



Agency of Human Services

Department
of
Disabilities, Aging
and
Independent Living

**2015
Annual
Report**

January 2016

As the new Commissioner of the Department of Disabilities, Aging and Independent Living (DAIL), I am honored to offer a window into the work of the Department and our collaborative partnerships across the state on behalf of individuals with disabilities, older Vermonters and their families.

DAIL continues its work fostering choice, independence and services and supports at the right time, in the right places and in the right measure to enhance quality of life. We are proud to have Vermont named as the healthiest state in the nation for our seniors. We are proud of the work we have done to make Vermont a shining example of successful, competitive employment for individuals with disabilities. We are exceptionally proud of our work to shift the balance in relation to long term care needs, creating a system in which over 50% of those individuals are able to receive the care that they need in their own homes and communities.

In partnership with our community providers, we have developed a robust set of options for post-secondary education for individuals with disabilities. Through the dedication of our staff and the oversight of the community, our Adult Protective Services division has built a strong system for the protection of our most vulnerable adults. DAIL's Mature Worker Initiative has launched and is beginning to see results as employers see the value of being able to access a ready and able workforce.

DAIL's staff remains committed to the achievement of results and the measurement of outcomes, recognizing that those come both programmatically and in the individual lives of the people and families we support. We celebrate the passage of both Medicaid for Working People with Disabilities and the Achieving a Better Life Experience (ABLE) savings program legislation during this last legislative session. Those bills are designed to encourage individuals with disabilities to enter the workforce and enable them to save, offering new options towards self-sufficiency.

As a Department, we will be working closely with our partners, self-advocates and families over the course of the next several years to embed the values represented by the new Home and Community Based Waiver rules into our current systems and practices. This will ensure that we remain on the cutting edge of supports that honor and enhance independence and person-centered choice on every front.

DAIL's staff continues to innovate and to explore options, both big and small, to improve the quality of life and health for Vermonters. We know that we must also address the challenges in front of us. Vermont continues to see an increasing number of Vermonters diagnosed with Alzheimer's disease and related disorders, high rates of addiction among our seniors, a high incidence of injuries associated with falls and a suicide rate above the national average. In order to continue to ensure healthy aging and independence for all, we must face those challenges head on through education, outreach and appropriate programs.

I remain awed by the energy and commitment of the DAIL staff. They are dedicated professionals who embody the values of acceptance and inclusion. As a group, personally and professionally, as we age, or find ourselves facing physical challenges, we are aware that our work on behalf of individuals with disabilities and older Vermonters is on behalf of *all* Vermonters. It is an honor and privilege for all of the DAIL staff to be working, alongside our community providers, to ensure that Vermont truly is the best place to grow old or live with a disability.

Regards,



Monica Caserta Hutt, Commissioner

Table of Contents

DEPARTMENT MISSION	1
CORE PRINCIPLES	1
SUCCESS STORIES	2
DEPARTMENT HIGHLIGHTS	8
DIVISIONS	
ADULT SERVICES DIVISION	20
BLIND AND VISUALLY IMPAIRED	35
DEVELOPMENTAL DISABILITIES SERVICES DIVISION	44
LICENSING AND PROTECTION	54
VOCATIONAL REHABILITATION	59
VERMONT AGENCY OF HUMAN SERVICES	
ORGANIZATIONAL CHART	74
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING	
ORGANIZATIONAL CHART	75

Note: Data used in this report reflect state (SFY) and federal (FFY) reporting periods, as indicated.

DAIL Mission

Making Vermont the best state in which to grow old or to live with a disability - with dignity, respect and independence.

Core Principles

Our services are driven by our core values which promote and support self-determination, respect for all and full inclusion in the life of the community. These core values are reflected in our principles and actualized by the following commitments:

- The individual will be at the **center** of all plans and services.
- Individuals, families, providers and staff are treated with **respect**.
- The individual's personal and economic **independence** will be promoted.
- Individuals will **direct** their own lives.
- The individual's services and supports will promote **health and well-being**.
- Individuals are able to work, volunteer, and participate in local **communities**.
- Individual needs will guide our actions, requiring **flexibility**.
- Individuals' needs will be met in a timely and cost **effective** way.
- Individuals will benefit from our **partnerships** with families, communities, providers, and other federal, state and local organizations.

Stories... How Individuals Are Better Off

These stories illustrate how DAIL supports individual Vermonters. Names are used with permission or changed to protect confidentiality.

'Irina'

For many years, New Americans have been a strong part of the fabric that makes up the Greater Burlington community. Irina's story is an example of how supportive community-based services can positively impact the lives of New Americans in Vermont.

After two decades living as a refugee, Irina arrived in Burlington in 2011. From childhood, she had faced major challenges exacerbated by early childhood trauma and a learning disability. Irina left elementary school at a very early age because she was unable to learn there; she still struggles to meet her own basic needs. Her resettlement transition was extremely challenging. In 2013 she was referred to Howard Center and was found eligible for developmental services.

By the time Irina became involved with Howard Center, she was part of an abusive relationship that was worsening and affecting her son's wellbeing. Irina focused on moving into her own apartment, but she needed support to navigate the Section 8 housing application process and to find a place to live. Time was a critical factor in ensuring that both Irina and her son would be safe. Irina was referred to the Safety Connection Program, and through their partnership with the Burlington Housing Authority, Irina was matched with a Safety Connection local preference voucher to meet her housing needs. With the support of Howard Center and members of the Burlington community, Irina and her son moved into a bright apartment close to downtown shopping, transportation, and other services.

Each night between the hours of 8:00 pm and 7:00 am, the Safety Connection program provides security monitoring and independent living support to Irina and her son. When she checks in with the Safety Connection operator at the beginning of the evening, Irina knows that she is safe from harm and can ask for help at any time by pressing her call button. Safety Connection's central station technology provides reliable security and fire monitoring with immediate access to a Safety Connection operator. Irina knows that a trained Safety Connection operator is available within seconds to assist her. If a problem cannot be solved over two-way communication, the operator dispatches a Safety Connection responder. In an emergency, the Safety Connection operator contacts local emergency services and dispatches a responder to support Irina.

More than a year has passed since Irina and her son moved into their own apartment. Irina now feels more comfortable checking in with Safety Connection and is happy to talk with the operator. Irina feels safe knowing that help is just a press of a button away. The security and overnight support services provided by Safety Connection have made safety and independence a reality for Irina and her son.

‘Jane’

While working with residents at Derby Green nursing facility on capturing their life stories, one Companion Aide found out that “Jane” who is over 100 years old, has had a love and passion for hunting and fishing ever since she was young. While visiting together, Jane spoke a lot about wanting to go fishing. The Companion Aide worked with other team members and the local community to find a privately stocked pond owned by the local Fish and Game Club. They packed a picnic lunch and were on their way! Jane seemed to really enjoy the experience and they had a great time together. Though they did not catch anything, it did not matter to Jane. She was able to do something that she loved and had wanted to do for a long time, so coming back without a fish was just fine. The smile on Jane’s face reminded the Companion Aide why she loves her job. They are now adding the pictures that her family brought in of Jane fishing and hunting, enjoying her lifelong passion, to her life story.

‘Paul’

Paul receives Meals on Wheels through the Champlain Valley Agency on Aging. One day, a driver that delivered meals to Paul came to his home and left his meal, but did not physically see him. The driver then initiated a safety check by calling Paul’s daughter and letting her know that she did not see her father when she delivered his meal. Paul’s daughter called him and he was fine – he was in the bathroom. She immediately called the driver back and thanked her for her work. Paul’s daughter was so grateful that the driver took the time to check in on his well-being. The Meals on Wheels service is so valuable to Paul and his family, especially since his wife recently passed away and he is now living alone. Not only is Paul receiving a hot meal, he is also receiving a friendly visit by a person who can monitor his well-being, as he continues to live in his own home with the support of his family.

‘Henry’

Henry has a cognitive impairment and lives in a skilled nursing facility. A Nurse Surveyor with the Division of Licensing and Protection visited the facility and discovered that staff were violating Henry’s rights by

inappropriately physically restraining him and then injecting him with anti-psychotic medication against his will. The administrator of the facility was unaware that Henry's rights were being violated. As a result of the survey and the resulting citation, the facility implemented a corrective action plan to ensure that staff does not continue this potentially dangerous and harmful practice.

'Sharon'

When the Money Follows the Person (MFP) Transition Coordinator first met Sharon, she had been living in a nursing facility for four years. She was still recovering from a stroke and wanted to be with her husband in their Newport apartment where they had lived for years (a subsidized unit in her husband's name only). After a couple of discharge planning meetings, it became apparent that, due to his own health concerns, Sharon's husband was not willing to take her home. Sharon still wanted to live in the community, so the apartment search began. In four months the MFP Transition Coordinator, together with the discharge planning team, found Sharon her own apartment. However, timing was critical. Sharon had to be discharged before the end of the month so that the Supplemental Security Income (SSI) she was applying for would go to her for her rent and not to the nursing facility. They also had to convince the housing authority to give her three days benefit since her SSI would not begin until the 3rd of the month. Finally, the pieces fell together. For the first time in her life, Sharon is happily living in her own apartment and is living her own life. She says that she likes her new apartment much better than her old apartment.

'James'

James is a 62 year old former heroin user receiving Supplemental Social Security Disability Income (SSDI). He had been living with his mother until she passed away. The house he had been living in with her was sold, leaving him homeless. James is also illiterate making it very hard for him to access services on his own. Fortunately, Central VT Council on Aging (CVCOA) was able to help James obtain General Assistance funding for a housing voucher at a temporary motel. They also helped him apply for multiple housing authority applications and search through the paper for apartments. They finally found a landlord who was willing to take a chance on James who had no rental history. He is now living in his own apartment and continuing to receive Case Management assistance with mail, paperwork and making thoughtful choices.

‘Brian’

Brian first applied for services from DBVI during his senior year in High School. He is legally blind due to macular degeneration and his best corrected visual acuity is 20/200 in both eyes. Brian is unable to access printed material or complete detailed tasks without the assistance of high powered magnification.

Brian loves repairing engines and working in an auto shop environment. During his senior year he worked at a snowmobile repair shop. From this experience he decided to attend a Community College Trade School where he majored in automotive repair. DBVI assisted with tuition and provided adaptive equipment for learning.

After receiving an associate’s degree with certification in automotive repair, he decided to return home to search for employment. With guidance and counseling from the DBVI Blind Services Rehabilitation Counselor, Brian agreed to work with a DBVI Employment Consultant to explore progressive employment options. He participated in several work experiences both in auto repair and parts sales. His vocational rehabilitation plan included working with a low vision optometrist to maximize visual function. After ensuring the best possible visual function through the use of low vision glasses and devices DBVI referred him to a rehabilitation technologist for job site accommodations. This service ensures access to parts manuals, computer information, and having necessary tools needed to visually complete work tasks.

He was hired and worked at an automotive parts store where they liked him so much that they changed his job, not requiring the usual driving requirement. He worked there for several years, developing strong ties at work and in his community. Most recently he was hired for his dream job, repairing automobiles at a large auto repair shop. Again a work site evaluation was completed to ensure that he is able to complete all expected job duties.

Brian is an active member in DBVI’s “Great Expectations Group.” He provides mentoring to other young visually impaired adults. He is willing to offer support and tells his story of success through presentations of both good things that have worked out for him and his struggles along the way. He is a role model to his peers.

‘Lucy’

Lucy is a 74 year old woman with Parkinson’s disease and dementia who lives in senior housing. A friend agreed to be Lucy’s caregiver in exchange for housing.

Someone who cares about Lucy filed a report with the Division of Licensing and Protection because they were concerned she was being neglected and financially exploited by her caregiver. An Adult Protective Services Investigator discovered that Lucy was not receiving appropriate care and that her caregiver had interfered with the efforts of the home health agency, which provide services to Lucy, in order to keep Lucy isolated and easier to exploit.

The APS Investigator coordinated with local service agencies to develop a safety plan, which included removing the caregiver and identifying a guardian and representative payee for Lucy. She now receives services from the home health agency, and her health has improved

'Holly'

Holly is 19 years old. Before coming into guardianship she experienced some rough times as a youth, including living in institutional settings. In spite of these challenges Holly has moved into young adulthood full of energy, with a strong desire to 'find her own voice' and life path. She's developed many new friends and healthy relationships over the past year.

Holly credits her success this past year to her team: her home provider, guardian, case manager and community outreach support staff. She appreciates the therapeutic approach of Dialectic Behavioral Treatment and thinks it has helped her learn to *"communicate with others how I feel and how I want to live my life...how to deal with my emotions in a positive way"*. Her guardian agrees. *"When I first met Holly she was living in an institutional setting and totally 'shut down' with little ambition to communicate, become more independent, or explore the world around her. I saw a spark within her and over a short period of time we established both trust and rapport. Over the past year and a half Holly has blossomed into a happy, outgoing successful young woman."*

Some of Holly's accomplishments include:

- Enrolling in high school and sticking with it. She anticipates graduating in June 2016.
- Learning how to communicate with others, be a good listener, express herself and be open to new, positive and healthy relationships.
- Learning to budget her money and to set goals; as she hopes one day to move to her own apartment.

Holly says independence means she is *"able to take care of myself and things around me, and be able to get up in the morning, take my meds and tell others about how I feel."* Holly hopes to find a full time job after she graduates. She enjoys spending time with young children and thinks she might want to work in the early-childhood field one day.

Highlights...

Actions, Projects and Events

Health Reform

Vermont just completed year two of a three year health care reform demonstration grant known as Vermont Health Care Integration Project, or VHCIP. VHCIP grant activities are at the center of Vermont's health reform process, and DAIL staff are actively engaged. DAIL Commissioner Monica Hutt is a member of the VHCIP Core Team, while DAIL staff participate in every VHCIP workgroup and most sub-committees. DAIL staff work closely with other stakeholders including consumer, advocacy, and provider organizations to represent the interests of aging Vermonters and Vermonters with disabilities. While the core focus of VHCIP is on primary and acute care, DAIL work with the VHCIP groups to provide information about Vermont's disability and long term support services, the important role they play in achieving health outcomes, and to identify how these services fit into payment reform.

DAIL staff activities under VHCIP include:

- Improving understanding of the social determinants of health and health care including housing, employment, and nutrition
- Promoting understanding and use of person-centered practices including creating a person-centered release of information template
- Promoting integration of primary care, acute care, preventive care, and long term services and supports
- Representing the importance of long term services and supports in standards of care, performance measures, quality measures, and payment reform models
- Promoting universal design principles to ensure that health care information is fully accessible
- Supporting development of a "universal transfer protocol" for health care information to improve individual experience and outcomes in transitions across settings and providers
- Supporting workforce development activities that reflect the full spectrum of the Vermont health care workforce

Companion Aide Project

In March 2015, Vermont implemented a Companion Aide Pilot Project to provide assistance to nursing facilities in advancing culture change with a focus on person-centered dementia care. The goal of the pilot is to provide

an enhanced Medicaid rate to five nursing facilities that are committed to person-centered dementia care through dedicated “Companion Aide” staff. A Companion Aide is a trained licensed nursing assistant (LNA) who champions person-centered dementia care with the goal of improving the lives of people with dementia, as evidenced by positive changes such as a reduction of the use of psychotropic drugs, incidence of resident to resident altercations, and improved staff satisfaction.

The following facilities were chosen to participate in the pilot:

- Brookside in White River Junction, VT
- Derby Green in Derby, VT
- Helen Porter in Middlebury, VT
- Mayo in Northfield, VT
- Mountain View in Rutland, VT

Due to a regional shortage of staff and hiring competition with surrounding medical providers, Brookside nursing facility was unable to successfully hire ‘backfill’ employees for the three companion aide staff that were identified for the pilot. In July 2015, Brookside notified DAIL that they were voluntarily withdrawing from the pilot.

The pilot is projected to run from March 1, 2015 through the end of the current demonstration period—December 31, 2016. The State expects to continue funding the pilot into the next Global Commitment reauthorization through June 30, 2017.

Governor’s Commission on Alzheimer’s Disease and Related Disorders (ADRD)

DAIL has been a leading participant on the Governor’s Commission on Alzheimer’s Disease and Related Disorders (ADRD), which has focused on three areas:

- Leadership and Public Education and Awareness about ADRD
- Early Detection and Response to Dementia
- Dementia Caregiver Supports

ADRD Commission Workgroups have developed over a dozen strategies to meet these needs including: the 1st Annual Town Hall on Alzheimer’s, which helped raise awareness and create new linkages using social media; planning for a Joint Committee Legislative Hearing on ADRD; planning for a comprehensive statewide dementia caregiver survey; comprehensive outreach and training of family practices on early, routine screening for

cognitive impairment; planning for workshops and presentations at a variety of professional educational venues; broad dissemination of regional caregiver support resources; and expansion of 'Powerful Tools for Caregivers' workshops to support family caregivers.

