



Agency of Human Services

2007 Annual Report

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



Published 02/2008

Mission Statement

*The mission of the
Department of Disabilities, Aging and Independent Living
is to make Vermont the best state in which to grow old or to live
with a disability – with dignity, respect and independence.*

Core Principles

- ***Person-centered*** – the individual will be at the core of all plans and services.
- ***Respect*** – individuals, families, providers and staff are treated with respect.
- ***Independence*** – the individual’s personal and economic independence will be promoted.
- ***Choice*** – individuals will direct their own lives.
- ***Living well*** – the individual’s services and supports will promote health and well-being.
- ***Contributing to the community*** – individuals are able to work, volunteer, and participate in local communities.
- ***Flexibility*** – individual needs will guide our actions.
- ***Effective and efficient*** – individuals’ needs will be met in a timely and cost effective way.
- ***Collaboration*** – individuals will benefit from our partnerships with families, communities, providers, and other federal, state and local organizations.

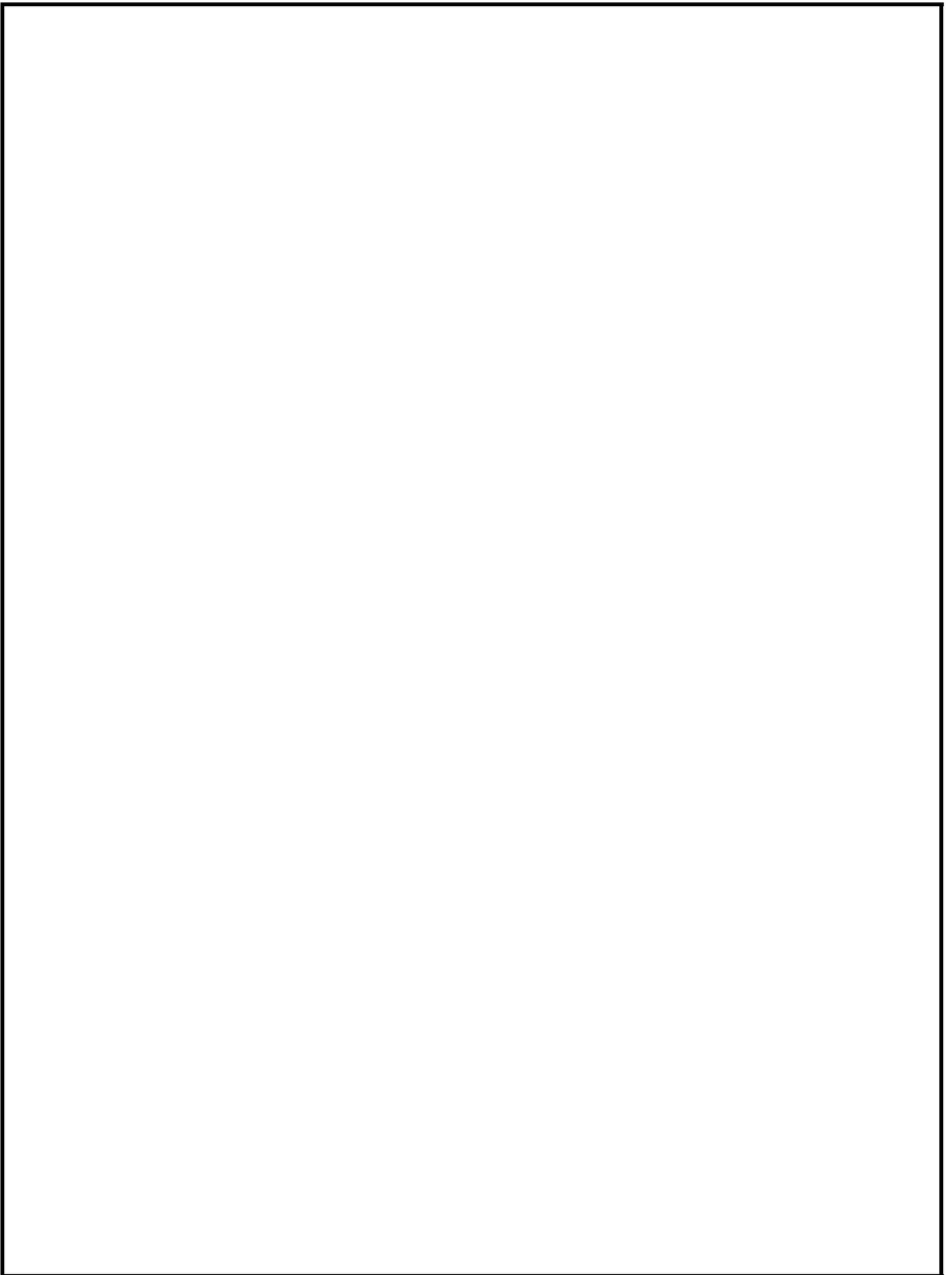
Table of Contents

DEPARTMENT DIVISIONS

BLIND AND VISUALLY IMPAIRED.....	1
DISABILITY AND AGING SERVICES	5
Division Structure.....	5
Individual Supports Unit Programs	7
Community Development Unit Programs	17
Office of Public Guardian.....	29
Special Initiatives.....	30
LICENSING AND PROTECTION	33
Survey and Certification.....	33
Adult Protective Services.....	38
VOCATIONAL REHABILITATION.....	46
Reaching Out to Special Populations	48
VR Reach Up Program.....	50
Assistive Technology Program.....	52

SPOTLIGHT FOR THIS YEAR

DEAF AND HARD OF HEARING SERVICES.....	53
---	-----------

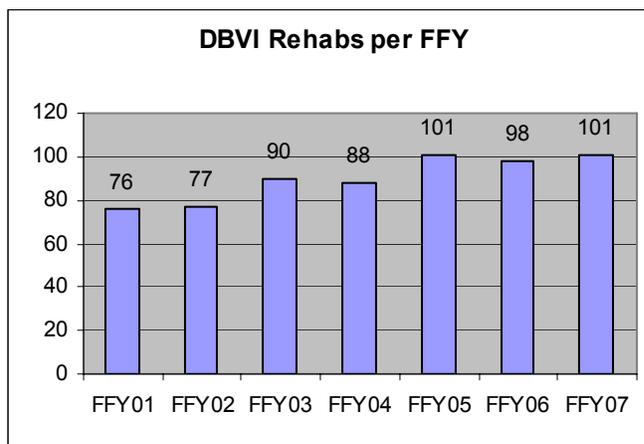


Blind and Visually Impaired

802-241-2210(voice/tty) or 888-405-5005
www.dail.state.vt.us/dbvi/

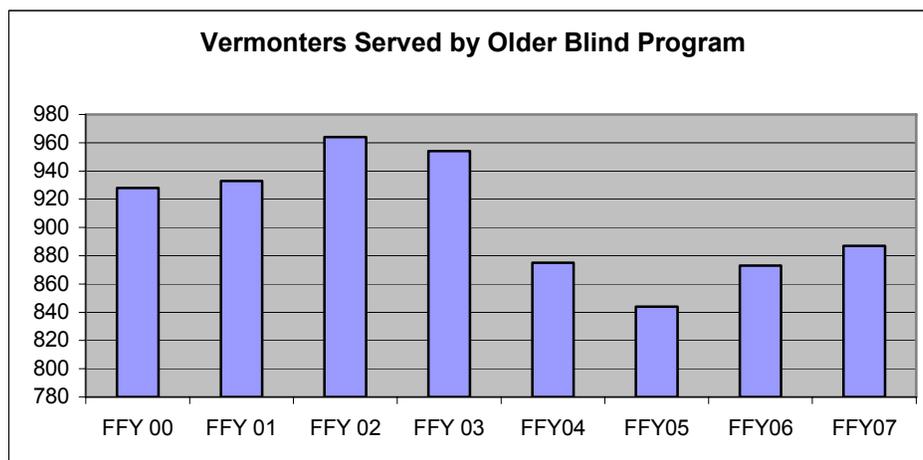
In FFY 2007 the Vermont Division for the Blind and Visually Impaired (DBVI) continued to provide significant service to Vermonters with vision impairments. In the area of vocational rehabilitation the number of successful closures was 101, up by two from FFY06. DBVI served 389 individuals last year, down slightly from FFY06 (395), but above levels from the previous years (380 and lower).

DBVI also continues to provide services to consumers needing Independent Living services. In an effort to increase the scope of services to Vermonters who are visually impaired DBVI has sought out areas of need that may not be covered by vocational rehabilitation services. One area of note was the outreach to individuals who are Deaf/Blind in Vermont. While this is a very low incidence population, one estimate by a service provider in the state (includes those who use ASL and are legally blind) is only about 15 individuals. However low the number is this group remains an incredibly isolated population, with communication and mobility as huge obstacles. In 2007 DBVI supported a needs assessment and survey for the Deaf/Blind population of Vermont. The results show a need for the creation of a network of Specialized Service Providers (SSPs) in the state. SSPs are trained providers who are able to communicate with individuals who are Deaf/Blind and also members of the community-at-large. They also provide transportation for shopping, appointments, social occasions and other events involving the community. They are not interpreters, but their services can create a needed link to an otherwise inaccessible world. In 2008 a work group will create strategies to train and support SSPs. DBVI continues to support individuals in its Independent Living program, as well as other projects, such as the growth of the AudioDescription (movies and live theater) program for blind and visually impaired Vermonters.



The Vermont Association for the Blind and Visually Impaired (VABVI) continues to receive both federal and state allocations through a grant from DBVI to provide services to adults with impaired vision who are over the age of 55. These high quality services provided in the home, community and at central sites include travel skills, low vision rehabilitation and a whole range of independent living skills. As the chart below indicates

the numbers are down slightly since 2003, but are on an upward trend again. This can be attributed to the difficulty of finding qualified teachers, a national issue. Now that VABVI is fully staffed, it is expected again serve close to 1,000 older Vermonters a year, individually or through groups, but will find it difficult to go much above this mark without additional resources.



In FFY04, DBVI received the results of a survey of all vocational rehabilitation agencies in New England (not just agencies for the blind). DBVI had an overall 96% satisfaction rate and very high scores in all other areas (e.g., dignity and respect, response) placing DBVI at the very top of the New England region. While justifiably proud, DBVI, does not take this as a signal for complacency. Using these numbers, consumer feedback, advice from the State Rehabilitation Council, extensive staff input and research on national and regional trends, DBVI re-examined its mission and how it provides service. How can DBVI continue to improve, to assist Vermonters who are visually impaired attain and maintain economic independence, self-reliance and social integration and to be able to provide quality services for the foreseeable future? The results are 5, 3 and 1-year strategic plans and goals. The goals are divided into the categories of Employment, Transition and Technology, with multiple goals within each (e.g., Consumers will benefit from new exploration in job development, students will have more opportunities to improve vocational readiness, consumers will be fully aware of the technology available to assist them with their goals). While these goals sound quite generalized, they are backed by multiple specific strategies. DBVI is working from the premise that “not enough Vermonters with impaired vision are working”.

In 2007 DBVI began the first phase of what it hopes to be a dynamic new interaction with consumers around the state. In conjunction with its State Rehabilitation Council (SRC) DBVI has designated the Springfield office as the site of the first of a series of “town meetings” that DBVI will hold around the state for consumers of DBVI services. These will be designed to allow consumers to express their needs in relation to services for the blind

and visually impaired in Vermont. These meetings, in combination with quality satisfaction survey given to all closed cases will give DBVI a much better picture of the services being provided and the service needs for Vermonters with impaired vision.

The most exciting initiative this year was the teaming with the Vermont Youth Conservation Corps (VYCC), ReCycle North, Linking Learning to Life, VABVI, and the Gibney Family Foundation to create a summer youth employment program in Burlington. The project was called Learn, Earn and Prosper (LEAP) and was an unqualified success. Six youth with vision impairments lived and worked together in Burlington during the summer of 2007. They lived in a dorm at the Rock Point School and worked at ReCycle North (photo below right shows student in the computer department) in the various departments this organization runs. The program was based on the VYCC's work crews, but was in an urban environment instead of the wilderness. The youth not only had a paid job (for most their first), but they learned independent living skills, how to get around using a bus system, socialization skills and performed community service projects at the Vermont Food Bank and VYCC (left photo). Since the program one individual has moved out of state to attend college, in part based on skills learned this summer, one has realized that Burlington is a realistic option for life after the Northeast Kingdom and at least two want to return for more training. This is a new opportunity for youth with vision impairments to build résumés, acquire job skills, learn independent living and to generally have an opportunity to begin integration into the larger community.



As always DBVI believes the best way to represent its work is through the stories of some of its consumers. These two stories show how, with creativity and determination on the part of DBVI, the consumer, and other community partners that even seemingly difficult situations can end with wonderful results.

Mr. J became visually impaired due to open heart surgery which caused damage to his brain. He realized a loss of saccadic eye movements which makes it impossible to maintain focus and fixate his vision when he moves his head. Mr. J was unable to continue to run his rubbish removal business as he could no longer drive. Vocational guidance and counseling assisted Mr. J in clarifying his vocational goals and he

decided to explore opening a small engine repair business out of his garage. DBVI provided financial assistance for small engine repair training and for business start up costs to purchase tools, equipment, and related business costs. He was also provided with orientation & mobility and low vision services through VABVI. Mr. J was able to develop a successful business in a very short time due to his solid reputation in his community and the need for affordable, quality small engine repair.

.....

Mr. R is a 30 year old man who has been legally blind since birth. He struggled throughout his educational years with severe mental health and behavioral issues. He became involved with this counselor and the Division for the Blind and visually impaired when he was in his senior year in high school. He had poor social skills, no friends at school and no vocational direction. He was diagnosed with attention deficit disorder and depression. Mr. R developed a drug and alcohol problem. During this time he became a father and moved around the state frequently. From time to time, Mr. R would make contact to give me updates and to discuss vocational progress. Several vocational rehabilitation cases were opened and closed with little success. During the ten years we have been involved with Mr. R we would encourage participation and provide funding for training. Over a long period of time Mr. R developed a strong interest in automobiles sales and service. He tried several jobs but for various reason he was unsuccessful.

During the past two years Mr. R has been more involved in the vocational rehabilitation process. He will be getting married soon and appears more invested in a secure future and settling down. He attends weekly AA meetings. From friendships made through the AA program he was able to secure a job 30 miles from his home, working in an auto parts store. Our technology consultant worked with the computer folks at the auto parts store and made arrangements to make the computer system accessible with low vision technology to increase print size. This agency purchased other equipment that increased Mr. R's ability to read hand written print by using magnification and made all forms accessible. Mr. R was able to make arrangements to commute with a friend, but this was not a reliable means of transportation. Mr. R went for a low vision evaluation and learned that he is a good candidate for a low vision bioptic aid that can be used for driving and would allow him to get a legal Vermont state license. Eventually Mr. R moved two miles away form his place of employment where he has been employed with benefits for the past year.

