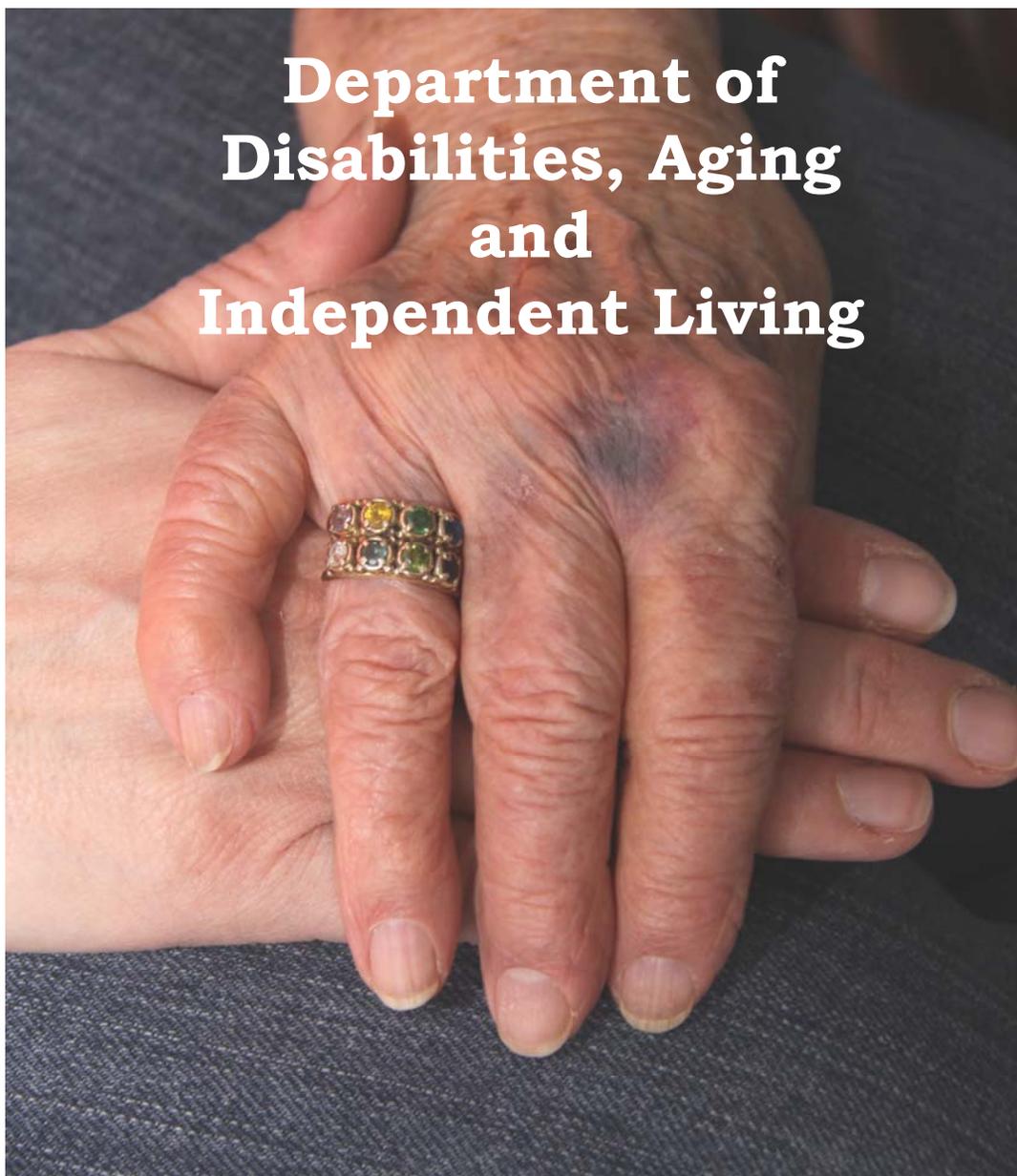




Agency of Human Services

2008 Annual Report



Department of
Disabilities, Aging
and
Independent Living

February 2009

Mission Statement

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

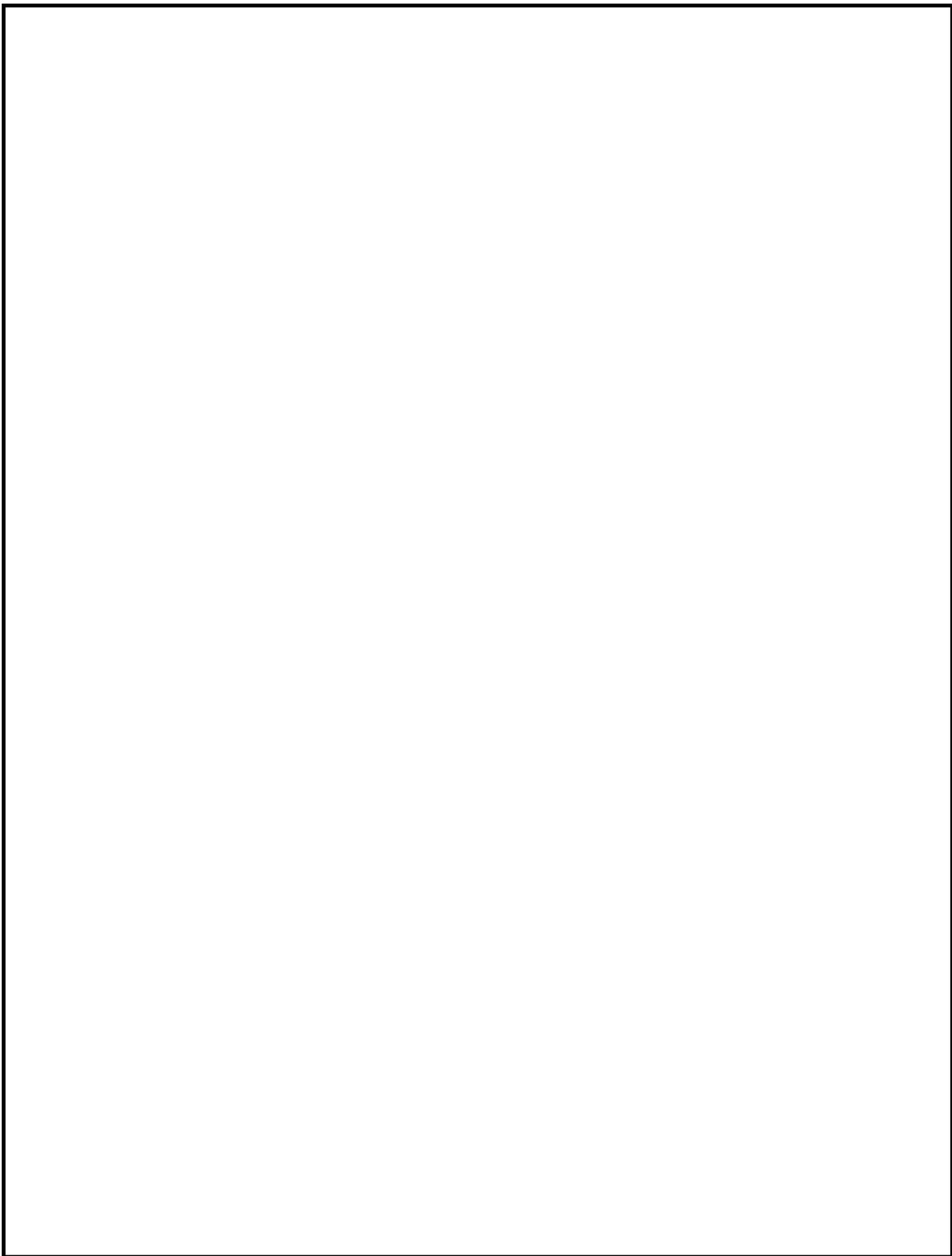
Core Principles

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

Table of Contents

DEPARTMENT DIVISIONS

BLIND AND VISUALLY IMPAIRED.....	1
DISABILITY AND AGING SERVICES	6
Division Structure.....	6
Individual Supports Unit Programs	8
Community Development Unit Programs	18
Office of Public Guardian.....	27
Quality Management Unit.....	28
Special Initiatives.....	29
LICENSING AND PROTECTION	33
Survey and Certification.....	33
Adult Protective Services.....	39
VOCATIONAL REHABILITATION.....	48
Becoming a Dual Customer Agency	50
Services to Special Populations	51
Vermont Assistive Technology Program	54
DEAF AND HARD OF HEARING SERVICES	56



Blind and Visually Impaired

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

In FFY 2008 the Vermont Division for the Blind and Visually Impaired (DBVI) continued to provide significant service to Vermonters with vision impairments. There are three types of services delivered by DBVI:

Vocational Rehabilitation Services: The goal of vocational rehabilitation services for the blind and visually impaired is to help retain, return to or enter employment. Services could include: Individual counseling and guidance; vocational assessment; orientation and mobility instruction to develop independent travel skills; other training, devices, technology, education, treatment, job placement and follow-up services to enable success in a job.

Homemaker Services: Although the primary objective directed toward enabling people to work in competitive employment, including self-employment, occupations such as extended employment, homemaking, or unpaid family work may be a person's most appropriate and acceptable choice. Homemaker duties are those duties necessary to maintain a suitable living environment within the individual's personal residence for the benefit of those residing there, whether the person lives alone or is part of a family unit.

Independent Living Services: For those individuals for whom employment is not a feasible goal (including homemaking), but whose independence is threatened by vision loss, DBVI provides assistance in maintaining independence. This may include traveling independently, preparing meals, and identifying medications. The independent living services for individuals aged 55 or older supports services to assist individuals whose recent severe visual impairment makes competitive employment extremely difficult to obtain, but for whom independent living goals are feasible. These funds are granted to the Vermont Association for Blind and Visually Impaired (VABVI) to provide direct services including orientation, mobility, low vision training, and daily living services.

In the area of vocational rehabilitation the number of successful closures decreased from FFY07 (73 from 101), also below the level for the preceding years. The lower number is the product of several factors. At the request of the Rehabilitation Services Administration, DBVI has significantly reduced the number of Homemaker closures. By restricting this number, DBVI also limits the total number of successful closures. During this fiscal year, the Burlington office, traditionally the busiest office, operated for six months with a

position vacancy, decreasing the usual number of closed cases. DBVI fully expects to improve on this rate (FFY08).

In FFY08 DBVI began a series of “town meetings” around the state. An event will be held in each region, to give consumers, providers, families and other interested parties the opportunity to voice their opinion on the “needs” for Vermonters with impaired vision. Meetings were held in the Springfield, Montpelier and Rutland regions with over forty people at each site. As part of an overall needs assessment (surveys, meetings, reports and staff input are also a part of this process) and Quality Assurance program, these meetings have proven stimulating and informative for DBVI staff.

As DBVI gathers the results of the above mentioned “town meetings”, ongoing consumer feedback, surveys of all closed cases and the many other sources of information DBVI will perhaps tweak and adjust some of the goals and priorities to meet changing needs. These changes will be made with the intent to meet the mission to support the efforts of Vermonters who are blind and visually impaired to achieve or sustain their *economic independence, self reliance, and social integration* to a level consistent with their interests, abilities and informed choices.

DBVI also continues to provide services to consumers needing Independent Living services. In an effort to increase the scope of services, DBVI has sought out areas of need that may not be covered by vocational rehabilitation services. One area was the need for outreach to individuals who are Deaf/Blind. While this population is small (+/- 15 individuals), DBVI continues to seek ways to develop a program of Support Service Providers (SSP). SSPs are individuals trained to assist Deaf-Blind consumers with community interaction by providing transportation and access to services such as shopping, laundry and other necessary activities that are difficult if not impossible for a Deaf-Blind individual to address. This year found no immediate way to provide this vital service, but DBVI is confident that the coalition made up of members from DAIL, and the Vermont Center for Deaf and Hard of Hearing will exhaust all possibilities to make this service available.

The Vermont Association for the Blind and Visually Impaired (VABVI) continues to receive both federal and state funds from DAIL to provide services to adults over the age of 55 with impaired vision. These high quality services provided in the home, community and at central sites include travel skills, low vision rehabilitation and a whole range of independent living skills. The numbers served are down slightly since 2003. This can be attributed to the difficulty of finding qualified teachers, a national issue. Now that VABVI is fully staffed, it is expected that they can again serve close 1,000 older Vermonters a year. VABVI will seek to expand services in the coming year via its new facility in South Burlington and a trial program of assistive technology support using skilled volunteers to assist peers in the use of this ever changing resource.

The most exciting initiative this year was the continued teaming with the Vermont Youth Conservation Corps (VYCC), ReCycle North, Linking Learning to Life, VABVI, and the Gibney Family Foundation to continue and expand a summer youth employment program in Burlington. The project was called Learn, Earn and Prosper (LEAP) and has been an unqualified success. Six youth with vision impairments lived and worked together in Burlington during the summer of 2008. They lived in an apartment in Winooski and worked at ReCycle North. The program was based on the VYCC's work crews, but was in an urban environment instead of the wilderness. The youth not only had a paid job (for most their first), but they learned independent living skills, how to get around using a bus system, socialization skills and performed community service projects at the Vermont Food Bank and VYCC. All the individuals who have been through the program are either in college, in the process of applying to college or in an employment situation. Before this program, several of the individuals now planning on college had never considered it in the past. Others have found that they are capable of living on their own in an apartment situation, making the transition to an employment or post-secondary education a much more accessible and in some cases a newly viable opportunity.

This year also saw the expansion of LEAP to a second crew. This crew actually lived in a lean-to much like the standard VYCC wilderness crews. This group was made up of both individuals with impaired vision and those without. The eventual goal will be to have youth with impaired vision be fully integrated in the standard VYCC program along with the continued apartment setting for individuals who benefit most from this training.

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

Bill is visually impaired due to diabetic retinopathy and was unable to continue in his career due to the inability to complete tasks requiring fine visual discrimination. He has received vocational guidance and counseling, vocational assessments, job development assistance, financial assistance for medications and eye exams until he obtained health insurance, financial assistance for developing a small business, low vision services including a bioptic for driving and eyeglasses. He has been able to successfully develop and maintain a small business offering cleaning/painting/handyman services.

One relatively unknown program run by DBVI is the Randolph/Sheppard Vending program which supports small business and vending opportunities in state and federal buildings. Here is the very positive outcome of one these vending opportunities.

Tim lives in a very rural town. Unemployment in the area is high; jobs are scarce. His only means of transportation was when his Mom or Dad was available to drive him to an occasional appointment. Tim remained at home for 8 years, helping out with cleaning and cooking, etc., while his parents were at work. Tim's self esteem and confidence level dwindled over time. One day his DBVI Counselor called and inquired about his work status and if he would like to come in to talk about an employment opportunity in the Randolph-Sheppard Program, known in Vermont as the Business Enterprise Program or BEP. "Yes" was his immediate reply.

Tim did not interview well. He was a man of few words and had not utilized his writing or math or keyboarding skills in some time. However his excitement about wanting a job was very evident. Tim was chosen for the job and began training soon thereafter.