These efforts reflect the priorities of the Vermont State Plan on Dementia, and echo some of the principal recommendations of the February 2013 study by the University of Massachusetts Medical School entitled, *Vermont Choices for Care: Alzheimer's Disease and Related Disorders*.¹

Substance Abuse and Misuse among Older Vermonters

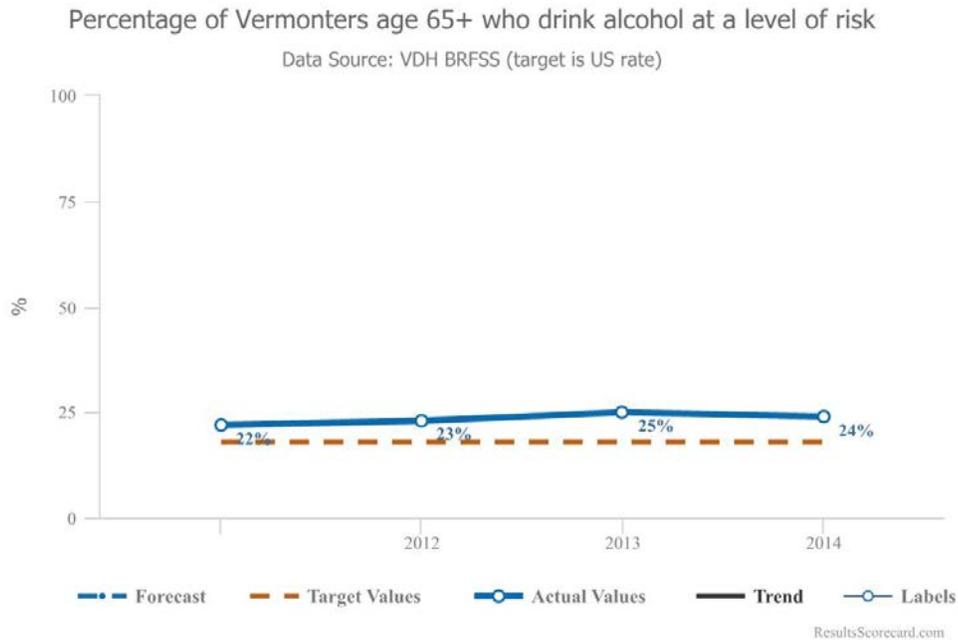
DAIL staff collaborate with the Vermont Department of Health (VDH) Division of Alcohol and Drug Abuse Programs (ADAP) to address the substance use problems of adults age 65 and older. This effort includes reaching out to partner agencies including area agencies on aging, home health agencies, and SASH, to educate their staff about the problems of substance abuse and misuse among older adults and to train their staff in substance abuse screening. This screening training supplements the AHS initiative for universal substance abuse screening of all consumers of AHS programs. This collaborative effort with VDH also involves creating preventive services specifically directed at reducing substance misuse among seniors through public education and education among DAIL and ADAP community partners.

The unmet need for treatment is largely driven by the lack of age specific substance abuse services for seniors. This need is being addressed through the development of area interagency work groups of elder care providers and substance abuse providers to develop treatment designed for older adults. To date one region, southwestern Vermont, has launched an elder substance abuse treatment service through the Evergreen Center in Rutland. The plan is to develop similar services throughout Vermont.

To measure progress over time, we plan to track the percentage of older Vermonters who drink alcohol at a risk level, who engage in binge drinking, and who are chronic drinkers. These measures are available from the VDH BRFSS survey results; Vermont measures are worse than for the rest of the country. We are also exploring an additional BRFSS question to measure the percentage of older Vermonters who drink alcohol at a risk level and who

¹<http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/cfc-adrc-policy-brief-feb-2103-2>

take alcohol-interactive medications (medications that interactive negatively with alcohol).



Home and Community-Based Services (HCBS) Federal Rules

On January 10, 2014, the Centers for Medicare and Medicaid Services (CMS) issued final regulations regarding Home and Community-Based Services (HCBS). The rule supports enhanced quality, outlines person-centered planning practices, and reflects CMS's intent to ensure that people receiving services and supports under 1915(c) HCBS waivers, 1915(k) (Community First Choice), and 1915(i) State Plan HCBS Medicaid authorities have full access to the benefits of community living and are able to receive services in the most integrated setting.

In Vermont, the term "home and community based" is used in to represent a broad array of services and supports that may not be typical of 1915(c) populations and CMS rules in other states, but that have been authorized under its Section 1115 Demonstration. As part of Vermont's Global Commitment to Health (GC) Section 1115 Demonstration amendment, effective January 30, 2015, CMS has asked Vermont to provide assurances that the Choices for Care (CFC) Program is in compliance with certain aspects of the HCBS rule, specifically those related to the setting requirement and person-centered approaches for service planning.

Because of Vermont's public managed care delivery system, the State is integrating person-centered planning and community setting assurances into

its Comprehensive Quality Strategy (CQS) for all specialized programs within the Global Commitment to Health waiver. Phase one of the plan includes finalizing the state's systemic self-assessment and work plan for the Choices for Care program, including stakeholder feedback, by December 31th, 2015. Phase two follows immediately with a similar review of Developmental Services, Traumatic Brain Injury and Community Rehab and Treatment.

For more information on the Comprehensive Quality Strategy and HCBS review and implementation plan, go to: <http://dvha.vermont.gov/administration/draft-versions-of-state-plan-changes>.

Youth Transition Programs

DAIL partners with four organizations that support transition age youth with developmental disabilities. Three organizations (*Think College Vermont*, *College Steps* and *SUCCEED*) help youth to integrate into post-secondary coursework at collaborating colleges; the latter of which specializes in teaching independent living skills in a transitional living model. A fourth program (*Project Search*) matches students who are in their final year of high school with internships located within host businesses where they learn multifaceted skills that lead to employment at graduation. These four youth transition programs have collectively enabled young adults to live independently and/or attain occupations in media, public relations, human resources, data entry, baking, and human services. As of June 2015, 74 young adults had graduated from these programs and 52 were employed at graduation for an 88% graduation rate. Sixty six (66) new students were accepted into these programs for the 2015 / 2016 school year.

This post-secondary education success has been enhanced through the development of consortium by DAIL and its partnering organizations. The *Post-Secondary Education Consortium* was created to unify similar missions and service commonalities. The consortium provides an integrated approach to high schools, families, service organizations, and funders. Sharing resources and increasing alliances across these programs has created a community of practice and has organized the overlap of programs. The consortium works together to streamline public knowledge about the differences and similarities between programs, making it easier for students, families, and schools to select the best fit. Combined program presentations that include students and graduates have increased awareness of the post-secondary and adult education options now available to youth and adults with developmental disabilities. In addition to the programs described above, Post-Secondary Education Consortium membership includes, Mansfield Hall,

Global Campuses Foundation, Vermont Family Network, developmental disabilities services providers Designated Agencies and the Agency of Education.

Changes to VR under WIOA

The Federal Workforce Innovation and Opportunity Act (WIOA) went into effect on October 1, 2014 and required significant changes in the way that Vocational Rehabilitation does business, with no additional funding. One aspect of this act was that Pre-Employment Transition Services (PETS) be provided for high school students with disabilities aged 21 or under, who are receiving special education services or are eligible under Section 504, and have not yet graduated.

There are 5 approved activities under the new legislation:

- Job exploration counseling
- Work-based learning experiences
- Counseling on opportunities for post-secondary training or education
- Workplace readiness training to develop social skills and independent living
- Instruction in self-advocacy

Since 2001, Vermont's Division of Vocational Rehabilitation has had VR Counseling staff dedicated to working with transition-age youth. This program grew steadily in size and effectiveness, serving students generally in their senior year and into their early twenties. To be in compliance with new WIOA regulations, a decision was made to reallocate VR Counselor caseloads. Now 14 Transition Counselors work with in-school youth, 14 Young Adult Counselors work with those who have graduated or left school, and the remaining counseling staff of about 30 focus on the adult population. Additionally, VR designated Youth Employment Specialist (YES) staff to work in conjunction with the Transition Counselors.

Other changes that have occurred are:

- An expansion of the Jump On Board for Success (JOBS) program to focus both on students still in school and those not in school, up through age 26
- The transfer of some supported employment funding from VR to local designated agencies to provide services to students with developmental disabilities

- An increased opportunity for Benefits' Counseling for students, and their parents, who receive SSI or other benefits
- An increased opportunity for summer activities to include workshops, career exploration groups, unpaid Work-Based Learning, and short-term competitive or subsidized employment

Anticipated outcomes for students with disabilities:

- Students will be better prepared for employment, career planning and, therefore, adulthood upon leaving high school
- Increased partnerships and collaborations between special educators, 504 Coordinators, and adult partners
- Increased focus on the importance of pre-employment experiences while still in high school
- Development of best practices to be used by all people working with students to lead to more successful career goals
- Increased parent engagement in their child's career opportunities

Results Based Accountability (RBA)

There are many approaches to measuring and improving quality and performance. One of the simpler proven approaches is Results Based Accountability, or RBA. RBA focuses on the effects we have on the people we serve, including actions to improve our performance, while also being easy to understand and implement.

The three core RBA questions help bring a clearer focus to our shared work, and can help us to improve performance and outcomes:

- How much did we do?
- How well did we do it?
- How are people better off?

In SFY2014 the Agency of Human Services created our first shared RBA scorecard.² In SFY2015 DAIL expanded the use of RBA performance measures for core DAIL programs, creating a DAIL RBA scorecard³ that will be further refined in SFY2016 and beyond. Embracing RBA has required some investment of time, working with our own staff and our partners to understand and implement RBA terms and practices. This work is not always

² <http://app.resultsscorecard.com/Scorecard/Embed/8131>

³ <http://app.resultsscorecard.com/Scorecard/Embed/8865>

easy, but a shared focus on measuring and improving performance will help to ensure that services effectively focus on improving individual outcomes.

AHS Health & Human Services Information Systems

DAIL employees are actively engaged in three Agency of Human Services (AHS) projects: the development of the AHS Health and Human Service Enterprise (HSE) platform, the procurement of a new solution to replace the existing Medicaid Management & Information System (MMIS), and the procurement of a new solution to replace the current Access eligibility system. The new integrated systems will increase the ability to automate processes, produce reports, and share information with other systems. This improved technology will support the pursuit of the ‘triple aims’ of health reform: improve the experience of care (including quality and satisfaction), improve the health of populations, and reduce health care cost.

The **Health and Human Services Enterprise (HSE)** is a multi-year, multi-phased portfolio of programs with a broad scope and many elements. The HSE is intended to support the vision of AHS as an “Agency of One”. The HSE goals are to reshape and enhance internal business processes, improve public/private sector partnerships, optimize utilization of information, and modernize the IT environment. This is intended to support AHS in delivering person centered benefits, care and services to Vermonters.

SFY2015 Accomplishments:

- High level program agnostic Business Process mapping through a series of enterprise business process mapping workshops.
- Implemented HSE Governance including the Intra-Agency Operations Team (IOT). The IOT includes representatives from each AHS Department and is responsible for evaluating programs and process team proposals and making recommendations to the Senior Leadership Team and the AHS Secretary.

SFY2016 Expectations:

- Business Processes will be mapped to the next level of specificity.
- The HSE architecture design will mature providing clarity on shared services and the total ‘enterprise’ to support IE, MMIS and future AHS solutions.

The **Medicaid Management & Information System (MMIS)** has multiple elements including Claims Processing, Pharmacy Benefits Management, Contact Center, and Care Management. The Department of Vermont Health Access (DVHA) is leading the effort to procure a new MMIS.

SFY2015 Accomplishments:

- MMIS Care Management and Core/Contact Center Vendor Requests for Proposal selection process were completed.
- Project Processes and Plans were developed, such as Scope, Schedule, Cost, Issue, Risk and Staffing Management, Communications, Quality and the Change Request Review Process Plans.
- Vermont contracted with EQ Health Solutions for the Care Management System vendor.
- Vermont contracted with CSG Government Solutions for the MMIS Independent Verification & Validation (IV&V) services.
- The Care Management Project had its official “Kick-Off” with EQ Health.

SFY2016 Expectations:

- The new Care Management solution will be implemented for use by the Vermont Chronic Care Initiative by the end of December 2015.
- Care Management Design, Development and Implementation work for additional AHS programs will begin in 2016.

Integrated Eligibility (IE): The Integrated Eligibility system will improve the accuracy and efficiency of eligibility processing for Vermonters, providers, and AHS departments. The Department for Children and Families (DCF) is leading the effort to procure the new eligibility solution.

SFY2015 Accomplishments:

- Eligibility and Enrollment “As-Is” Business Process Mapping was completed.
- Vendor Requests for Proposal selection process was completed.
- Vendor contract development has commenced.

SFY2016 Expectations:

- IE vendor contract signed in the first quarter of 2016.
- IE Design and Development work with the vendor will begin.

Collective Bargaining Agreement

In 2013 the Vermont Legislature passed Act 48, authorizing collective bargaining between the state of Vermont and independent direct support providers. “Independent direct support provider” means a person who provides home and community-based services to a service recipient and is employed by the service recipient, shared living provider, or surrogate through a covered program. Covered programs include Choices for Care, Developmental Services, and the Attendant Services Program. The

legislation also established the Self-Determination Alliance, comprised of representatives from each program who manage their own services, DAIL and the Vermont Department of Health, to advise the State on issues relating to stabilizing the independent direct provider workforce and improving the quality of services provided to people with disabilities and elders who manage their services.

A two-year collective bargaining agreement was negotiated in SFY2014, becoming effective in SFY2015. Key elements of the agreement^[1] include:

- Minimum hourly wage: A new minimum wage of \$10.80 per hour was established.
- Other hourly wage increases: 'Fixed' wages (wages established by the State) above \$10.80 per hour were increased by 2.5%.
- Minimum daily respite payment: Payment for respite services was increased to a daily compensation rate of \$150.00.
- Committee: The agreement established a 'State-Provider Cooperation Committee' to discuss potential future changes in compensation rates, financial workforce benefits, payment methods and procedures, provider registry and referrals, professional development and training, and release time.
- Grievances: The agreement established a grievance process within the Agency of Human Services to address Union complaints.

Pursuant to the terms of the agreement, the State-Provider Cooperation Committee, comprised of representatives of the State of Vermont and the Union, met on multiple occasions throughout SFY2015 to discuss the enumerated issues. In early SFY2016, the parties agreed to negotiate the terms of a successor agreement, which will become effective in July 2016.

Vermont's Aging and Disabilities Resource Connection

Vermont's Aging Disabilities Resource Connections (ADRC) initiative provides people of all ages, disabilities, and incomes with the information and support they need to make informed decisions about long term services and supports. ADRC builds on the infrastructure of ten core partners: the five Area Agencies on Aging (AAAs), the Vermont Center for Independent Living (VCIL), the Brain Injury Association of Vermont (BIAVT), Vermont 211, the Vermont Family Network (VFN) and Green Mountain Self-Advocates (GMSA).The VT ADRC supports "no wrong door" access to long-term services and supports, reducing the need to contact multiple agencies in order to get the assistance they need, when they need it.

It is the goal of ADRC partners to create a sustainability plan as they actively

participate in the federal Options Counseling training and certification curriculum.

Performance (FFY2015):

- December 2015, over 500 people were active recipients of Options Counseling. (Source: SAMS active enrollments and partner data reporting)
- 211 provided IR&A to approximately 500 people with disabilities and approximately 3,500 people 60 or older. (Source: Partner data reporting)

The ADRC is actively engaged in pilot projects as part of its Enhanced Options Counseling Grant (EOC):

a. Medicaid Reimbursement Pilot Project: The ADRC is piloting the use of Enhanced Options Counselors in two regions of the state. In partnership with the Department for Children and Families, the pilot seeks to build a sustainable Medicaid funding stream to support Enhanced Options Counselors to assist in the Long Term Care (LTC) Medicaid financial eligibility processes.

Performance:

- A total of 430 people were served from February 1, 2014 – October 21, 2015.
- There was a 76% decrease in the number of days a new CFC applicant waited from the date of their application.
- New CFC applications that took 90 days or less to process had lower per person Medicaid claims compared to those that took 91 or more days to process.

b. Care Transitions Pilot Project: This pilot is in partnership with the Southwestern Vermont Medical Center. Options Counselors from three of the ADRC partners are in the hospital on a daily basis to identify individuals who will benefit from Options Counseling and to support successful care transitions from the hospital back to the community. Outcome measures include reduced readmissions and better transitions of care.

Performance:

- The Bennington pilot showed a decline in the median hospital readmission rate from 41.1% to 15.5%, which translates to a potential monthly median cost savings and/or avoidance of \$64,000.

c. The ADRC Veterans Independence Program (VIP):

Currently serving over 40 Veterans statewide, the five AAAs in partnership with the White River Junction Veterans Administration Medical Center (VAMC) help Veterans to remain in their homes and communities through self-directed services. Veterans are able to decide how to use a flexible budget to meet their needs where they desire to live. This program has earned national attention.

