



Agency of Human Services

Department of Disabilities, Aging and Independent Living

GOVERNOR'S SFY2021 BUDGET TESTIMONY

FEBRUARY 2020

HOUSE APPROPRIATIONS COMMITTEE

SENATE APPROPRIATIONS COMMITTEE

HOUSE HUMAN SERVICES COMMITTEE

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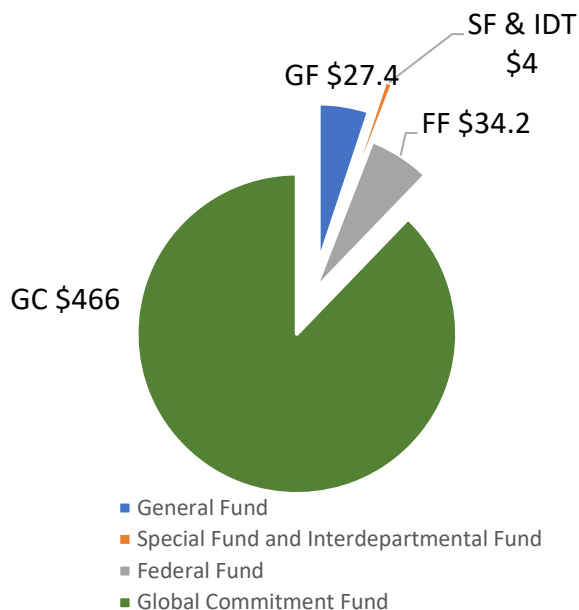
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Agency of Human Services,
Department of Disabilities, Aging and
Independent Living
FY 2021 Governor's Recommend
Budget

MISSION: Make Vermont the best state in which to grow old or to live with a disability – with dignity, respect and independence.

Governor's Recommend Budget
FY21 (\$ millions)



FY 2021 SUMMARY & HIGHLIGHTS

- No Increase in staffing
- 3.25% increase in General Fund
- 6 Exempt, 273 Classified positions
- Caseload pressures for Developmental Services, Choices for Care
- Reduction in caseload of under utilization – Attendant Services GF, TBI Waiver, Medicaid PDAC, Non-HCBS in DS and Year 2 Collective Bargaining Agreement

Department of Disabilities, Aging and Independent Living

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Department of Disabilities, Aging and Independent Living

Budget Testimony

2020 Legislative Session

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

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

DAIL consists of five divisions:

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

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

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

As we embrace the intent and spirit behind the federal Home and Community Based Services (HCBS) rules, we ensure that Vermonters value the inclusion and contributions of individuals with disabilities and older Vermonters and strive to enhance and promote those contributions. DDSD is working on compliance with the HCBS rules 'settings' requirements in shared living, group homes and community support settings, while ASD is working on compliance with these rules in Adult Family Care homes. We see this as a value both to those individuals receiving supports and services and to the larger Vermont community. DAIL staff have also begun work on compliance with the rule's requirements regarding conflict of interest in HCBS case management. Case management in DDSD has been given priority, since case management intersects with other health reform activities in DDSD. We have had an initial conversation with CMS and expect to solicit additional stakeholder feedback about a proposed approach in the coming months.

Globally, DAIL's work across all five divisions is most directly related to two outcomes in Act 186: Vermont's seniors live with dignity and in settings they prefer and Vermonters with disabilities live with dignity and in settings they prefer. At a population level, these outcomes embody the concept of choice, a cornerstone for our role in state government and across Vermont. Along with a robust provider system, DAIL strives to ensure that individuals not only choose the settings in which they live but choose and direct how they live their lives, empowering independence, inclusion in their

own communities and contributions to Vermont. For these outcomes, we measure employment rates and rates of abuse and neglect. For more information about how DAIL contributes to Act 186, you can access the DAIL scorecard here:

<https://app.resultsscorecard.com/Scorecard/Embed/27950>

DAIL's work contributes to Act 186 outcomes and the Governor's priorities including "Vermont has a Prosperous Economy" by supporting employment, "Vermont children and young people achieve their potential" through early supports and career development, and "Live with dignity and independence and in settings they prefer" by supporting people with disabilities and older people to make choices about where they live and how they receive supports. The Act 186 scorecard with outcomes and population indicators can be accessed here:

<https://app.resultsscorecard.com/Scorecard/Embed/17845>

The Governor's priorities are:

- Grow the economy.
- Make Vermont more affordable.
- Protect the most vulnerable.

<https://governor.vermont.gov/content/governor-scotts-priority-initiatives>

Examples of DAIL contributions include: reduce fall related injuries; reduce high-risk substance use and prevent suicide among older Vermonters; prevent abuse, neglect and exploitation of vulnerable adults; improve career paths for youths transitioning into adulthood; support employment of older adults and adults with disabilities; ensure that nursing facilities and residential facilities follow federal and state licensing regulations.

DAIL has embraced Results Based Accountability (RBA) and continues to focus on program performance measures and performance improvement. Throughout this document, we identify measures related to how much, how well and how people are better off because of our services and supports. Three DAIL programs are included in the Vermont 'Programmatic Performance Budget Project': The Traumatic Brain Injury program, the Division for the Blind and Visually Impaired, and Project SEARCH, but all of our divisions and core programs are considering their work under the rubric of RBA, as reflected in this document. This document represents our continued effort to integrate results and performance measures within budget testimony. We have also begun to develop strategies to utilize Scorecards to assess programmatic performance and we review division scorecards and performance measures regularly as part of our Management Team meetings. For more details on DAIL's programs and performance measures, please visit the DAIL Performance Budget Scorecard here:

<https://app.resultsscorecard.com/Scorecard/Embed/27950>

For more comprehensive information about DAIL see the DAIL Annual Reports:

<http://dail.vermont.gov/resources/documents-reports/annual-reports>

Divisions and Major Programs and Performance Outcomes:

1. **The 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 at a level consistent with their interests, abilities, and informed choices. Those who participate in DBVI services learn or re-learn skills and become successful and active members of their communities. Given appropriate adaptive skills training, and assistive technology instruction, many limitations due to blindness can be overcome. Quality of life, dignity, and full integration are the focus of DBVI.

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

DBVI Performance Measures-

Our performance measures are intended to measure our success in achieving the goals of our division:

- Assist individuals in pursuing career pathways to higher wage employment.
- Build adaptive blindness skills that improve individual independence and safety.
- Assist youth who are blind to achieve careers and independence.

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

WIOA had two major impacts on the DBVI program. The first was that WIOA introduced a requirement that agencies across the country devote 15% of 110 federal grant funding to provide Pre-Employment Transition Services (Pre-ETS) for students still in high school, starting as early as the freshman year. The goal of Pre-ETS is to engage students with disabilities earlier to improve their long-term employment and post-secondary educational outcomes.

The second major impact was that WIOA introduced new Common Performance Measures (CPM) for DBVI and all core partners. The measures are:

- Job retention six months post program exit.
- Job retention twelve months post program exit.

- Median earnings six months post program exit.
- Credential attainment.
- Measurable skills gains.
- Employer satisfaction.

How many people we served (FFY2019):

- 1229 total individuals served through employment services; Independent Living, the Older Blind Program; and Randolph Shepherd.

How well we served them:

Customer Satisfaction: Results of a statewide random survey of all participants in the DBVI Vocational Vision Rehabilitation program (conducted by Market Decisions—next statewide survey scheduled for 2020).

- 93% of respondents said they are satisfied with the DBVI vocational rehabilitation program.
- 93% of respondents said overall, they are better off as a result of the services they received from DBVI.
- 95% of respondents said that DBVI staff treated them with dignity and respect.
- 94% of respondents said that DBVI helped them achieve their vocational rehabilitation goals.
- 92% of respondents said that DBVI services met their expectations.
- 89% of respondents said that DBVI vocational rehabilitation services helped them become more independent.
- 84% of respondents said that DBVI helped them reach their job goals.

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

How are people better off:

- 46 blind or visually impaired individuals closed their DBVI case in SFY 2019 with successful employment.
- 57% had a wage above 125% of the minimum wage.

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

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

WIOA requires DBVI to use 15% of the federal grant award to provide Pre-Employment Transition Services (Pre-ETS). This new federal requirement created an opportunity for DBVI to expand Pre-ETS services in the core areas:

- Job exploration counselling.

- Work based learning opportunities.
- Counselling on post-secondary educational opportunities.
- Workplace readiness training.
- Instruction in self-advocacy.

DBVI has been very successful in expanding Pre-ETS services for students who are blind or visually impaired by providing work-experiences, internships, and job readiness training to build skills necessary for career development. Learn, Earn, and Prosper (LEAP) is a program developed by DBVI to achieve these goals. Most students participate by living and working in the Burlington area in the summer. Other students participate to build job readiness skills during school year retreat and work experiences in their local communities. Our efforts to include more students led to a higher increase in the number of participants than the number of training hours:

- The number of participants increased from 18 in 2014 to 74 in 2019.
- The number of work-based learning and job readiness training hours increased from 15,000 in 2014 to 21,000 in 2019.

The LEAP summer work experiences and school year retreats have resulted in significant skill gains for students developing employment and independent living skills that are essential for future employment. Each student receives a report of their progress which is shared with school teams, teachers of the visually impaired, and DBVI counselors. Students learn to identify their strengths and areas of vocational interest. They also learn specific job readiness skills including respect in the workplace, assistive technology, transportation strategies, workplace relationships, personal finance, interview practice, building a strong resume, networking, and more.

Students also received specialized services necessary to develop adaptive skills related to their blindness including Orientation and Mobility (O&M), Vision Rehabilitation Therapy, and Instruction in Assistive Technology. This resulted in a significant positive impact in their mobility skills in the community and at the work site. LEAP students received over 230 hours of O&M Instruction this summer, as well as 40 hours in VRT, and 400 hours in assistive technology instruction by a CATIS (Certified Assistive Technology Instructional Specialist).

DBVI has also successfully expanded our services overall to youth. The percentage of population served who were under age 22 at entry into DBVI services has grown from 17% of people served in SFY2014 to 29% of people served in SFY2019.

Providing real work-based learning experiences in actual employment settings is one of the most effective ways to prepare youth for long term success. Therefore, DBVI has invested more resources in providing real-world internship opportunities. Internship placements at Vermont businesses include: the Burlington Free Press, Burlington City Arts, Sangha Yoga Studio, Vermont Adaptive Ski and Sports, Vermont Community Gardens Network, the Overlook Café, the Waterbury Café, the Courthouse Café, the Flynn Theatre, Mt. Mansfield Media, Sara Holbrook Community Center, The Vermont Youth Conservation Corps, Vermont Association for the Blind and Visually Impaired, and more.

In 2019, 4 out of 5 interns were enrolled in college programs after LEAP, and the remaining Intern is working with their DBVI counselors to match their skills to a career path. The interns shared the following quotes about their experiences this year:

- “I embraced challenges and new opportunities, worked on my leadership skills, and learned to not be afraid of communicating with people when I am unsure or need help with something.”
-LEAP Intern, Sangha Yoga Studio
- “I learned that some things take time to learn, and you just have to be patient. I also learned the importance of communicating directly with people so they can help you meet your needs. I learned that it’s ok to be open and vulnerable with people to ensure that you establish trust with them.”
-LEAP Intern, Vermont Association of the Blind and Visually Impaired

DBVI staff work towards continuous improvement by listening to the voice of customers and using that information and data to improve performance. An updated DBVI State Plan with new goals and strategies was approved by the State Rehabilitation Council in December 2017 and can be found at: <https://dbvi.vermont.gov/resources/publications>. (Appropriations 3460010000, 3460030000)

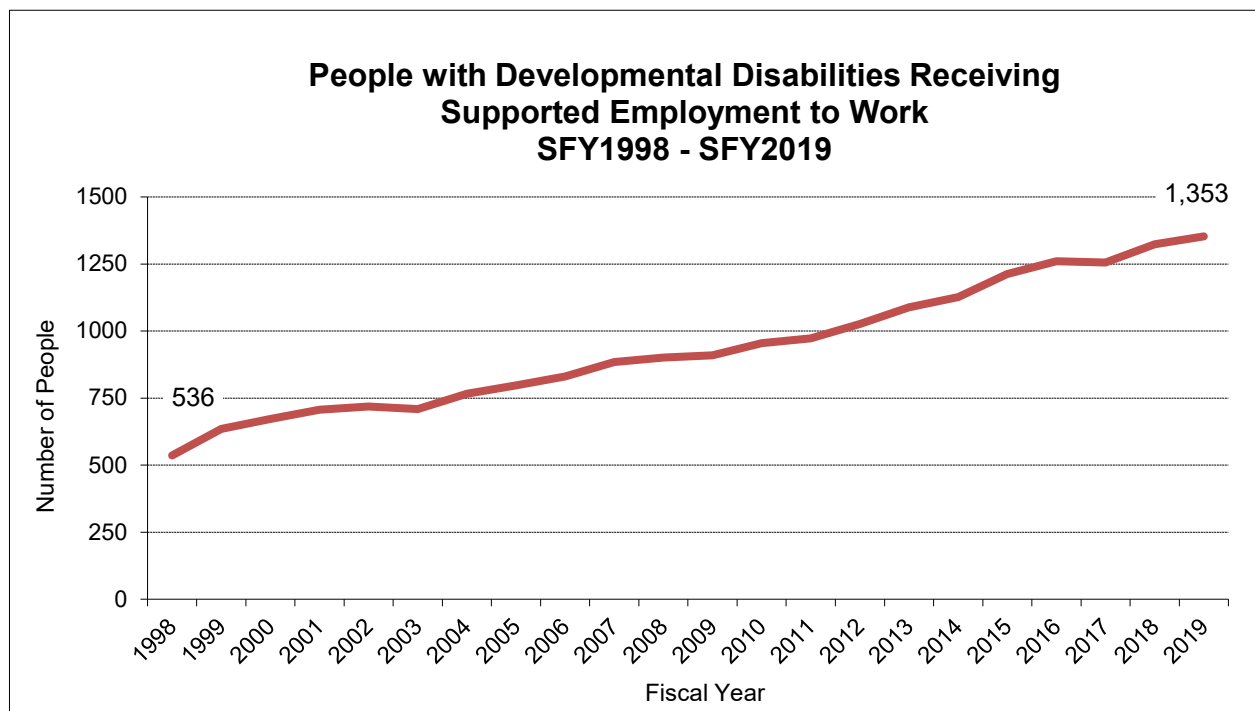
I. Developmental Disabilities Services Division (DDSD) is responsible for services to people with developmental disabilities and guardianship services to adults with developmental disabilities and older Vermonters. The DDSD works with private non-profit organizations to provide a broad array of long-term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

Developmental Disabilities Services: Through a Master Grant Agreement with the Department, Developmental Disabilities Services (DDS) are provided by 15 Designated Agencies and Specialized Services Agencies with the goal of cost- effective, integrated community living. In SFY2019, 3,188 Vermonters received comprehensive Developmental Disabilities Home and Community-Based Services (HCBS). Other services include Flexible Family Funding, Family Managed Respite, The Bridge Program: Care Coordination, Targeted Case Management, transition to adulthood and post-secondary education and one six-person Intermediate Care Facility. In SFY2019, 1,356 people with developmental disabilities received supported employment services to work, 30 more people than the previous year.