He was excited to begin training and has worked very hard. He's learned how to manage the many aspects of a food service business, such as learning how to handle food safely, managing an inventory, handling money, and performing basic vending machine repairs. Tim wanted to improve his writing and math skills and has worked though and completed a series of courses from Hadley School for the Blind. He manages his own checkbook, reconciling his balance with the bank each month. He has travelled to trade association conferences, getting on an airplane for the first time, using his cane skills to navigate the airport, transportation and hotel accommodations. He attended the Carroll Center for the Blind to brush up on his keyboarding skills and learn how to use a computer. Tim has his own home computer and phone/fax. He communicates with his suppliers by emails and using his new cell phone. In addition, this year he agreed to sit on our Statewide Rehab Council, representing the Randolph-Sheppard Vendors of Vermont. Although fearful, Tim agreed to take the post, saying that he said he knew he would learn a lot, and his fellow operators asked him to do it. His agreeing to do this speaks to his level of courage.

Most rewarding for us at DBVI to watch has been Tim's increased level of confidence which has allowed his personality to really shine. Where he barely spoke before, he's now addressing customers by name and has become quite a marketer. During a site visit, I listened to Tim speaking with a customer, explaining that there were some new products in the cold food machine. While holding the product in his hand, he said "This Is a Bagelfull!" "How do you eat them?" the customer asked. "Well, they already have cream cheese inside; you unwrap the package, wrap the bagel in a paper towel and put it in the microwave for 15 seconds! I had one yesterday and it's very good. And it's only \$1.35!" The customer said "Don't sell that one - I'm going back to my desk to get my money."

Often the visual arts for an individual with impaired vision are considered as impractical and undoable.

Artista experienced a financially successful career as a landscape artist. She has hosted numerous art shows throughout New England. Due to age related macular degeneration, she had lost a significant amount of her central vision, eventually all but eliminating her ability to continue to with her profession. Artista contacted VABVI at the encouragement of her family, who referred her to DBVI. Vocational counseling, technology, magnification and a sophisticated closed circuit TV have enabled her to resume her career, with art shows once again scheduled.

Disability and Aging Services

802-241-2648 (voice) 802-241-3557 (tty)
www.ddas.vermont.gov

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

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

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

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

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

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

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

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

Community Partners

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

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

Individual Supports Unit Programs

802-241-1228

Medicaid Waiver Services

Three Medicaid waiver programs are administered by this unit: Choices for Care, Developmental Disability and Traumatic Brain Injury. Together they provide services and supports for an estimated 7,417 Vermonters.

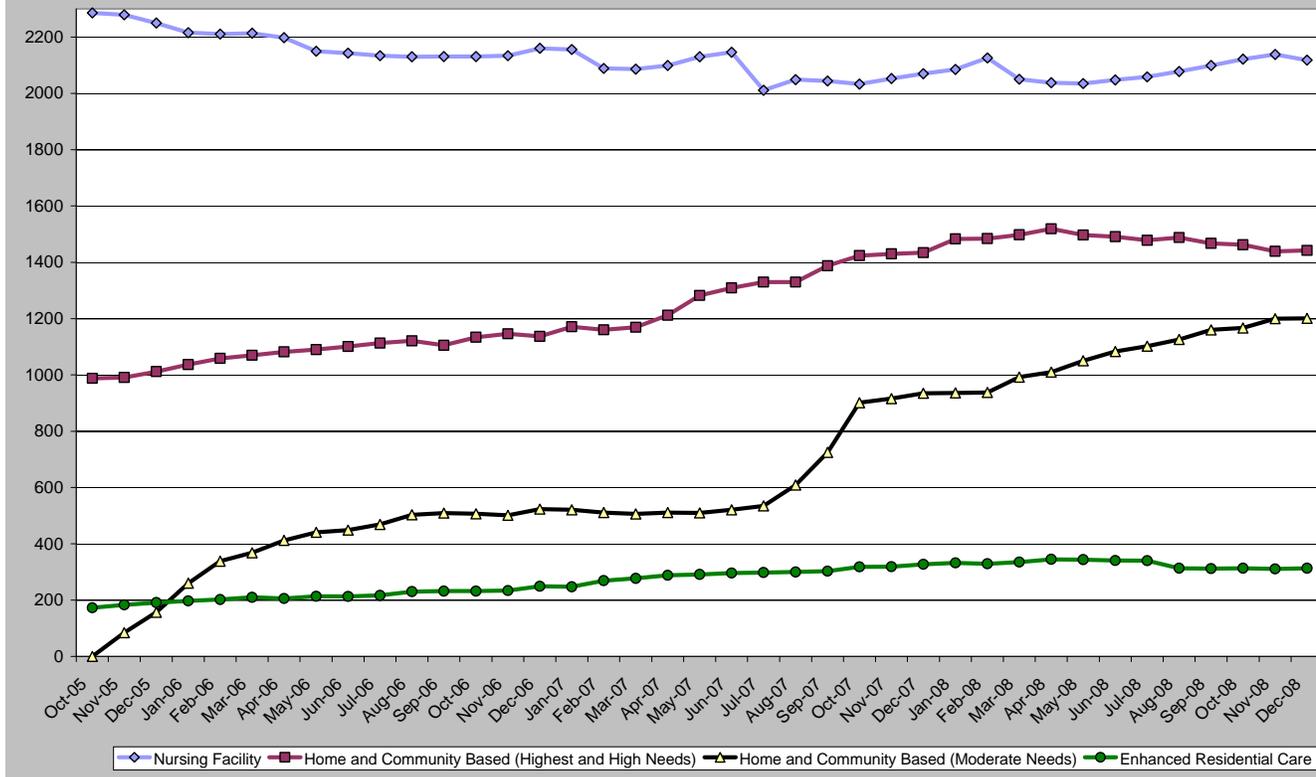
Choices for Care (1115 Long-Term Care Demonstration Waiver). Choices for Care is a Medicaid-funded, long-term care program that provides care and support for older Vermonters and adults with physical disabilities. The program assists people with every day activities at home, in enhanced residential care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

Settings and options include:

- **Home-Based Supports**: This includes personal care, respite, companion, adult day, and case management services to help people remain in their homes and communities.
- **Enhanced Residential Care**: 24-hour care is provided in authorized licensed Level III Residential Care Homes and Assisted Living Residences.
- **Nursing Facility Services**: 24-hour care is provided in licensed Nursing Facilities.
- **Flexible Choices**: Home-based participants convert their plans of care into a dollar-equivalent allocation. Working with a consultant, participants develop a spending plan for that allocation, which allows them to more flexibly purchase their care and meet their needs.
- **Program for All-Inclusive Care for the Elderly (PACE)**: An integrated health care delivery system for frail individuals 55 years and older that provides all acute, primary and long-term care needs (see page 10).

Vermonters Served: (as of 10/08) 5,064 participants (2,629 in home and community-based settings, 313 in Enhanced Residential Care and 2,122 in nursing facilities). These numbers include Highest, High and Moderate Needs groups. To enroll, participants must be age 65 and over or age 18 and over with physical disabilities, qualify for nursing home level of care (High and Highest Need Groups only), and be financially eligible for Long-Term Care Medicaid.

**Choices for Care: Total Number of Enrolled Participants by Setting
October 1, 2005 - December 1, 2008**



The overall goal of the Choices for Care waiver services is to give people more choice and control over where and how they want to meet their long-term care needs. As anticipated, this has resulted in more people choosing home and community based care rather than nursing facility care. One objective of Vermont’s Medicaid long term care system was to achieve a 60/40 balance between nursing facility and home and community-based care (i.e., to serve at least 40% of the participants in settings other than nursing homes).¹ The 60/40 target has been achieved – and exceeded – in all but two counties. Vermont’s revised and more ambitious objective is to achieve a “50/50” balance (i.e., to serve at least 50% of the participants in settings other than nursing homes).

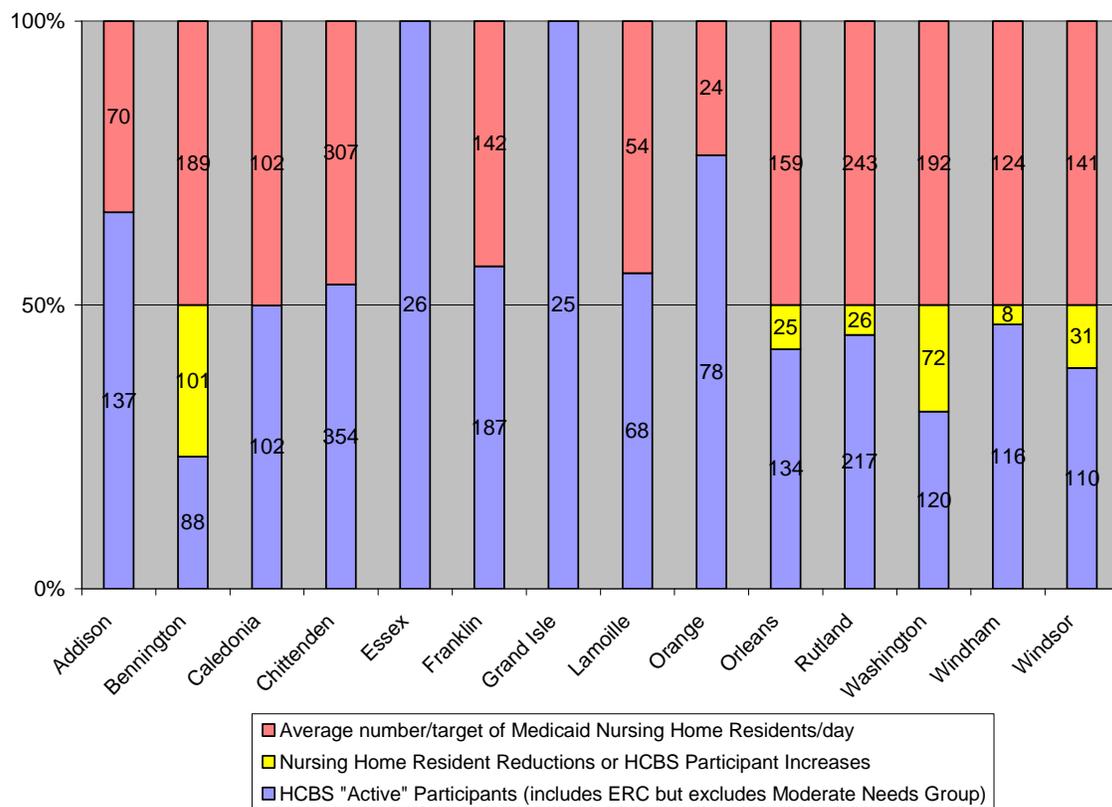
Fourteen Long Term Care Clinical Coordinators (LTCCCs) conduct clinical assessments for program eligibility, helping to improve program efficiencies and develop cost effective service plans. The LTCCCs are located regionally, often co-located within the offices of the Department for Children and Families,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

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

Highlights from SFY '08:

- There was a steady increase in the number and percentage of people who are served in their own homes and communities.
- Financial pressures led to the return of the applicant list for the High Needs Group, reducing the total number of people served in the community.
- The Flexible Choices grant from the Center for Medicare and Medicaid Services ended and Flexible Choices is now part of the permanent program structure of Choices for Care.

VT Medicaid *Choices for Care*: Nursing Home Residents and Home & Community-Based Participants--October 2008
Changes (Yellow) Needed to Achieve At Least 50% HCBS



Program for All-Inclusive Care for the Elderly (PACE): PACE is an integrated health care delivery system for nursing home-eligible individuals 55 years and older that provides for all acute, primary and long-term care needs of the individual. Comprehensive care is provided or coordinated by an interdisciplinary team. Services are financed through a combination of Medicare and Medicaid reimbursement. PACE-VT, a non-profit organization, opened the first PACE Center in Colchester in April 2007 and currently has 38 participants. PACE-VT opened a second center in Rutland in February 2008 and currently has 16 participants. Participation in the PACE option is limited to residents of Chittenden and Rutland Counties.

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

Services include:

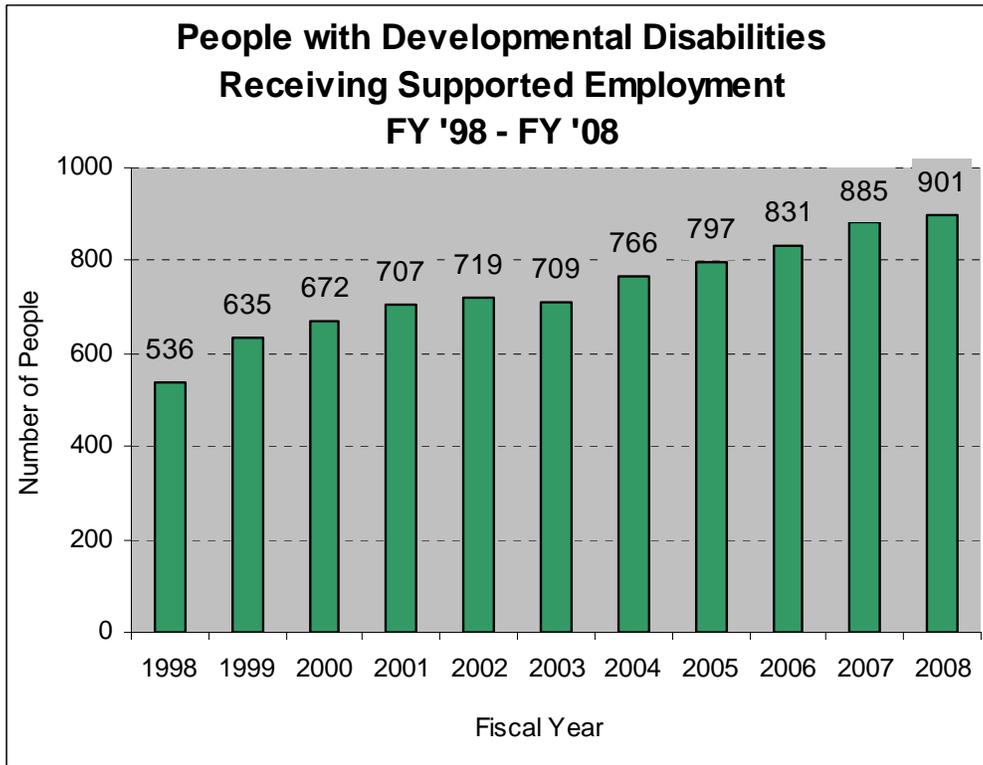
- Service coordination/case management
- Community supports
- Family supports
- Clinical interventions
- Respite (including four statewide respite homes)
- Employment services
- Home supports
- Crisis services

Vermonters Served: (SFY '08) 2,270 people received waiver services

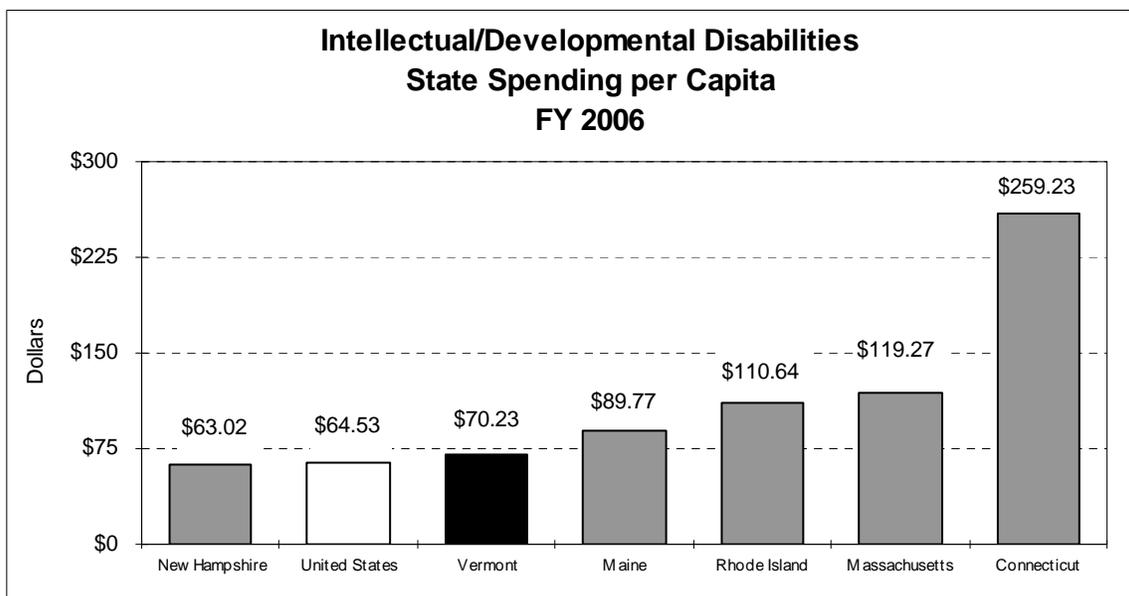
- People with developmental disabilities of any age. (Newly funded waiver services are primarily available only to applicants aged 18 and over.)

