

Agency of Human Services

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

**Annual Report
2005**

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** – individual’s 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* ====

MESSAGE FROM THE COMMISSIONER..... 1

DISABILITY AND AGING SERVICES.....2

Division Structure.....2

Individual Supports Unit Programs4

Community Development Unit Programs.....12

Office of Public Guardian.....19

Information, Referral and Assistance.....20

Special Initiatives21

VOCATIONAL REHABILITATION 24

Job Placement and Retention Rate25

Cost Benefit26

Social Security Work Incentive27

Assistive Technology.....28

BLIND AND VISUALLY IMPAIRED 29

LICENSING AND PROTECTION..... 33

Quality of Life and Care33

Quality of Life Awards.....34

Survey and Certification34

ADULT PROTECTIVE SERVICES..... 37

A Profile of the Problem37

HEALTHY AGING 38

==== *Message from the Commissioner* ====

In 2005, amidst many complicated changes, the Department of Disabilities, Aging and Independent Living adopted a new Mission Statement. Our Mission is to make Vermont the best state in the nation to grow old or live with a disability.

In several categories, Vermont is already known nationally as the best or among the very best, including Vocational Rehabilitation, Developmental Services and Long Term Care. With the implementation of our new “Choices for Care” 1115 Medicaid Waiver, many states are watching to see if they can adopt a similar program.

There are two very important reasons for this success so far.

The first is the very dedicated and hard working staff of the Department. We are blessed to have people truly committed to making a difference for people. Our staff understands that the only reason we have jobs is to improve the lives of Vermonters. It is necessary to stay focused on that principle in times of significant change and constant challenges.

The second reason is the very committed agencies and organizations we work with, such as the Area Agencies on Aging, Adult Day Services, Designated Agencies for Developmental Services, Home Health Agencies, Nursing Homes, Residential Care Homes, Senior Centers and many others. We are very fortunate to have the local and community based organizations we do. They are committed to service, to their communities, and to working together.

The times are not easy. This past year, we saw several major changes and challenges including the implementation of the 1115 Waiver, a huge change in the system of Home Health Care, a review of Adult Protective Services, and very difficult budget discussions. The challenges seem to increase every day, and we are called on to do more with less.

However, with the continuing commitment and good faith of our staff and our community organizations, we can succeed in making Vermont nationally known as the best. Vermonters deserve nothing less.

Patrick Flood, Commissioner

==== *Disability and Aging Services* ====

Division of Disability and Aging Services' Structure

The Division of Disability and Aging Services (DDAS) is a major division within the Department of Disabilities, Aging and Independent Living (DAIL). The Division is responsible for all community-based long-term care services for older Vermonters, individuals with developmental disabilities, traumatic brain injuries, and physical disabilities. During 2005, the Division of Disability and Aging Services reorganized into the following five support units along with the Deputy Commissioner's Office:

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

The **Deputy Commissioner's Office** provides overall direction and leadership to the five major units within the Division. The office is responsible for budget development, legislative work, public information, interdepartmental relations, policy, and program direction. Division staff also provides clinical assistance through direct consultation for individuals who require behavior support strategies, staff training, professional review of the State Human Rights Committee, and gatekeeper responsibilities for the statewide behavioral crisis beds for people with developmental disabilities.

The **Individual Supports Unit** (ISU) administers all Medicaid funded programs that provide individualized services to older Vermonters and people with disabilities. Such programs include: Medicaid waiver services, 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 people with disabilities and older Vermonters. The focus of this unit is primarily on building capacity within the broader community.

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 services to 657 individuals with developmental disabilities and people age 60 and over who have been determined by Family Court or Probate Court to be in need of guardianship to live safely, maintain independence, and access the supports they need. In addition to guardianship, the Office of Public Guardian provides case management services, oversight and service coordination to people who have been found incompetent to stand trial for a criminal offense (Act 248), support and assistance to private guardians, family reunification, and representative payee services.

Community Partners

Other than direct supports offered through the Office of Public Guardian, DDAS contracts 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
- Children's Personal Care Providers
- Developmental Services Providers
- Home Health Agencies
- Housing Partners
- Information, Assistance and Referral Providers
- Mental Health Providers
- Senior Centers
- Transportation Providers
- Traumatic Brain Injury Providers

Individual Supports Unit Programs

Medicaid Waivers

There are three Medicaid waivers administered by DDAS: the Choices for Care (1115) waiver, Developmental Disability waiver and Traumatic Brain Injury waiver. Together they provide services and supports for an estimated 5,600 Vermonters.

Choices for Care (1115 Long-Term Care Medicaid Waiver). Choices for Care is a Medicaid-funded, long-term care program to pay for care and support for older Vermonters and people 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 from bed to chair; assistance with tasks such as meal preparation, household chores, and medication management; and increasing or maintaining independence. The Choices for Care Program replaced the previous home and community-based and enhanced residential care waivers as of October 1, 2005 and now also includes care in a nursing facility.

Programs Include:

- **Home-Based Supports:** This includes services that are available 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.
- **Cash and Counseling:** See next page for more information.
- **Program for All-Inclusive Care for the Elderly (PACE):** See next page for more information.

Vermonters Served: (as of 12/31/05): 3,710 participants (2,216 in nursing homes; 1,494 in home and community-based services, including enhanced residential care). These numbers include Highest, High and Moderate Needs groups.

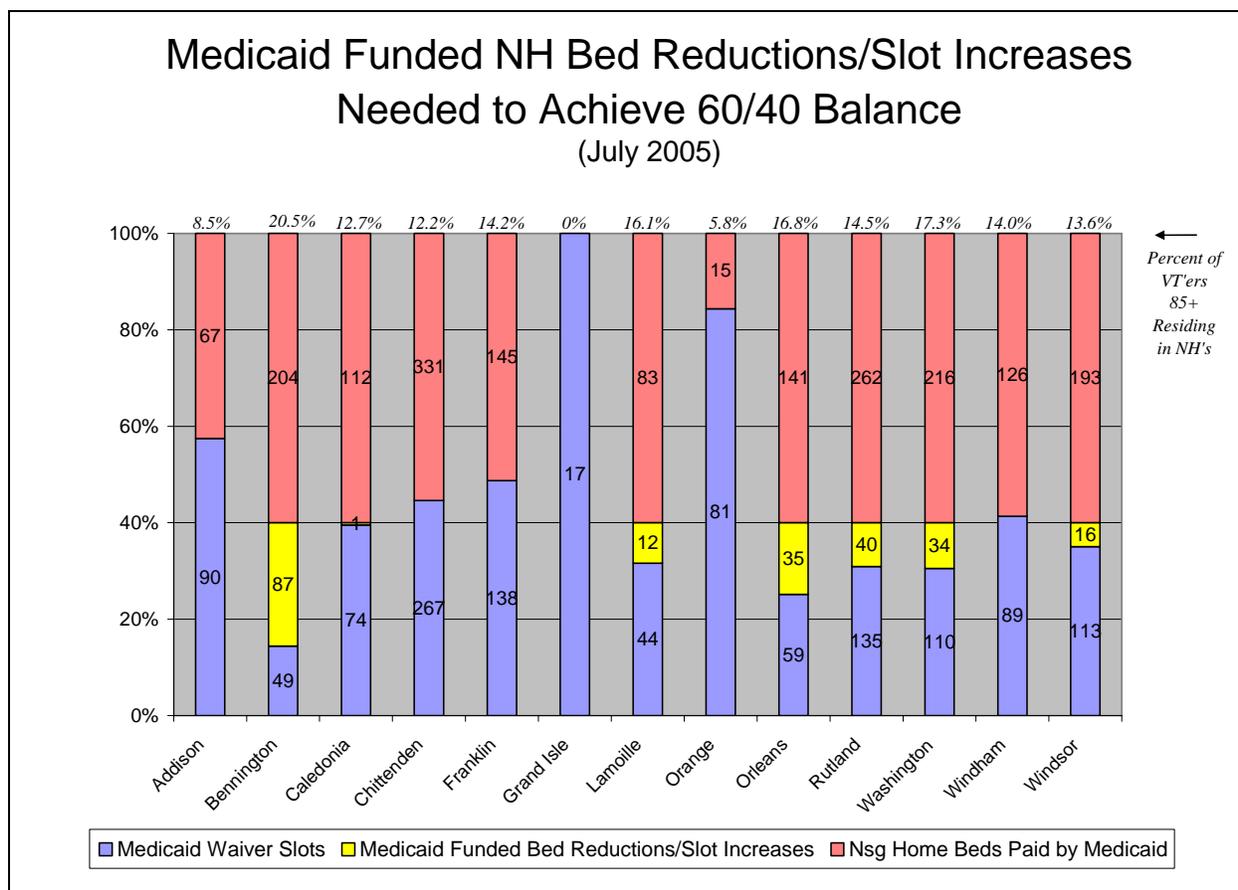
- People age 65 and over.
- People age 18 and over with physical disabilities.
- People must qualify for nursing home level of care.
- People must be financially eligible for Long-Term Care Medicaid.

Highlights from FY '05:

- In June 2005, Vermont became the first state in the country to receive approval from the Centers for Medicare and Medicaid (CMS) for an 1115 waiver that enables Medicaid recipients to have equal choice and access between home and community-based services and institutional settings (i.e., nursing facilities).

- Twelve (12) Long Term Care Clinical Coordinators (LTCCC) were hired to conduct clinical assessments for program eligibility, helping to improve program efficiencies and cost effective service plans. The LTCCC are located regionally, often co-locating within the offices of the Department for Children and Families to streamline the long-term care Medicaid application process.

The overall goal of the Choices for Care Waiver is to give consumers more choice over how and where they receive their care. We expect this change will result in more people choosing home care or other alternatives to a nursing home. We believe that the long term care system can achieve at least a “60/40” balance. By that we mean that out of every 100 persons who require Medicaid to cover their long term care needs, no fewer than 40 will receive that care at home and no more than 60 will receive it in a nursing home. As the following chart shows, that balance has already been achieved and exceeded in 6 counties in the state, and 2 others are close.



Cash and Counseling: Cash and Counseling was approved by CMS to become another option for care delivery under the Choices for Care waiver. It allows people to convert their plans of care for home-based services into a dollar-equivalent allowance. Working with a consultant for guidance and information, people develop a spending plan for that

allowance, which may or may not parallel their original plan of care. The program also has a provision for a small amount of the allowance to be distributed to people in cash, if that is the most effective way to maintain their health and well being in their home.