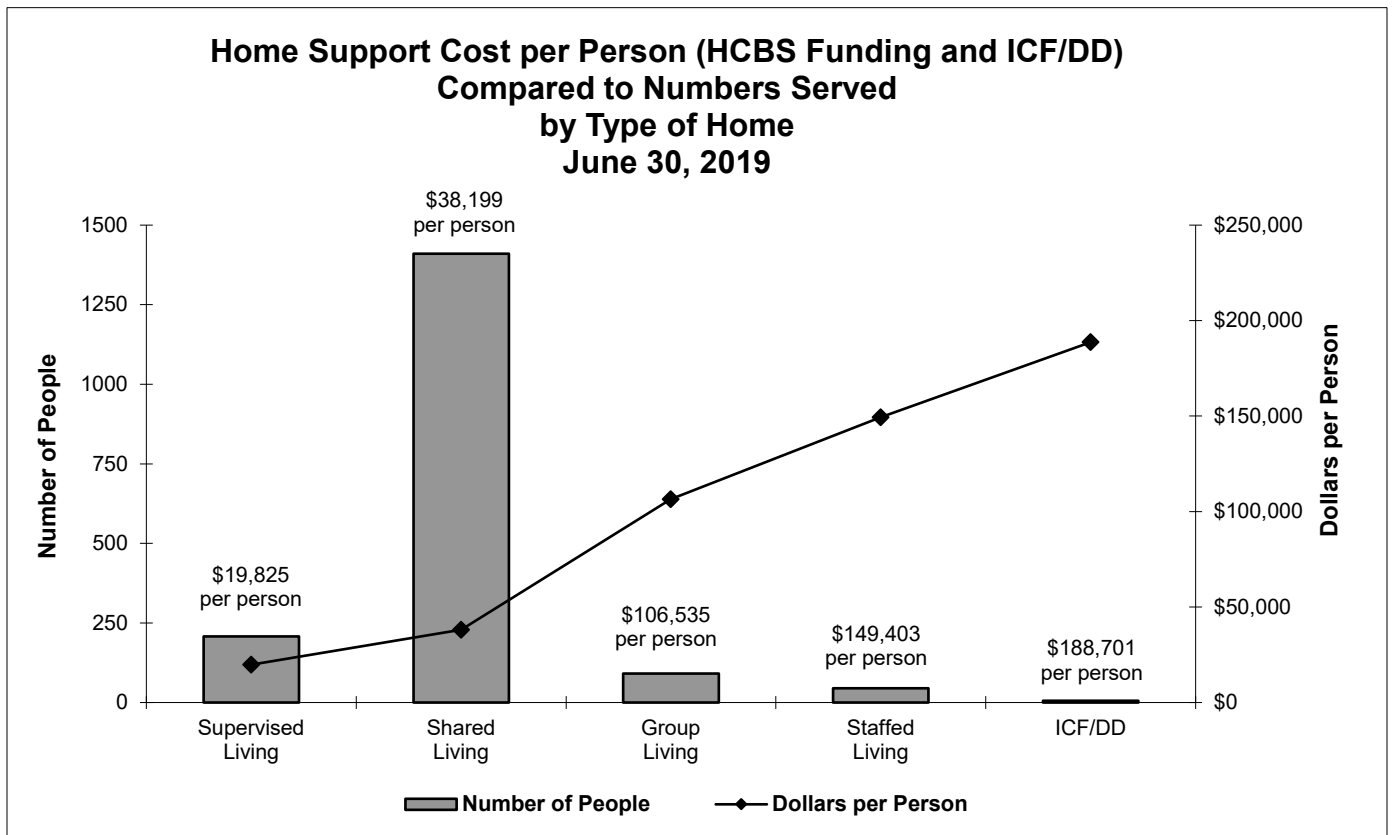
DDSD Performance Measures

How many people we serve: 4,611 individuals across all programs (unduplicated) in SFY2019.

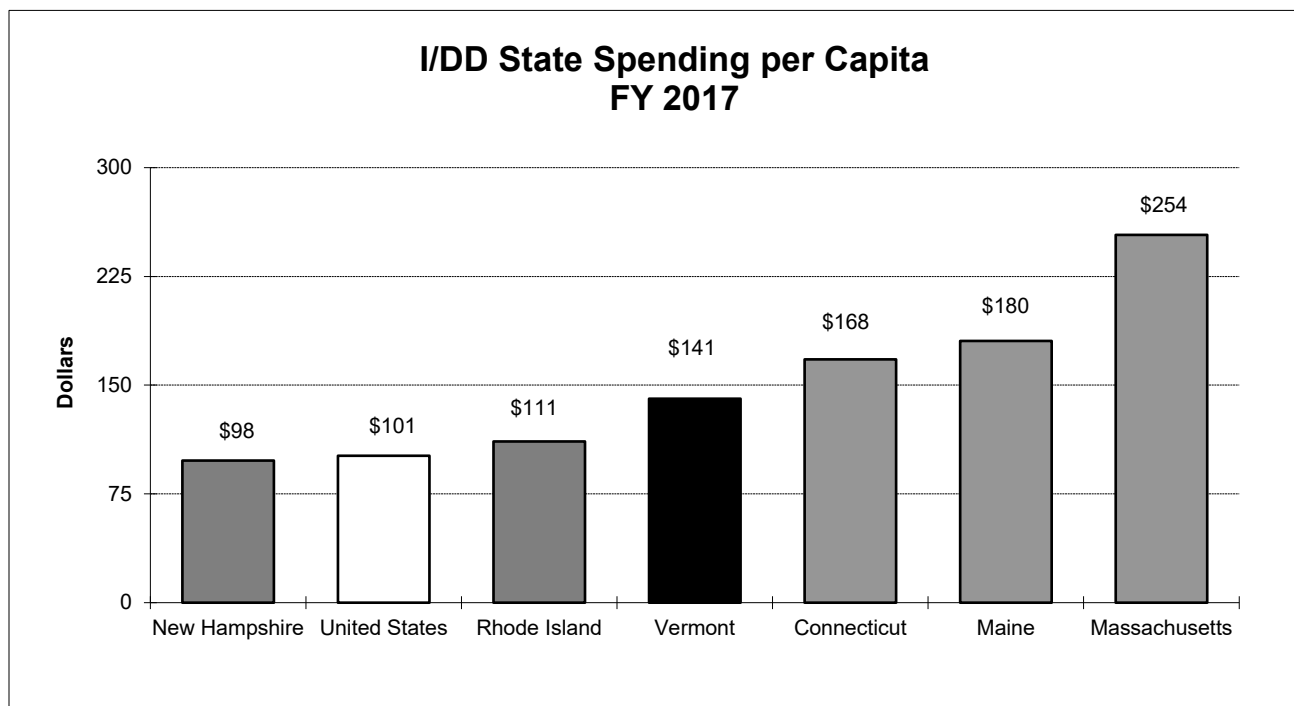
How well we serve them: Our employment services have been recognized as a national model with a 49% employment rate (SFY2018). Vermonters served in developmental disability services are earning total wages of over \$5 million a year.



- Vermont's home supports are individualized, addressing goals, strengths and needs. Of the people receiving paid home supports, a high percentage (80%) live with a shared living provider. This model uses contracted home providers, offers personalized supports, and is generally more economical than other home support options. Staffed Living and Group Living arrangements have much higher per person costs because they are based on a 24-hour staffed model (see chart on next page). By developing and demonstrating success in the shared living model, Vermont has invested in personalized services at low cost. However, given the lack of affordable housing and the fact that Shared Living provides an affordable place for a person to live, this has contributed to an over-reliance on the Shared Living model and some limitations in options for more independent living.



- Vermont ranks in the middle of the New England states in spending of state dollars (including Medicaid match) per state resident for I/DD services – and is higher than the national average. Vermont is ranked 10th nationally in state spending per capita.



How people are better off:

- Vermont participates in the National Core Indicators (NCI) initiative. This is a voluntary effort by public developmental disabilities agencies to measure and track their own performance. The core indicators are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety. With 35 states participating in the Adult Consumer Survey, we can both track our own progress and compare our work with other states. The 2018 NCI survey results show adults (age 18 and over) receiving home and community-based services expressed the following:
 - 87% – Proportion of people who regularly participate in integrated activities in their communities [community inclusion: went shopping, on errands, for entertainment, out to eat].
 - 86% – Proportion of people who make choices about their everyday lives [residence, work, day activity, staff, roommates].
 - 77% – Proportion of people who make decisions about their everyday lives [daily schedule, how to spend money, free time activities].
 - 48% – Proportion of people who do not have a job in the community but would like to have one.
 - 3% – Proportion of people who were reported to be in poor health.
- Individual Service Plans are the cornerstone to personalized services and a self-determined life. Our NCI survey results for 2018 reported that 68% of the people in service said they were able to choose services they get as part of their service plans and 83% said their service coordinator asked them what they want. This is a critical area for improvement going forward.
- More Vermonters with disabilities are going on to post-secondary education than ever before and our “Think College Vermont”, “College Steps” and “SUCCEED” programs are helping them get there. Of the 34 students enrolled in May 2019, 44% were employed while attending college. Last year four colleges and universities issued two-year certificates to 25 graduates, resulting in an 84% employment rate upon graduation.

Office of Public Guardian: The Office of Public Guardian (OPG) provides guardianship and other court-ordered supervision to people age 18 and older with developmental disabilities and to Vermonters age 60 and older. DDSD and OPG actively participate in the ‘supported decision making’ initiative to help people learn to make decisions about their own lives, promoting increased autonomy and self-determination and decreasing the need for guardianship.

- In SFY2019, 736 adults received public guardianship services. This included 625 people with developmental disabilities and 111 adults over age 60. Six people received case management only. In addition, the program provides representative payee services to 340 people. (Appropriation 3460016210)

Current Initiatives: DDSD, in collaboration with the Department of Vermont Health Access, is working with consumers, family members, the provider network and other stakeholders in a major initiative to develop a new payment model. The goals of this initiative are to streamline payment, increase person-centered flexibility, support achievement of meaningful outcomes and enhance transparency and accountability for service delivery and funding. This initiative will also help align DDSD payment and service delivery with broader health care reform activities and the All Payer Model.

DDSD continues to work on implementing the HCBS rules to ensure compliance with all requirements by 2022. The intent of the rule is to ensure that individuals receiving long-term services and supports through HCBS programs have full access to the benefits of community living and the opportunity to receive services in the most integrated setting appropriate. The rule promotes choice and control, inclusion and protection of participant’s rights.

Currently the state is working on addressing the issue of conflict of interest in case management. The Department of Vermont Health Access (DVHA) is working with departments who operate Home and Community-Based Services (HCBS) programs, including DDSD, to analyze HCBS case management across the state. DDSD and DVHA are seeking stakeholder input on how to address any potential conflict of interest in each of the programs. DAIL drafted four options for structuring case management in developmental disabilities services programs, as well as seven additional strategies to mitigate conflict of interest. These proposals were presented to key stakeholder organizations. DAIL will draft its solutions to address conflict of interest and consult with CMS before having a final round of stakeholder feedback.

DDSD continues to evaluate compliance with the HCBS settings rules. Provider sites have been evaluated and providers are being given plans of correction to ensure full compliance. No sites were identified for heightened scrutiny and it is expected that all settings will be able to come into compliance by the March 2022 timeline.

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

Both S&C and APS work to protect and serve vulnerable adults. Vulnerable adults are defined in statute as individuals over 18 years in age who are residents of a facility licensed by S&C, residents of a psychiatric hospital, recipients of home health services, have a diminished capacity to care for themselves, or a diminished capacity to protect themselves from maltreatment.

- S&C conducts unannounced, regular surveys at health care facilities, and investigates complaints made about the care received in these facilities. These surveys and investigations can result in fines and other corrective action, including bans on admissions or revocation of operating licenses.
- When APS discovers that a person has maltreated a vulnerable adult, that person may be placed on the Adult Abuse Registry. The Registry is used by organizations that serve children and vulnerable adults to check the backgrounds of employees and volunteers prior to hiring.

S&C continues to adapt to the recent changes of Act 125, which in 2018 transferred the review process for Nursing Facility Transfers of Ownership from the Green Mountain Care Board to the Agency of Human Services. S&C has taken on additional duties to prepare for this. It is hoped that the new process for nursing facility transfers of ownership will ensure Vermont's nursing facilities provide sustainable and quality care for Vermonters.

Residential Care Homes and Assisted Living Facilities care for residents with increasing needs. Facilities today also face increasing workforce challenges. Coupled with low Medicaid reimbursement, facilities are facing a complex set of challenges. A new challenge is the shift in ownership of some facilities from family or community ownership to larger, multi-level corporate ownership. These changes add complexity to the licensing and monitoring of these facilities. Currently, S&C surveys state licensed facilities approximately every two years. Unannounced visits are made more often when complaints warrant onsite investigations.

In 2019, S&C absorbed the work of approving and monitoring nurse aide training programs. Since 2002, the Office of Professional Regulation (OPR) had overseen this work, but as demands on their time grew, they could no longer oversee these programs.

Vermont APS has followed the national trend with across the board increases in reporting. The number of reports in SFY2019 increased by 8% from SFY2018. To address this increase in reports, DLP implemented improved screening procedures. This resulted in a 29% decrease in the number of unnecessary investigations. The investigations that were opened were successfully completed at a higher rate, resulting in an overall 18% increase of investigations completed compared to SFY18. This also resulted in a 13% increase in the number of individuals placed on the Adult Abuse Registry.

The Department of Disabilities, Aging, and Independent Living (DAIL) Advisory Board continues its established APS Committee to advise the department on matters pertaining to APS. The APS

Committee makes recommendations on APS operations to the DAIL Commissioner, the DLP Director, and the APS Director. As part of its advisory role the APS Committee participates in a quarterly file review, where a random sampling of APS screening decisions and investigations are reviewed as part of APS' continuous quality improvement plan.

Both APS and S&C continue to adapt to changing environments. For APS, the increases in reports and completed investigations stress a system established by a statute that turned 40 years old in SFY2016. Since the APS statute was established, Vermont demographics and service delivery have changed dramatically. When the statute was first passed, most of the care provided to vulnerable adults was provided in institutional settings. Now, many more vulnerable adults are receiving care in home and community-based settings, provided by a range of different service providers and/or by family caregivers. APS is also seeing changes in the nature of complaints; most notably, an increasing number of complaints now involve financial exploitation. In the next biennium, we plan to look at whether any changes should be made to the statutory measures to ensure that APS is able to achieve its goal to protect vulnerable adults whose health or welfare may be adversely affected through abuse, neglect or exploitation. This may lead to proposed changes in the APS statute at 33 V.S.A. Chapter 69.
(Appropriation 3460010000)

DLP Performance Measures

How many people we serve:

- In addition to regularly scheduled surveys, S&C conducted 324 onsite investigations across all state and federal provider groups. These 324 on sites looked at a total of 556 combined complaints and self-reports. In SFY2018 we conducted 307 of these investigations.
- APS received 4,080 reports alleging the abuse, neglect, or exploitation of vulnerable adults, an increase of 8%.
- APS initiated 787 investigations from these reports, a decrease of 29%.
- APS completed 938 investigations, an increase of 18%.
- APS placed 99 individuals on the Adult Abuse Registry, an increase of 13%.

How well we serve them:

- S&C completed 100% of their required federally regulated surveys on time.
- APS expanded the role of the APS Committee of the DAIL Advisory Board to ensure there is an ongoing avenue of information to APS from internal and external partners and advocacy organizations. The body advises APS on changes to the APS Policy Manual and monitors APS performance indicators, as well as conducting quarterly file review of APS reports and investigation outcomes.
- APS is holding annual public hearings to solicit feedback on performance and opportunities for improvement.

How people are better off:

- 17% of nursing homes had no deficiencies.
- 6% of Nursing Homes had deficiencies reflecting potential for minimum harm.
- 67% of nursing homes had deficiencies reflecting no actual harm but potential for more than minimum harm.
- 11% of nursing homes had deficiencies reflecting actual harm or immediate jeopardy of residents.

- 99 individuals were placed on the Adult Abuse Registry in SFY 2019, compared to 88 in SFY 2018. These individuals, with substantiations of abuse, neglect or exploitation, will no longer be able to work in Vermont with vulnerable adults.

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

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

WIOA had two major impacts on the DVR program. The first was that WIOA introduced the requirement that VR agencies across the country devote 15% of DVR 110 federal grant funding to provide Pre-Employment Transition Services (Pre-ETS) for students still in high school, starting as early as the freshman year. The goal of Pre-ETS is to engage students with disabilities earlier to improve their long-term employment and post-secondary educational outcomes. Since WIOA passed, DVR has fully implemented Pre-ETS statewide to serve all of Vermont's 59 supervisory unions. In SFY2019, DVR served 2,280 high school students statewide, approximately 42% of the eligible student population.

