficiency with substantial compliance.</li> <li>• 58.8% of nursing homes had deficiencies reflecting no actual harm but potential for more than minimum harm.</li> <li>• 29.4% 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. APS has been level-funded for nearly a decade despite rising reports of maltreatment. Chapter 69 of Title 33 of the</p>	<p><b>Performance (SFY2025):</b></p> <ul style="list-style-type: none"> <li>• APS received 4141 reports alleging abuse, neglect, or exploitation of vulnerable adults, an increase of 4.9% from the previous year.</li> <li>• APS initiated 1076 field cases from these reports, an increase of 24% from the previous year.</li> <li>• APS completed 405 investigations, an increase of 0.7% from the previous year.</li> </ul>	<p style="text-align: right;">Approx. \$1,600,000 General Funds</p>

## DAIL Program Summary

**\*All data is for SFY2025 unless otherwise noted**

	Vermont Statutes Annotated.	<ul style="list-style-type: none"> <li>• APS placed 60 individuals on the Adult Abuse Registry, an increase of 36.4% from the previous year.</li> </ul>	
<b>Division of Vocational Rehabilitation/HireAbility</b>			
People with disabilities	<b>General Vocational Rehabilitation (VR)</b> offers free, flexible services to any person or employer dealing with a disability that affects employment. Partners with human service providers and employers across Vermont to help people with disabilities realize their full potential.	<b>Performance (SFY2025):</b> <ul style="list-style-type: none"> <li>• A total of 6,684 individuals were served in SFY 2025. 6,734 were served in SFY 2024.</li> <li>• 6,062 people were served in the core HireAbility program in SFY 2025. 6,172 were served in SFY 2024.</li> <li>• 1,533 high school students were served through the Pre-Employment Transition Services program in SFY 2025. 1,598 were served in SFY 2024.</li> <li>• In SFY 2025, 68% of our participants had plans with a higher-wage employment goal, a 16 percentage-point increase over the rate when we implemented this performance measure in SFY 2020.</li> <li>• In SFY 2022, just under a quarter of cases served had assessments done. The rate has grown steadily over the years and reached 46% in</li> </ul>	\$6,669,368 Gross

## DAIL Program Summary

**\*All data is for SFY2025 unless otherwise noted**

		<p>SFY 2025, a 22 percentage-point increase.</p> <ul style="list-style-type: none"> <li>In SFY 2025, 63% of successful closures had wages above 125% of minimum wage. In SFY 2024, HireAbility introduced a new measure at 150% of minimum wage: in SFY 2025, 36% of successful closures exceeded that measure.</li> </ul> <p>Results from the most recent customer survey (2024):</p> <ul style="list-style-type: none"> <li>97% of customers felt they were treated with dignity and respect.</li> <li>94% of customers would tell their friends with disabilities to go to DVR for help with employment.</li> <li>92% of consumers report that they are satisfied with their experience working with DVR staff and DVR Counselors provided by DVR.</li> <li>85% of participants reported it was easy to contact their counselor.</li> </ul>	
People who are deaf or hard of hearing.	<b>Vermont Interpreter Referral Service (VIRS)</b> operated by VANCRO enables organizations and individuals to hire qualified	<p><b>Performance (SFY2025)</b> State of Vermont agencies:</p> <ul style="list-style-type: none"> <li>2,215 requests</li> <li>7,384 hours of interpreting</li> </ul>	\$55,000 Gross

## DAIL Program Summary

**\*All data is for SFY2025 unless otherwise noted**

	interpreters.	Vermont Community Requestors (any non-state agency): <ul style="list-style-type: none"> <li>• 5,319 requests</li> <li>• 15,769 hours of interpreting</li> </ul>	
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.	<b>Performance (SFY2025):</b> <ul style="list-style-type: none"> <li>• 392 people were provided with information and assistance about AT and how it might help them.</li> <li>• 46 people were provided assistance in securing funding for AT equipment.</li> <li>• The AT program conducted 200 device demonstrations for individuals and caregivers/families who might benefit from AT.</li> <li>• The AT program made 480 device loans for 480 individuals to allow them to try out an AT tool before making a purchase.</li> </ul>	Approx. \$300,000 Gross
Farmers and their families.	<b>Farm First Program</b> provides Vermont's farmers and their families with support, resources, and information to reduce stress and improve emotional well-being. Resource Coordinators perform outreach and establish a plan for each farmer. The plan may include up to 12 counseling	<b>Performance (SFY2025):</b> <ul style="list-style-type: none"> <li>• 64 farmers received a total of 274 counseling sessions.</li> </ul>	

