

Department of Disabilities, Aging and Independent Living

House Human Services Testimony
January 11, 2017

DAIL Mission

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

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

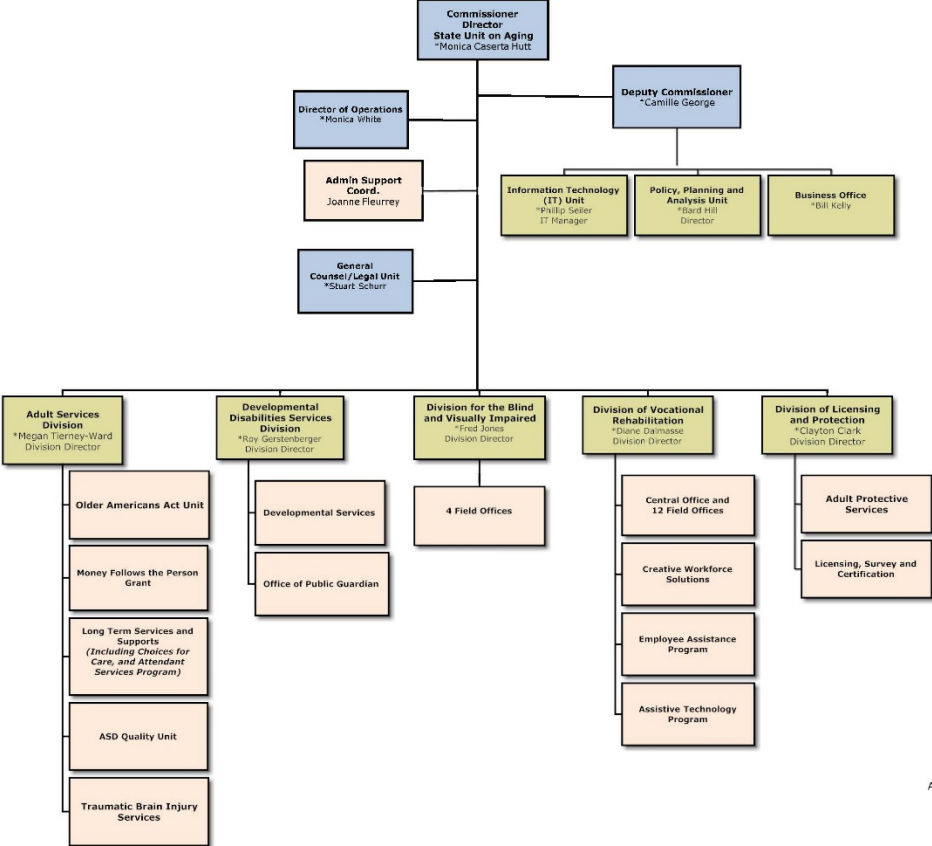
DAIL Structure

DAIL consists of five divisions:

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

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

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



As of 8/30/2016

* = Identifies contacts for DAIL Senior Leadership

DAIL Budget

- ▶ In SFY 2017: \$453,019,736
 - ▶ Global Commitment: 87.91%
 - ▶ General Fund: 4.88%
 - ▶ Federal Funds: 5.94%
 - ▶ Special & Interdepartmental Funds: 1.27%
- ▶ DDSD and ASD (including TBI) are primarily funded through GC
- ▶ VR, DBVI are primarily funded through federal funds
- ▶ DLP is funded through general fund (APS) and federal funds (S&C)

Budget Pressures

Caseload, utilization of services and policy issues drive the DAIL budget.

Our two major programs, Developmental Services and Choices for Care primarily drive our budget through caseload need. Demographically, we see increasing diagnosis of developmental disability, particularly autism, an aging demographic which represents an aging population, and increasing numbers of people diagnosed with dementia.

Conversely, our ability to address budget reductions is severely limited without resorting to significant service reductions in those two main areas.

DAIL: Role, Commitment and Mandate

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

DAIL: Role, Commitment and Mandate

- ▶ An additional mandate comes from CMS in the form of the new Home and Community Based Services (HCBS) rules. Through adherence to those rules we ensure that we meet strict CMS guidelines related to inclusion, community services, appropriate settings for the delivery of services and person-centered service delivery.
- ▶ HCBS is designed to ensure that Vermonters value the inclusion and contributions of individuals with disabilities and seniors, and it strives to enhance and promote those contributions. We see this as a value both to those individuals receiving supports and services and to the larger Vermont community.