The second major impact was that WIOA introduced new Common Performance Measures (CPM) that core partners including DVR are measured on. The measures are:

- Job retention six months post program exit.
- Job retention twelve months post program exit.
- Median earnings six months post program exit.
- Credential attainment.
- Measurable skills gains.
- Employer satisfaction.

Prior to WIOA, DVR had primarily been measured on the number of people that got a job. This significant shift from quantitative to qualitative measures required a major paradigm shift in our service delivery system. To respond to the paradigm shift, DVR has implemented the Careers Initiative, which includes a series of strategies to align program services to meet the new measures. The new strategies include:

- **Promoting Post-Secondary Education and Training:** DVR has realigned case service resources to support more consumers in post-secondary training and education to help them achieve credentials in high-demand, high-wage fields. For individuals who need more support to succeed in education and training, DVR is implementing a “progressive education” approach that provides an incremental and low-risk path.
- **Career Assessment:** DVR is promoting the use of modern career assessment tools that help consumers see beyond entry-level employment and identify their potential. Modern assessment tools such as Virtual Job Shadow open up consumers to potential careers they may have never considered.
- **Supporting Practice Change:** DVR has updated policy and practice to promote consumers achieving longer-term career goals. For example, counselors are encouraged to support consumers to see beyond the “right now” job they need to pay the bills and look towards a career that will help them transition to a better life.
- **Teaming to Support the Consumer:** DVR encourages counselors to pull in other team members to support consumers in achieving their employment goals. This might include the employment consultant, the benefits counselor, or the assistive technology specialist. We also strongly encourage teaming with the Department of Labor, Adult Basic Education, and a range of other community partners.
- **Follow-Up After Placement:** DVR requires regular follow-up with consumers post-exit, to promote job retention and career advancement. This can be critical for consumers who are struggling to retain their jobs. It can also be an opportunity to encourage consumers to see if they are ready for the next career step.

DVR tracks implementation of the above new strategies through a new Performance Dashboard. The Dashboard provides real-time information on these practices for staff and managers at the counselor, district, and statewide level. The Dashboard provides the counselor and manager everything they need to know at a glance. It helps them judge how they are doing within a useful frame of reference so they can focus on what they need to do to achieve desired outcomes.

The WIOA measures are lagging measures, meaning most of the desired outcomes occur well after services end. For example, the measure of median earnings occurs two full quarters after case closure. As a result, the measures are not very useful in guiding the work of frontline staff on a day to day basis. Therefore, DVR decided to establish leading measures of activities expected to improve the longer-term WIOA outcome measures. The chart below outlines these lead measures and how they are expected to influence the lagging outcome measures.

Leading Measure (the Intervention)	Lag Measure (the Outcome)
How many cases...	What is the difference between...
Use of Assessment Leads to Better Career Choices and Employment Outcomes	
... have had at least one assessment done?	... the rate of closure with successful employment for cases with assessment done and for those without?
A Team Approach Strengthens the Foundation Supporting Customer Engagement in Completing Goal	
... have documented activities by staff other than the case lead?	... the case completion rate for cases with team involvement and those without?
Career-Focused Education and Training Improves Job Quality, Engagement, and Earnings	
... engaged in career-preparatory training or post-secondary education?	... median earnings in the first post-exit quarter for those who engaged in training and those who did not?
Counseling Emphasis on Career-Focused Plans Results in Higher-Wage Employment	
... had a goal associated with higher wage occupations for the latest active plan for open cases in the period?	... hourly wage greater than 125% of minimum wage for cases closed with successful employment with career-focused goals and those without?
Continued Encouragement and Support After Closure Results in Job Retention and Career Advancement	
... received the minimum expected follow-up contacts for cases closed from plan status in the period?	... the employment rate for cases with post-exit follow-up and those without?

DVR Performance Measures

As noted, DVR is operating under new measures along with their core partners DOL and the AOE Adult Basic Ed program. Because it has taken some time for RSA, the federal agency overseeing DVR, to implement the new measures, it has disrupted our ability to report performance measures for our services in the short term.

How many people we serve:

- 8,074 individuals were served in SFY 2019. 8,393 were served in SFY 2018.
- 6,756 people were served in the core VR program. 7,120 were served in SFY 2018.
- 1,318 high school students were served through Pre-Employment Transition Services only. 1,555 were served in SFY 2018.

How well we serve them:

The DVR Consumer Experience Survey is conducted every three years to determine consumers' overall satisfaction with the program. The survey is conducted by a third-party research firm, Market Decisions Research (MDR), who have an extensive background in working with other VR agencies nationwide. Seven hundred consumers were contacted to provide information for our 2019 survey.

The results from our 2019 survey were positive. Market Decisions Research found that of the consumers surveyed:

- 81% reported that they were satisfied or very satisfied with DVR.
- 96% said that they would recommend that their friends or family members seek help from DVR.
- 92% of consumers reporting that they are satisfied with their experience working with DVR staff and DVR Counselors; this statistic has risen two percent from our previous survey in 2016.

Consumers have reported consistently high rates of satisfaction about their treatment by DVR staff. In the 2019 survey, 98% of consumers reported feeling that they were treated with dignity and respect. The largest improvement in customer experience was seen in the ability of consumers to communicate with their DVR Counselors. In 2016, 88% of consumers were satisfied with their ability to contact their counselor; in 2019 this percentage rose to 91%, an all-time high.

How people are better off:

- 877 individuals closed their VR case in SFY2019 with successful employment. This means they:
 - Met their individual employment goal.
 - Had been employed for at least 90 days and were stable.
- 330 or 38% had a wage above 125% of the minimum wage and 201 or 23% were earning 150% of minimum wage (above \$16 per hour).

The WIOA legislation mandated that VR agencies significantly shift their priorities to providing “Pre-Employment Transition Services” (Pre-ETS) to students with disabilities in school, even prior to their officially applying for VR services. It also required that VR agencies reserve 15% of their grant awards for these Pre-ETS services. This new emphasis on introducing high school students to VR’s career counseling, work-based learning, training, and support services should yield better career outcomes in the future. In the meantime, our primary task has been to reorient our staff and services to ensure we are meeting this new federal mandate.

Providing real work-based learning experiences in real employment settings is one of the most effective ways to prepare students and youth for long term success. Therefore, DVR has invested more resources in providing these opportunities for students and youth. The percent of students and youth served by DVR who engaged in work-based learning experiences with real employers before age 22 has increased:

- SFY2011-2014 (pre-WIOA) 15% of all VR youth served received a work-based learning experience.
- SFY2015-2019 (post-WIOA) 26% of all VR youth served received a work-based learning experience.
- In SFY2019, 931 students and youth under age 22 had work-based learning experiences as part of their VR services.

V. The Adult Services Division (ASD) is responsible for managing a full array of long-term services and supports (LTSS) for older Vermonters and adults with physical disabilities. Vermont Medicaid, the federal Older Americans Act and State General Funds are the primary sources of funds for these services.

Medicaid Funded Long-Term Services & Supports Programs include:

- Adult Day Health Rehabilitation.
- Adult High Technology Program.
- Attendant Services Program.
- Choices for Care.
- Traumatic Brain Injury Program.

Older American's Act (OAA) Services through Area Agencies on Aging include:

- Supportive Services, including Case Management, Legal Assistance, Transportation and more.
- Nutrition Services (congregate and home-delivered meals, nutrition counseling and education).
- Health Promotion and Disease Prevention.
- Information, Referral and Assistance.
- Family Caregiver Support.
- State Long-Term Care Ombudsman Program.

Federal & State funded grants & contracts include:

- Commodity Supplemental Food Program.
- Dementia Respite Grants for Family Caregivers.
- Elder Care Clinician Program.
- Employer Payroll Support for Self-Directed Services.
- Federal Brain Injury State Partnership Grant.
- Health Insurance Counseling & Support (SHIP/MIPPA).
- Home Delivered Meals for People with Disabilities Under Age 60.
- Money Follows the Person Project.
- Self-Neglect Initiative.
- Senior Farmers' Market Nutrition Program.
- 3SquaresVT (SNAP) Outreach.

Special projects include:

- Falls Prevention Coalition.
- Federal HCBS Regulations Assessment & Implementation Project.
- Governor's Commission on Alzheimer's Disease and Related Disorders.
- Nursing Facility Quality Initiatives.
- Reframing Aging in Vermont.
- Substance Abuse Treatment Screening Initiative.
- Suicide Prevention.

Adult Day Services is a community-based non-residential service that assists individuals to remain active in their communities by maximizing health, independence and optimal functioning. Funding comes from Medicaid State Plan (Day Health) and Choices for Care (High, Highest & Moderate Needs Groups).

How many people we served:

- In SFY 2019, an average of 490 people was served monthly by all Medicaid funding sources (Day Health and CFC High/Highest/Moderate Needs Groups) (3% increase).
- 27% of Total were served through the Medicaid State Plan (Day Health).
- 47% of Total were served through the CFC High/Highest Needs Group.
- 26% of Total were served through the CFC Moderate Needs Group.

How well we served them:

- All Adult Day services received a 2% Medicaid rate increase July 1, 2019.
- Six (6) Adult Day Providers operating ten (10) sites were successfully certified under the Standards for Adult Day Services in Vermont.
- Two (2) new Adult Day sites were opened, one in Dover and one in Quechee, Vermont.
- One Adult Day site in Newport closed due to inability to comply with new federal standards. Participants were successfully transitioned to other services.
- Choices for Care Adult Day participants were included in the NCI-AD consumer survey. See results in the Choices for Care section below.
- Types of adult day issues found and resolved during certification reviews include but are not limited to those relating to effective Quality Management activities, clearly written job descriptions and role clarification for staff positions, and one co-location within a Nursing Home.
- Examples of good adult day practices discovered during certification reviews included the high quality of programming related to activities, meals, fall reduction, wellness, resource and referral, and socialization. There were many positive findings during reviews and the feedback from community, family, and inter-agency staffs included high praise.

Choices for Care (CFC) is the largest Medicaid funded program managed by ASD, serving over 5,500 Vermonters. CFC is designed to support adult Vermonters living with a physical disability or condition related to aging, in the settings of their choice. Within CFC, there are three eligibility groups: Highest, High and Moderate Needs Groups. Vermonters who are enrolled in the Highest or High Needs Groups meet nursing home level of care and can choose to receive services at home, in a nursing facility, Enhanced Residential Care (ERC) homes, or Adult Family Care (AFC) homes. Vermonters who are enrolled in the Moderate Needs Group live at home, do not meet nursing home level of care and have a choice of limited home and community-based services.

The success of Choices for Care is measured against several core objectives. Initially, reflecting the goal of supporting individual choice, the goal was to achieve a 60:40 balance between people receiving services in nursing facilities and people living in home-based and Enhanced Residential Care settings. Having achieved this goal, a new target of 50:50 was established, and this target was surpassed in January 2014. In SFY2019, 43% of all people in the High/Highest Needs Groups were served in nursing facilities while 57% were served in home-based and Enhanced Residential Care settings.

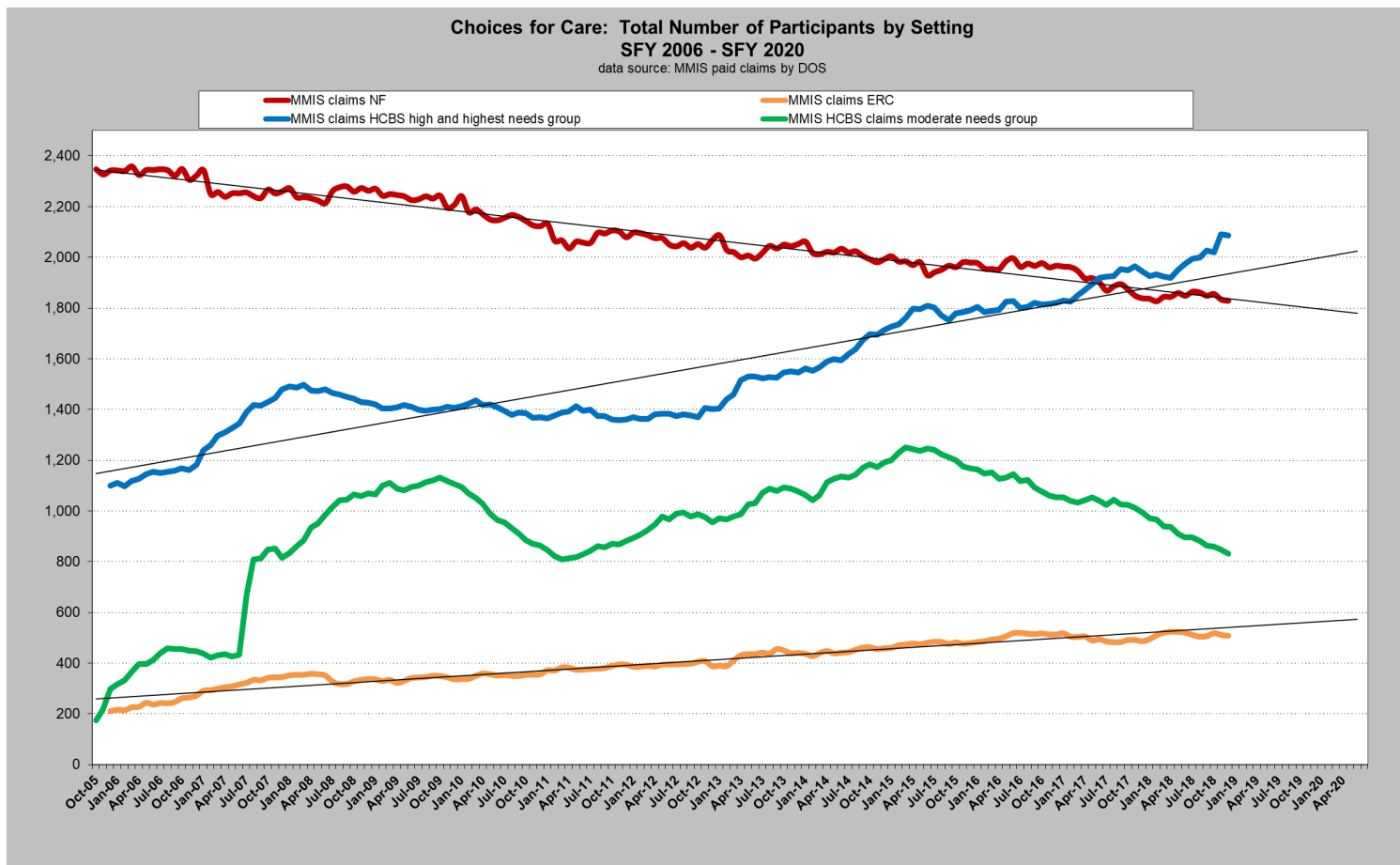
How many people we served:

As of July 2019, the total number of people enrolled in Choices for Care (High/Highest/Moderate Needs Groups) was 5,506, a 4% increase from the total number of people enrolled in SFY2018. This represents a 7% increase in home-based, a 7% increase in Enhanced Residential Care, a 2% decrease in nursing facility and a 3% decrease in Moderate Needs Group enrollments. Anecdotal feedback regarding the decline in Moderate Needs enrollment suggests the primary cause is unmet workforce demands for homemaker services.