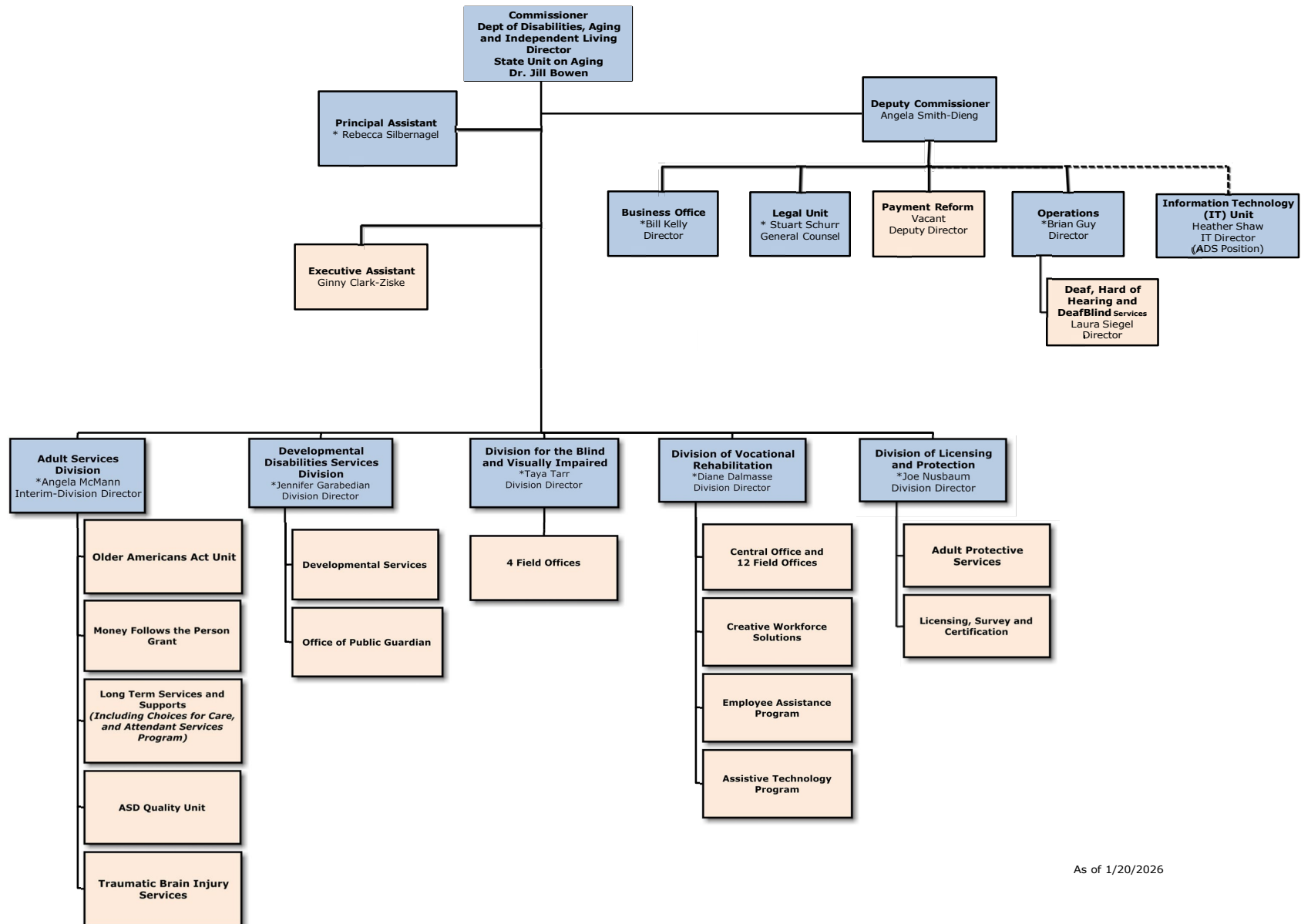
**DAIL Program Summary**  
**\*All data is for SFY2025 unless otherwise noted**

	sessions with an Employee Assistance Program counselor or an affiliate, a referral for HireAbility services, and/or other supports such as business advising, agricultural mediation, etc.		
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# DAIL Organizational Chart

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



## **Appendix A**

### **LNA Recruitment and Retention Grants to Skilled Nursing Facilities**

#### **January 2026**

#### Summary:

In SFY25 and SFY26, the Vermont Legislature appropriated \$500,000 General Fund dollars each year for grants to Skilled Nursing Facilities (SNFs). Grants could be used to support training program costs, paid internships, student support, and recruitment and retention bonuses.

The objective of the grants was to:

1. Increase the pipeline of employed Licensed Nursing Assistants (LNAs), including increasing the capacity of new and existing facility-based training programs, and
2. Develop or expand collaborations with other programs, including career and technical education programs.

Approximately 200 LNAs were directly impacted by SFY25 grants. SFY26 grants are currently being implemented, and impacts are not yet available. DAIL granted the funds to the Vermont Health Care Association (VHCA), the trade association for SNFs, who then offered competitive grants to 11 facilities in SFY25 and 17 facilities in SFY26 for a variety of LNA recruitment and retention projects.