Choice, Community Partners and De-Institutionalization

- ▶ Choice in services is a driving philosophy for the Department
- ▶ We work to ensure that we are approving support plans that meet people needs- not necessarily their wants
- ▶ We work to protect and empower individuals - pushing for independence, inclusion, and contribution back to community
- ▶ We do this work in partnership with a robust and committed network of community partners who do the work of the state in providing supports and services for individuals.

Community Partners

- ▶ Individuals who receive services, family caregivers and an array of stakeholder and advocacy groups
- ▶ DDSD: Designated Agencies (DA) and Specialized Service Agencies (SSA)
- ▶ ASD: Area Agencies on Aging (AAA); Home Health Providers; Nursing Facilities; Adult Day Centers; Senior Centers; Enhanced Residential Care Homes; TBI Providers; VT Center for Independent Living
- ▶ VR and DBVI: VT Association for Business and Industry Rehabilitation (VABIR); Designated Agencies; VT Association for the Blind and Visually Impaired

State Partners

DAIL works with a variety of state partners in our work on behalf of Vermonters with disabilities and older Vermonters. Those state partners include the:

- ▶ Department of Labor
- ▶ State Treasurer's Office
- ▶ Agency of Education
- ▶ Department of Commerce and Community Development
- ▶ Vermont Department of Health
 - ▶ VDH - Division of Alcohol and Drug Abuse Programs
- ▶ Department for Children and Families
- ▶ Department of Mental Health
- ▶ Department of Vermont Health Access
- ▶ Department of Correction

Results Based Accountability and Performance Management

DAIL continues work with providers and stakeholders to improve performance measurement and performance management practices. DAIL divisions have created 'scorecards' that document core performance measures and performance management activities, with a connection to outcomes and population indicators.

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

Health Reform

DAIL programs represent major investments and opportunities in addressing the social and economic factors in individual health and health care costs. DAIL manages the Long Term Care Medicaid program in Vermont (CFC, DDSD and TBI).

DAIL staff are actively engaged in health reform activities with AHS, state leaders, providers, consumers, and stakeholders. In pursuit of the triple aims we see opportunities to improve coordination and integration of services, increase flexibility and choice, and improve outcomes- while controlling costs.

Division for the Blind and Visually Impaired (DBVI)

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.

Division for the Blind and Visually Impaired (DBVI) Programs

- ▶ Vocational Rehabilitation Services
- ▶ Transition Services
- ▶ Homemaker Services
- ▶ Independent Living Services
- ▶ Randolph /Sheppard Program (assists blind business owners to run cafeterias and vending programs on state and federal property)

Developmental Disabilities Services Division (DDSD)

Developmental Disabilities Services Division (DDSD) is responsible for services to people with developmental disabilities and guardianship services to adults with developmental disabilities and older Vermonters.

The DDSD supports Vermonters to make choices about how and where they live, to pursue individual goals and preferences, and to develop opportunities to give back and participate fully in community life.

DDSD seeks to ensure basic human and civil rights, health, well-being and safety for individuals.

Developmental Disabilities Services Division (DDSD) Programs

- ▶ Developmental Disabilities Services utilizing HCBS
- ▶ Public Safety (part of DS HCBS)
- ▶ Flexible Family Funding
- ▶ Family Managed Respite
- ▶ The Bridge Program
- ▶ Targeted Case Management
- ▶ Office of Public Guardian
 - ▶ Representative Payees

Division of Licensing and Protection (DLP)

The Division of Licensing and Protection (DLP) supports the DAIL mission through the activities of two units: Survey and Certification (S&C) and Adult Protective Services (APS).

Assertive surveys at healthcare facilities help ensure vulnerable adults have dignity, respect, and independence. Effective investigation and protective services address violations of these rights.

Division of Licensing and Protection (DLP) Programs

- ▶ Survey and Certification: regulatory oversight of health care facilities and agencies under state and federal regulations
- ▶ Adult Protective Services: investigates allegations of abuse, neglect and/or exploitation of vulnerable adults, increases awareness of adult abuse, provides information to victims of abuse, makes referrals for supportive services.

Division of Vocational Rehabilitation (DVR)

The Division of Vocational Rehabilitation (DVR) assists Vermonters with a disability to enter or re-enter the work force through a wide variety of programs and individual support services. The core program (VR Section 110) enables Vermonters with a disability to assess their skills and abilities, identify a vocational goal, develop an Individualized Plan for employment and receive services leading to meaningful employment.