Highlights from SFY '08:

- Vermont continues to be ranked first in the nation for people with developmental disabilities who receive supported employment services. Workforce inclusion generates a lasting positive impact on the person and on the public by way of an increased presence of people with disabilities in the social fabric and the workforce of Vermont
- Service providers helped 38% of working age adults with developmental disabilities to work. The average hourly wage was \$8.34 with a high of \$16.96 per hour. An estimated \$1,582,429 was saved in public benefits (SSI) due to people working.



- The number of people in Vermont with Intellectual/Developmental Disabilities (I/DD) in nursing facilities compared to all residential services for people with developmental disabilities is 1.8%, well below the national average of 5.6% in FY '07.
- Vermont ranks second to New Hampshire in spending fewer state dollars per state resident than any other New England state and slightly higher than the national average.



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

Services Include:

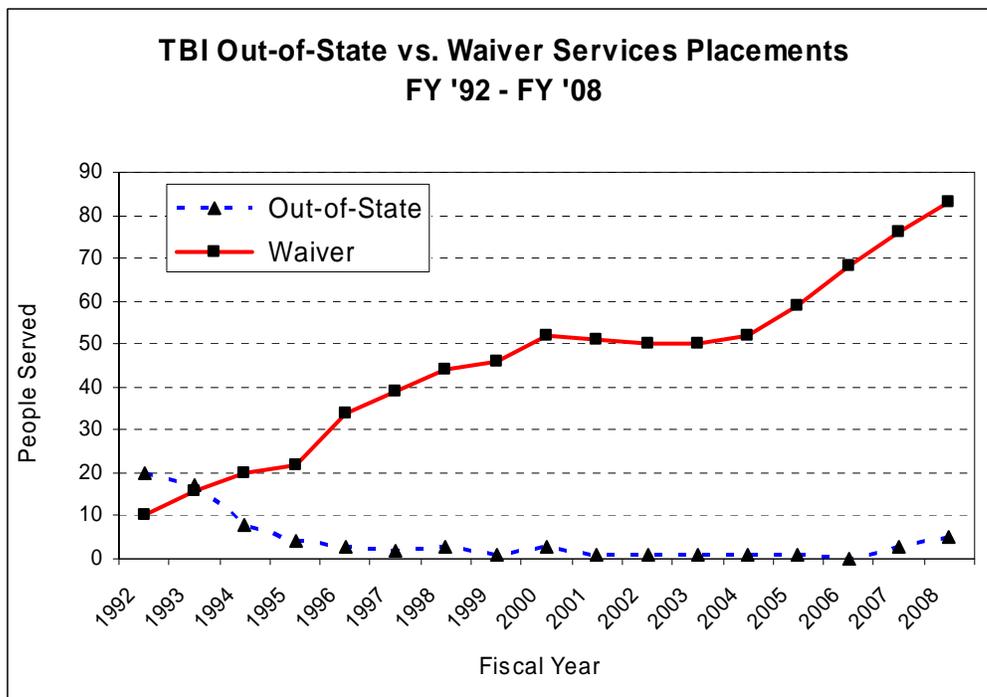
- Case management
- Respite
- Crisis support
- Community supports
- Special needs (ongoing long-term services)
- Rehabilitation services
- Assistive technology
- Employment supports
- Psychology/counseling supports

Vermonters Served: (SFY '08) 83 people

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

Highlights from SFY '08:

- Fifteen (15) individuals were discharged from TBI waiver services.
- Since waiver implementation in 1992, out-of-state placements dropped from a high of 20 to an average of 5 per year.
- The average plan in FY '08 was \$5,507 per month compared to the average out-of-state cost of \$17,000 per month.
- 100% of individuals improved their quality of life and level of functioning based on individual quarterly assessments.



Adult Day Services

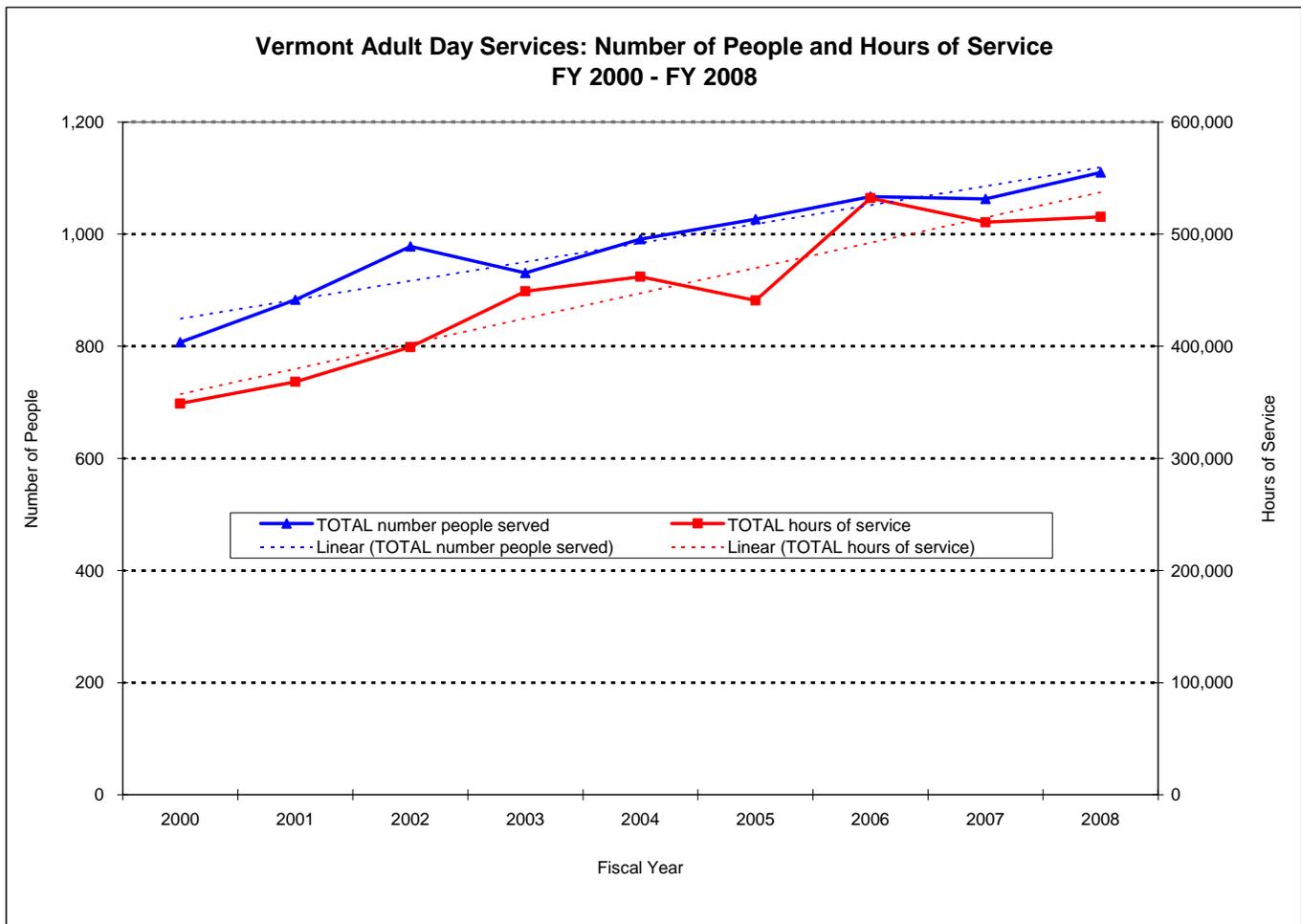
Adult Day Services provide an array of services to help older adults and adults with disabilities to remain as independent as possible in their own homes. Adult Day Services are provided in community-based, non-residential day centers creating a safe, supportive environment in which people can access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

Services Include:

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

Vermonters Served: (SFY '08) 1,110 people.

- Older Vermonters
- Vermonters age 18 and over with disabilities



Attendant Services Program

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

Services Include:

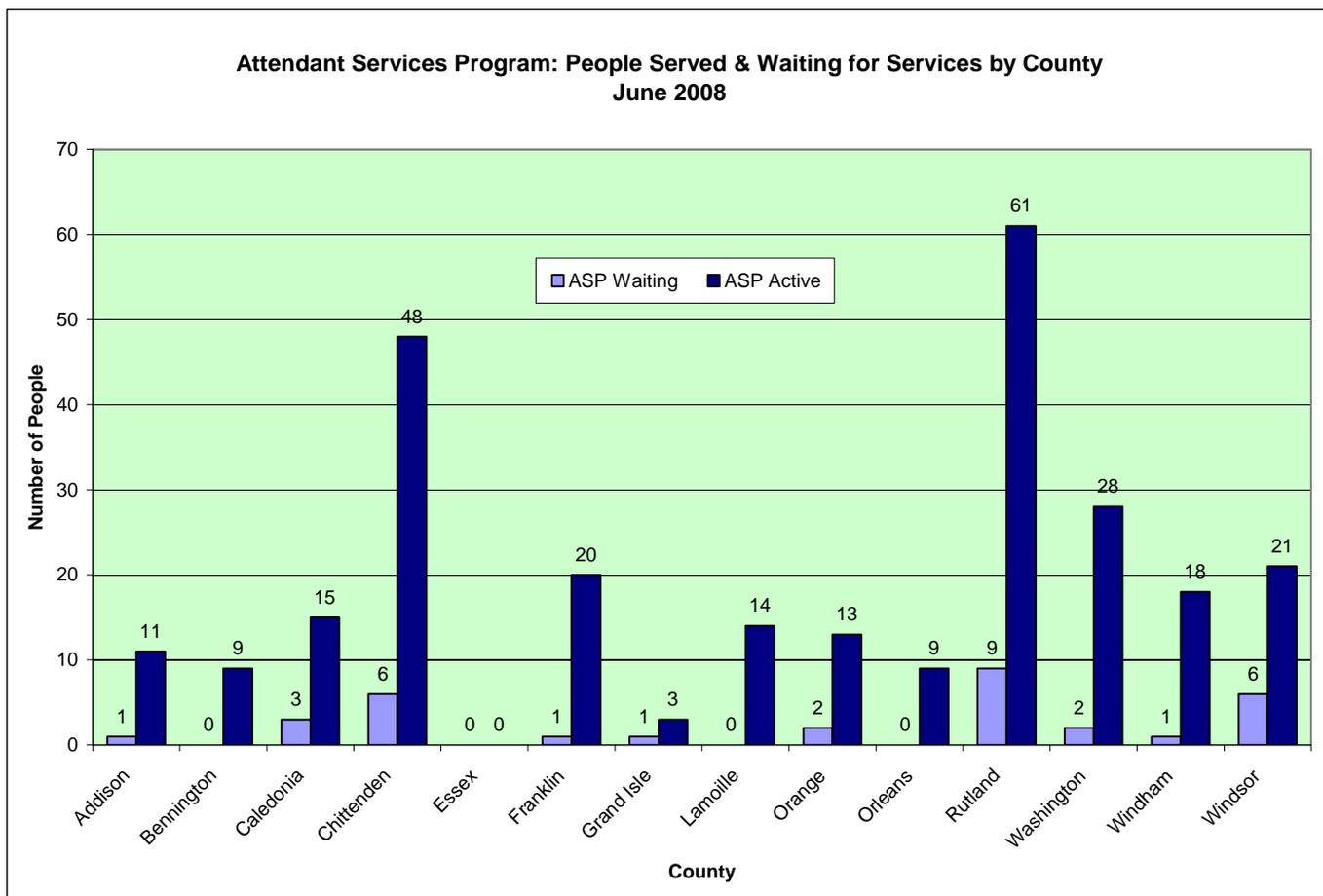
- Assistance with daily living activities such as dressing, bathing, eating, grooming, toilet use and range of motion exercises.
- Assistance with instrumental activities such as meal preparation, medication management and care of adaptive and health equipment.

Vermonters Served: (SFY '08) 376 adults.

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

Highlight from SFY '08:

- 270 people were receiving attendant services as of June 30, 2008; an additional 32 people were on a waiting list.