Performance (FFY2015):

- 46 Veterans served

Adult Services Division

802-871-3069
www.ddas.vermont.gov

Mission and Philosophy

The Adult Services Division (ASD) supports older Vermonters and adults with physical disabilities to live as they choose, pursuing their individual goals and preferences within their chosen communities.

The Adult Services Division strives to:

- Ensure basic human and civil rights, health, well-being and safety
- Provide effective leadership for disability and aging policy and services in Vermont
- Meet federal and state mandates by developing and managing public resources effectively

Organizational Structure and Staffing

The majority of ASD staff works from regional offices around the state, while central office staff and the Division Director are currently located in Williston. In November 2015, management of the Older American's Act (OAA) and related work was reorganized to a new team within ASD, providing the needed support and leadership for key OAA work.

Unit (# of staff)	Responsibilities
Division Director's Office (2)	Division leadership and operations including budget, prioritizing initiatives, policy and personnel management.
Long Term Services and Supports Unit (19)	Manage operations, policy and planning work for Choices for Care and the Attendant Services Program.
Money Follows the Person (MFP) Grant Team (8)	Manage the CMS MFP project grant under the umbrella of the Choices for Care program.
Quality and Provider Relations Unit (4)	Certification of Case Management and Adult Day providers; manage provider relations, critical incident reporting, and Results Based Accountability.
State Unit on Aging (5)	Manage the Vermont State Plan on Aging, Older American's Act and related services.

ASD partners with a wide variety of local organizations in managing services for Vermonters:

- Adult Day Centers
- Aging and Disabilities Resource Connections
- Area Agencies on Aging
- Designated Agencies and Specialized Services Agencies
- Home Health Agencies
- Nursing Facilities
- Residential Care Homes & Assisted Living Residences
- State Long Term Care Ombudsman
- Vermont Center for Independent Living

Programs and Services

The Adult Services Division (ASD) is responsible for operations and quality management of State and federally funded long-term services and supports for elders and people with physical disabilities. Programs include:

- Adult Day Services
- Attendant Services Program
- Choices for Care Program
- High Technology Program (Adults)
- Money Follows the Person Grant

ASD also manages the Vermont State Plan on Aging and Older American's Act (OAA) services that support people 60 and older to live as well as they can in their chosen communities. Funding supports:

- Aging & Disabilities Resource Connections
- Case Management
- Dementia Respite and Family Caregiver Support
- Health and Wellness
- Health Insurance Counseling
- Home Delivered Meals
- Nutrition Services
- State Long-Term Care Ombudsman

I. Adult Day Services

Adult Day Services offer community-based non-residential supports to assist adults with physical and/or cognitive impairments to remain as active in their communities as possible. Adult day centers provide a safe, supportive environment where people can come during the day and receive a range of professional health, social and therapeutic services, as well as a nutritious meal and valuable social interaction. Adult day services also provide respite, support and education to family members and caregivers.

Adult Day Services are provided through the Choices for Care (CFC) program, Medicaid Day Health Rehabilitation Services, or private payment based on a sliding fee scale.

Performance (SFY2015):

- An average of 504 people per month participated in Adult Day services, supported through State and federal funds. This is a 1% increase from the previous year ⁴
- 144 people per month served in CFC Moderate Needs (12.5% increase) at a cost of \$1.7 million ⁴
- 207 people per month served in CFC Highest/High Needs (10% decrease) at a cost of \$2.9 million ⁴
- 154 people per month served in Medicaid Day Health Services (8% increase) at a cost of \$2.2 million ⁴
- 91% of Adult Day respondents described the quality of services they received as excellent or good ⁴
- 94% of Adult Day respondents reported the services that they received helped maintain or improve their health ⁴

II. Attendant Services Program

The Attendant Services Program (ASP) supports personal care services for adults with a “severe and permanent disability” who need physical assistance with activities of daily living (such as bathing, getting dressed and eating) to remain in their homes. In July 2014, a budget rescission froze all new general fund expenditures. Overall, enrollment declined by 11% in SFY15.

⁴ <http://ddas.vt.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/ltc-consumer-satisfaction-surveys/ltc-consumer-satisfaction-survey-2014-1>

Performance (SFY2015):

- 181 Vermonters were served including 101 (56%) people through Medicaid and 72 (40%) people with General Funds and 8 (4%) people with Personal Services 497% of respondents rated the quality of services they received from the Attendant Services Program as excellent or good ⁵
- 96% of respondents indicated that services helped maintain or improve their health

III. Choices for Care

Choices for Care (CFC) is a Medicaid long-term service and supports program that serves older Vermonters and adults with physical disabilities. The overall goal of CFC is to give people choice and control over where and how their needs are met. For people who meet “nursing home level of care” criteria, services are provided in their own homes, Adult Family Care homes, Residential Care/Assisted Living Homes, or nursing facilities. Certified Home Health Agencies provide in-home services to many people. CFC offers a variety of self-directed options for people who live in their own homes and are able and willing to manage their own services, or who have a surrogate to manage services on their behalf.

People in the “Moderate Needs Group” do not meet nursing home level of care criteria. Choices for Care provides limited funding for homemaker, adult day, case management, and ‘flexible fund’ services to people in this group. The intent is to prevent or delay the need for more costly long-term services and supports by providing these services.

Final Evaluation:

Choices for Care was consolidated with Vermont’s Global Commitment to Health waiver effective January 2015. A final evaluation report was published in May 2015 by the University of Massachusetts Medical School. The report’s conclusions: “In its final year as a separate 1115 Research and Demonstration waiver, CFC continues to meet the needs of its participants. This year’s evaluation identified a few new issues and a few recurring issues that DAIL should continue to address as the CFC program is incorporated into the Global Commitment to Health waiver. With its tradition of innovation, Choices for Care is well positioned to meet the future needs of CFC

⁵ <http://ddas.vt.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/ltc-consumer-satisfaction-surveys/ltc-consumer-satisfaction-survey-2014-1>

participants.” The full report is available at: <http://ddas.vt.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/vermont-choices-for-care-evaluation-of-years-1-9-1>.

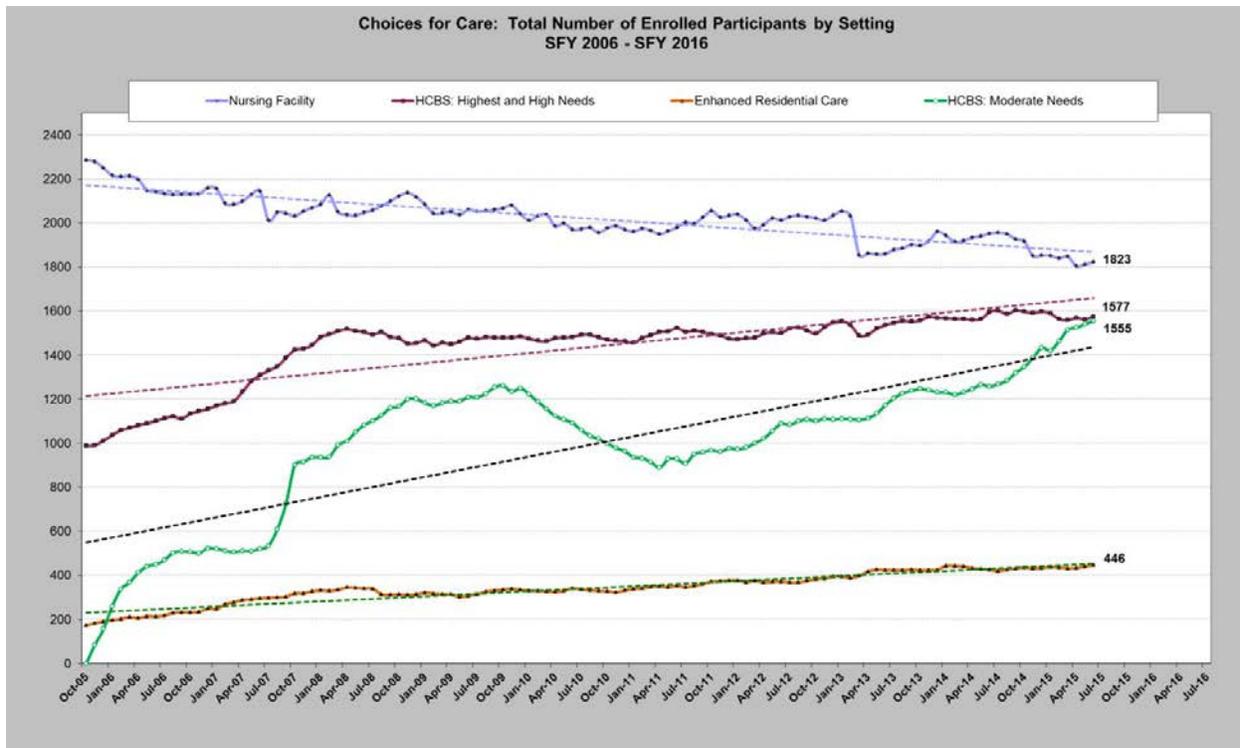
Policy Brief:

In March 2015, the University of Massachusetts Medical School published a Policy Brief on factors that may contribute to readmissions to nursing facilities. The report identified several reasons why people who have been discharged from a nursing facility may return, including falls, mental health needs, cognitive impairment, and obesity. The report made four recommendations: 1) improve the CFC assessment, care planning and case management processes 2) enhance information and referral 3) ensure appropriateness and sufficiency of services and 4) enhance capacity of settings. Report findings will contribute to the work being planned in 2016 for improving assessments, care planning, person-centered outcomes and discharge planning. For the full policy brief go to:

<http://ddas.vt.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/umass-policy-brief-factors-leading-to-nursing-facility-readmission-march-2015>

Performance (SFY2015):

- At the end of SFY2015, the total number of people enrolled in Choices for Care was 5,411, an increase of 168 people from the end of SFY2014. This is a 3% increase in total participation.
- Consistent with individual choice, the percentage of people residing in nursing facilities continues to decline while the percentage of people served in alternative settings continues to increase. As of July 2015, about 53% of people enrolled in Choices for Care were served in a home-based or Enhanced Residential Care setting while 43% were served in a nursing facility.



Data source: SAMS enrollment database

- In SFY15, CFC managed spending within the limits of available funding, with \$2.1 million carryforward.
- In SFY15, Moderate Needs services saw a 13% growth, serving about 1,555 people.
- With limited funds, Moderate Needs providers continue to maintain regional wait lists of almost 500 people statewide.
- 89% of respondents who receive Moderate Needs Homemaker services stated their choice and control over planning was excellent or good. This is an increase from 81% in the previous year.⁶
- 88% of respondents who receive CFC HCBS Personal Care services stated their services always or almost always met their needs. This is a decrease from 92% in the previous year.⁶
- 92% of respondents who receive CFC HCBS Personal Care services said choices and control over planning was excellent or good⁶
- 73% of respondents who receive CFC Adult Family Care said choice and control over planning was excellent or good⁶

⁶ <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/ltc-consumer-satisfaction-survey-2013-1>

- 70% of respondents receiving CFC high/highest HCBS were satisfied with how they spend free time. This is an increase from 66% in the previous year.⁷
- 71% of CFC high/highest HCBS respondents were satisfied with the amount of contact they had with family and friends. This is an increase from 68% in the previous year.⁷

IV. Money Follows the Person

In 2011, DAIL was awarded a five year \$17.9 million “Money Follows the Person” (MFP) grant from the Centers for Medicare and Medicaid Services (CMS) to help people living in nursing facilities overcome barriers to moving to their preferred community-based setting. The grant works within the Choices for Care program and provides participants the assistance of a Transition Coordinator and up to \$2,500 to address barriers to transition.

Performance (SFY2015):

- 68 nursing facility residents were educated about MFP
- 80 people enrolled in MFP (10% increase from previous year)
- 75 people residing in nursing facilities transitioned to a home and community based setting (42% increase from previous year)
- 32 people graduated from MFP by completing 365 days of living in a home and community based setting. (39% increase from previous year)
- Since the beginning of MFP, a total of 336 people have enrolled, 214 participants have transitioned to the community, and 88 participants have graduated from MFP based on length of stay in a community setting.

For more information on Vermont’s Money Follows the Person Grant, go to: <http://www.ddas.vermont.gov/ddas-projects/mfp/mfp>

V. High Technology Home Care

High Technology Home Care provides skilled nursing care to people of any age living in home-based settings who are eligible for Medicaid and depend on medical technology to survive. Services include coordinating treatments, medical supplies, and sophisticated medical equipment. Adults age 21 and

⁷ <http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/ltc-consumer-satisfaction-survey-2013-1>

over who qualify are served through DAIL and funded through the Department of VT Health Access (DVHA).

Performance (SFY2015):

- An average of 33 people per month received Adult High Technology services.
- ASD staff worked closely with DVHA to revise the assessment and approval process for High Tech services. With the goals of creating efficiencies, reducing waste and meeting participant's high tech needs, ASD staff incorporated a plan to work with home health agencies to reassess all participants receiving Adult High Tech Home Care while implementing a consolidated reimbursement rate for services.

VI. Older American's Act & Related Services

Older Americans Act (OAA) services support Vermonters age 60 and older and are designed to help older Vermonters remain as independent as possible and to experience a high quality of life. Services are provided through Vermont's five Area Agencies on Aging (AAA) and include:

- Case management
- Nutrition services and programs
- Health promotion and disease prevention
- Information, referral and assistance
- Legal assistance
- Family caregiver support.

The Senior Community Service Employment program is managed through Vermont Associates for Training and Development.

Performance (FFY2014):

- 59,495 Vermonters over the age of 60 received services.

1. Nutrition

Two OAA funded programs provide healthy meals and nutrition services for older adults: the congregate (or community) meals program and the home delivered meals program, also known as Meals on Wheels. These programs contribute to the food security of older adults and can play an important role in promoting good health, preventing disease, and lowering rates of disability, hospitalization, depression and mortality. Roughly 6% of Vermont senior households are food insecure, and the demand for senior meals is growing. Efforts are being made at the federal, state and local levels to strengthen and to develop innovations in nutrition services.

Performance (FFY2014):

- 4,715 Vermonters received home delivered meals (4% increase)
- 785,086 meals were delivered to people's homes (3% increase)
- 10,657 Vermonters participated in community meals (5% decrease)
- 385,695 community meals were served (1% increase)

Consumer Perception Survey (2014): OAA Home Delivered Meals and Meals for Younger People with Disabilities:

- 89% of respondents say the quality of the meal is excellent or good
- 73% of respondents say their meal always or usually tastes good
- 70% of respondents say they always or usually like the meals
- 82% of respondents say they always or usually eat the meals

2. Meals for Younger People with Disabilities

DAIL provides funds to the Vermont Center for Independent Living (VCIL) to provide home delivered meals for people with disabilities under the age of 60. Meals are provided to people who, because of their disability and/or chronic condition, are unable to provide their own meals and do not have meal preparation assistance available.

Performance (SFY2015):

- 467 Vermonters served (increase of 7% from previous year)
- 60,845 Meals served (increase of 11% from previous year)

3. Senior Farmers' Market Nutrition Program

The Senior Farmers' Market Nutrition Program (SFMNP) connects income-eligible seniors with fresh, local produce through 'shares' in Community Supported Agriculture (CSA) farms. The United States Department of Agriculture (USDA) provides funding. In addition to receiving fresh produce, seniors have an opportunity to connect with other seniors and to develop relationships with the farmers who grow their food.

Performance (FFY2015):

- 2,370 Vermonters served
- 301 Farms Participating

4. Commodity Supplemental Food Program

The Commodity Supplemental Food Program (CSFP) improves the health of income eligible adults over the age of 60 by supplementing their diets with nutritious USDA commodity foods. These foods include ultra-high temperature fluid milk, cereal, juice, rice, pasta, peanut butter, canned fruits and vegetables, and canned meat and fish. DAIL partners with the Vermont

Foodbank, which screens and enrolls participants, manages caseload, and packs and distributes food.

Performance (FFY2015):

- 3,075 Vermonters served each month (3% increase)

5. Family Caregiver Supports

Family caregivers are critical to the success of seniors and people with disabilities living in the community. The Alzheimer's Association estimates that in 2014 30,000 Vermont caregivers provided 34 million hours of unpaid care to people with dementia, with a value of \$413 million; this does not include caregiving for people with other diseases and conditions (2015 Alzheimer's Disease Facts and Figures). DAIL supports family caregivers through a number of activities including Dementia Respite Grants, the National Family Caregiver Program (NFCP) and support to Vermont Kin as Parents.

The Dementia Respite Grant and the NFCP programs are managed by Vermont's five Area Agencies on Aging (AAA's). These efforts help family caregivers by reducing stress, maintaining their health, and continuing their caregiving roles. Grants may be used to pay for a range of services including in-home care, respite care, homemaker services, and Adult Day services.