VR invests heavily in services for people with the most significant disabilities through supported employment programs and has developed a network of specialized Transition Counselors to support young adults from school to work.

Division of Vocational Rehabilitation (DVR) Programs

- ▶ School to Work Program
- ▶ Supported Employment and JOBS
- ▶ Benefits Counseling for SSDI Beneficiaries
- ▶ Rural and Agricultural VR
- ▶ VR Counselors for the Deaf or Hard of Hearing
- ▶ Vermont Assistive Technology
- ▶ Invest EAP

Adult Services Division (ASD)

The Adult Services Division (ASD) is responsible for long-term services and supports for older Vermonters and adults with physical disabilities, including individuals with Traumatic Brain Injury.

ASD also houses our Older Americans Act Team, providing oversight of all Older Americans Act (OAA) programs as the State Unit on Aging, a federal responsibility.

Adult Services Division (ASD) Programs

- ▶ Choices for Care
- ▶ Traumatic Brain Injury Program
- ▶ Adult Day Services
- ▶ Attendant Services Program
- ▶ High Technology Home Care
- ▶ Traumatic Brain Injury
- ▶ Attendant Services
- ▶ Food and Nutrition Programs

Adult Services Division (ASD) Programs

- ▶ Older Americans Act
 - ▶ I/R/A; Case Management; Nutrition; Family Caregiver Supports; Health Promotion and Disease Prevention; Elder Rights
- ▶ Aging and Disabilities Resource Connection (ADRC)
- ▶ State Long Term Care Ombudsman Program

Adult Services Division (ASD)

Division 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.

Division Overview

ASD is responsible for a full array of long-term services and supports for older Vermonters (age 60 and older) and adults age 18 and older with physical disabilities. The primary focus is on managing Medicaid funded long-term services and supports and as well as services provided through the Older American's Act and Vermont's State Plan on Aging.

Staff and Partners

ASD operates with 38 employees located within the Central Office in Waterbury and regionally within district offices. Services are managed within three units: Long-Term Services & Supports Unit, Quality Management Unit and State Unit on Aging.

ASD partners with a wide variety of organizations in managing services for Vermonters. Partners include:

- 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

Recent Developments and Accomplishments

In November 2015, the State Unit on Aging was reorganized within ASD. This created a consolidated team of experts who are better able to address the needs of Older American's Act services and advocate for people living in Vermont.

Adult Services Division (ASD)

In 2015, the Department of Labor changed its regulations regarding wages and overtime for self-directed attendant care. This change required a swift and dramatic change to the way Choices for Care and Attendant Services Program's services are authorized and paid for. Because of this work, the ASD team was recognized with a DAIL Commissioner's Team Award and Sara Lane with a Governor's Public Service Recognition Weed award.

January 2016, the TBI program was transitioned to ASD, providing the opportunity to streamline access for Vermonters, improve quality outcomes across settings and ensure consistency with new home and community-based (HCBS) regulatory requirements.

In 2016, the State changed how nurse positions are classified, creating a more competitive market. This helped ASD recruit and maintain the clinical RN positions that are critical to helping people access to Medicaid funded long-term services and supports.

In July 2016, minimum wages for self-directed services were increased through the State's Collective Bargaining Agreement from \$10.80/hour to \$11.04/hour. In September 2016, Medicaid rates for Choices for Care home-based and Enhanced Residential Care were also increased by approximately 2%.

Future Directions

ASD continues to prioritize work related to new Federal Regulations for Home and Community-Based Services (HCBS). Focus remains on assuring all home-based settings meet specific characteristics regarding participant rights, freedoms and community participation in addition to person-centered planning standards. A Choices for Care and TBI Program Alignment Report and work plan submitted to the Centers for Medicare and Medicaid Services (CMS) will guide the process within Vermont's Global Commitment Comprehensive Quality Strategy.

In 2017, ASD will be joining the National Core Indicators (NCI) for Aging & Disabilities. This will provide an opportunity to survey Vermonters in alignment with national standards of performance accountability.

As ASD wraps up its first year managing the Older American's Act and TBI Program, it will spend time creating a comprehensive inventory of ASD programs

Adult Services Division (ASD)

and performance measures that align with AHS and Department goals. The inventory will help inform a new public-facing ASD Scorecard, which will be in a new ASD website being launched by December 2016.

