VERMONT

*Agency of Human Services*

# Department of Disabilities, Aging and Independent Living

## GOVERNOR'S SFY 18 BUDGETTESTIMONY

FEBRUARY, 2017

HOUSE APPROPRIATIONS COMMITTEE

SENATE APPROPRIATIONS COMMITTEE

HOUSE HUMAN SERVICESCOMMITTEE

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# Department of Disabilities, Aging and Independent Living

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# Department of Disabilities, Aging and Independent Living
# Budget Testimony
# 2018 Legislative Session

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

*Our mission is to make Vermont the best state in which to grow old or live with a disability, with dignity, respect and independence.*

DAIL consists of five divisions:

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

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

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

As we embrace the intent and spirit behind the federal Home and Community Based Services (HCBS) rules, we ensure that Vermonters value the inclusion and contributions of individuals with disabilities and seniors, and strive to enhance and promote those contributions. We see this as a value both to those individuals receiving supports and services and to the larger Vermont community. For more comprehensive information about DAIL see the DAIL Annual Report:
http://dail.vt.gov/dail-publications/publications-annual-reports/annual-report-2016/annual-report-2016

Globally, DAIL's work across all five divisions is most directly related to two outcomes in Act 186: *Vermont's seniors live with dignity in settings they prefer and Vermonters with disabilities live with dignity in settings they prefer.* At a population level, these outcomes embody the concept of choice, a cornerstone for our role in state government and across Vermont. Along with a robust provider system, DAIL strives to ensure that individuals not only choose the settings in which they live but choose how they live their lives, empowering independence, inclusion in their own communities and contributions to Vermont. For these outcomes, we measure employment rates and rates of abuse and neglect. For more information about how DAIL contributes to Act 186, you can access the AHS Act 186 scorecard here:
http://app.resultsscorecard.com/Scorecard/Embed/23482

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

DAIL has embraced Results Based Accountability (RBA) and continues to focus on population level indicators and program performance. Throughout this document, we identify measures related to how much, how well and how people are better off because of our services and supports. Three programs are included in the 'Programmatic Performance Budget Project: The Traumatic Brain Injury program, the Division for the Blind and Visually Impaired, and Project SEARCH, but all of our divisions and core programs are considering their work under the rubric of RBA, as reflected in this document. This budget testimony document represents our continued effort to integrate outcomes and performance measures within budget testimony. For more details on DAIL's outcomes and performance measures and our contributions to the AHS outcomes, please visit the DAIL Performance Budget Scorecard here:-
http://app.resultsscorecard.com/Scorecard/Embed/9791
and the DAIL scorecard here:
http://app.resultsscorecard.com/Scorecard/Embed/8865

**Divisions and Major Programs and Performance Outcomes**

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

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

The goal of DBVI's vocational vision rehabilitation services is to help people with vision loss to retain, return, or secure employment. DBVI transition services provide youth with opportunities for learning independent living, job skills, or support for higher education. When independence is the primary goal, DBVI helps people build adaptive skills through DBVI Independent Living blindness programs.

**DBVI Performance Measures**
DBVI programs contribute to several of the outcomes measures in Act 186. One major focus is <u>Vermont has a Prosperous Economy</u> (Outcome #1). Current DBVI program measures includes data that shows the change in average weekly earnings and hours worked at application as compared to when they exit the program with employment. DBVI programs also assist youth who are blind, <u>Youth Successfully Transition to Adulthood</u> (Outcome #8). DBVI programs also assists individuals to build adaptive blindness skills so they can "<u>Live with dignity and independence in settings they prefer"</u> (Outcome #9).

<u>How many people we serve</u> (FFY 2016)*:*
- 308 individuals received services
- 81 achieved employment outcomes

<u>How well we serve them</u>:
**Customer Satisfaction:** Results of a statewide random survey (conducted by Market Decisions) of all DBVI customers in 2015 indicated:
- 95% of customers were satisfied with the DBVI program.
- 95% of customers were satisfied with the services they received.
- 96% of customers indicated that the staff were very or somewhat helpful in helping them to achieve their vocational rehabilitation goals.

- 94% of customers indicated that the services they received helped them become more "Independent."
- 94% of customers agreed that they were "Better Off" as a result of the services they received from DBVI.

**National Rankings:**

- Vermont DBVI ranked #1 in the nation compared to other agencies for the blind for the number of employment outcomes per $1 million spent.
- Vermont DBVI ranked #2 in the nation compared to other agencies for the blind for the number of people with competitive employment outcomes per capita and for earnings relative to the state mean hourly wage.

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

How are people better off:

**Change in Average Weekly Earnings (FFY 2016)**

- Average weekly earnings at application = $243
- Average weekly earnings at rehabilitation = **$353**

**Change in Average Hours Worked Per Week (FFY 2016)**

- Average hours at application = 12.8
- Average hours at rehabilitation = **20.4**

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

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

In 2014, the US Congress reauthorized the Rehabilitation Act which is now referred to as the Workforce Innovation and Opportunity Act (WIOA). This requires DBVI to use new measures and targets. In FFY 2017, DBVI will establish baseline data for the following measures:

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

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

DBVI staff work towards continuous improvement by listening to the voice of customers and using that information and data to improve performance. An updated DBVI State Plan with new goals and strategies was completed and approved by the State Rehabilitation Council in December 2015 and is scheduled to be revised in FFY 2018. (Appropriations 3460010000, 3460030000)

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

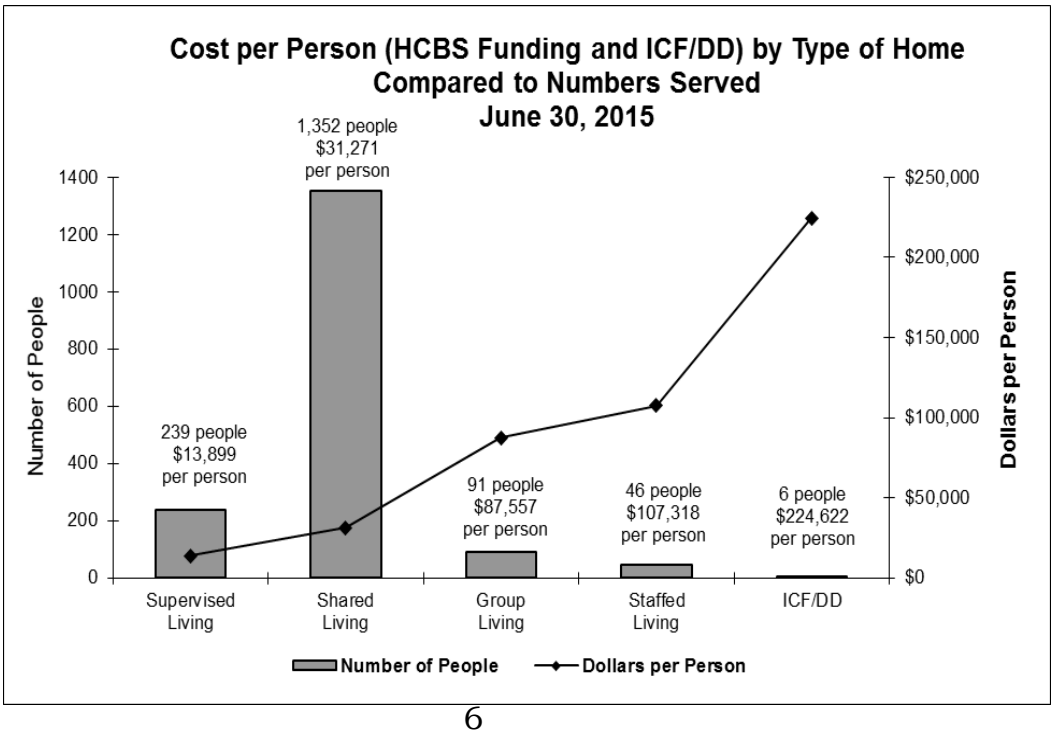
**Developmental Disabilities Services**: Developmental Disabilities Services (DDS) are provided by Designated Agencies and Specialized Services Agencies with the goal of cost- effective, integrated community living. In SFY 16, 3,010 Vermonters received home and community-based services. Other services include Flexible Family Funding, Family Managed Respite, Bridge Program: Care Coordination, Targeted Case Management, Vocational Grants and one 6-person Intermediate Care Facility. In SFY 16, 1,260 people with developmental disabilities received supported employment to work, a 4% increase over the previous year.

**DDSD Performance Measures**

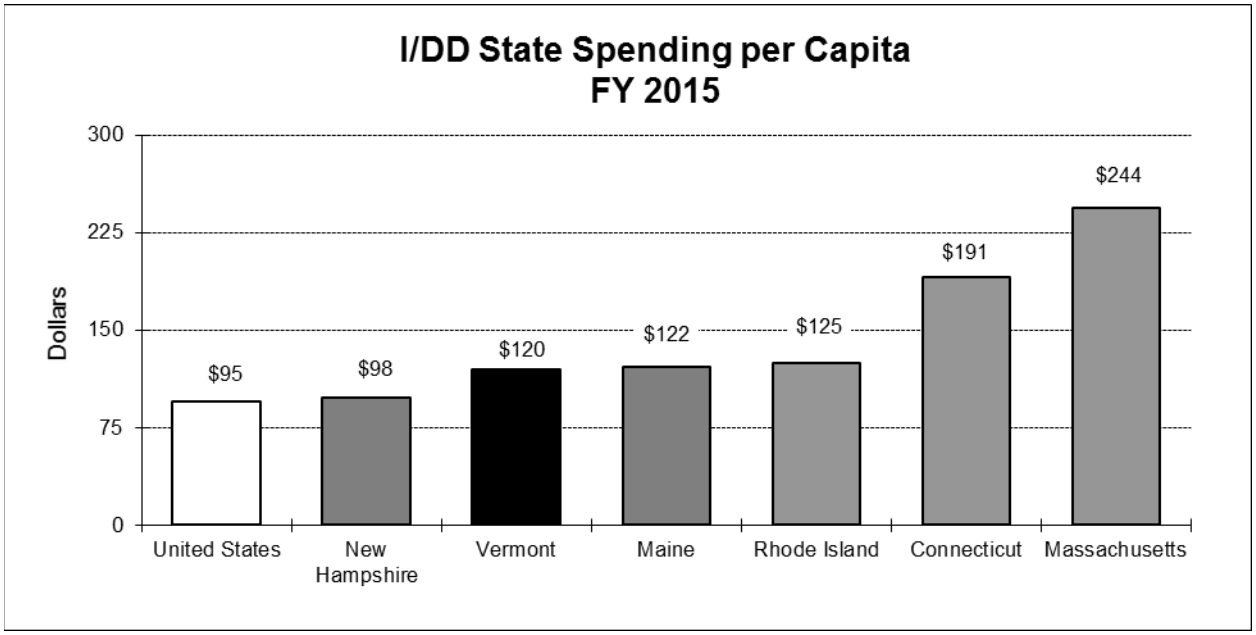
How many people we serve*:* 4,486 individuals across all programs (unduplicated)

How well we serve them*:*

- Our employment services have been recognized as a national model with a 48% employment rate. Vermonters served in developmental disability services are earning total wages of over $4.4 million a year, increasing their income while also reducing federal Social Security disability payments by an estimated $1.8 million.
- Vermont's home supports are individualized, based on an assessment that addresses goals, strengths and needs. Of the people receiving paid home supports, a high percentage (72%) live with a shared living provider. This model uses contracted home providers, offers personalized supports, and is generally more economical than other home support options. Staffed Living and Group Living arrangements have much higher per person costs because they are based on a 24-hour staffed model.
- By developing and demonstrating success in the shared living model, Vermont is investing in personalized services at low cost.