Children's Personal Care Services

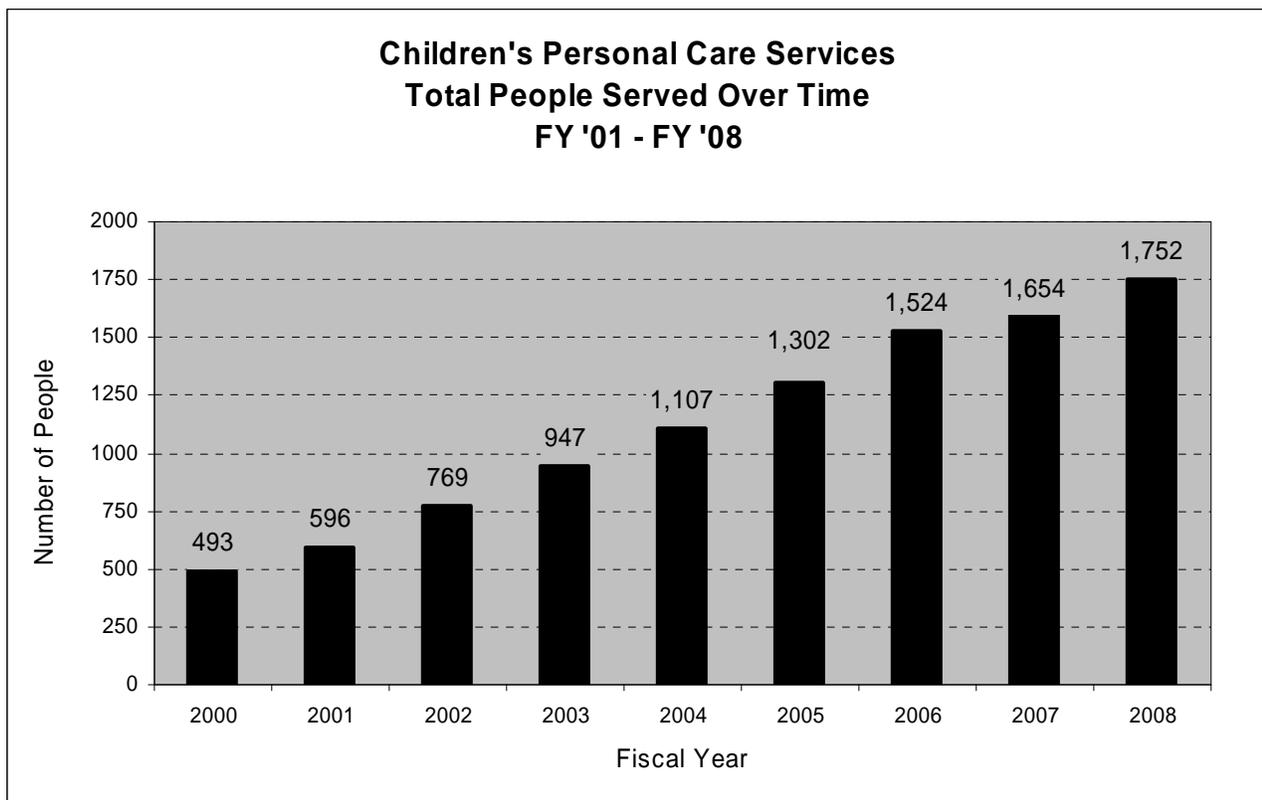
Children's Personal Care Services (CPCS) is a Medicaid service designed to help families with the extra care needs of children with disabilities and serious health problems concerning activities of daily living. This support is meant to supplement, not replace, parental roles. Hours of support may be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

Vermonters Served: (SFY '08) 1,880 children approved for services; 1,752 individuals received services.

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

Highlight from SFY '08:

- In June, CPCS launched "Children's Creative Connection" (C3), a pilot designed to increase access to therapeutic services and goods. The premise of this pilot is that giving parents greater flexibility on how available funding may be spent, can break down barriers to services and allow access to a wider array of services to assist in a child's self-care skill development.



Flexible Family Funding

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

Vermonters Served: (SFY '08) 972 people.

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

Highlights from SFY '08:

- The base amount of Flexible Family Funding increased from \$1,122 to \$1,300.
- The sliding scale used to determine the amount of Flexible Family Funding for which a family is eligible was adjusted.
- Individuals receiving home and community based waiver supports are not eligible for Flexible Family Funding.

High Technology Home Care

High Technology Home Care (HTHC) provides skilled nursing care for technology-dependent Medicaid beneficiaries of any age and coordinates treatments, medical supplies, and sophisticated medical equipment. The goals are to support the transition from the hospital or other institutional care to the home and to prevent institutional placement.

Vermonters Served: (SFY '08) 109 people.

- Medicaid-eligible people of any age who are dependent on medical technology to survive and who have chosen to live in home-based settings.

Highlights from SFY '08:

- Ten (10) new participants were enrolled FY '08.
- The HTHC program worked closely with Children's Personal Care Services in reviewing eligibility and diagnoses. A specific population was identified as sometimes requiring on-going nursing supports; i.e. toddlers diagnosed with uncontrolled juvenile diabetes. This population is now eligible for HTHC services.
- HomeShare Vermont and DAIL partnered with an individual supported through HTHC to develop a living situation for the person, since the family was not able to provide direct care. This collaboration worked well and may be an option for the future.

Community Development Unit Programs

802-241-4534

Autism Supports

Act 35, an Act Relating to Autism Spectrum Disorders signed by Governor Douglas, directed the Vermont Agency of Human Services and Vermont Department of Education to work collaboratively to develop a plan for providing services across the lifespan to individuals with autism spectrum disorders (ASD) and their families.

- Seventy-five stakeholders formed a Steering Committee and five sub-committees to work on the plan. In addition to the work of the committees, five forums were held to gather public input on the direction the state should take in developing a system of care. Opportunity to provide written comments was given, and an on-line survey was conducted. The information gathered from these sources was synthesized into a report that was sent to the legislature in January 2008.
- The recommendations from the legislative report were translated into an autism implementation plan, with priorities identified by the Secretary of the Agency of Human Services and the Commissioner of the Department of Education. Implementation of the plan is slated to start in SFY '09.

Highlights from SFY '08:

- Developed an autism listserv to keep interested stakeholders informed of the State's autism planning efforts and provide information regarding autism resources, training and events.
- Provided training to families and providers including Vocational Rehabilitation counselors, graduate students, pediatricians, early childhood providers, VT-211 and developmental disability services' staff.
- Provided a grant to maintain the Autism Task Force website.

Dementia Respite Grant Program

The dementia respite grant program is managed by Vermont's five Area Agencies on Aging. Grants are available for family members or other unpaid primary caregivers of a person who has been diagnosed with Alzheimer's disease or a related disorder and meets certain financial criteria. Priority is given to those who are ineligible for other programs. Respite gives family caregivers the break they need to reduce stress, maintain their well-being and assist them in continuing their caregiving roles. Dementia Respite Grants may be used to pay for a range of services such as substitute in-home caregiving, homemaker services or for out-of-home services such as Adult Day Programs.

Vermonters Served: (SFY '08) 311 individuals with dementia and their family caregivers obtained 30,570 hours of service across the state.

Highlights from SFY '08:

- Partnered with the Vermont Alzheimer's Association to provide home safety assessments to dementia respite grant recipients.
- Expanded outreach to Vermont's limited English speaking populations, by creating French, Bosnian and Vietnamese brochures describing the dementia respite program.
- Collaborated with the Governor's Commission on Alzheimer's Disease and Related Disorders and other stakeholders to develop a State Plan on Dementia.

Green Mountain Self-Advocates

Green Mountain Self Advocates (GMSA) is an independent statewide self-advocacy network run and operated by people with developmental disabilities. The GMSA Board includes representatives from 18 local self-advocacy groups. Groups meet to listen to each other, make new friends, learn about people's rights and tell politicians and others why people with disabilities are important. The self-advocacy network is building a movement for self-advocacy through public education and awareness, peer mentoring, support, advocacy and direct action.

Vermonters Served:

- People with developmental disabilities.

Highlights from SFY '08:

- Developed the *Get the Life You Want Toolkit* for youth with developmental disabilities passing through transition. The Toolkit includes stories written by adults with developmental disabilities on 25 different issues that high school students struggle with as they transition out of special education services into living in the "real world".
- Worked with Planned Parenthood of Northern New England to train 26 peer sexuality educators to be more comfortable talking about sexuality and relationships; understand the qualities of a sexually healthy person; understand what it means to be a peer sexuality educator; learn the information and skills to be a good peer educator; and learn what sexual self-advocacy means. This training includes instruction on using a peer educators' curriculum.
- Supported 21 youth and adults with developmental disabilities to present seven workshops at a national self-advocacy conference. The workshops included: *How to Get Your Voice and Use It*; *Sexual Self-Advocacy*; and *Converting Sheltered Workshops to Supported Employment Services*.
- Developed a curriculum for people with developmental disabilities to use to train employees of developmental service agencies. The curriculum includes over eight hours of training activities proven effective for recognizing and challenging everyday misconceptions about disability. It incorporates best practices to support self-advocacy and empower people with disabilities to speak up for themselves and change the way society views them. GMSA conducted a two-day training of

trainers for 12 local agency teams consisting of 58 trainers with and without developmental disabilities.

Meals for Younger Adults with Disabilities

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

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

Vermonters Served: (SFY '08) 591 individuals were served; 73,637 meals (65,403 Long-term; 7,334 Short-term; and 960 Emergency).

Mental Health Elder Care Clinician Program (ECCP)

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

Services Include:

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

Vermonters Served: (SFY '08) 480 adults age 60 and older experiencing a mental health concern such as depression, anxiety, dementia or substance abuse.

Older Americans Act Services

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

Vermonters Served: (FFY '07) 40,721 Vermonters received services supported by the Older Americans Act.

- Adults age 60 and over.
- Family caregivers (of any age) of older adults.
- Older relative caregivers of children under age 18 and adult children with disabilities as specified in the Older American's Act.

Case Management

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

Vermonters Served: (FFY '07) 9,033 older adults under OAA case management.

Health Promotion and Disease Prevention:

Older adults often need support in making choices to help manage their chronic disease and improve their quality of life. Adopting behaviors such as engaging in physical activity, eating a healthy diet and getting regular health screenings are vital components of healthy aging. Community based health promotion and disease prevention interventions that are evidence based provide older adults the support they need to age well in their own communities. Evidence based programs assist aging services providers in using resources effectively, proving that their programs work and make positive differences in the lives of the people they serve. Evidence based programs that have been implemented include: A Matter of Balance, PEARLS, Healthy IDEAS and the Healthier Living Workshops.

Senior Helpline:

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

- Senior HelpLine (1-800-642-5119): The Senior HelpLine automatically connects callers to their local Area Agency on Aging (AAA) to speak with an Information,

Referral and Assistance specialist. Senior Helpline specialists at each AAA provide a wealth of information on programs and services available to adults age 60 and older, their family and caregivers, and the general public. These specialists provide accurate information using extensive databases that are regularly updated. Information requests sometimes lead to a home visit from a case manager who can provide highly specific information based on an assessment of the individual's needs and circumstances. Callers to the 2-1-1 line (see below) are forwarded to the Senior HelpLine.

Vermonters Served: (FFY '07)

- Senior HelpLine received approximately 50,000 calls.

Legal Assistance:

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

Vermonters Served: (FFY '07) 3,426 units of legal assistance service.

National Family Caregiver Support Program (NFCSP):

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

Services include:

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

Vermonters Served: (FFY '07) 4,323 family caregivers; approximately 7,000 calls to the AAA Senior HelpLine from family caregivers.

Nutrition Programs:

Older Americans Act funds help support two programs designed to provide healthy meals and nutrition services for older adults; the congregate meals program and the home delivered meals program. Both programs contribute to the food security of

older adults. Individuals who are food secure experience lower rates of disability, hospitalization, depression and mortality.

Highlights from SFY '08:

- State funds of \$324,000 were added in CY2008 to assist with meeting the increased costs for home delivered meals.
- 661,472 home delivered meals were served in FFY '07.
- 392,610 congregate meals were served in FFY '07.

Senior Community Services Employment Program:

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

Vermonters Served: (FFY '08): 83 unemployed seniors; 54% were 60 and over, 39% had disabilities, and 22% were veterans.

Highlights from FFY '08:

- The average starting wage for participants in competitive employment was \$11.52.
- Vermont SCSEP exceeded the national State Grantee employment goal with an employment rate of 59%.
- The average retention rate was 69%.
- The SCSEP Program increased training opportunities for participants through collaboration with community partners such as Community College of Vermont, Vermont Adult Learning, Vermont Student Assistance Corporation, the regional Workforce Investment Boards and Vermont Department of Labor.

Long-Term Care Ombudsman Program

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

Services Include:

- Investigating and resolving complaints on behalf of individuals receiving long term care.
- Assisting individuals to seek administrative, legal and other remedies to protect their rights, health, safety and welfare.
- Educating community members concerning the needs of individuals receiving long term care.

- Reviewing and commenting on existing and proposed legislation, regulations and policies related to individuals in long term care.

Supportive Housing and Service Options

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

HomeShare VT (Champlain Valley) and HomeShare of Central VT (Washington County):

DDAS supports two home sharing programs, which offer match and follow-up services to people with a home to share and to those seeking an affordable housing option. The typical home provider is an older individual or person with a disability who will benefit from the presence of another person living in and sharing his/her home. In return for reduced or free rent, the home seeker offers the home provider homemaking, meal preparation, home maintenance and/or other services. In Chittenden County, the program also matches people in need of supportive services with live-in or hourly caregivers who provide personal care, meal preparation and other services. The HomeShare programs provide cost-effective choices in addressing the concern of increasing long-term care costs.

Vermonters Served: (SFY '08) A total of 1,017 unduplicated persons received some form of service or assistance; of which 182 entered into a home share-only match, and 272 entered into a combined home share match/caregiving arrangement.

South Burlington Community Housing (SBCH):

The South Burlington Community Housing development provides independent living options including accessible apartment units and Choices for Care funded personal care services. Residents choose SBCH because it offers an independent apartment setting with 24/7 personal care services. Prospective residents must be capable of self-directing their care, meet HUD financial eligibility, require at least four hours of personal care a day and be willing to participate in a shared care service delivery model. The SBCH is a collaborative effort between DAIL, Cathedral Square Corporation and VNA of Chittenden/Grand Isle.

Home and Community Access Program:

The Housing and Community Access Program (HCAP) at the Vermont Center for Independent Living receives funding through DAIL to supplement funding provided by the Vermont Housing & Conservation Board. HCAP provides information, assistance and referral services to help people with physical disabilities locate and secure funding

for home modifications. HCAP supports independent living through collaborations with a wide array of community partners including contractors and vendors, non-profit housing organizations, volunteer groups, municipalities, state government departments, funders and lenders, United Way, architects and social service providers.

Vermonters Served: (SFY '08) 53 HCAP projects enabled 42 Vermont households to maintain independent living in their home. HCAP staff at the Vermont Center for Independent Living leveraged \$281,251 in additional resources for the program.

Housing and Supportive Services (HASS):

Funding was provided to 23 HASS sites to ensure accessible, on-site residential service coordination for approximately 1,200 older Vermonters and adults with disabilities. To achieve the HASS goal of “*improving the residents’ ability to age in place and enhance the quality of life*”, HASS resident service coordinators provide health, wellness, education and socialization activities (including access to homemaker services); collaborate with a variety of community partners and services; and maintain a supportive and friendly presence on site.