Programs and Services

Medicaid Funded Long-Term Services & Supports Programs:

- Adult Day Health Rehabilitation (150 people/month in SFY16)
- Adult High Technology Program (20 people in SFY16)
- Attendant Services Program (149 people in SFY16)
- Choices for Care (5500 people/month in SFY16)
- Traumatic Brain Injury Program (92 people in SFY16)

Older American's Act (OAA) Services through Area Agencies on Aging include: (60,738 people served in FFY15)

- Case management
- Nutrition Services and Programs
- Flex Funds (State funded only)
- Health Promotion and Disease Prevention
- Information, Referral and Assistance
- Legal Assistance
- Family Caregiver Support and
- Volunteer Outreach (State funded only)

Federal & State funded grants & contracts include:

- Aging & Disabilities Resource Connections – No Wrong Door (ADRC)
- Commodity Supplemental Foods
- Dementia Respite funds
- Employer Payroll Support for Self-Directed Services
- Health Insurance Counseling & Support (SHIP/MIPPA)
- Home Delivered Meals for People Under 60
- Long-Term Care Ombudsman Program
- Nursing Facility Quality
- Online Worker Registry
- Self-Neglect Initiative
- Senior Farmer's Market

Adult Services Division (ASD)

Special projects include:

- Companion Aide Project
- Federal HCBS Regulations Assessment & Implementation Project
- Governor's Commission on Alzheimer's and Related Disorders
- Money Follows the Person Project
- Substance Abuse Treatment Initiative

Results

ASD strives to utilize the Results Based Accountability (RBA) framework throughout the work we do. As of 2015, all Medicaid services, including Choices for Care, are managed through the State [Global Commitment to Health 1115 Waiver](#) and the accompanying [Comprehensive Quality Strategy](#). Additionally, all State contracts and grants require RBA performance measures and ASD is participating in a pilot to improve this work.

As ASD continues to finalize a public-facing performance accountability [Scorecard](#), priority has been given to: a) programs with measures already required by State Legislation, b) programs with high profile and/or high budget and c) programs or work with performance improvement needs.

Therefore, the ASD [Scorecard](#) is being refined to focus on six areas:

- Contracts & Grants Management
- Choices for Care Program
- Money Follows the Person Project
- Traumatic Brain Injury Program
- Area Agency on Aging Home Delivered Meals
- Substance Abuse & Misuse in Older Vermonters

Adult Services Division – Choices for Care

Program Overview

Choices for Care (CFC) is a program covered under [Vermont's Global Commitment to Health 1115 Waiver](#). CFC offers long-term services and supports to adult Vermonters who need nursing home level of care and who also need Vermont Medicaid to help pay for services. If a person is found clinically and financially eligible, they may choose where they want to receive their services whether it is in their own home, the home of another person or in a licensed residential care home, assisted living residence or nursing facility.

Staff and Partners

The Long-Term Services and Supports Unit manages Choices for Care and includes 20 staff, 15 whom are regionally located to manage applications and clinical eligibility for people in their regions.

Partners who provide direct services under CFC are many and include:

- Adult Day Providers
- Adult Family Care Authorized Agencies
- Area Agencies on Aging
- ARIS Solutions (employer payroll services)
- Designated Home Health Agencies
- Licensed Residential Care and Assisted Living Residences
- Licensed Nursing Facilities
- Providers of Personal Emergency Response Services
- Traumatic Brain Injury Providers

Recent Developments and Accomplishments

A large focus this year has been on the new federal regulations for [Home and Community-Based Services \(HCBS\)](#) settings characteristics and person-centered planning. A systemic evaluation and work plan was developed for CFC through a public process which led to a strengthening the certification standards for Adult Day and Case Management providers and program standards for Adult Family Care.

In July 2016, the minimum wage for all self-directed employees increased from \$10.80 to \$11.04 per hour. Additionally, the CFC home-based and Enhanced Residential Care services rates were increased by 2% September 1, 2016.