Disability and Aging Services

802-241-2648(voice) 802-241-2325 (tty)
www.ddas.vermont.gov

The Division of Disability and Aging Services (DDAS) is responsible for all community-based long-term care services for older Vermonters, individuals with developmental disabilities, traumatic brain injuries, and physical disabilities. The division is comprised of five units:

- Individual Supports Unit (ISU)
- Community Development Unit (CDU)
- Quality Management Unit (QMU)
- Information and Data Unit (IDU)
- Office of Public Guardian (OPG)

The **Individual Supports Unit (ISU)** administers all Medicaid-funded programs that provide individualized services to older Vermonters and people with disabilities, including: Medicaid waiver services for older Vermonters, people with developmental disabilities and traumatic brain injuries; children and adult personal care/attendant services, high technology nursing, and other Medicaid services.

The **Community Development Unit (CDU)** works with local providers, consumer organizations, and other state agencies to facilitate the development of services and supports to meet the needs of the populations mentioned above. The focus is primarily on building community capacity.

The **Quality Management Unit (QMU)**, in collaboration with DDAS staff and service providers, is responsible for improving and ensuring the quality of services provided through DDAS. The work of the Quality Management Unit includes the collection, analysis, and sharing of performance information through quality assurance/quality improvement activities including technical assistance, provider reviews and designation, responses to complaints/appeals, consumer and family surveys, training and education and ombudsman services.

The **Information and Data Unit (IDU)** supports other DDAS units, and DAIL, as a partner in the collection and use of data for program management, performance indicators, outcome indicators, quality improvement, federally-required reporting, and service planning.

The **Office of Public Guardian (OPG)** provides guardianship and other court-ordered supervision when a person is unable to make basic life decisions and there are no friends or family to assist. Under Vermont law, the Office of Public Guardian is authorized to provide

guardianship to adults who have developmental disabilities or individuals who are age 60 or older. In addition to serving as guardian, the Office of Public Guardian provides case management supports; supervision of offenders with developmental disabilities who have been found not competent to stand trial for a criminal offense (Act 248); coordination of court-ordered evaluations; support and assistance to private guardians; family reunification; and representative payee services.

Community Partners

DDAS works with private non-profit and for-profit organizations to provide services and supports to older Vermonters, individuals with developmental disabilities, traumatic brain injuries and physical disabilities. The majority of these services and supports are provided by:

- Adult Day Centers
- Area Agencies on Aging
- Developmental Disability Services Providers
- Home Health Agencies
- Housing Partners
- Information, Assistance and Referral Providers
- Mental Health Providers
- Nursing Facilities
- Residential Care Homes
- Senior Centers
- Transportation Providers
- Traumatic Brain Injury Providers

Individual Supports Unit Programs

802-241-1228

Medicaid Waiver Services

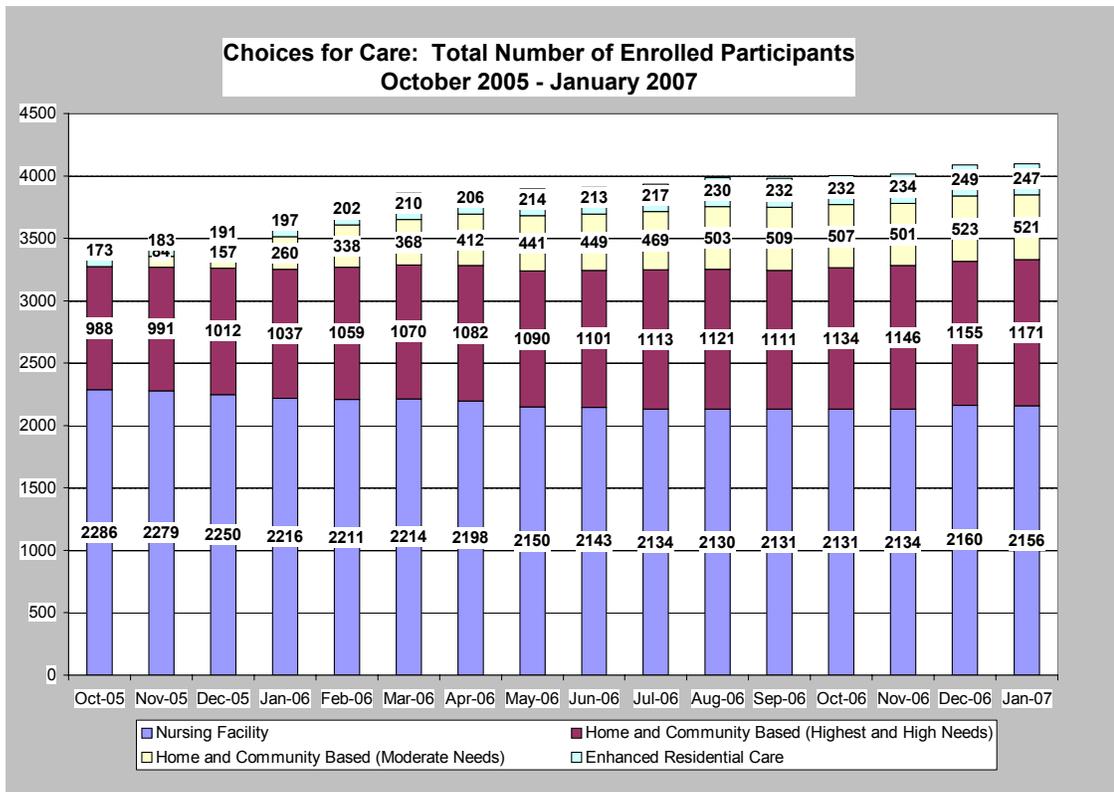
Three Medicaid waiver programs are administered by this unit: Choices for Care, Developmental Disability and Traumatic Brain Injury. Together they provide services and supports for an estimated 7,055 Vermonters.

Choices for Care (1115 Long-Term Care Demonstration Waiver). Choices for Care is a Medicaid-funded, long-term care program to pay for care and support for older Vermonters and younger adults with physical disabilities. The program assists people with everyday activities at home, in an enhanced residential care setting or in a nursing facility. Support includes hands-on assistance with eating, bathing, toilet use, dressing and transferring; and assistance with tasks such as meal preparation, household chores and medication management. The Choices for Care program replaced the previous home and community-based and enhanced residential care waivers on October 1, 2005.

Settings and options include:

- **Home-Based Supports:** This includes personal care services to help eligible individuals remain in their homes.
- **Enhanced Residential Care:** Services are provided in authorized licensed Level III Residential Care Facilities and Assisted Living Residences to people whose needs are greater than what is regularly available in these homes.
- **Nursing Facility Services:** Licensed facilities provide 24-hour care in a nursing home setting.
- **Flexible Choices:** Participants convert their plans of care into a monetary allocation, which allows them to purchase their care and meet their needs more flexibly (see below).
- **Program for All-Inclusive Care for the Elderly (PACE):** An integrated health care delivery system for frail individuals 55 years and older that provides all acute, primary, and long-term care needs (see below).

Vermonters Served: (as of 11/07) 4,779 participants (2,069 in nursing homes; 2,710 in home and community-based services, including enhanced residential care). These numbers include Highest, High and Moderate Needs groups. To enroll, participants must: be age 65 and over or age 18 and over with physical disabilities; qualify for nursing home level of care (High and Highest Need Groups only) and be financially eligible for Long-Term Care Medicaid.



The overall goal of the Choices for Care waiver services is to give people more choice over how and where they receive their care. As anticipated, this has resulted in more people choosing home care or Enhanced Residential Care rather than nursing facility care. The previous goal was to achieve a 60/40 balance between nursing facility and home and community based care.¹ The 60/40 target has already been achieved and exceeded in all but two counties. We believe that the long term care system can achieve a “50/50” balance. (See chart on next page.)

Fourteen Long Term Care Clinical Coordinators (LTCCCs) conduct clinical assessments for program eligibility, helping to improve program efficiencies and cost effective service plans. The LTCCCs are located regionally, often co-located within the offices of the Department for Children and Families, to streamline the long-term care Medicaid application process.

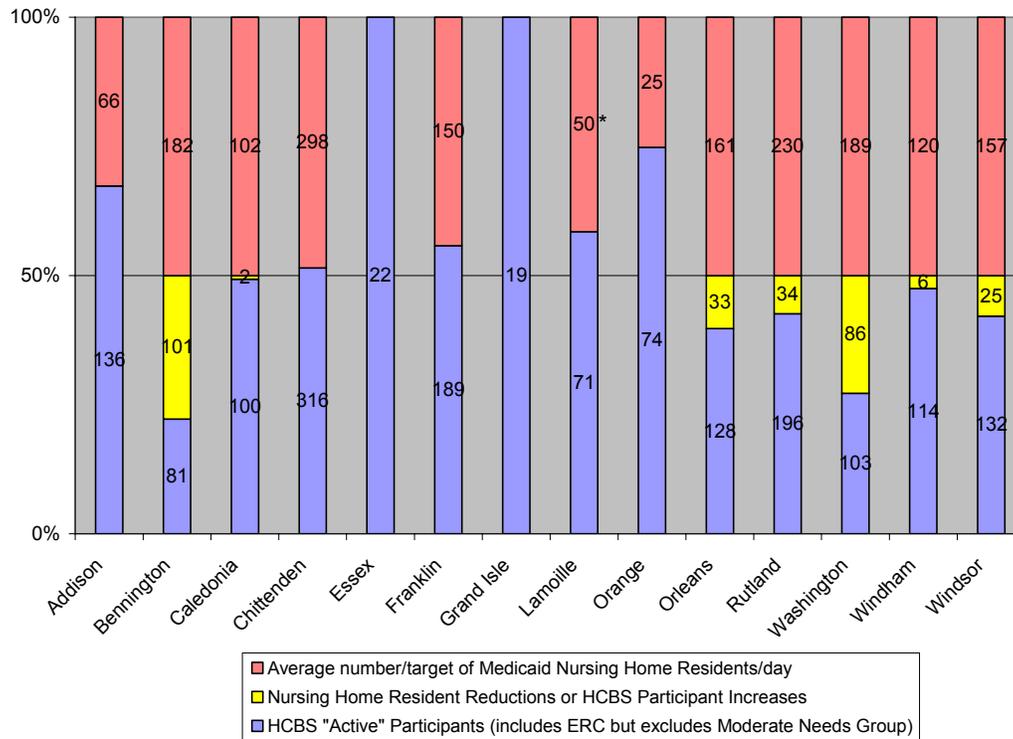
Highlights from FY '07:

- Eliminated the need for the High Needs Group waiting list.
- Authorized spouses to be paid to provide support in the participant’s home.
- Developed and implemented 24-hour community-based service options for people who are unable to be served in the traditional options due to cognitive or behavioral challenges. Ten (10) people are now being served in a pilot.

¹ For every 100 people in a county needing long-term care, 60 would be in a nursing facility and 40 would receive home and community based services.

- Held the second annual summit to address program challenges and solutions for the eligibility process, the Moderate Needs Group and use of technology by providers for data management.

**Medicaid *Choices for Care*: Nursing Home Residents
and Home & Community-Based Participants--October 2007
Changes (Yellow) Needed to Achieve 50/50 Balance**



Flexible Choices: Flexible Choices is care delivery option under Choices for Care. It allows people to convert their plans of care into a dollar-equivalent allocation. Working with a consultant, participants develop a spending plan for that allocation, which allows them to more flexibly purchase their care and meet their needs.

Highlights from FY '07:

- 25 people were enrolled in the program as of June 30, 2007.
- Participants reported high levels of satisfaction and were using their new flexibility on items such as major home modifications, modifying or updating their vans and purchasing exercise equipment.

Program for All-Inclusive Care for the Elderly (PACE): An option under Choices for Care, PACE is an integrated health care delivery system for nursing home-eligible individuals 55 years and older that provides all acute, primary and long-term care needs

of the individual. Care is provided or coordinated by an interdisciplinary team and services are financed through a combined Medicare and Medicaid rate. PACE-VT, a non-profit organization, opened the first PACE Center in Colchester on April 1, 2007 and currently has 24 participants. The second center is expected to open in Rutland in February 2008.

Developmental Disability Waiver Services: Developmental Disability services help provide supports to individuals and their families to increase independence and be part of local communities. They provide support to prevent or end institutionalization; prevent or respond to abuse and neglect; prevent imminent risk to people's health and safety; respond to adults who are or may become homeless; help people find and maintain employment; help parents with developmental disabilities keep their children; and prevent adults who pose a risk to public safety from endangering others. These services support people with developmental disabilities to live dignified lives and find opportunities for community participation. The majority of home and community-based services for adults and children with developmental disabilities are funded through the Medicaid waiver services. The amount and type of services is determined by an individual needs assessment.

Services include:

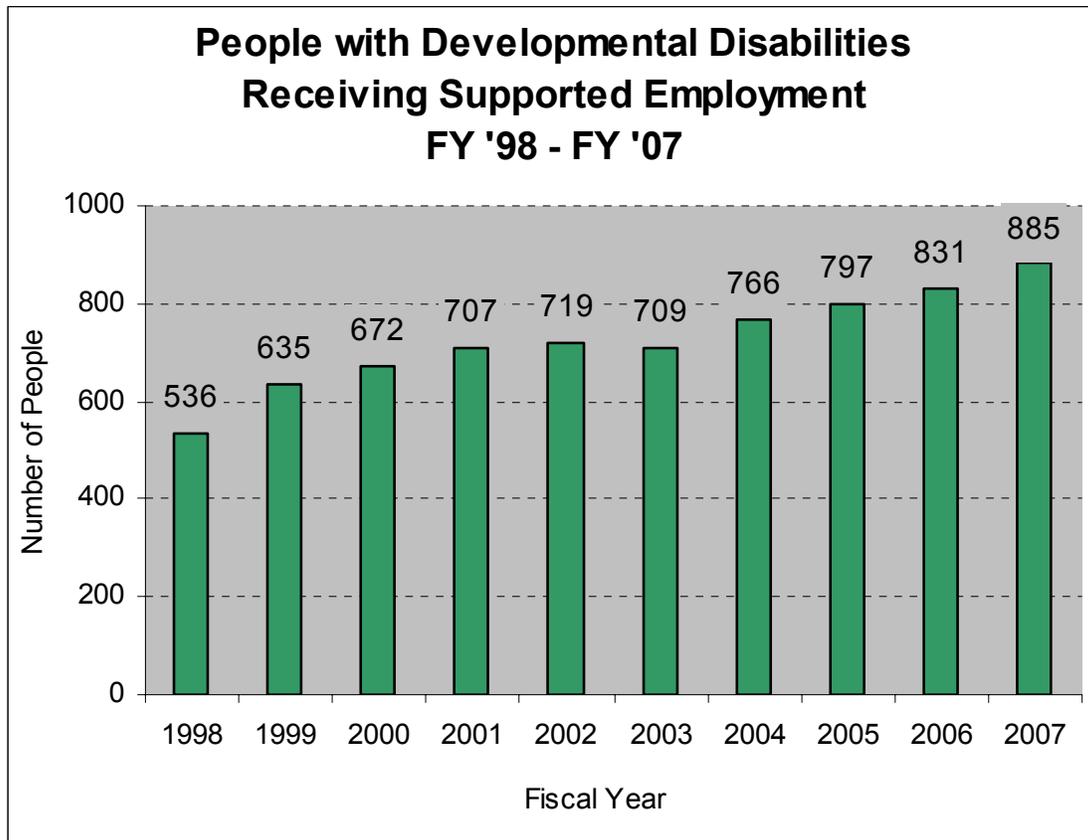
- Service coordination/case management
- Community supports
- Family supports
- Clinical interventions
- Respite (including four statewide respite home)
- Employment services
- Home supports
- Crisis services