Highlights from FY '05:

- An advisory group made up of providers, consumers and advocates was formed to provide guidance to the Cash and Counseling program.
- Efforts have begun to set up an Intermediary Service Organization (ISO) to provide payroll and billing services for Cash and Counseling.

Program for All-Inclusive Care for the Elderly (PACE): PACE is a health care system for frail 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.

Highlights from FY '05:

- The first Executive Director was hired for PACE Vermont.
- PACE Vermont submitted the Joint Application to the state for review by the Secretary of Human Services.
- PACE Vermont submitted their Certificate of Need to BISCHA.
- Negotiations are continuing with BISCHA regarding the potential requirement for PACE Vermont to be certified as an insurance plan.

Developmental Disability Waiver: 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; 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. The amount and type of services is determined by an individual needs assessment.

Services include:

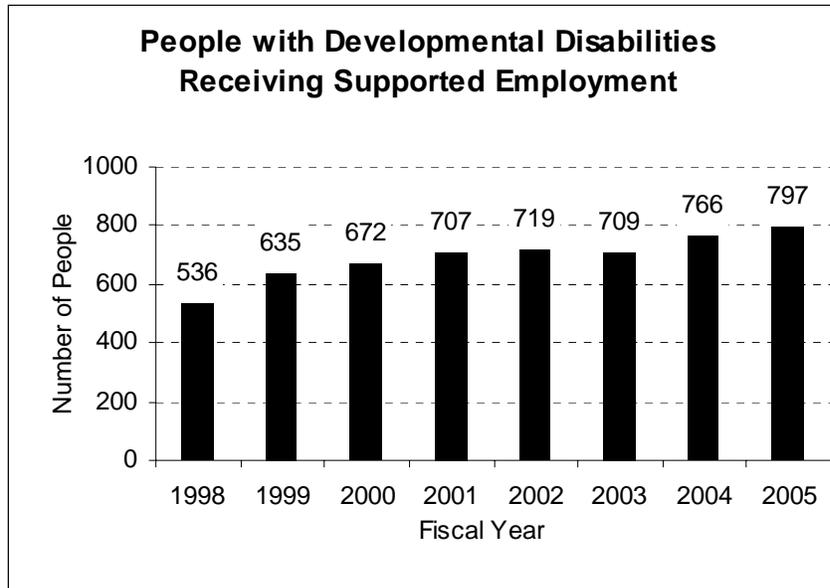
- Service coordination/case management
- Employment services
- Community supports
- Respite
- Family supports
- Home supports
- Clinical interventions
- Crisis services

Vermonters Served: (FY '05): 2,004 people receiving waiver funding

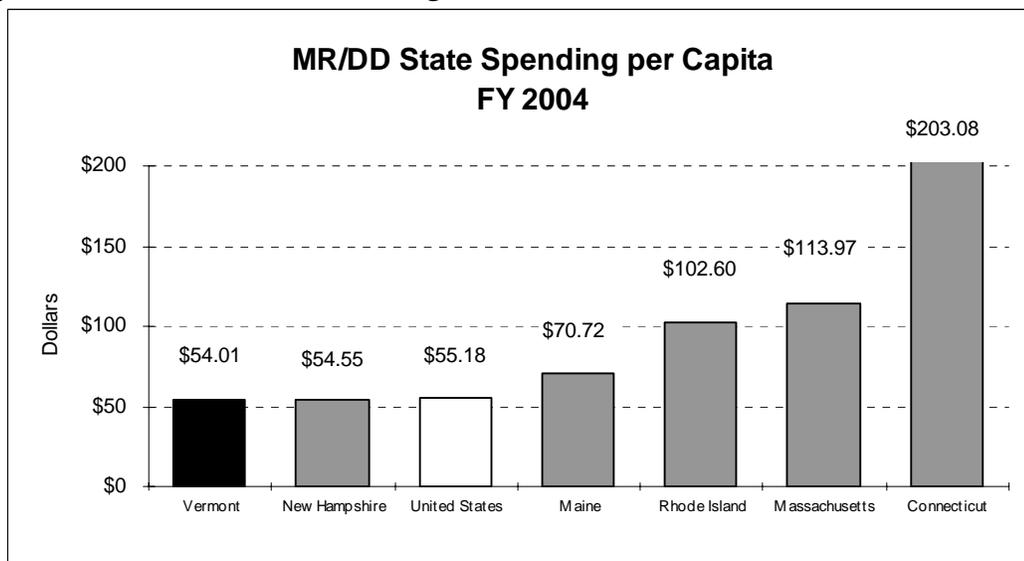
- People with developmental disabilities of any age. (Newly funded waiver services are available only to applicants aged 18 and over.)

Highlights from FY '05:

- Vermont continues to be ranked 1st in the nation for people with developmental disabilities who receive supported employment services. In FY '04, service providers helped 37% of working age adults with developmental disabilities to work. In FY '05, an estimated \$1,090,296 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 2.1%, well below the national average of 7.3% in FY '04.
- Vermont spends less in state funds per capita than any New England state and slightly less than the national average.



Traumatic Brain Injury Waiver. The Traumatic Brain Injury (TBI) Program diverts and/or returns Vermonters, with a moderate to severe traumatic brain injury, from hospitals and facilities to a community-based setting. 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 TBI and the implementation grant.)

Services Include:

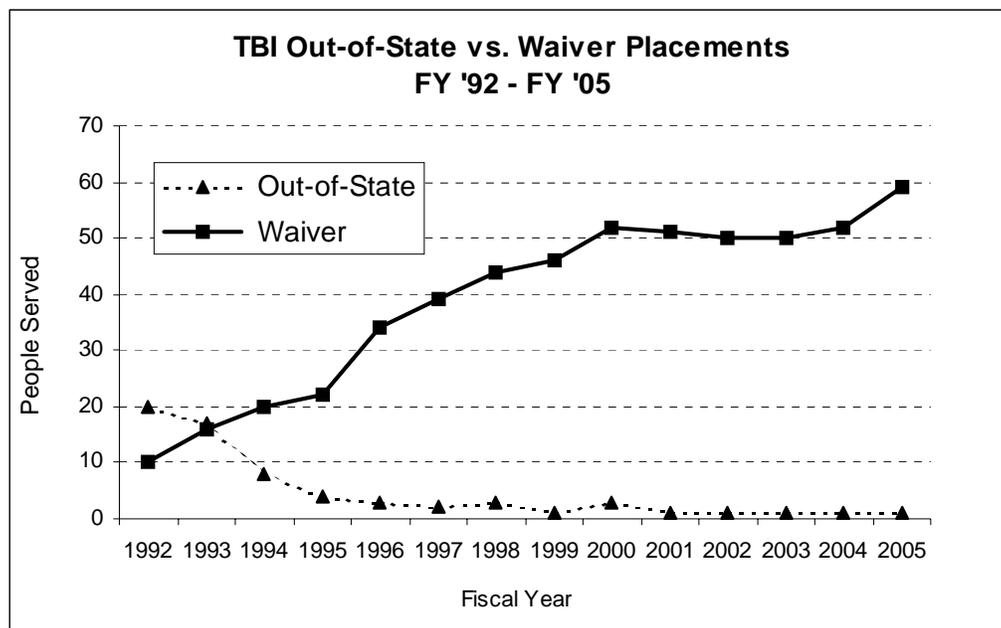
- Case management
- Respite
- Crisis support
- Rehabilitation services
- Assistive technology
- Employment supports
- Community supports
- Psychology/counseling supports
- Special needs (ongoing long-term services)

Vermonters Served: (FY '05): 59 people

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

Highlights from FY '05:

- 12 Individuals were discharged from TBI waiver services in FY '05.
- Since implementation, out-of-state placements dropped from a high of 20 to an average of 1 per year.



- The cost of the average plan in FY '04 was \$5,083 per month compared to the average out-of-state cost of \$13,000 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 disabilities who need physical assistance with daily activities. Program participants hire, train, supervise, and schedule their personal care attendant(s). The program participant is the employer and the attendant's hourly wage is funded by the program.

Services Include:

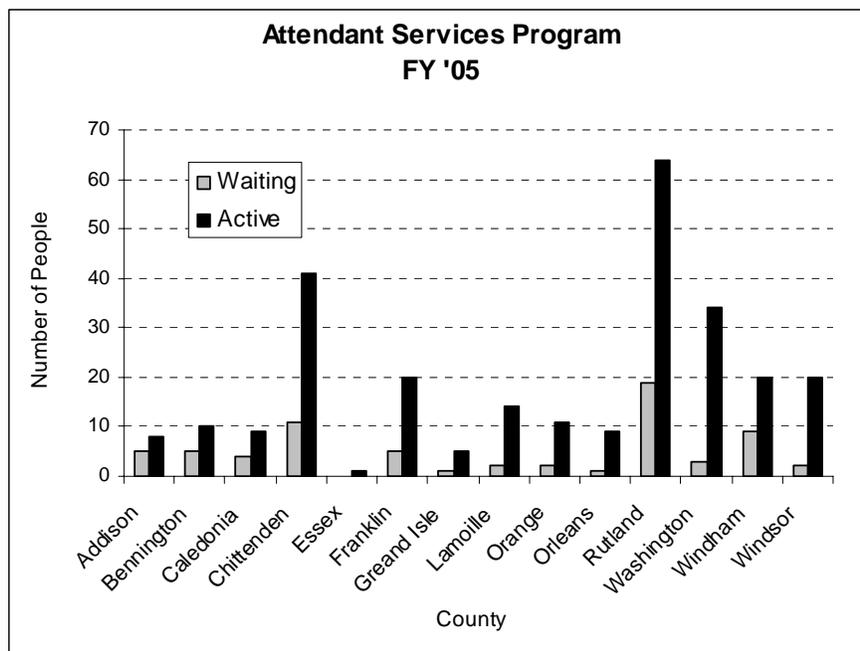
- Assistance with daily living activities such as dressing, bathing, grooming, toilet use, and range of motion exercises.
- Assistance with instrumental activities such as meal preparation, medication management, and care of adaptive and health equipment.

Vermonters Served: (FY '05): 387 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.