As of June 2019 (SAMS Enrollment Data)	SFY2019	SFY2018 – SFY2019 % change
Total CFC Enrollments (high/highest/moderate)	5,506	4%
Home-Based (HB) High/Highest only	1,902	7%
Enhanced Residential Care (ERC) High/Highest only	536	7%
Nursing Facility High/Highest only	1,831	-2%
Total High/highest Group only	4,269	6%
Total Moderate Needs Group only	1,237	-3%
HB & ERC % combined total of High/Highest	57%	2%
NF % total of High/Highest	43%	-2%
% of CFC Clinical Eligibility Determinations <30 days	94%	-2%
Estimated Moderate Needs Group Wait List end of SFY2019	650	

The table above shows point-in-time participant enrollments from the SAMS database as of June 2019. Home-Based High/Highest Needs Groups counts includes traditional home-based, Flexible Choices and Adult Family Care. Nursing Facility High/Highest Needs Groups counts includes 112 (6%) short-term rehab stays.

The graph below shows the actual numbers of people served taken from paid Medicaid claims, which is slightly different.



How well we serve them:

- In SFY2019, CFC managed spending within the limits of available funding, spending all but 1.32% of the budget.
- \$2,069,716.37 was carried forward into SFY2020 as 1% reserve to avoid implementing a High Needs Group wait list, and \$263,064.59 reinvested into increasing Moderate Needs Group Case Management from 12 to 24 hours per calendar year effective July 1, 2019. The increase in Moderate Needs Group Case Management was supported using variance approval data and documented unmet needs of Moderate Needs Group participants.
- Medicaid rates for CFC home-based, Enhanced Residential Care and Moderate Needs Group services increased by 2% July 1, 2019.
- With limited funds, Moderate Needs Group providers continue to maintain regional wait lists, however, utilization of homemaker services has declined, primarily due to critical challenges related to workforce.
- The ASD clinical team experienced several unexpected medical leaves in SFY2019 creating more fluctuations in workload for clinical determinations than normal. As of July 2019, 94% of clinical eligibility decisions for high/highest needs groups applicants were made within 30 days of receiving an application. This performance was close to the 95% target.
- Six (6) Designated Home Health Agencies and three (3) Area Agencies on Aging were successfully certified under the Case Management Standards & Certification Procedures for the Older American's Act & Choices for Care Programs.
- Examples of case management issues found and resolved during certification reviews include the need for enhanced person-centered planning practices, setting short and long-term goals, complete or timely reassessments, occasional participant monitoring issues and one issue with billing practices.

- Examples of good case management practices found during certification reviews include the respect and inclusion of participants input into the planning and delivery of services, proactive Service Plan development beginning before annual due dates, and case managers with extensive knowledge about the full range of services available to individuals in their region. Participants, families, supports and interagency staff(s) feedback regarding Choices for Care case management services included high praise for these agencies, programs and their staff(s).
- In SFY2019, 147 critical incidents were processed for 86 of the Choices for Care participants living in Adult Family Care and participants receiving Money Follows the Person assistance. The types of incidents included:

Type of Incidents	Count	% of Total
Medical Emergency	94	64%
Mental Health	13	9%
Natural Death	9	6%
Report of Abuse Neglect, Exploitation/Use of a Prohibited Practice	8	5%
Criminal Activity/Incarceration	8	5%
Missing Person	7	5%
Other: includes Action by Paid Staff/Provider/Worker paid by DDSD funds	3	2%
Potential Media Involvement	2	1%
Untimely/Suspicious Death	2	1%
Chemical Restraint	1	1%
Grand Total	147	100%

How people are better off:

- Consistent with individual choice and in line with [AARP research \(2018\)](#) on American's preference for home-based services, in SFY2019 the percentage of Choices for Care high/highest participants residing in a home-based setting increased by 7%.
- In SFY2019, the balance of high/highest participant enrollments in nursing facilities as compared to non-nursing facility settings has continued to shift, showing 43% of all high/highest needs groups enrollments in nursing facilities (previously 45%) and 57% in home-based and Enhanced residential care combined (previously 55%). In 2005, the balance was 64% of high/highest needs groups participants were enrolled in nursing facilities and 36% home-based and Enhanced Residential Care combined. Additionally, since 2005 home-based participants have grown by 74%, Enhanced Residential Care participants have grown by 217% and nursing facility participants have declined by 20%.

High/Highest Needs Groups Settings	Oct-05		Jun-19		Change 2005 - 2019	
	#	% of total	#	% of total	#	% change
Home-Based	1092	31%	1902	45%	810	74%
Enhanced Residential Care	169	5%	536	13%	367	217%
Nursing Facility	2286	64%	1831	43%	-455	-20%
Totals:	3547	100%	4269		722	20%

Data Source: SAMS database point in time participant enrollments.

In 2018 ASD started using the National Core Indicators for Aging and Disabilities (NCI-AD) to survey participants of the Choices for Care and Traumatic Brain Injury programs. The resulting quality and consumer experience data reports can be found on the [NCI-AD website](#) which compares Vermont data to 13 other participating state As a part of the Vermont's Global Commitment (GC) Comprehensive Quality Strategy (CQS), DAIL focused on four NCI-AD questions:

54% of people on the Choices for Care program reported they get to do the things they want to do outside the home as often as they want to, compared to 61% nationally.
67% of people on the Choices for Care program reported they can choose or change any of the services they receive, compared to 69% nationally.
3% of people on the Choices for Care program reported they have a paid job in the community, compared to 3% nationally.
39% of people on the Choices for Care program who are not currently employed, reported they would like a paid job in the community, compared to 20% nationally.

Other interesting Choices for Care and TBI participant combined NCI-AD data shows that:

- Vermont had a much higher percent of participants (25% vs 14% nationally) who reported having Alzheimer's Disease or related dementia.
- Vermont had a noticeably lower percent of participants (69% vs 74%) who reported having access to transportation when they want to do things outside of their home (non-medical).
- Vermont had a significantly higher percent of participants (79% vs 53% nationally) who reported that their case manager/coordinator talked to them about services and how to help with unmet needs.
- Vermont had the highest percentage of participants (43% vs 33% nationally) who reported overnight hospital/rehab stays.
- Vermont had the highest percent of participants (58% vs 48% nationally) who reported they had emergency room visits within last year.
- Vermont had the highest percent of participants (19% vs 14% nationally) who reported often being sad or depressed.
- Vermont had the 3rd highest percent of participants (70% vs 67% nationally) who reported having talked to someone about being sad or depressed in the last year.
- Vermont had the highest percent of participants (39% vs 20% nationally) who reported wanting a job (of those who reported they did not have a job).
- Vermont had the highest percent of participants (40% vs 26% nationally) who reported wanting to volunteer (of those who reported they did not volunteer).
- Vermont had a higher than average percent of people (84% vs 77% nationally) who reported needing help with self-care.
- Vermont had the highest percent of participants (89% vs 84% nationally) who reported they have access to healthy foods when they want them.

NCI-AD data is being presented to stakeholders with the goal of creating ways improve quality of services and quality of life for program participants.

Choices for Care Summary - Expenses and # of People Served by Date of Service								
Department of Disabilities Aging and Independent Living								
Source: HP Claims Analysis View Universe; DLB 1/4/2015								
Expenditures	QE 9-30-14	QE-12-31-14	QE 3-31-15	QE 6-30-15	QE 9-30-15	QE 12-31-15	QE 3-31-16	QE 6-30-16
Highest & High (includes all Case Management & Nursing Home)	\$47,064,058	\$45,778,687	\$45,900,564	\$44,841,245	\$44,867,805	\$46,182,642	\$46,345,822	\$44,852,138
Moderate	\$1,099,365	\$1,116,373	\$1,146,029	\$1,184,931	\$1,149,410	\$1,068,295	\$1,103,624	\$1,095,034
Total	\$48,163,423	\$46,895,060	\$47,046,593	\$46,026,176	\$46,017,215	\$47,250,937	\$47,449,446	\$45,947,172
Expenditures By Service Category								
Nursing Home	\$31,397,458	\$30,854,845	\$29,824,521	\$29,495,996	\$29,574,032	\$30,234,872	\$29,314,604	\$29,004,614
Adult Day (Moderate, High&Highest)	\$1,276,089	\$1,156,374	\$1,056,233	\$1,125,850	\$1,140,543	\$1,073,505	\$1,108,544	\$1,164,683
Case Management (HHA & AAA)	\$1,059,132	\$1,009,235	\$1,122,176	\$1,103,623	\$964,932	\$1,004,239	\$1,143,711	\$1,132,800
Homemaker	\$650,016	\$678,840	\$721,193	\$763,794	\$724,134	\$665,866	\$664,420	\$652,698
Respite/Companion	\$2,481,391	\$2,301,855	\$2,877,740	\$2,283,482	\$2,200,414	\$2,441,004	\$2,908,262	\$2,216,448
Enhanced Residential Care	\$2,469,590	\$2,542,302	\$2,514,338	\$2,627,485	\$2,662,581	\$2,714,692	\$2,731,643	\$2,823,567
Personal Care (by Agency)	\$4,186,280	\$4,235,083	\$4,209,400	\$4,327,998	\$4,415,740	\$4,404,009	\$4,536,566	\$4,448,593
Personal Care (Self Directed)	\$3,329,016	\$2,865,347	\$3,227,779	\$2,795,047	\$2,987,478	\$3,249,938	\$3,437,464	\$2,821,046
Flexible Choices	\$1,080,820	\$1,008,774	\$1,259,249	\$1,255,481	\$1,114,557	\$1,206,100	\$1,359,168	\$1,425,593
Misc (Assistive Devices, Emergency Response Systems, ISO)	\$233,631	\$242,405	\$233,964	\$247,420	\$232,804	\$256,712	\$245,064	\$257,130
Total	\$48,163,423	\$46,895,060	\$47,046,593	\$46,026,176	\$46,017,215	\$47,250,937	\$47,449,446	\$45,947,172
People Served								
* Highest & High (includes all Case Management)	5,452	5,512	5,729	5,648	5,483	5,502	5,590	5,561
**Moderate	1,249	1,301	1,333	1,353	1,292	1,263	1,225	1,199
Total	5,651	5,720	5,857	5,799	5,669	5,685	5,687	5,678
*includes all Case Management for Highest, High, and Moderate needs This duplicates people who are counted in Moderate needs.								
** People in Moderate needs are also counted in Highest/High due to universal case management code.								
People Served by Service Category								
Nursing Home	2,292	2,257	2,302	2,232	2,167	2,187	2,176	2,194
Adult Day (Moderate, High&Highest)	415	419	384	377	384	381	382	381
Case Management (HHA & AAA)	3,202	3,243	3,420	3,394	2,816	2,748	2,874	2,828
Homemaker	1,133	1,175	1,212	1,237	1,182	1,144	1,094	1,067
Respite/Companion	1,127	1,054	1,133	1,108	1,100	1,025	1,115	1,092
Enhanced Residential Care	493	503	509	516	501	507	517	542
Personal Care (by Agency)	783	792	788	792	791	776	790	784
Personal Care (Self Directed)	847	821	815	812	842	848	828	836
Flexible Choices	217	294	379	448	381	388	394	383
Misc (Assistive Devices, Emergency Response Systems, ISO)	1,283	1,290	1,250	1,243	1,251	1,279	1,281	1,261
Total	5,651	5,720	5,857	5,799	5,669	5,685	5,687	5,678

Choices for Care Summary - Expenses and # of People Served by Date of Service								
Department of Disabilities Aging and Independent Living								
Source: DXC Claims Analysis View Universe; DLB 12/10/2018								
Expenditures	QE 9-30-16	QE 12-31-16	QE 3-31-17	QE 6-30-17	QE 9-30-17	QE 12-31-17	QE 3-31-18	QE 6-30-18
Highest & High (includes all Case Management & Nursing Home)	\$48,518,962	\$47,840,968	\$47,928,283	\$47,276,130	\$49,689,430	\$48,991,483	\$47,969,860	\$48,298,067
Moderate	\$1,439,482	\$1,347,613	\$1,006,578	\$1,025,861	\$1,072,041	\$1,066,896	\$1,014,524	\$1,001,554
Total	\$49,958,444	\$49,188,580	\$48,934,862	\$48,301,991	\$50,761,472	\$50,058,379	\$48,984,384	\$49,299,621
Expenditures By Service Category								
Nursing Home	\$31,508,876	\$31,733,086	\$30,645,706	\$30,422,133	\$31,791,765	\$31,064,245	\$29,856,151	\$30,208,298
Adult Day (Moderate, High&Highest)	\$1,327,502	\$1,225,627	\$1,072,806	\$1,205,817	\$1,277,721	\$1,257,507	\$1,168,202	\$1,244,929
Case Management (HHA & AAA)	\$1,150,087	\$1,120,241	\$1,228,607	\$1,260,911	\$1,248,437	\$1,269,799	\$1,319,192	\$1,271,317
Homemaker	\$854,753	\$815,589	\$609,145	\$611,294	\$595,875	\$571,178	\$538,583	\$529,560
Respite/Companion	\$2,484,521	\$2,240,772	\$2,820,053	\$2,293,591	\$2,446,961	\$2,301,653	\$2,974,277	\$2,362,134
Enhanced Residential Care	\$2,958,994	\$2,989,397	\$2,928,363	\$2,943,470	\$2,943,240	\$2,966,227	\$3,080,385	\$3,223,931
Personal Care (by Agency)	\$4,617,023	\$4,690,763	\$4,619,208	\$4,852,403	\$5,168,736	\$5,197,979	\$5,236,749	\$5,450,144
Personal Care (Self Directed)	\$3,352,555	\$2,814,626	\$3,224,109	\$2,844,677	\$3,363,425	\$3,457,414	\$3,017,726	\$3,033,949
Flexible Choices	\$1,436,167	\$1,268,663	\$1,476,309	\$1,525,072	\$1,593,976	\$1,583,573	\$1,438,054	\$1,605,376
Misc (Assistive Devices, Emergency Response Systems, ISO)	\$267,967	\$289,816	\$310,556	\$342,623	\$331,335	\$388,805	\$355,065	\$369,983
Total	\$49,958,444	\$49,188,580	\$48,934,862	\$48,301,991	\$50,761,472	\$50,058,379	\$48,984,384	\$49,299,621
People Served								
* Highest & High (includes all Case Management)	5,631	5,609	5,649	5,641	5,549	5,558	5,491	5,478
**Moderate	1,181	1,138	1,114	1,120	1,090	1,067	1,012	959
Total	5,760	5,720	5,727	5,712	5,635	5,629	5,561	5,564
*includes all Case Management for Highest, High, and Moderate needs This duplicates people who are counted in Moderate needs.								
** People in Moderate needs are also counted in Highest/High due to universal case management code.								
People Served by Service Category								
Nursing Home	2,270	2,249	2,261	2,235	2,169	2,148	2,122	2,114
Adult Day (Moderate, High&Highest)	377	365	358	371	393	404	378	376
Case Management (HHA & AAA)	2,832	2,834	2,859	2,864	2,875	2,867	2,805	2,783
Homemaker	1,060	1,019	999	1,000	961	924	878	832
Respite/Companion	1,091	995	1,064	1,054	1,053	1,006	1,114	1,087
Enhanced Residential Care	559	552	554	552	526	531	556	558
Personal Care (by Agency)	812	811	828	854	850	851	835	860
Personal Care (Self Directed)	859	828	825	811	843	875	873	873
Flexible Choices	372	364	384	455	442	441	410	424
Misc (Assistive Devices, Emergency Response Systems, ISO)	1,276	1,295	1,296	1,310	1,302	1,357	1,356	1,376
Total	5,760	5,720	5,727	5,712	5,635	5,629	5,561	5,564

Choices for Care Summary - Expenses and # of People Served by Date of Service	
Department of Disabilities Aging and Independent Living	
Source: DXC Claims Analysis View Universe; DLB 12/10/2018	
Expenditures	<u>QE 9-30-18</u>
Highest & High (includes all Case Management & Nursing Home)	\$50,045,481
Moderate	\$913,132
Total	\$50,958,612
Expenditures By Service Category	
Nursing Home	\$31,474,071
Adult Day (Moderate, High&Highest)	\$1,234,170
Case Management (HHA & AAA)	\$1,071,063
Homemaker	\$498,192
Respite/Companion	\$2,418,176
Enhanced Residential Care	\$3,206,639
Personal Care (by Agency)	\$5,655,771
Personal Care (Self Directed)	\$3,459,317
Flexible Choices	\$1,581,724
Misc (Assistive Devices, Emergency Response Systems, ISO)	\$359,490
Total	\$50,958,612
People Served	
* Highest & High (includes all Case Management)	5,292
**Moderate	911
Total	5,447
*includes all Case Management for Highest, High, and Moderate needs This duplicates	
** People in Moderate needs are also counted in Highest/High due to universal case ma	
People Served by Service Category	
Nursing Home	2,044
Adult Day (Moderate, High&Highest)	369
Case Management (HHA & AAA)	2,539
Homemaker	799
Respite/Companion	1,070
Enhanced Residential Care	531
Personal Care (by Agency)	871
Personal Care (Self Directed)	880
Flexible Choices	418
Misc (Assistive Devices, Emergency Response Systems, ISO)	1,394
Total	5,447

The Traumatic Brain Injury (TBI) Program serves Vermonters with moderate to severe brain injuries, diverting or returning them from hospitals and facilities to community-based settings. The TBI Program focuses on independent living, with increased emphasis on rehabilitation culminating in graduation from the TBI Program. In SFY2015 the program was selected to participate in the Department of Finance and Management’s Performance Measurement Pilot Project. As part of this pilot, the program began measuring performance related to employment, transitioning people who reach their maximum rehabilitation potential to independent living and transitioning people who have reached their maximum rehabilitation potential, but who have a continued need for services.