Vermonters Served: (FY '07) 2,200 people received waiver services

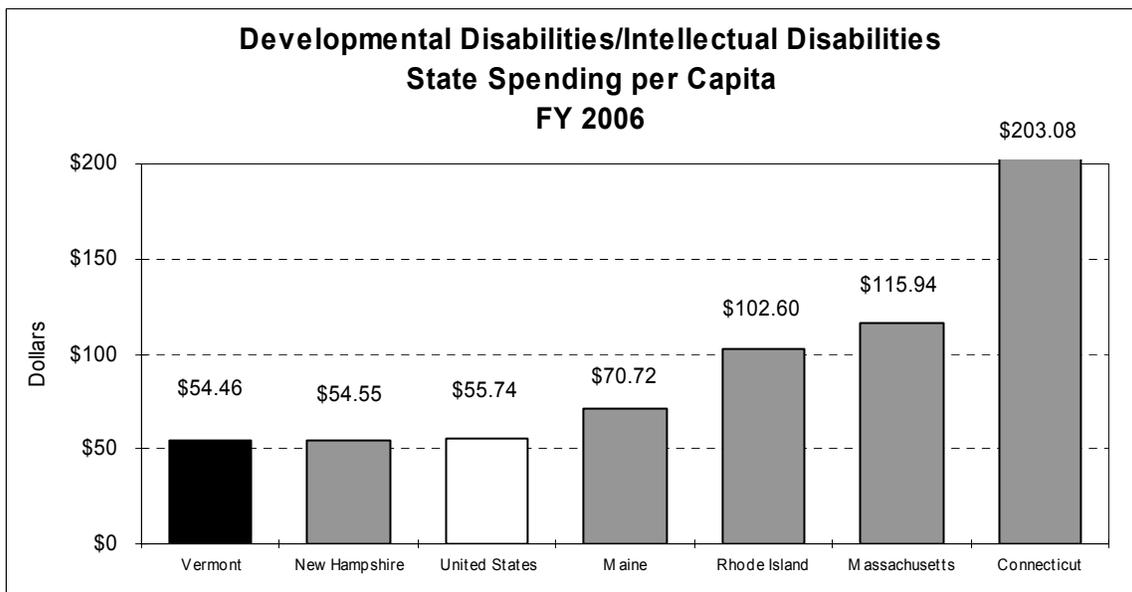
- People with developmental disabilities of any age. (Newly funded waiver services are primarily available only to applicants aged 18 and over.)

Highlights from FY '07:

- Vermont continues to be ranked 1st in the nation for people with developmental disabilities who receive supported employment services.
- Service providers helped 39% of working age adults with developmental disabilities to work. Based on preliminary numbers, an estimated \$1,576,665 was saved in public benefits due to people working.



- The number of people in Vermont with MR/DD in nursing facilities compared to all residential services for people with developmental disabilities is 2.2%, well below the national average of 7.3% in FY '06.
- Vermont spends less in state funds per capita than any New England state and slightly less than the national average, largely because of our extensive system of home and community-based supports.



Traumatic Brain Injury Waiver Services. The Traumatic Brain Injury (TBI) Program diverts and/or returns Vermonters, with moderate to severe traumatic brain injuries, from hospitals and facilities to community-based settings. This is a rehabilitation-based, choice-driven program intended to support individuals to achieve their optimum independence and help them return to work. (See Special Initiatives section for more information on the TBI Partnership Grant.)

Services Include:

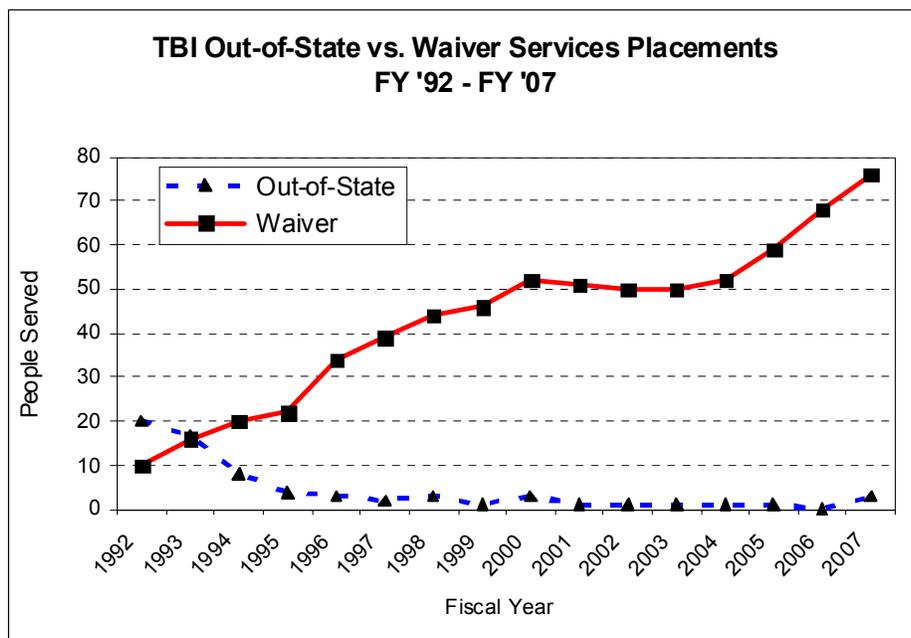
- Case management
- Respite
- Crisis support
- Community supports
- Special needs (ongoing long-term services)
- Rehabilitation services
- Assistive technology
- Employment supports
- Psychology/counseling supports

Vermonters Served: (FY '07) 76 people

- People aged 16 or older diagnosed with a moderate to severe brain injury who demonstrate the ability to benefit from rehabilitation and a potential for independent living.

Highlights from FY '07:

- 12 individuals were discharged from TBI waiver services.
- Since waiver implementation in 1992, out-of-state placements dropped from a high of 20 to an average of 3 per year.
- The average plan in FY '07 was \$5,363 per month compared to the average out-of-state cost of \$14,000 per month.
- 100% of individuals improved their quality of life and level of functioning based on individual quarterly assessments.



Attendant Services Program

The Attendant Services Program (ASP) supports independent living for adults with severe and persistent disabilities who need physical assistance with activities of daily living. The ASP provides funding and payroll support for participants to employ and direct their own personal care attendants. The program includes Medicaid and general fund Participant Directed Attendant Care (PDAC) and Personal Services.

Services Include:

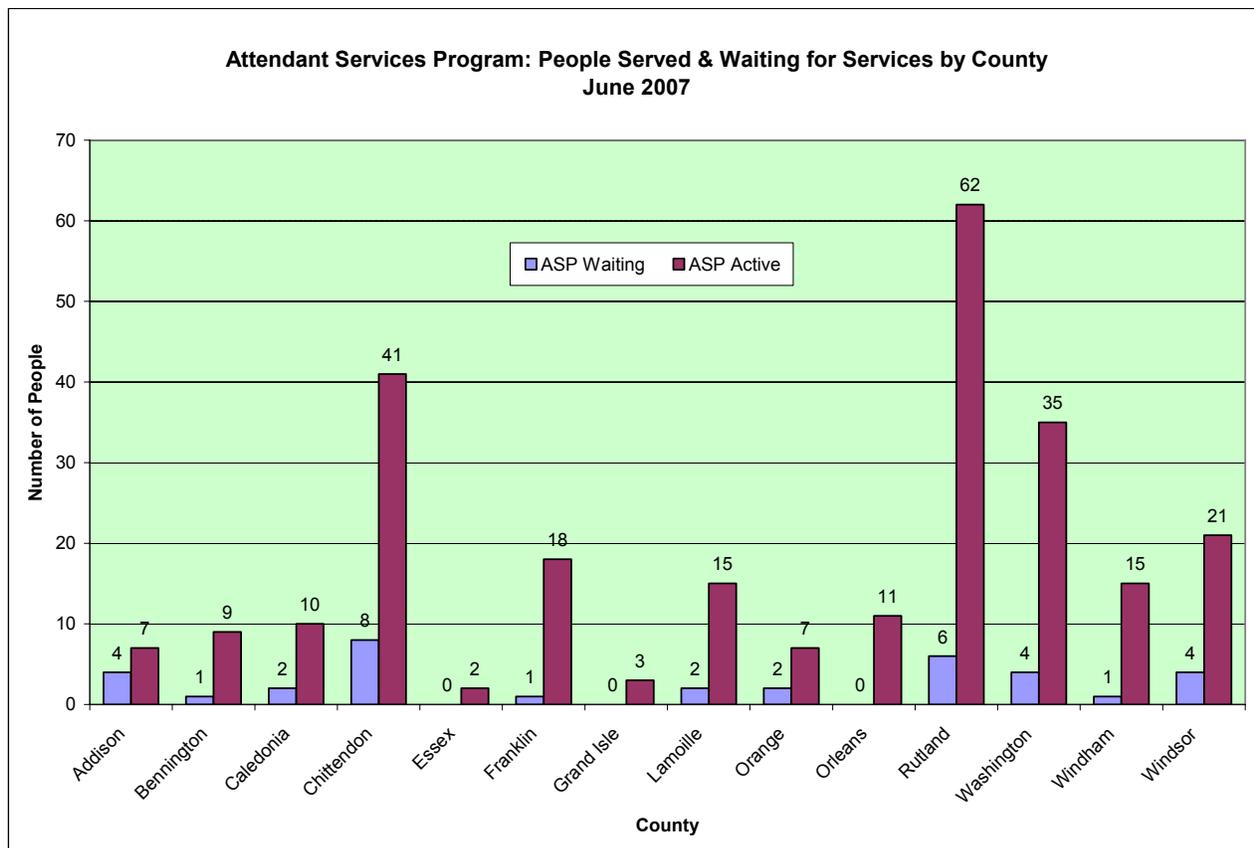
- Assistance with daily living activities such as dressing, bathing, eating, grooming, toilet use, and range of motion exercises.
- Assistance with instrumental activities such as meal preparation, medication management, and care of adaptive and health equipment.

Vermonters Served: (FY '07) 364 adults

- People at least 18 years of age who have a disability and need physical assistance with instrumental and daily living activities in order to live in their homes.

Highlight from FY '07:

- 256 people were receiving attendant services as of June 30, 2007; an additional 35 people were on a waiting list.



Children's Personal Care Services

Children's Personal Care Services (CPCS) is a Medicaid service designed to help families with the extra care needs for children with disabilities and serious health problems. This support is meant to supplement, not replace, parental roles. Hours of support may be used flexibly and may be provided in a variety of settings.

Services Include:

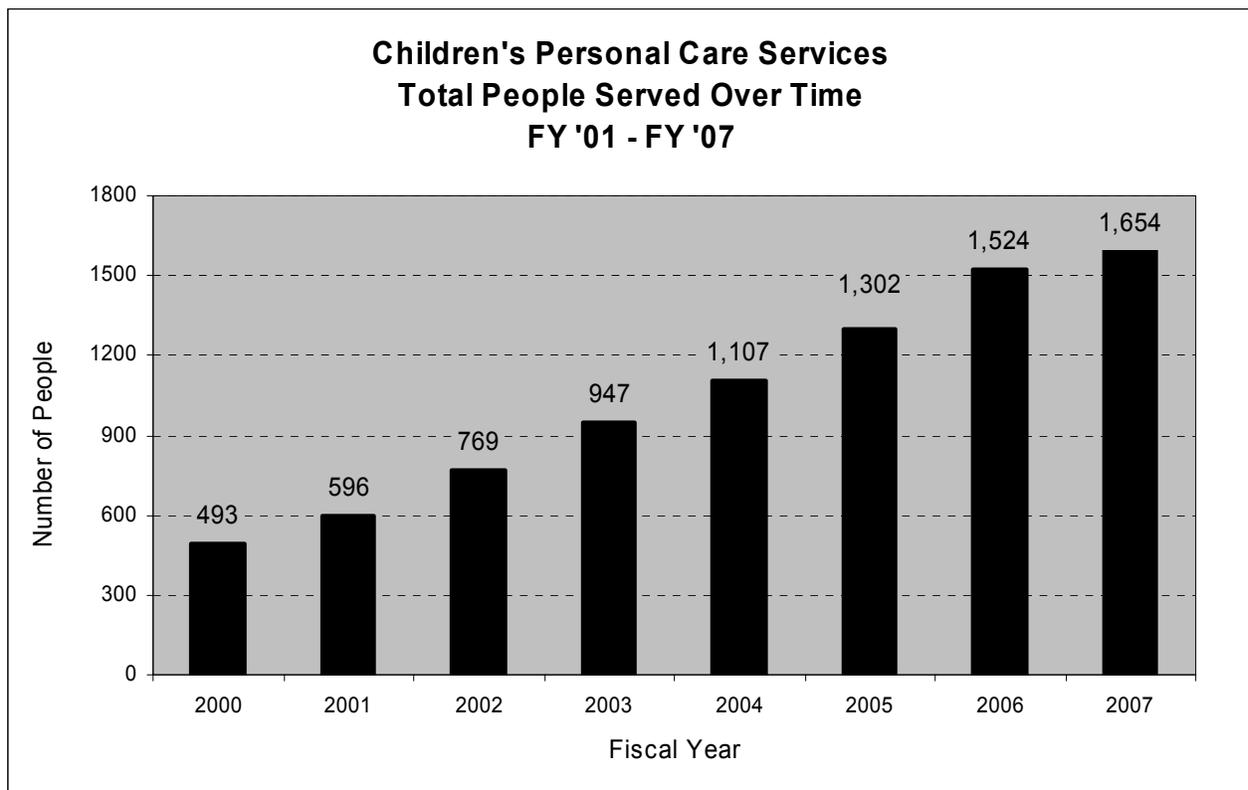
- Assistance with activities of daily living, such as bathing, dressing, grooming, toilet use and eating.
- Promotion of skill building in areas of adaptive behavior.
- Assistance with positioning, lifting, transferring, exercising and accessing the community.

Vermonters Served: (FY '07) 1,780 families approved for services; 1,654 families received services.

- People under age 21 who are eligible for Medicaid, who have a significant disability or health condition which impacts care-giving needs or the development of self-care skills.

Highlights from FY '07:

- The number of people receiving CPCS increased by 9% in the past year; a 50% reduction in the average percentage increase seen in the previous three years.