Performance (FFY2014):

- 245 family caregivers received Dementia Respite Grants (9% decrease)
- 398 family caregivers received services from National Family Caregiver Support Program (22% decrease)

6. Self-Neglect

In SFY2014 DAIL issued grants to each of the five AAA's to implement Vermont's Self-Neglect Initiative. The objectives were to 1) Create a community system for identifying and referring people who are self-neglecting 2) Implement consistent standards for screening and assessing individuals who are self-neglecting and 3) Create a 'coordinated community response' that engages local service organizations and community members in assisting people who are self-neglecting. All of these objectives were achieved by each of the AAA's. Participants in the initiative develop individual goals related to personal care, home care and environment care. Participants are supported by Area Agency on Aging Case Managers, in partnership with community agencies. Outcomes measured and available in SFY15 include changes in individual self-neglect status measured by the Self-Neglect Severity Scale, and progress toward meeting individual goals.

Performance (SFY2015):

- 193 people were identified as “self-neglect” (Source SAMS Enrollments)
- 47% of people met their personal goals
- 46% of people had a decreased risk score
- 22% of people had an increased risk score
- 26% of people had no change in their risk score
- Services identified in individual care plans include community supports, case management, home delivered meals, health promotion/wellness, homemaker, transportation, outreach meetings, legal assistance and chore services.

7. Elder Care Clinician Services

The Elder Care Clinician program is a collaborative effort between the five Area Agencies on Aging, Designated Agencies, DAIL, and the Department of Mental Health to provide mental health services to elders and caregivers.

Elder care services are provided in both office and community settings.

Women represent nearly 75% of the people served; the most common problem areas are depression and difficulties in daily living.

The Elder Care Clinicians have helped to increase awareness of substance abuse and misuse among older adults as a health problem across the state of Vermont. This increased awareness is particularly important due to the fact that the problem of substance abuse and misuse among seniors has mostly been a hidden and unrecognized problem. The effort to mobilize services is challenging because state resources for providing mental health and substance abuse treatment services to seniors are scarce. Prevention is a crucial element because of the large number of seniors who misuse substances, i.e. drink too much or mix alcohol and prescription medications. Many older adults are seen in primary care settings, so primary care settings are well situated to screen and identify seniors with substance use problems.

Performance (SFY2015):

- 468 Vermonters served (8% decline from previous year)
- 104 alcohol screening tests administered, 13% screened positive
- 52 drug screening tests administered, 6% screened positive
- 151 depression screening tests administered, 68% screened positive
- 124 cognitive impairment tests administered, 77% screened positive

8. State Health Insurance Assistance Programs

The State Health Insurance Program (SHIP) provides information, assistance and support to Medicare beneficiaries who need help selecting or managing public and/or private health insurance benefits. SHIP works hand

in hand with the Medicare Improvement for Patients and Providers act (MIPPA) to increase enrollment in the Low Income Subsidy (LIS), Medicare Savings Program (MSP), and/or VT Pharmacy Assistance Program (VPHARM). These programs are coordinated through the VT Association for Area Agencies on Aging (V4A) who work with their state and regional partners.

Performance: (FFY2015)

- 2,912 contacts through MIPPA
- 8,818 estimated contacts through SHIP (based on data from 4/1/15-9/30/15)
- Vermont SHIP received a national performance ranking of 15th among the 54 SHIP programs

9. State Long Term Care Ombudsman Program

In 2015, DAILE generated a Request for Proposals which resulted in a new agreement with Vermont Legal Aid to operate the Office of the State Long Term Care Ombudsman Program. The Ombudsman program is charged with protecting the safety, welfare and rights of Vermonters in nursing homes, residential care homes, and people using Choices for Care home and community-based services. An Ombudsman's primary responsibility is to investigate and resolve complaints on behalf of individuals. They also provide information and consultations to individuals, family members, providers, the public, and other community partners. Staff includes a full time director (the State Long Term Care Ombudsman) and regional ombudsmen, located in five regional offices. A volunteer coordinator works with certified volunteers, who are assigned to specific long term care facilities throughout the state. In 2015, the federal government promulgated new regulations for the Ombudsman program which will be enforced July 2016. One goal of the program is to increase outreach and education about services through multiple media strategies over the next year.

Performance (FFY2015):

- Responded to 543 complaints (4% increase from FFY2014)
- approximately 14% related to home and community based services
- Provided 413 consultations to individuals (25% decrease from FFY2014)
- Provided 172 consultations to long term care service providers (33% decrease from FFY2014)
- Approximately 87% of complaints were fully or partially resolved to the satisfaction of the individuals receiving services which is well above the 75% target and national average (3% increase from FFY2014)

- Made 1,087 non-complaint related visits to maintain a presence in facilities

10. SASH

SASH (Support and Services at Home) helps Vermont seniors and individuals with special needs access the care and support they need to stay healthy while living comfortably and safely at home. SASH is part of the Blueprint for Health, Vermont's statewide health care reform initiative. Participation is voluntary and free of charge. SASH communities include a care coordinator and wellness nurse who work in partnership with a team of community providers to assist SASH participants. SASH is funded through a variety of sources including a grant from DAIL, payments from the CMS Medicare Multi-Payer Advanced Primary Care Practices demonstration, the Department of Vermont Health Access (DVHA), the Vermont Health Foundation/Fletcher Allen Health Care, and contributions from Cathedral Square.

Benefits to SASH Participants include:

- Comprehensive health and wellness assessment
- Individualized Healthy Living Plan
- Check-ins and health coaching
- Convenient access to a wellness nurse
- Access to prevention and wellness programs
- Medication management assistance
- Planning for successful transitions
- Help to navigate long-term care options
- An informed team to help in a crisis

Performance: Selected Performance Measures for the original participant group:

The percentage of participants experiencing falls:

2012: 31% (N=1057, n=328)
 2013: 33% (N=1031, n=341)
 2014: 37% (N=971, n=359)
 2015: 28% (N=831, n=233)

The percentage of participants with an advance directive:

2012: 26% (N=1057, n=275)
 2013: 44% (N= 1031, n=454)
 2014: 53% (N=971, n=515)
 2015: 67% (N=831, n=557)

11. Homeshare

DAIL supports two innovative Homeshare Programs in Vermont: HomeShare Vermont, active in Addison, Chittenden and Grand Isle Counties; and HomeShare Now, active in Washington and Orange Counties. The Homeshare programs help seniors, people with disabilities and other people who have extra space in their homes and want help with simple chores, light errands and/or companionship to find people who are seeking shared living arrangements for lower (or no) rent. The Homeshare Programs have been successful in helping people stay in their own homes, as well as in helping people find affordable housing. Of the people who applied for services this year, 71% were considered very low income by federal standards.

Performance (SFY2015):

- 191 Vermonters in matches
- 169 Vermonters provided affordable housing
- 100% of people matched reported perceived benefits in at least one quality of life measure such as sleeping better, feeling safer, eating better, happier, get out more and call family for help less often
- 26% of matched home providers reported that they would be unable to remain safely and comfortably at home had they not received a home sharer

VI. Quality Management

1. Comprehensive Quality Strategy

With the January 2015 consolidation of Choices for Care (CFC) and Vermont's Global Commitment (GC) to Health Waiver, DAIL is working with the Agency of Human Services (AHS) and Department for Vermont Health Access (DVHA) to integrate CFC into the new Comprehensive Quality Strategy (CQS). Special focus will be placed on the new federal HCBS regulatory requirements. The CQS is currently in draft form and can be found at: <http://dvha.vermont.gov/administration/vt-gc-cqs-draft-july-6-2015.pdf>.

2. Certifications

The Quality Management and Provider Relations Unit performed certification visits, maintaining active certification for 14 Adult Day sites and 16 Case Management Agencies, assuring compliance with Choices for Care Program Standards. Agencies received certification for 1-3 years depending on the number of findings during the visit. The Unit is currently partnering with Designated Agencies to improve the critical incident process for Adult Family Care Home providers.

3. Consumer Satisfaction Survey

Thoroughbred Research Group published the 2014 Vermont Long-Term Care Consumer Survey in February 2015:

“The results of the survey suggest that the large majority of consumers are satisfied with DAIL programs, satisfied with the services they receive, and consider the quality of these services to be excellent or good. The survey results are a clear indication that DAIL is in large part fulfilling its goal “to make Vermont the best state in which to grow old or to live with a disability ~ with dignity, respect and independence.” This high level of satisfaction continues a trend observed in the survey results since 2008. Based upon the views and attitudes of the large majority of consumers, the survey results did not identify any major systemic problems with the programs and services provided by DAIL. DAIL is providing the services needed by the vast majority of its consumers in a manner that is effective, appropriate and that clients appreciate. The programs are viewed by consumers as providing an important service that allows them to remain in their homes.”

- 89% of all respondents rate the services as excellent or good (decrease from 91%)
- 81% of all respondents rate the amount of choice and control in planning their services as excellent or good (decrease from 84%)
- 93% of all respondents say their services help improve or maintain their health (increase from 87%)

Survey results are used by the Department to inform program improvement efforts. The complete report can be seen at:

<http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/cfc-evaluation-rpts-consumer-surveys>.

4. Results Based Accountability/Scorecard

The Quality and Provider Relations team focused on advancing Results Based Accountability (RBA). The team conducted RBA exercises for Choices for Care Providers to assist them in measuring and improving their performance in helping service participants become “better off” as a result of their services. The Quality Unit has worked with the 14 Adult Day Agencies, Cathedral Square Cooperation, and 10 Aging and Disabilities Resources Connection (ADRC) partners, Long Term Care Ombudsman Program, Money Follows the Person Program and a group of long term care nursing providers. New performance measures have been incorporated into 15 grants and contracts with Choices for Care Providers.

Division for the Blind and Visually Impaired

888-405-5005 Toll Free
www.DBVI.vermont.gov

Mission and Philosophy

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

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

DBVI practices a rehabilitation model that takes a holistic approach to working with the individual at the time of vision loss. The process begins with the individual and the DBVI counselor working together to develop an individualized plan aimed at helping him or her to achieve the highest level of independence and employment as possible. The rehabilitative process focuses on helping the individual to learn new adaptive skills that allow them to regain independence and self-confidence after the severe trauma of vision loss. DBVI services help people reestablish control and ability to complete independent living tasks that are usually taken for granted, such as preparing breakfast, getting dressed and navigating familiar and unfamiliar areas at work and in the community.

Organizational Structure and Staffing

DBVI services are provided by highly qualified professionals who possess specialized training and understanding of the implications of visual loss. Services are provided from four regional field offices in Montpelier, Burlington, Springfield, and Rutland where rehabilitation counselors and

Rehabilitation Associates are responsible for ensuring that timely and appropriate services are delivered to people with vision loss. One rehabilitation technology trainer covers the entire state, teaching people how to use assistive technology such as screen readers and screen enlargement computer software. The director of DBVI is located in the Department's central office in Williston.

Programs and Services

Vocational Rehabilitation Services

The goal of DBVI's vocational rehabilitation services is to help people with vision loss to retain, return, or secure employment. Each individual meets with a DBVI counselor to identify goals and develop a plan to reduce the limitations that result from a vision loss.

Performance:

- 90 people met their employment goals in FFY2015
 - Counseling and guidance
 - Assessment of skills, interests, and abilities
 - Transition services for students
 - Assistive technology equipment, evaluation and training
 - Low vision services
 - Orientation and mobility services (Learning to use a white cane)
 - Rehabilitation training
 - Career exploration
 - Vocational training
 - Assistance with post-secondary education
 - Job-seeking skills
 - Employer assistance
 - Small business development
 - Job placement services
 - Coordination of services and access to programs

Transition Services

DBVI transition services provide high school students with opportunities for learning independent living and job skills. DBVI collaborates with several partners including the Division of Vocational Rehabilitation, Vermont Association for the Blind and Visually Impaired (VABVI), Vermont Youth Conservation Corps, ReSource, and the Gibney Family Foundation.

One specific transition program called LEAP (Learn, Earn, and Prosper) provides paid summer employment for youth in a residential setting. This

program empowers students to take charge of their employment future by gaining early employment success that can be carried into future employment pursuits. The goal is for all graduates to enter college, obtain further training, or join the world of work. A new addition to the summer work experience is the requirement for students to secure internships in their local community. The goal of the internships is to make connections in the local community where jobs will eventually develop and to expand a summer experience into year-long career exploration. LEAP has completed its seventh successful year.

Independent Living Services

DBVI provides assistance in maintaining independence. The DBVI Rehabilitation Associate meets an individual in his or her own home to discuss the individual's goals and develop a plan for services to achieve the highest possible degree of independence in activities such as traveling independently, preparing meals, and identifying medications. Once the individualized plan is developed, services are provided through a grant agreement with Vermont Association for the Blind and Visually Impaired (VABVI) which receives both federal and state funds from DAIL to provide services to adults over the age of 55 with visual impairments. Direct services include orientation and mobility, low vision training, and rehabilitation teaching.

Performance:

- 816 adults with a visual impairment served in FFY2015

Technology

Maximizing the power of assistive technology is critical to people with vision loss. DBVI invests significant effort in staying current about new assistive technology, which will revolutionize employment access and eliminate other barriers caused by vision loss. Assistive technology plays a critical role in allowing an individual with a visual impairment to be connected with society, continue employment, and pursue a tremendous range of careers in mainstream society.

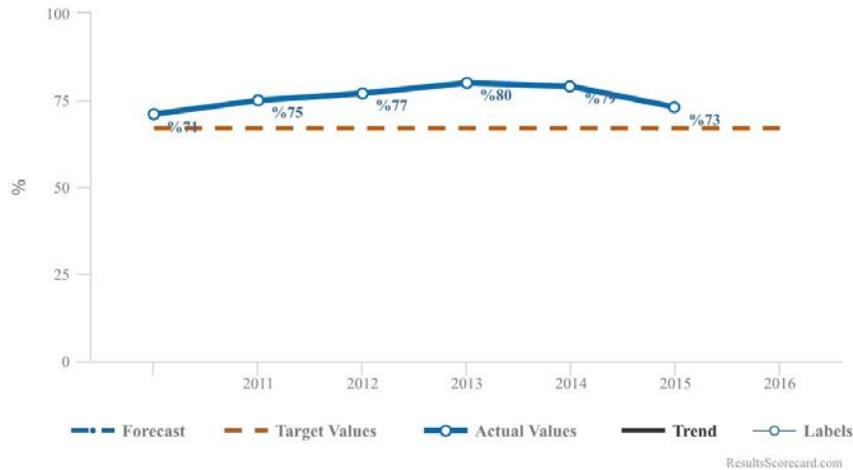
Performance Measures

Employment Rate: The percentage of people served by DBVI who have achieved an employment outcome successfully attained vocational goal for a minimum of 90 days.

	2010	2011	2012	2013	2014	2015	National Standard
Employment Rate	71%	75%	77%	80%	79%	73%	67.11%

Percentage of people served by DBVI who achieve employment outcome (RSA 1.2)

Data Source: DBVI RSA Indicator 1.2



Earnings Compared to State Average: Average hourly earnings of people who exit DBVI as a percentage of state earnings average.

	2011	2012	2013	2014	2015	National Standard
% of earning compared to state average	82%	75%	79%	81%	79%	59%

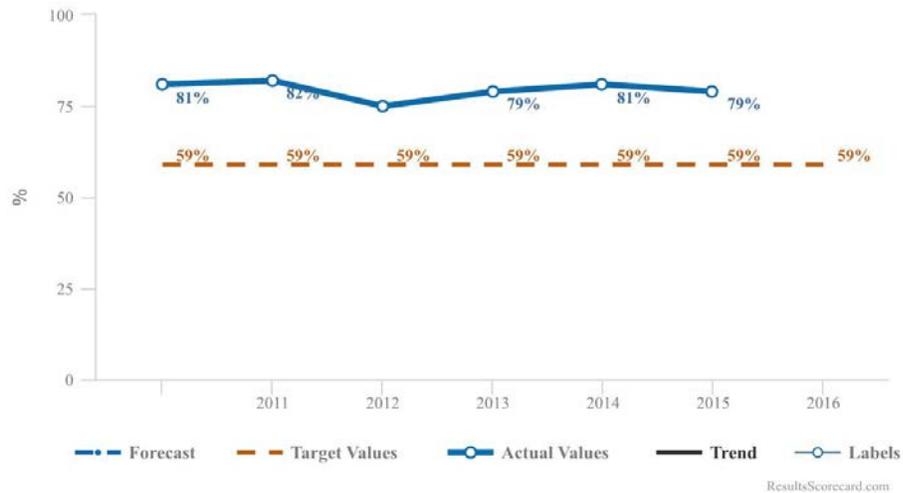
Percentage of people who exit DBVI with earnings of at least minimum wage (RSA 1.3)

Data Source: DBVI RSA Indicator 1.3



Average hourly earnings of people who exit DBVI as a percentage of state average (RSA 1.5)

Data Source: DBVI RSA Indicator 1.5



Customer Satisfaction:

	2003 Market Decisions Survey (Formal)	2011 Market Decisions Survey (Formal)	2013 Closure Survey (Ongoing Informal)	2014 Closure Survey (Ongoing Informal)	2015 Market Decisions Survey (Formal)
Overall Satisfaction with services received	93%	92%			95%
Services provided met expectations	93%	90%			85%
Staff were helpful to achieve vocational goals	98%	95%			96%
DBVI delivered services well for me			92%	91%	89%
I did get the results I wanted from DBVI			93%	89%	94%

Story Behind the Curve

DBVI’s primary indicators show a strong rehabilitation rate for people who are blind or visually impaired. While these results are above the national average in all areas, DBVI’s objective is to help all customers reach their employment goals. For this reason, DBVI’s SFY2015 research agenda includes an analysis to determine why some individuals did not obtain employment.