How many people we served:

In SFY2019 the TBI program served 79 people (13% decrease).

As seen over the last few years, it is hard to predict how many people will experience a severe brain injury requiring Medicaid funded TBI services. For example, though the program enrolled less people than expected in SFY2019, towards the end of the fiscal year, there were nine new applicants in line to be enrolled. Additionally, DAIL has worked with TBI providers to serve some brain injury survivors within the Choices for Care Adult Family Care option, reducing the need to fund services with targeted TBI program rehab dollars. Fortunately, some of the Choices for Care Adult Family Care providers are also TBI specialty providers.

How well we serve them:

One goal of the TBI program is to prevent the need for a person to go to a specialized out of state facility. In SFY2019, the average cost per person receiving TBI services in Vermont was approximately \$5,400 per month or \$178/day. Out-of-state specialty facilities cost from \$425-\$650 per day. It’s estimated that for each person that is successfully diverted from a specialized out-of-state facility the state saves at least \$90,155 per person per year.

How people are better off:

- 19% of people served in TBI home and community-based services rehabilitation services were employed in SFY2019 (target 25%).
- 3 people served in the rehabilitation program met their rehabilitation goals and graduated to independent living in SFY2019 (target 7).

As a part of the State’s Comprehensive Quality Strategy (CQS), DAIL focused on four NCI-AD questions:

51% of people on the TBI program reported they get to do the things they want to do outside the home as often as they want to, compared to 61% nationally.
68% of people on the Choices for Care program reported they can choose or change any of the services they receive, compared to 69% nationally.
3% of people on the Choices for Care program reported they have a paid job in the community, compared to 3% nationally.
The % of people on the TBI program who are not currently employed and would like a job could not be reported due to the low number of responses. (20% nationally)

In SFY2019, DAIL completed its first year as a recipient of the federal Administration for Community Living (ACL) TBI State Partnership Grant. Vermont is receiving approximately \$150,000 per year for three years (2018-2022). In its first year, DAIL worked with stakeholders to revitalize Vermont's Brain Injury Advisory Board and to craft a new Vermont State Brain Injury Strategic Plan. The strategic plan is intended to establish long-term outcomes and goals that guide how the State of Vermont, brain injury providers and other service providers will identify and refer any Vermonter that experiences a traumatic brain injury and their family to high quality services and supports. The plan will also expand to include individuals with non-traumatic brain injury, which is an alteration in brain function or pathology caused by an internal force. The primary goals identified for the plan include Early Intervention & Education, Resource Development and Services. For more information on the grant progress and partnerships with the Vermont Brain Injury Association, Vermont Department of Corrections and Vermont Department of Health, refer to the [Brain Injury Grant special projects web page](#).

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 Vermont Legal Aid for Long-Term Care Ombudsman services.

How many people we serve (FFY2018): (NOTE: FFY 2018 is the best available OAA Area Agency on Aging data. FFY2019 data will not be confirmed until early 2020).

- 57,515 Vermonters age 60 and older received AAA OAA services in FFY2018 (2.4% decrease).
- 5,713 Vermonters received home delivered meals in FFY2018 (2% decrease).
- 798,261 home delivered meals were provided in FFY2018 (15% increase), 95% of which were provided to OAA eligible Vermonters.
- 12,549 Vermonters participated in congregate meals in FFY2018 (8% decrease).
- 295,215 community meals were served in FFY2018 (7% decrease), 96% of which were provided to OAA eligible Vermonters.
- 7130 Vermonters received AAA OAA Case Management services in FFY2018.
- In FFY2019, 531 complaints were opened by the Long-Term Care Ombudsman (2% increase), 619 were close (13% increase) and 415 were resolved (10% increase).

How well we serve them:

- 96% of people receiving home delivered meals reported that they have enough to eat (1% increase).
- 85% of people receiving home delivered meals reported that meals help manage or improve their medical condition (1% increase).
- 85% of Case Management services recipients surveyed reported they were living in the setting of their choice (new measure).
- 85% of Case Management services recipients surveyed reported their unmet needs were addressed (new measure).
- 87% of verified Long-Term Care Ombudsman complaints were resolved to the satisfaction of the participant (75% target).

- 100% of nursing facilities were visited by Long-Term Care Ombudsman (95% target).
- 75% of adult day sites were visited by Long-Term Care Ombudsman (100% target).
- Five (5) senior centers were visited (target 5).

The Adult Services Division manages additional services that complement Older American's Act services including the following.

- Dementia Respite Grant via Area Agencies on Aging: 475 family caregivers received Dementia Respite Grant funding in SFY2019 (46% increase), while a new caregiver assessment tool was developed to guide identification of caregiver needs and to improve/target caregiver supports. This increase can be attributed to training provided by the state to the Area Agencies on Aging to clarify covered services definitions. (State General Funds)
- Home Delivered Meals for People under 60 via Vermont Center for Independent Living: 499 people were served (5% decrease), 93% of survey respondents reported that the meals helped maintain their health, and 98% of survey respondents reported that staff were easy to reach when help was needed.
- Senior Farmer's Market Nutrition Program via Northeast Organic Farmer's Association: 953 Vermonters were served in SFY2019 (1% decrease), while 15 farms and 62 housing sites participated (Federal USDA Funds).

Vermont State Plan on Aging: In SFY2018 the State Unit on Aging team facilitated a statewide needs assessment and worked closely with the Area Agencies on Aging and stakeholders to create and launch the new [Vermont State Plan on Aging \(FFY 2019 - 2022\)](#). The new plan includes the following goals:

1. Support Healthy Aging for All.
2. Strengthen Core Older Americans Act Services that Support Older Vermonters in greatest Economic and Social Need.
3. Bolster the System of Protection and Justice for Older Vermonters.

The complete Vermont State Plan on Aging that includes Objectives, Strategies and Measures can be found on the [Adult Services Division web page](#).

Examples of Progress in SFY2019:

Here is a snapshot of Vermont's strategies and progress towards the objective of increasing older Vermonter participation in evidence-based falls prevention interventions and programs.

Objective 1.1: Increase older Vermonter participation in evidence-based falls prevention interventions and programs.

Strategy 1: Collaborate with Falls Free Vermont (FFV), using a variety of methods, to increase awareness among individuals, families, providers and healthcare systems of proven falls prevention interventions and programs offered throughout the state.

Progress:

- FFV promoted Healthy Aging and Falls Prevention Day at the Statehouse in May 2019 to raise awareness and engage legislators. Three media outlets covered the event.
- FFV promoted Falls Prevention Awareness Month with a statewide press release, 20+ screening events statewide, regional events, an Across the Fence episode, updated class lists on fallsfreevermont.org and social media promotion.
- FFV has plans to partner with the Brain Injury Association for an Awareness Day at the statehouse in March 2020.

Strategy 2: Increase access to falls prevention interventions and programs through sustainable expansion of a variety of interventions and programs throughout the state.

Progress:

- In FFY2019, AAAs used OAA Title III-D funds to expand Tai Chi classes (see map that shows geographic coverage).
- In January 2019, DAIL and AAAs supported VDH in its application for an ACL Falls Prevention grant to expand Tai Chi, launch A Matter of Balance in collaboration with the Blueprint for Health, and explore offering Otago. VDH did not receive the grant; Falls Free Vermont is now exploring strategies for a 2020 grant application if the funding opportunity is offered again. We anticipate a community partner will be lead applicant (most likely AAAs or SASH).
 - DCF and VDH have partnered on a pilot “weatherization plus falls” program offering home modifications to weatherization clients at high risk of falls. Data/results of the pilot should be available by the end of 2019.
 - FFV has joined a New England Evidence-Based Programs Network Collaborative with all 6 states and led by the MA based Healthy Living Center of Excellence. The goal of the collaborative is to work together across borders to support expansion of programs and build systems for future sustainable funding sources (i.e. health plans). V4A is our FFV lead but all steering committee members will be participating in working groups over the next 1 to 2 years.
 - Engaging with RISE VT to encourage more focus on older Vermonters, as the growing demographic in our communities, with an understanding that prevention and healthy lifestyles can be adopted at any age.

Strategy 3: Establish data elements and statewide data collection and tracking of falls prevention interventions and programs, including participant outcomes.

Progress:

For FFY2019, AAAs implemented standardized pre and post surveys for Tai Chi participants to gauge falls risk and social isolation risk before and after taking 10 weeks of Tai Chi classes. FFY2019 results should be available by January 2020.

<https://asd.vermont.gov/sites/asd/files/documents/VT%20State%20Plan%20on%20Aging%20Year%201%20Progress%20Update%2012.10.19.pdf>

Budget Testimony – Additional Information

- **Crosswalk Spreadsheet (UPS and DOWNS)** - The requested SFY 2021 Budget Development Form provides the information requested by the Appropriation Committees. This was previously sent by the Agency of Human Services central office.
- **Additional Requested Information (VANTAGE REPORTS)** - The requested forms, which were not included in the AHS Budget Books, are included in the attached packet of information.

Budget Fact Sheet

- SFY2021 TOTAL DAIL PROPOSED BUDGET - \$531,693,464
 - General Fund – 5.16%.
 - Global Commitment – 87.64%.
 - Federal Fund – 6.44%.
 - Special and Interdepartmental Funds – less than 1%.

SFY2021 DAIL PROPOSED BUDGET BY DIVISION						
DIVISION		TOTAL	% of	Fund Split		
				GF	GC	Federal/Other
1)	Developmental Disabilities Services Division	\$ 242,641,445	45.64%	1.8%	97.2%	1%
	(includes DS Waiver)					
2)	Adult Services Division	\$ 252,255,267	47.44%	4%	91.1%	4.9%
	(includes AAA, Attendant Services Programs, Day Health Rehab Services and Choices for Care)					
3)	Vocational Rehabilitation	\$ 23,135,724	4.35%	20%	0.00%	80%
4)	Blind and Visually Impaired	\$ 2,820,204	0.53%	32%	10.8%	57.2%
5)	Licensing and Protection	\$ 5,099,866	0.96%	48.19%	0%	51.81%
6)	Commissioner's Office	\$ 5,740,958	1.08%	87.13%	0%	12.87%
Totals		\$ 531,693,464	100			

Summary of Changes from SFY2020 Base Budget to SFY2021 Proposed Budget

Total Change SFY2020 to SFY2021 Recommended Budget	\$12,735,838
(All Gross Dollars)	
DAIL Administration & Support Section	
Total SFY2020 Base Appropriation	\$38,410,737
SFY2021 net increase in Administration & Support	\$1,164,564
SFY2021 Recommend	\$39,575,301
Positions: Current positions = 279 (282 employees as 3 positions are shared)	
Disabilities, Aging, and Independent Living – Aging and Adult Services Grants	
Total SFY2020 Base Appropriation	\$19,611,505
Proposed Changes:	
1) Anticipated continuation of attrition in Attendant Services GF Program	(\$181,933)
2) BAA Item – Under-utilization adjustment Attendant Services Medicaid Program	(\$317,199)
SFY2021 Recommend	\$19,112,373
Blind and Visually Impaired Division	
SFY2020 Base Appropriation	\$1,661,457
No Proposed Changes	
SFY2021 Recommend	\$1,661,457

Vocational Rehabilitation Division	
SFY2020 Base Appropriation	\$7,024,368
No proposed changes	
SFY2021 Recommend	\$7,024,368

Developmental Services Appropriation	
SFY2020 Base Appropriation	\$232,748,868
Proposed Changes	
1) DS Caseload – 355 individuals @ 38,695 = \$13,736,725 less Equity Fund (\$7,151,297) = \$6,585,428	\$6,585,428
2) DS Public Safety/Act 248 Caseload 15@ \$74,547 = \$1,118,205	\$1,118,205
3) Budget-to-actuals alignment	(\$3,470,997)
4) BAA Item – Non-HCBS Under-utilization adjustment	(\$368,524)
5) BAA Item – Under-utilization adjustment Year 2 Collective Bargaining Agreement Year 2	(\$412,519)
6) BAA Item – Adjustment to DA/SSA rate increase (AHS Budget Neutral, funding from DMH)	\$239,994
Total changes	\$3,691,587

SFY2021 Recommend	\$236,440,455
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Traumatic Brain Injury (TBI) Program

SFY2020 Base Appropriation	\$5,788,057
1) BAA Item - Utilization trend decrease	(\$285,077)
SFY2021 Recommend	\$ 5,502,980

Choices for Care (CFC)	
This includes estimated expenditures for nursing homes, home and community-based services and other Medicaid acute/primary care costs for Choices for Care participants.	
SFY2020 Base Appropriation	\$213,712,634
1) Statutory Nursing Home rate increases (net of reduction due to decrease in utilization)	\$1,866,529
2) BAA Item - Nursing Home Case Mix Score Pressure	\$2,900,000
3) Home and Community Based caseload pressure 64 x \$33,468	\$2,141,952
3) Money Follows the Person (continuation)	\$1,488,777
4) Annualization of Personal Needs Allowance for Medicaid nursing home patients that was effective January 2020	\$266,638
Total Changes	\$8,663,896
SFY 21 Recommend	\$222,376,530