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

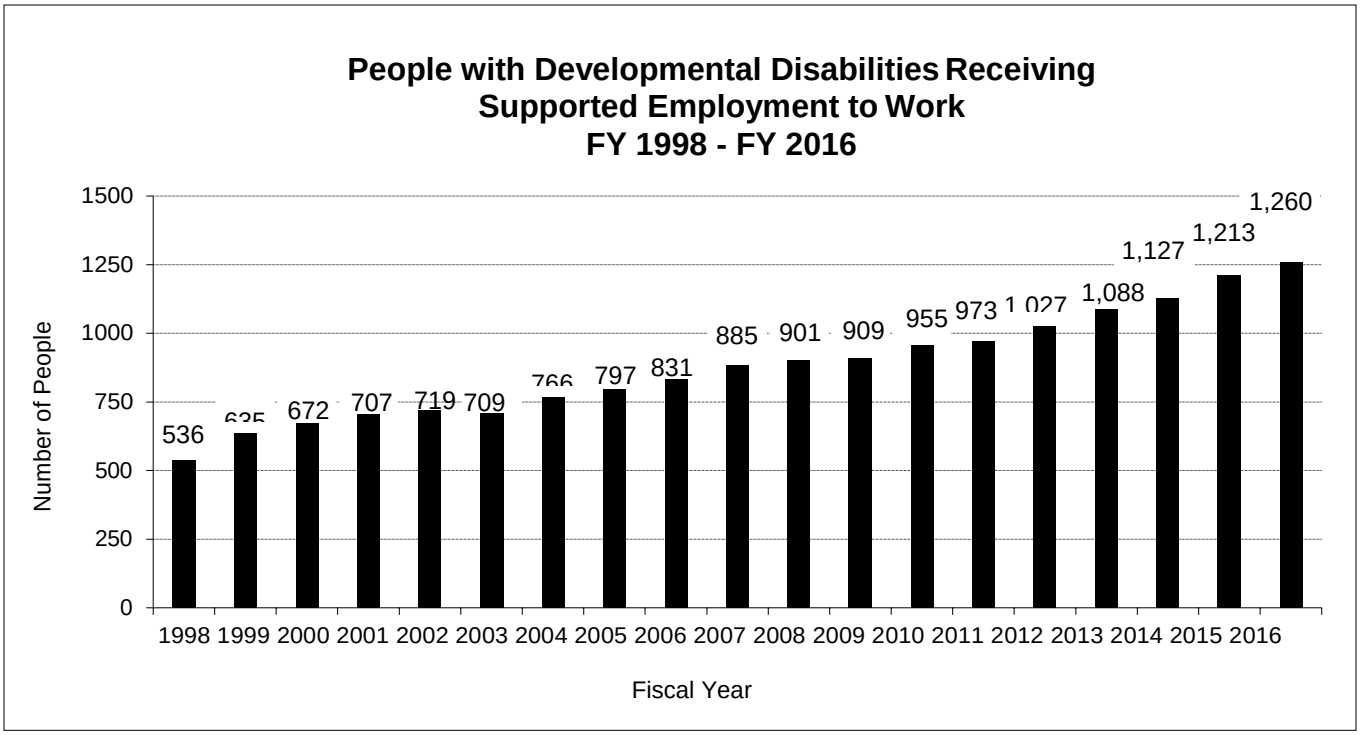



- Vermont ranks second in the nation in the achievement of service outcome as rated in the 2016 report The Case for Inclusion: an annual publication produced by United Cerebral Palsy. This ranking was based on comparative effectiveness that our programs demonstrate in five areas:
    - Promoting Independence
    - Tracking Health, Safety & Quality of Live
    - Keeping Families Together
    - Promoting Productivity
    - Reaching Those in Need

How people are better off:

- Vermont participates in the National Core Indicators (NCI) initiative. This is a voluntary effort by public developmental disabilities agencies to measure and track their own performance. The core indicators are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety. With 47 states participating we can both track our own progress and compare our work with others. The 2015 NCI adult consumer survey results show people expressed a high degree of satisfaction:
    - 68% said they chose, or had input into, the place where they lived
    - 90% said they decide, or help decide, their daily schedule
    - 89% said they choose, or help choose, what they buy with their spending

money
    - 66% said they can be alone with friends or visitors at their home
    - 78% said they can help other people if they want to
- Individual Service Plans are the cornerstone to personalized service and a self-determined life. Our NCI survey results for 2015 reported that 79% of the people in service said they helped make their service plans and 75% said their service coordinator asked them what they want. This is a critical area for improvement going forward.
- More Vermonters with disabilities are going on to post-secondary education than ever before and our "Think College-Vermont", "College Steps" and "SUCCEED" programs are helping them get there. Last year five colleges and universities issued 2-year certificates to 46 graduates with an 83% employment rate upon graduation.



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

- In SFY 16, 739 adults received guardianship. This included 638 people with developmental disabilities and 99 adults over age 60. The program also provides case management (2 people served) and representative payee services (345 people served). (Appropriation 3460016210)

**Future Development:** In the upcoming year, we will invest in strategies that will allow us to better understand and improve service satisfaction with developmental disabilities services through measurement of personally defined outcomes. Using methods developed by the Council on Quality & Leadership, we will engage our community partners in learning methods for interviewing and gathering information that will further our state's proud tradition in promoting principles that support person-centered quality of life including self- determination, choice, and self-advocacy. The resulting inter-agency review team will help us evaluate and measure progress in meeting the federal mandates for quality of life that are described in the Home & Community Based Services rules.

**III. <u>Division of Licensing and Protection (DLP)</u>** includes two units that work to protect vulnerable adults and individuals receiving care in licensed and certified facilities. Survey and Certification (S&C) is the State Survey Agency for the State of Vermont. In this role, S&C surveys licenses or certifies health care providers to assess compliance with state and federal regulations and investigates complaints about these facilities. Adult Protective Services (APS) investigates allegations of abuse, neglect, and/or exploitation of vulnerable adults, and, where applicable, implements protective services. Appropriation (3460010000)

**DLP Performance Measures**

<u>How many people we serve</u>:

- In addition to regularly scheduled surveys, S&C conducted 578 onsite complaint and self-report investigations at health care facilities.
- APS investigated 1,139 allegations of abuse, neglect and/or exploitation of vulnerable adults, which was an average of 114 investigations per investigator.

<u>How well we serve them</u>:

- S&C completed 100% of their required federally regulated surveys on time.
- S&C received a perfect score from the Centers for Medicare and Medicaid Services (CMS) on S&C's most recent annual performance review, which included both administrative measurements and embedded survey observations.

- APS continues to have external file reviews on a voluntary basis that shows that investigations are conducted professionally and thoroughly.

How people are better off*:*

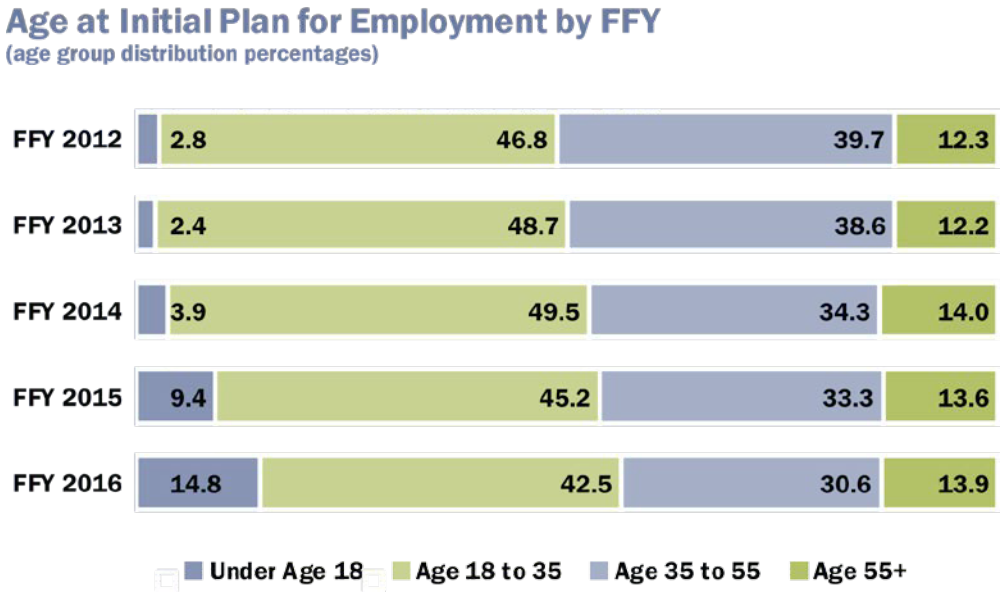
- 24% of nursing homes had no deficiencies.
- 62% of nursing homes had deficiencies reflecting no actual harm but potential for more than minimum harm.
- 14% of nursing homes had deficiencies reflecting actual harm or immediate jeopardy of residents.
- 64 individuals were placed on the Adult Abuse Registry in SFY 16. These individuals will no longer be able to work in Vermont with vulnerable adults.

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

In 2014 the US Congress reauthorized the Rehabilitation Act via the Workforce Innovation and Opportunity Act (WIOA). WIOA is the first legislative reform of the public workforce system in more than 15 years. It strengthens and improves our nation's public workforce system and increases economic opportunities for individuals in the United States, especially youth and individuals with significant barriers to employment. In addition to increasing services to youth with disabilities, WIOA supports employer engagement, emphasizes competitive integrated employment, enhances accountability, and promotes collaboration between human services, education, and labor efforts. In short, WIOA represents the most significant changes in VR structure and practice in a generation.

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

The implementation of the Pre-ETS mandate has had a major impact on the DVR caseload. In FFY 2015, our 14 transition counselors worked primarily with youth exiting school as they entered the workforce. In FFY 2016, those 14 counselors worked almost exclusively with youth still in school, preparing for future employment. A comparison that illustrates this clearly is that in FFY 2012, less than 3% of the consumers who signed an Individualized Plan for Employment (IPE) with us were under the age of 18. In FFY 2016, that figure grew to nearly 15% of new plans signed (see chart below). Furthermore, the median age of individuals with an IPE decreased from 35 in FFY 2012 to 30 in FFY 2016.




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

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

DVR has two years to put systems in place to collect the required data and establish baselines. After that, DVR will be required to negotiate targets for each measure with the federal Rehabilitation Services Administration. We believe the measures will support and encourage DVR programs to focus on longer term outcomes for our consumers and help them build career pathways to higher wage employment. DVR is already looking at current practice and resource allocation through this lens.