Highlights from FY '05:

- Services provided by the Attendant Services Program provide critical supports that keep people in their home and community. In the words of one participant: *“This program not only gives life to me and others like me, but it brings vitality to our community by making those of us with significant disabilities able not just to stay out of nursing homes or assisted living situations, but to give back”*.
- Although there were 266 people receiving attendant services as of 6/30/05, an additional 69 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 can be provided in a variety of settings.

Services Include:

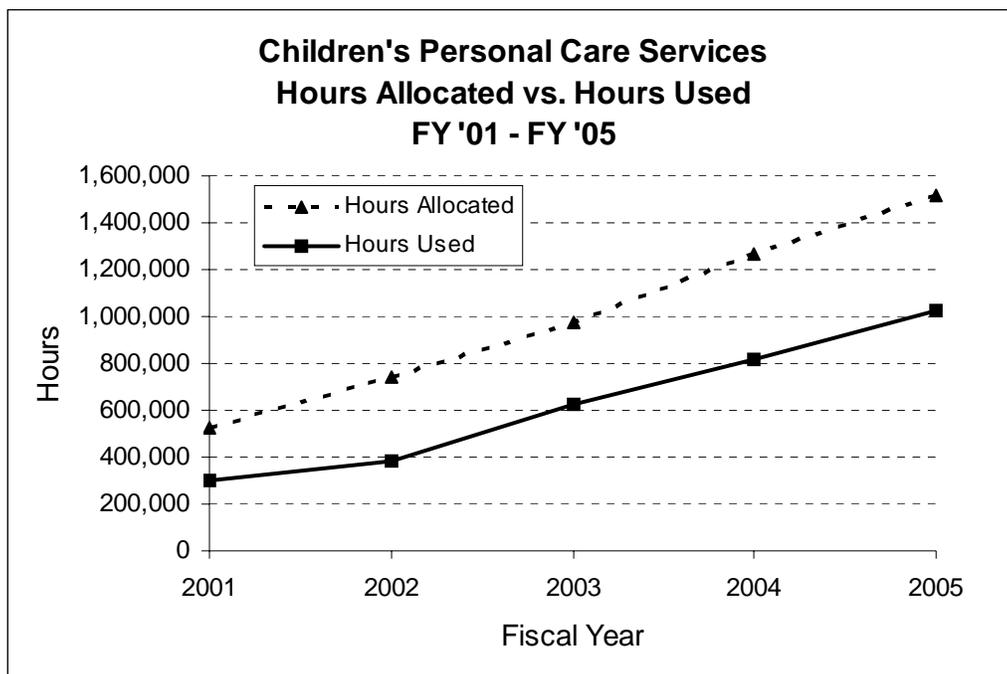
- Assistance with activities of daily living, such as bathing, dressing, grooming, toilet use and eating.
- Promotion of skill building in areas of adaptive behavior.
- Assistance with positioning, lifting, transferring, exercising and accessing the community.

Vermonters Served: (FY '05): 1,302 families

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

Highlights from FY '05:

- The number of people receiving CPCS increased by 31% in the past year.
- 1,302 families received CPCS, and an additional 83 did not use their assigned allocations.



- A broad stakeholder group helped guide the redesign of the CPCS program. The group provided assistance in the development of written guidelines and a new assessment of need.

- A “Quick Reference Guide” was developed to help families manage their CPCS. The number of families who are now hiring their own employees has grown to around 79%.
- A satisfaction survey was conducted in the fall of 2004. Results show that 85% of families receiving CPCS say services make a positive difference in the family member’s life. However, families struggle with finding and retaining workers.

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. Acceptable Flexible Family Funding uses include family respite, assistive technology and purchasing individual and household needs (e.g., clothing, heating, rent).

Vermonters Served: (FY '05): 840 families

- 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.
- Families must be income eligible.

Highlights from FY '05:

- The number of families receiving FFF has more than doubled in the past 10 years.

High Technology Home Care

High Technology Home Care (HTHC) is an intensive home care 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 '05): 125 people

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

Highlights from FY '05:

- The number of people receiving HTHC services was higher than average this past year (28% increase). A shortage of nurses has made it difficult to get the needed care.

Community Development Unit Programs

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
- Personal care
- Therapeutic activities
- Nutritious meals
- Social opportunities
- Activities to foster independence
- Support and education to families and caregivers

Vermonters Served: (FY '05): 1,027 people

- Older Vermonters.
- People age 18 and over with disabilities.

Dementia Respite Program

The Dementia Respite Program offers a range of educational, community, and direct services to individuals with Alzheimer's Disease and Related Disorders (ADRD) and to their caregivers. Funds are available to enable family caregivers to hire in-home caregivers or to assist with payment for out-of-home services (such as adult day services). Respite gives family caregivers the break they need to reduce stress, remain healthy, and maintain overall well-being.

Vermonters Served: (FY '05): 395 individuals and their family caregivers

- Any family member, spouse, or other unpaid primary caregiver providing day-to-day care in the home for a person of any age who has been diagnosed with Alzheimer's disease or related disorders. Priority is given to families that anticipate needing out-of-home placement if they don't receive respite services.

Highlights from FY '05:

- There was a 5% increase in the number of individuals served through the Dementia Respite Program over the past year. Home caregiving services and wellness activities are the most common uses of the program.
- A survey of family caregivers, conducted by Dementia Respite Coordinators, indicated the assistance provided through Dementia Respite Program helped reduce caregiver stress and had a major impact on their ability 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. DDAS provides staff support to GMSA. The GMSA board includes representatives from 16 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. Some of GMSA's network activities include monthly board meetings, free workshops, assistance with establishing new self-advocacy groups, and regional self-advocacy activities.

Vermonters Served:

- People with developmental disabilities.

Highlights from FY '05:

- GMSA staff taught five different 2-day leadership retreats to 165 people. The training is based on Steven Covey's "7 Habits of Highly Effective People". One of the retreats was specifically geared for high school students with disabilities.
- Seven local training teams, consisting of people with and without developmental disabilities, completed a 2-day training-of-trainers enabling them to teach a series of six 2-hour self-advocacy workshops. Over 830 people participated in 49 introductory self-advocacy workshops.
- The two-day annual Voices and Choices Conference featured 14 workshops and attracted 420 people, most of whom stayed overnight and enjoyed evening festivities including a conversation with Governor Douglas.

Homemaker Services

The Vermont Homemaker Program provides services such as shopping, cleaning, and laundry 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.

Vermonters Served: (FY '05): approximately 900 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.

Mental Health Elder Care Clinician Program (ECCP)

The Vermont Elder Care Clinician Program is a service provided to help older adults who experience mental health concerns such as depression, anxiety, and substance abuse. Any adult aged 60 and over experiencing a mental health concern that interferes with their daily life may be served. Elder Care Clinicians include social workers, psychologists, qualified mental health professionals, and mental health outreach workers. Psychiatrists are part of the treatment team for consultation and prescribing and monitoring medications. An Elder Care Clinician will work with an individual to develop a treatment plan and can meet with people either in their homes or in an office setting. The number of times a person meets with an Elder Care Clinician depends upon individual needs.

Services Include:

- Assessments
- Medication monitoring
- Screening
- Related mental health treatment
- Supportive counseling

Vermonters Served: (FY '04): 491 individuals

- Older adults age 60 and over.

Highlights from FY '05:

- More than 1,100 individuals received services from FY '00 – FY '04.
- An Elder Care Clinician Retreat was held in January 2005. Objectives accomplished included drafting a mission statement, identification of desired client outcomes, recommendations for improving client care, and identification of strategies to enhance and expand elder mental health services in Vermont.
- A compellation of “Success Stories” were documented, highlighting successful interventions that resulted in improving the quality of life for older adults by maximizing well-being and independence, thus helping people remain in their homes and community.

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:

- 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 to build upon their strengths, garner new resources, and achieve their goals. The Division works closely with the Area Agencies on Aging (AAAs) to develop a comprehensive approach to the provision of case management services. Services are provided by certified case managers in accordance with established standards. A case management training program exists through a contract with the Central Vermont Council on Aging.

Vermonters Served: (FY '04): 8,316 older adults and 1,551 family caregivers

Health Promotion and Disease Prevention: The Division collaborates with the Vermont Department of Health, other state agencies, and local providers on a number of health promotion and disease prevention initiatives. These include efforts to reduce the risk for, and burden of, diabetes, osteoporosis, cancer, and heart disease. The Division is an active participant on many coalitions addressing chronic diseases. Area Agencies on Aging provide funding and support to senior centers and other local organizations to offer an array of health promotion and disease prevention programs.

Information, Referral and Assistance Services: Area Agencies on Aging provide a wealth of information on the full array of programs and services available to adults age 60 and older and their family caregivers. The toll-free Senior HelpLine (1-800-642-5119) automatically connects callers to their local Area Agency on Aging and an Information, Referral and Assistance (I, R&A) specialist. These specialists provide accurate and useful 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: (FY '04): over 22,000 calls from people needing I, R&A

Legal Assistance: Area Agencies on Aging purchase legal services on behalf of older Vermonters, and sometimes family caregivers, within their service regions. 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: (FY '04): 2,386 individuals

National Family Caregiver Support Program (NFCSP): Family caregivers provide most of the needed care to older adults and children and 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.