**DEPARTMENT OF DISABILITIES, AGING, & INDEPENDENT LIVING
ADMINISTRATION BUDGET BY DIVISIONS SFY21**

	TOTAL	VR	DBVI	DD&D	ASD	L & P	Com office	TOTAL
PERSONAL SERVICES DETAIL								
SFY21 Classified Salary	19,376,935	8,043,013	604,271	3,257,001	2,829,440	3,147,295	1,495,915	19,376,935
Exempt Salary Total	610,106	-	-	-	80,538	-	529,568	610,106
Salary Total	19,987,041	8,043,013	604,271	3,257,001	2,909,978	3,147,295	2,025,483	19,987,041
FICA	1,529,023	615,304	46,227	249,161	222,614	240,768	154,949	1,529,023
HEALTH	4,125,684	1,915,640	123,882	639,449	524,058	526,546	396,109	4,125,684
RETIREMENT	4,186,544	1,689,420	139,746	683,890	611,017	660,853	401,618	4,186,544
DENTAL	235,752	104,046	8,826	34,389	32,640	32,286	23,565	235,752
LIFE	84,338	33,933	2,550	13,745	12,280	13,282	8,548	84,338
LTD	6,012	2,089	219	444	551	511	2,198	6,012
EAP	9,024	4,064	384	1,440	1,120	1,248	768	9,024
Fringe Benefits Total	10,176,377	4,364,496	321,834	1,622,518	1,404,280	1,475,434	987,755	10,176,377
Unemployment	135,418	11,151	696	66,630	53,467	1,925	1,549	135,418
WC/ Other Ins	323,969	-	-	-	-	-	323,969	323,969
Emp room allowance	15,470	-	-	8,583	6,887	-	-	15,470
Tuition	40,000	36,000	4,000	-	-	-	-	40,000
Overtime	50,000	20,999	2,080	6,965	9,583	5,754	4,618	50,000
Temp Employee	268,310	243,918	0	8,125	6,520	9,747	0	268,310
Contracts	3,385,973	1,501,091	30,483	854,708	685,862	168,686	145,143	3,385,973
Vacancy Savings	(851,118)	(383,030)	(22,702)	(113,398)	(85,020)	(94,020)	(152,948)	(851,118)
Sub-Total Misc Personal Services	3,368,022	1,430,129	14,556	831,613	677,300	92,092	322,331	3,368,022
TOTAL PERSONAL SERVICES	33,531,440	13,837,638	940,661	5,711,132	4,991,558	4,714,881	3,335,569	33,531,440
Number of employees by Division								
	282	127	12	45	35	39	24	282
OPERATING DETAIL								
	TOTAL	VR	DBVI	DD&D	ASD	L & P	Com office	TOTAL
Repair & Maint - Buildings	27,000	15,172	1,458	1,798	1,442	2,000	5,130	27,000
RENTALS	1,624,046	1,356,395	103,845	113,519	-	-	50,287	1,624,046
Rentals - Auto & Other	35,036	12,992	1,414	1,744	1,399	3,667	13,820	35,036
Fee for Space	648,664	160,251	26,182	65,283	98,799	93,213	204,936	648,664
Insurance other than Empl Bene	38,473	2,261	3,067	3,594	3,026	18,889	7,636	38,473
Insurance	84,483	0	0	-	-	0	84,483	84,483
Dues	44,000	2,984	2,376	2,929	2,351	25,000	8,360	44,000
Advertising	50,000	27,800	2,700	3,329	2,671	4,000	9,500	50,000
Communications	221,528	88,475	6,963	54,158	30,842	4,000	37,090	221,528
data circuits, internet	43,000	23,348	2,322	2,863	2,297	4,000	8,170	43,000
ADS App Support SOV Emp Exp	327,006	-	-	-	-	-	327,006	327,006
DII Assessment/SLA Charges	491,223	-	-	-	-	-	491,223	491,223
ADS Allocation Exp	383,011	-	-	-	-	-	383,011	383,011
Printing and Binding	200,000	102,200	10,800	16,089	12,911	20,000	38,000	200,000
Registration for Meetings&Conf	60,000	29,760	3,240	3,994	3,206	8,400	11,400	60,000
Postage	79,641	26,397	5,705	7,033	5,644	14,790	20,072	79,641
Travel - Total	614,941	208,243	16,712	168,690	68,974	128,036	24,287	614,941
Other Purchased Services	89,421	21,491	12,650	12,902	12,638	14,370	15,370	89,421
Evaluations	20,000	9,920	1,080	1,332	1,068	2,800	3,800	20,000
Office Supplies	120,000	58,520	6,480	10,763	8,637	12,800	22,800	120,000
Other General Supplies	16,000	7,936	864	1,065	855	2,240	3,040	16,000
Food	5,000	2,480	270	333	267	700	950	5,000
Educational Supplies	18,000	8,928	972	1,198	962	2,520	3,420	18,000
Subscriptions	14,500	7,192	783	965	775	2,030	2,755	14,500
Data Processing Supplies	8,000	3,968	432	533	427	1,120	1,520	8,000
Electricity	6,500	3,224	351	433	347	910	1,235	6,500
Furniture & Fixtures	33,000	16,368	1,782	2,197	1,763	4,620	6,270	33,000
Other Equipment	20,000	4,920	1,080	1,332	1,068	2,800	8,800	20,000
Information Technology Equip	81,000	33,780	670	6,990	5,610	5,000	28,950	81,000
Inf Tech Purchases-Software	63,000	37,720	3,780	4,660	3,740	6,800	6,300	63,000
Vision Assessment	380,471	-	-	-	-	-	380,471	380,471
HR Services	194,917	-	-	-	-	-	194,917	194,917
Other Operating	2,000	992	108	133	107	280	380	2,000
TOTAL	6,043,861	2,273,718	218,085	489,858	271,826	384,985	2,405,389	6,043,861
TOTAL ADMINISTRATION	39,575,301	16,111,356	1,158,747	6,200,990	5,263,384	5,099,866	5,740,958	39,575,301

ADMINISTRATION - RECEIPTS	Total	VR	DBVI	DDSD	ASD	L & P	COMM	TOTAL
FEDERAL FUNDS								
TITLE 18 SURVEY & CERT; 93.777	1,476,899					1,476,899		1,476,899
TITLE 19 SURVEY & CERT; 93.777	845,652					845,652		845,652
IND LIVING PART B; 84.169	120,000	120,000						120,000
TITLE III E; 93.052	433,000				433,000		0	433,000
SECTION 110; 84.126	8,409,867	8,409,867						8,409,867
SSA - Promoting Opportunity Demonstration	60,000	60,000						60,000
SECTION 110 DBVI; 84.126	544,555		544,555					544,555
Senior Employment; 17.235	20,447			20,447				20,447
ASSISTIVE TECH. GRANT; 84.224	178,000	178,000						178,000
SHIP; 93.779	17,000				17,000			17,000
Money Follows the Person; 93.971	700,000				700,000			700,000
Social Services Block Grant; 93.667	380,107			380,107				380,107
SIMS Grant; 93.624	35,594						35,594	35,594
WIPA; 96.008	110,000	110,000						110,000
Medicaid 93.778	4,506,211	0	76,624	1,530,252	1,976,352	219,699	703,284	4,506,211
Linked to Learning Careers 84.421	1,684,162	1,684,162						1,684,162
Total Federal	19,521,494	10,562,029	621,179	1,930,806	3,126,352	2,542,250	738,878	19,521,494
Special Funds								
VR FEES (EAP & AT)	1,318,889	1,318,889	0					1,318,889
VENDING	24,568	0	24,568					24,568
CONFERENCE FEES	47,000	3,000	0	24,411	19,589			47,000
Total Special	1,390,457	1,321,889	24,568	24,411	19,589	-	-	1,390,457
Interdepartmental Transfers								
SNAP; 03440	946,284	946,284						946,284
Welfare to Work; 03440	20,000	20,000						20,000
DOH Hospital Surveyor; 03420	100,000					100,000		100,000
Total IntraUnit	1,066,284	966,284	-	-	-	100,000	-	1,066,284
General Fund	17,597,066	3,261,154	513,000	4,245,772	2,117,444	2,457,616	5,002,080	17,597,066
TOTAL RECEIPTS	39,575,301	16,111,356	1,158,747	6,200,990	5,263,384	5,099,866	5,740,958	39,575,301

DAIL State Fiscal Year 2021 Program Summary

All data is for SFY2019 unless otherwise noted

Whom We Serve	Program Description	Performance Measures	SFY2021 Proposed
Commissioner's Office			
People age 60 and over and adults with disabilities.	Support and Services at Home (SASH): Statewide Residential-based coordination of health and other services for older Vermonters and/or people with disabilities. Services include case management, health care coordination, nutrition assistance, and disease and falls prevention activities.	Performance (SFY2019): SASH operates 54.5 active 'panels' in affordable housing communities, with the capacity to serve over 5,400 participants. Performance: <u>Improve Identification of Social Isolation:</u> 5/2017: 41%. 5/2018: 51.7%. 5/2019: 57.8%. <u>Improve Identification of Suicide Risk:</u> 5/2017: 22.1%. 5/2018: 25.6%. 5/2019: 65.4%. <u>Substance Use Screening:</u> 5/2017: N/A. 5/2018: 25% (baseline). 5/2019: 67.1%.	\$432,076 GC/MCO all inclusive
People with disabilities.	Home Access Program (HAP): DAIL transfers \$100,000, to the Vermont Housing and Conservation Board (VHCB) to support VCIL's HAP Program which provides information, assistance, and referral services to help people with physical disabilities locate and secure funding for home modifications.	Performance (SFY2019): VHCB manages the Home Access Program grant and performance measures.	\$100,000 GF

DAIL State Fiscal Year 2021 Program Summary

All data is for SFY2019 unless otherwise noted

Whom We Serve	Program Description	Performance Measures	SFY2021 Proposed
People age 60 and over and adults with disabilities.	<p>Homesharing: DAIL supports an innovative Homeshare Program in Vermont: HomeShare Vermont is active in Addison, Chittenden, Franklin and Grand Isle Counties; and has expanded its service locations this year to include Washington, Lamoille, Orange, Caledonia and Windsor Counties after the closing of the other Homesharing program. “Homesharing” arranges live-in ‘matches’ between Vermonters who have a living space to share and others who need a place to live.</p> <p>The Homeshare Program have been successful in helping people stay in their own homes, as well as in helping people find affordable housing.</p>	<p>Performance (SFY2019):</p> <ul style="list-style-type: none"> • 202 Vermonters in “matches.” • 127 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. • 37% of matched home providers reported they would be unable to remain safely and comfortably at home without a home sharer. <p>Performance measures reported are for HomeShare Vermont prior to their expansion of covered territory. These numbers show a slight decline from previous years as they do not include performance measures from Home Share Now which ended services and could not provide complete data.</p>	<p>\$327,163 GC/MCO</p>

DAIL State Fiscal Year 2021 Program Summary

All data is for SFY2019 unless otherwise noted

Whom We Serve	Program Description	Performance Measures	SFY2021 Proposed
Division for the Blind and Visually Impaired			
People who are blind or visually impaired.	DBVI Vocational Vision Rehabilitation Program: Federal law - 29 United States Code (U. S. C), chapter 16. The DBVI Vocational Rehabilitation Program offers free, flexible services to people who are blind or visually impaired with assistance to build adaptive blindness skills and secure or maintain employment. DBVI partners with employers across Vermont to help people who are blind or visually impaired realize their full potential.	Performance (FFY2019): <ul style="list-style-type: none"> • 1229 total people served. • 46 individuals successfully achieved their employment goals. Individuals who did not achieve their goals will continue to receive services in FFY 20. Statewide Survey-- Statewide Survey Results FFY 2017 (Conducted by Market Decisions; next statewide survey scheduled for FFY 2020): <ul style="list-style-type: none"> • 93% of DBVI consumers are satisfied with the DBVI vocational rehabilitation program. • 93% of DBVI consumers feel they are better off as a result of the services I received from DBVI. 	\$988,612 Gross
People who are blind or visually impaired.	Independent Living Services helps people who are blind or visually impaired learn skills to remain independent in their homes and communities.	Performance (FFY2019): <ul style="list-style-type: none"> • 85 people were served. 	\$74,395 Federal
People who are blind or visually impaired and over age 55.	Older Blind Program helps people who are blind or visually impaired and over the age of 55 learn skills to remain independent in their home and communities. Services are provided through a grant with the Vermont Association for the Blind and Visually impaired.	Performance (FFY2019): <ul style="list-style-type: none"> • 892 people were served. 	\$225,000 Federal
People with the most significant visual impairments.	Randolph/Sheppard Program assists blind business owners to successfully run cafeterias and vending programs on state and federal property. 21 V. S. A. § 501 et seq.; federal law (20 U. S. C. § 107 et seq.)	Performance (FFY2019): <ul style="list-style-type: none"> • 4 individuals who operate small café and vending businesses on state and federal property. • Gross earnings for blind business owners increased 1%. 	\$223,450 Gross

DAIL State Fiscal Year 2021 Program Summary

All data is for SFY2019 unless otherwise noted

Whom We Serve	Program Description	Performance Measures	SFY2021 Proposed
People with disabilities.	IL Part B is a grant to the Vermont Center for Independent Living to provide independent living services to people with disabilities through their Peer Advocacy Counseling Program and assistive technology through the Sue Williams Freedom Fund.	Performance (SFY2019): <ul style="list-style-type: none"> Peer Advocacy Counseling Program (overall, including federal funds)- 308 individuals served. Sue Williams Freedom Fund: 47 individuals served. 	\$150,000 Gross
Adult Services Division			
People age 60 and over.	Older Americans Act funds services for people age 60+ to help them live as independently as possible and to support family caregivers. Services include nutrition programs, information/referral/ assistance, family caregiver support, case management, health promotion & disease prevention, volunteer outreach and legal services. Federal law-42 U.S.C 3001, et. seq.	Performance (FFY2018): (NOTE: FFY2019 data will not be final/confirmed until early 2020.) <ul style="list-style-type: none"> Overall, 57,515 people served (2.44% decrease). Home delivered Meals: <ul style="list-style-type: none"> 5,713 people served (2% decrease). 759,358 meals served (15% increase). 95% of meals served were provided to OAA eligible Vermonters. 96% of home delivered meals consumers reported they had enough to eat. This represents a small increase from 95% last year. 85% of home delivered meals consumers reported that meals help manage or improve their medical condition. This represents a small increase from 84% last year. Congregate Meals: <ul style="list-style-type: none"> 12,549 people served (8% decrease). 295,215 meals served (7% decrease). 96% of meals served were provided to OAA eligible Vermonters. 	Approx. \$12M Total approx. \$5M GF

DAIL State Fiscal Year 2021 Program Summary

All data is for SFY2019 unless otherwise noted

Whom We Serve	Program Description	Performance Measures	SFY2021 Proposed
		<ul style="list-style-type: none"> Case Management: <ul style="list-style-type: none"> 7,130 people served. 85% of survey respondents report living in the setting of their choice. 85% of survey respondents report their unmet needs were addressed. 	
Family caregivers of people with Alzheimer's Disease and Related Disorders.	Dementia Respite The Dementia Respite Grant is managed by Vermont's five Area Agencies on Aging. The goal is to help family caregivers by reducing stress, maintaining their health, and maintaining 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 (SFY2019): <ul style="list-style-type: none"> 475 people served (46% increase). Caregivers used funds for: <ul style="list-style-type: none"> 36% for Self-Directed Caregivers. 31% for Supplemental Services. 20% for Respite Care. 11% for Residential Respite. 3% for Counseling. The increase can be attributed to training provided by the state to the Area Agencies on Aging to clarify covered services definitions.	\$250,000 GF
Adults under age 60 with disabilities.	Home Delivered Meals – VCIL The VT Center for Independent Living (VCIL) contracts with home delivered meals partners to provide nutritious meals for people under age 60 who are at nutritional risk.	Performance (SFY2019): <ul style="list-style-type: none"> 499 people served (5 percentage point% decrease). 93% of respondents to a consumer survey reported that meals helped maintain their health (5 percentage point decrease). 97.5% of respondents to a consumer survey reported that staff were easy to reach when help was needed (1.5 percentage point decrease). 	Approx. \$475,463 GF