DBVI also expects to help individuals get the best paying job possible. We realize that many individuals decide to develop their own small business,

which meets their lifestyle needs, but may not have a strong income return in the beginning. Our research agenda also includes a look at what types of professions individuals are choosing and the incomes they are earning.

Vision loss causes a sharp initial decrease in independence and ability to do regular tasks previously done with normal vision. The DBVI program provides the opportunity for people to learn new adaptive skills to overcome functional limitations due to vision loss; the process may take months or years. Informal closure surveys show the top two services that help 'turn the curve' in building skills are Low Vision and Assistive Technology equipment and instruction. After individuals learn skills and use adaptive equipment, they can resume many activities and function more independently in the community and at work. Over 90% of DBVI customers surveyed at closure identified their attainment of new adaptive skills as the most important factor in their success. Customers share many examples of how their new skills have helped them adapt to vision loss, maintain employment, and improve their quality of life. They are better off because they can now:

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

Quotes include:

- "The best thing that happened to me while working with DBVI was that I got a CCV to help me with my written material that I need to access for my job. I also learned how to use magnifiers as well."
- "I learned how to use a laptop and screen magnification to help me access information I need. It is great to have this new skill for my job."
- "Without the DBVI assistance with surgery I would have lost my vision and my job."
- "I learned to use assistive technology that allowed me the freedom to continue to run my business."
- "I learned how to adapt and adjust to being a newly blind person. I can't begin to tell you how valuable this experience was for me."

Results of a statewide random survey (conducted by Market Decisions) of all DBVI customers in 2015 indicated:

- 95%--Overall, percentage of customers satisfied with the DBVI program.
- 95%--Customers satisfied with the services they received.
- 96%--Customers indicated that the staff were very or somewhat helpful in helping them to achieve their vocational rehabilitation goals.
- 94%--Customers indicated that the services they received helped them become more generally “**Independent.**”
- 94%--Customers agreed that they were “**Better Off,**” overall, as a result of the services they received from DBVI.

Partners

DBVI considers the people we serve as partners. This year we conducted Town Meeting events in each of our 4 regions. The goal was to hear the “Voice of the Customer” about the results they expect from our program.

We also work closely with the State Rehabilitation Council, appointed by the Governor. The SRC partners with DBVI to evaluate data and to develop goals and strategies.

DBVI is encouraged that our partnership with the Vermont Association for the Blind and Visually Impaired is helping customers to build the adaptive skills they need on the job and in the community. We are also encouraged that progressive employment strategies and our partnership with the Vermont Association for Business, Industry, and Rehabilitation (VABIR) is helping DBVI to partner effectively with businesses to provide opportunities for blind or visually impaired workers to demonstrate their abilities in the workplace.

The DBVI partnership with ReSource and the Vermont Youth Conservation Corps is helping students and young adults build the skills they need in the workplace. VYCC helps DBVI run a summer youth employment program that provides the opportunity for students to learn employment skills and Independent Living Skills. These early employment experiences help build the confidence needed to succeed in college, in vocational training, and in the workplace.

What Works

DBVI’s customer satisfaction is a strength. These ratings consistently exceed 90% each year. Staff are described as responsive, easy to reach, and

helping people meet their goals. Comments at each of the 4 Town Meeting events acknowledged that DBVI staff and services “gave them hope.”

Individuals who experience vision loss need to learn new adaptive skills, and DBVI strategies are designed to help people build these skills. In most situations, assistive technology is the key to opening the door for employment. Specialized software and hardware are often needed to access print, and specialized skills (including the use of specialized magnification and lighting) are needed to use the technology successfully. The combination of technology and the skills to use the technology helps individuals return to their jobs and community activities.

Our customers have used work experiences as a way to show employers that they can do the job. Many employers cannot conceive of how a blind person can do a particular job, until they learn that some simple low cost accommodations make it possible. This is also a great opportunity for people to build employment skills and to learn about jobs they like or don't like.

DBVI also makes a strong commitment to help individuals succeed in post-secondary and vocational training programs. These degrees and certificates usually lead to better paying jobs.

For students, DBVI's process involves strong communication with a team including the student, families, school staff, and teachers of people with visually impairments. Each DBVI counselor guides students and teams to develop specific action steps depending on the path they will take toward either more training or directly into work. Our role is to help students make a smooth individual transition into the world of work.

Action Plan

DBVI staff and the State Rehabilitation Council have reviewed the 2014 Town Meeting results, the 2015 statewide customer satisfaction survey, and other performance data and have revised goals and strategies that were approved by the SRC in December 2015.

Our research agenda continues to include a close look at data about customers who did not achieve employment in FFY 2015. Staff will be investigating what new strategies might be needed for those who were not successful. This may include strategies to educate employers about the skills these individuals can bring to the workplace. It also may involve finding

new strategies to help individuals build the specific skills that are needed by employers.

DBVI has a commitment to customer-centered culture that continues to guide staff in making continuous improvements: listening to the voice of our customers, using this information along with performance measures to improve our current products and develop new ones. The new plan with updated goals and strategies was completed and approved by the SRC in December 2015.

Developmental Disabilities Services Division

802-871-3065
www.ddas.vermont.gov

Mission and Philosophy

The Development Disabilities Services Division (DDSD) supports Vermonters with developmental disabilities and traumatic brain injuries to live as they choose, pursuing their individual goals and preferences within their chosen communities.

The Development Disabilities Services Division:

- Seeks to ensure basic human and civil rights, health, well-being and safety;
- Provides effective leadership for disability policy and services in Vermont; and
- Meets federal and state mandates by developing and managing public resources effectively.

Organizational Structure and Staffing

The Developmental Disabilities Services Division (DDSD) plans, coordinates, administers, monitors, and evaluates state and federally funded services for individuals with developmental disabilities, traumatic brain injuries and their families within Vermont. The Division provides funding for services and is responsible for systems planning, technical assistance, training, quality assurance, program monitoring, and standards compliance. The Division also provides guardianship services on behalf of the Commissioner, to individuals who are under court-ordered public guardianship.

The central office of the Division is currently in Williston, with the majority of staff working from regional offices around the state. Staff includes:

- Division Director
- Assistant Director
- Administrative Staff (2)
- Program Development/Policy Analyst
- Financial Manager
- Developmental Disabilities Services Specialists (2)
- Supported Employment Coordinator
- Children's Specialist

- Public Safety Specialist
- Quality Management Team Administrator
- Quality Management Reviewers (3)
- Quality Management Nurse Reviewer/Traumatic Brain Injury Nurse
- Traumatic Brain Injury Program Supervisor
- Office of Public Guardian Staff (27)

The Division maintains partnerships with a wide variety of local service providers and other organizations, including:

- Brain Injury Association of Vermont (BIA-VT)
- Center on Disability and Community Inclusion/UVM (CDCI)
- Designated Agencies and Specialized Services Agencies (DA/SSA)
- Developmental Disabilities Services State Program Standing Committee
- Disability Rights Vermont (DR-VT)
- Green Mountain Self Advocates (GMSA)
- Support groups for people with brain injury
- Traumatic Brain Injury Service Providers (TBI)
- Vermont Care Partners (VCP)
- Vermont Center for Independent Living (VCIL)
- Vermont Coalition for Disability Rights (VCDR)
- Vermont Council of Developmental and Mental Health Services (VCDMHS)
- Vermont Developmental Disabilities Council (VT-DDC)
- Vermont Family Network (VFN)
- Vermont Legal Aid – Disability Law Project (DLP)

The Division also has a variety of partners within state and federal government, including:

- Administration for Community Living (ACL)
- Adult Services Division (ASD)
- Agency of Education (AOE)
- Agency of Human Services (AHS)
- Centers for Medicare and Medicaid Services (CMS)
- Division of Licensing and Protection (DLP)
- Division of Vocational Rehabilitation (DVR)
- Department of Vermont Health Access (DVHA)
- Department for Children and Families (DCF)
- Department of Corrections (DOC)

- Department of Health (VDH)
- Department of Mental Health (DMH)

Programs and Services⁸

The Development Disabilities Services Division (DDSD) is responsible for services to people with developmental disabilities and traumatic brain injuries as well as guardianship services to adults with developmental disabilities services and older Vermonters. DDSD works with private organizations to provide a broad array of long term services and supports, including:

- | | |
|-------------------------|---------------------------|
| • Service Coordination | • Residential Support |
| • Family Supports | • Crisis Services |
| • Community Supports | • Clinical Interventions |
| • Employment Supports | • Respite |
| • Guardianship Services | • Rehabilitation Services |

Developmental Disabilities Home and Community Based Services

Developmental disabilities services help people and their families to increase independence and be part of their local communities. These services provide funding to prevent institutionalization and address personal health and safety as well as public safety. Opportunity for full community inclusion is paramount. Vermont was the second state in the country to close its only institution for people with developmental disabilities, and the last sheltered workshop closed more than ten years ago. Typical employment and other community activities are now the norm.

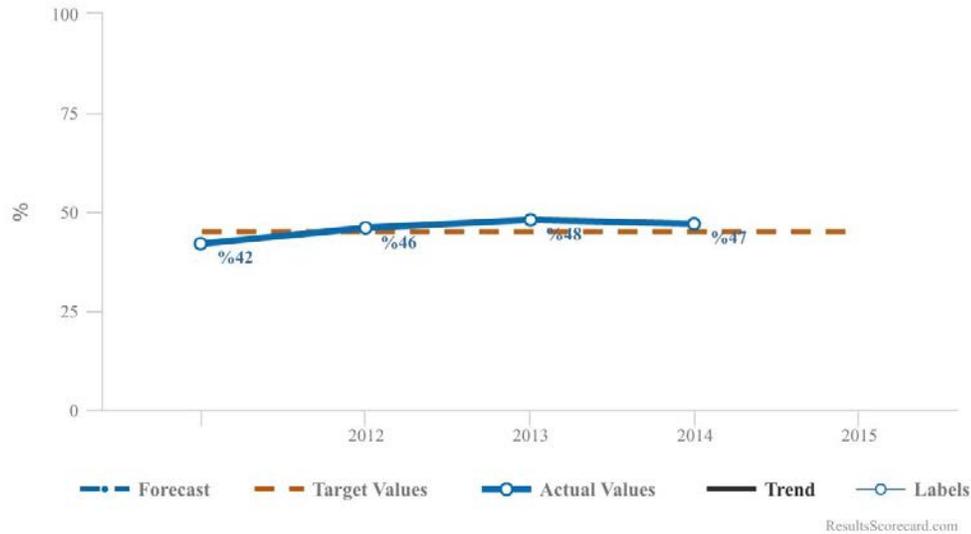
Performance (SFY2015):

- 2,917 Vermonters received home and community-based services
- 1,213 people received supported employment services. This is an eight percent (8%) increase in the number of people employed over the previous year
- The average hourly rate of pay among people who were employed was \$9.81, well above the Vermont minimum wage
- 47% of people aged 21 – 64 who were served by DDS home and Community Based Services were employed (SFY2014)

⁸ In January of each year, the Developmental Disabilities Services Division publishes an annual report to the Vermont Legislature on developmental disabilities services. Please see that report for more detailed information and data regarding developmental disabilities services.

Employment rate among people age 21 to 64 who are served by Developmental Disabilities Services HCBS

Data Source: DAIL, DS Agencies, DVR/DOL UI



- Story behind the curve: Staff from DAIL and the Center on Disability and Community Inclusion at the University of Vermont (CDCI at UVM) provided technical assistance and training to DA/SSA's. DAIL staff reviewed progress at the DA/SSAs employment programs. Access to the Vermont Department of Labor database helped to identify all people employed who were served by agencies; Expansion of post-secondary educational options contributed to growth in employment rates statewide.
- Partners: DA/SSAs Supported Employment Specialist; DDSD Employment Specialist; Division of Vocational Rehabilitation employment staff; Center on Disability and Community Inclusion/UVM Grant Coordinator; employers; post-secondary college support programs.
- What works: The following practices have led to good outcomes: ongoing technical assistance to DA/SSA's; sharing resources and ideas at quarterly Supported Employment (SE) Coordinator's meetings; and connecting youth to Project Search Industry base training.
- Action plan: Next steps for employment services in Vermont include developing regional youth transition teams; an online supported employment certification course; and additional post-secondary options.

- 88% of adults age 22 and over served by DDS home and community-based services had access to preventive/ambulatory services (CY2014):

Percentage of adults age 22 and over served by Developmental Disabilities Services HCBS who have access to preventive health services (by CY)

Data Source: DVHA modified HEDIS measure by CY via DDSD



ResultsScorecard.com

- Story Behind the Curve: Annual physical exams help assure that people have an “eyes-on” visit with a medical professional who will review chronic and other medical conditions and complaints. Visits not only assure regular ongoing medical care but can be proactive in identifying issues that, if untreated, could result in more critical and expensive health care.
- Partners: DA/SSA Service Coordinators and direct service workers; family members and guardians, health care providers, DAIL Quality Management Reviewers.
- What Works: Team members help assure necessary medical appointments take place annually; individuals and families are educated and encouraged to make and attend medical appointments.
- Action plan: Continue high level of compliance; improve and increase education, training and technical assistance.

Flexible Family Funding

Flexible Family Funding (FFF) helps to support families as unpaid caregivers for children and adults with developmental disabilities. Families receive up to \$1,000 per year to be used at the discretion of the family for services and supports that benefit the person and the family. Common uses include assistive technology, household purchases, and respite.

Performance (SFY2015):

- 1,086 people served including 748 (69%) children under the age of 18
- 358 (33%) of individuals who received FFF in SFY2014 were identified as having Pervasive Developmental Disorder (PDD)

The Bridge Program: Care Coordination for Children with Developmental Disabilities

The Bridge Program is an EPSDT service that provides support to families in need of Care Coordination to help them access and/or coordinate medical, educational, social or other services for their children with developmental disabilities up to age 22. Eligibility for this service is determined by the DA's. Care Coordination is available in all counties either through the Bridge Program or through of Integrating Family Services (IFS) in Addison and Franklin/Grand Isle counties.

Performance (SFY2015):

- 300 children (up to age 22) received Bridge (non-IFS)

Family Managed Respite

Family Managed Respite (FMR) became available at the end of SFY13 to assist with filling the need for respite for children affected by changes in the Children Personal Care Services program administered by the Vermont Department of Health (VDH). This includes children with a mental health or developmental disability diagnosis who do not receive home and community-based services. Funding is allocated to the DA's to promote the health and well-being of a family by providing a temporary break from caring for their child with a disability, up to age 22. It is not intended to be used as child care to enable employment. Respite can be used as needed, either planned or in response to a crisis. Respite may also be used to create a break from the normal routine for the child with a disability. Eligibility for FMR is determined through a needs assessment with a DA. Families are given an allocation of respite funds that they will manage. Families are responsible for recruiting, hiring, training and supervising the respite workers.

Performance (SFY2015):

- 191 children (up to age 22) with a diagnosis of ID/ASD received Family Managed Respite (non-IFS)

Office of Public Guardian

The Office of Public Guardian (OPG) provides guardianship and other court-ordered supervision to people with developmental disabilities age 18 and older, and to Vermonters age 60 and older, when an individual is unable to make basic life decisions and has no friends or family able and willing to serve as guardian. Services include guardianship services; representative payee services; case management; court-ordered evaluations for Probate and Family Court guardianship cases; public education on guardianship; and recruitment and support for private guardians.

In SFY2015, OPG lost a position based in the northwestern part of the state. Individuals on that guardian's caseload were redistributed to existing guardians with full caseloads. This loss has reduced OPG's ability to adequately address the needs of people under guardianship. One major accomplishment was the revision of the policy that addresses critical health care decisions to expand the guidance that supports the role of the public guardian when making end of life decisions to include the process of advance care planning.