Vermonters Served: (FY '04): 12,242 individuals and caregivers

Services include:

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

Highlights from FY '05:

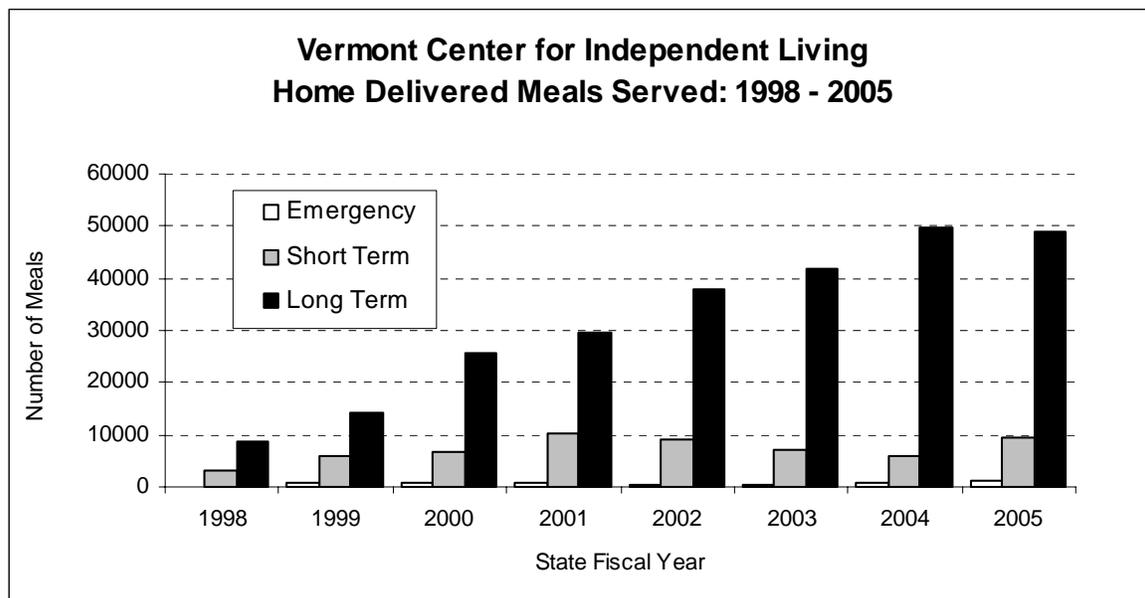
- This category of service allows AAA's to meet the unique needs of family caregivers for which there is no other available resource.

Nutrition Programs: Good nutrition is a crucial aspect of maintaining physical health, independence, and quality of life. Participants receive a variety of services including

nourishing meals, screening for risk of malnutrition, and nutrition education and counseling. Meals are home delivered (Meals on Wheels) and also provided at community, or congregate, meal sites. The program also provides opportunities for social interaction, volunteerism, and links to other important services. Area Agencies on Aging provide registered dietitian services to older adults at high risk for malnutrition. Additionally, registered dietitians provide nutrition education and in-service education to meal site staff on topics related to food, nutrition, and safe food handling.

Highlights from FY '05:

- While there has been an overall decrease in total meals provided, there has been a steady increase in the number of home delivered meals over the past few years.



Senior Community Services Employment Program (SCSEP): The Senior Community Services Employment Program provides part-time employment to low-income individuals age 55 and older, assists them in obtaining unsubsidized employment, and provides training as well as community service opportunities.

Ombudsman Services

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

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

Several programs coordinate services with housing to help people live independently and with dignity in the settings they prefer. The Division supports the development of projects by providing technical assistance, working to improve systems and infrastructure that make projects feasible, and collaborating with other groups to assess the status of housing.

Vermonters Served: (FY '05): nearly 4,000 adults

- Adults with disabilities.
- Older Vermonters.

Highlights from FY '05:

- The Housing Needs Assessment work group identified the unmet housing needs of adults with disabilities and older Vermonters, informing the 2005-2010 Vermont Consolidated Plan to the U.S. Department of Housing & Urban Development.
- The need for residential alternatives remains high despite ongoing challenges in accessing Section 8 assistance to subsidize rents of Vermonters with the greatest needs.
- Coordinated planning began on three upcoming conferences that will focus on assisted living and residential care home development.

Assisted Living Residences: Assisted Living Residences are combined housing and supportive services to promote aging in place. All residential units are privately occupied and services include meal programs, nursing overview, personal care supervision, service coordination, activities, laundry, housekeeping and transportation. These residences are designed to be eligible for rental assistance programs and to participate in community and long-term care Medicaid programs.

Congregate Shared Housing: A home where several unrelated persons have private bedrooms and share common spaces, some meals, and housekeeping services.

Group Directed Home Health Agency Services: Funding is coordinated so that a group of individuals with a high-level disability, who reside in affordable and accessible congregate housing, share attendants who are available 24 hours per day.

Home Modification: Information and referral services and funding are available for home modifications to make the entrance and bathrooms of a home accessible. The cost

of home modification continues to rise at a rate greater than available funding. There are over 230 people on a waiting list for this funding.

Home Sharing: Home Sharing offers match and follow-up services to a person with a home to share and a person who needs affordable housing. Homemaking, activities, meal preparation, home maintenance, and other services are provided in consideration of reduced or free rent. Some programs also match frail persons with live-in or hourly caregivers who provide personal care, meal preparation, homemaking, and other services.

Housing and Supportive Services (HASS): Service coordination and increased access to homemaker and other services are provided at 27 congregate housing sites serving older adults and individuals with disabilities.

Vermonters Served: (FY '05): 848 people

Residential Care Homes: State-licensed homes that provide single or double occupancy rooms, meals, supervision and personal care services to three or more residents. Homes with a Level 3 license also provide nursing oversight and medication management to all residents and are eligible to participate in Medicaid programs. The Assistive Community Care Services program pays for care for people with needs below nursing care, and the Enhanced Residential Care benefit, a Choices for Care option, pays for additional services to residents who would otherwise have to leave for a nursing home.

Transportation Services

Access to transportation services that are flexible and responsive to the varied needs of older adults and people with disabilities is critical to the success of many programs available in Vermont. The Division works closely with numerous state and local agencies to ensure that individuals have access to transportation services to maintain independence and promote access to needed services and resources. Transportation is available for older adults, people with disabilities, and their caregivers/attendants who cannot drive and/or who need transportation for a variety of reasons (e.g., to go to a medical appointment, work, shopping, community meal program, adult day center, community activity or meeting). These services are coordinated and provided by local transportation brokers.

Highlights:

- In March 2004, DAIL issued a review of the Elders and Persons with Disabilities Transportation Program which identified a significant unmet need for transportation. The summary report offered a number of financial and non-financial recommendations to improve services and to better plan to meet the need into the future.

Office of Public Guardian

The Office of Public Guardian (OPG) provides court authorized guardianship where there is no friend or family member to serve as guardian, and the individual needs a public guardian to protect his or her rights or welfare. The program assists and empowers people in making decisions and taking actions in critical life areas. Public guardians seek to diminish the need for public guardianship by identifying, training, and assisting private guardians; encouraging and preparing individuals to make their own decisions; and developing supportive community resources. The program also obtains court-ordered evaluations for guardianship cases, coordinates forensic services for individuals with developmental disabilities accused of a crime, and provides financial management to individuals with mental disabilities.

Vermonters Served: (FY '05): 657 adults

- Adults with developmental disabilities and older adults age 60 and over who are in need of a public guardian and/or representative payee.
- Private guardians who need education, support, and assistance.
- Individuals committed to the custody of DAIL because they have been determined to be dangerous and incompetent to stand trial.

Highlights from FY '05:

- Vermont's two public guardianship programs were integrated into a unified Office of Public Guardian.
- In addition to the Public Guardian program, representative payee services were provided to 306 people.
- The Vermont Guardian's Handbook for use by private guardians was revised.
- Written procedures for review of certain Public Guardian decisions were developed and implemented.
- The Division, with help from a committee of individuals experienced working with offenders, developed and published the "Vermont Best Practices Manual", a guide to the supervision and treatment of sexual offenders with developmental disabilities.

Information, Referral and Assistance

There are several Information, Referral and Assistance (I, R&A) resources for Vermonters who are older or have disabilities. Information, Referral and Assistance resources help people with disabilities, older adults, family members, personal assistants, and caregivers find the right service, educate themselves about important issues, and understand various eligibility requirements. In many cases, contacting an I, R&A provider is the first step for individuals who need assistance and wish to maintain and/or increase their independence.

Brain Injury Association of Vermont: The Brain Injury Association's toll free line provides information, referrals and assistance regarding brain injury and the Brain Injury Association.

I-Line: The I-Line is a toll-free information number for Vermonters with disabilities. A service of the Vermont Center for Independent Living, I-Line is an important resource for people with disabilities who need information or referrals regarding housing, employment, transportation, healthcare, advocacy, and more (1-800-639-1522).

Senior HelpLine: The Senior HelpLine is a toll-free information and assistance resource for people age 60 and older. Staffed by knowledgeable professionals at Vermont's Area Agencies on Aging, the Senior HelpLine can answer questions and help identify resources to assist people to age successfully (1-800-642-5119).

SHIP: The State Health Insurance Assistance Program (SHIP) provides information and assistance about health insurance programs for Medicare beneficiaries concerning Medicare and other health insurance related issues. SHIP Coordinators are located in each Area Agency on Aging (1-800-642-5119).

Special Initiatives

Aging & Disability Resource Center Grant: In October 2005, DAIL was awarded a three-year \$800,000 grant to establish Aging & Disability Resource Centers (ADRCs) in Vermont. Aging and Disability Resource Centers are designed to serve as highly visible and trusted places in the community where people of all ages and incomes can turn for information on the full range of long term support options and serve as a single point of entry for access to public long term support programs and benefits. This project will make it much simpler for people to gain information, make decisions and start receiving the services that they need.

Real Choice Comprehensive Systems Reform Grant: Health and Long-Term Care Integration Project: In September 2004, the State was awarded a \$2.1 million Real Choice Comprehensive Systems Reform Grant. In May, administration of this grant was transferred from the Office of Vermont Health Access to DAIL. The goal of the Health & Long-Term Care Integration Project is to create a positive system change by planning, designing and implementing systems that 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.

Highlights from FY '05:

- A conference was held in September 2005 to provide information about the grant and the system change that will result. One hundred twenty (120) individuals attended the conference, including providers, legislators, consumers and advocates.
- A Community Advisory Committee, comprised equally of consumers and providers, was formed to advise in the development of this new approach.
- An RFP was issued for a consultant to assist with the planning process.

Real Choice Systems Change Grant: In October 2001, DAIL was awarded a \$2 million 3-year New Freedom Initiative grant from the Centers for Medicare and Medicaid Services to promote continued progress toward community integration of services for frail elders and consumers with chronic conditions across age and disabilities and to provide those individuals with real choices about where, how and by whom those services are delivered. The grant was in collaboration with the Division of Mental Health. The grant ended on September 27, 2005; however, it focused on the following goals in order to improve consumers' choices in the service system:

1. Train individuals and families about self-determination and active participation in systems planning.
2. Develop a pilot project that provides funding directly to consumers and families rather than through established providers.
3. Improve alternatives for support in the home and community rather than in nursing facilities.
4. Develop better information about services and referrals.

Highlights from FY '05:

- A Supportive Intermediary Service Organization was developed to provide information and assistance to individuals with developmental disabilities and families who manage their own services.
- Green Mountain Self-Advocates and the Center for Disability and Community Inclusion at UVM provided numerous educational opportunities, including training-of-trainers, to self-advocates and family members.
- The State received approval from CMS for the Choices for Care 1115 Long-Term Care Medicaid Waiver. (See Medicaid Waivers for more information.)