DAIL State Fiscal Year 2021 Program Summary

All data is for SFY2019 unless otherwise noted

Whom We Serve	Program Description	Performance Measures	SFY2021 Proposed
People age 60 and older.	Self-Neglect Vermont's five Area Agencies on Aging (AAA) work with people identified with "self-neglect" behaviors with the goal of improving their quality of life by reducing possible risk and harm to self, others and the environment. Due to the challenging nature of working with people who are self-neglecting, success is measured by the level of engagement a person has with their case manager and with the community as identified in the person's assessment and goals.	Performance (SFY2019): <ul style="list-style-type: none"> 174 people were served statewide in self-neglect services by the five AAAs (8% decline – NOTE: last fiscal year was a partial year for data collection). 63% of people served had complete assessments (5% decline). 53% of people served had goals (16% decline). 34% of people had goals with provider engagement (13% decline). 	\$265,000 GC
Adults living in congregate housing and Vermont farms.	Senior Farmers Market The Northeast Organic Farmer's Association (NOFA) recruits congregate housing sites and farms to participate in Community Supported Agriculture (CSA). The goal is to support local farms while bringing fresh local food to seniors residing in congregate housing.	Performance (SFY2019): <ul style="list-style-type: none"> 953 people served (1% decrease). 15 farms participated (no change). 62 housing sites participated (no change). 	Approx. \$46,000 FF
Adults living in licensed long-term care facilities and all Choices for Care participants.	The Vermont Long Term Care Ombudsman Project of Vermont Legal Aid protects the safety, welfare and rights of older Vermonters who receive services in licensed nursing facilities, residential care homes, assisted living residences and to CFC participants of any age receiving services in any of the settings above as well as in home- and community-based settings. 33 V. S. A. § 7501 et. seq.	Performance (FFY2019): <ul style="list-style-type: none"> 531 complaints were opened (2% increase). 619 complaints were closed (13% increase). 503 open complaints were verified. 415 complaints were resolved (10% increase). Provided 399 consultations to individuals in long-term care facilities (10% decrease). Provided 200 consultations to people receiving HCBS (32% increase). Provided 183 consultations to long term care facility providers (13% increase). Provided 108 consultations to HCBS agencies/providers (43% increase). 	\$700K approx. Total

DAIL State Fiscal Year 2021 Program Summary

All data is for SFY2019 unless otherwise noted

Whom We Serve	Program Description	Performance Measures	SFY2021 Proposed
		<ul style="list-style-type: none"> 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. 100% of all long-term care facilities were visited each quarter, exceeding the 95% target. Made 797 non-complaint related visits to maintain a presence in facilities (1% increase). Visited 75% of all Adult Day programs (100% target). Visited 5 senior centers (target 5). 	
People age 60 and over, adults with physical disabilities, and their families.	<p>Choices for Care provides a range of services to support people living at home, in an Enhanced Residential Care Home, Adult Family Care or in a nursing facility.</p> <p>Vermont Global Commitment (GC) Medicaid Regulations & Vermont Choices for Care regulations.</p>	<p>Performance (SFY2019) as of July 2019:</p> <ul style="list-style-type: none"> 5,506 people enrolled all settings High/Highest/Moderate (4% increase). 4269 enrolled in High/Highest (6% increase). 44.5% of all high/highest enrollments in home-based setting (7% increase). 12.5% of all high/highest enrollments in ERC setting (7% increase). 43% of all high/highest in nursing facilities (2% decrease). 94% of clinical determinations (high/highest) were completed within 30 days or less (target 95%). The clinical team experienced several unexpected medical leaves this year creating more fluctuations in the workload for clinical determinations than normal. <p>Moderate Needs as of July 2019:</p> <ul style="list-style-type: none"> 1,237 people enrolled (3% decrease). Reduction in enrollments primarily in Homemaker Services, likely due to workforce demands. 	Over \$220M

DAIL State Fiscal Year 2021 Program Summary

All data is for SFY2019 unless otherwise noted

Whom We Serve	Program Description	Performance Measures	SFY2021 Proposed
		<p>NEW: National Core Indicators for Home-Based High/Highest settings:</p> <ul style="list-style-type: none"> • 54% of people surveyed reported they get to do the things they want to do outside the home as often as they want to, compared to 61% nationally. • 67% of people surveyed reported that they can choose or change any of the services they receive, compared to 69% nationally. • 3% of people reported that they have a paid job in the community, compared to 3% nationally. • 39% of people not employed reported they would like a paid job in the community, compared to 20% nationally. 	
People transitioning from nursing homes to the community.	Money Follows the Person (MFP) Grant is a special program supplementing the CFC program who choose to transition: \$2,500 per person to help overcome barriers for returning to the community (rent, mortgage, etc.), and enhanced FMAP on all HCBS for each person enrolled and transitioned to approved housing. The period of enrollment is 365 days.	<p>Performance (CY2019): In May 2019, Vermont received notification of an MFP grant extension funding up to 50 people transitioning out of nursing facilities in CY2019.</p> <ul style="list-style-type: none"> • As of 12/20/19, 53 people had been transitioned with zero nursing facility readmissions to date. 	MFP expenses in the DVHA budget. Administrative expenses in DAIL (100% Federal Funds)
Adults with physical and/or cognitive impairments.	<p>Adult Day Services is a community-based non-residential service that assists individuals to remain active in their communities by maximizing health, independence and optimal functioning.</p> <p>Vermont Global Commitment to Health regulations; Vermont Choices for Care regulations.</p>	<p>Performance (SFY2019):</p> <ul style="list-style-type: none"> • 490 people per month average were served, a .2% increase from SFY18. • 26% of people served were CFC Moderate Needs. • 47% of people served were CFC Highest/High needs. • 27% of people served were Day Health Rehabilitation Services. 	Approx. \$4M Gross Choices for Care, and Day Health Rehab Services

DAIL State Fiscal Year 2021 Program Summary

All data is for SFY2019 unless otherwise noted

Whom We Serve	Program Description	Performance Measures	SFY2021 Proposed
Adults with disabilities.	<p>Attendant Services Program (ASP) provides physical assistance with activities of daily living to adults with severe and permanent disabilities, allowing people to remain in their own homes and communities. General Funds option has been frozen since July 2014.</p> <p>33 V. S. A. § 6321; Vermont program regulations.</p>	<p>Performance (SFY2019): Unduplicated served throughout the entire year.</p> <ul style="list-style-type: none"> 114 people served (16% less than SFY18). <p><u>Medicaid Option</u> - Serves people eligible under State Plan Medicaid and are able to self-direct:</p> <ul style="list-style-type: none"> 68 people served (14% decrease). <p><u>General Fund Option</u>: Serves people who are not Medicaid eligible and are able to self-direct. This option has been frozen since July 1, 2014.</p> <ul style="list-style-type: none"> 42 people served (16% decrease). <p><u>Personal Services</u> (SSBG): Serves people who are Medicaid eligible but are not able to self-direct and use an agent to manage caregivers.</p> <ul style="list-style-type: none"> 4 people served (33% decrease). 	\$2.7M approx.
Adults who rely on medical technology.	<p>High Technology Home Care provides skilled nursing care to adults 21 and older who are Medicaid eligible and depend on technology. Services include RN oversight, treatment coordination, medical supplies and sophisticated medical equipment. (High Technology services for people under the age of 21 are managed by the VT Department of Health.) Benefits are covered within the Medicaid State Plan.</p>	<p>Performance (SFY2019):</p> <ul style="list-style-type: none"> 17 unduplicated people were enrolled (8.5% decrease). <p>Home Health Agencies continue to struggle with recruiting RNs to fill the need. DAIL working with DVHA to create a high-tech family-managed option and allowing parents who are RNs to be paid to provide care.</p>	DVHA appropriation Approx. \$4M GC

DAIL State Fiscal Year 2021 Program Summary

All data is for SFY2019 unless otherwise noted

Whom We Serve	Program Description	Performance Measures	SFY2021 Proposed
People with moderate to severe traumatic brain injuries.	Traumatic Brain Injury Program diverts and/or returns individuals from hospitals and facilities to community-based settings. Services are rehabilitation-based and driven by participants goals and choices, intended to help people achieve their optimum independence and return to work.	<p>Performance (SFY2019):</p> <ul style="list-style-type: none"> • 79 people served (8% decrease). • 19% of people receiving rehabilitation services were employed through the 3rd quarter of CY2019 (target was 25%). • 3 people graduated from the rehabilitation program to independence (target was 7). <p>DAIL worked with providers to shift more long-term participants to the Choices for Care program when possible, reducing the need to fund their services with TBI rehab dollars.</p> <p>NEW (SFY2018): National Core Indicators data:</p> <ul style="list-style-type: none"> • 51% of people surveyed reported they get to do the things they want to do outside the home as often as they want to, compared to 61% nationally. • 68% of people surveyed reported that they can choose or change any of the services they receive, compared to 69% nationally. • 3% of people reported that they have a paid job in the community, compared to 3% nationally. • The % of people on the TBI program who are not currently employed and would like a job could not be reported due to the low number of responses. 	Over \$5M GC

DAIL State Fiscal Year 2021 Program Summary

All data is for SFY2019 unless otherwise noted

Whom We Serve	Program Description	Performance Measures	SFY2021 Proposed
Developmental Disabilities Services Division			
People with developmental disabilities and their families.	<p>Home and Community-Based Services (HCBS) consist of a range of services to support individuals with developmental disabilities and their families, increasing independence and supporting participation in their local communities. Priorities are to prevent imminent risk to the individual's personal health or safety; prevent an adult who poses a risk to public safety from endangering others; prevent or end institutionalization; maintain employment upon graduation from high school; and provide training in parenting skills for a parent with developmental disabilities to help keep a child under the age of 18 at home.</p> <p>18 V. S. A. chapter 204A; Vermont Developmental Disabilities Act Regulations; Vermont Global Commitment to Health regulations.</p>	<p>Performance (SFY2019):</p> <ul style="list-style-type: none"> • 3,188 people served. • In SFY2018, 49% of working age people were employed. <p>National Core Indicators In-Person Survey SFY2018 results of adults receiving home and community-based services show the following:</p> <ul style="list-style-type: none"> • Proportion of people who regularly participate in integrated activities in their communities [community inclusion - went shopping, on errands, for entertainment, out to eat]: 87%. • Proportion of people who make choices about their everyday lives [residence, work, day activity, staff, roommates]: 86%. • Proportion of people who make decisions about their everyday lives [daily schedule, how to spend money, free time activities]: 77%. • Proportion of people who do not have a job in the community but would like to have one: 48%. • Proportion of people who were reported to be in poor health: 3%. 	<p>\$225M approx. GC</p>

DAIL State Fiscal Year 2021 Program Summary

All data is for SFY2019 unless otherwise noted

Whom We Serve	Program Description	Performance Measures	SFY2021 Proposed
People with developmental disabilities and their families.	Flexible Family Funding (FFF) provides funds to be used flexibly, at the discretion of the family, to purchase goods, services and supports that benefit the individual and family. 69% (729) of the people served were children under the age of 18. (18 V. S. A. chapter 204A; Vermont Developmental Disabilities Act Regulations).	Performance (SFY2019): <ul style="list-style-type: none"> • 1,064 people served. • The number of family members reporting that they anticipated using funds for: <ul style="list-style-type: none"> ○ Respite: 234. ○ Assistive Technology: 216. ○ Individual needs: 849. ○ Household needs: 718. ○ Recreation: 535. ○ Other: 269. • The number of families reporting that funds would address the following outcomes: <ul style="list-style-type: none"> ○ Health and safety: 447. ○ Improve quality of life: 637. ○ Avert crisis placement: 108. ○ Increase communication skills: 381. ○ Increase independent living: 543. ○ Enhance family stability: 687. ○ Maintain housing stability: 544. 	\$1,153,596 GC
Children and youth with a mental health or developmental disability and their families.	Family Managed Respite (FMR) provides respite for children up to age 22 with a mental health or developmental disability diagnosis who do not receive home and community-based services funding. Respite can be used as needed, either planned or in response to a crisis.	Performance (SFY2019): <ul style="list-style-type: none"> • 275 children and youth with a diagnosis of developmental disability received FMR. This does not include children with only a mental health diagnosis, or children receiving integrated services with bundled payments. 	Approx. \$1.6M GC

DAIL State Fiscal Year 2021 Program Summary

All data is for SFY2019 unless otherwise noted

Whom We Serve	Program Description	Performance Measures	SFY2021 Proposed
Children and youth with a developmental disability and their families.	The Bridge Program provides care coordination to families to help them access and/or coordinate medical, educational, social and other services for children up to age 22.	Performance (SFY2019): <ul style="list-style-type: none"> 395 children served. This does not include children receiving integrated services with bundled payments. 80% of goals were being met (based on agencies reporting service goals and the service goal outcomes achieved). 	Approx. \$800K GC
Adults with developmental disabilities and older Vermonters who have been found to lack decision making abilities concerning basic life decisions.	Office of Public Guardian (OPG) provide public guardians to assist and empower people under guardianship in making decisions and taking actions in critical life areas. Courts assign a public guardian when an individual need a guardian to protect his or her rights or welfare, no friend or family member is available to serve as guardian, and the individual needs a public guardian. OPG facilitates guardianship evaluations for new private and public guardianship applicants. OPG also provides representative payee services and case management services to a limited number of people. 18 VSA 9301-9317; 14 VSA 3093	Performance (SFY2019): <ul style="list-style-type: none"> 736 adults received guardianship services including: <ul style="list-style-type: none"> 625 people with developmental disabilities. 111 adults over age 60. 340 people received representative payee services. 4 people received case management services. 	Approx. \$3.8M
Division of Licensing and Protection			
People receiving services from Vermont health care facilities and agencies.	Survey and Certification (S&C) provides regulatory oversight of health care facilities and agencies under state and federal regulations. 33 V. S. A. § 7101 et seq.; state regulations for each type of Long-Term Care facility; federal regulations for nursing homes.	Performance (SFY2019): <ul style="list-style-type: none"> Conducted 324 onsite investigations. Met target for completing 100% of required surveys of federally regulated healthcare entities. Nursing facility surveys: <ul style="list-style-type: none"> 17% had no deficiencies. 6% of Nursing Homes had deficiencies reflecting potential for minimum harm. 67% had deficiencies reflecting no actual harm but potential for more than minimum harm. 11% had deficiencies reflecting actual harm or immediate jeopardy of residents. 	\$3.1M Gross approx.

DAIL State Fiscal Year 2021 Program Summary

All data is for SFY2019 unless otherwise noted

Whom We Serve	Program Description	Performance Measures	SFY2021 Proposed
Vulnerable adults.	Adult Protective Services (APS) investigates allegations of abuse, neglect and/or exploitation, raises awareness of adult maltreatment in all of its forms, and provides information about alternatives and services for vulnerable adults who are the victims of maltreatment. (Chapter 69 of Title 33 of the Vermont Statutes Annotated).	Performance (SFY2018): <ul style="list-style-type: none"> Received 4,080 reports alleging abuse, neglect, or exploitation of a vulnerable adult. Completed 938 investigations. 99 individuals were placed on the Adult Abuse Registry. 	\$1.6M Approx. GF
Division of Vocational Rehabilitation			
People with disabilities	General Vocational Rehabilitation (VR) offers free, flexible services to any person or employer dealing with a disability that affects employment. Partner with human service providers and employers across Vermont to help people with disabilities realize their full potential.	Performance (SFY2019): <ul style="list-style-type: none"> 8,074 total people served. 6,756 people served in the core VR program. 1,318 high school students served through Pre-Employment Transition Services only. 877 individuals closed their VR case with successful employment. This means they had met their individual employment goal and had been employed for at least 90 days and were stable. 38% had a wage above 125% of the minimum wage. 931 youth under age 22 had work-based learning experiences as part of their VR services. Results from the most recent customer survey (2019): <ul style="list-style-type: none"> 98% of customers felt they were treated with dignity and respect. 96 % of customers would tell their friends with disabilities to go to DVR for help with employment. 92% of consumers reporting that they are satisfied with their experience working with DVR staff and DVR Counselors provided by DVR. 	\$6,669,368 Gross