Performance (SFY2015):

- 747 adults received guardianship services
 - 650 adults with developmental disabilities, mostly through Family Court
 - 97 adults age 60 and over through Probate Court
- 4 people received case management services

Traumatic Brain Injury Program

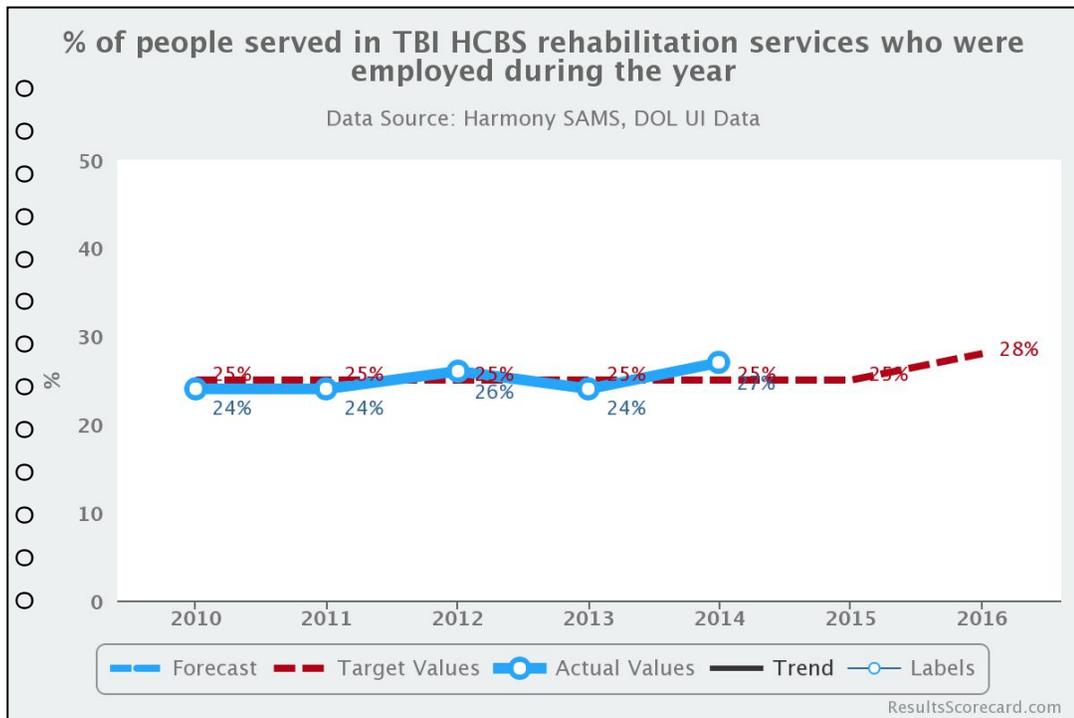
Traumatic Brain Injury (TBI) Program serves Vermonters with moderate to severe traumatic brain injuries in community-based settings. The program supports people to achieve optimum independence and to return to work and independent living and live in Vermont communities of their choice with family and friends.

The rehabilitation program is highly structured, intensive, and short term (up to a maximum of three years). The TBI program manager provides ongoing technical support to providers and individuals receiving services. Active participation at quarterly team meetings has improved the focus on individualized services to achieve individual outcomes, resulting in both lower budgets and higher satisfaction among individuals and stakeholders. The program collaborates closely with the Division of Vocational Rehabilitation. TBI Specialized Long Term Services are provided to individuals who do not meet the eligibility requirements of other long

programs or require continued specialized support services from the TBI program. The long term program shifts focus from intensive short-term rehabilitation to ongoing long-term quality of life. Collaboration with the Adult Services Division allows a smooth transition to Choices for Care.

Performance (SFY2015):

- 82 Vermonters were served
- 27% of people served in TBI home and community-based services rehabilitation services were employed during the year (SFY2014)



- Story Behind the Curve: TBI providers support individuals with employment activities such as job coaching and making connections with the Division of Vocational Rehabilitation
- Partners: TBI providers; Division of Vocational Rehabilitation; employers
- What Works: Activities to build skills for employment; quarterly team meetings; direct employment supports; relationship with DVR; increased job development and supported employment activities
- Action plan: Monthly meetings with DVR staff; review national data for trends; connect with Creative Workforce Solutions to enhance job development
- 8 people served in TBI home and community-based services graduated from rehabilitation to independence (SFY2015)

Number of people served in TBI HCBS rehabilitation services who graduate from rehabilitation to independence

Data Source: Harmony SAMS



- Story Behind the Curve: Maximize individuals' potential while assisting them to make the necessary connection in the community for a successful transition back to independent living. The nature and severity of injuries and disability is the biggest factor in determining if a person will graduate to independence or to ongoing long term services.
- Partners: TBI providers; family members; outpatient therapists; Division of Vocational Rehabilitation; community businesses; local housing authorities; health care providers.
- What Works: Comprehensive team with holistic approach; quarterly team meetings; connect with community resources; make or maintain natural connections in the community to create a circle of support.
- Action plan: Regular meetings with individuals and their teams to ensure goals are met; track progress; support effective transitions to independence.

Division of Licensing and Protection

802-871-3317
www.dlp.vermont.gov

Mission and Philosophy

The Division of Licensing and Protection (DLP):

- Surveys licensed or certified health care providers to assess for state and federal regulatory compliance through the Survey and Certification (S&C) program.
- Investigates allegations of the abuse, neglect, and exploitation of vulnerable adults through the Adult Protective Services program (APS).

The DAIL Mission is to make Vermont the best state in which to grow old or to live with a disability, with dignity, respect, and independence. DLP's philosophy compliments this mission. We believe that assertive surveys at facilities helps ensure vulnerable adults have dignity, respect, and independence. We also believe that when vulnerable adults have not received these three rights there should be an effective investigation and protective services put in place.

Organizational Structure and Staffing

The Division of Licensing and Protection has two branches that work to protect vulnerable adults and individuals receiving care in licensed and certified facilities, with the management of both sections and the division currently in Williston. **Survey and Certification (S&C)** is the State Survey Agency for the State of Vermont. In this role, S&C surveys licensed or certified health care providers to assess compliance with state and federal regulations. **Adult Protective Services (APS)** investigates allegations of abuse, neglect, and/or exploitation of vulnerable adults.

Staff includes:

- Division Director
- Assistant Director
- Administrative Staff (4)
- APS Program Chief

- Long Term Care Licensing Chief
- Complaint Coordinator
- DLP Program Specialist (2)
- APS Investigator Field Supervisor (2)
- APS Investigators (10)
- Nurse Surveyor Field Supervisor (3)
- Nurse Surveyors (14)

All APS Investigators and Nurse Surveyors, including field supervisors, are home based. All Nurse Surveyors, Nurse Surveyor Field Supervisors, the Complaint Coordinator, the Long Term Care Licensing Chief, and the Assistant Director are Surveyor Minimum Qualifications Test certified surveyors.

Programs and Services

Survey and Certification

Overview: Survey and Certification (S&C) is the federal Centers for Medicare and Medicaid Services (CMS) designated State Survey Agency. S&C provides regulatory oversight of health care facilities and agencies under state and federal regulations. S&C conducts unannounced on-site visits both routinely and as a result of complaints received and self-reports from facilities. Providers receiving regulatory oversight and/or periodic review include:

Nursing Facilities	Residential Care Homes
Assisted Living Facilities	Therapeutic Community Residences
Home Health Agencies	Hospice Programs
Renal Dialysis Units	Ambulatory Surgical Centers
Rural Health Clinics	Acute Care Hospitals
Critical Access Hospitals	Portable X-Ray Units
Clinical Laboratories	Rehabilitation or Psychiatric Units
Assisted Living Residences	Federally Qualified Health Centers
Intermediate Care Facilities for those with Intellectual Disabilities	

Complaints and Self-Reports: S&C investigates complaints and self-reported incidents from facilities to assess for regulatory compliance. CMS tracks S&C performance on complaints relating to federally regulated facilities, to include monitoring for timeliness and randomly auditing investigations completed for accuracy, and they continue to rate S&C

satisfactory. S&C continues to provide timely responses to complaints or self-reports that allege an immediate threat to the health and safety of people who receive care.

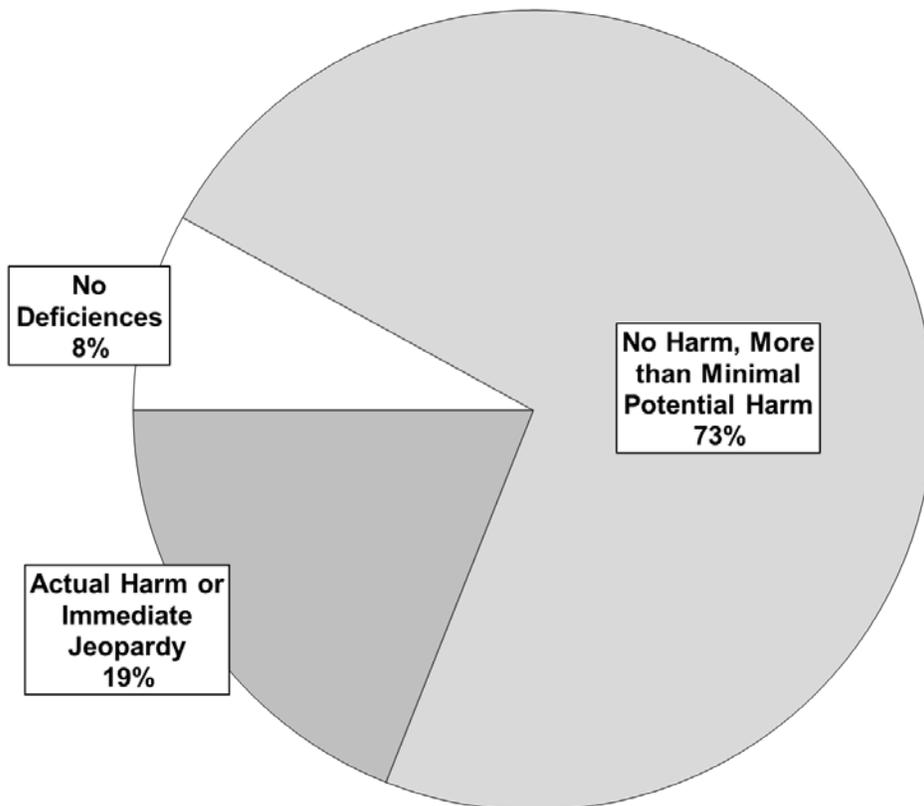
Performance (SFY2015):

- Percentage of Federal Investigations Completed On Time:
 - Nursing Home Immediate Jeopardy reviews, requiring response within 2 days: responses within 2 days: 100% (7 of 7)
 - Nursing Home High Priority reviews, requiring response within 10 days: responses within 10 days: 100% (74 of 74)

Surveys: S&C continues to conduct federal surveys within the timelines guidelines established by CMS. Historically, S&C struggled to meet its goal of surveying all state level facilities every two years. During SFY2015, however, this standard had been met for the first time in six years.

Performance (SFY2015):

- 8% of Nursing Homes had no deficiencies
- 73% of Nursing Homes had deficiencies reflecting no actual harm but the potential for more than minimum harm
- 19% of Nursing Homes had deficiencies reflecting actual harm or immediate jeopardy of residents



Adult Protective Services

Overview: Adult Protective Services (APS) is responsible for investigating allegations of abuse, neglect and exploitation of vulnerable adults under Title 33 of the Vermont Statutes.

Population Indicator: The calculated rate of adult abuse, neglect and exploitation is 2.70 per 1000 vulnerable adults.

Rate of confirmed reports of abuse, neglect and exploitation of vulnerable adults per 1,000 vulnerable adults

Data Source: Harmony APS Database and ACS estimates of age 18+ with a disability



Intake: In FY2015, two DLP Program Specialists provided intake, screening and determination services for all reports to the division. Reports pertaining to licensed or certified facilities were automatically forwarded to S&C for additional screening and/or investigation. Reports that included allegations of abuse, neglect and exploitation of vulnerable adults were screened to determine if an APS investigation should be conducted. When reports included allegations of abuse, neglect, and exploitation at licensed or certified facilities, APS and S&C conducted separate and independent investigations.

Performance (SFY2015):

- 4,295 intakes at DLP
- 1,216 complaints or self-reports forwarded to S&C
- 1,785 cases referred to investigation
- 205 cases of abuse, neglect, and exploitation substantiated by APS

Community Coordination: DLP Program Specialists and APS Investigators work closely with many community-based partners and service providers to help protect vulnerable adults, even if an investigation is not conducted. These include, but are not limited to: Disability Rights Vermont, Vermont Legal Aid, area agencies on aging; home health agencies; the Vermont Attorney General's office; Office of the Public Guardian; security officers of banking institutions; law enforcement personnel; staff from mental health and developmental disabilities programs; and personnel from licensed facilities. Building and maintaining cooperative partnerships with these and other organizations is essential for effective investigations and implementing protective services.

Protective Services and Referrals to Assistance: A key component of APS's work is ensuring protective services and referrals to additional assistance are offered to the vulnerable adult. The services needed are as diverse as the individuals assisted by APS, with the work covering a broad spectrum from informing individuals of helpful programs to filing restraining orders. With APS focused on investigations, coordination with the community partners above is critical in implementing these services.

Performance (SFY2015):

- APS completed 489 written Coordinated Treatment Plans

Adult Abuse Registry: APS is responsible for maintaining and managing the Vermont Adult Abuse Registry, which provides a confidential listing of individuals who have been substantiated for abuse, neglect or exploitation of a vulnerable adult. The Registry may be accessed by current or prospective employers of people who are or will work or volunteer with vulnerable adults and/or children.

Performance (SFY2015):

- APS performed 54,324 registry checks

Division of Vocational Rehabilitation

802-871-3068

www.vocrehab.vermont.gov

Mission and Philosophy

The Division of Vocational Rehabilitation (DVR) serves people with disabilities in Vermont who face barriers to employment. DVR's mission is to help Vermonters with disabilities prepare for, obtain, and maintain meaningful employment and to help employers recruit, train and retain employees with disabilities. Consumer choice and self-direction are core values that drive DVR's approach to providing services and developing new programs. DVR also believes in collaborating with other service providers to reach people facing the greatest challenges to employment. As a result, DVR has created innovative partnerships to serve youth, offenders, veterans, people receiving public benefits, and those who need ongoing support in order to work.

DVR's ability to help jobseekers succeed in finding and keeping jobs hinges on how well DVR meets the needs of the employers. Realizing this, DVR revised its mission statement in 2008 to acknowledge employers as a dual customer of DVR services and began to transform how it interacted with employers. An important step was bringing employment staff from many different agencies together in local coalitions. The goal was to foster information-sharing on job opportunities among employment staff and streamline contacts with employers. This set the stage for Creative Workforce Solutions (CWS), an Agency of Human Services (AHS) initiative that builds on DVR's initial work and in which DVR plays an important facilitating role.

DVR views its commitment to consumer choice, innovative programs, and recognition of dual 'customers' as key to high performance and high national rankings among VR programs.

Organizational Structure and Staffing

DVR provides direct employment services to Vermonters and employers through 12 district field offices staffed by Masters-level Vocational Rehabilitation (VR) counselors. The counselors are supported by a team of

business account managers, benefits counselors, case aides, and contracted employment consultants and Social Security specialists. DVR also houses the Vermont Assistive Technology Program and Invest EAP (Employee Assistance Program). Staffing includes:

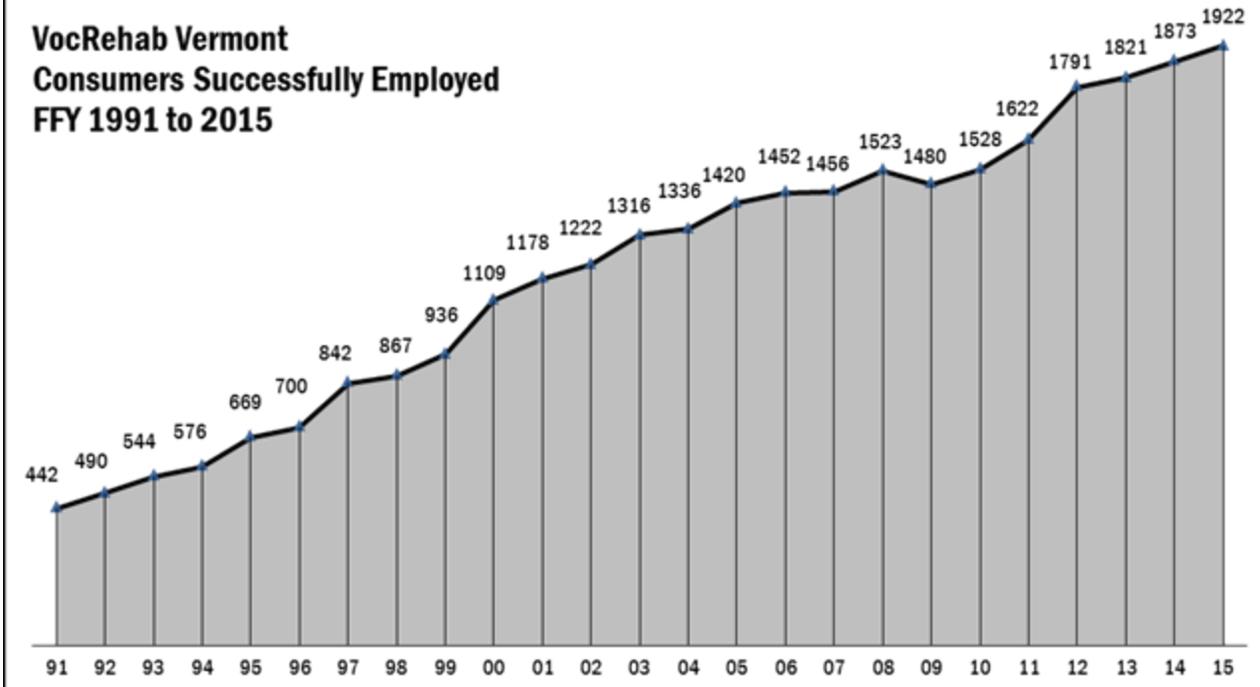
- Division Director
- Senior Central Office Managers (6.8)
- Regional Managers overseeing the 12 District Offices (7)
- DVR Counselors – General and BOND (30)
- DVR Counselors – Transition, serving in-school youth caseload (14)
- DVR Counselors – Young Adult, serving a youth caseload (13)
- Rehabilitation Counselors for the Deaf (4)
- Benefits Counselors (7)
- Program Techs and Administrative Support Staff (15.5)
- Employee Assistance Manager and Specialists (12)
- Special Project Coordinators (6)
- Data Management and Program Evaluation Staff (2)
- Business Account Managers (3)
- Assistive Technology Manager and Staff (3)
- Miscellaneous Central Office Staff (3)

Performance

As part of the State of Vermont's initiative to adopt Results Based Accountability, DVR identified three leading performance measures. All of these measures are also used by the federal Rehabilitation Services Administration to monitor performance of all VR agencies nationwide.