Real Choice Systems Change Grant: Integrating Long Term Supports with Affordable and Accessible Housing: In October 2004, the State was awarded a 3-year federal grant from the Centers for Medicare & Medicaid Services to remove barriers that prevent Medicaid-eligible individuals with disabilities of all ages from residing in the community or in the housing arrangement of their choice. The grant focuses on the following key areas that enhance housing and supportive services capacity to help consumers have a choice of where they live:

1. Build consumer access to supportive housing that consumers prefer by making strategic investments in critical resources that spur development, preservation and enhancement of supportive services.
2. Study, analyze and establish medication assistance best practices within unlicensed supportive housing.
3. Prepare to increase the aging in place capacity of affordable and accessible supportive housing by exploring the viability and feasibility of co-locating two PACE sites within affordable and accessible housing.

Highlights from FY '05:

- Five projects were approved to receive technical assistance and consulting services from Cathedral Square Corporation, the State's contractor.
- Five counties were identified as being the highest need areas for increasing access and choice: Bennington, Caledonia, Essex, Orleans and Washington.

Real Choice System Change Grant: Quality Assurance and Quality Improvement Systems for Home and Community-based Waiver Services: In September of 2004, DAIL received a three-year \$499,709 grant to develop a comprehensive quality management system across all home and community-based waiver services within DDAS. The grant will be used to:

1. Develop a Quality Management Plan addressing all Medicaid waiver programs.
2. Include consumers, their families and community members as active participants in Vermont's quality management activities.
3. Develop and implement quality management activities to improve supports and services to Vermont's aging citizens and those with disabilities.
4. Develop a technology-based system to manage and analyze critical incidents.

5. Develop an ongoing system of technical assistance to all providers of services across age and disability and provide training to service recipients and relevant staff.

Highlights from FY '05:

- A project manager was hired and began work to implement the grant.
- A community advisory group, comprised equally of consumers and providers, was formed to advise in the development of this new approach.

Robert Wood Johnson: Vermonters Coming Home: Vermont will conclude activities funded by the grant to promote the development of affordable assisted living in 2006. In 2005, Vermont's second affordable assisted living residence, Vernon Hall Retirement Residence opened and Valley Cares, a third residence in development, received most of its capital funding and met other important fundraising goals. Through the balance of the grant, work will focus on two fronts. First, the project will develop strategies and tools to make the development of assisted living predictable and feasible in Vermont's new Choices for Care long-term care funding environment. Second, technical assistance to several groups including those in Bradford, Randolph, and Fair Haven will continue.

Traumatic Brain Injury Implementation Grant: In April 2004, DAIL was granted a \$900,000 TBI Implementation Grant from the Health Resources Service Administration. The grant's main goal is to improve services for individuals with traumatic brain injury and their families. Grant activities will provide an Information, Referral, & Assistance (I, R&A) service, raise public awareness about TBI, train the workforce, and improve data collection systems in the state.

Highlights from FY '05:

- In February 2005, a full time grant manager and administrative assistant were hired.
- The Brain Injury Association (BIA) of Vermont was granted the contract to provide the I, R&A Service with a toll-free help line and a full-time I, R&A Specialist.

Vermont Disability and Health Promotion Project: In 2002, DDAS was awarded a \$300,000 grant by the Centers for Disease Control and Prevention to implement a statewide, collaborative project to prevent secondary conditions and promote health for adolescents and adults with disabilities. The goals are to:

1. Prevent secondary conditions for people with disabilities through health promotion.
2. Decrease the health disparities between people with and without disabilities.
3. Ensure that public health disease prevention and health promotion programs are accessible to people across age and disability.

This grant will end in March 2006.

==== *Vocational Rehabilitation* ====

Mission

The mission of *VocRehabVermont* is to help Vermonters with disabilities prepare for, obtain, and maintain meaningful employment in their communities.

Vision for the Future

- All *VocRehabVermont* customers will have the opportunity to earn a livable wage.
- All *VocRehabVermont* staff will be valued and empowered.
- *VocRehabVermont* will have the resources to meet the needs of all Vermonters with disabilities who seek our services.
- The customer will be the first priority for *VocRehabVermont* staff, Agency of Human Services' staff, and our community partners.

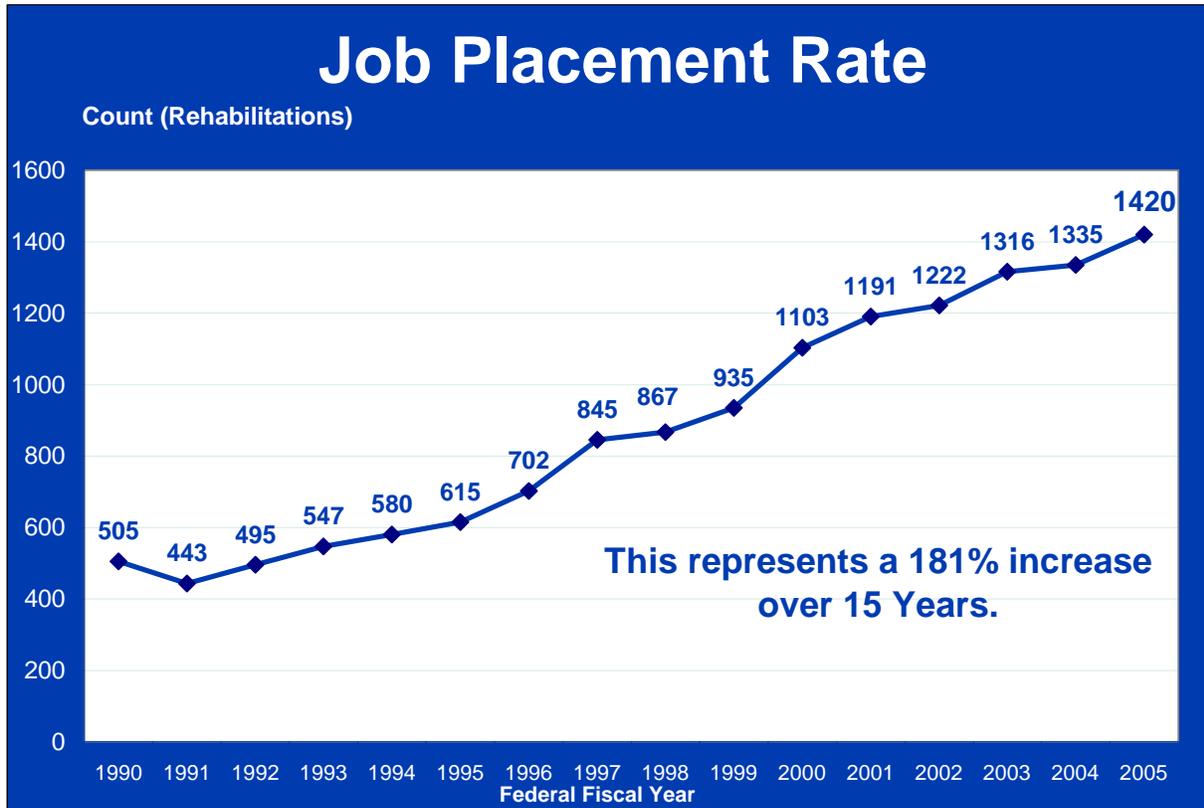
About VocRehabVermont

VocRehabVermont is dedicated to promoting employment for people with disabilities through advocacy, partnerships with employers and providers, and services to individuals. Individuals direct their own rehabilitation, and services are individually determined. Each person meets regularly with a highly trained vocational counselor who assists the person to develop and carry out career goals. Services and supports include vocational assessments, training, vocational counseling and guidance, referrals to community partners, job-related equipment, job placement, on-the-job support, and many other services designed to help people with disabilities find and maintain employment.

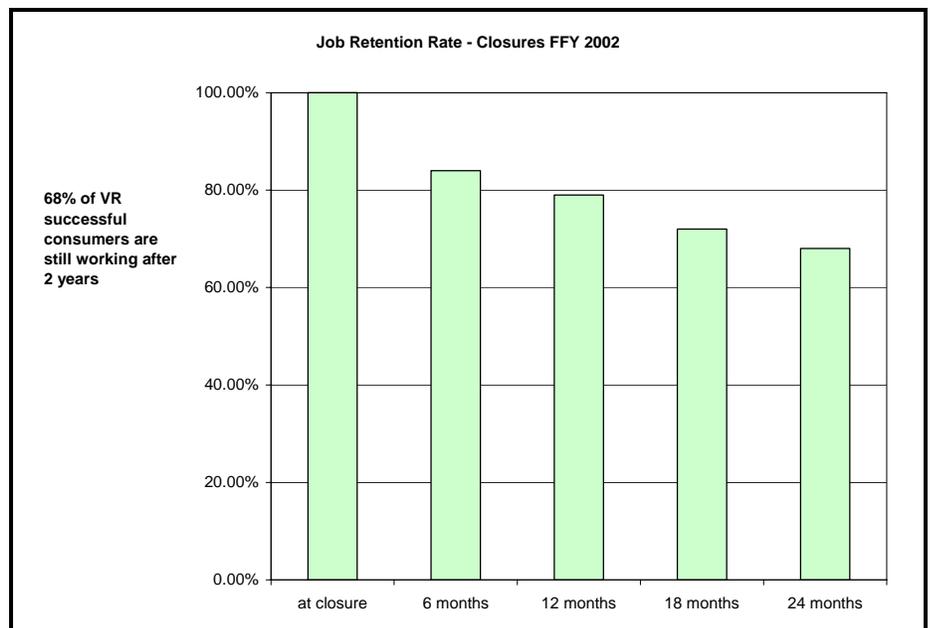
VocRehabVermont continually assesses its effectiveness and strives for continuous improvement in its ability to assist Vermonters with disabilities. *VocRehabVermont* is guided by four main themes:

1. **Organizational Effectiveness:** Continuous improvement in its service delivery through data driven decision-making, constructive strategic planning, and development of new programs.
2. **Prepared Job Seekers:** Quality programs that comprehensively address matching the needs of employers with the skills of job seekers.
3. **Valued and Empowered Employees:** A skilled and dedicated staff who are offered opportunities for professional growth and a healthy and affirming work culture.
4. **Collaborative Partnerships:** Alliances with a wide variety of organizations to develop comprehensive supports for people with disabilities entering the workforce.