Residential Care Homes:

DDAS provides support to the State’s 102 licensed Level III and seven Level IV Residential Care Home (RCH) providers. Residential Care Homes provide single or double occupancy rooms to three or more residents, meals, housekeeping and laundry, supervision, transportation, activities and personal care services. Level III RCHs provide nursing overview and assessment, medication management and administration and other services to older adults and individuals with disabilities. These services are funded through two Medicaid programs, the Assistive Community Care Services (ACCS) and the Choices for Care Long-Term Care Medicaid Waiver program. ACCS, a Medicaid State Plan service reimburses providers for the care of people with needs below nursing level of care. Choices for Care Enhanced Residential Care service pays for a higher level of care and services for residents who meet nursing home level of care.

The State Health Insurance Program (SHIP)

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

Highlights from SFY '08:

- SHIP assisted 13,960 individuals, 815 couples and 1,802 caregivers with enrollment, services and questions related to Medicare, Medicaid and other insurance programs. Many calls were received about Medicare Part D. In addition, SHIP staff provided assistance to 1,391 staff representing health providers, health care and social service agencies, who contacted the SHIP on behalf of people they serve.
- CMS awarded Vermont SHIP a Performance Award Supplement to the FY 2008 program efforts in the amount of \$32,628. Vermont SHIP ranks #1 in the nation for overall performance, and #1 in a comparative cluster of nine other states. For several years the Vermont SHIP program has been recognized by CMS for its excellence in service delivery through Performance Plus Awards. Vermont SHIP will use these grant funds to enhance and expand its SHIP counseling and information assistance functions, particularly through increasing awareness among Medicare beneficiaries about the extra help available to those with limited income and resources in paying for prescription drug costs.

Office of Public Guardian

802-241-2663

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

Services Include:

- Guardianship to adults with developmental disabilities (DD) and adults age 60 and over;
- Representative payee services for governmental benefits for people under guardianship as well as an alternative to guardianship;
- Case management supports where this service can provide a less restrictive alternative to guardianship;
- Supervision of offenders with developmental disabilities placed on Act 248 commitment after being found not competent to stand trial;
- Court-ordered evaluations for Probate and Family Court guardianship cases;
- Public education on guardianship and alternatives to guardianship; and
- Recruiting and support for private guardians.

Vermonters Served: (SFY '08) 675 adults (unduplicated)

As of 6/30/08, the OPG caseload was as follows:

- Guardianship (DD/Family Court) – 581
- Guardianship pending (Family Court) – 10
- Guardianship (60+/Probate Court) – 51
- Guardianship pending (Probate Court) – 3
- Act 248 and Order of Non-Hospitalization – 31
- Act 248 pending – 3
- Case Management – 7
- Representative Payee Services – 309

Highlights from SFY '08:

- Hired a Public Safety Specialist.
- Participated in a Legislative Task Force on guardianship monitoring.
- Participated in a coalition to reform the Vermont law on adult guardianships.
- Worked with Probate Judges to obtain their support for use of a model evaluation tool for guardianship evaluations.

Quality Management Unit

802-241-2614

The Quality Management Unit, in collaboration with other DDAS staff and service providers, is responsible for improving and ensuring the quality of services provided through DDAS.

Quality Management Unit Services:

Includes the collection, analysis and sharing of performance information through:

- Quality Assurance/Quality Improvement
- Provider Reviews
- Provider Designation
- Responses to Complaints and Appeals
- Provider Relations and Technical Assistance
- Ombudsman Services
- Training and Education
- Consumer and Family Surveys

Desired Outcomes of Services:

These outcomes, along with their associated indicators, sources of information and information gathered, form the Quality Service Standards. The standards are the criteria by which quality is measured.

1. **Respect**: Individuals are treated with dignity and respect.
2. **Self-Determination**: Individuals direct their own lives.
3. **Independent Living**: Services support independent living.
4. **Relationships**: Individuals receive support to foster and maintain relationships.
5. **Participation**: Individuals participate in their local communities.
6. **Person-Centered Practices**: Services and supports are individualized to meet people's needs and honor their strengths and preferences.
7. **Well-being**: Individuals' services and supports promote health and well-being.
8. **Communication**: Individuals communicate effectively with others.
9. **Collaboration**: Individuals receive effective, coordinated, and efficient services.
10. **Support Systems**: Individuals benefit from a trained and competent support system.

Highlights from FY '08:

- A wide variety of agencies were reviewed during the year: Home Health Agencies, Area Agencies on Aging, Traumatic Brain Injury Service Providers, Developmental Disability Services Agencies, and Adult Day Service Providers
- Twenty-six (26) Quality Service Reviews were conducted.
- Two-hundred and ninety-six (296) individuals were reviewed.
- In July 2007, DDAS implemented a new DDAS Quality Management Plan. After implementing the Plan for one year, DDAS decided to make revisions to the Quality Services Reviews for agencies funded by DDAS. It is expected this redesign process will be completed in FY '09.

Special Initiatives

VT Aging & Disability Resource Connection (VT ADRC): In October 2005, DAIL was awarded a three-year \$800,000 grant to establish Aging & Disability Resource Centers (ADRCs) in Vermont. Vermont opted to develop "virtual" ADRCs building upon existing agencies' capacities to deliver quality and comprehensive Information, Referral and Assistance (IR&A) services.

Once complete, the ADRCs will have the capacity, in two pilot regions, (Champlain Valley and the Northeast Kingdom) to deliver objective and consistent IR&A services through highly visible and trusted organizations within our communities. People of any age, ability or income will be able to turn to the ADRCs, as a seamless point of entry to programs and benefits, for information on a full range of long term care options.

Participating ADRC core partner agencies are Vermont 2-1-1, Northeast Kingdom Council on Aging, HowardCenter, Champlain Valley Agency on Aging, Vermont Family Network (formerly Parent-to-Parent of Vermont), Vermont Center for Independent Living, Brain Injury Association of Vermont, Northwestern Counseling & Support Services, Northeast Kingdom Human Services, Counseling Service of Addison County, and most recently, the Brain Injury Association of Vermont.

Highlights from FY '08:

- Service providers and consumers collaborated as Local Implementation Teams in identifying several topics, including: personal definitions of options counseling, person-centered, family-centered and consumer-directed care; self-neglect behavior and reporting; clarification of IR&A/options counseling roles within service provider organizations; and incorporation of the Northeast Kingdom Local Implementation Team into the existing Long Term Care Coalition.
- The Vermont ADRC, at the direction of Vermont 2-1-1, supported the State Information Referral Assistance Coordinating Council in its completion of a statewide IR&A Work Plan and implementation planning to promote IR&A statewide among all providers regardless of ability, age and/or income.
- Training provided and coordinated through the Vermont ADRC included: provision of professional IR&A, regional partner-specific IR&A for specialized populations and dementia training in collaboration with the Alzheimer's Disease Demonstration Grant to States.
- The Asset Mapping Tool was created to assist in assessing long term care services and programs among all participating ADRC core partner agencies.
- The Champlain Valley Agency on Aging provided technical assistance and training to several core partners in the use of the REFER software database; established uniform taxonomy use between the AAA's; provided financial and staffing support for the development of REFER to be shared by all five AAAs;

and developed a sustainability plan for a potential statewide Refer database license among interested core partners and others.

- The ADRC grant provided financial support to the Vermont AIRS (Alliance of Information and Referral Systems) annual conference and AIRS certification of IR&A staff in several organizations.

Comprehensive Systems Reform Grant: Health and Long-Term Care Integration Project (MyCare Vermont): In September 2004, the State was awarded a \$2.1 million Real Choice Comprehensive Systems Reform Grant. The goal of the Health & Long-Term Care Integration Project was to integrate Medicare and Medicaid funding streams and integrate acute/primary and long-term care service delivery as a choice for older Vermonters who are frail, at-risk or chronically ill; and adults with physical disabilities. DAIL convened a Core Planning Team including state and local providers, a medical provider and a consumer representative to assist in decision making and the design of the project. The Department also worked closely with a Community Advisory Committee, comprised of consumers, providers, advocates and other stakeholders with an interest in transforming the way health care is delivered, that provided input to the Core Planning Team.

After awarding grants to organizations to assess feasibility and develop business plans for providing integrated health and long-term care, DAIL issued a Request for Proposals in FY '08 seeking organizations interested in moving to develop a MyCare organization. Although no organization was selected, many of the pieces that will need to be in place were developed and lessons learned that will support the development and implementation of integrated health and long term care organizations in the future.

Traumatic Brain Injury (TBI) Partnership Grant: This was the second year of a three-year \$355,800 TBI Partnership Grant awarded to DAIL from the Health Resources Service Administration (HRSA). The main goal of this grant is to develop and implement a Neuro-Resource Facilitation (NRF) System for returning veterans with brain injuries.

Objectives include:

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

Highlights from FY '08:

- Supported efforts to increase the capacity of the BIA-VT by initiating contracts to hire a Neuro-Resource Outreach Worker and two Neuro-Resource Facilitators as well as supporting the BIA-VT to take the lead in the 20th annual statewide TBI conference.

- Provided information and training on Veterans and TBI including collaboration with the Vermont Military Family Community Network to place information posters in Vermont rest areas.
- Developed a new Strategic Plan for the State TBI Advisory Board and solicited new members, including the Director of the State Office of Veterans Affairs.
- Created a plan for administering new TBI funds appropriated by the Vermont Legislature.

Supportive Housing Grant: In September 2004, DAIL implemented the Real Choices Supportive Housing Grant, funded through the CMS. The project goals were to remove barriers that prevent or reduce the housing options available to Medicaid-eligible older Vermonters and adults with disabilities. The project focused on two areas: improving/expanding access to housing, and assisting older individuals in congregate settings through a Medication Assistance Best Practices Pilot Project. The grant ended in FY '08.

Highlights from FY '08:

- Delivered housing development technical assistance to ten community-based projects sponsored by community groups and/or non-profit housing providers, via a grant to Cathedral Square Corporation.
- Developed a Medication Assistance Project designed to test and identify best practice models for delivery of medication assistance services to residents of senior congregate housing sites.

Nursing Home Diversion Grant: The Nursing Home Diversion Project (NHDP) began operations in May 2008. DDAS selected two AAAs to deliver NHDP services in five Vermont counties. Vermont was one of twelve states selected by the federal Administration on Aging (AoA) and awarded demonstration project funding to pilot the NHDP. The NHDP budget includes the demonstration grant, AAA Title III Older Americans Act funding and local match contributed by the two AAAs responsible for local project implementation.

The project's primary goals are to divert older people from nursing home admissions and provide individualized services to 200 individuals during the eighteen month project; preventing unnecessary or premature admission to a nursing home. Recipients must be 60 years of age or older; at high risk for nursing home admission due to medical needs, chronic conditions or need for personal/home care. They must also be ineligible for Long Term Care Medicaid. It is expected that one-third of NHDP enrollees will have a diagnosis of Alzheimer's disease or a related dementia

Direct Care Worker Registry In its 2007 session, the Vermont Legislature appropriated \$60,000 to start a Direct Care Worker registry. Rewarding Work, the organization contracted to develop the registry, operates Direct Care Worker Registries in four other states, including the three southern New England states. The Registry started in Fall 2008.

Highlight from FY '08:

- Working with an active community advisory group, DAIL developed specifications for the Directory, released a request for proposals and awarded the contract to develop the registry to Rewarding Work Resources.

Licensing and Protection

802-241-2345 (voice) 802-241-2358 (tty)
www.dail.state.vt.us/lp

The mission of the Division of Licensing and Protection (DLP) is to ensure quality of care and quality of life to individuals receiving health care services from licensed or certified health care providers, through the Survey and Certification program and to protect vulnerable adults from abuse, neglect and exploitation, through the Adult Protective Services program (APS). A separate report outlining the work of APS has been prepared.

Survey and Certification Program:

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

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

All nursing facilities participating in Medicare/Medicaid programs (40) are surveyed annually within a 9 to 15 month window, in accordance with CMS requirements. These surveys represent the majority of Federal recertification surveys scheduled and completed this past year. Compliance with state licensing requirements is determined concurrently during the recertification survey. Thirty-seven (37) recertification/licensing surveys were conducted in SFY08. Additional recertification surveys, which do not require annual

surveys, included four hospitals: one validation survey, conducted at an acute care hospital at the direction of CMS; two hospitals, one acute care hospital, and one critical access hospital that required full surveys following complaint investigations resulting in noncompliance with federal Conditions of Participation; and one scheduled recertification survey of a critical access hospital. Recertification surveys were also conducted at six home health agencies; two hospice providers; one End Stage Renal Disease Dialysis (ESRD) facility; one Intermediate Care Facility for the Mentally Retarded (ICF/MR); and two Rural Health Clinics (RHC). Except for the ICF/MR and the RHCs, these surveys are conducted over a three day period by teams of three to five nurse surveyors, depending on the licensed capacity and/or physical size of the facility.

Home Health Designation and Operating Rules, which went into effect July 1, 2007, established minimum State requirements for the 12 home health agencies serving consumers throughout Vermont. Each home health agency is required to be surveyed annually for compliance with the Designation Rules. Prior to the adoption of these regulations, agencies were surveyed every three years, on average, according to a schedule determined by CMS. Although there are similarities between the two sets of regulations, the Designation rules are more stringent regarding appeal processes available to consumers seeking services. State designation surveys were conducted at nine (9) home health agencies in SFY 08.

Other state licensed providers include Residential Care Homes (RCH), Therapeutic Community Residences (TCR) and Assisted Living Residences (ALR). Residential Care Home facilities number 109 (102 Level III; 7 Level IV) providing a total of 2303 beds. Limited to Level III facilities, eighty-seven (87) homes currently participate in the Assistive Community Care Services (ACCS) program, a Medicaid program. Of those homes, fifty-six (55) also participate in the Enhanced Residential Care (ERC) program providing care and services to individuals who meet criteria for admission to a nursing facility. There are thirty-five (35) TCRs with a total of 390 beds. Assisted Living Residences (ALRs) increased by one in 2008 with the addition of a 39 unit in the spring of 2008. Eight ALRs now provide a total of 326 units. Refer to Table on page 35.

2008		
Type	# Facilities/Agencies	# beds/stations/units
Federal Certification		
Nursing Home	40	3286*
Critical Access Hospital	8	385 Licensed beds**
Acute Care Hospital	6	1142 beds/129 bassinets
Psychiatric Hospital	1	149 beds
Home Health	12	N/A
Hospice Programs	10	N/A
ICF/MR	1	6 beds
Rural Health Clinic	18	N/A
Portable X-Ray	2	N/A
VA Hospital***	1	60
State		
RCH	109	2303 beds
Level III	102	2238 beds
Level IV	7	65 beds
TCR	35	390
ALR	8	326 units/405 beds
Psychiatric Hospital	1	54
Nursing Home	2	26

*Nursing Home Beds as of 6/30/2008

**Within licensed bed capacity, each Critical Access Hospital is limited to 25 certified beds

***DLP has no regulatory authority over the Veterans Administration Hospital

DLP continues to receive numerous inquiries regarding the licensing process for RCHs and ALRs. Licensing packets were mailed to twenty-eight interested individuals. The number of individuals who access the regulations and licensing process from the Department's web site is unknown.