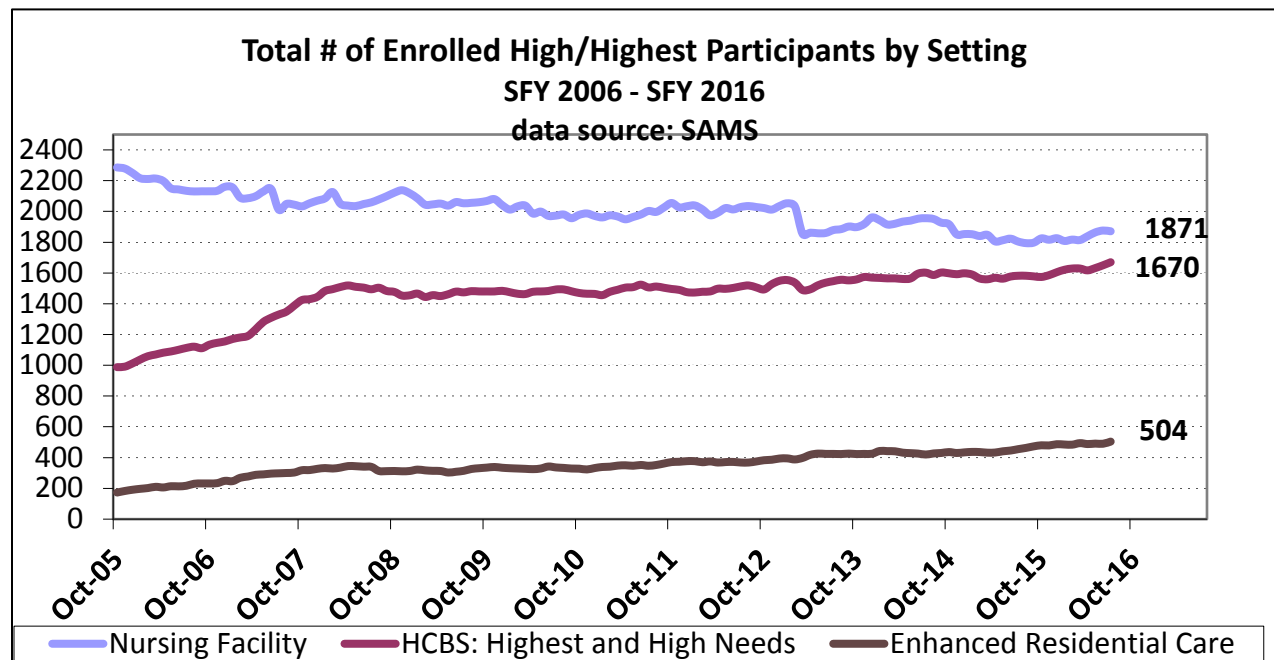
Adult Services Division – Choices for Care

The Companion Aide Project, which provides an enhanced Medicaid rate to four Nursing Facilities to improve the lives of people with Alzheimer's and related disorders living in nursing facilities, was nationally recognized for its innovation by the [National Association of States United on Aging & Disabilities](#) (NASUAD).

Future Directions

- Work will continue the HCBS regulations as it related to home-based setting requirements and person-centered planning.
- Will join the [National Core Indicators for Aging & Disabilities](#) next in 2017.
- Will continue as a primary focus of the State's Medicaid Pathway work from Act 113.

Results



- 46% of all High/Highest enrollments were in the Nursing Facility setting (1% decline from SFY15)
- 1467 people were enrolled in Moderate Needs services (7% decrease due to reduced funding) and provider wait lists increased to over 600 people
- As of June 2016, 94% of High/Highest clinical eligibility determinations were made within 30 days. The target is 95%.
- [Consumer survey \(2015\)](#) indicated that 85% of people receiving personal care state their choice and control over planning is excellent or good.
- [Consumer survey \(2015\)](#) indicated that 90% of people receiving personal care say the degree that services met their daily needs is excellent or good.

Adult Services Division – Older American’s Act Nutrition Programs

Program Overview

[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. OAA 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; and family caregiver support. This summary focuses on the OAA Nutrition Programs for people 60 and over referred to as Home Delivered Meals and Congregate Meals.

Home Delivered Meals and Congregate Meals 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. According to the [USDA](#), over 8% of Vermont senior households are food insecure; over 17,000 are threatened by hunger, and nearly 40,000 are isolated and live alone. The demand for senior meals is growing. Efforts are being made at the federal, state and local levels to strengthen meal programs and develop innovations in nutrition services.

Staff and Partners

The Adult Services Division (ASD) State Unit on Aging (SUA) manages the OAA and related services. The unit consists of five staff that manage nine different grants, five area plans and the VT State Plan on Aging. The OAA Nutrition Program partners include the VT Association of Area Agencies on Aging (V4A) and its five member agencies:

- [Age Well](#)
- [Central Vermont Council on Aging](#)
- [Northeast Kingdom Council on Aging](#)
- [Senior Solutions](#)
- [Southwestern Vermont Council on Aging](#)

Each agency then works with a network of meal providers who prepare nutritious meals. Meals are delivered by hundreds of volunteers across the state every day.