Job Placement and Retention Rate

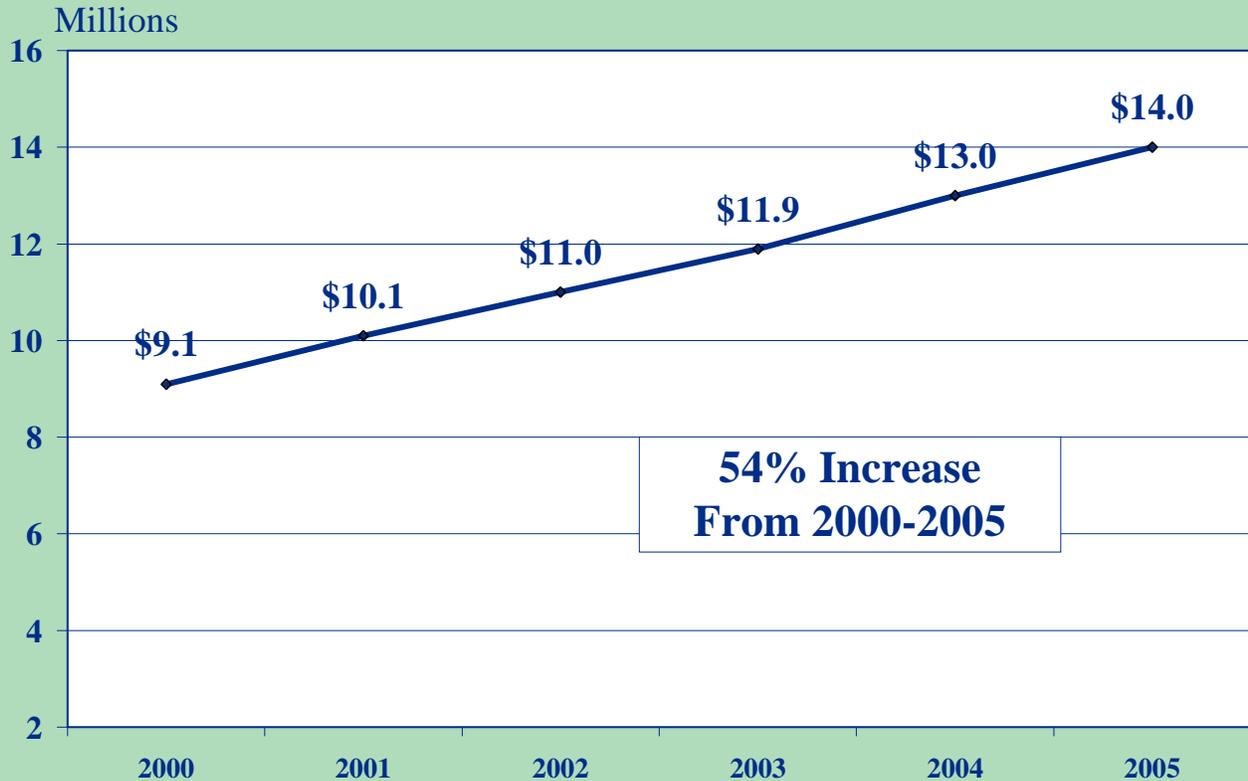


In FY 2005, 16% of VR service recipients were employed in professional, technical or managerial jobs; 23% in clerical or sales; 32% in service occupations; and the remaining 29% were evenly distributed across the remaining six occupational groups (bench work, agricultural, processing, structural, machine trades, and miscellaneous).



Cost/Benefit

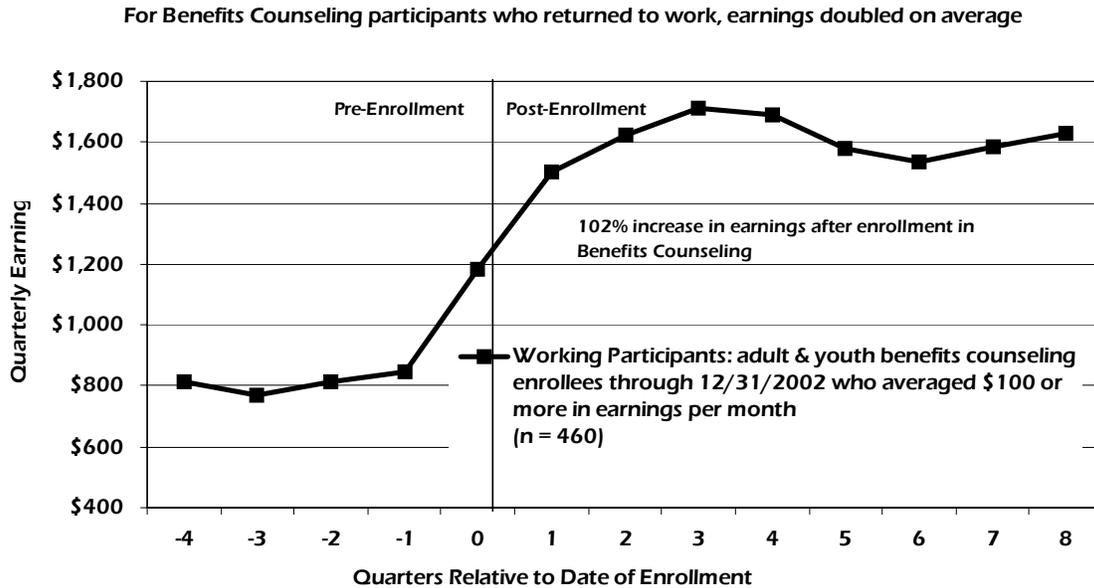
Increase in Earnings: Six Year Trend



Benefits to the State of Vermont:
Reduced dependence on public assistance.
Increased earnings spent in Vermont.
Increased tax revenues.

- **40.8%** of Vermont VR customers work 40 hours or more.
- **36.6%** work 20 – 39 hours.
- **22.6%** work less than 20 hours.
- ✓ Vermont's investment in VR is repaid in about 1.15 years.
- ✓ 34% of VR funds to purchase services are spent on education and training, promoting a skilled workforce attractive to Vermont's small businesses.
- ✓ 99% of those successfully completing the VR program entered jobs in the competitive labor market.

Social Security Work Incentive



VR Initiative Increases Earnings!

Many people on Social Security Disability benefits (SSI and SSDI) do not work or are under employed because they are afraid that they might lose some or all of their benefits. The rules and regulations of these programs are extremely complex and VR consumers can easily run into difficulties. The VR benefits counseling program helps consumers understand what will happen to their benefits if they go to work. The benefits counselors help people manage their benefits and take advantage of available work incentives. This service allows people to work to their full potential without the fear of unexpectedly losing all their cash or healthcare benefits. VR consumers who received benefits counseling when they returned to work increased their earnings by about 100%.

Results from this project were published in a national research journal (the Journal of Rehabilitation) in June 2004. Based on the success of the VR benefits counseling program, the Social Security Administration selected Vermont as a pilot state for the Social Security Disability Insurance (SSDI) Benefit Offset Pilot Demonstration Project: Under this new demonstration program, SSDI beneficiaries will be able to gradually reduce their benefit income as they earn more from employment. In the past, beneficiaries would lose their entire SSDI check as soon as they earned above the given threshold, and many individuals were not able to live independently with such an abrupt loss of income. Under the new pilot, beneficiaries will lose one dollar of benefits for every two dollars they earn above the threshold, allowing them to gradually become more independent through the employment pilot. This pilot has the potential to dramatically increase the earnings of individuals on SSDI benefits. It could also help save money for the Social Security Trust fund.

Assistive Technology

The mission of the Vermont Assistive Technology Project (VATP) is to increase awareness of and provide access to assistive technology (AT) for all Vermonters with disabilities. Our goal is to expand the availability of AT services, devices, training and support to help Vermonters with disabilities to work, attend school and live independently.

In part, VATP carries out its mission by coordinating with other organizations to provide education, outreach and information dissemination. In FY '04, the Vermont Parent Information Center and the VT Department of Education were recipients of these funds.

VATP is part of the Vermont Communication Taskforce, whose focus is to provide practical information to people who support others to communicate. This year we provided a series of ongoing statewide communication workshops for adult service providers.

VATP continues to work with the Department of Employment and Training (DET) to make their services accessible to all Vermonters by updating AT equipment in their offices throughout the state and training staff in its use. This year we are collaborating with the DET Navigator staff that provides information and referrals to consumers with disabilities.

VATP has a loan fund program administered through the Vermont Development Credit Union which offers low interest, long term loans for AT. In October 2003, Vermont received \$645,000 from a federal grant to increase the number of AT loans available to Vermonters with disabilities. The total amount is approximately \$1,200,000.

There were over 800 consumer requests for AT information and referrals this year. Major topics of the requests included funding, accessible housing and AT evaluations for students. Each year VATP attends over a dozen conferences, such as the Traumatic Brain Injury and the Autism conferences, to raise awareness.

In FY '04, VATP provided technical assistance and training to 1,417 people and demonstrated AT equipment to 900 individuals. Targeted groups were senior citizens, special education professionals, employers, and parents of children with disabilities, childcare providers, and health professionals such as speech language pathologists, occupational therapists and physical therapists.