Flexible Family Funding

The Flexible Family Funding (FFF) Program acknowledges that families, as caregivers, offer the most natural and nurturing home for children and many adults with developmental disabilities. When families provide care and support, individuals and the public benefit by avoiding more intensive and costly out-of-home services. Funds provided may be used at the discretion of the family for services and supports that benefit the individual and family such as family respite, assistive technology and purchasing individual and household needs (e.g., clothing, heating, rent).

Vermonters Served: (FY '07) 926 people

- People of any age who have a developmental disability and live with family.
- Families who live with and support a family member with a developmental disability and are income eligible.

Highlights from FY '07:

- In SFY08, the base amount increased from \$1,122 to \$1,300.
- The sliding scale used to determine the amount of Flexible Family Funding a family is eligible for was adjusted.

High Technology Home Care

High Technology Home Care (HTHC) is an intensive program serving both adults and children. The program provides skilled nursing care for technology-dependent Medicaid beneficiaries and coordinates treatments, medical supplies, and sophisticated medical equipment. The goals are to support the transition from the hospital or other institutional care to the home and to prevent institutional placement.

Vermonters Served: (FY '07) 93 people

- Medicaid-eligible people of any age who are dependent on medical technology to survive.

Highlights from FY '07:

- The number of people receiving HTHC services decreased by 18%, predominately due to improvement in participants who had been served over a long period of time to the point where they no longer required this intense program.
- Ten (10) new participants were enrolled FY '07.
- The ongoing shortage of nurses has made it difficult to get the needed care. The High Technology program has worked closely this year with Children's Personal Care Services and Choices for Care to develop a continuum of care which has allowed for more flexibility between these three programs. In addition, there is an ongoing effort to supplement nursing services for the HTHC program by using High Tech Aides.

Homemaker Services

The Homemaker Program is funded through state general funds and provides services such as shopping, house cleaning, and laundry services to older citizens and adults with disabilities to help them maintain their independence. These services help people live at home in a healthy and safe environment. In order to leverage more funds and bring more services to Vermonters, 100% of the Homemaker general funds was transitioned into the Choices for Care Moderate Needs program effective July 2007. Carry over funds will be used until depleted. This transition of funds should result in more individuals being served statewide with the addition of the Federal Medicaid match.

Vermonters Served: (FY '07) approximately 500 people

- People age 18 and over with a physical or cognitive disability who need help with personal needs or household chores to live at home.

Highlights from FY '07:

- About 18% fewer people were served in FY07 than the previous year. This decrease may be due to providers' anticipation of a change in funding in FY08.
- Approximately \$15,000 (2.5%) was used flexibly through the Homecare Funds option to purchase items such as personal care, assistive devices, nutrition services and Lifeline services.

Community Development Unit Programs

802-241-4534

Adult Day Services

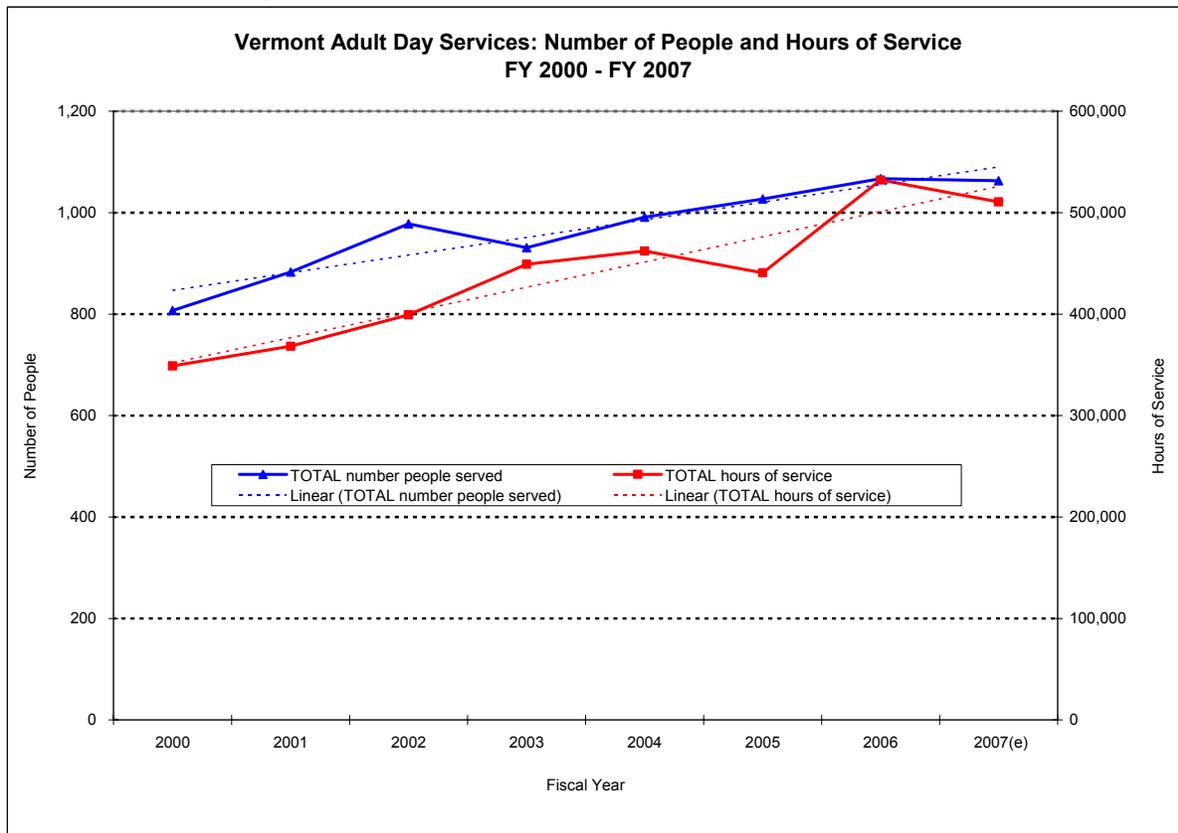
Adult Day Services provide an array of services to help older adults and adults with disabilities to remain as independent as possible in their own homes. Adult Day Services are provided in community-based, non-residential day centers creating a safe, supportive environment in which people can access both health and social services.

Services Include:

- Professional nursing services
- Respite (including support and respite for family caregivers)
- Personal care
- Therapeutic activities
- Nutritious meals
- Social opportunities
- Activities to foster independence
- Support and education to families and caregivers

Vermonters Served: (FY '07) 1,063 people

- Older Vermonters
- Vermonters age 18 and over with disabilities



Autism Supports

In 2007, the Secretary of the Agency of Human Services appointed DAIL as the lead AHS department for Autism supports to develop and enhance the system of support in the home and community for people with autism spectrum disorders.

Highlights from FY '07:

- Partnered with the Department of Education and the University of Vermont I-Team to provide training on Positive Behavior Supports for people with autism spectrum disorders to over 225 families, school personnel, and staff from state and community services agencies.
- Provided Introductory Training in Autism Spectrum Disorders to providers including Head Start, developmental services, early childhood provider group, Woodside Juvenile Detention Unit, UVM Career Counselors, graduate students, DAIL administrative staff and parent groups. Organized four workshops for the Autism Summer Institute.
- In collaboration with the Department of Education began developing a report to the legislature on developing and enhancing services for people with Autism Spectrum Disorders across the lifespan in their schools, home and communities.

Dementia Respite Grant Program

The Dementia Respite Grant Program, is supported by funding from the U.S. Administration on Aging and State general funds, and managed by the five Area Agencies on Aging. Grants are available to family members or other unpaid primary caregivers of a person who has been diagnosed with Alzheimer's Disease or a related disorder and meets certain financial criteria. Priority is given to those who are ineligible for other programs. Respite gives family caregivers the break they need to reduce stress and maintain their well-being. Dementia Respite Grants can be used to pay for a range of services such as substitute in-home caregiving or for out-of-home services such as Adult Day Programs.

Vermonters Served: (FY '07) 336 individuals with dementia and their family caregivers

Highlight from FY '07:

- Family caregivers report that the assistance they obtain through the dementia respite grant program allows them to continue providing care for their loved ones at home.

Green Mountain Self-Advocates

Green Mountain Self Advocates (GMSA) is an independent statewide self-advocacy network run and operated by people with developmental disabilities. The Division of Disability and Aging Services provides staff and financial support to GMSA. The GMSA board includes representatives from 17 local self-advocacy groups. Groups meet to listen to each other, make new friends, learn about people's rights and tell politicians and others why

people with disabilities are important. The self-advocacy network is building a movement for self-advocacy through public education and awareness, peer mentoring, support, advocacy and direct action.

Vermonters Served:

- People with developmental disabilities.

Highlights from FY '07:

- Green Mountain Self-Advocates worked with Community Associates, Planned Parenthood of Northern New England and DDAS staff to organize a 2-day conference, *Celebrating Sexuality*, focusing on issues of sexuality and relationships in the lives of adults with developmental disabilities. Over 450 self-advocates, their families, providers and allies came together to build a healthy and supportive community that is grounded in the needs, interests and concerns of people with developmental disabilities.
- Presented the annual two-day Voices and Choices self-advocacy conference featuring 20 workshops that promoted the autonomy of people with developmental disabilities. The sell-out crowd included 550 people receiving developmental services, their families and providers.



- Taught two 2-day leadership retreats to 70 students with developmental disabilities and their teachers from 8 high schools. The curriculum, based on Sean Covey's book, *The 7 Habits of Highly Effective Teens*, was adapted by GMSA into simple, concrete language and incorporated hands-on exercises with multiple opportunities for role-playing. Four adults with developmental disabilities were recruited to co-teach these workshops.
- Worked with Planned Parenthood of Northern New England to train 32 peer sexuality educators to be more comfortable talking about sexuality and relationships; understand the qualities of a sexually healthy person; understand what it means to be a peer sexuality educator; learn the information and skills to be a good peer educator; and learn what sexual self-advocacy means. Produced a curriculum for peer educators to use when teaching sexuality to people with developmental disabilities.

Meals for Younger Adults with Disabilities

The Vermont Center for Independent Living (VCIL) coordinates with service providers across Vermont to offer home delivered meals to adults with disabilities under the age of 60. The home-delivered meals program provides nutrition services to participants with a disability and/or chronic condition who are otherwise unable to prepare their own meals and do not have access to meal preparation assistance. The three options available to qualified participants include:

- Long-term (up to 5 meals/week for the entire year);
- Short-term (up to 60 meals/year); and
- Emergency (for transient crisis intervention, such as services related to hospital discharge following surgery).

Vermonters Served: (FY '07) 495 individuals were served; 55,725 meals (Long-term: 45,384; Short-term: 9,630; and Emergency: 711)

Mental Health Elder Care Clinician Program (ECCP)

The Elder Care Clinician Program provides mental health services to older adults through the collaboration of Vermont's Area Agencies on Aging (AAA) and Community Mental Health Centers. Elder Care Clinicians include social workers, psychologists, qualified mental health professionals and mental health outreach workers. Psychiatrists may be part of the treatment team for consultation and prescribing and monitoring medications (six full-time, two supervisors, and 11 part-time clinicians). An Elder Care Clinician can meet with the person in his/her home or in an office setting. The frequency and duration of treatment depends upon individual needs.

Services Include:

- Community mental health outreach
- Mental health screening and clinical assessment
- Supportive counseling
- Medication monitoring

Vermonters Served: (FY '07) 500 individuals

- Older adults age 60 and over experiencing a mental health concern such as depression, anxiety, dementia or substance abuse.

Older Americans Act Services

The Older Americans Act (OAA) provides funding for a range of programs that offer services and opportunities for older Vermonters to remain as independent as possible and to be active and contributing members of their community. The OAA also provides a range of services to family caregivers to support them to continue in this essential role. The OAA focuses on improving the lives of older adults and family caregivers in areas of income, housing, nutrition, health, employment, retirement, and social and community services.

Vermonters Served: (FFY '06) 52,694 older Vermonters received services supported by the Older Americans Act.

- Adults age 60 and over.
- Family caregivers (of any age) of older adults.
- Older relative caregivers of children under age 18.

Case Management

Under the OAA, case managers play a vital role in helping older adults and family caregivers build upon their strengths, seek and obtain new resources, and achieve personal goals. DDAS works closely with the Area Agencies on Aging (AAAs) to develop a comprehensive approach to the provision of case management services, provided by certified case managers in accordance with established DDAS Case Management standards. These standards also apply to Home Health agency case managers under the Choices for Care program. The standards require at least twenty hours of relevant education and training annually. DDAS funds and administers a case management training program.

Vermonters Served: (FFY '06) 8,827 older adults under OAA case management

Health Promotion and Disease Prevention:

Older adults often need support in making choices to help manage their chronic disease and improve their quality of life. Adopting behaviors such as engaging in physical activity, eating a healthy diet and getting regular health screenings are vital components of healthy aging. To strengthen community and organizational capacity for assisting older adults and their caregivers in learning about making behavioral changes, the Division co-sponsored a conference with the Vermont Department of Health, *Building Healthy Communities: Programs that Work*. Stakeholders from the aging services network and public health learned about evidence-based health promotion programs. Grants were later awarded to AAAs interested in implementing evidence based

programs, *A Matter of Balance* and *Healthy IDEAS*. *A Matter of Balance* is designed to reduce the risk of falling and increase the activity levels of older adults who have concerns about falls. *Healthy IDEAS* is a community-based depression program designed to detect and reduce the severity of depressive symptoms in older adults with chronic health conditions and functional limitations.

Information, Referral and Assistance Services (IR&A):

Several Information, Referral and Assistance (IR&A) resources are available to Vermonters with disabilities, older adults, family members, caregivers and the general public. IR&A specialists can help locate the appropriate service, educate about important issues and help someone understand the various eligibility requirements. In many cases, contact with an IR&A specialist is the first step in maintaining independence with dignity.

DDAS Funded Services Include:

- **Senior HelpLine** (1-800-642-5119): The Senior HelpLine automatically connects callers to their local Area Agency on Aging to speak with an Information, Referral and Assistance (IR&A) specialist. Senior Helpline specialists at each AAA provide a wealth of information on programs and services available to adults age 60 and older, their family and caregivers, and the general public. These specialists provide accurate information using extensive databases that are regularly updated. Information requests sometimes lead to a home visit from a case manager who can provide highly specific information based on an assessment of the individual's needs and circumstances.

Vermonters Served: (FFY '06)

- **Senior HelpLine** received 37,446 calls.

Other IR&A Services

- **Vermont 211 or 1-866-652-4636** (A local call from anywhere in Vermont or 1-802-652-4636 from outside of Vermont.): A confidential program of United Way of Vermont, is a health and human services general information and referral program available for everyone in Vermont. Specialists provide a human touch while helping solve problems and linking individuals and families with local, statewide, regional and nationwide resources.
- **I-Line** (1-800-639-1522): A service of the Vermont Center for Independent Living, I-Line is an important resource for adults with disabilities looking for information, assistance and referrals about housing, employment, transportation, healthcare, advocacy and more.
- **Brain Injury Association of Vermont** (1-877-856-1772): The Brain Injury Association's number provides information, referrals and assistance regarding brain injury and the Brain Injury Association.