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

**DVR Performance Measures**

How many people we serve*:* 9,254 Individuals served

How well we serve them*:*

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

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

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

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

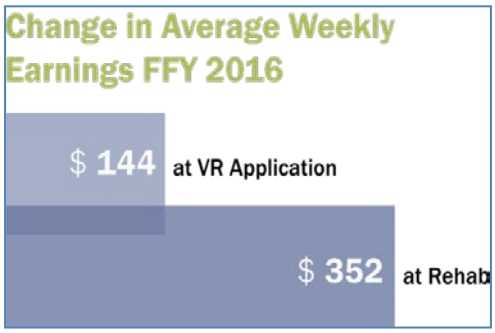
How people are better off*:*

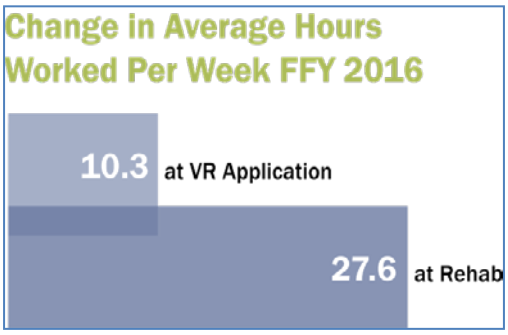
**Change in Average Weekly Earnings (FFY 2016)**

- Average weekly earnings at application = $144
- Average weekly earnings at rehabilitation = **$352**

**Change in Average Hours Worked Per Week (FFY 2016)**

- Average hours at application = 10.3
- Average hours at rehabilitation = **27.6**



**The Adult Services Division (ASD)** is responsible for long-term services and supports for older Vermonters and adults with physical disabilities. This includes management of the Choices for Care (CFC) program, the Money Follows the Person (MFP) project within Choices for Care, the Attendant Services Program, Adult High Technology Service, Traumatic Brain Injury program (TBI), Adult Day Services, Aging & Disabilities Resource Connections(ADRC) and other related contracts and grants. ASD is also responsible for development, implementation and oversight of the Vermont State Plan on Aging and all federal Older American's Act (OAA) services. ASD works with a variety of community organizations to provide this broad array of services and supports. (Appropriations 3460010000, 3460020000; Choices for Care in DVHA budget)

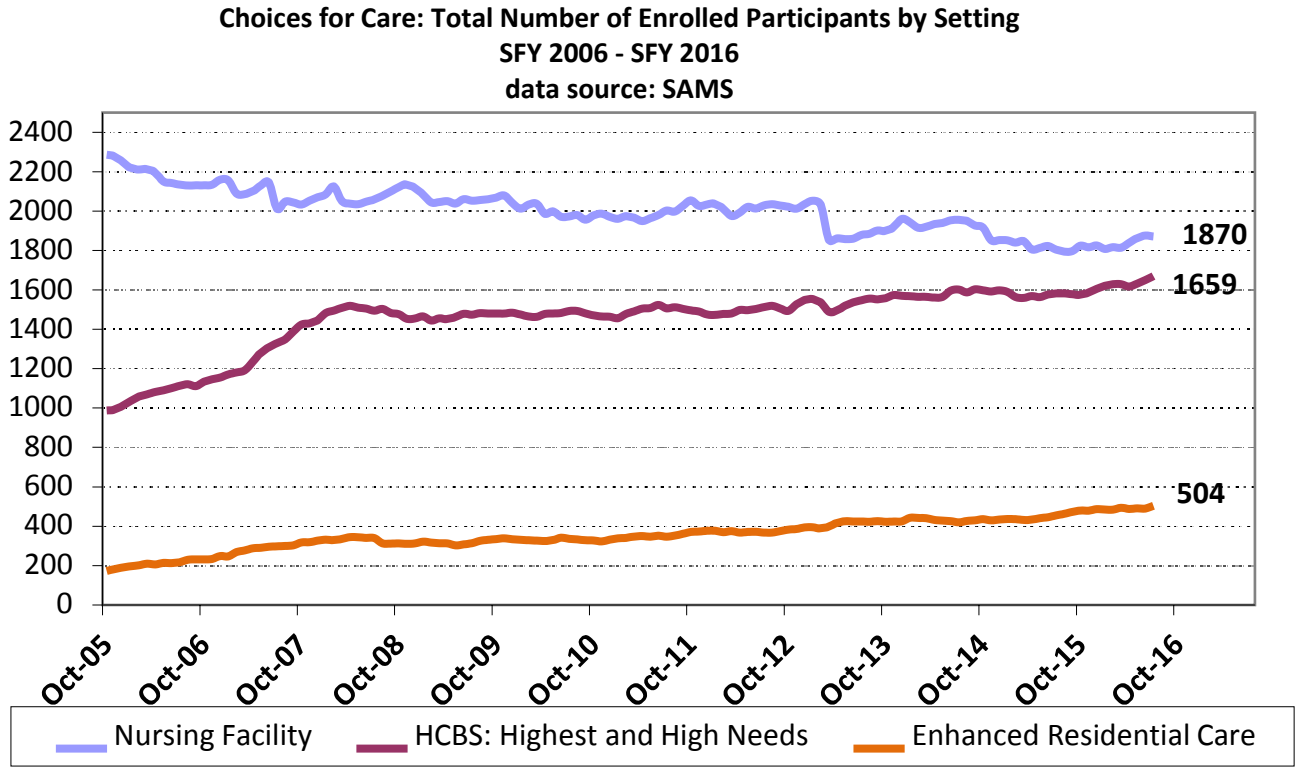
**Choices for Care (CFC)** is designed to support people to live in the settings of their choice. Within CFC, there are three eligibility groups: Highest, High and Moderate Needs. Vermonters who are enrolled in the Highest or High Needs Groups can choose to receive services in their own homes, nursing homes, Enhanced Residential Care (ERC) homes, or Adult Family Care (AFC) homes. Vermonters who are enrolled in the Moderate Needs Group live in their own home, do not meet nursing home level of care and have a choice of limited home and community based services. The success of Choices for Care is measured against several core objectives, incorporated into a Results Based Accountability (RBA) format. Initially, the program's goal was to achieve a 60:40 balance between people receiving services in nursing homes and home- and community-based settings (HCBS). Having achieved this goal, a new target of 50:50 was established and surpassed in January 2014. Currently, 46% of all High/Highest enrollments were in the Nursing Facility setting (1% decline from SFY15).

In January 2015, Choices for Care was consolidated into Vermont's Global Commitment to Health waiver. The consolidation provides the State opportunities for administrative efficiencies and opportunities for program improvements across all "specialized services". Quarterly reports to the Centers for Medicare and Medicaid Services (CMS) can be found online at http://dvha.vermont.gov/global-commitment-to-health/quarterly-reports-2005-to-current.

How many people we serve:

- July 2016, total number of people enrolled in Choices for Care was 5500, an increase of 99 people from the end of SFY 15. This is a 2% increase in total program participation.
- Home-Based High/Highest 1659 people (5% increase from SFY15)
- Enhanced Residential Care High/Highest 504 people (11% increase from SFY15)
- Nursing Facility High/Highest 1870 people (4% increase from SFY15)

- Moderate Needs 1467 people (7% reduction from SFY15)
- 77 people enrolled in MFP to receive help in transitioning from nursing home to community (4% decline from previous year)




| | June 2015 | | June 2016 | | | |
|---|---|---|---|---|---|---|
| | # of People | % of total | # of People | % of total | # change | % change |
| Home-Based (high/highest) | 1574 | 29% | 1659 | 30% | 85 | 5% |
| Enhanced Residential Care (high/highest) | 455 | 8% | 504 | 9% | 49 | 11% |
| Nursing Facility (high/highest) | 1802 | 32% | 1870 | 33% | 68 | 4% |
| Moderate Needs | 1570 | 28% | 1467 | 26% | -103 | -7% |
| **Total** | **5401** | | **5681** | | **99** | **2%** |

How well we serve them:

- ☐ Consistent with individual choice, the percentage of people residing in nursing facilities continues to decline while the percentage of people served in alternative settings continues to increase. As of July 2016, about 54% of people enrolled in Choices for Care High/Highest were served in a home-based or Enhanced Residential Care setting while 46% were served in a nursing facility.
- ☐ In SFY 16, CFC managed spending within the limits of available funding, with

$800,000 carryforward.

- With limited funds, Moderate Needs providers continue to maintain regional wait lists of over 600 people statewide.
- Clinical eligibility decisions must be made within 30 days of receiving an application. Recent data shows that about 93% of clinical decisions are made within the required 30 days.

How people are better off*:*

- The DAIL Consumer Survey (2015) indicated that 85% of people receiving personal care state their choice and control over planning is excellent or good. This is a decline from 92% the previous year.
- Consumer Survey (2015) indicated that 90% of people receiving personal care say the degree that services me their daily needs is excellent or good. This is an increase from 88% the previous year.
- In the coming year, we will explore the use of National Core Indicators (NCI) for Aging and Disabilities and the Consumer Assessment of Health Care Providers and Systems (CAHPS) HCBS Survey to produce performance measures.

**Choices for Care Summary - Expenses and # of People Served by Date of Service (SFY14-SFY17ytd)**
**Department of Disabilities Aging and Independent Living**
**Date 1/9/2017**
Source: HP Claims Analysis View Universe

| **Expenditures** | QE 9-30-14 | QE-12-31-14 | QE 3-31-15 | QE 6-30-15 | QE 9-30-15 | QE 12-31-15 | QE 3-31-16 | QE 6-30-16 | QE 9-30-16 |
|---|---|---|---|---|---|---|---|---|---|
| Highest & High (includes all Case Management & Nursing Home) | $47,064,058 | $45,778,687 | $45,900,564 | $44,841,245 | $44,867,805 | $46,182,642 | $46,345,822 | $44,852,138 | $47,388,255 |
| Moderate | $1,099,365 | $1,116,373 | $1,146,029 | $1,184,931 | $1,149,410 | $1,068,295 | $1,103,624 | $1,095,034 | $1,072,995 |
| Total | $48,163,423 | $46,895,060 | $47,046,593 | $46,026,176 | $46,017,215 | $47,250,937 | $47,449,446 | $45,947,172 | $48,461,250 |
| **Expenditures By Service Category** | | | | | | | | | |
| Nursing Home | $31,397,458 | $30,854,845 | $29,824,521 | $29,495,996 | $29,574,032 | $30,234,872 | $29,314,604 | $29,004,614 | $30,761,478 |
| Adult Day (Moderate, High&Highest) | $1,276,089 | $1,156,374 | $1,056,233 | $1,125,850 | $1,140,543 | $1,073,505 | $1,108,544 | $1,164,683 | $1,188,236 |
| Case Management (HHA & AAA) | $1,059,132 | $1,009,235 | $1,122,176 | $1,103,623 | $964,932 | $1,004,239 | $1,143,711 | $1,132,800 | $1,063,945 |
| Homemaker | $650,016 | $678,840 | $721,193 | $763,794 | $724,134 | $665,866 | $664,420 | $652,698 | $622,959 |
| Respite/Companion | $2,481,391 | $2,301,855 | $2,877,740 | $2,283,482 | $2,200,414 | $2,441,004 | $2,908,262 | $2,216,448 | $2,427,013 |
| Enhanced Residential Care | $2,469,590 | $2,542,302 | $2,514,338 | $2,627,485 | $2,662,581 | $2,714,692 | $2,731,643 | $2,823,567 | $2,934,237 |
| Personal Care (by Agency) | $4,186,280 | $4,235,083 | $4,209,400 | $4,327,998 | $4,415,740 | $4,404,009 | $4,536,566 | $4,448,593 | $4,454,577 |
| Personal Care (Self Directed) | $3,329,016 | $2,865,347 | $3,227,779 | $2,795,047 | $2,987,478 | $3,249,938 | $3,437,464 | $2,821,046 | $3,333,883 |
| Flexible Choices | $1,080,820 | $1,008,774 | $1,259,249 | $1,255,481 | $1,114,557 | $1,206,100 | $1,359,168 | $1,425,593 | $1,409,373 |
| Misc (Assistive Devices, Emergency Response Systems, ISO) | $233,631 | $242,405 | $233,964 | $247,420 | $232,804 | $256,712 | $245,064 | $257,130 | $265,549 |
| Total | $48,163,423 | $46,895,060 | $47,046,593 | $46,026,176 | $46,017,215 | $47,250,937 | $47,449,446 | $45,947,172 | $48,461,250 |
| **People Served** | | | | | | | | | |
| * Highest & High (includes all Case Management) | 5,452 | 5,512 | 5,729 | 5,648 | 5,483 | 5,502 | 5,590 | 5,561 | 5,506 |
| **Moderate | 1,249 | 1,301 | 1,333 | 1,353 | 1,292 | 1,263 | 1,225 | 1,199 | 1,173 |
| Total | 5,651 | 5,720 | 5,857 | 5,799 | 5,669 | 5,685 | 5,687 | 5,678 | 5,648 |

*includes all Case Management for Highest, High, and Moderate needs This duplicates people who are counted in Moderate needs.
** People in Moderate needs are also counted in Highest/High due to universal case management code.