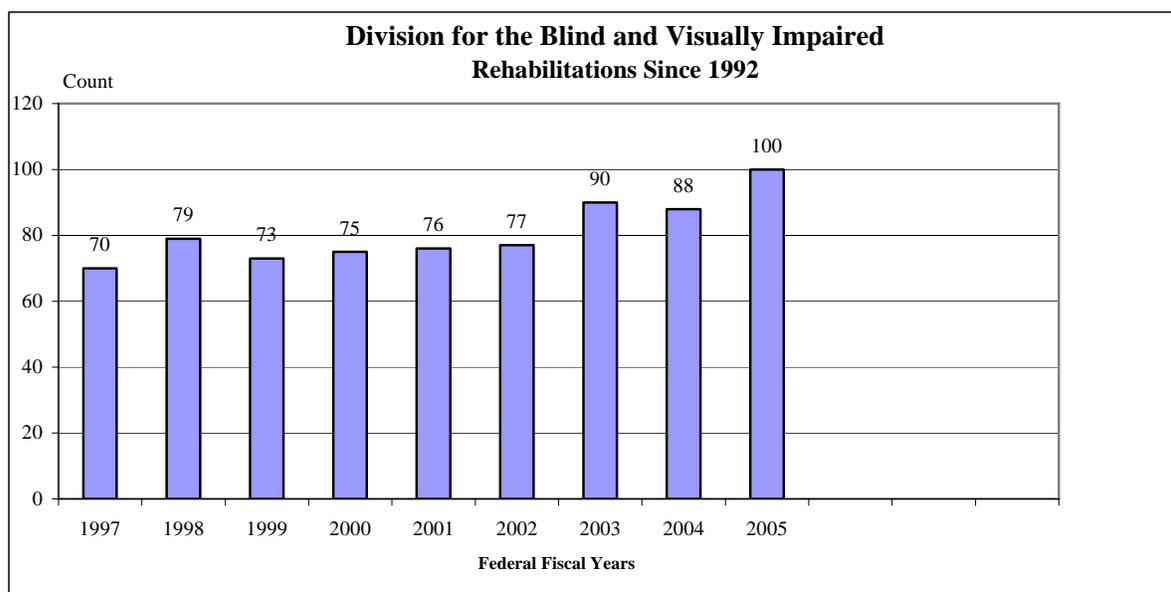
Our biggest challenge continues to be consumer access to affordable AT services, including assessment, evaluation and purchases. There is a tremendous need for opportunities to try out AT devices, do research on appropriate devices and their applications, and training for individuals (and their support persons if applicable) to use these devices. Follow-up and technical assistance are also needed.

==== *Blind and Visually Impaired* ====

In FFY 2005, the Vermont Division for the Blind and Visually Impaired (DBVI) continued to provide significant service to Vermonters with vision impairments. The number of successful closures rose (88 to 100) from FFY04. The level remains well above the level for FFY03 (90) and the preceding years. This represents the first time that DBVI successful closures have reached 100. Total numbers served were up from 400 to 419, and applications increased from 143 to 148. While the numbers show steady growth, and DBVI is proud of this growth and the outreach needed to achieve it, DBVI believes it is the individual's story and the quality of this story (see below) that truly represents what DBVI does.

It is difficult to look at quality given the numbers above, but in FFY04, DBVI received the results of a survey for 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. DBVI, while justifiably proud, does not take this as a signal for complacency. Using these numbers, consumer feedback, advice from the State Rehabilitation Council (SRC), 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 new 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. At base, DBVI is working from the idea that "not enough Vermonters with impaired vision are working".

Concrete strategies or plans are in place; work with staff and consumers shows a continued trend towards more focus on independence and self-reliance. This focus is not only on independent living for the consumer, but on their work with DBVI. Informed choice and consumer directed services become paramount. DBVI has already started working to enhance this approach. By listening to consumers, counselors and staff are creating approaches that will expand DBVI's ability to assist consumers in finding rewarding career choices that are self-directed (research on working from home, enhanced small-business/self-employment resources), that expand community interaction (outreach to employers, doctors), and that are reasonable given finite resources. The following is an example of one initiative:



One area that DBVI has always sought to improve, and at times has found problematic, is the transition of students from school to work or higher education. The problems have tended to come from a lack of communication as students with vision impairments moved onto our Transition caseload at the age of 16. For example, our counselors were often not aware what if any training the student had had involving vocational or pre-vocational skills. To work toward remedying this situation, DBVI has taken a multiple-headed approach.

- DBVI is working more closely and with increased clarity of need with the Transition Coordinator at the Vermont Association for the Blind and Visually Impaired (VABVI).
- Along with VABVI, DBVI is creating a more vocationally-oriented summer camp for youth,
- DBVI is working in conjunction with VABVI, ReCycle North, Linking Learning to Life and the Gibney Family foundation to create the Connections Team (a full spectrum of services to youth in transition who are visually impaired, presently concentrated in the Chittenden county area), and
- DBVI will collaborate with the Department of Labor to create summer youth employment opportunities.

While the above speaks to our work with youth, DBVI strives to expand its services to all Vermonters who are blind and visually impaired. One way to increase our ability to provide more services and to do it cost effectively is collaboration with other organizations. One area, in particular, that DBVI is trying to increase collaboration in is the area of brain injury. This year DBVI sent a counselor and two field staff members of VABVI to intensive training on Acquired Brain Injury. This training will be brought back to staff to enhance DBVI's ability to provide effective service to Vermonters with brain

injuries. Brain injury often causes vision loss, but the other cognitive and physical losses require the expertise of many as the following cases show.

~R. is a 34 year-old married woman and mother of three young children who had a stroke in 2001. The stroke affected the left side of her body and the right side of her vision. Since that time, she has worked with a team of people from TBI, OT, PT, VNA, VCIL and VR. She was referred to DBVI for low vision services. VCIL provided funds for adaptations to her home. Renovations to her kitchen and an entrance ramp have been made. Services were hired from VABVI for the proper lighting in the kitchen. A non-reflective counter top was recommended, as well as lighting under the cabinets. Large numbered measuring cups and spoons, a reading stand and magnification allow her to read her cookbook. She is now able to cook for her family.

A large numbered phone was provided to deal with visual as well as dexterity problems. A jumbo numbered clock allows her to tell time. Sport Specs have given her the opportunity to view her children at school games and to view TV. She states that no other agency considered the “mother” piece of her life, the most important thing to her. LV services allows her to complete paperwork for school, help with homework and read to her children. Before LV services, she had neck muscle spasms and headaches when reading. Yoked prism glasses shift material and allow her to hold her head in a natural position.

R. is now taking college courses. DBVI provided membership for Recordings for the Blind and Dyslexic so she is able to receive material on tape or large print. This division has agreed to pay for courses to consider a vocational goal of counselor. Keyboard labels and additional special lighting allow her to see what she is typing, and her new prism glasses allow her to hold her head in a natural position and see the board when attending classes. This case will be transferred from DBVI Independent Living to DBVI Vocational Rehabilitation in the near future.

~D. is a middle-aged male who recently had a stroke. This, in combination with diabetes, has led to some severe vision-loss, for which DBVI provided some low vision and orientation and mobility training. The stroke has also exacerbated some anger issues and depression for D., making mental health his primary issue. D. had a problem maintaining relationships with counselors and doctors and had soon exhausted most of the available resources in his area. While vision loss was an issue, what D. really needed was case management around mental health issues. During this time period, the DBVI counselor had maintained a good working relationship with D., but a rehabilitation counselor for the blind does not have the resources to be a caseworker in the mental health world. The counselor called upon one of the new AHS Field Directors who was able to bring together a regional team, including the TBI program, and with a small amount of money, created a temporary case management system. This has allowed D. to

stay at home with some support while he seeks assistance for his multiple disability issues.

The following case is illustrative in several ways. It shows how the services provided by DBVI can save and create jobs, it shows the multiple benefits that these services can provide to Vermont (four people benefited financially in this particular instance), it shows how we can make multiple use of a single form of technology, it speaks to the aging of our workforce, and it illustrates what a small state we do live in.

~Local Apple Orchard: A married couple, Adam and Bea, own and operate an apple orchard, specializing in homemade pies. Adam recently had to stop driving due to Age Related Macular Degeneration (ARMD), and has been running the retail store. Our technology assessment recommended equipment that is enabling Adam to perform his duties independently. Coincidentally, their orchard manager, Chuck, has also been diagnosed with ARMD. The technology assessment recommends that they share the CCTV and that an electrician install better lighting for Chuck in the barn where the crop is sorted by size and quality and cored and peeled for the pies. Another DBVI client has recently started his own business as an electrician and will be upgrading the barn lighting.

==== *Licensing & Protection* ====

The mission of the Division of Licensing and Protection is to ensure quality of care and quality of life to individuals receiving health care services from licensed or certified health care providers, and to protect vulnerable adults from abuse, neglect and exploitation.

Quality of Life and Care

The Division of Licensing and Protection (DLP) continues to work with health care providers to improve quality of care. A number of significant initiatives are underway:

- Gold Star Employer Improvement Program
- Pain Management
- Resident Satisfaction Surveys
- Home Health Quality Improvement Initiative, and Nursing Home Quality Awards

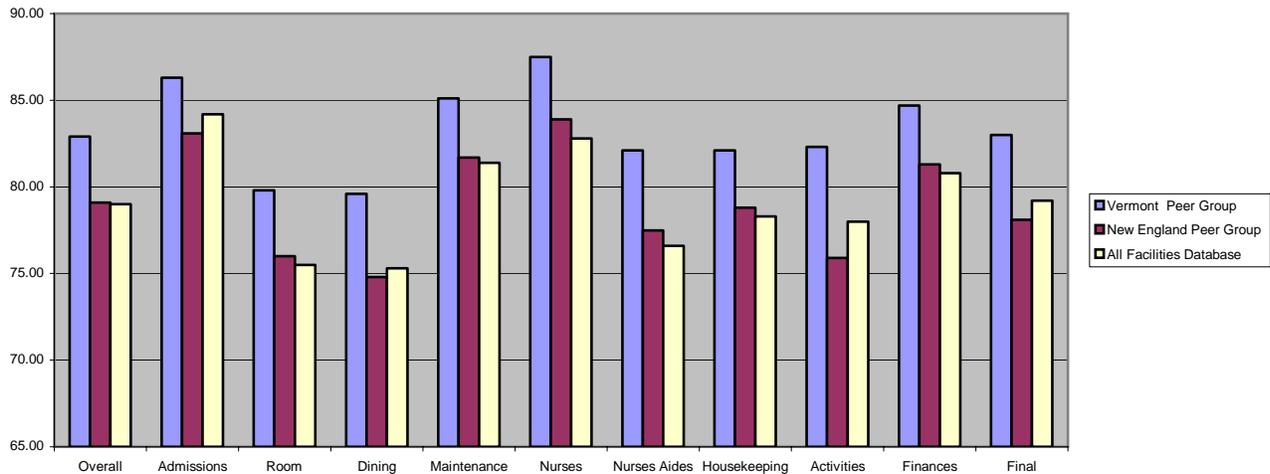
The Gold Star initiative is designed to improve working conditions and practices in long-term care, to improve job satisfaction and reduce employee turnover rates. Improved staffing will have a positive impact on quality of care and services for elders and persons with disabilities.