Adult Services Division – Older American’s Act Nutrition Programs

Recent Developments and Accomplishments

In 2015, 30,000 more home delivered meals were provided than the year before. The SUA continues to work closely with the AAAs to monitor the growing demand for meals across the state and find creative ways to serve more people with limited funding, including streamlining transportation, closing under-performing congregate sites, increasing local and private fundraising efforts, no longer providing “blizzard bags” for emergencies and encouraging the use of home delivered meals by people enrolled on Choices for Care and Attendant Services Program.

Future Directions

With limited funding, an aging population and growing need, we anticipate that some agencies will need to institute a waiting list in the near future. In preparation, the AAAs have worked closely with SUA staff to develop a nutritional risk screening tool within the home-delivered meals intake form. This will allow the agencies to prioritize meals for those at highest risk of food insecurity and malnutrition if a waiting list is instituted. Southwestern Vermont Council on Aging has been piloting the screening tool and the plan is for all five agencies to use it over the next year.

Results

In Federal Fiscal Year 2015: 4,910 Vermonters received home delivered meals (4% increase). 814,802 meals were delivered to people’s homes (4% increase). 11,095 Vermonters participated in community meals (4% increase), receiving 369,571 meals across the state (4% decrease).

While the number of people served continues to climb, the SUA and the AAAs are interested in better illustrating the real health impact and financial value of home delivered meals. In spring 2016, the five AAAs came together with DAIL to develop statewide program performance measures to help us to better measure success, improve performance, and ultimately increase quality of life for vulnerable older Vermonters. The nutrition program measures that the five agencies have agreed to track are:

- The number and percentage of home delivered meals clients who report they have enough to eat
- The number and percentage of home delivered meals clients who report that meals help manage or improve their medical condition

Agency of Human Services
Department of Disabilities, Aging, and Independent Living
Division of Licensing and Protection

Adult Protective Services

- Investigates allegations of the abuse, neglect, and exploitation of vulnerable adults.

Annual Budget: ~\$1.5 million (100% General Fund)

Number of Employees: 16

In SFY16:

- Received 3,312 reports alleging abuse, neglect, and/or exploitation.
- Conducted 1,318 investigations and field screens, resulting in 97 substantiations.
- Implemented 489 protective services, such as relief from abuse, change in POA, etc.
- Processed over 50,000 checks of the Adult Abuse Registry.

Survey and Certification

- Surveys healthcare organizations to ensure compliance with state and federal regulations. Surveys are unannounced and recurringly scheduled, as well as scheduled in response to complaints received.
- Licenses Nursing Homes, Home Health Agencies, Residential Care Homes, Therapeutic Community Residences, Assisted Living Residences, and Homes for the Terminally Ill.

Annual Budget: ~\$2.5 million (76% Federal Funds and 24% General Fund)

Number of Employees: 21

Vermonters Served in Residential Facilities (total beds available by facility type):

Nursing Homes	3,057
Residential Care Home	2,564
Assisted Living Residence	885
Therapeutic Community Residence	392
Home for the Terminally Ill	21

SYSTEM FACT SHEET

2016

TOTAL SERVED

3,010 receive HCBS

4,486 across all programs (represents 29% who meet clinical eligibility)

188 on Waiting List – estimated cost of \$3.9 million

SERVICE TYPES

Flexible Family Funding

- Up to \$1,000 per year at their discretion – assistive technology, household purchases, respite
- 1,074 served

Family Support

- HCBS – 985 (under age 22 = 140, 22 and older = 845)
- Bridges Program - Care Coordination for Children (Up to age 22) - 323 served
- Family Managed Respite – respite for children under 22 – not to enable employment - 230 served with ASD/ID diagnosis

Residential

- Shared Living – 1,340 (1,171 homes)
- Staffed Living – 54 (43 homes)
- Group Living – 90 (20 homes)
- ICF/DD – 5 (1 home)
- Supervised Living – 376 (360 homes w/ less than 24-hour paid staff)
- Independent Living – 167 (162 homes w/ no paid home supports)
- Self-managed – 90
- Shared-managed - 737

Supported Employment - 1,260

- 48% served are employed
- \$10.33 is the average hourly wage

Community Supports - 1,991

BUDGET

\$182 million – HCBS

New Case load – 404 people, \$15.5 million

\$1.2 million – Flexible Family Funding

\$2.6 million – Office of Public Guardian – GF