| **# People Served by Service Category** | QE 9-30-14 | QE-12-31-14 | QE 3-31-15 | QE 6-30-15 | QE 9-30-15 | QE 12-31-15 | QE 3-31-16 | QE 6-30-16 | QE 9-30-16 |
|---|---|---|---|---|---|---|---|---|---|
| Nursing Home | 2,292 | 2,257 | 2,302 | 2,232 | 2,167 | 2,187 | 2,176 | 2,194 | 2,189 |
| Adult Day (Moderate, High&Highest) | 415 | 419 | 384 | 377 | 384 | 381 | 382 | 381 | 375 |
| Case Management (HHA & AAA) | 3,202 | 3,243 | 3,420 | 3,394 | 2,816 | 2,748 | 2,874 | 2,828 | 2,763 |
| Homemaker | 1,133 | 1,175 | 1,212 | 1,237 | 1,182 | 1,144 | 1,094 | 1,067 | 1,052 |
| Respite/Companion | 1,127 | 1,054 | 1,133 | 1,108 | 1,100 | 1,025 | 1,115 | 1,092 | 1,073 |
| Enhanced Residential Care | 493 | 503 | 509 | 516 | 501 | 507 | 517 | 542 | 549 |
| Personal Care (by Agency) | 783 | 792 | 788 | 792 | 791 | 776 | 790 | 784 | 799 |
| Personal Care (Self Directed) | 847 | 821 | 815 | 812 | 842 | 848 | 828 | 836 | 850 |
| Flexible Choices | 217 | 294 | 379 | 448 | 381 | 388 | 394 | 383 | 366 |
| Misc (Assistive Devices, Emergency Response Systems, ISO) | 1,283 | 1,290 | 1,250 | 1,243 | 1,251 | 1,279 | 1,281 | 1,261 | 1,269 |
| Total | 5,651 | 5,720 | 5,857 | 5,799 | 5,669 | 5,685 | 5,687 | 5,678 | 5,648 |

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

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

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

How many people we serve*:*

- 60,738 Vermonters over the age of 60 received services in FFY 15 (2% increase)
- 4,910 seniors received home delivered meals in FFY 15 (4% increase)
- 11,095 Vermonters participated in community meals in FFY 15 (4% decrease)
- 369,571 community meals were served in FFY 15 (4% decrease)
- 946 Vermonters were served in the Senior Farmer's Market Nutrition Program
- 244 family caregivers received Dementia Respite Grant funding (9% decrease from previous year)

How well we serve them**:**

The new State Unit on Aging team is working closely with the Area Agencies on Aging and partners to identify outcomes and targets that relate directly to the four key goals of the Vermont State Plan on Aging (2015-2018).

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

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

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

accountability for outcomes.

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

We have transitioned to using the RBA framework for core OAA programs beginning with home delivered meals and case management services.

Home Delivered Meals Measures:

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

Case Management Measures:

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

How people are better off*:*

Per the DAIL Consumer Satisfaction Survey (2015):

- 95% of respondents report they have enough to eat since receiving home delivered meals
- 85% of respondents report that home delivered meals are helping them remain living in their homes

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

How many people we serve:

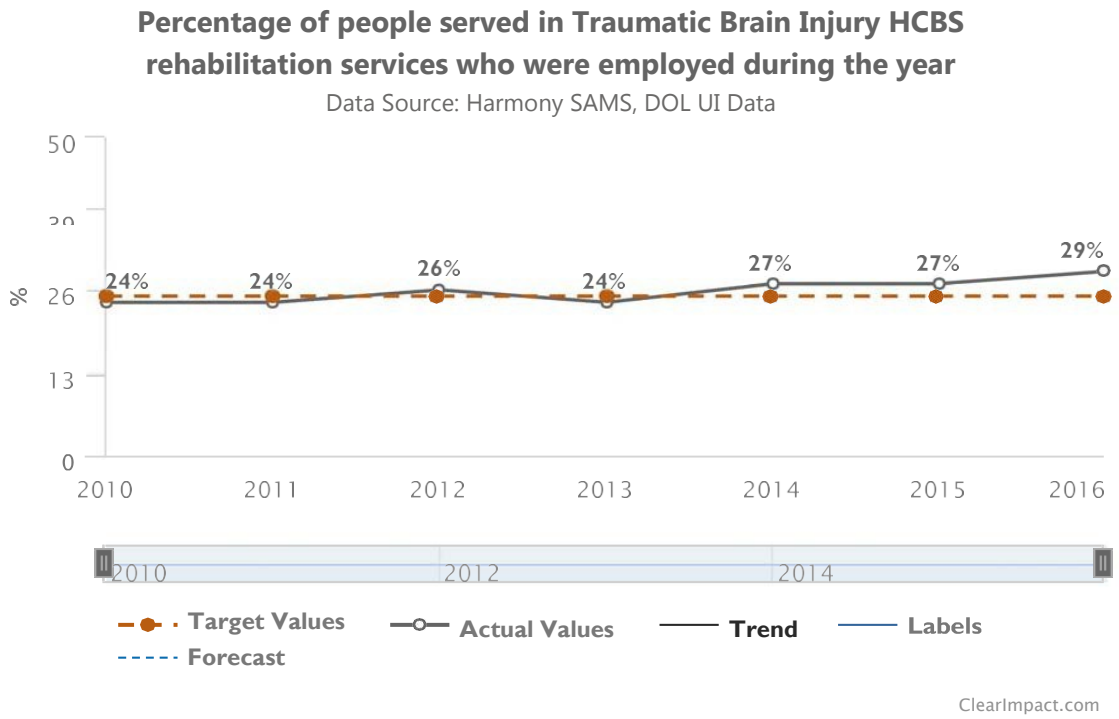
In SFY 16 the program served 92 people (12% increase)

How well we serve them*:*
In January 2016, the TBI program transitioned to the Adult Services Division. The purpose of the transition was to create program efficiencies and improve coordination with Choices for Care.

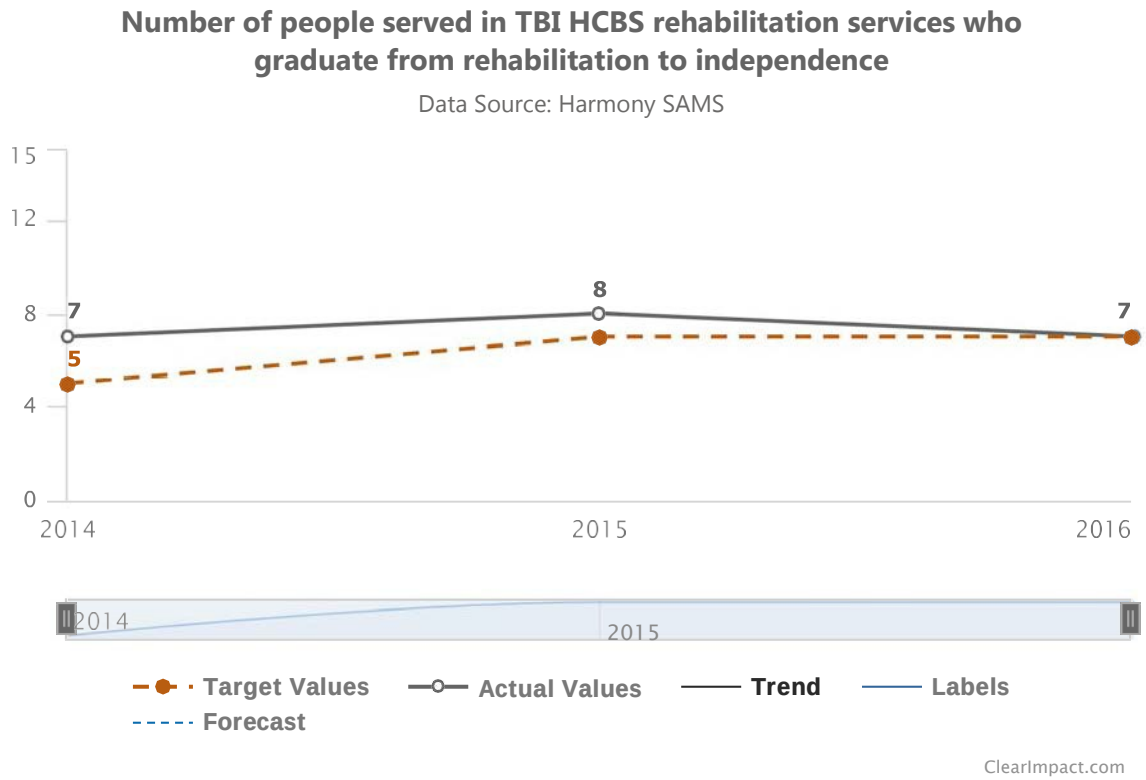
One of the goals of the TBI program is to prevent the need for a person to go to a specialized out of state facility. In SFY 16, the average cost per person of providing TBI services in Vermont was approximately $179/day. Out-of-state specialty facilities cost from $350-$650 per day. It is estimated that for each person that is successfully diverted from a specialized out-of-state facility the state avoids additional costs of approximately $93,000 per year.

How people are better off:

- 29% of people served in TBI home and community-based services rehabilitation services were employed in SFY 16 (2% increase).
- 7 people served in the rehabilitation program met their rehabilitation goals and graduated to independent living in SFY 16. This is a decline from 8 people in SFY15.




*Target value is the rate established as the statewide goal.*




*Target value is the number established as the statewide goal.*

**Budget Testimony – Additional Information**

- **Crosswalk Spreadsheet (UPS and DOWNS) -** The requested SFY 18 Budget Development Form provides the information requested by the Appropriation Committees. This was previously sent by the Agency of Human Services central office.

- Additional Requested Information (VANTAGE REPORTS) - The requested forms, which were not included in the AHS Budget Books, are included in the attached packet of information.

- Budget Fact Sheet

  - SFY 18 TOTAL DAIL PROPOSED BUDGET - $474,910,335
    - General Fund – 5.66%
    - Global Commitment – 86.49%
    - Federal Fund – 6.64%
    - Special and Interdepartmental Funds – 1.21%

**SFY 18 DAIL PROPOSED BUDGET BY DIVISION**

| | DIVISION | TOTAL | % of | Fund Split | | |
|---|---|---|---|---|---|---|
| | | | | GF | GC | Federal/Other |
| 1) | **Disabilities Services Division** | $ 211,919,155 | 44.62% | 1.22% | 97.13% | 1.65% |
| | (includes DS Waiver) | | | | | |
| 2) | **Adult Services Division** | $ 226,562,852 | 47.71% | 5.19% | 90.32% | 4.49% |
| | (includes AAA, Attendant Services Programs, Day Health Rehab Services and Choices for Care) | | | | | |
| 3) | **Vocational Rehabilitation** | $ 24,052,594 | 5.06% | 17.86% | 0.00% | 82.14% |
| 4) | **Blind and Visually Impaired** | $ 2,538,458 | 0.53% | 24.38% | 9.65% | 65.97% |
| 5) | **Licensing and Protection** | $ 4,711,161 | 0.99% | 57.25% | 0% | 42.75% |
| 6) | **Commissioner's Office** | $ 5,126,115 | 1.09% | 96.66% | 0% | 3.34% |
| | **Totals** | **$ 474,910,335** | **100** | | | |