- **Parent to Parent of Vermont (1-800-800-4005):** Parent to Parent of Vermont is a youth and family services agency serving all of Vermont with support and information to parents of children diagnosed as having a disability or special health-care need.

Legal Assistance:

Area Agencies on Aging purchase legal services on behalf of older Vermonters, and sometimes family caregivers. Legal service providers can help older adults with information on guardianship, probate wills, estate planning, lawyer referrals, reporting abuse or neglect, filing complaints, public benefits, tenant-landlord issues and more.

Vermonters Served: (FFY '06) 2,900 units of legal assistance service

National Family Caregiver Support Program (NFCSP):

Family caregivers provide most of the needed care to older adults and children and many contribute their own funds to the care for their family member, often giving up or limiting employment, personal goals, and other interests. The NFCSP provides an array of services and support specifically designed for family caregivers. Family caregivers have long been described as the “backbone of long-term care” with nearly two thirds of older persons with long-term care needs relying exclusively on family and friends. Family caregiver support services allows AAAs to meet the unique needs of family caregivers for which there is no other available resource.

Services include:

- Information and assistance in accessing services for caregivers
- Caregiver counseling, support groups and training
- Respite
- Supplemental services to meet caregiver needs

Vermonters Served: (FFY '06) 5,402 family caregivers; 153,000 calls to AAA Senior HelpLine.

Nutrition Programs:

Healthy aging is largely influenced by the quality and quantity of available food, management of chronic disease and opportunities for socialization and activity. In homes and communities throughout the state, participants in the Older Americans Act Nutrition Program improve their health status, reduce their risk of disability and engage in activities that promote health. Services provided include nutrition screening; assessment and counseling; and meals that meet both the Dietary

Guidelines for Americans and provide at least 1/3 of the daily Recommended Dietary Allowance for adults age 60 and over.

Highlights from FY '07:

- Aging network providers reported that rising food and fuel prices are stressing program services.
- The demand for home delivered meals continues to grow with nearly 630,000 meals served in FFY '06, while the demand for congregate meals is decreasing.
- Compared to other age groups, Vermont adults age 65 and over are most likely to meet the recommendation to eat five fruits and vegetables daily.

Senior Community Services Employment Program (SCSEP):

The Senior Community Services Employment Program is a transitional job-training program that offers training within partnering community service agencies and placement into unsubsidized employment. The combination of skills training and community service leads to employment for low-income individuals age 55 and older.

Highlights from FFY '07:

- In 2007, SCSEP's participation in the annual 55+ Expo lead to several new employer partnerships that resulted in more training and employment sites.
- The average starting wage for participants who moved into competitive employment was \$9.35.
- The SCSEP Program increased training opportunities for participants by collaborating with community partners such as Community College of Vermont, Vermont Adult Learning, Vermont Student Assistance Corporation and the regional Workforce Investment Boards.
- SCSEP re-allocated resources in order to provide increased support services such as travel and tuition reimbursement, computer training and technical assistance.

Long-Term Care Ombudsman Program

DAIL contracts with Vermont Legal Aid to operate the Vermont Statewide Office of the Long Term Care Ombudsman. The LTC Ombudsmen protect the safety, welfare and rights of Vermonters who receive long term care in all settings, including home-based settings under the Choices for Care waiver. Additionally, certified volunteers assist the Ombudsmen in protecting individuals who live in nursing homes and residential care homes.

Services Include:

- Investigate and resolve complaints on behalf of individuals receiving long term care.
- Assist individuals to seek administrative, legal and other remedies to protect their rights, health, safety and welfare.
- Educate community members concerning the needs of individuals receiving long term care.
- Review and comment on existing and proposed legislation, regulations and policies related to individuals in long term care.

Residential Alternatives

DDAS administers and coordinates several programs designed to support, coordinate and/or develop supportive services in various types of housing to help people maintain their independence and live in the settings they prefer. Our goal is to improve systems and infrastructure that support housing for older Vermonters and adults with disabilities, and to collaborate with groups within and outside of State government to assess the status of housing and address unmet needs.

Assisted Living Residences:

DDAS provided technical assistance and financial support through a Robert Wood Johnson supported “Vermonters Coming Home” project, assisting several communities interested in building assisted living residences. Townshend was one community benefiting from this support. DAILE was pleased to participate in the opening of Valley Cares Assisted Living in Townshend in early November 2007; Vermont’s newest Assisted Living residence with 28 units of independent living and 28 units of Assisted Living. A second project in Bradford hopes to break ground in FY ‘10.

Highlight from FY ‘07:

- A final “Coming Home” project was the development of a “Vermont Tool Kit for Assisted Living” that was developed in conjunction with the Vermont Housing Finance Agency (VHFA) and our contractor partner, VISTA Senior Living, Inc. The “Tool Kit” provides Assisted Living operators and developers how to steps to develop and/or operate an Assisted Living residence in Vermont, providing sample policies and procedures for operations, financial planning and development. The Tool Kit will be available at the DAILE and VHFA web sites.

Home Share:

DDAS supports two home sharing programs; one in the Champlain Valley and one in Central Vermont. Each program offers match and follow-up services to people with a home to share and to those seeking an affordable housing option. The typical home provider is an older individual who will benefit from the presence of another person

living in and sharing his/her home. In return for reduced or free rent, the home seeker offers the older person homemaking, meal preparation, home maintenance and/or other services. In Chittenden County the program also matches frail elders with live-in or hourly caregivers who provide personal care, meal preparation and other services.

Vermonters Served: (FY '07) 658 people received services through Home Share programs; 197 people entered into Home Share and caregiving arrangements

South Burlington Community Housing (SBCH):

The South Burlington Community Housing project provides independent living options including handicap-accessible apartment units and Medicaid Waiver-funded personal care services. Individuals who live at SBCH choose the residence because it offers an independent apartment setting with personal care services available 24/7. Prospective residents must be capable of self-directing their care, meet HUD financial eligibility, require at least four hours of personal care/per day and be willing to participate in a shared care service delivery model. SBCH is a collaborative effort between DAIL, Cathedral Square Corporation and VNA of Chittenden/Grand Isle. The goal is to promote independent living in an affordable, accessible congregate housing setting.

Home Modification:

The Housing and Community Access Program (HCAP) at the Vermont Center for Independent Living receives partial funding through DAIL. The HCAP program provides information, assistance and referral services to facilitate people with physical disabilities in locating and securing funding for home modifications. HCAP supports the independent living of peers through collaborations with a wide array of community partners including contractors and vendors, non-profit housing organizations, volunteer groups, funders and lenders, United Way agencies, architects and social service agencies.

Vermonters Served: (FY '07) 59 households had home modifications; \$123,334 in additional funding resources was leveraged by HCAP.

Housing and Supportive Services (HASS):

Funding was provided to 24 HASS sites to ensure accessible, on-site residential service coordination for approximately 1,200 older Vermonters and adults with disabilities. To achieve the HASS goal of “*improving the residents’ ability to age in place and enhance the quality of life*”, HASS resident service coordinators provide health, wellness, education and socialization activities (including access to homemaker services); collaborate with a variety of community partners and services; and maintain a supportive and friendly presence on site.

Residential Care Homes:

DDAS provides support to the State's 102 licensed Level III Residential Care Home (RCH) providers. RCHs provide single or double occupancy rooms, meals, supervision, transportation, activities and personal care services to three or more residents. Level III RCHs provide nursing overview, medication management and other services to older adults and individuals with disabilities. These services are funded via two Medicaid programs, the Assistive Community Care Services (ACCS) and the Enhanced Residential Care (ERC) program. ACCS, a Medicaid State Plan service reimburses providers for the care of people with needs below nursing level of care. ERC, a Choices for Care option, pays for a higher level of care and service for residents who would otherwise have to move to a nursing home.

The State Health Insurance Program (SHIP)

The State Health Insurance Program (SHIP) provides information, assistance and problem solving support to Medicare beneficiaries and individuals dually eligible for Medicare/Medicaid, who need help selecting or managing public and/or private health insurance benefits. The SHIP program is supported by a grant from the Centers for Medicaid/Medicare (CMS), and SHIP funding is sub-granted to the state's five Area Agencies on Aging (AAAs), The AAAs employ a state Program Director, and SHIP coordinators and volunteers within each region to provide consumers easy access to information and assistance as they navigate the often complex world of health insurance coverage. SHIP Coordinators are located in each Area Agency on Aging and may be reached through the Senior HelpLine (1-800-642-5119).

Highlight from FY '07:

- The SHIP assisted 11,889 individuals, 864 couples and 1,880 caregivers with enrollment, services and questions related to Medicare, Medicaid and other insurance programs. Many calls were received about Medicare Part D. In addition, SHIP staff provided assistance to 1,331 staff representing health providers, health care and social service agencies, who contacted the SHIP on behalf of their clients for information about Medicare and other health insurance benefits.

Transportation Services

Access to transportation services that are flexible and responsive to human needs are essential to the well being of older adults and people with disabilities who do not have their own means of transport. Vermont's public transit program is administered by the Vermont Agency of Transportation (VTrans), which contracts with regional public transit agencies to coordinate and provide Vermont's public transit services. DDAS works closely with VTrans and other state and local agencies to support an accessible, sustainable public transit system that is responsive to people served by DDAS. Inadequate funding of public

transportation is an ongoing problem, and critical care access (to dialysis and/or cancer treatments) is no exception. During FY '07, DDAS and AHS partnered with VTrans to identify two approaches for the delivery of critical care transit services. These proposals will go before the Legislature for consideration during FY '08 session. Public transportation is available to older adults and people with disabilities (and their caregivers/attendants) who cannot drive and/or who need transportation for a variety of reasons (e.g., medical appointment, work, shopping, meal program, adult day center, community activity, and meeting).

Office of Public Guardian

802-241-2663

The Office of Public Guardian (OPG) provides guardianship and other court-ordered supervision when a person is unable to make basic life decisions and there are no friends or family to serve as guardian.

Services Include:

- Guardianship to adults with developmental disabilities and adults age 60 and over;
- Representative payee services for governmental benefits for people under guardianship as well as an alternative to guardianship;
- Case management supports where this service can provide a less restrictive alternative to guardianship;
- Supervision of offenders with developmental disabilities placed on Act 248 commitment after being found not competent to stand trial;
- Arranging for approximately 100 court-ordered evaluations per year for Probate and Family Court guardianship cases;
- Providing public education on guardianship and alternatives to guardianship; and
- Recruiting and assisting private guardians and assisting in developing individualized alternatives to guardianship.

Vermonters Served: (FY '07) 665 adults (unduplicated)

As of 6/30/06, the OPG caseload was as follows:

- Guardianship (DD/Family Court) – 564
- Guardianship pending (Family Court) – 9
- Guardianship (60+/Probate Court) – 52
- Guardianship pending (Probate Court) – 5
- Act 248 and Order of Non-Hospitalization – 24
- Act 248 pending – 24
- Case Management – 11
- Representative Payee Services – 306

Highlight from FY '07:

- Developed a Community Notification Policy for sex offenders who pose a public safety risk.

Special Initiatives

Ageing & Disability Resource Grant: In October 2005, DAIL was awarded a three-year \$800,000 grant to establish Aging & Disability Resource Centers (ADRCs) in Vermont. Vermont opted to develop "virtual" Aging and Disability Resource Connections, recognizing that we can build upon existing agencies' capacities to deliver quality, comprehensive Information, Referral and Assistance (IR&A) services. Once complete, the ADRCs will have the capacity, in two pilot regions, (Champlain Valley and the Northeast Kingdom) to deliver objective and consistent IR&A services through highly visible and trusted organizations within our communities. People of all ages and incomes will be able to turn to the ADRC, as a single point of entry to programs and benefits, for information on a full range of long term support options. The end result is that people from all walks of life will find it simpler to obtain information, make decisions and start receiving the services they need.

Highlights from FY '07:

- Supported the development of two pilot ADRC sites (HowardCenter in the Champlain Valley and the Northeast Kingdom AAA). Each region worked to develop a plan for delivery of a comprehensive IR&A system and established a regional Leadership Team. A Readiness Assessment of the Vermont Center for Independent Living was conducted to determine how well positioned they are to participate as a member of the ADRC. Partners in the collaboration include each region's Area Agencies on Aging, developmental disabilities services providers, Vermont 2-1-1 and two statewide organizations; the Vermont Center for Independent Living and Parent to Parent of Vermont.
- Supported training for all of our partners in the use of the REFER software program (the same software package used by Vermont 2-1-1) and assisted in the purchase of REFER software.
- Provided financial and staffing support for the development of the REFER database to be shared by all five of VT's AAAs.
- Provided financial support to the Vermont AIRS (Alliance of Information and Referral Systems) annual conference and AIRS certification of IR&A staff in several organizations.

Comprehensive Systems Reform Grant: Health and Long-Term Care Integration Project (MyCare Vermont): In September 2004, the State was awarded a \$2.1 million Real Choice Comprehensive Systems Reform Grant. The goal of the Health & Long-Term Care Integration Project is to integrate funding streams and integrate acute/primary and long-term care service delivery as a choice for elderly who are frail, at-risk or chronically ill; and adults with physical disabilities. The Community Advisory Committee overseeing the grant selected the name *MyCare Vermont* for this initiative.

Highlights from FY '07:

- Four contracts were awarded to potential MyCare organizations to assess feasibility and develop business plans for implementation of a MyCare Organization. Contracts were awarded to:
 1. PACE Vermont, Inc., in partnership with the Vermont Assembly of Home Health Agencies.
 2. The Area Agency on Aging for Northeastern Vermont (AAANEV).
 3. Orleans-Essex Visiting Nurses Association and Hospice, Inc., in collaboration with Caledonia Home Health and Hospice, Inc.
 4. Vermont Managed Care, Inc., in partnership with Enhanced Care Initiatives (ECI) and Apex Benefit Services.

Traumatic Brain Injury (TBI) Partnership Grant: In March 2007, DAIL was granted a three-year \$355,800 TBI Partnership Grant from the Health Resources Service Administration. The main goal is to develop and implement a Neuro-Resource Facilitation (NRF) System for returning veterans with brain injuries. Objectives include:

1. Hiring and training a Neuro-Resource Facilitator;
2. Collaborating and establishing partnerships with the Veteran's Administration in White River Junction, the Vermont Military Family Community Network and the State Office of Veteran's Affairs; and
3. Subcontracting with the BIA-VT and BIA-NH to increase the capacity of the existing network and establish protocols and systems.

Highlights from FY '07:

- Supported the creation and distribution of resource materials, including the "TBI Survival Guide" for returning veterans.
- Created a "Brain Injury in the Military" Professional Track for the 19th Annual TBI Conference.
- Provided information and training on Veterans and TBI including information on blast injuries, long term outcomes and types of intervention.