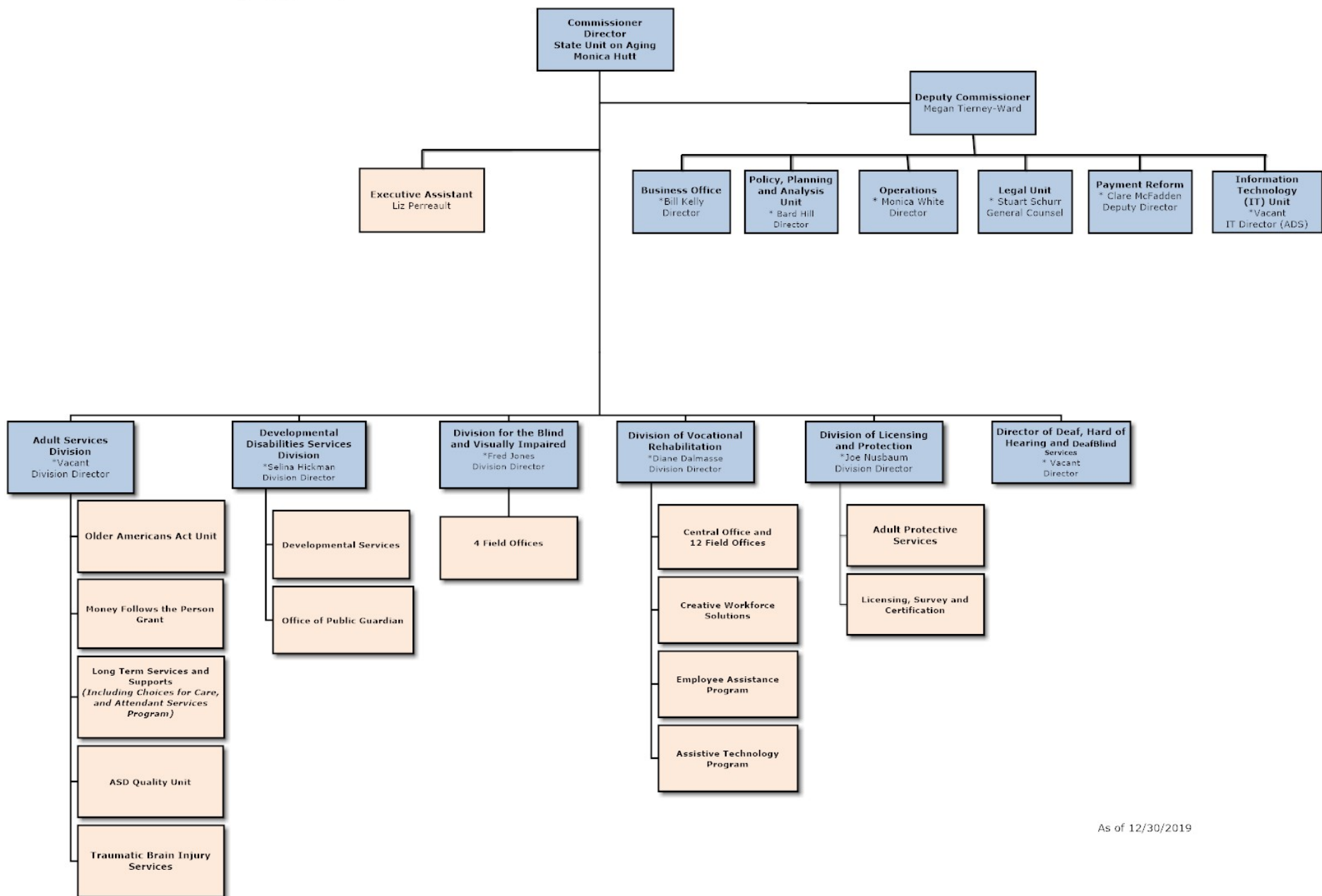
DAIL State Fiscal Year 2021 Program Summary

All data is for SFY2019 unless otherwise noted

Whom We Serve	Program Description	Performance Measures	SFY2021 Proposed
People who are deaf or hard of hearing.	Vermont Interpreter Referral Service (VIRS) operated by the Vermont Center for Independent Living enables organizations and individuals to hire qualified interpreters.	Performance (SFY2019): <ul style="list-style-type: none"> VIRS filled 958 requests for interpreters. 	\$55,000 Gross
People with disabilities	Assistive Technology Program helps people of all ages and abilities to achieve greater independence, efficiency and control over their environment using assistive technology. Required by federal statute: Federal Assistive Technology Act.	Performance (SFY2019): <ul style="list-style-type: none"> 1,230 people were provided information and assistance about AT and how it might help them. 29 people were provided assistance in securing funding for AT equipment. The AT program conducted 907 device demonstrations for individuals who might benefit from AT. The AT program made 925 device loans for individuals to allow them to try out an AT tool before making a purchase. 	\$300K approx. Gross

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

State Unit on Aging (SUA)



As of 12/30/2019

* = Identifies contacts for DAIL Senior Leadership



SASH Statewide Administration – DAIL Report to Legislature as required per [Act 72 of 2019](#)¹

Support and Services at Home (SASH) is primarily funded through the All-Payer Model agreement with OneCareVermont (OCV). OCV's investment in SASH, within their Federal fiscal year 2020 submitted budget, are OCV's Medicare dollars to invest in population health and community-based programs. As of October 31, 2019, there were 4,448 SASH enrollees, 2,503 of which were living in congregate settings, across 54 panels statewide. SASH provides nurse support to address preventative health for its enrollees. To-date, evaluations of the SASH program demonstrate modest per person savings in Medicare expenditures.

In addition to the investment made by OCV, the Cathedral Square Corporation (CSC) also receives a grant of **\$974,023** from the Department of Disabilities, Aging and Independent Living (DAIL) for the statewide administration of the SASH program.

DAIL, DVHA, and AHS have met with Cathedral Square leadership on July 24, September 17, and November 6, 2019 to enter into discussions on the mechanics of the legislatively required shift of SASH admin funding from DAIL to OCV. Additional conversations are slated to occur throughout 2020.

SASH 2020 Funding Detail:

\$3,968,246: FFY2020 Medicare Funding (distributed by OCV through the All-Payer Model)

\$974,023: SFY2020 DAIL Grant (through Global Commitment MCO investment dollars)

\$4,942,269: Total amount of funding to SASH

Current DAIL grant breakdown (**\$974,023**) as administered by CSC:

- \$325,823 to Housing and Supportive Services (HASS) providers: Funds staff at the Housing Authorities for care coordination, and supplements the SASH services and nurses.
- \$120,000 to Designated Regional Housing Organizations (DRHOs) (including Cathedral Square); \$20K to each of six DRHOs: Funds staff to answer questions about the program, work with partner agencies in communities, work with community health teams, address contract signing with the partner agencies, and manage payments to partner agencies for attending meetings.

¹ Section C.100(a)(21) To the Department of Disabilities, Aging and Independent Living: \$750,000. These funds shall be matched with federal Medicaid funds and expended in equal amounts over fiscal years 2020 through 2022. In each year these funds shall be for the statewide administration of the Support and Services at Home (SASH) program. The intent is for this portion of statewide administration funding to transition to the statewide ACO as additional Medicare covered lives are attributed to the ACO during this three-year period. These funds are in addition to other funding included in the Department's budget for SASH. The Department shall include a report on the SASH statewide administration with the fiscal year 2021 budget presentation.

- \$37,575 to community partner agencies (Home Health Agencies, Designated Agencies, and Area Agencies on Aging) for time spent to attend monthly SASH team meetings.
- \$490,625 to CSC for infrastructure and administration costs: Data systems and data management for the program, analytics, training systems and trainings statewide, administration of DRHOs, quality assurance, technical assistance support, contract negotiations, and Medicare funding oversight. Supports 140 SASH staff employed by 22 different non-profit entities.

The five tasks as delineated in the current DAIL grant, Attachment A, are as follows:

- Build and maintain statewide administration, DRHO and community partner infrastructure
- Statewide data collection and reporting
- Report grant revenues, expenditures and DRHO program outputs
- Support and integration of HASS grantees
- Implement and coordinate statewide training on evidence based and evidence informed programs, practices, screenings and SASH model core components

CSC reports on nine measures of volume of activity, and seven consumer outcome measures, per the DAIL grant terms:

Volume

- Number of active SASH panels
- Number of evidence-based falls prevention workshops conducted and participants completing
- Number of chronic disease self-management program workshops conducted and participants completing
- Number of onboarding training webinars for new SASH staff
- Number of financial exploitation seminars conducted and participants completing
- Number of participants screened for medication adherence and self-management
- Percentage of SASH panels that provide educational programming regarding opioid overdose prevention
- Number of participants receiving information on aging and alcohol use
- Number of participants receiving information on opioid use

Consumer Outcome

- Incidence of falls
- Rate of advance directives
- Rate of PCP access
- Social isolation/loneliness screening
- Suicide risk screening
- Substance use screening
- Participant satisfaction

DEPARTMENT NAME									
Financial Info									
Programs	Financial Category	GF \$\$	TF \$\$	Spec F (incl tobacco) \$\$	Fed F \$\$	All other funds \$\$	Total funds \$\$	Authorized Positions (if available)	\$ Amounts granted out (if available)
PROGRAM NAME									
DAIL Administration	FY 2019 Actual expenditures	\$ 16,884,728.00	\$ -	\$ 1,891,315.00	\$ 18,344,420.00	\$ 1,103,192.00	\$ 38,223,655.00	278	
	FY 2020 estimated expenditures (including requested budget adjustments)	\$ 17,049,356.00	\$ -	\$ 1,390,457.00	\$ 18,904,640.00	\$ 1,066,284.00	\$ 38,410,737.00	277	
	FY 2021 Budget Request for Governor's Recommendation	\$ 17,597,066.00	\$ -	\$ 1,390,457.00	\$ 19,521,494.00	\$ 1,066,284.00	\$ 39,575,301.00	279	
PROGRAM NAME									
DAIL Grants Home Share - see scorecard for Performance Measure Report	FY 2019 Actual expenditures	\$ -	\$ -	\$ -	\$ -	\$ 284,117.74	\$ 284,117.74		\$ 284,117.74
	FY 2020 estimated expenditures (including requested budget adjustments)	\$ -	\$ -	\$ -	\$ -	\$ 327,163.00	\$ 327,163.00		\$ 327,163.00
	FY 2021 Budget Request for Governor's Recommendation	\$ -	\$ -	\$ -	\$ -	\$ 327,163.00	\$ 327,163.00		\$ 327,163.00
PROGRAM NAME									
DAIL Grants Self Neglect - see scorecard for Performance Measure Report	FY 2019 Actual expenditures	\$ -	\$ -	\$ -	\$ -	\$ 195,571.00	\$ 195,571.00		\$ 195,571.00
	FY 2020 estimated expenditures (including requested budget adjustments)	\$ -	\$ -	\$ -	\$ -	\$ 265,000.00	\$ 265,000.00		\$ 265,000.00
	FY 2021 Budget Request for Governor's Recommendation	\$ -	\$ -	\$ -	\$ -	\$ 265,000.00	\$ 265,000.00		\$ 265,000.00
PROGRAM NAME									
Remaining DAIL Grants	FY 2019 Actual expenditures	\$ 7,578,375.00	\$ -	\$ -	\$ 8,020,601.43	\$ 4,212,823.20	\$ 19,811,799.63		\$ 19,811,799.63
	FY 2020 estimated expenditures (including requested budget adjustments)	\$ 7,623,375.00	\$ -	\$ -	\$ 7,148,466.00	\$ 4,472,249.00	\$ 19,244,090.00		\$ 19,244,090.00
	FY 2021 Budget Request for Governor's Recommendation	\$ 7,441,442.00	\$ -	\$ -	\$ 7,148,466.00	\$ 3,930,302.00	\$ 18,520,210.00		\$ 18,520,210.00
PROGRAM NAME									
Division for the Blind and Visually Impaired - see scorecard for Performance Measure Report	FY 2019 Actual expenditures	\$ 549,154.00	\$ -	\$ 94,945.20	\$ 926,475.60	\$ 259,583.37	\$ 1,830,158.17		\$ 1,830,158.17
	FY 2020 estimated expenditures (including requested budget adjustments)	\$ 389,154.00	\$ -	\$ 223,450.00	\$ 743,853.00	\$ 305,000.00	\$ 1,661,457.00		\$ 1,661,457.00
	FY 2021 Budget Request for Governor's Recommendation	\$ 389,154.00	\$ -	\$ 223,450.00	\$ 743,853.00	\$ 305,000.00	\$ 1,661,457.00		\$ 1,661,457.00
PROGRAM NAME									
Vocational Rehabilitation	FY 2019 Actual expenditures	\$ 1,371,845.00	\$ -	\$ -	\$ 3,571,225.62	\$ 564,871.39	\$ 5,507,942.01		\$ 5,507,942.01
	FY 2020 estimated expenditures (including requested budget adjustments)	\$ 1,371,845.00	\$ -	\$ -	\$ 4,402,523.00	\$ 1,250,000.00	\$ 7,024,368.00		\$ 7,024,368.00
	FY 2021 Budget Request for Governor's Recommendation	\$ 1,371,845.00	\$ -	\$ -	\$ 4,402,523.00	\$ 1,250,000.00	\$ 7,024,368.00		\$ 7,024,368.00
PROGRAM NAME									
Developmental Disabilities Services Appropriation Project Search - see scorecard for Performance Measure Report	FY 2019 Actual expenditures	\$ -	\$ -	\$ -	\$ -	\$ 259,394.00	\$ 259,394.00		\$ 259,394.00
	FY 2020 estimated expenditures (including requested budget adjustments)	\$ -	\$ -	\$ -	\$ -	\$ 259,394.00	\$ 259,394.00		\$ 259,394.00
	FY 2021 Budget Request for Governor's Recommendation	\$ -	\$ -	\$ -	\$ -	\$ 259,394.00	\$ 259,394.00		\$ 259,394.00
PROGRAM NAME									
Remaining Developmental Disabilities Services Appropriation	FY 2019 Actual expenditures	\$ 155,125.00	\$ -	\$ 7,065.57	\$ 315,020.51	\$ 209,687,610.79	\$ 210,164,821.87		\$ 210,424,215.87
	FY 2020 estimated expenditures (including requested budget adjustments)	\$ 155,125.00	\$ -	\$ 15,463.00	\$ 359,857.00	\$ 231,417,980.00	\$ 231,948,425.00		\$ 232,988,862.00
	FY 2021 Budget Request for Governor's Recommendation	\$ 155,125.00	\$ -	\$ 15,463.00	\$ 359,857.00	\$ 235,650,618.00	\$ 236,181,063.00		\$ 236,181,063.00
PROGRAM NAME									
Traumatic Brain Injury (TBI) - see scorecard for Performance Measure Report	FY 2019 Actual expenditures	\$ -	\$ -	\$ -	\$ -	\$ 4,924,822.00	\$ 4,924,822.00		\$ 4,924,822.00
	FY 2020 estimated expenditures (including requested budget adjustments)	\$ -	\$ -	\$ -	\$ -	\$ 5,502,980.00	\$ 5,502,980.00		\$ 5,502,980.00
	FY 2021 Budget Request for Governor's Recommendation	\$ -	\$ -	\$ -	\$ -	\$ 5,502,980.00	\$ 5,502,980.00		\$ 5,502,980.00
PROGRAM NAME									
Choices for Care Program	FY 2019 Actual expenditures	\$ 177,465.45	\$ -	\$ -	\$ 589,362.83	\$ 206,204,809.05	\$ 206,971,637.33		\$ 206,971,637.33
	FY 2020 estimated expenditures (including requested budget adjustments)	\$ 222,827.00	\$ -	\$ -	\$ 1,750,000.00	\$ 218,945,415.00	\$ 220,918,242.00		\$ 220,918,242.00
	FY 2021 Budget Request for Governor's Recommendation	\$ 498,579.00	\$ -	\$ -	\$ 2,083,333.00	\$ 219,794,616.00	\$ 222,376,528.00		\$ 222,376,528.00
	FY 2019 Actuals	\$ 26,716,692.45	\$ -	\$ 1,993,325.77	\$ 31,767,105.99	\$ 427,696,794.54	\$ 488,173,918.75	278	\$ 450,209,657.75
	FY 2020 Estimated	\$ 26,811,682.00	\$ -	\$ 1,629,370.00	\$ 33,309,339.00	\$ 463,811,465.00	\$ 525,561,856.00	277	\$ 488,191,556.00
	FY 2021 Budget Request	\$ 27,453,211.00	\$ -	\$ 1,629,370.00	\$ 34,259,526.00	\$ 468,351,357.00	\$ 531,693,464.00	279	\$ 492,118,163.00