**Summary of Changes from SFY 17 Base Budget to SFY 18 Proposed Budget**

| | |
|---|---|
| **Total Change SFY 17 to SFY 18 Recommended Budget (All Gross Dollars)** | **$17,245,547** |
| DAIL SFY 18 Ups & Downs | $9,872,969 |
| DVHA SFY 18 Ups & Downs (Long Term Care - Choices for Care) | $7,372,578 |
| **DAIL Administration & Support Section** | |
| Total SFY 17 Base Appropriation | $34,816,844 |
| SFY 18 increase in Administration & Support | $ 1,525,606 |
| VR – anticipated federal Section 110 re-allotment funds | $ 978,935 |
| Reductions below due to loss of federal Section 110 re-allotment funds | |
| 1) P/S – 7 positions to be eliminated either through attrition or a reduction in force. | ($425,237) |
| 2) P/S – ARIS Grant Bill Processing – administrative work will be pulled in house | ($ 25,000) |
| 3) VR Contract Reduction – Market Decisions Employer Survey | ($50,000) |
| 4) VR Contract Reduction – VPR Employer Marketing | ($ 9,898) |
| 5) VR Contract Reduction – Other Training Contracts | ($10,000) |
| 6) VR Contract Reduction – staff training in organizational mgmt.. | ($14,200) |
| 7) VR Contract Reduction – Consulting around implementation of WIOA. Work will end in SFY17. | ($60,000) |
| 8) VR Contract Reduction – CCV Employment Specialist Online Training Program. | ($70,000) |
| 9) VR Contract Reduction – limit use of temporary admin support to Burlington and Barre. | ($120,000) |
| 10)VR Contract Reduction – Video Conferencing Contract NECS | ($80,000) |
| 11)VR Contract Reduction – Motivational Interviewing Training for VR Staff | ($33,600) |
| 12) Misc. Contract reduction | ($40,000) |
| 13) Reduction to Operating Budget - travel | ($16,000) |
| 14) Reduction to Operating Budget - furniture | ($25,000) |
| **SFY18 Recommend** | **$36,342,450** |
| Positions: Current positions = 281 (*285 employees as 4 positions are shared*) | |
| | |
| **Disabilities, Aging, and Independent Living – Aging and Adult Services Grants** | |
| Total SFY 17 Base Appropriation | $20,787,826 |
| Proposed Changes: | |

| | |
|---|---|
| 2% increase transfer from AHS-CO – AAA's (BAA item, AHS net neutral) | $ 188,803 |
| 2% increase transfer from AHS-CO Adult Day (BAA item, AHS net neutral) | $ 32,563 |
| 2% increase annualization – AAA's (increase in SFY17 was for 10 months, this annualization represents funds needed for 12 months) | $ 37,770 |
| 2% increase annualization – Adult Days – Day Health Rehabilitative Services (increase in SFY17 was for 10 months, this represents funds needed for 12 months) | $ 6,514 |
| Appropriation fund adjustment due to GC Admin to Medicaid Admin swap | $ 0 |
| **SFY 18 Recommend** | **$21,053,476** |
| **Blind and Visually Impaired Division** | |
| SFY 17 Base Appropriation | $1,411,457 |
| Loss of ability to bill Section 110 federal funding for Homemakers | $ 40,000 |
| | |
| | |
| **SFY 18 Recommend** | **$1,451,457** |
| | |
| **Vocational Rehabilitation Division** | |
| SFY 17 Base Appropriation | $8,972,255 |
| Anticipated Federal Section 110 re-allotments funds as received for past 8 years or so. (VR usually receives these one-time funds 2 months into a given SFY, thus the reason not in base budget. Below are reductions due to this loss of non-base re-allotments funds.) | $3,241,878 |
| 1) JOBS Pre-Employment Transitions Services – 7 JOBS FTE positions statewide serving an estimated 200 students with emotional/behavioral disabilities annually | ($400,000) |
| 2) Developmental Services Pre-Employment Transition Services – 15% of the total VR commitment to DS supported employment programs is for Pre-Employment Transition Services for students (PETS) About 120 students with DS will not have early access to DS supported employment services to help them exit high school employed. | ($177,790) |
| | |
| **Vocational Rehabilitation Division – cont'd** | |

| | |
|---|---|
| 3) VYCC Summer Youth Employment for Students – 80 students with disabilities will not have access to a summer youth employment experience. | ($256,000) |
| 4) NCSS Summer Youth Employment for Students – 8-10 students with emotional/behavioral disabilities will not have access to a summer youth employment experience. | ($ 25,000) |
| 5) Pathways and Another Way – 100% reduction, provide innovative peer run supported employment services for individuals not served by the Designated Agencies. 30 people per year. | ($150,000) |
| 6) DS Supported Employment (Non-PETS) – DS supported employment programs use VR grant funding to support program infrastructure, that cannot be readily supported through Global Commitment. In particular, VR funding sustains the initial job development and job placement services for DS consumers that is not easily paid for through individualized waiver services. | ($166,658) |
| 7) JOBS Program reduction (non-PETS) – The reduction of the JOBS funding by $200,000 will result in a loss of approximately 5 FTE JOBS staff statewide, based on average caseload this will translate to about 150 youth with EBD not receiving services. | ($200,000) |
| 8) Assistive Tech Consultation – loss of a .7 FTE capacity. Based on numbers served in FY16 and 17 this will mean approximately 50 VR consumers losing access to AT services. | ($50,000) |
| 9) Car Coach – annually about 90-100 VR consumers receive assistance purchasing and financing a vehicle and/or consultation about repairing existing vehicles. | ($76,272) |
| 10)Project Search – post-secondary education and vocational training for youth with developmental disabilities. | ($47,000) |
| 11)Recovery Centers – In SFY17 DVR piloted two employment programs designed to serve individuals with substance use disorders. Employment specialists are collocated within the Recovery Centers to maximize engagement. | ($98,780) |
| 12)SSI Specialists (end program) – SSI Specialists assist individuals with more significant disabilities apply for SSI/SSDI benefits. DCF has jointly funded this service with DVR to assist TANF and General Assistance beneficiaries access SSI/SSDI if they are likely eligible. DCF plans to continue to contract for this service directly with VABIR. | ($84,378) |
| **Vocational Rehabilitation Division – cont'd** | |

| | |
|---|---|
| 13)VABIR Regionals and BAM reduction – VABIR Employment Consultants and Business Account Managers provide the direct job development and job placement services for DVR consumers. The proposed reduction will result in the loss of 16 FTE. Based on average caseload, this will result in approximately 500 DVR consumers not having access to direct job placement services. | ($800,000) |
| 14) Reduce Van purchase and modifications from 2 to 1 per year | ($100,000) |
| 15)Reduce Progressive Employment set aside from $175K to $100K | ($75,000) |
| 16) Reduce Short Term Training from $150K to 100K | ($50,000) |
| 17) Eliminate Farm Set Aside – DVR provides specialized VR services for farmers and agricultural workers with disabilities. Farmers with disabilities often need high cost adaptive equipment or assistive technology to be able to keep working. | ($40,000) |
| 18) AT Coaches – small pilot to provide AT services for transitioning youth. The loss of the services will have minimal impact. | ($45,000) |
| 19) Reduce VR Case Services – reduction of 26% | ($390,000) |
| 20) Eliminate Assistive Technology (AT) Set Aside – DVR set aside a small amount of funding for high cost assistive technology needed for consumers to be successful in employment. | ($10,000) |
| **SFY 18 Recommend** | **$8,972,255** |

| **Developmental Services Appropriation** | |
|---|---|
| SFY 17 Base Appropriation | $198,329,289 |
| Caseload - general and high school graduates | $6,795,617 |
| Caseload - Public Safety/Act 248 | $1,298,800 |
| 2% DA increase annualization | $ 623,547 |
| Adjustment to DA 2% increase (AHS net-neutral, funding from DMH) | $ 373,921 |
| Transfer to DMH for ARCh (AHS net neutral) | ($252,756) |
| Unallocated DS for rescission plan passed (BAA item) | ($797,416) |
| **SFY 18 Recommend** | **$206,371,002** |
| | |
| **Traumatic Brain Injury (TBI) Program** | |
| SFY 17 Base Appropriation | $5,647,336 |
| no changes | |
| **SFY 18 Recommend** | **$ 5,647,336** |
| | |
| **Programs Managed by DAIL, but Appropriated to DVHA** | |

| **Choices for Care (CFC) 1115 Demonstration Waiver** | |
|---|---|
| ***(appears in DVHA's budget)*** | |
| | |
| CFC Spending Plan - Each year, DAIL creates a spending plan year using the amount appropriated to the long-term care budget. This includes estimated expenditures for nursing homes, home and community-based services and other Medicaid acute/primary care costs for Choices for Care participants.<br><br>Once we have our final SFY 18 budget, we will develop a plan for that fiscal year. | |
| SFY 17 Base Appropriation | $187,699,781 |
| Statutory Nursing Home rate increases (net of reduction due to decrease in utilization) | $2,663,322 |
| Moderate Needs Group – AAA flex funds funded by reinvestment for a couple years – need to base budget | $ 178,740 |
| H&CB caseload pressure 43 x $30,100 (not including Moderate Needs) | $1,294,300 |
| Base budget H&CB caseload pressure built in SFY17 that was funded by anticipated carryforward funds. | $ 445,000 |
| Money Follows the Person pressure on GC due to loss of federal funds for ½ year, no transfer of GF as the base budget for MFP is half of recent year actuals. | $1,700,000 |
| 2% Transfer from AHS-CO for CFC H&CB (AHS net neutral – BAA item) | $1,091,216 |
| **SFY 18 Recommend** | **$195,072,359** |

## DEPARTMENT OF DISABILITIES, AGING, & INDEPENDENT LIVING
## DEPARTMENT OF DISABILITIES, AGING, & INDEPENDENT LIVING
## ADMINISTRATION BUDGET BY DIVISIONS SFY18

| | TOTAL | VR | DBVI | DDSD | ASD | L & P | Com office | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **PERSONAL SERVICES DETAIL** | | | | | | | | |
| SFY18 Classified Salary | 18,213,451 | 7,551,803 | 596,981 | 2,900,660 | 2,625,564 | 2,930,652 | 1,607,791 | 18,213,451 |
| Exempt Salary Total | 563,618 | - | - | - | 74,984 | - | 488,634 | 563,618 |
| Salary Total | 18,777,069 | 7,551,803 | 596,981 | 2,900,660 | 2,700,548 | 2,930,652 | 2,096,425 | 18,777,069 |
| FICA | 1,436,445 | 577,713 | 45,669 | 221,901 | 206,592 | 224,195 | 160,375 | 1,436,445 |
| HEALTH | 4,018,778 | 1,861,741 | 125,490 | 590,355 | 457,451 | 563,602 | 420,139 | 4,018,778 |
| RETIREMENT | 3,273,581 | 1,319,299 | 104,293 | 506,745 | 471,787 | 511,986 | 359,471 | 3,273,581 |
| DENTAL | 226,290 | 101,568 | 8,675 | 33,552 | 28,431 | 27,992 | 26,072 | 226,290 |
| LIFE | 79,234 | 31,869 | 2,519 | 12,241 | 11,396 | 12,367 | 8,842 | 79,234 |
| LTD | 5,338 | 1,728 | 203 | 417 | 546 | 464 | 1,980 | 5,338 |
| EAP | 8,550 | 3,900 | 300 | 1,260 | 1,050 | 1,140 | 900 | 8,550 |
| Fringe Benefits Total | 9,048,216 | 3,897,818 | 287,149 | 1,366,471 | 1,177,253 | 1,341,746 | 977,779 | 9,048,216 |
| Unemployment | 135,418 | 11,151 | 696 | 66,630 | 53,467 | 1,925 | 1,549 | 135,418 |
| WC/ Other Ins | 329,872 | - | - | - | - | - | 329,872 | 329,872 |
| Emp room allowance | 15,470 | - | - | 8,583 | 6,887 | - | - | 15,470 |
| Tuition | 40,000 | 36,000 | 4,000 | - | - | - | - | 40,000 |
| Overtime | 50,000 | 20,999 | 2,080 | 6,965 | 9,583 | 5,754 | 4,618 | 50,000 |
| Temp Employee | 268,310 | 243,918 | 0 | 8,125 | 6,520 | 9,747 | 0 | 268,310 |
| Contracts | 3,385,973 | 1,501,091 | 30,483 | 854,708 | 685,862 | 168,686 | 145,143 | 3,385,973 |
| Vacancy Savings | (902,624) | (460,291) | (25,905) | (127,280) | (95,698) | (105,766) | (87,684) | (902,624) |
| Sub-Total Misc Personal Services | 3,322,419 | 1,352,868 | 11,353 | 817,731 | 666,622 | 80,346 | 393,498 | 3,322,419 |
| TOTAL PERSONAL SERVICES | 31,147,704 | 12,802,489 | 895,483 | 5,084,862 | 4,544,423 | 4,352,744 | 3,467,702 | 31,147,704 |
| Number of positions by Division | 285 | 130 | 10 | 43 | 32 | 38 | 32 | 285 |