Supportive Housing Grant: In September 2004, the Real Choices Supportive Housing Grant, funded through the Centers for Medicaid/Medicare (CMS), was implemented. The goal of this program is to remove barriers that prevent or reduce the housing options available to Medicaid-eligible older Vermonters and adults with disabilities. Two advisory groups with members from within and outside of State government advised on Housing Access and Medication Assistance Best Practices.

Highlights from FY '07:

- Preserved, developed and enhanced at least ten supportive housing projects to improve access to housing.

- Established medication assistance best practices to support critical early aging in place in unlicensed congregate housing.
- Planning is well underway for a second PACE (Program of All-Inclusive Care for the Elderly) site in Rutland that will coordinate services across a supportive housing setting to meet care needs as they increase.

Licensing & Protection

802-241-2345

www.dail.state.vt.us/lp

The mission of the Division of Licensing and Protection (DLP) is to ensure quality of care and quality of life to individuals receiving health care services from licensed or certified health care providers, through the Survey and Certification Program and to protect vulnerable adults from Abuse, Neglect and Exploitation, through the Adult Protective Services Program (APS).

Survey and Certification Program:

DLP provides regulatory oversight of health care facilities and agencies under state and federal regulations. DLP accomplishes this by conducting unannounced onsite visits both routinely and as a result of complaints received. Providers receiving regulatory oversight and /or periodic review include: Nursing Facilities (NF), Residential Care Homes (RCH) Therapeutic Care Residences (TCR), Home Health Agencies, Hospice Programs, Renal Dialysis Units, Rural Health Clinics, Acute Care Hospitals, Critical Access Hospitals, Portable X-ray Units, Clinical Laboratories and Rehabilitation or Psychiatric Units.

The purpose of onsite surveys is to evaluate provider performance and consumer satisfaction with the care and services. Surveys consist of on-site reviews of care and services, including resident and staff interviews, record reviews and observations. Most health and residential facilities are surveyed on at least an annual basis. Onsite visits, whether for a full review of the range and scope of services or for a complaint investigation, are unannounced and are conducted by registered nurses who have had extensive state and federal training on how to conduct focused or broad based reviews. In the case of nursing facilities, nurse surveyors are required to have successfully passed an exam conducted by CMS prior to surveying independently. Onsite visits range in scope from a one-day focused review conducted by one person to three- to four-day comprehensive reviews conducted by a team of nurse surveyors. All onsite visits are followed by a written report to the facility. Reports regarding regulatory violations that result from routine reviews and complaint investigations are public information and can be obtained by calling 802 241-2345 or consulting the Department web page, www.dail.vermont.gov.

All nursing facilities that participate in Medicare/Medicaid programs (39) are surveyed annually and represent 75% of the Federal recertification surveys scheduled and completed this past year. Compliance with state licensing requirements is determined concurrently during the recertification survey. Other recertification surveys completed this year of provider types which do not require annual surveys, included four (4) critical access

hospitals, three (3) home health agencies, three (3) end stage renal dialysis units, one (1) intermediate care facility for the developmentally disabled, (1) Rural Health Clinic and Vermont's only portable x-ray unit. Initial certification surveys were also completed at two Rural Health Clinics.

Home Health Designation and Operating Rules, approved by the Legislature this year, went into effect July 1st, establishing minimum State requirements for the 12 home health agencies serving consumers throughout Vermont. Prior to the adoption of these regulations, agencies were surveyed every three years, on average, according to a schedule determined by CMS. Each home health agency will now be surveyed annually for compliance with the Designation Rules. The first designation survey was conducted in November of 2007. Although there are similarities between the State Designation Rules and the Federal Home Health Regulations, the Designation Rules are more stringent regarding appeal processes available to consumers or individuals seeking services.

Other state licensing activities included annual licensing surveys of two nursing facilities that do not participate in Medicare or Medicaid programs, Level III and Level IV Residential Care Homes (RCH), Assisted Living Residences (ALR) and Therapeutic Community Residences (TCR).

The total number of RCH facilities remains at 111 with 2289 beds. The closure of four facilities (1 license revocation, 2 voluntary closures, 1 planned re-licensure as an ALR) and loss of 62 beds was offset by the licensing of four new facilities, replacing 39 of the beds. The number of residential care homes participating in Assisted Community Care Services (ACCS) and Enhanced Residential Care (ERC) programs continues to increase. Limited to Level III facilities, eighty-eight (88) homes currently participate in the ACCS program and fifty-six (56) homes participate in the ERC program providing care and services to individuals who meet criteria for admission to a nursing facility. ALRs increased by one from 6 to 7. One TCR closed voluntarily and two new homes were added in 2007. Refer to Table No. 1.

Table 1 – Licensed Settings

Type	2007*		2006*	
	# Facilities	# beds/stations/units	# Facilities	# beds/stations/units
Federal				
Nursing Home	39	3309 beds	39	3425 beds
Critical Access Hospital	8	395 licensed beds**	8	395 beds
Acute Care Hospital	6	1102 beds/134 bassinet	6	1102 beds/134 bassinet
Psychiatric Hospital	1	149 beds	1	149
Home Health	12	N/A	13	N/A
Hospice Programs	10	N/A	10	N/A
ICF/MR	1	6 beds	1	6
Rural Health Clinic	18	N/A	17	N/A
Portable X-Ray	1	N/A	1	N/A
VA Hospital***	1	174 beds	1	174 beds
State				
RCH	111	2289	111	2303
Level III	102	2208	101	2218
Level IV	9	81 beds	10	85
TCR	35	389 beds	34	363
ALR	7	287 units/343 beds	6	249 units/293 beds
Psychiatric Hospital	1	54 beds	1	54
Nursing Home	2	44 beds	2	26
* Numbers from 12/06 and 12/07 licensed/certified facility lists maintained by DLP				
** Within licensed bed capacity, each Critical Access Hospital is limited to 25 certified beds				
*** DLP has no regulatory authority over the Veterans Administration Hospital				

DLP receives numerous inquiries regarding the licensing process for RCHs and ALRs. Licensing packets were mailed to twenty-three individuals interested in operating an RCH or ALR. The number of individual who access the regulations and licensing process from the DAIL web site is unknown.

There was a 5% increase in the overall number of reports expressing concern about the quality of care and services across all certified and licensed facilities. A total of 778 complaints were received by DLP in SFY07, compared to 740 in 2006. Of this number, 414 (53%) representing 98 facilities, warranted on-site investigation by DLP, an increase of 19% over 2006. In some instances, multiple complaints were addressed during one on-site visit. The greatest increases were complaints about the care and services provided in hospitals (88 vs. 65 in 2006; 26% increase) and by home health agencies (50 vs. 42 in 2006; 16% increase). Facility self reports (379) account for 49% of the number received with the remainder coming from a variety of sources including the community, patients/residents of health care facilities or their families or staff of facilities. Refer to Table No. 2.

Table 2 – Complaints Received

	# of Recerts/Initials completed in SFY07	# of Complaints Received in SFY07	# of Complaints Received in SFY07 that require onsite	# of Complaint onsite conducted in SFY07***	# of Providers where onsite were conducted
Nursing Home	38	477	251	168	32
Hospital	4	88	55	32	9
Home Health	3	50	21	12	4
Hospice	0	5	2	4	4
ESRD	3	1	0	1	1
ICF/MR	1	1	0	0	0
Rural Health Clinics	3	1	0	0	0
Portable X-Ray	1	0	0	0	0
subtotal fed providers	53	623	329	217	50
RCH	18	137	75	64	41
TCR	4	10	4	3	2
ALR	0	7	6	5	5
State Licensed Nursing Homes	2	1	0	0	0
subtotal state providers	24	155	85	72	48
Grand Total	77	778	414	289	98
Excludes VSH 55 complaints					
***Onsite complaint visits may be from complaints received prior to State Fiscal Year 07					
	# of Recerts/Initials completed in SFY06	# of Complaints Received in SFY06	# of Complaints Received in SFY06 that require onsite	# of Complaint onsite conducted in SFY06***	# of Providers where onsite were conducted
Nursing Home	42	478	237	138	36
Hospital	5	65	22	18	10
Home Health	3	42	21	15	9
Hospice	3	1	1	1	1
ESRD	4	4	3	2	2
ICF/MR	1	0	0	0	0
Rural Health Clinics	3	0	0	0	0
Portable X-Ray	0	0	0	0	0
PT/OPT	1	0	0	0	0
subtotal fed providers	62	590	284	174	58
RCH	45	127	66	49	33
TCR*	15	15	7	5	5
ALR	5	7	4	3	2
State Licensed Nursing Homes	2	1	1	1	1
subtotal state providers	67	150	78	58	41
Grand Total	129	740	362	232	99
*TCR numbers are based on 10/1/2005-06/30/2006 due to implementation of new tracking system					
Excludes VSH 62 complaints					
***Onsite complaint visits may be from complaints received prior to State Fiscal Year 06					

Two new nurse surveyor positions were approved by the Legislature in July 2007 in response to the overall increase in complaints logged by DLP. All seventeen nurse surveyor positions are filled and four new surveyors recently passed the Federal exam qualifying each nurse to survey independently in Medicare/Medicaid certified facilities.

DLP continues to work collaboratively with the Northeast Quality Foundation, the quality improvement organization for Northern New England States and with representatives from nursing facilities and home health agencies, to identify and implement standards of practice known to improve quality. CMS continued its focus on restraint use reduction and pressure sore reduction in 2007. Findings, based on 2006 data, published in the CMS Nursing Home Compendium 2007 Edition demonstrate that the prevalence and incidence of restraint use in Vermont certified nursing facilities continues to decrease and remains far below the national median. However, the prevalence and incidence of pressure ulcers in nursing home residents fluctuates and currently prevalence is below the national median and incidence is the same as the national median. Table No. 3 illustrates this with figures compiled from CMS survey and certification data and nursing home clinical data contained in the Minimum Data Set (MDS) assessment tool. Additional quality measures for nursing facilities and home health agencies are public information and can be found on the Centers for Medicare and Medicaid Services website, <http://cms.hhs.gov>.

Table 3 – Prevalence of Pressure Ulcers

Prevalence/Incidence of Pressures Ulcers in Vermont Nursing Home Residents at the Median: US, Third Quarter 2005 - 2006					
	Percentage of Residents				
	2005		2006		
Prevalence					
Nation	8.2		7.9		
Vermont	7.1		7.1		
Incidence					
Nation	2.7		2.7		
Vermont	3.3		2.7		
Prevalence/Incidence of Restraint Physical Restraint Use in Vermont Nursing Homes: US at the Median, Third Quarter 2005 - 2006					
	2005		2006		
Prevalence					
Nation	3.4		3		
Vermont	1.6		1		
Incidence					
Nation	0.6		0.5		
Vermont	0		0		

Adult Protective Services

(A detailed report is available on the DAIL website: www.dail.vermont.gov)

Adult Protective Services (APS) is a cornerstone of Vermont's system for protecting vulnerable adults from abuse, neglect and/or exploitation. APS is a unit in the Division of Licensing and Protection (DLP). The investigative and protection activities of APS are governed by Chapter 69 of Title 33 of the Vermont Statutes Annotated and include a variety of services to investigate reports of abuse, neglect or exploitation, address identified problems or prevent further abuse from occurring.

The goals of Adult Protective Services are to promptly and thoroughly investigate allegations of abuse, neglect and exploitation, to increase awareness of adult abuse in all of its forms, to provide information about alternatives and services for vulnerable adults who are the victim of abuse and to increase the reporting of suspected abuse. In conducting investigations and arranging protective services, APS makes every effort to respect the wishes of the vulnerable adult. This report includes recent data about APS investigations of abuse, neglect and exploitation along with associated budget information.

Reporting

A report can be made to APS in a variety of ways. One of the easiest ways to report suspected abuse is by calling the Division of Licensing and Protection's reporting and complaint toll-free number 1-800-564-1612. The toll free number is available to any individual to report abuse or suspected abuse of vulnerable adults. The toll free line is answered twenty-four hours a day, seven days a week. APS staff answers the phone during normal business hours-between 7:45 a.m. and 4:30 p.m. After hours, weekends and holidays, the caller is directed to call the Emergency Services Program (ESP), which is a 24-hour abuse-reporting unit within the Agency's Department for Children and Families. ESP provides referral information to appropriate emergency services, if necessary, and forwards the written report to APS on the next business day. Written reports, including those sent by fax, may be submitted in lieu of or in addition to telephone reports. Reports also may be submitted by TTY or by using the Department's web page www.dail.state.vt.us/lp/aps.htm.

When the Investigative Screener, in conjunction with the APS Chief, makes the decision to open a case an investigation commences within 48 hours of receiving a report. Typically, the first contact is to the reporter by telephone. The Screener prioritizes all calls, identifies risk, and responds accordingly by notifying law enforcement or other emergency response services and assigning an investigator to examine the allegations. Imminent risk is defined as an incident in which serious harm has occurred or is likely to occur.

If a reported incident (or allegation) does not meet the definition of “abuse, neglect or exploitation” or “vulnerable adult” as set forth in Title 33 V.S.A. § 6902, the intake information is referred to the service agency appropriate to the individual's age or disability for review and intervention. A letter is sent to both the reporter and the alleged victim informing them of the decision to open an investigation or if not, why not. The letter also tells the reporter and the alleged victim that if they disagree with the APS decision they can request a review of the decision by the DAIL Commissioner.

Investigation Process

All reports of abuse, neglect and exploitation are received by an Intake Specialist and forwarded to an Investigative Screener. Allegations of abuse, neglect and exploitation must meet the criteria for investigation. In order for an APS investigation to commence, the alleged victim must be a vulnerable adult as defined in Title 33 V. S. A. §6902 (14), and the alleged incident must meet the definition of abuse, neglect or exploitation set forth in Title 33 V. S. A. § 6902 (1), (6) or (7).

Investigations are assigned to one of seven APS field investigators based on the geographical location of the alleged victim. Due to the increasing number of cases and severity of the allegations, overlap of territories has become necessary. The APS investigators gather information about a reported incident by interviewing witnesses, including the reporter, if applicable, reviewing relevant documents and collecting other pertinent information. At the same time, the investigators coordinate services necessary to develop a protection plan for the vulnerable adult and referrals are made to the appropriate agencies to address specific needs of the individual. At the conclusion of the investigation, the APS investigators write a report describing the investigation and the evidence gathered. Once the division has made a decision to recommend substantiation it is sent to the commissioner’s office for review and, the individual is informed by registered letter of the basis for the substantiation and information on how to appeal. Their first opportunity to appeal is to the Commissioner of DAIL and if the decision to uphold the substantiation is made the individual is informed in writing of the result and how to request a review by the Human Service Board. If the Human Service Board upholds the substantiation the individual’s name is placed on the APS Abuse Registry. An individual may request that the Commissioner expunge his/her name from the APS Abuse Registry and the Commissioner will hear the request.