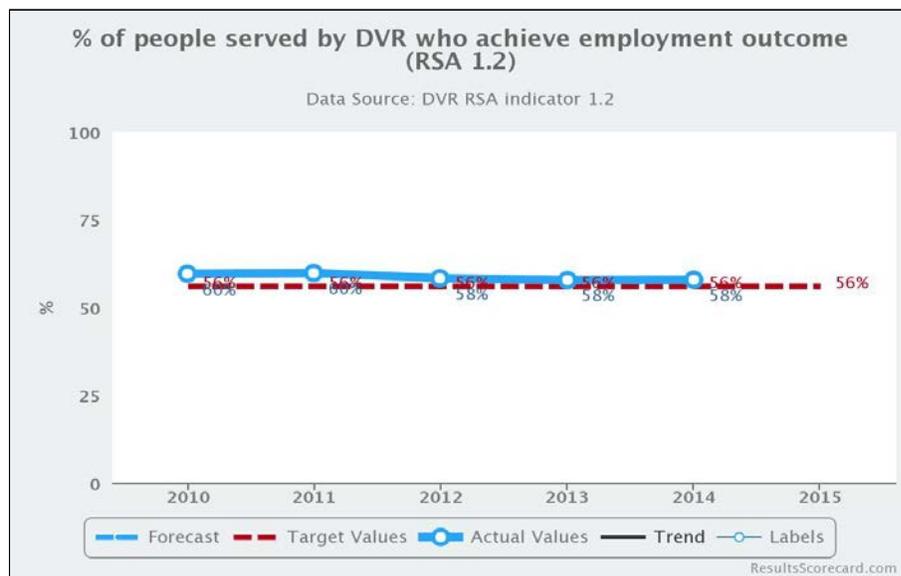
Total number of people served by DVR who achieve an employment outcome (RSA Indicator 1.1). Consumers are considered to have a successful employment outcome if they have remained stable in their employment for 90 or more days after they developed an individualized plan for employment (IPE) with VR staff, received VR services under that plan, and closed their VR 'case'.

**VocRehab Vermont
Consumers Successfully Employed
FFY 1991 to 2015**



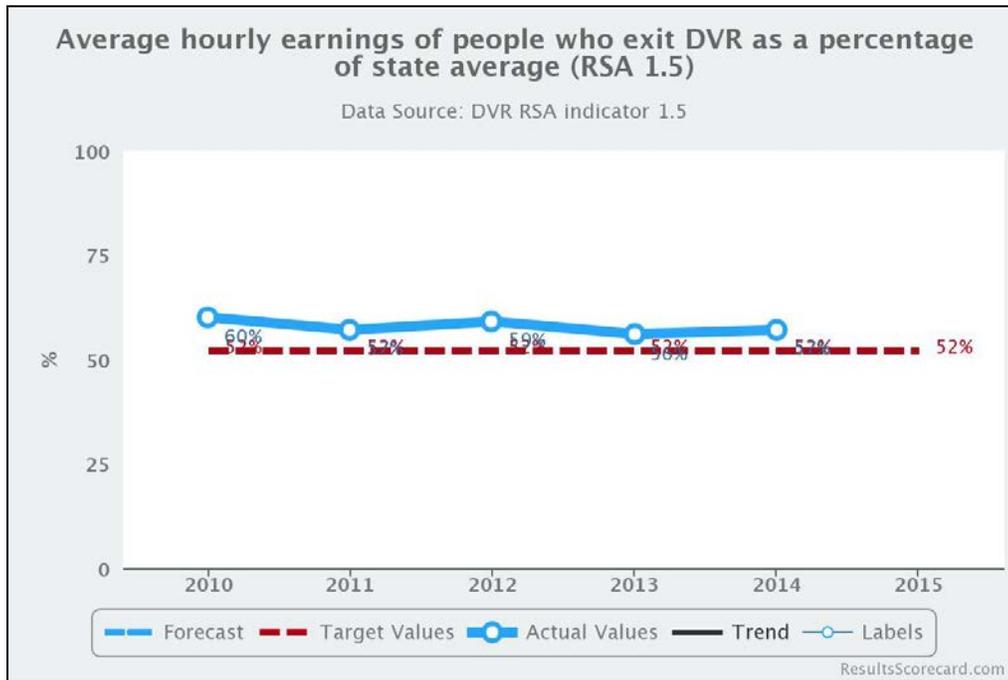
Percentage of people served by DVR who achieve an employment outcome (RSA Indicator 1.2). In FFY 2015, 3,717 cases were closed after receiving VR services; 1,922 (51.7%) were successfully employed at closure.

	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015
Employed Successfully at Closure	1622	1791	1821	1873	1922
In VR Plan w/ Services at Closure	2713	3071	3153	3235	3717
Percentage Closed Successfully	59.8%	58.3%	57.8%	57.9%	51.7%



Average hourly earnings of people who exit DVR with an employment outcome as a percentage of state average hourly earnings (RSA Indicator 1.5). This measure is calculated using Federal Department of Labor, Bureau of Labor Statistics data that are not yet available. As a result, this measure can only be calculated on a provisional basis for FFY 2015.

	FFY 2011	FFY 2012	FFY 2013	FFY 2014	(Estimate) FFY 2015
Average Annual State Wage Current Year (Fiscal Year Wage) (Weighted Average)	\$ 39,815	\$ 40,716	\$ 41,795	\$ 42,484	\$ 43,618
Average Hourly State Wage Current Year (Fiscal Year Wage) (Weighted Average)	\$19.39	\$ 19.58	\$ 20.09	\$ 20.43	\$ 20.97
Ratio of Average Hourly VR Wage to Average State Wage	57%	59%	56%	57%	57%



Programs and Services:

Vocational Rehabilitation Services

DVR services to jobseekers are voluntary and free. Any Vermonter may be eligible if they have a disability that is a barrier to work and need DVR services to become or remain employed. Services are tailored to the person and driven by his or her own interests, job goals and needs. Each person meets regularly with his or her VR counselor, who helps to develop an individualized plan for employment and manages the services and supports needed to realize the person's career goals. The core services of vocational assessment, counseling and guidance, job training, and job placement provided by DVR staff and partners are enhanced with a range of purchased services and supports.

Vocational Rehabilitation Program: The DVR program continues to grow, as does the number of Vermonters with disabilities who are successfully employed as a result of DVR services. After a brief dip in successful outcomes during the FFY2009 recession, DVR rebounded and hit record high outcomes in the past three years.

Performance (FFY2015):

- 9,212 Vermonters were served, in 9,619 open cases
- 1,922 Vermonters achieved successful employment outcomes, representing 52% of the 3,717 individuals who closed their cases with DVR after having developed a plan for employment. This is an increase of 49 people over the prior year.

In addition to DVR's general Vocational Rehabilitation program, which includes everyone served by a VR counselor, DVR offers special programs that extend or enhance these services to meet individual needs.

Placement Services: VR counselors benefit from dedicated Employment Consultants who provide job development, job placement, and workplace supports to help people find and keep jobs. DVR has longstanding partnerships with all of the Designated and Specialized Services Agencies (DA/SSA's) to provide supported employment services to people with significant disabilities. DVR also has an ongoing partnership with the Vermont Association of Business, Industry, and Rehabilitation (VABIR) to provide employment services to DVR customers. All of the programs funded by the Agency of Human Services are partners in the Creative Workforce Solutions (CWS) initiative. CWS also includes employment staff from Vermont Adult Learning (VAL), which serves Reach Up participants.

Creative Workforce Solutions (CWS): CWS is a disability initiative designed to increase the number and variety of employers recruiting, hiring and promoting candidates with disabilities. Since its inception in 2010, CWS has made direct contact with 5,461 businesses across the state. In SFY2015 alone 1,936 ongoing business accounts were being managed by CWS staff. New contacts entered into Salesforce in SFY2015 ranged from 150-250 per month, with the majority being face-to-face meetings with key decision makers. CWS Business Account Managers are dedicated full-time to developing relationships with employers in their communities. They work to identify workforce trends, negotiate Progressive Employment options, and act as a bridge to the business community for candidates with disabilities and Reach Up participants being served by AHS, including those served by DVR.

This increased connection to our business customers has resulted in many more opportunities for Vermonters with disabilities to explore careers, build skills and connect to businesses in their community. In SFY2015, a total of 8,360 “opportunities” were identified by CWS employment staff. “Opportunities” are broadly defined as any worksite experience offering candidates ways to build skills, gain experience and develop current references. Opportunities can include Progressive Employment options such as job shadows, company tours, time-limited work experiences and on-the-job training arrangements. Open positions available for direct hire are also included in this category.

Progressive Employment Program: Progressive Employment options such as job shadowing, work experiences, on-the-job training, and temp-to-hire arrangements provide jobseekers and employers a chance to test out employment in a risk-free environment. Originally launched using American Recovery and Reinvestment Act (ARRA) funds, the program was so successful that DVR developed a set-aside fund to continue to offer this program to employers and DVR candidates.

While securing employment is certainly a primary outcome for the use of Progressive Employment, it is also being used to identify career options, assess skills, acquire new skills, and establish recent references and experience. Employment Consultants work to identify opportunities that will help candidates become more competitive in the labor market, while at the same time allowing employers the time to assess a candidate prior to making a hiring decision.

DVR and the Institute for Community Inclusion at the University of Massachusetts in Boston have been awarded a 5-year research grant from the National Institute on Disability and Rehabilitation Research (NIDRR) to establish Progressive Employment as an evidence-based practice in VR. DVR staff will be working with four states to develop and implement the Vermont model and will work closely with ICI to study the effectiveness of Progressive Employment as it is launched in those states.

AHS Office of Child Support Pilot: DVR is in the third year of a pilot partnership with the Office of Child Support and Invest EAP called Work4Kids. Individuals who have been found to be in non-compliance of child support orders, and who indicate they are unable to obtain employment, are referred by the Court to Creative Workforce Solutions for assistance. Referrals are directed to a local Invest EAP Counselor who completes an initial intake, identifies barriers and service needs, and determines which CWS employment services are appropriate. Initial data indicates that 90-95% of referrals have significant barriers to employment, with a high percentage having one or more disabilities.

In a recent snapshot of payments by Work4Kids participants, employer-derived payments (the result of successful employment outcomes) were 5 times higher for participants at the six-month mark than they were in the month prior to referral. This is a significant improvement, representing a more sustainable and consistent mechanism for meeting child support obligations. The Work4Kids project will continue in SFY2016, and is expanding to 3 new counties, for a total of ten.

Supported Employment Program: DVR customers with significant disabilities sometimes need ongoing support to maintain employment in the competitive job market. In supported employment, a job coach helps the worker learn or perform certain job duties. The coach can also help ensure ongoing success by arranging for transportation, assistive technology, special training, or tailored supervision. DVR contracts with roughly 40 programs in community-based mental health and developmental disability agencies to provide supported employment services.

Starting in SFY2012, DVR's supported employment contracts converted to performance-based contracts that set a consistent standard for employment across all programs. One element of performance measurement is the count of successful VR employment outcomes ('rehabilitations') for VR customers receiving supported employment through the contracted agencies.

Performance measures include the employment rate for the entire population served by each developmental services (DS) and community rehabilitation and treatment (CRT) service provider, not just those individuals who are enrolled with DVR and receive supported employment. In this way, employment is promoted as an overall goal. Contracts include bonuses for achieving high employment rates and penalties for failing to make adequate progress in meeting the employment performance standard.

Performance (FFY2015):

- Approximately 4,912 Vermonters with severe mental illness, behavioral disabilities, developmental disabilities, and traumatic brain injury received supported employment
- Developmental Services outcomes increased from 170 to 245 VR rehabilitations (SFY2011 to SFY2015)
- Community Rehabilitation and Treatment outcomes increased from 85 to 148 VR rehabilitations (SFY2011 to SFY2015)

Jump On Board for Success (JOBS) Program: The JOBS program is an innovative supported employment and intensive case management service for youth ages 16–22 with severe emotional difficulties that uses work as a means to engage them. These youth are out of school or at serious risk of dropping out and are also at high risk for involvement with the Department of Corrections, substance abuse, homelessness, physical abuse or abusive behaviors, and other concerning behaviors. JOBS programs in 14 sites offer career exploration and job placement; mental health and substance abuse treatment; and help completing high school education, learning independent living skills, and getting and keeping health insurance and housing.

Starting in July, 2011, the JOBS Program (along with other community supported employment programs funded through AHS) was given employment goals for participants that they were required to achieve. If they exceeded the stated goal, they would receive bonus funds from DVR; if they failed to meet the goal, funds would be withheld. For the past 4 years, JOBS Program staff has worked hard to increase the number of youth who have work experiences and achieve competitive employment – and many reached or exceeded their goal. This year, the results are positive across all JOBS Programs.

Performance SFY2015:

- 522 Vermonters under age 22 were served
- 100% of all JOBS programs statewide exceeded their employment goals

- All but one program reached incentive-level for bonus awards by significantly surpassing their goals
- The programs will receive bonus funds from Vocational Rehabilitation (exceeding \$56,000 total) as part of their SFY2016 grants

Youth and Young Adults in Transition Program: Since 2001, DVR has steadily expanded the availability of staff dedicated to serve youth. The initial focus was on developing DVR Transition Counselors to enhance outreach and integration with schools, and provide the progressive work experiences (described in the Employer Services section of this report) and post-secondary educational opportunities youth need to succeed in the transition to adulthood. For many years, DVR Transition Counselors have served all 60 Vermont high schools. Transition aged youth comprise about 35% of the VR cases and account for 34% of VR rehabilitations – almost double the performance rate when the program began.

As of July, 2015, in order to comply with new Workforce Innovation and Opportunities Act (WIOA) legislation, DVR Transition Counselors have changed their focus to serving only high school students with disabilities (i.e., those on an IEP or eligible for 504 plan) who have not yet graduated. A dedicated team of 14 DVR Transition Counselors now cover this population in all 60 Vermont high schools. Additionally, a team of 14 DVR Young Adult Counselors is covering the caseload of young adults post-graduation up through their twenties.

DVR has also expanded Youth Employment Specialist (YES) capacity to 14, so that each DVR Transition Counselor has a designated YES who also works exclusively with high school students. The YES provides intensive supports to youth and employers while the youth moves along the path from early career exploration, pre-employment training, work experiences, through to competitive job placement. The YES staff meets quarterly with the DVR Transition Program Director and has received training both in-house and from TransGen, Inc.

The DVR Transition Unit at Central Office now includes the Transition Program Director who oversees all transition-related activities statewide, Young Adult Program Coordinator and the JOBS program Coordinator. Additionally, the four Senior Transition Counselors positions are continuing to provide transition-related mentoring, coaching, facilitation and leadership

to the DVR local offices by gathering and sharing information, resources, good practice, and their own experience.

Performance (FFY2015):

- 3,012 youth had open cases
- 2,217 youth were served by DVR Transition Counselors

AWARE – Case Management System Implementation Project: Aware (Accessible Web-based Activity & Reporting Environment) is a comprehensive case management software system designed for public VR agencies and is fully compliant with RSA federal reporting requirements. It is used by 32 State Agencies and supports more than 10,000 VR professionals nationwide. Over the past year, DVR and DII have been working with Alliance Enterprises (vendor) on contract development and negotiation.