Investigation of complaints in licensed and/or certified facilities continues to consume a considerable amount of surveyor and support services time in spite of a 5.5% decrease in the overall number of reports expressing concern about the quality of care and services across all certified and licensed facilities. A total of 738 complaints were received by DLP in state fiscal year 2008, compared to 778 in SFY2007. Of that number, entity reports (provider self reports) numbering 382 account for 52% of the total received with the remainder coming from a variety of sources including the community, patients/residents of health care facilities/agencies or their families or staff of facilities/agencies. A total of 391 (53%) complaints, representing 110 facilities, warranted on-site investigation by DLP, an increase of 11% over SFY 2007. In some instances, multiple complaints were addressed during one on-site visit. The greatest increases in the number of complaints about care and services continue to be received about hospitals (105 vs. 88 in 2007; 8% increase) and home health agencies (64 vs. 50 in 2007; 8% increase).

	# of Recerts/Initials completed in SFY07	# of Complaints Received in SFY07	# of Complaints Received in SFY07 that require onsite	# of Complaint onsites conducted in SFY07***	# of Providers where onsite were conducted
Nursing Home	38	477	251	168	32
Hospital	4	88	55	32	9
Home Health	3	50	21	12	4
Hospice	0	5	2	4	4
ESRD	3	1	0	1	1
ICF/MR	1	1	0	0	0
Rural Health Clinics	3	1	0	0	0
Portable X-Ray	1	0	0	0	0
subtotal fed providers	53	623	329	217	50
RCH	18	137	75	64	41
TCR	4	10	4	3	2
ALR	0	7	6	5	5
State Nursing Homes	2	1	0	0	0
subtotal state providers	24	155	85	72	48
Grand Total	77	778	414	289	98
Excludes VSH 55 complaints					
***Onsite complaint visits may be from complaints received prior to State Fiscal Year 07					
	# of Recerts/Initials completed in SFY06	# of Complaints Received in SFY06	# of Complaints Received in SFY06 that require onsite	# of Complaint onsites conducted in SFY06***	# of Providers where onsite were conducted
Nursing Home	42	478	237	138	36
Hospital	5	65	22	18	10
Home Health	3	42	21	15	9
Hospice	3	1	1	1	1
ESRD	4	4	3	2	2
ICF/MR	1	0	0	0	0
Rural Health Clinics	3	0	0	0	0
Portable X-Ray	0	0	0	0	0
PT/OPT	1	0	0	0	0
subtotal fed providers	62	590	284	174	58
RCH	45	127	66	49	33
TCR*	15	15	7	5	5
ALR	5	7	4	3	2
State Nursing Homes	2	1	1	1	1
subtotal state providers	67	150	78	58	41
Grand Total	129	740	362	232	99
*TCR Regulations were not put into Aspen until 10/1/2005 so TCR numbers are based on 10/1/2005-06/30/200					
Excludes VSH 62 complaints					
***Onsite complaint visits may be from complaints received prior to State Fiscal Year 06					

Two new nurse surveyor positions were approved by the Legislature in July 2007 in response to the overall increase in complaints logged by DLP. All 17 nurse surveyor positions are filled and all have passed the Federal exam qualifying each to survey independently in Medicare/Medicaid certified facilities. In an effort to decrease travel time and expenses, a program to equip nurse surveyors to be home-office based was initiated in August of 2008.

DLP continues to work collaboratively with the Northeast Quality Foundation, the quality improvement organization for Northern New England States and with representatives from nursing facilities and home health agencies to identify and implement standards of practice known to improve quality. CMS continued its focus on restraint use reduction and pressure sore reduction in 2008. Additional quality measures for nursing facilities and home health agencies are public information and can be found on the Centers for Medicare and Medicaid Services website, <http://cms.hhs.gov>.

Adult Protective Services

1-800-564-1612 Abuse Reporting Line

Introduction

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

The goals of APS are to promptly and thoroughly investigate allegations of abuse, neglect and exploitation, to increase awareness of adult abuse in all of its forms, to provide information about alternatives and services for vulnerable adults who are the victim of abuse and to increase the reporting of suspected abuse. In conducting investigations and arranging protective services, APS makes every effort to respect the wishes of the vulnerable adult.

General Information

During the State Fiscal Year 2008 (SFY08) the APS Unit operated on a general fund allocation of \$757,947.74. The APS Unit has a dedicated staff of 10 employees: one Program Chief, seven Field Investigators, one full time office-based Investigative Screener and one full-time Intake Technician, who is the first person to receive a complaint via the 24 hour toll-free abuse reporting telephone line, fax, or by an online reporting form sent electronically. The Intake Technician collects pertinent data on the complaint, enters it into the appropriate data base, and channels the information to either the Licensed Nurse Surveyor Screener who handles facility complaints or to the APS Investigative Screener who handles complaints related to the general public.

Reporting

A report can be made to APS in a variety of ways. One of the easiest ways to report suspected abuse is by calling the Division of Licensing and Protection's reporting and complaint toll-free number @ 1-800-564-1612. The toll free number is available to any individual to report abuse* or suspected abuse of vulnerable adults. The toll-free line is answered twenty-four hours a day, seven days a week. APS staff answers the phone during normal business hours, between 7:45 a.m. and 4:30 p.m. After hours, weekends and holidays, the caller is directed to call the Emergency Services Program (ESP), which is a 24-hour abuse-reporting unit within the Human Services' Department for Children and Families (DCF). If necessary ESP will provide referral information to the appropriate

* For this report, abuse also includes exploitation and neglect.

emergency services and then forward a written report to APS on the next business day. Written reports, including those sent by fax, may be submitted in lieu of, or in addition to, telephone reports. Reports also may be submitted by TTY or by using the Department's web page, www.dail.state.vt.us/lp/aps.htm.

When the Investigative Screener, in conjunction with the APS Chief, makes the decision to open a case for investigation, the investigation commences within 48 hours of receiving the report. The Investigative Screener prioritizes all calls, identifies risks and responds accordingly by notifying law enforcement and/or other emergency response services if appropriate, and by assigning an APS Investigator to examine the allegations. Typically the first contact is made to the reporter by telephone.

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

Investigation Process

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

Investigations are assigned to one of seven APS field investigators based on the following considerations: the geographical location of the alleged victim, the availability of staff, the current investigative caseload assignment and/or the special needs of the case. Due to the increasing numbers of cases and severity of the allegations, overlap of territories has become necessary. The APS investigators gather information about a reported incident by interviewing witnesses, including the reporter if applicable, reviewing relevant documents and collecting other pertinent information. At the same time, the investigators coordinate services necessary to develop a protection plan for the vulnerable adult and referrals are made to the appropriate agencies to address specific needs of the individual. At the conclusion of the investigation the APS investigators submit an investigative report describing the investigation and the evidence gathered. If the division decides to recommend substantiation the individual is informed by registered letter of the basis for the substantiation and information on how to appeal the decision. The first appeal opportunity is to the Commissioner of DAIL. If the Commissioner decides to uphold the substantiation, the individual is informed in writing of the result and is told how to appeal to the Human

Service Board. If the Human Service Board upholds the substantiation, the individual's name is then placed on the APS Abuse Registry. To have a name expunged from the APS Abuse Registry an individual is required to send the Commissioner of DAIL a letter requesting an expungement hearing.

Protective Services Process

During an investigation the investigator is also responsible for determining whether the victim is in need of protective services. One of the most important goals of the APS investigation is the protection of vulnerable adults who are at risk of abuse, neglect or exploitation. APS does not provide direct care or services to individuals, nor does it provide on-going case management. To accomplish the goal of protection for the vulnerable person, APS relies on other service providers and agencies, including the Area Agencies on Aging (AAA), the Home Health Agencies, the Department of Mental Health, local mental health and developmental services agencies, the Vermont Center for Independent Living, Vermont Protection and Advocacy, local and state police, the department's Office of Public Guardian and the various court systems. Working collaboratively with staff from these agencies, with the consent of the victim, APS is able to develop plans for protection to prevent further abuse of the victim.

Adult Protective Services 2008 Data Report

During the SFY 2008 APS unit received 1,648 unduplicated reports made from 1896 reporters. Embedded in those reports were 2,034 separate allegations of abuse, neglect or exploitation. 818 reports were closed during the screening process. 338 of those did not meet the statutory definition of abuse, neglect, or exploitation. 182 were closed because the information received was insufficient to proceed. In 172 cases, APS determined that the individual was not considered vulnerable under Title 33 definitions and identified an additional reason for the decision. APS data identified 121 cases that were closed solely because they did not meet the Title 33 definition of a vulnerable adult. 147 cases were closed and referred to another resource such as Legal Aid. Investigators conducted 830 investigations which included 55 self neglect cases of vulnerable individuals less than 60 years of age. APS referred 105 cases of self neglect over 60 years old to the various AAA throughout Vermont.

APS recommended substantiations of 85 allegations against 65 perpetrators. As a result 63 new names were added to the APS abuse registry as of the date of this report's data collection. Presently there are 61 APS cases that are unresolved. (See attached tables).

Licensed Facilities and Title 33

The Division of Licensing and Protection also receives reports about Title 33 issues that involve licensed facilities including hospitals, nursing homes, home health agencies and residential care homes. Licensed nurse surveyors, who are specifically cross trained and experienced, conducted these investigations. There were 797 reported allegations of deficient practice in the areas of abuse, neglect or exploitation of vulnerable adults in

facilities or of patients receiving services from a home health agency. Of the 797 reported allegations, staff substantiated 161. 41 of the cases were unresolved when this report went to print. Reports against 12 individuals were substantiated under Title 33 as the result of these facility based allegations.

Referrals

When APS receives a report where another agency potentially should be involved, a referral is sent to the agency by phone or fax. Agencies might include the Medicaid Fraud and Residential Abuse Unit (MFRAU) of the Attorney Generals Office, the Office of Public Guardian, Law Enforcement Agencies, Protection and Advocacy, Area Agencies on Aging (AAAs), Human Services, Health Care and Case Management Agencies, the Division of Licensing and the Office of Professional Regulations.

Over the past year APS referred 252 reports to MFRAU. APS also notifies the Office of Professional Regulation about abuse complaints involving licensed care providers. This year APS referred eight cases to the Office of Professional Regulation. APS also refers some cases to law enforcement agencies for investigation and possible prosecution. This year APS referred 189 cases to law enforcement agencies. APS referred 12 cases to the DLP Survey and Certification Program and 214 self neglect cases involving vulnerable adults age 60 and over to the AAA's. (See attached tables).

Referrals were made to other services providers including six to the Division of Vocational Rehabilitation, 35 to the Battered Women's Network, 115 to Home Health, 154 to Mental Health Agencies, 214 to Area Agencies on Aging, two to the Vermont Center for Independent Living, 53 to the Choices for Care Waiver, 22 for legal assistance, 20 to assistance for guardianship, 39 for restraining orders and 204 for technical assistance for prevention. There were 163 other unspecified referrals.

Registry Checks

The Adult Abuse Registry is maintained by APS. All employers of persons providing direct care to a vulnerable adult may obtain information about whether an individual's name is on the Adult Abuse Registry by making a written request, with the consent of the applicant or employee. The Adult Abuse Registry can be checked for either prospective or current employees and for either volunteer or paid employees. Licensed and certified health care providers are prohibited by regulation from hiring direct care workers whose names appear on the Registry. Currently there are 955 names on the registry, the first dating back to 1993. DLP staff processed 36,936 registry checks during this reporting period and 12 names were found to be on the registry.

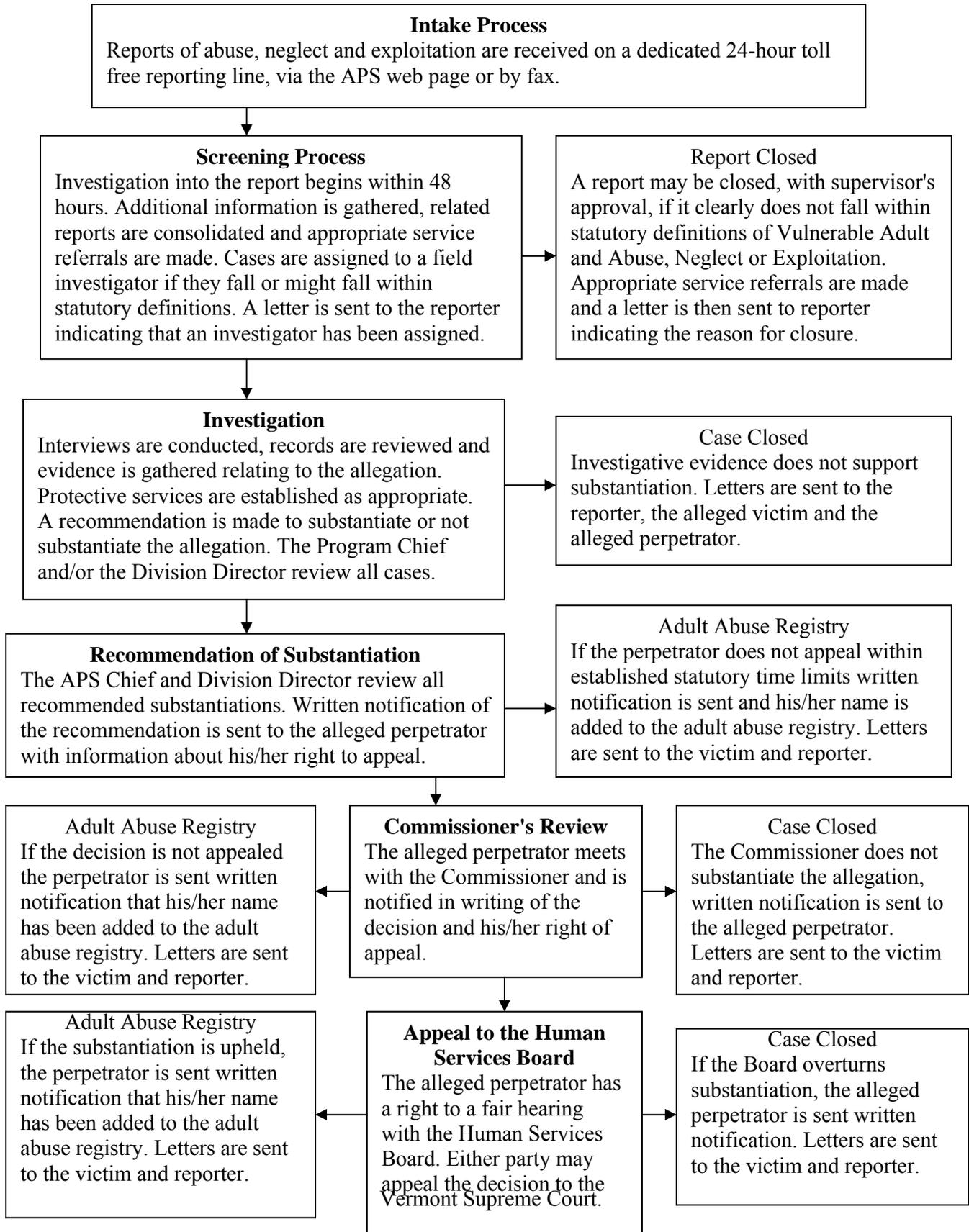
Abuse Prevention Initiatives

APS investigators have combined forces with MFRAU investigators to provide educational opportunities to licensed nurses, nurse's aides, caregivers, adult day centers, residential care homes, transportation companies, home care providers, medical schools, law enforcement

agencies and to the general public on reporting, detection and prevention measures related to abuse, neglect and exploitation. Chapter 69 Title 33 of the Vermont State Statutes is clearly identified throughout the content threaded with real examples cases and situations that have been investigated and applicable to the individual audience.