| OPERATING DETAIL | TOTAL | VR | DBVI | DDSD | ASD | L & P | Com office | TOTAL |
|---|---|---|---|---|---|---|---|---|
| Repair & Maint - Buildings | 27,000 | 15,172 | 1,458 | 1,798 | 1,442 | 2,000 | 5,130 | 27,000 |
| RENTALS | 1,624,046 | 1,356,395 | 103,845 | 113,519 | - | - | 50,287 | 1,624,046 |
| Rentals - Auto & Other | 35,036 | 12,992 | 1,414 | 1,744 | 1,399 | 3,667 | 13,820 | 35,036 |
| Fee for Space | 558,592 | 145,234 | 11,172 | 50,273 | 83,789 | 78,203 | 189,921 | 558,592 |
| Insurance other than Empl Bene | 34,200 | 1,548 | 2,355 | 2,882 | 2,314 | 18,177 | 6,924 | 34,200 |
| Insurance | 39,408 | 0 | 0 | - | - | 0 | 39,408 | 39,408 |
| 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 cicuuits, internet | 43,000 | 23,348 | 2,322 | 2,863 | 2,297 | 4,000 | 8,170 | 43,000 |
| DII Assesment | 595,401 | - | - | - | - | - | 595,401 | 595,401 |
| Printing and Binding | 200,000 | 102,200 | 10,800 | 16,089 | 12,911 | 20,000 | 38,000 | 200,000 |
| Registration for Meetings&Conf | 60,000 | 29,760 | 3,240 | 3,994 | 3,206 | 8,400 | 11,400 | 60,000 |
| Postage | 105,642 | 52,398 | 5,705 | 7,033 | 5,644 | 14,790 | 20,072 | 105,642 |
| Travel - Total | 623,994 | 213,675 | 17,436 | 169,414 | 69,698 | 128,760 | 25,011 | 623,994 |
| Other Purchased Services | 20,000 | 9,920 | 1,080 | 1,332 | 1,068 | 2,800 | 3,800 | 20,000 |
| Evaluations | 20,000 | 9,920 | 1,080 | 1,332 | 1,068 | 2,800 | 3,800 | 20,000 |
| Office Supplies | 120,000 | 58,520 | 6,480 | 10,763 | 8,637 | 12,800 | 22,800 | 120,000 |
| Other General Supplies | 16,000 | 7,936 | 864 | 1,065 | 855 | 2,240 | 3,040 | 16,000 |
| Food | 5,000 | 2,480 | 270 | 333 | 267 | 700 | 950 | 5,000 |
| Educational Supplies | 18,000 | 8,928 | 972 | 1,198 | 962 | 2,520 | 3,420 | 18,000 |
| Subscriptions | 14,500 | 7,192 | 783 | 965 | 775 | 2,030 | 2,755 | 14,500 |
| Data Processing Supplies | 8,000 | 3,968 | 432 | 533 | 427 | 1,120 | 1,520 | 8,000 |
| Electricity | 6,500 | 3,224 | 351 | 433 | 347 | 910 | 1,235 | 6,500 |
| Furniture & Fixtures | 33,000 | 16,368 | 1,782 | 2,197 | 1,763 | 4,620 | 6,270 | 33,000 |
| Other Equipment | 20,000 | 4,920 | 1,080 | 1,332 | 1,068 | 2,800 | 8,800 | 20,000 |
| Information Technology Equip | 85,000 | 33,780 | 670 | 6,990 | 5,610 | 5,000 | 32,950 | 85,000 |
| Inf Tech Purchases-Software | 63,000 | 37,720 | 3,780 | 4,660 | 3,740 | 6,800 | 6,300 | 63,000 |
| Vision Assesment | 350,691 | - | - | - | - | - | 350,691 | 350,691 |
| HR Services | 151,208 | - | - | - | - | - | 151,208 | 151,208 |
| Other Operating | 2,000 | 992 | 108 | 133 | 107 | 280 | 380 | 2,000 |
| TOTAL | 5,194,746 | 2,277,850 | 191,517 | 463,290 | 245,258 | 358,417 | 1,658,413 | 5,194,746 |
| TOTAL ADMINISTRATION | 36,342,450 | 15,080,339 | 1,087,001 | 5,548,153 | 4,789,681 | 4,711,161 | 5,126,115 | 36,342,450 |

| | Total | VR | DBVI | DDSD | ASD | L & P | COMM | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **FEDERAL FUNDS** | | | | | | | | |
| TITLE 18 SURVEY & CERT; 93.777 | 1,216,000 | | | | | 1,216,000 | | 1,216,000 |
| TITLE 19 SURVEY & CERT; 93.777 | 606,000 | | | | | 606,000 | | 606,000 |
| IND LIVING PART B; 84.169 | 120,000 | 120,000 | | | | | | 120,000 |
| TITLE III E; 93.052 | 433,000 | | | | 433,000 | | 0 | 433,000 |
| SECTION 110; 84.126 | 9,148,966 | 9,148,966 | | | | | | 9,148,966 |
| VR TRAINING GRANT; 84.126 | 110,000 | 80,000 | 30,000 | | | | | 110,000 |
| SECTION 110 DBVI; 84.126 | 789,802 | | 789,802 | | | | | 789,802 |
| TBI Grants; 93.234 | 59,094 | 59,094 | | | | | | 59,094 |
| Senior Employment; 17.235 | 3,002 | | | 3,002 | | | | 3,002 |
| ASSISTIVE TECH. GRANT; 84.224 | 240,000 | 240,000 | | | | | | 240,000 |
| CLIA; 93.777 | 2,000 | | | | | 2,000 | | 2,000 |
| SHIP; 93.779 | 17,000 | | | | 17,000 | | | 17,000 |
| VR Social Security Grant; 96.007 | 148,000 | 148,000 | | | | | | 148,000 |
| Money Follows the Person; 93.971 | 573,000 | | | | 573,000 | | | 573,000 |
| DDHS ADRC; 93.048 | 28,000 | | | | 28,000 | | | 28,000 |
| Social Services Block Grant; 93.667 | 380,107 | | | 380,107 | | | | 380,107 |
| SIMS Grant; 93.624 | 146,000 | | | | | | 146,000 | 146,000 |
| WIPA; 96.008 | 72,709 | 72,709 | | | | | | 72,709 |
| Medicaid 93.778 | 3,898,169 | 0 | 13,000 | 2,720,169 | 1,050,000 | 90,000 | 25,000 | 3,898,169 |
| Total Federal | 17,990,849 | 9,868,769 | 832,802 | 3,103,278 | 2,101,000 | 1,914,000 | 171,000 | 17,990,849 |
| | | | | | | | | |
| **Special Funds** | | | | | | | | |
| VR FEES (EAP & AT) | 1,318,889 | 1,318,889 | 0 | | | | | 1,318,889 |
| VENDING | 24,568 | 0 | 24,568 | | | | | 24,568 |
| CONFERENCE FEES | 47,000 | 3,000 | 0 | 24,411 | 19,589 | | | 47,000 |
| Total Special | 1,390,457 | 1,321,889 | 24,568 | 24,411 | 19,589 | - | - | 1,390,457 |
| | | | | | | | | 0 |
| **Interdepartmental Transfers** | | | | | | | | 0 |
| SNAP; 03440 | 946,284 | 946,284 | | | | | | 946,284 |
| Welfare to Work; 03440 | 20,000 | 20,000 | | | | | | 20,000 |
| DOH Hospital Surveyor; 03420 | 100,000 | | | | | 100,000 | | 100,000 |
| Total IntraUnit | 1,066,284 | 966,284 | - | - | - | 100,000 | - | 1,066,284 |
| | | | | | | | | |
| General Fund | 15,894,860 | 2,923,397 | 229,631 | 2,420,463 | 2,669,092 | 2,697,161 | 4,955,115 | 15,894,860 |
| TOTAL RECEIPTS | 36,342,450 | 15,080,339 | 1,087,001 | 5,548,153 | 4,789,681 | 4,711,161 | 5,126,115 | 36,342,450 |

| DAIL State Fiscal Year 2018 Program Summary<br>*All data is for SFY 16 unless otherwise noted* | | | |
|---|---|---|---|
| **Whom We Serve** | **Program Description** | **Performance Measures** | **SFY 18 Proposed** |
| People age 60 and over and adults with disabilities | ***Support and Services at Home (SASH)***: Statewide Residential-based coordination of health and other services for seniors and/or people with disabilities. Services include case management, health care coordination, nutrition assistance, and disease and falls prevention activities. | Performance (SFY2016):<br>SASH operates 54 active 'panels' in affordable housing communities, with the capacity to serve 5,400 participants.<br>Performance:<br><br><u>Advance Directives</u><br>10/2014: 53%<br>4/2015: 53%<br>10/2015: 54%<br><br><u>Falls</u><br>10/2014: 42%<br>4/2015: 44%<br>10/2015: 46%<br><br><u>Immunizations</u><br>Shingles<br>10/2014: 20%<br>4/2015: 26%<br>10/2015: 30%<br>Flu<br>10/2014: 69%<br>4/2015: 26%<br>10/2015: 71%<br>Pneumococcal<br>10/2014: 53%<br>4/2015: 57%<br>10/2015: 60%<br><br><u>Controlled Blood Pressure</u><br>10/2014: 76%<br>4/2015: 74%<br>10/2015: 76% | $974,023 GC/MCO<br>All inclusive |
| People with disabilities | ***Home Access Program (HAP):*** DAIL transfers $100,000, to the Vermont Housing and Conservation Board (VHCB) to support VCIL's HAP Program which provides information, assistance, and referral services to help people with physical disabilities locate and secure funding for home modifications. | Performance (SFY 2016):<br>VHCB manages the Home Access Program grant and performance measures. | $100,000 |
| People age 60 and over and adults with disabilities | ***Homesharing*:** DAIL supports two innovative Homeshare Programs in Vermont: HomeShare Vermont is active in Addison, Chittenden and Grand Isle Counties; HomeShare Now is active in Washington and Orange Counties.<br>"Homesharing" arranges live-in 'matches' | Performance (SFY 16):<br>• 200 Vermonters in "matches"<br>• 177 Vermonters provided affordable housing.<br>• 100% of people matched reported | $327,163 GC/MCO |

| Whom We Serve | Program Description | Performance Measures | SFY 18 Proposed |
|---|---|---|---|
| | between Vermonters who have a living space to share and others who need a place to live and can offer support (such as personal care, housekeeping, and socialization).<br>HomeShare Vermont also helps seniors and people with disabilities find paid caregivers to help them remain in their homes.<br>As of 12/31/15 Homeshare VT no longer provides caregiving match-up services and only provides homesharing services.<br><br>The Homeshare Programs have been successful in helping people stay in their own homes, as well as in helping people find affordable housing. | perceived benefits in at least one quality of life measure such as sleeping better, feeling safer, eating better, happier, get out more and call family for help less often.<br>• 44% of matched home providers reported they would be unable to remain safely and comfortably at home had they not received a home sharer. | |
| | **Division for the Blind and Visually Impaired** | | |
| People who are blind or visually impaired | ***Employment and Vision Rehabilitation.***<br>Federal law - 29 United States Code (U. S. C), chapter 16 | Performance (FFY 16):<br>• 308 people served<br>• Employment rate 79% (national standard is 69%)<br>• Average earnings were 83% of the state average earnings. (national standard is 59%)<br>• 95% of people were satisfied with services<br>• 94% of people said they got the results they wanted | $927,007 Gross |
| People who are blind or visually impaired | ***Independent Living Services*** provides people who are blind or visually impaired learn skills to remain independent in their homes and communities. | Performance (FFY 16):<br>• 86 people were served. | $76,000 Gross |
| People who are blind or visually impaired and over age 55 | ***Older Blind Program*** provides services to people who are blind or visually Impaired and over the age of 55 to learn skills to remain independent in their home and communities. The program is Provided through a grant with the Vermont Association for the Blind. | Performance (FFY 16):<br>• 800 people were served. | $225,000 Gross |