#### Statute:

Act 27 of 2025 Sec. E.306.4 required that DAIL report to the Legislature on grants to Skilled Nursing Facilities:

#### ***SKILLED NURSING FACILITIES GRANTS; REPORT***

*(a) As part of its fiscal year 2027 budget presentation, the Department of Disabilities, Aging and Independent Living shall report to the House and Senate Committees on Appropriations on the grants to skilled nursing facilities funded through the appropriation made in 2024 Acts and Resolves No. 113, Sec. B.1102(b)(11). The Department shall include in its report information on the following:*

*(1) facilities to which grants were distributed;*

*(2) amounts of each grant distributed; and*

*(3) any available information on direct impacts of grants, including reduction of reliance on travel nurses and workforce retention and expansion.*

*(b) As part of its fiscal year 2027 budget presentation, the Department of Disabilities, Aging, and Independent Living shall, to the extent the information in subdivisions (1)–(3) of this subsection is available, report to the House and Senate Committees on Appropriations on the grants to skilled nursing facilities funded through the appropriation made in Sec. B.1100(u)(2) of this act. The Department shall include in its report information on the following:*

*(1) facilities to which grants were distributed;*

*(2) amounts of each grant distributed; and*

*(3) any available information on direct impacts of grants, including reduction of reliance on travel nurses and workforce retention and expansion.*

SFY25 Grants:

11 facilities received 14 grants in SFY25:

<b>Facility Name</b>	<b>Grant Amount</b>
<b>Recruitment Grants:</b>	
Menig	\$20,000
Birchwood Terrace	\$20,000
Green Mountain Nursing Home	\$20,000
Springfield Center for Living and Rehabilitation	\$20,000
Rutland Center for Living and Rehabilitation	\$20,000
St. Johnsbury Center for Living and Rehabilitation	\$20,000
Thompson House	\$20,000
<b>Retention Grants:</b>	
Crescent Manor	\$20,000
Cedar Hill Health Care	\$14,500
Wake Robin – Linden Health Center	\$12,145
Birchwood Terrace	\$20,000
Green Mountain Nursing Home	\$20,000

Menig	\$20,000
Barre Gardens	\$15,000

### Impact:

Total direct impact from SFY25 facility-initiated projects with targeted LNA Groups: 135 LNAs.

When including facilities that invested their grants in broader initiatives, such as technology or infrastructure, the immediate impact of SNF investments from the SFY25 grants is over 200 LNAs. The impact over time is expected to grow as many SNF projects, such as improved onboarding and training, were designed to build capacity for recruitment and retention.

Additionally, a smaller portion of SFY25 funding was used by VHCA to develop new informational materials, identify high priority strategies, and organize these plus existing materials to support workforce development. That information is collected on the VHCA website ([Supporting Resources for LNA Workforce Development](#)).

### SFY26 Grants:

17 facilities have received grants in SFY26 with a focus on the following:

- Intra-LNA Career Path – Increasing skills within the licensed role of LNA and/or prior to becoming an LNA.
- Employer-Sponsored LNA Training – Includes establishing training programs, apprenticeships, and marketing these opportunities.
- Open Category of Grants – Projects not covered elsewhere

Facility Name	Grant Amount
Union House Nursing Home	\$25,500
Maple Lane Nursing Home	\$27,000
Pines Rehab	\$27,650
Helen Porter Rehabilitation and Nursing	\$30,000
Vernon Green	\$22,500
Greensboro Nursing Home	\$30,000
Berlin Rehab and Healthcare	\$30,000
Premier Rehab and Healthcare at Burlington	\$30,000
Center for Living and Rehabilitation (Bennington)	\$30,000
Cedar Hill Continuing Care Community	\$30,000

Thompson House	\$30,000
Birchwood Terrace Rehab and Healthcare	\$30,000
St. Johnsbury Center for Living and Rehabilitation	\$30,000
Springfield Center for Living and Rehabilitation	\$30,000
Rutland Center for Living and Rehabilitation	\$30,000
Crescent Manor	\$30,000
MissionCare at Bennington	\$30,000

Ten of the grants are for SNFs who did not receive funding in SFY25, which received top priority in this round. One grant is for a provider who received funding in SFY25 for an education program and now wishes to expand into offering LNA training in-house. The remaining six grants are for providers who received funds in SFY25 and have proposed new projects for SFY26. A small amount of funding, \$7,350, is being used by VHCA to support statewide high school and career technical center connections.

Facilities will report on grant impacts on LNAs in their final reports due in June.

#### Conclusion:

The SFY25 and SFY26 LNA recruitment and retention grants are making a difference as we see the use of agency/contracted LNAs has decreased. Prior to these initiatives, the use of agency/contracted LNAs was at 30% across Vermont SNFs, and that is down to 25% as of Quarter 2 of CY25 according to the most recent CMS data. DAIL will continue to monitor LNA recruitment and retention efforts following the conclusion of the SFY26 grants and will review overall LNA employment trend data in Vermont to show the broader impact of these initiatives.