DVR and DBVI are working toward implementation of the COTS version that contains tools for reporting, tracking and forecasting. We convened teams across DVR/DBVI to plan for the adaptation of system parameters that best support our business process, culture and outcomes. We also have been working with staff around change management and improving interim business processes to prepare them for the transition from paper to electronic data collection and case management. In February 2015, we hosted a demonstration & evaluation week. A group of 15-20 DVR, DBVI, DAIL IT, DAIL Business Office and VABIR staff spent 4 days with a team of 5 Alliance Enterprises consultants in Williston. Alliance demonstrated the core AWARE product and users found it to be intuitive, easy to use, and accessible.

We are training all VR Counselors and Program Techs on Case Record Review and audit issues which will help us as we transition to AWARE and the new WIOA/PETS requirements. AWARE will support WIOA compliance, improve the integrity of our data collection and reports, increase efficiency and productivity, and improve customer experience and outcomes. AWARE maintains secure case information and the software package contains on-going upgrades (2 upgrades/year) and enhancements designed to support us in staying current with federal regulations and User Groups. In addition to tools for managing caseload activity, AWARE contains tools for managing employer information; financial management tools (vendor, budget, refund and fiscal processing); organizational management tools that help with staffing, caseload groups and performance outcomes; and summary report tools for printing statistical and financial summary reports.

Vermont's Jobs for Independence (JFI): To administer a \$8.9 million 3-year pilot employment and training program to help Supplemental Nutrition Assistance Program (SNAP) participants obtain employment and increase their income, VocRehab is partnering with the Economic Services Division, Department of Labor, Department of Corrections, Community College of Vermont, Capstone and the state's community action agencies, the United Ways of Chittenden County and multiple non-profit organizations throughout Vermont.

The homeless, individuals suffering from substance abuse and probationers and parolees are the primary target groups. Approximately 3,000 individuals will be part of the pilot. Through a random assignment process, 1,500 will be in a "treatment" group; 1,500 will be in a "control" group. Those in the control group will receive all the services currently available to SNAP recipients. Those in the treatment group will receive additional services including a comprehensive clinical assessment, career readiness certificate training, adult basic education, financial education, coaching, transitional housing, transportation support, job training and placement services and post-employment job retention support on an "as needed" basis.

Once deemed eligible and registered for work, a local cross-agency treatment team will be formed to address the needs of individuals. New software will facilitate an integrated service delivery model by allowing several departments to enter case notes, thus keeping all informed about the various services and activities that are being provided. A national, third party evaluator will work closely with Vermont data managers to determine the success of Vermont's Jobs for Independence pilot program and its potential replicability.

Vermont Senior Community Service Employment Program (SCSEP): The 2006 Older Americans Act (OAA), Section 503(a) (1) authorizes states to operate the Senior Community Service Employment Program. This is a job training and placement program for individuals 55 and over who are unemployed and meet low income guidelines (no more than 125% of federal poverty guidelines). The program achieves job placements through a combination of community service and job training. DAIL/VR administers this US Department of Labor-funded program through a grant with a training provider. To date the training provider has been the Vermont Associates for Training and Development. The opportunity for organizations to bid on this program is offered every 3 years. Currently we are in the third year of this 3-year cycle.

Participants are offered career readiness activities coupled with skill training. Extensive partnerships are developed with other state departments, the non-profit sector and the private employer community. Outcomes are established for each state at the national level and performance is measured throughout a 12-month program year. Financial and program narrative reports are prepared quarterly.

Last year DAILE was awarded a supplemental grant from the US Department of Labor to create an information technology literacy training program for the SCSEP participants. The program has been highly successful as measured by pre and post training participant assessments.

Social Security Application Assistance Program: People with disabilities serious enough to qualify for Social Security disability benefits often rely on other benefits such as Reach Up and General Assistance, largely because the Social Security Administration (SSA) application process is onerous and denials are common. SSA benefits bring greater income stability and access to health care benefits that can be a critical foundation for eventual employment. It also preserves state resources for those who have no other option than Reach Up and General Assistance. In fact, the state can be reimbursed by SSA for benefits paid out by General Assistance if the person is found eligible for SSA benefits for the same period.

In working with people who receive Reach Up, General Assistance, or are ex-offenders, DVR has found many people with severe disabilities that were never been properly diagnosed or treated. While employment is the goal, it may not be a viable option in the near term. Stability comes first. To address this need, DVR joined with the Social Security Administration, the Department of Corrections and the Department for Children and Families to create a process for helping customers of these departments who have significant disabilities to secure SSA disability benefits. Based on a triage assessment by DVR counselors, appropriate candidates are referred to our partner organization, VABIR, for assistance in the application and appeals process. The customer's connection with DVR and Benefits Counseling services is also established, keeping the door open for employment.

Benefits Counseling Program: Vermont is a leader in promoting employment among SSA beneficiaries who have the most serious disabilities and face the greatest disincentives to working. DVR has dedicated benefits counselors who advise Social Security Administration (SSA) benefit recipients on available work incentive programs and help them manage

benefits as they transition into employment, increase their income and gradually reduce their dependence on public benefits.

The Vermont DVR Benefits Counseling program also operates as a Work Incentives Planning and Assistance (WIPA) Program. WIPA is an SSA program providing work incentives counseling to SSA beneficiaries with disabilities and an interest in pursuing employment. Services under WIPA are delivered by a nationwide network of providers, including DVR.

Vermont Assistive Technology Program (VATP): Assistive Technology (AT) includes devices or strategies intended to provide access and increased independence for people with disabilities. Use of AT can be the pathway for full involvement in the community, education and employment. The VATP is Vermont's Federal Assistive Technology Act program and serves Vermonters of all ages and need statewide. The program's mission is to increase access and acquisition of AT, and to promote policies and practices to ensure AT is available to Vermonters. VATP works with individuals with disabilities, family members, educators, employers, rehabilitation professionals, and others supporting AT users. Services include information and assistance; alternative funding options for the purchase of AT; public awareness activities; hands-on demonstrations; short and long term equipment loans; AT device and services training; equipment reuse and recycling; technical assistance to organizations; advocacy and information about rights to AT services; and assistance with statewide activities that increase access to AT.

During SFY2015, the VATP partnered with UVM to expand available services in the state. The Central Vermont Tryout Center was re-established, serving the central portion of the state and the North East Kingdom. Currently the VATP operates three regional tryout centers, located at the Center on Disability and Community Inclusion – UVM, Mann Hall; Capitol Plaza – Montpelier, and the Vocational Rehabilitation Offices-Asa Bloomer Building in Rutland.

Performance (FFY2015):

- 1,819 Vermonters reached through public awareness activities, newsletters, and webinars
- 214 Vermonters trained on specific AT devices and services
- 1,273 Vermonters received information and assistance on Assistive Technology tools, services and funding
- 205 Vermonters participated in device demonstrations

- ATP loaned 439 pieces of equipment to facilitate informed decision making on AT across Vermont

Vermont Assistive Technology Reuse Project: Since 2008, a major focus for VATP has been facilitating equipment recycling through its Assistive Technology Reuse Project. The project helps ensure the availability and affordability of AT for Vermonters and extends the useful life of AT devices. It has two components:

Vermont Community Exchange - GetATstuff website

(www.getATstuff.com) is part of a regional web-based exchange program bringing together owners of AT that is no longer needed with people who are seeking new or used AT devices for themselves or others.

Vermont AT School Exchange (www.Vermont.ATschoolsrap.com) is a similar web exchange for public school districts that helps them buy, sell, and share AT equipment that was purchased for Vermont students and is no longer being used. Currently, the majority of all Supervisory Unions/Districts are participating, with potential for significant savings.

Performance (SFY2015):

\$116,475 in savings to consumers was achieved through AT exchanges via the Community and School Exchanges.

Invest EAP – Employee Assistance Program (EAP): Many people with disabilities are already working. When personal or workplace problems arise that challenge employment, the Employee Assistance Program (EAP) provides people with immediate access to confidential help to ensure their continued success in employment. Employers widely embrace the program statewide, particularly because it helps all of their employees – not only those with disabilities – ensuring a healthy and productive workforce. The EAP also supports DVR’s relationships with employers in the private sector. EAP’s prevention-oriented focus minimizes employee stress and accidents and thus helps to prevent disabilities and chronic illness, reducing healthcare expenditures.

The EAP is integrally involved in Vermont’s healthcare reform efforts. It has received two grants to conduct demonstration projects that will assess the impact of its early intervention services with patients at a Federally Qualified Health Center and with employees at a private sector employer. EAP staff was trained by faculty from and adapt a model used by the University of Wisconsin School of Medicine and Public Health. We anticipate that early

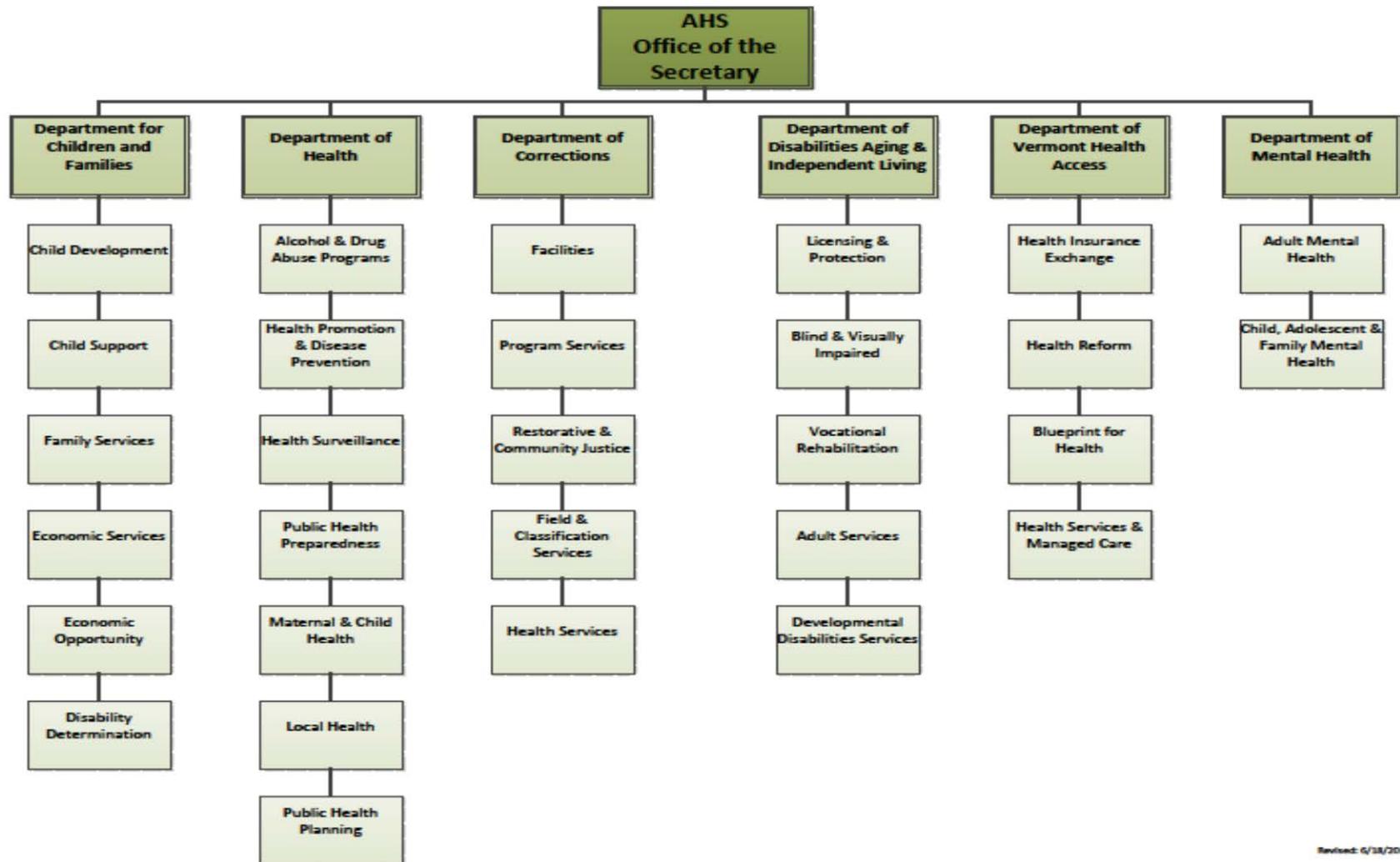
intervention services will result in improved health outcomes and reduced healthcare expenditures.

The EAP continues to operate Farm First, the nation's first EAP for farmers. The program has been well utilized. In a pilot this year, the program expanded from serving only dairy farmers to serving all farmers. Farm First was featured in an article in the Journal of AgroMedicine⁹.

Performance (SFY2015):

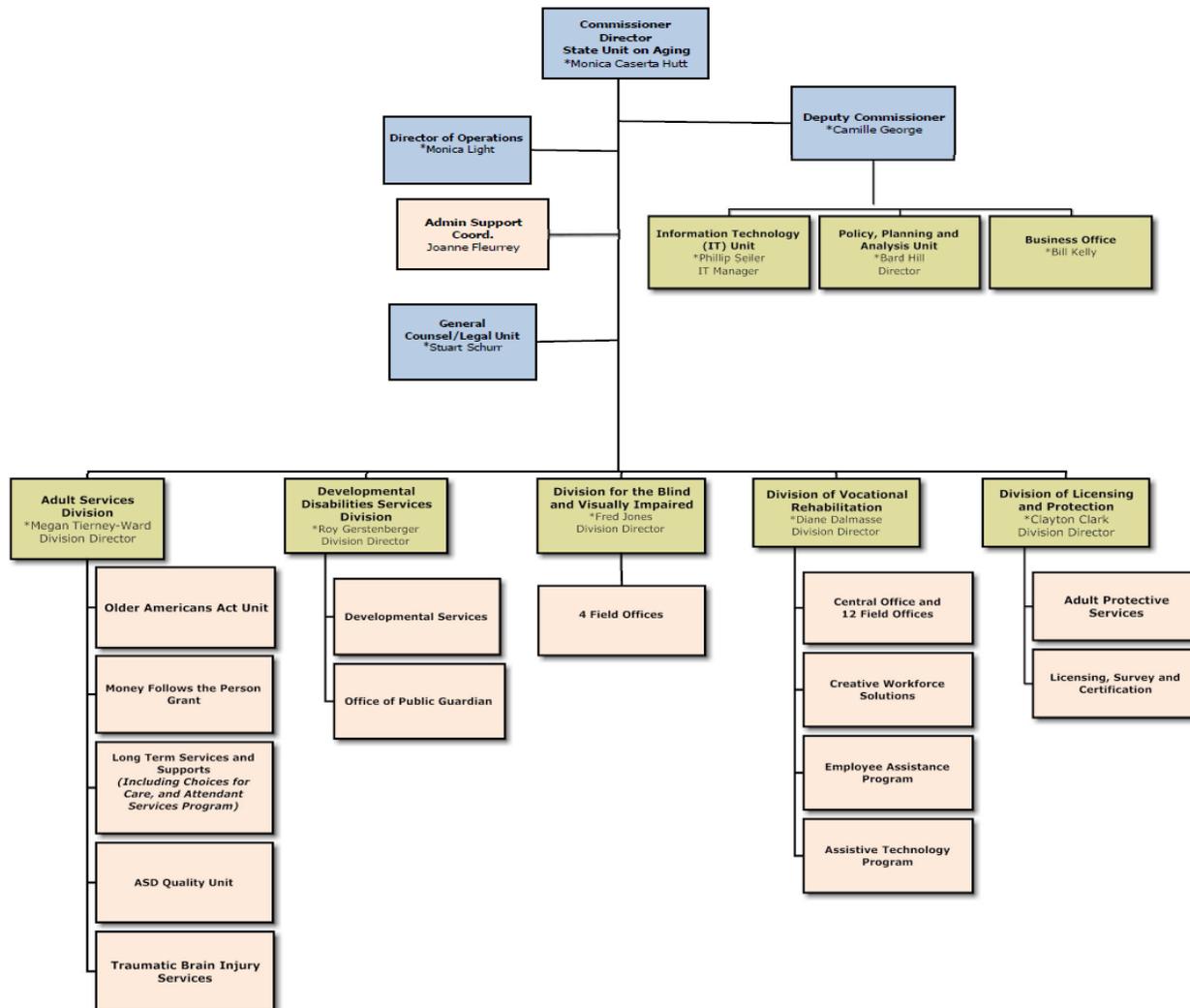
- Over 7,000 Vermonters used EAP services, including:
 - 3,931 people received individual counseling
 - 108 employees received facilitated discussion services
 - 557 managers received workplace consultations
 - 1,011 people attended critical incident debriefings following trauma in the workplace
 - 819 attended wellness workshops
 - 428 supervisors attended 43 supervisor trainings
 - 492 employees attended 21 health fairs

⁹ <http://www.tandfonline.com/doi/full/10.1080/1059924X.2014.911637#preview>



Revised: 6/18/2014

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



As of 1/1/2016

* = Identifies contacts for DAIL Senior Leadership



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This report is available in alternative formats upon request.