Protective Services Process

During the course of an investigation, the investigator will also determine whether the victim needs protective services. One of the most important goals of the APS investigation is the protection of vulnerable adults who are at risk of abuse, neglect or exploitation. APS does not provide direct care or services to individuals, nor does it provide on-going case management. To accomplish the goal of protection, APS relies on other service providers

and agencies, including the Area Agencies on Aging (AAAs), Home Health Agencies, the Department of Mental Health, local mental health and developmental services agencies, the Vermont Center for Independent Living, Vermont Protection and Advocacy, local and state police, DAIL's Office of Public Guardian and the courts. Working collaboratively with staff from these agencies, with the consent of the victim, APS is able to develop protection plans to prevent further abuse. See Table 3 for referral information. Much of this work is reflected in the technical assistance data records.

Adult Protective Services

In SFY07, the APS unit received 2,916 calls. Of those calls, 1,913 unduplicated reports were made by 2,065 reporters. Embedded in those reports were 2,468 separate allegations of abuse, neglect or exploitation. 1,064 reports were closed at screening; 420 did not meet the statutory definition of abuse, neglect, or exploitation. 209 were closed because of insufficient information. In 129 cases, APS determined that the individual was not considered vulnerable by Title 33 definitions and embedded in the decision found an additional reason for the decision. 64 cases were closed because the individual did not meet the Title 33 definition of a vulnerable adult. 189 were closed for other reasons. Investigators conducted 849 investigations covering 1,238 allegations including 61 self neglect cases. APS referred 155 cases of self neglect involving persons age 60 and older to the Area Agencies on Aging (AAAs). APS recommended substantiations of 90 allegations against 63 perpetrators. The Commissioner upheld 56 recommendations of substantiation involving 83 allegations. The Commissioner overturned six cases that were recommended for substantiation. Seven recommended substantiations remain undetermined. The Human Service Board overturned one case. The Commissioner placed 62 new names on the APS abuse registry and expunged one name from the registry. Presently there are 87 APS cases that are unresolved. (See separate APS report at www.dail.vermont.gov)

Licensed Facilities/Home Health and Title 33

The Division of Licensing and Protection also receives reports on Title 33 issues that involve licensed facilities including hospitals, nursing homes, and residential care homes plus home health agencies. Licensed nurse surveyors, specifically cross trained, conduct these investigations. There were 545 reports of abuse, neglect or exploitation of a vulnerable adult in facilities or in home health agencies, with a total of 991 allegations. Staff substantiated 247 allegations. 30 allegations are unresolved. (See separate APS report.)

Referrals

When APS receives a report that involves the Medicaid Fraud Unit, Medicaid Fraud and Residential Abuse Unit of the Attorney Generals Office, the Office of Public Guardian, law enforcement agencies, Vermont Protection and Advocacy, or Area Agencies on Aging,

appropriate health care and case management agencies, and Office of Professional Regulation, a referral is sent to one of the entities via fax or phone on the case.

When the case involves either Medicaid or Medicare funding, a referral also is made to the Medicaid Fraud and Residential Abuse Unit (MFRAU) of the Attorney General's Office. Over the past year, the Division has referred 310 reports to MFRAU. APS also notifies the Office of Professional Regulation about abuse complaints involving licensed care providers. This year APS referred 15 cases to the Office of Professional Regulation. APS also refers cases to law enforcement for investigation and possible prosecution. This year APS referred 214 cases to law enforcement agencies. APS referred 16 cases to the DLP Survey and Certification Program and 155 self neglect cases of vulnerable adult age 60 and over to the AAAs.

Referrals are made to other services providers including five to the Division of Vocational Rehabilitation, 18 to the battered women's network, 122 to home health, 171 to mental health, 249 to AAAs, two to the Vermont Center for Independent Living, 43 to the Choices for Care wavier, 31 for legal assistance, 20 to the Public Guardianship Program, 55 for restraining orders, 243 for technical assistance for prevention, and 199 other unspecified referrals.

Registry Checks

The Adult Abuse Registry is maintained by APS and all employers of persons providing direct care to a vulnerable adult can obtain information about whether an individual's name is on the Adult Abuse Registry by making a written request, with the consent of the applicant or employee. The Adult Abuse Registry can be checked for either prospective or current employees and for both volunteer and paid employees. Licensed and certified health care providers are prohibited by regulation from hiring direct care workers whose names appear on the Registry. Currently there are 902 names on the registry, the first dating back to 1993. APS and DLP staff processed 33,545 registry checks during this reporting period and only seven were found with positive results.

Community Education

The APS Program Chief, in conjunction with the Medicaid Fraud Unit (MFU), is involved with ongoing activities to increase public awareness of abuse, neglect and exploitation, including what to watch for and what to report. In addition, these education programs are geared toward increasing awareness of problems that vulnerable adults face and providing training in abuse prevention efforts. In this reporting year, APS produced a new presentation which was presented to 42 educational programs (over 1,000 people). Audiences included individuals from citizen groups, colleges, nursing homes, hospitals, mental health agencies, home health agencies, area agencies on aging, residential care

homes, law enforcement agencies, adult day programs, transportation companies responsible for transporting vulnerable adults, and Vermont State Police Academy.

Case Histories

The following examples illustrate the types of protective and other services coordinated or provided by APS investigators. These examples are a compilation of various cases to protect the identity and privacy of anyone involved in the investigation.

Case # 1 APS received a report that, a 50 year old vulnerable adult was attacked by his former girlfriend with a knife during a domestic disturbance. The alleged victim called 911, the police responded and the girlfriend was removed with a struggle from the home. APS investigators found a man who uses a wheel chair, as a result of a catastrophic motorcycle accident, covered with multiple stab wounds. The home had evidence of a bullet hole in the roof, knife marks in the floor and furniture was damaged. Interviews with the victim revealed that the girlfriend knocked the victim out of his wheelchair to render him helpless. The alleged victim also shared that he carried a gun in his wheelchair to protect himself and fired it at her during the altercation. The investigator collaborated with the local police department and developed a protective plan for the alleged victim. Referrals were made to local home health and mental health agencies and service plans were developed to enable this man to safely remain in his home independently. The investigation is ongoing.

Case # 2 APS received several reports that an 86 year old wealthy male individual was being exploited by a felon. The report stated that the alleged perpetrator conned his victims by befriending them and taking their money. Investigators found bank records showing that the alleged perpetrator was driving the alleged victim to the bank and instructing him to withdraw thousands of dollars weekly for the alleged perpetrator's own use. It was also reported that the local agencies were concerned about providing services due to reported risk of weapons in the home available to a known felon. Investigators teamed up with local law enforcement agencies, health care agencies, community members, department legal staff, and local banks to create a safe environment, assess the medical, social, financial, and guardianship needs through Temporary Restraining Orders and court hearings to determine the level of assistance this man needed to remain independent in his own home. The outcome of the investigation is pending.

Abuse Prevention Initiatives

APS convened a work group called the APS Forum. The group included a diverse mix of interested advocates, service providers and state agency staff to identify challenges and potential actions to address adult abuse prevention. The group met monthly through January 2006. From this group came recommendations and APS initiated the following actions:

- DAIL has contracted with Northeast Kingdom Home Care in Newport, Vermont for crisis intervention particularly for after hours and weekends or holidays. To date, one person has been served. This pilot project is being expanded to Chittenden County.
- APS investigators have combined forces with the Medicaid Fraud Unit to provide educational opportunities to licensed nurses, nurses aides, caregivers, adult day centers, residential care homes, transportation companies, home care providers, medical schools, law enforcement agencies, and the general public on reporting, detection, and prevention measures related to abuse, neglect and exploitation.
- APS attributes a portion of the recent rise in reported financial exploitation cases to the educational programs provided to local banks about identifying, reporting, and preventing such cases. APS and MFU have worked as a team to investigate and bring action against perpetrators.
- APS hired a seventh investigator in response to the rapid growth in reported abuse, neglect, and exploitation case and the increased acuity and complexity of the allegations. APS has examined data that cross reference concentrations and responded by creating more flexibility in the territorial assignments for investigators, and improved prevention methods through education and public presence.

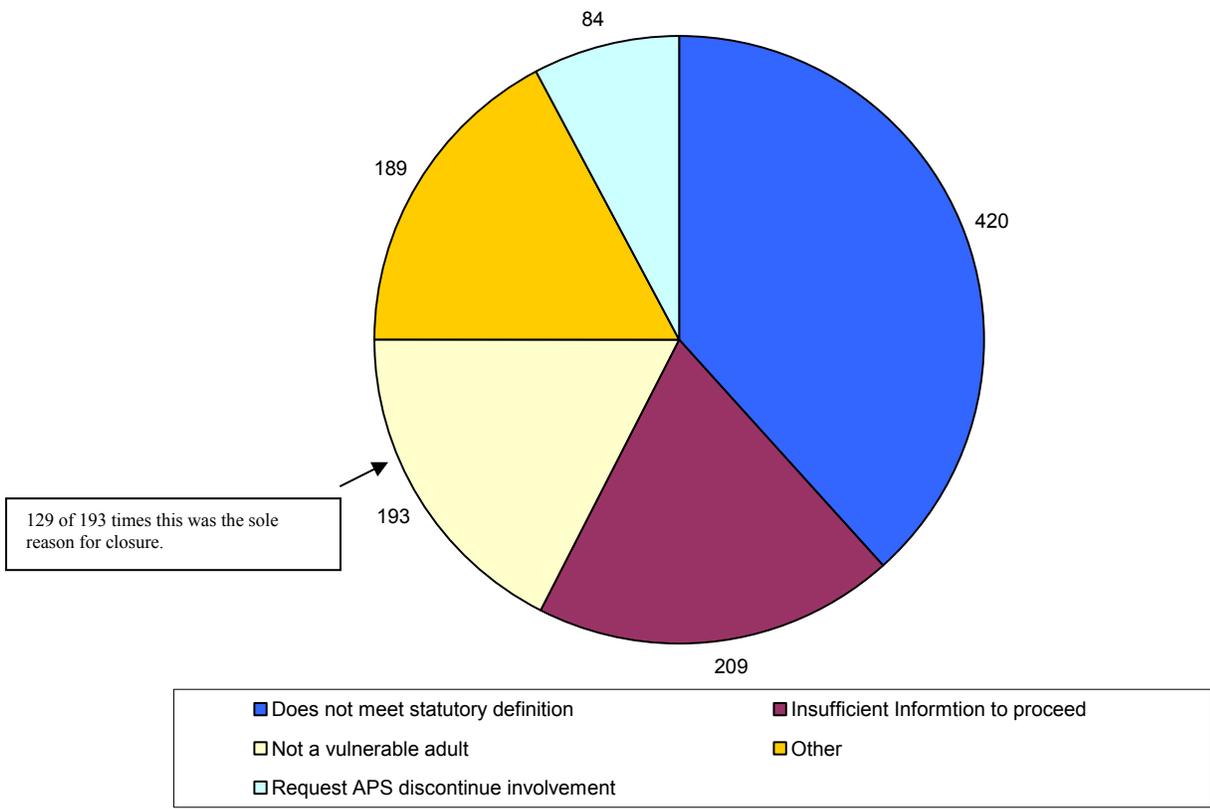
Staffing

The APS unit has a dedicated staff of 10 employees; one Program Chief, seven Field Investigators, one full time Intake Technician and one full-time Investigative Screener. The Intake Technician is the first person to receive a complaint. Complaints may be filed via the 24 hour toll-free abuse reporting telephone line, fax, or by an online reporting form sent electronically. The Intake Technician collects pertinent data on the complaint, enters it into the appropriate data base, and channels the information to either the Licensed Nurse Surveyor or Screener who handles facility complaints or the APS Investigative Screener who handles complaints related to complaints from the general public. APS has one full time office-based Investigative Screener.

SFY07 APS Reports

# of Reporters 2065	# of Reports 1913	# of Closed Screenings 1064	# of Assigned Investigations 849 including self neglect reports	# of Substantiated Perpetrators 62	# of Investigations Unresolved 87	# of Self Neglect Reports 216 (155 AAA 61 APS)	# of Self Neglect Investigations Unresolved 7
------------------------	----------------------	--------------------------------	--	---------------------------------------	--------------------------------------	---	--

Closed Screenings (1064)



** Some Closed Screenings had multiple reasons for closure*

APS Allegations by Type of Abuse			
Type of Abuse	Number of Allegations contained in 1913 Reports	# Allegations contained in 849 Investigations	# of Allegations contained in 60 Substantiated Cases
Physical Abuse	424	215	20
Emotional Abuse	574	243	20
Sexual Abuse/Sexual Exploitation	136	54	2
Neglect	438	315	13
Financial Exploitation	624	341	35
Self Neglect	272	70	N/A
Totals	2468	1238	90

* Cases may have multiple allegations--849 investigations includes 61 self neglect cases

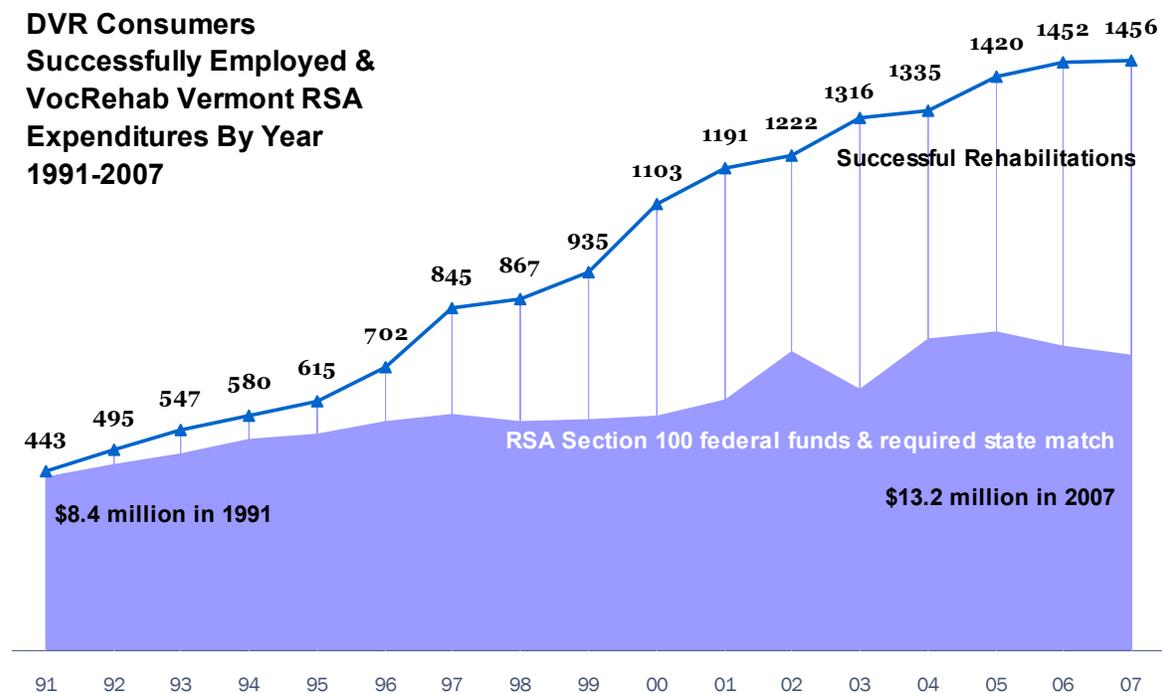
APS Reports referred to Other Agencies (excluding 87 open Investigations)					
Total # CASES referred for investigation by Law Enforcement or Regulatory Review		# of CASES with Social or Protective Service Referrals			
	500		698		
Attorney General/MFU	310	DAIL/Vocational Rehabilitation	5	Type of Assistance	
Police (State and Local)	214	Battered Women's Network	18	Referred for Legal Assistance	31
Vermont Protection & Advocacy	0	Home Health	122	Assist with Guardianship	20
Office of Professional Regulations	15	Mental Health	171	Assist with Restraining Orders	55
DLP Survey and Certification	16	Area Agency on Aging	249	Technical Assistance(Prevention)	243
		Vermont Center for Independent Living	2	Other Referrals	199
		Choices for Care	43		
# of Investigative REFERRALS made	555	# of Social Service REFERRALS made	610	# of Protective Service REFERRALS made	548

*Cases may have multiple referrals

Vocational Rehabilitation

802-241-2186 (voice) 802-241-1455 (tty)
www.vocrehab.vermont.gov

VocRehab Vermont has a long record of success in accomplishing its mission to help Vermonters with disabilities prepare for, obtain, and maintain meaningful employment. For the last sixteen years we have increased the number of Vermonters with disabilities who achieved employment with our help. While staffing and funding levels have grown modestly over the past fifteen years, about 4% a year, our rehabilitations have increased at twice that rate; 8% each year.