| Whom We Serve | Program Description | Performance Measures | SFY 18 Proposed |
|---|---|---|---|
| People with the most significant visual impairments | ***Randolph/Sheppard Program*** provides Business Enterprise Supports to assist blind business owners to successfully run cafeterias and vending programs on state and federal property.<br>21 V. S. A. § 501 et seq.; federal law (20 U. S. C. § 107 et seq.) | Performance (FFY 16):<br>• 4 individuals who operate small café and vending businesses on state and federal property<br>• Gross earnings for blind business owners increased 1% | $223,450 Gross |
| | **Adult Services Division** | | |
| People age 60 and over | ***Older Americans Act*** supports a range of services for people 60+ aimed at helping them live as independently as they chose and supporti ng family caregivers to maintain their essential caregiving role. Specific services include: nutrition programs, information/referral/ assistance; family caregiver support; case management; health promotion & disease prevention, volunteer outreach and legal services. Federal law-42 U.S.C 3001, et.seq**.** | Performance (FFY 15): *NOTE: FFY16 data will not be final/confirmed until January 2017, which is the status quo.*<br><br>60,738 people served<br>• The AAA area plans serve as a blueprint for their work. Detailed goals for core programs outlining objectives, strategies, and target outcomes are developed by each individual AAA and approved by DAIL. AAAs continue work including Results Based Accountability (RBA) to demonstrate performance and are in the process of further developing statewide, consolidated RBA outcomes and measures.<br>• Home delivered Meals:<br>4910 people served (4% increase)<br>814,802 meals served (4% increase)<br>• Congregate Meals:<br>11,095 people served (4% increase)<br>369,571 meals served (4% decrease)<br><br>New Statewide RBA measures beginning FFY17: | Approx $11M<br>Total Approx<br>$4.9M GF |

| Whom We Serve | Program Description | Performance Measures | SFY 18 Proposed |
|---|---|---|---|
| | | • The number and percentage of home delivered meals clients who report they have enough to eat<br>• The number and percentage of home delivered meals clients who report that meals help manage or improve their medical condition | |
| People age 60 and over, adults with disabilities, and their families | ***Aging and Disabilities Resource Connection (ADRC)*** is comprised of nine core partners serving Vermont as the primary points of access through a No Wrong Door model for all individuals seeking information about and access to long term services and supports. The ADRC partners collectively provide information and assistance, options counseling and decision support, assistance in accessing publicly and non-publicly funded services, and transitions from hospital and nursing home to the community. In August 2016, the Administration for Community Living selected Vermont has one of eight states to receive the "No Wrong Door Key Elements: Transforming State LTSS Functions into a NWD System for All Populations and All Payers" grant award. A new learning platform and certification opportunity was a launched, providing on-line and in person training specific to person-centered planning and options counseling | Performance (FFY 16):<br>• ADRC partners received more than 17,000 calls for Information, Referral, and Assistance. Vermont 2-1-1, received 2,116 unduplicated callers over the age of 60, and 395 unduplicated callers from individuals with disabilities. (Source: SAMS and ReferNet)<br>• Over 1,274 Vermonters engaged in Options Counseling services. (Source: SAMS)<br>• Approximately 91% of those who responded replied that they were Very Satisfied/Satisfied with Options Counseling received.<br>• 73 Veterans served through the VIP program (partner data reporting)<br><br><u>Medicaid Reimbursement Pilot:</u><br>• In February 2016, a SAMS upgrade allowed ADRC pilot partners to begin tracking the individuals who received "enhanced" options counseling services to assist individuals applying for Long Term Care Medicaid to complete the application process. Between 2/1/2016 – 6/30/2016 a total of 83 | Approximately $148K federal funds |

| Whom We Serve | Program Description | Performance Measures | SFY 18 Proposed |
|---|---|---|---|
| | | individuals received services under this pilot work.<br>New Elsevier Online Learning Platform/Person-centered Training:<br>• 139 learners participated in online training<br>• 96 learners participated in in-person training<br>• Approximately 60 learners will go on to become certified by year end | |
| People age 60 and older and their families | ***Dementia Respite***<br>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 continuing their caregiving roles. Grants may be used to pay for a range of services including in-home care, respite care, homemaker services, and Adult Day services. | Performance (SFY16)<br>• 244 people served<br>• 96% of caregivers who received a dementia respite grant also received a follow up check in contact from dementia respite grant staff | $250,000 |
| Under 60, adults with disabilities | ***Home Delivered Meals – VCIL***<br>The VT Center for Independent Living (VILA) contracts with home delivered meals partners to provide nutritious meals for people under 60 who are at nutritional risk. | Performance (SFY16)<br>• 521 people served (12% increase)<br>• 56,136 meals served (8% decrease)<br>• 100% of applications were processed in the required 5-day timeframe | $507,000 |
| People age 60 and older | ***Self-Neglect***<br>Funds are provided to Vermont's five Area Agencies on Aging (AAA) to work with people identified with "self-neglect" behaviors with the goal of improving their quality of life by reducing possible risk and harm to self, others and the environment. | Performance (SFY16)<br>• SFY16 was the last year as an investment pilot.<br>• 172 people were referred for self-neglect services.<br>• DAIL worked with partners to evaluate performance measures to improve data integrity, collection and reporting.<br><br>New measures starting FY17 include:<br>• % of goals with provider engagement | $265,000 |

| Whom We Serve | Program Description | Performance Measures | SFY 18 Proposed |
|---|---|---|---|
| | | • % of consumers with goals<br>• % of consumers with complete assessments | |
| Adults living in congregate housing and VT farms | ***Senior Farmers Market***<br>The Northeast Organic Farmer's Association (NOFA) is paid to recruit congregate housing sites and farms to participate in Community Supported Agriculture (CSA). The goal is to support local farms while bringing fresh whole food options to seniors residing in congregate housing. | Performance (SFY16)<br>• 946 people served<br>• 13 farms participating<br>• 60 housing sites participating | $46,738 |
| People age 60 and over and adults with disabilities | ***State Long Term Care Ombudsman Program*** protects the safety, welfare and rights of older Vermonters who receive 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 c o m m u ni t y - based settings. Operated through a grant agreement with Vermont Legal Aid, 33 V. S. A. § 7501 et seq. | Performance (FFY 16):<br>• Responded to 488 complaints (10% decrease)<br>• Approximately15% related to HCBS (1% increase)<br>• Provided 353 consultations to individuals (15% decrease)<br>• Provided 106 consultations to long term care service providers (38% decrease)<br>• Approximately 82% of complaints were fully or partially resolved to the satisfaction of the individuals receiving services which is well above the 75% target and national average (5% decrease)<br>• Made 1,262 non-complaint related visits to maintain a presence in facilities (16% increase)<br>• New federal regulations were implemented | $702,743<br>Total a) $244,079 GF b) $458,664 FF |

| Whom We Serve | Program Description | Performance Measures | SFY 18 Proposed |
|---|---|---|---|
| People age 60 and over, adults with physical disabilities, and their families | ***Choices for Care*** provides a range of services to support people living at home, in an Enhanced Residential Care Home, Adult Family Care or in a nursing facility.<br><br>Vermont Global Commitment (GC) Medicaid Regulations & Vermont Choices for Care regulations. | Performance (SFY 16):<br><br>High/Highest as of July 2016:<br>• 4033 people enrolled all settings<br>• 5% increase in high/highest enrollments from SFY15<br>• 41% of all enrollments in home-based settings (steady)<br>• 13% of all high/highest in ERC settings (1% increase)<br>• 46% of all high/highest in nursing facilities (1% decrease)<br>• 93% of clinical determinations (high/highest) were completed within 30 days or less (target 95%)<br><br>Moderate Needs<br>• 1467 people enrolled in Moderate Needs services<br>• 6% decline in Moderate Needs enrollments<br>• Moderate Needs provider wait lists increased to about 600 people<br>*Source: SAMS enrollments*<br><br>The DAIL Consumer Survey 2015 showed:<br>• 82% of people receiving Moderate Needs Homemaker said the degree services met their daily needs was excellent/good.<br>• 90% of people receiving Personal Care services said the degree services met their daily needs was excellent/good. | DVHA appropriation (LTC component) $196,072,359 Gross |

| Whom We Serve | Program Description | Performance Measures | SFY 18 Proposed |
|---|---|---|---|
| People transitioning from nursing homes to the community | ***Money Follows the Person (MFP) Grant*** is a special program supplementing the CFC program who choose to transition: $2,500 per person to help overcome barriers for returning to community (rent, mortgage, etc), and enhanced FMAP on all HCBS for each person enrolled and transitioned to approved housing. The period of enrollment is 365 days. *Program Criteria*: People residing in a nursing facility for 90 days or longer, using Medicaid reimbursement, who express a desire to return to a HCBS;<br><br>The federal grant was extended through September 30, 2019 with an additional $8m (about $5m less than anticipated) | Performance (SFY 16):<br>• 71 nursing facility residents were educated about MFP<br>• 77 people enrolled in MFP (4% decrease from previous year)<br>• 65 people residing in nursing facilities transitioned to a home and community based setting (13% decrease from previous year)<br>• 51 people graduated from MFP by completing 365 days of living in a home and community based setting. (59% increase from previous year)<br>• Since the beginning of MFP, a total of 383 people were enrolled, 249 participants transitioned to the community, and 121 participants graduated from MFP based on length of stay in a community | MFP expenses in the DVHA budget. Administrative expenses in DAIL (100% Federal Funds) |
| Adults with physical and/or cognitive impairments | ***Adult Day Services*** is a community-based non-residential service that assists individuals to remain as active in their communities by maximizing health, independence and optimal functioning.<br><br>Vermont Global Commitment to Health regulations; Vermont Choices for Care regulations. | Performance (SFY 16):<br><br>• 483 people per month average were serviced in SFY16, a 4% reduction from SFY15.<br>• 30% CFC Moderate Needs,<br>• 39% CFC Highest/High needs, and<br>• 31% Day Health Rehabilitation Services<br><br>The DAIL Consumer Survey 2015:<br>• 91% of people receiving Adult Day services said the degree services met their daily needs was excellent/good. | $3,999,642<br>a) Choices for Care $1,979,909<br>b) Day Health Reha b Services GC $2,019,733 |

| DAIL State Fiscal Year 2018 Program Summary<br>*All data is for SFY 16 unless otherwise noted* | | | |
|---|---|---|---|
| **Whom We Serve** | **Program Description** | **Performance Measures** | **SFY 18 Proposed** |
| Adults with disabilities | ***Attendant Services Program (ASP) supports*** independent living for adults with severe and permanent disabilities who need physical assistance with activities of daily living. Provides personal assistance services assistance, allowing people to remain in their own homes and communities. General Funds option has been frozen since July 2014.<br><br>33 V. S. A. § 6321; Vermont program regulations. | Performance (SFY 16):<br>• 149 people total were served by ASP in SFY16: 18% less than SFY15<br>• 80 people through the Medicaid options (21% less than SFY15)<br>• 63 people through the General Funds option (13% less than SFY15): 22% total reduction in use since the option was frozen July 2014.<br>• 6 people with Personal Services option (SSBG) (25% less than SFY15).<br><br>In the DAIL Consumer Survey 2015:<br>• 93% of people receiving ASP services said the degree services met their daily needs was excellent/good. | $3,940,569 Total a) $1,986,226 GF b) $1,954,343 GC |
| Adults who rely on medical technology | ***High Technology Home Care provides*** skilled nursing care to adults 21 and older who are M ed i ca i d eligible and technology-dependent Services include RN oversight, treatment coordination, medical supplies and sophisticated medical equipment. (People under the age of 21 are managed by the VT Department of Health.) Benefits are covered within the Medicaid State Plan. | Performance (SFY 16):<br>20 people served in SFY 16.<br><br>A new assessment and reimbursement process was developed by DVHA. The goal is to reassess all adult participants by Dec2016 and authorize services that meets participants' needs at a rate that maintains provider access in all regions of the state. | DVHA appropriation – approx $4M GC |
| People with moderate to severe traumatic brain injuries | ***Traumatic Brain Injury Program*** diverts and/or returns individuals from hospitals and facilities to community-based settings, rehabilitation-based, choice-driven program, intended to achieve their optimum independence and help return to work. | Performance (SFY 16):<br>• 92 unduplicated people served (12% increase since SFY15)<br>• 29% of people in the rehab program were employed through the 3rd quarter of SFY16 (target was 25%)<br>• 7 people graduated from the rehabilitation program to | $5,647,336 GC |