APS continues to attribute a portion of the rise in reported financial exploitation cases to the educational programs and distribution of videos to local banks. APS and MFRAU have worked together to investigate, and to bring action against, perpetrators of these offenses.

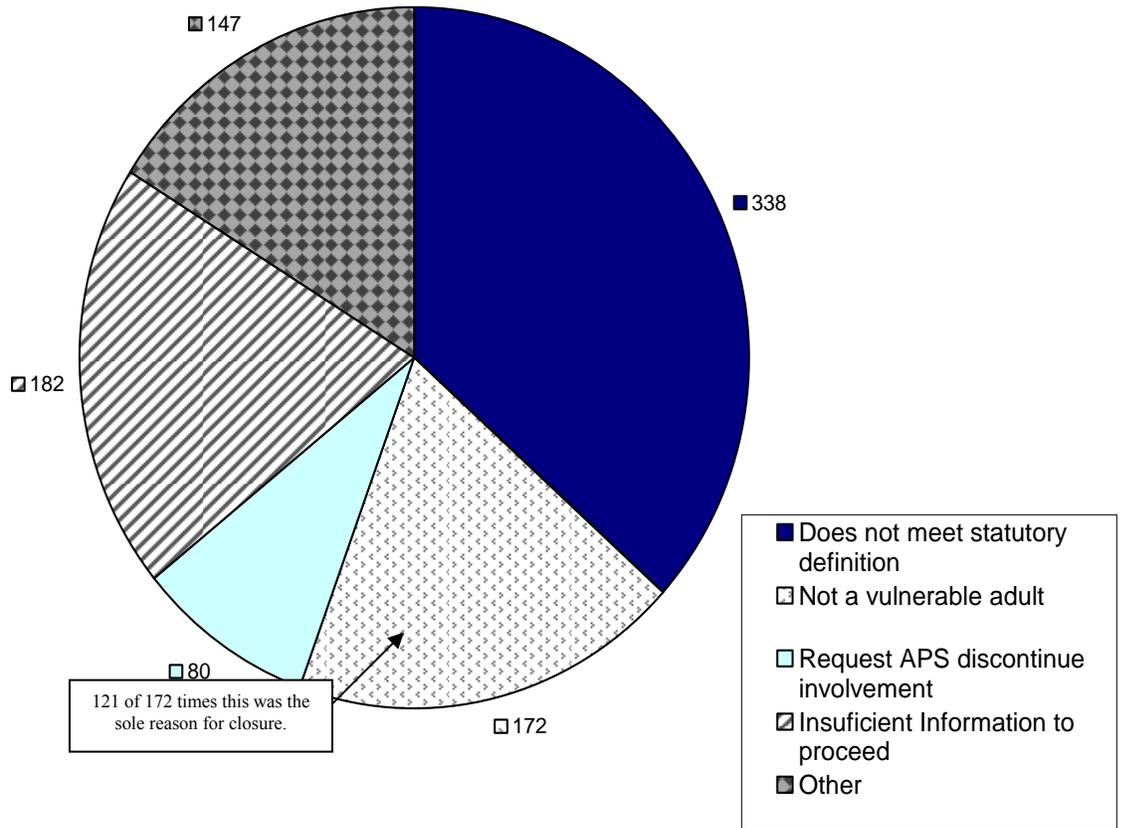
Division of Licensing and Protection, Adult Protective Services Flow Chart



APS REPORTS SFY08

# of Reporters	1896
# of Reports	1648
# of Closed Screenings	818
# of Assigned Investigations	830 including self neglect reports
# of Substantiated Perpetrators	65
# of Investigations Unresolved	61
# of Self Neglect Reports	160 (105 AAA, 55 APS)
# of Self Neglect Investigations Unresolved	2

Closed Screenings (818)



* Some Closed Screenings had multiple reasons for closure

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

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

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

*Cases may have multiple referrals

SFY 08 Facility/Agency Reports of Abuse, Neglect and Exploitation					
			Abuse	Neglect	Exploitation
# of Reports	545		392	136	60
# of Allegations contained in 545 Reports	991		785	146	60
# of Substantiated Allegations	247		228	7	12
# of Unsubstantiated Allegations	705		534	128	43
# Unresolved Allegations	39		23	11	5
Total	991		785	146	60

# of Perpetrator's substantiated under APS	5
# of Allegations substantiated under APS	6

Facility/Agency Allegations by Type and Disposition				
Exploitation	Sub	Unsub	Open	Total
Misuse of Residents Personal Funds	1	4	1	6
Missing Personal Property/medicines	11	39	4	54
Total Exploitation by Disposition	12	43	5	60
Abuse				
Resident to Resident	99	44	1	144
Employee to Resident	17	202	10	229
Family/Visitor to Resident	0	0	0	0
Sexual	16	42	0	58
Verbal	19	81	3	103
Mental	1	26	2	29
Physical	73	116	3	192
Other/NA	3	23	4	30
Total Abuse by Disposition	228	534	23	785
Neglect				
Injury of Unknown Origin	0	1	0	1
Assess/Monitor	4	34	1	39
Medications	0	15	3	18
Pressure Sores	0	4	0	4
Other/NA	3	74	7	84
Total Neglect by Disposition	7	128	11	146

Facility Agency Allegations by Provider Type				
By Provider Category	Abuse	Neglect	Exploitation	Total
NH	470	19	90	579
HHA	12	19	8	39
Hosp	81	26	1	108
RCH/TCR/AL/NH	151	21	17	189
VSH	69	2	0	71
Other: Hospice, ESRD	2	0	3	5
Total by Provider	785	87	119	991

Vocational Rehabilitation

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

In FFY 2008, the Vermont Division of Vocational Rehabilitation (VR) continued its long record of success in helping Vermonters with disabilities to prepare for, obtain, and maintain meaningful employment. During the past fiscal year, VR served over 8,000 Vermonters across the age and disability spectrum, from youth just beginning to venture into the world of work, to late-career professionals adjusting to new health challenges.

Vocational Rehabilitation Services and Outcomes

Every individual who comes to VR brings unique strengths, interests, and life circumstances. VR's challenge is to respond with the right kind of support and expertise to help each individual find his/her own path toward greater independence and economic self-sufficiency through employment. The VR counseling process is a collaborative effort

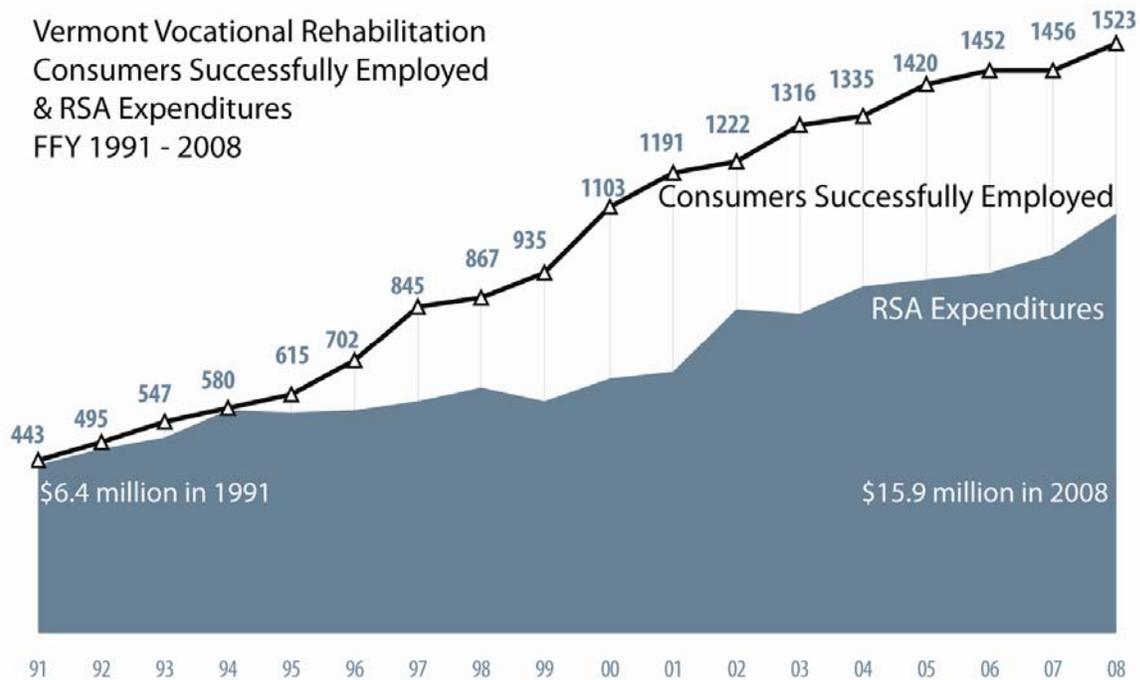
between consumer and counselor to understand and adjust to disability, identify employment goals, and engage the resources needed to obtain and maintain stable employment. As they work toward their employment goals, VR consumers benefit from a wide range of services and supports available either from our own highly-trained staff, or through our partner agencies and purchased items and services.

Distribution of
VR Purchased Case Services
FFY 2008

Service Category	Expenditures	%
Vocational assessment (purchased only)	\$413,104	8%
Physical and mental restoration	\$265,505	5%
Post-secondary education	\$300,739	6%
Other training and education	\$1,613,535	29%
Job placement (purchased only)	\$621,394	11%
Assistance with living expenses	\$152,895	3%
Transportation	\$520,217	10%
Specialized services	\$10,155	0%
All other services	\$1,563,638	29%
This category includes Supported Employment training and job support; job search assistance; work incentive allowances or stipends; tools, equipment and occupational licenses; etc.		

For seventeen years in a row, each year VR has helped more Vermonters with disabilities each year to become successfully employed and stay employed. While staffing and expenditure levels have grown modestly over that time—about 5% each year—the number of rehabilitations has increased at a higher rate, 8% each year. VR has

accomplished this while vigorously expanding its outreach and services to people facing the toughest obstacles to employment: youth, welfare recipients, offenders, and SSA disability beneficiaries.



At the same time, VR has maintained its high ranking among VR agencies nationwide. The Rehabilitation Services Administration (RSA), U.S. Department of Education, collects and analyzes data to compare the effectiveness of public vocational rehabilitation programs across the nation. In 2005, RSA ranked the Vermont Division of Vocational Rehabilitation #1 in New England and #7 in the nation, compared to agencies serving similar populations.

Vermonters Served: (FY '08) 9,039 cases were open this year, involving 8,770 Vermonters with disabilities.

Highlights:

- VR had successful employment outcomes with 1,523 of the 2,281 individuals who closed their cases with VR in FY 2008 after having developed a plan for employment.
- Large caseloads involving consumers with ever more complex issues took a toll on VR's successful rehabilitation rate, but after hovering around 60% since 2003, Vermont VR's rate rebounded to 65% in 2007 and 67% in 2008—well above the 59% national rate.

Occupations and Average Hourly Earnings
 Earned by VR Consumers Successfully Employed
 FFY 2008

Occupations	Percent	Average Hourly Earnings
Service	33.9%	\$9.23
Professional and Technical	14.5%	\$14.05
<i>Science and Engineering</i>		\$15.45
<i>Law and Healthcare Practitioners</i>		\$19.76
<i>Arts, Education, Human Services & Healthcare Support</i>		\$13.08
Office Support	16.6%	\$9.89
Production	9.3%	\$10.08
Sales	7.8%	\$9.21
Transportation and Material Moving	7.3%	\$10.33
Management, Business and Finance	4.9%	\$13.14
Construction and Extraction	3.6%	\$11.79
Installation, Maintenance and Repair	3.0%	\$11.85
Farming, Fishing and Forestry	1.6%	\$10.23

Becoming a Dual Customer Agency

VR is constantly striving to improve how it delivers services to yield more successful employment outcomes for Vermonters with disabilities. After a decade of integrating the values of consumer choice into its practices, VR is embarking on a new paradigm shift. Serving the consumer customer has always been, and will continue to be, VR’s primary mission. However, we have come to realize that unless we are also serving our other customer, the employer, we cannot be truly effective in securing sustainable, livable wage employment for jobseekers.

To create this new “Dual Customer” service model, VR created a new senior level management position in January 2007 to focus specifically on ways to engage employers as partners. This position is responsible for all VR employment programs, including supported employment, contracted VABIR Employment Consultants and other programs and services that involve interaction with the business community. Consistent training for incumbent and recently hired staff, coordinated and consistent business outreach and ongoing sharing of best practices are all facilitated by the Employment Services Manager, who has introduced several unique approaches to improving VR services to both consumers and businesses, highlighted below.

Vermonters Served:

Over 2,000 Vermont businesses over the past decade—both large and small, public and private—who have employed VR consumers, provided internships, work-based learning experiences, participated in Business Advisory Councils, and sought information on workplace accommodations, employee retention, tax credits, and the ADA.

Highlights:

- Created **Job Developer Coalitions** to streamline and coordinate employer contacts made by multiple community job developers serving different populations. This addresses the frustration business partners have expressed at dealing with multiple visits from a variety of agencies and programs, by providing a single entity as a contact point, with which employers can work. It also increases communication and sharing among programs so that everyone is contributing to the overarching goal of increasing employment opportunities for anyone with barriers to employment including Temporary Assistance for Needy Families (TANF) participants, offenders re-entering the community and people with disabilities.
- Established **Alternative Placement Fund** to increase the use of “alternative placement strategies” as a tool to engage employers. These funds are administered by local Employment Consultants and can be used for such arrangements as work trials, internships, on-the-job trainings and other options that may be of interest to employers and consumers. These funds are used to encourage employers to offer opportunities in a “low risk” environment supported by VR staff. Developed specifically for the most challenging cases, these funds have, in most cases, resulted in paid employment.

Services to Special Populations

Youth in Transition

Since 2001, VR has made a concerted effort to establish a cadre of dedicated VR transition counselors in an effort to improve the quality of VR services to youth with disabilities; improve outcomes; provide more effective outreach; and develop a body of expertise within VR relative to youth with disabilities who are making the transition from youth to adulthood. This effort has won us national recognition as a leader in transition practices.

Vermonters Served: (FY ‘08) 1,892 cases were handled by specialty Transition Counselors, who typically focus on youth still in school and under age 21. Another 934 youth under age 25 were served by General VR counselors.