We achieved these results by winning grants for innovative programs and by supporting a world-class staff of professionals, but most of all, we have done it by making a commitment to continuous improvement. We have cultivated a culture that rewards staff for asking how we can improve our services and outcomes for our customers every day. Program improvement is a part of everyone's job—from the administrative support team in central office to the office team in Bennington to the VR Management Team.

Achieving High Marks in the Nation

For several years now, Vermont has consistently been ranked one of the top performers among VR agencies nationwide. The Rehabilitation Services Administration (RSA), U.S.

Department of Education, collects and analyzes data to compare the effectiveness of public vocational rehabilitation programs across the nation. In 2004, RSA ranked the Vermont Division of Vocational Rehabilitation #1 in New England and #7 in the nation, compared to agencies serving similar populations.

Vermont also excels in other areas, particularly in our Ticket to Work participation rate. Having a high rate means greater opportunity for funding from the Social Security Administration (SSA). This further strengthens VR's capacity to serve more Vermonters. We also get high marks for our benefits counselors' work with SSA beneficiaries, helping them use work incentive programs to become more self-sufficient.

<i>The rankings ...</i>	Vermont's Rank in the Nation	Vermont's Rank in New England
New VR applicants per million state population — we're doing a great job of reaching out to as many Vermonters as possible.	1	1
VR employment outcomes per million state population — we're effectively getting Vermonters in for VR services and on to successful employment.	1	1
Average expenditure per employment outcomes — we get results without spending more than we need to, leaving more resources to serve others.	5	1
Percent of VR clients on SSA disability with employment outcomes — we are very active in serving the most disabled individuals with the most complex benefits issues, and we're helping more of them to work than other states.	1	1
Ticket to Work participation rate — we are involved in helping a lot of SSA beneficiaries return to work and, as a result, are bringing more federal money into the State to serve Vermonters with disabilities who want to work.	1	1
Percent of SSDI beneficiaries who work — thanks in part to the infrastructure of benefits counseling that VocRehab Vermont has built, more Vermonters on SSDI are contributing to our economy.	1	1
Percent of SSI eligibles with a PASS plan — again, benefits counseling has helped more very low-income Vermonters take advantage of the opportunity to set aside money to work towards self-sufficiency through employment.	1	1
Employment rate for individuals with developmental disabilities — VR's collaboration with state and community developmental services agencies to fund supported employment services is paying off.	1	1

Serving More Vermonters with Disabilities

VocRehab Vermont serves customers across the age and disability spectrum, from youth just beginning to venture into the world of work, to late-career professionals adjusting to new health challenges. Our strong collaborative relationships with state and private

disability service providers make for very effective outreach to Vermonters with disabilities.

Every individual who comes to VocRehab brings unique strengths, interests, and life circumstances. Our challenge is to respond with the right kind of support and expertise to help each individual find his/her own path toward greater independence and economic self-sufficiency through employment.

The VocRehab counseling process is a collaborative effort between consumer and counselor to understand and adjust to disability, identify employment goals, and engage the resources needed to obtain and maintain stable employment. As they work toward their employment goals, all VocRehab customers can benefit from a wide range of services and supports available either from our own highly-trained staff, or through our partner agencies and purchased items and services. In addition to these standard VocRehab services, Vermont has several programs to address the special circumstances of youth, individuals receiving Temporary Assistance to Needy Families (TANF) or Social Security disability benefits, ex-offenders, and people with severe disabilities who need extra on-the-job supports.

Reaching Out to Special Populations

Opening Doors for Youth in Transition

In recent years one of our strategic objectives has been to improve services and outcomes for young adults with disabilities in transition from school to work or post-secondary education and training. We have worked very hard to engage with our partners as we work together to build an effective system of transition services for these youth. Internally, we have increased the number of staff dedicated to serving youth, built a statewide network of Core Transition Teams and successfully competed for grants to support our transition effort.

There continues to be a statewide focus and interest on youth in transition. Public and private partners, including the Vermont State Legislature, have begun working toward a multi-year cross-agency plan that would finally enable all youth to be successful in adult life.

Leading the Way to Test New Ideas in Social Security Disability Policy

For the many VocRehab customers who are also Social Security Disability Insurance (SSDI) beneficiaries, particular courage is often needed to go back to work. They've received SSA cash payments based on demonstrated inability to work. They have

survived on a carefully constructed safety net of public benefits, and have learned that any new income could mean lost benefits and health coverage.

Now, with a growing set of work incentive programs offered by SSA, Medicaid, and other public benefit programs, it is possible to move towards independence without unexpectedly or prematurely losing essential benefits, but it takes accurate and timely information on the work incentives, and support during the process. Since 1999, VocRehab's benefits counselors have provided this crucial information and support to VocRehab customers, helping them manage their benefits and take advantage of work incentives.

Based on this record of innovation and success working with SSDI beneficiaries, in 2005 Vermont was one of four states chosen by the Social Security Administration to test what would happen if they removed the SSDI "cash cliff". Many SSDI beneficiaries who want to work face a real problem; if they work and earn too much—even a dollar above the limit of \$940 per month (in 2008)—after a nine month Trial Work Period, they could lose their entire cash benefit, and fall off the "cash cliff" as it's often called. For decades now, disability advocates have cited the "cash cliff" as a major disincentive to employment.

This pilot allows beneficiaries to work above the \$940 income level. Instead of losing their cash benefits entirely, their check is reduced progressively by one dollar for every two dollars earned over the \$940 threshold. Despite having the smallest population of the four pilot states, Vermont enrolled the most beneficiaries and is poised to make a major contribution to SSDI policy.

Offering An Extra Measure of Support

Supported employment gives Vermonters with significant disabilities the opportunity to be employed in their own communities at real jobs with competitive wages. A job coach or a natural support person (supervisor or co-workers) can make a huge difference for people with developmental disabilities, emotional behavioral disabilities, mental illness, and traumatic brain injury, particularly at the start of a new job. These helpers can support the individual in learning or performing the work, and help out with other supports that improve chances for success, like transportation, assistive technology, specialized training, or tailored supervision.

VocRehab awards about 40 grants each year to community-based mental health and developmental disability agencies for supported employment services. The collaboration between VR, local nonprofits, and the state agencies that oversee them has brought

tremendous opportunities to serve consumers effectively and reaffirm the value of competitive employment in integrated settings for people with the most significant disabilities.

- In SFY 2007, over 1,800 supported employment participants earned a total of over \$9 million and paid an estimate of over \$1 million in federal and state taxes.
- In SFY 2007, SSI and SSDI payments for these individuals were reduced by over \$3 million as a result of supported employment.
- A study published in 2004 showed that the employment rate for customers who received both VocRehab and mental health services was more than twice the rate of those getting only mental health services. This was true regardless of gender or age group.
- Thanks in part to the collaboration that exists between VocRehab and the Division of Disabilities and Aging Services, Vermont is ranked #1 in the nation for employing people with developmental disabilities.

The VR Reach Up Program

Since 2001, VocRehab Vermont has worked with the Department for Children and Families (DCF) to help Vermonters with disabilities receiving financial assistance under the TANF program (called Reach Up in Vermont). Recipients identified as having a disability that is a barrier to employment are referred by DCF to VocRehab for services, where they are assigned to a specialized VocRehab counselor who also serves as the person's Reach Up case manager. A single counselor then provides all services, blending the resources of both VocRehab and DCF to provide intensive vocational services and case management. VocRehab worked with 1146 Reach Up participants in FY 2007 (about 15% of the DCF Reach Up caseload).

The mounting federal pressure for work participation rates means that new and better strategies are needed to help Reach Up participants pursue employment. In response, the VocRehab Reach Up Program is implementing a new service model that will facilitate caseload movement and address the predominantly mental health barriers of participants. The new model combines group therapy, work skills enhancement, and work experience placements that can support participants in gradually increasing their work participation while learning how to overcome functional barriers. This approach is already showing good results in pilots in St. Albans and Bellows Falls.

Helping Offenders with Disabilities

VocRehab is committed to serving offenders with disabilities both within and outside correctional facilities. Employment is a critical part of preventing recidivism and helping offenders released from prison to successfully reenter their communities. VocRehab has designated VocRehab Counselors in each district office to serve as a single point of contact. These counselors work with personnel from Probation and Parole, Community Justice Centers, other reentry organizations and employers to support the offender to find and retain employment.

Some inmates of correctional facilities have severe disabilities that may prevent them from working enough to support themselves, and are released with no viable means of support. To address this issue, representatives from the Department of Corrections, the Social Security Administration, and VocRehab created an early application procedure to help inmates secure benefits prior to their release. After piloting the procedures in three correctional facilities, the Department of Corrections funded an expansion to all nine prisons. Currently two staff serve these facilities, helping inmates apply for SSA disability benefits. In addition, a VocRehab Counselor helps to assess the viability of an SSI application and the need for additional VocRehab services. The SSI Assistants interview the applicants to collect all information necessary for completing the application. They then follow up until benefits are secured or a connection is made to someone who can assist with extended appeals.

Vermont Assistive Technology Program

802-241-2620 (voice) 802-241-1464 (tty) ATinfo@ahs.state.vt.us

From modified tools and utensils to specialized software for students with learning disabilities, to computers that control lights, phones, and appliances by voice, assistive technology (AT), benefits are available to people of all ages and abilities, helping them to achieve greater independence, efficiency and control over their environment. The Vermont Assistive Technology Program (VATP) provides AT services for Vermonters to help them at home, in school, on the job or in the community. While the VATP mission is very broad and inclusive, our organizational relationship with VocRehab Vermont fosters an especially powerful synergy among the professionals charged with helping Vermonters who have a disability obtain and maintain employment.

In FFY 2007, the Vermont Assistive Technology Project (VATP) served nearly 3700 consumers, family members, educators and others.

The VATP is the premier resource in the State for:

- Hands-on demonstrations of AT for accessing computers and other information technology, living independently, hearing, seeing, communicating, educating, learning, playing and recreating, responding to emergencies, and controlling one's environment
- AT information and assistance, and referrals to other programs and agencies
- Advocacy and other information related to individuals' and families' rights to AT services
- Information about funding sources for AT
- Technical assistance in selecting and implementing appropriate AT for agencies, businesses and other organizations
- Short term loans of AT equipment to try out at work, home, school, etc.
- Training on specific AT devices and software
- Specialized workshops and technical presentations on AT topics
- AT device reuse through a regional Internet-based exchange program, <http://www.getatstuff.com>, which brings together owners of AT which is no longer needed and people seeking AT devices for themselves or others. The program is also accessible to people who do not have Internet access.



Deaf and Hard of Hearing Services

241-3557(tty)
800-878-5209 (video phone)
www.dail.vermont.gov/dhhs-temp

Vision

All Vermonters, regardless of level of hearing loss, shall have access to the full range of services offered by the Agency of Human Services (AHS).

The Purpose for Deaf & Heard of Hearing Services

There are 625,935 people living in Vermont

- Approximately 2,000 people are Deaf
- Approximately 56,000 are Hard of Hearing
- Total people with hearing loss living in Vermont: 58,000

Deaf and Hard of Hearing Services (DHHS) serves individuals with hearing loss to ensure they have equal access to the services of all departments, divisions and programs within AHS.

System Advocacy

The Director of the Deaf and Hard of Hearing Services acts as a point person between AHS and the Deaf and Hard of Hearing community by sharing information on services, training opportunities, public hearings and other information offered within AHS that may benefit the community.

The Director works closely with AHS departments to ensure all programs/services within the Agency of Human Services are accessible to Deaf and Hard of Hearing customers and are in compliance with the Americans with Disabilities Act (ADA). Gaps in service are identified and programs are developed to meet such gaps.

Information/Trainings

Trainings/consultation is provided to AHS department/program staff on interpreter issues, assistive devices, Deaf Culture, communication tips, etc. Training on hearing loss is also offered to other agencies/department upon request.

Resources are provided on hearing loss to AHS staff, parents, teachers, and other service providers. A Resource Guide has been developed and is being distributed to all district offices. The guide is also posted on: www.dail.vermont.gov/dhhs-temp

Future Initiatives

- The Director of the Deaf and Hard of Hearing Services continues to work with the Division of Disability and Aging Services (DDAS) to develop housing for adults with developmental disabilities who are Deaf and Hard of Hearing.
- DHHS worked collaboratively with the Division for the Blind and Visually Impaired (DBVI) to set up an informal Deaf-Blind Task Force to assess the needs of individuals who are Deaf-Blind. A survey was developed and feedback gathered from the Deaf-Blind community. The common themes included:
 - Need for Specialized Support Providers (SSP), including a centralized system for training and coordinating personnel to provide specialized support to individuals with Deaf-Blindness. An SSP can help with communication, shopping, banking, transportation, etc.
 - Training on mobility, independent living, and communication skills
 - Assistive Technology for communication and alerting devices for fire and other emergency situations
 - Awareness of agencies and resources which are available for individuals who are Deaf-Blind
- Hearing Aid Focus Group to address high cost hearing aids and discuss best approach for solution so each individuals with hearing loss can afford to purchase hearing aids.
- Mental Health Task Force to gather feedback on issues related to accessing to mental health service and make recommendations for improvements.



Department of Disabilities, Aging and Independent Living
103 South Main Street
Waterbury VT 05671-1601
Voice 241-2401/TTY 241-3557
Fax (802) 241-2325
www.dail.vermont.gov

This report is available in alternative formats upon request.