| Whom We Serve | Program Description | Performance Measures | SFY 18 Proposed |
|---|---|---|---|
| | | independence (target was 7) | |
| | **Developmental Disabilities Services Division** | | |
| People with developmental disabilities and their families | ***Home and Community-Based Services (HCBS)*** consist of a range of services to support individuals and their families, increasing independence and supporting participation in their local communities. Priorities are to prevent imminent risk to the individual's personal health or safety; prevent an adult who poses a risk to public safety from endangering others; prevent or end institutionalization; maintain employment upon graduation from high school; and provide training in parenting skills for a parent with developmental disabilities to help keep a child under the age of 18 at home. 18 V. S. A. chapter 204A; Vermont Developmental Disabilities Act Regulations; Vermont Global Commitment to Health regulations. | Performance (SFY 16):<br>• 4486 people served<br>• In SFY 15, 48% of working age people served by DDS home and community-based services were employed.<br>Preliminary 2016 adult consumer survey results show the percentage of respondents who expressed a high degree of satisfaction with:<br>• Where they live (93%)<br>• Having friends they can see when they want (58%)<br>• Having respectful staff (88%)<br>• Not often feeing lonely (51%) | $202M GC approx.. |
| People with developmental disabilities and their families | ***Flexible Family Funding (FFF)*** allows funds to be used flexibly, at the discretion of the family, to purchase goods, services and supports that benefit the individual and family. 69% (750) of people served were children under the age of 18. 18 V. S. A. chapter 204A; Vermont Developmental Disabilities Act Regulations | Performance (SFY 16):<br>• 1074 people served<br>• Performance measures under development; expected implementation SFY 17 | $1.2M GC approx |
| Children and youth with a mental health or developmental disability and their families | ***Family Managed Respite (FMR)*** provides respite for children up to age 22 with a mental health or developmental disability (ID and/or ASD) diagnosis who do not receive home and community-based services funding. Respite can be used as needed either planned or in response to a crisis. | Performance (SFY 16):<br>• 231 children and youth (up to age 22) with a diagnosis of ID/ASD received FMR (non-IFS; FMR budget includes all FMR services, including those provided by IFS agencies and with a MH diagnosis)<br>• Performance measures under development; expected implementation SFY 17. | $1.5M GC approx |

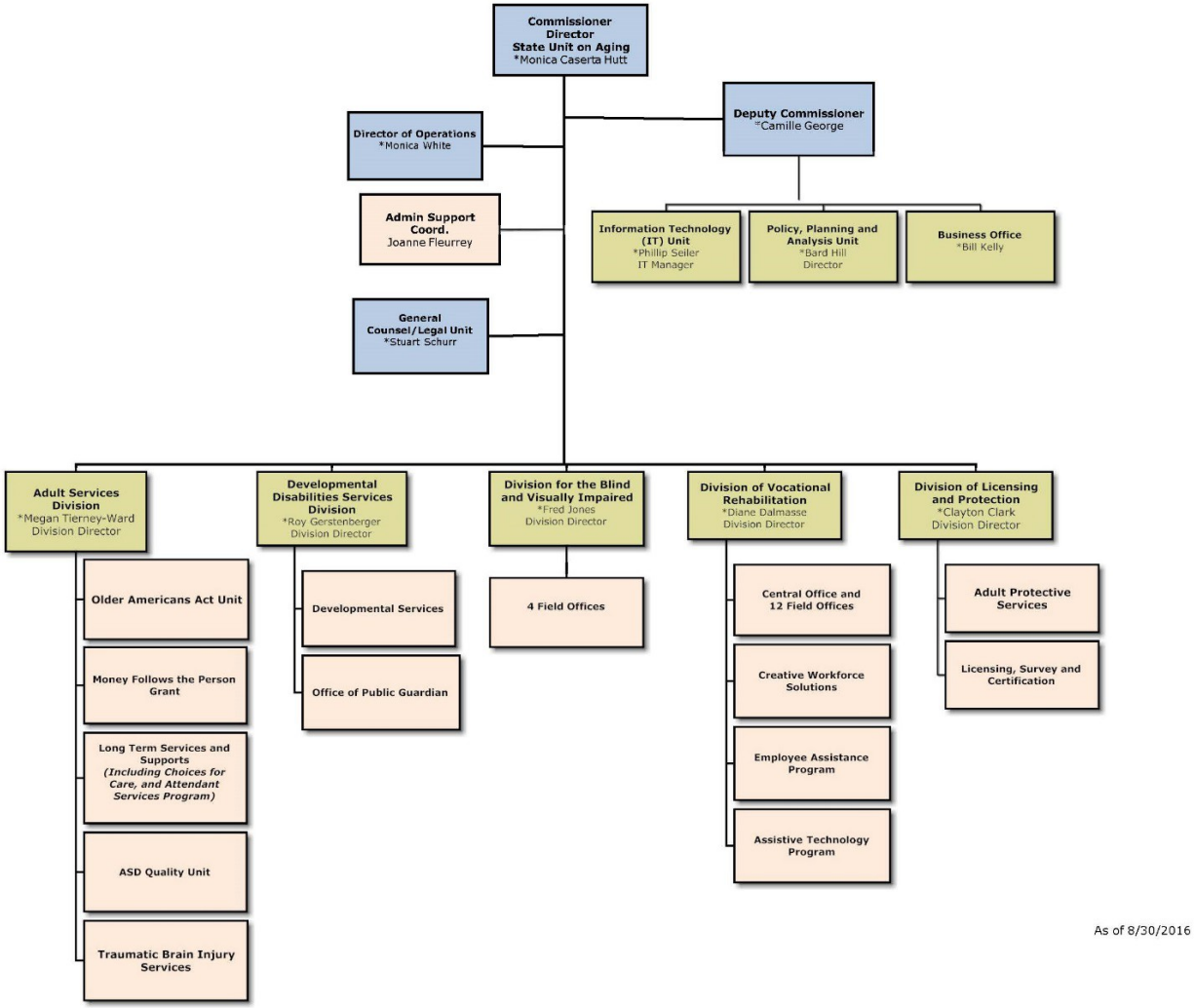
| Whom We Serve | Program Description | Performance Measures | SFY 18 Proposed |
|---|---|---|---|
| Children and youth with a developmental disability and their families | ***The Bridge Program*** provides support to families in need of care coordination to help them access and/or coordinate medical, educational, social or other services for children up to age 22. | Performance (SFY 16):<br>• 323 children served (non-IFS)<br>• 90% of goals were being met (Designated and Specialized Service Agencies track and report the number of service goals identified and the number of service goal outcomes achieved.) | $821,074 GC |
| Adults with developmental disabilities and older Vermonters who have been found to lack decision making abilities concerning basic life decisions | Office of Public Guardian (OPG) public guardians assist and empower people under guardianship in making decisions and taking actions in critical life areas. Courts assign a public guardian when there is no friend or family member to serve as guardian, and the individual needs a public guardian to protect his or her rights or welfare; facilitates guardianship evaluations for new private and public guardianship applicants.<br><br>18 VSA 9301-9317; 14 VSA 3093 | Performance (SFY 16):<br>• 739 adults received guardianship services (638 people with developmental disabilities and 99 adults over age 60)<br>• 345 people received representative payee services<br>• 4 people received case management services | |
| | **Division of Licensing and Protection** | | |
| People receiving services from Vermont health care facilities and agencies | ***Survey and Certification (S&C)*** provides regulatory oversight of health care facilities and agencies under state and federal regulations.<br>33<br>V. S. A. § 7101 et seq.; state regulations for each type of Long Term Care facility; federal regulations for nursing homes | Performance (SFY 16):<br>• Conducted 578 onsite investigations, across all licensed providers<br>• Met target for 100% of required federally regulated healthcare surveys<br>Nursing home surveys:<br>• 24% had no deficiencies<br>• 62% had deficiencies reflecting no actual harm but potential for more than minimum harm<br>• 14% had deficiencies reflecting actual harm or immediate jeopardy of residents | $3M Gross approx |

| Whom We Serve | Program Description | Performance Measures | SFY 18 Proposed |
|---|---|---|---|
| Vulnerable adults | ***Adult Protective Services (APS)*** investigates allegations of abuse, neglect and/or exploitation, raises awareness of adult maltreatment in all its forms, and provides information about alternatives and services for vulnerable adults who are the victims of maltreatment. Chapter 69 of Title 33 of the Vermont Statutes Annotated | Performance (SFY 16):<br>• 3,835 reports of alleged abuse, neglect and/or exploitation of vulnerable adults received<br>• Investigated 1,139 allegations (an average of 114 investigations per investigator)<br>• 97 recommendations for substantiation<br>• 64 individuals were placed on the Adult Abuse Registry | $1.7M approx. GF |
| | **Division of Vocational Rehabilitation** | | |
| People with disabilities | ***General Vocational Rehabilitation (VR)*** offers free, flexible services to any person or employer dealing with a disability that affects employment. Partner with human service providers and employers across Vermont to help people with disabilities realize their full potential. | Performance (SFY 16):<br>• 9,254 people served<br>• 1,575 employment outcomes<br>Results from the most recent customer survey (2016) show that:<br>• 94% indicate it is easy to access vocational rehabilitationservices<br>• 88% of consumers were satisfied or very satisfied with Vermont's VR program.<br>• 97% indicate that the Vermont Division of Vocational Rehabilitation staff treat them with dignity and respect<br>• Among those who were working, 84% are very satisfied or satisfied with their job<br>Nationally, Vermont VR ranks #1 among general VR agencies in:<br>• New VR applicants per million state population<br>• VR employment outcomes per million state population | $8,353,536 Gross |

| DAIL State Fiscal Year 2018 Program Summary<br>*All data is for SFY 16 unless otherwise noted* | | | |
|---|---|---|---|
| **Whom We Serve** | **Program Description** | **Performance Measures** | **SFY 18 Proposed** |
| People with disabilities | ***Independent Living Part B*** is a grant to the Vermont Center for Independent Living to provide independent living services to people with disabilities. The funding is administered through the Sue Williams | Performance (SFY 16):<br>• 80 people served<br>• 35 Individual Plans for Independent Living completed | $150,000 Gross |
| People who are deaf or hard of hearing | ***Interpreter Referral Service*** operated by the Vermont Center for Independent Living enables organizations and individuals to hire qualified interpreters | Performance (SFY 16):<br>• VIRS filled 2,114 requests for interpreters | $55,000 Gross |
| People with disabilities | ***Assistive Technology Program*** helps people of all ages and abilities to achieve greater independence, efficiency and control over their environment using assistive technology. Required by federal statute: Federal Assistive Technology Act | Performance (SFY 16):<br>• 2,291 people served<br>• Reached 1,865 people through public awareness and technical assistance activities | $300K approx. Gross |

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

**State Unit on Aging ( SUA)**




As of 8/30/2016

*** = Identifies contacts for DAIL Senior Leadership**