Highlights:

- Youth between the ages of 14 and 24 have increased from 22% of our consumers served in FY ‘00 to 33% in FY ‘08.

- Specialty Transition Counselors now serve all 60 Vermont high schools and are leaders in coordinating school, community, and adult services through local Core Transition Teams.
- The rehabilitation rate for VR Transition Counselors in FFY '08 was 69%.

Social Security Disability Beneficiaries

VR has been a leader in promoting employment among Social Security beneficiaries who have the most serious disabilities and face the greatest disincentives to working. Since establishing its Benefits Counseling program in 1999, VR has served nearly 6,000 individuals, helping them increase their income and gradually reduce their dependence on public benefits. Vermont's demonstrated expertise and innovation in working with SSA disability beneficiaries has led to Vermont being chosen several times over as the site for SSA pilots to test new policies. In the latest venture, Vermont was among four states nationwide to participate in the SSDI Benefit Offset Pilot, and was the first to demonstrate statistically significant results in this SSA-funded random assignment study.

Vermonters Served: (FY '08) 1,682 individuals received benefits counseling services this year, including 629 new enrollees. More than 200 other individuals received brief information and referral services, without having a case opened.

Highlights:

- In the SSDI Offset Pilot, Vermont found statistically significant increases in the rate at which members of the study group earned above the Substantial Gainful Activity (SGA) level (the level at which SSDI benefits are affected). One subgroup experienced a 19-percentage-point increase, from 22% to an average post-enrollment rate of 41%.

Supported Employment and the JOBS Program

Supported employment gives Vermonters with significant disabilities the opportunity to be employed in their own communities at real jobs with competitive wages. A job coach or a natural support person (supervisor or co-workers) can make a huge difference by supporting the worker in learning or performing job duties, and facilitating other supports that improve chances for success, like transportation, assistive technology, specialized training, or tailored supervision. VR awards about 40 grants each year to community-based mental health and developmental disability agencies for supported employment services.

Vermonters Served: (FY '08) 1,272 individuals received supported employment services this year: 428 with mental illness, 356 with developmental disabilities, 253 with multiple disabilities, including traumatic brain injury, and 235 youth with emotional behavioral disabilities through the JOBS program.

Highlights:

- Helped to prepare a successful proposal to the Substance Abuse and Mental Health Administration (SAMHSA), which awarded Vermont a \$9 million

Children's Mental Health Initiative (CMHI) grant in FY 2008 to support youth in transition.

- Thanks in part to the collaboration that exists between VR and the Division of Disabilities and Aging Services to provide supported employment; Vermont is ranked #1 in the nation for employing people with developmental disabilities.

VR Reach Up Program

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

Vermonters Served: (FY '08) 735 Reach Up participants were served by specialty VR ReachUp counselors, and an additional 368 ReachUp participants were served by general VR counselors.

Highlights:

- Implemented a pilot in Barre and Burlington districts to ensure prompt access to mental health assessments for Reach-Up participants, by reserving time with psychologists for staff consultations, client assessment and therapy visits.
- Recognizing the value of VR's employment expertise, DCF granted funds to VR to provide vocational assessment, technical assistance, job development and placement services for non-VR Reach-Up consumers.

Vermont Assistive Technology Program

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

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

The Vermont Assistive Technology Program (VATP) offers a range of services, benefitting nearly 3,000 consumers, family members, educators and others during 2008. These include:

- **Hands-on demonstrations** of AT for accessing computers and other information technology, and for living independently, hearing, seeing, communicating, educating, learning, playing and recreating, responding to emergencies, and controlling one's environment.
- **AT information and assistance**, including guidance and information about devices, services, vendors, funding and referrals to other programs and agencies.
- **Public awareness activities** to help inform Vermonters about AT and its applications.
- **Technical assistance** in selecting and implementing appropriate AT practices programs and policies for agencies, businesses, schools and other organizations.
- **Training** on specific AT devices and software for educational, rehabilitation, and other professionals.
- **Specialized workshops**, seminars, group trainings, and technical presentations.
- **Short term loan** of AT equipment for Vermonters to try out at work, home, school, etc.
- **Advocacy** and information related to individuals' and families' rights to AT services.
- **AT Reuse Project** to help maximize the availability and affordability of AT for Vermonters and extend the useful life of AT devices.

New and ongoing VATP projects:

VATP initiated the **Assistive Technology Reuse Project** in partnership with the Vermont Family Network (VFN) and funding support from VR's Vermont Works Medicaid Infrastructure Grant. There are three major components:

- The [GetATstuff](http://www.getATstuff.com) website (www.getATstuff.com) is part of a regional Internet-based exchange program bringing together owners of AT that is no longer needed and people seeking AT devices for themselves or others. VATP operated the most successful AT reuse program in New England in 2008, saving Vermont consumers over \$90,000.
- **ATSchoolSwap** is a similar web-based system (www.vermont.ATschoolswap.com) for school districts. In pilot phase starting in 2008, its goal is to help public schools to buy, sell, and share AT equipment purchased for Vermont students and no longer being used. The potential for savings in tight school budgets is significant and timely.
- The **Medicaid Equipment Reuse Project**, expected to roll out in the spring of 2009, will retrieve, refurbish and reuse high-end durable medical equipment purchased by Medicaid, such as wheelchairs, hospital beds and lifts.

The **Autism Puzzle Foundation**, administered by VATP, is a Vermont private nonprofit that provides funding for AT equipment and services for children aged 18 years and younger. Sixty-seven families received \$32,000 in equipment and services they could not otherwise afford or access. VATP establishes eligibility and works with families to determine their specific needs.

Deaf and Hard of Hearing Services (DHHS)

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

DHHS Vision

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

DHHS's Mission

To continue to increase awareness & sensitivity about individuals with hearing loss among AHS staff. *DHHS now offers trainings on hearing loss, a mandatory training for DAIL staff.*

DHHS website was developed to include information and resources on hearing loss and is available to all Vermonters to access.

DHHS provided information/referral services to 31 individuals. The information included topics on financial assistance to purchase hearing aids, counselors/therapists who know sign language, doctors/hospitals that provide a sign language interpreter, assistive device, emergency financial assistance for housing, homeless shelters, information on Deaf Blind services, and employment.

System Advocacy

DHHS worked closely with the Bennington Regional Opportunity Council (BROC) and the South Eastern Vermont Community Action (SEVCA) to ensure that sign language interpreters were provided to Deaf consumers who need help with their income taxes. These agencies serve Rutland, Bennington and Windham Counties, area where there is a larger Deaf community.

DHHS worked closely with the Fuel Assistance Program to ensure that staff are able to assist Deaf and Hard of Hearing consumers if they should have any questions or concerns about the fuel assistance program.

DHHS Initiatives

DHHS Newsletter

The newsletter informs/educates Vermonters about DHHS. To subscribe the newsletter, please e-mail carrie.foster@ahs.state.vt.us to be added to the e-mail list.

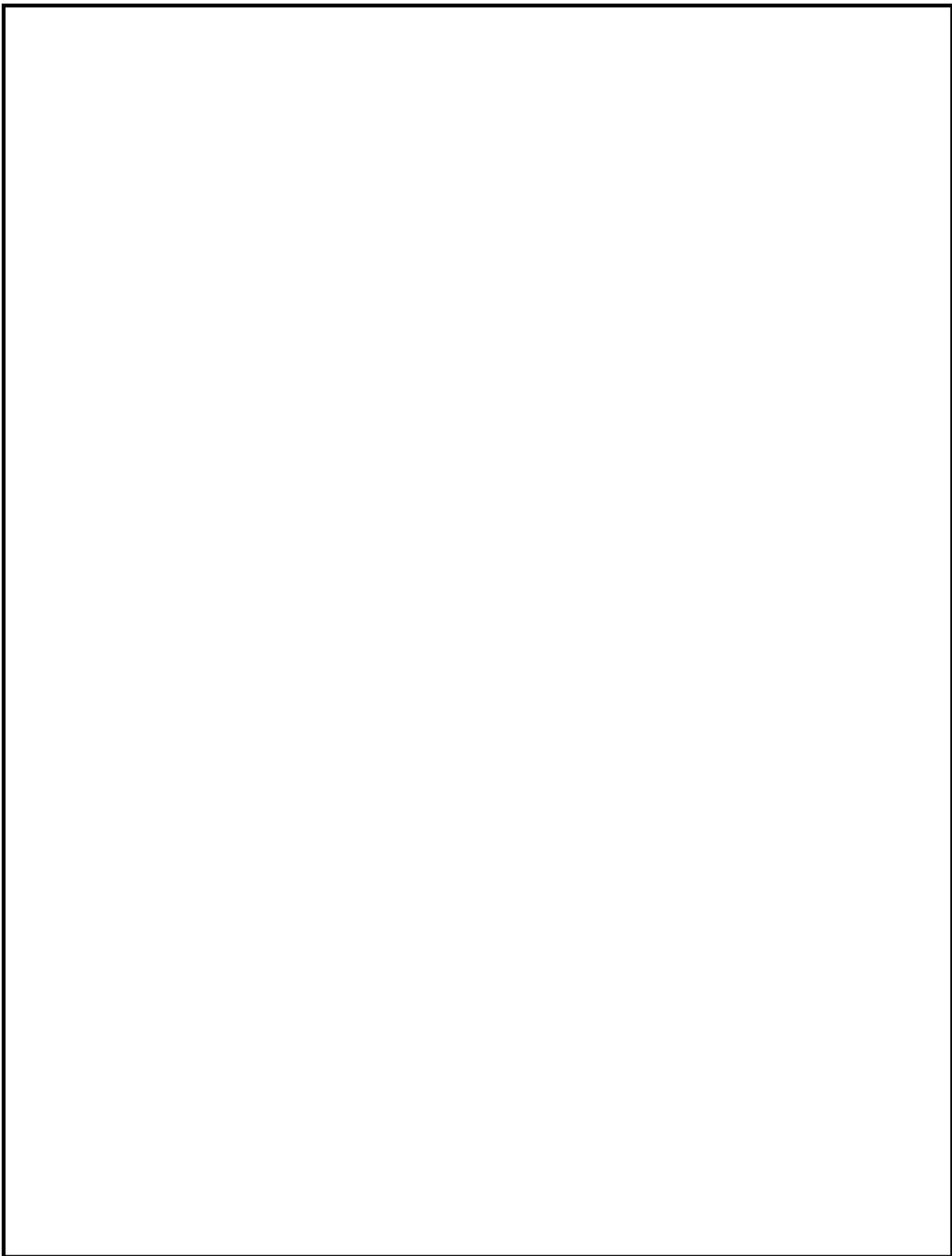
Consumer Narratives:

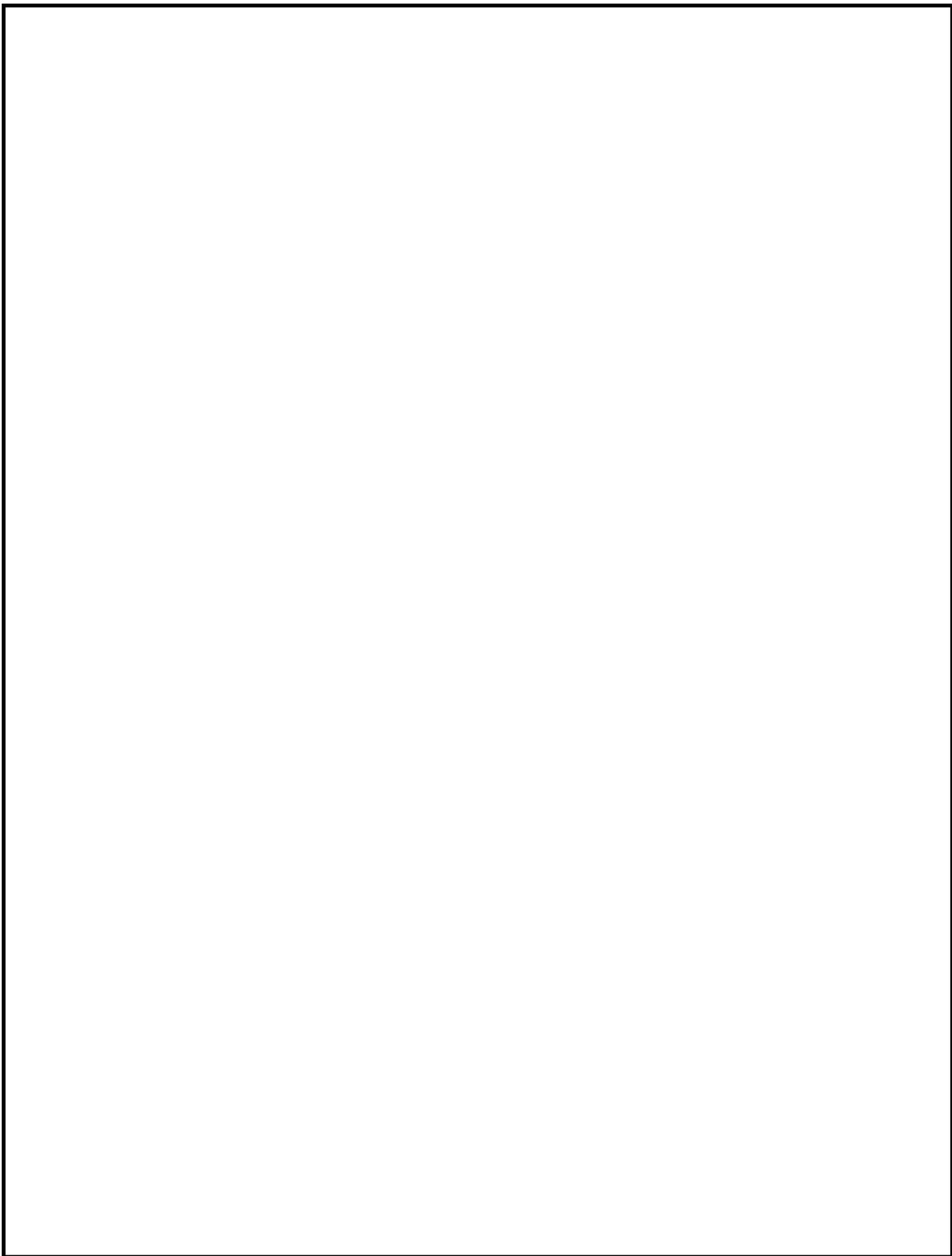
“The DHHS services were great in connecting me to important information and people with hearing loss. I am alone as hard of hearing person and information on hearing loss is scarce and hard to sort through. The information on Association of Late Deafened Adults (ALDA) was one of the most important connections”

- HOH Consumer

“The DHHS were helpful in bringing the key people to assist my uncle who is deaf and has no language. The DHHS connected me to Developmental Services to provide support and services for my uncle. Also provided a tutor who is deaf and taught my family and my uncle basic “survival” sign language so we can communicate his needs on a daily basis”

- Niece, Legal Guardian







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This report is available in alternative formats upon request.