Vermont was the first in the nation to establish a standardized statewide resident satisfaction survey in nursing facilities. An independent survey company conducts the satisfaction surveys in collaboration with the Vermont Health Care Association and the nursing facilities. The results of the surveys are posted on the DAIL web page. Results of the surveys are a valuable resource to the public and to the facilities, where they can be used in continuous quality improvement efforts.

DLP continues to work collaboratively with the Northeast Quality Foundation, the quality improvement organization for the northeast, and with representatives from nursing facilities and home health agencies to identify and implement standards of practice know to improve quality. This is an expanding initiative. Areas targeted thus far are pain reduction, reduction of pressure sores and improvement in a resident's ability to perform activities of daily living. Establishing a person-centered culture in nursing homes has been added as a new scope of work this year. As a result of collaborative efforts over the past year, Vermont nursing homes have made significant improvement in management of resident's pain. Vermont nursing homes showed a 54% relative improvement as compared to a 42% improvement in New Hampshire and a 41% improvement in Maine.

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>).

Resident Satisfaction Survey 2005
Vermont Nursing Homes Compared to New England and the Nation



Quality of Life Awards

Although problems with care in nursing homes occur from time to time, our state’s providers take prompt and conscientious corrective steps to resolve the situations. In FY 2005, two nursing facilities that met high standards of resident care were presented with Quality of Care awards. The nursing facilities selected had to meet specific criteria: excellent survey results; efficient operation; better than average resident satisfaction, and zero resident complaints. The two recipients of the awards were: Bel-Aire Center in Newport and Gifford Extended Care Menig Unit in Randolph.

Survey and Certification

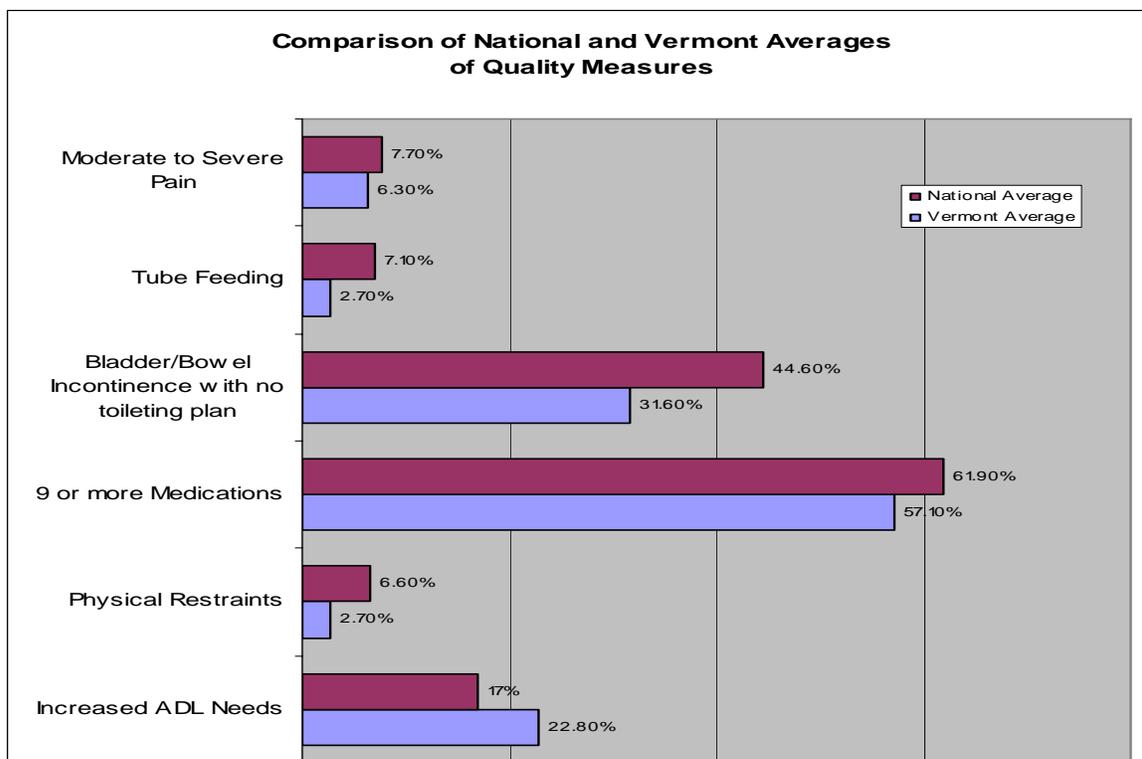
DLP provides regulatory oversight of health care facilities and agencies. Periodic and routine regulatory oversight is one of the best methods of ensuring quality of care and services. DLP accomplishes this by conducting unannounced onsite visits both routinely and as a result of complaints received. The purpose of onsite reviews is to evaluate provider performance and to determine whether consumers are satisfied with the care and service. Surveys consist of on-site reviews of all care and services, including interviews, record reviews and observations.

Most health and residential facilities are monitored/surveyed on at least an annual basis. Inspections, reviews, or surveys are designed to evaluate if care and services are safe and appropriate. 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 training in how to conduct broad-based or focused reviews. Providers receiving regulatory oversight and/or periodic review include: Nursing Facilities, Residential Care Homes, Therapeutic Care Residences, Assisted Living Residences, Homes Health Agencies, Renal Dialysis Units, Rural Health Clinics, and Rehabilitation or Psychiatric Units.

Onsite visits range in scope from a one-day focused review conducted by one staff person, to a five-day comprehensive review conducted by a team of registered nurses. All onsite visits are followed by a written report to the facility. Reports that result from focused or comprehensive reviews and substantiated complaint investigations are public information and can be obtained by calling 802-241-2345 or consulting the Department web page, www.dail.state.vt.us.

The New England area, and Vermont in particular, continues to have among the best home health care and residential care services in the country. Vermont has relatively few regulatory deficiencies when compared to the rest of the country. In addition, indicators of nursing home care collected by the federal government show that Vermont homes frequently do better than the national averages, even though the average Vermont nursing home resident is sicker and more frail than the average US nursing home resident.



Nonetheless, the health care system is stressed. Qualified and competent caregivers are increasingly hard to find and retain. In addition to staffing issues, nursing facilities in general have experienced decreased occupancy. Residential care homes have had a similar decline. Vermont currently has 3,457 licensed nursing home beds with a statewide occupancy rate of 90-91%. Nine years ago there were 3,738 beds with an occupancy rate of 97%. Currently there are 110 residential care homes with 2,267 beds. Nine years ago there were 162 homes with 2,442 beds.

Newport Health Care decreased licensed capacity by ten beds effective October 2005, and Mount Ascutney Nursing Home reduced licensed capacity by eight beds effective January 2006. As home and community-based services continue to expand, we anticipate additional right-sizing of nursing facilities as the long-term care system strives to reach a balance point over the next few years.

==== *Adult Protective Services* ====

Adult Protective Services (APS) is a public safety program within the Division of Licensing and Protection (DLP) charged with investigating allegations of abuse, neglect and exploitation of vulnerable adults in Vermont. APS also coordinates protective services for victims of abuse and conducts community education around the state to improve reporting and the effectiveness of timely interventions that reduce or prevent abuse. APS is committed to proactively addressing the safety concerns of vulnerable adults through preventative, cooperative and solution based interventions.

A Profile of the Problem:

Reports: In FY 2005, APS received 1,530 reports of suspected abuse, neglect or exploitation of vulnerable adults.

Types of abuse: Physical and emotional abuse make up approximately 50% of the total number of APS investigations and financial exploitation approximately 30%. The percentages of sexual abuse and self-neglect cases have remained fairly constant.

Alleged Victims: In FY 2005, 41% of investigations involved alleged abuse of vulnerable adults over the age of 60. In 29% of investigations, the vulnerable adult had a significant physical disability and in 30% of cases, a mental health or developmental disability was present.

Alleged Perpetrators: Family and friends continue as the people most often reported for possible abuse of a vulnerable adult. Investigations of family and friends comprised 50% of our work. Other investigations include individuals that are agency or facility staff, private caregivers, landlords, businesses, guardians etc.

Protective Services and Prevention Efforts: Ongoing community education efforts by APS and collaborative efforts with other concerned groups and organizations have enhanced the public awareness of abuse issues, preventative actions and reporting responsibilities throughout the state. Continuing education, timely reporting, APS consultations and proactive interventions are critical activities to address the abuse issues of our vulnerable adult population. APS made protective service referrals to other community service providers, such as Area Agencies on Aging, Home Health Agencies, Medicaid Fraud Unit, and the Vermont Center for Independent Living, to ensure that vulnerable adults received necessary care and services.

==== *Healthy Aging* ====

Certain states have been recognized as “Aging States”, i.e. they continue to have more older rather than younger citizens. Vermont is one of these states. For many reasons, including quality of life and burgeoning health care costs, it makes sense to find ways to encourage people to stay as healthy as possible. As part of that effort, the Governor’s Commission on Healthy Aging was created and has met several times since September 2005. Lt. Governor Brian Dubie is the Chair and works with 15 members representing a variety of stakeholders, including DAIL. The Commission is carrying on the efforts started by the Successful Aging and Independent Living Task Force.

The role of the Commission is to:

- Help prepare our state for the changing demographics and increase in percentage of people over the age of 65.
- Build a community of individuals and groups with the awareness of how our state will be impacted by this shift in demographics.
- Build upon best ideas and best practices.
- Guide legislation.
- Impact the landscape by influencing budgets that are responsive to aging issues.

The Commission is focusing on four efforts this year:

- Developing a Healthy Aging Plan, which builds on goals and objects found in other state plans: dementia and Alzheimers Disease risk reduction and early interventions; osteoporosis; oral health; diabetes, social and recreational opportunities, smoking cessation; transportation; housing; and community-based assistive and supportive services.
- Support efforts to develop a Center on Aging at the University of Vermont and Fletcher Allen Health Care.
- Support efforts to increase the number of health care and human service professionals with training in geriatrics and aging health, wellbeing and illness.
- Develop “toolkits” on healthy aging that Commission members can use in the roles as community ambassadors.
- Develop awards for those people who have excelled in the field of healthy aging.

The Commission will continue to educate itself about best and promising practices in Healthy Aging and coordinate its efforts with the Blueprint for Health.

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.state.vt.us

This report is available in alternative formats upon request.