



Agency of Human Services

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

**Annual Report
2006**

Published 02/2007

Mission Statement

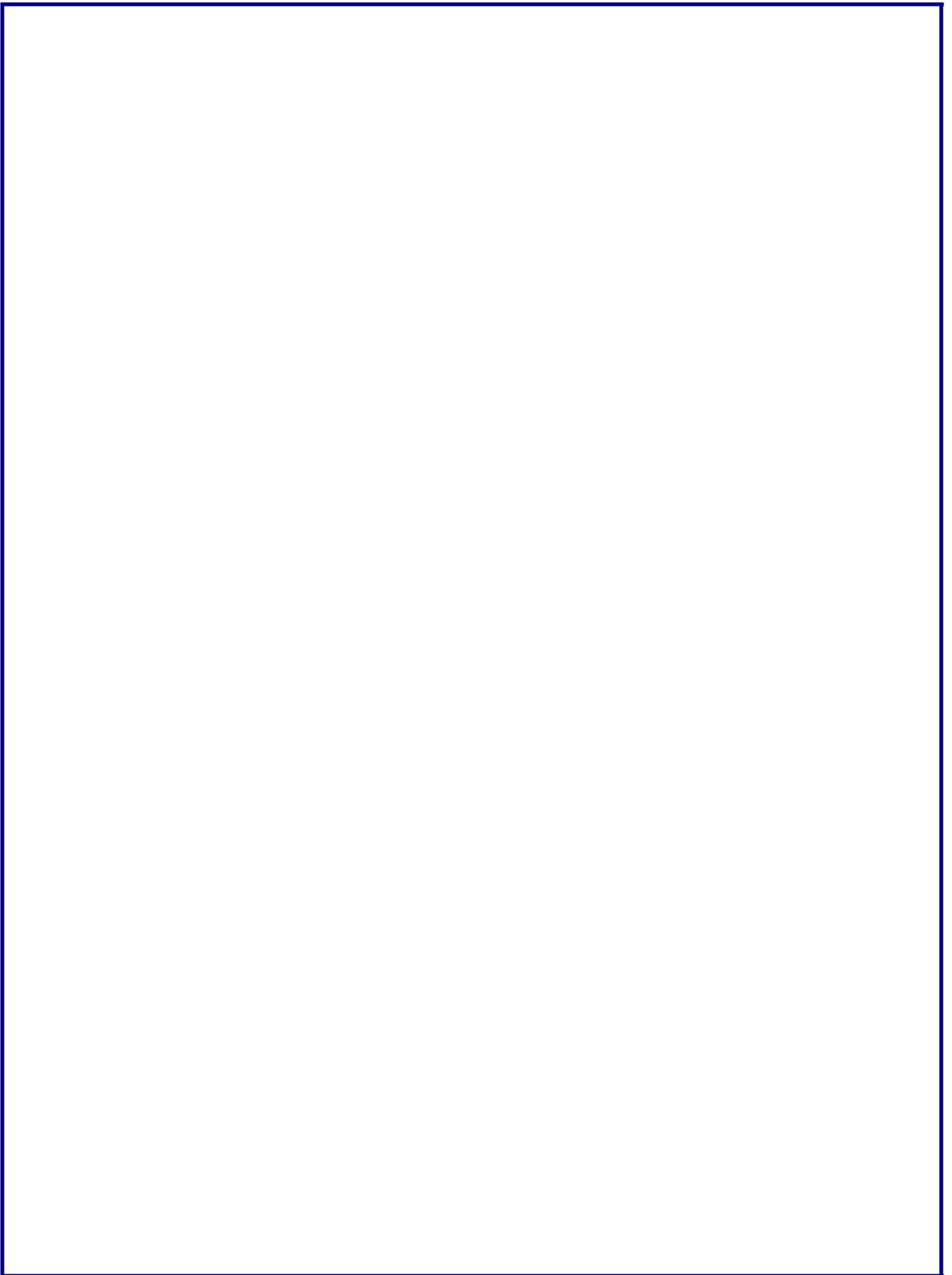
The mission of the Department of Disabilities, Aging and Independent Living is to make Vermont the best state in which to grow old or to live with a disability – with dignity, respect and independence.

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.

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

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

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

The **Deputy Commissioner's Office** provides overall direction and leadership to the five major units within the Division. The office is responsible for budget development, legislative work, public information, interdepartmental relations, policy, and program direction.

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

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

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

The **Office of Public Guardian** (OPG) provides guardianship 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 after being 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

Other than direct supports offered through the Office of Public Guardian, DDAS contracts with private non-profit and for-profit organizations to provide services and supports to older Vermonters, individuals with developmental disabilities, traumatic brain injuries and physical disabilities. The majority of these services and supports are provided by:

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

Individual Supports Unit Programs

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Medicaid Waiver Services

There are three Medicaid waiver services administered by DDAS: Choices for Care, Developmental Disability and Traumatic Brain Injury. Together they provide services and supports for an estimated 6,200 Vermonters.

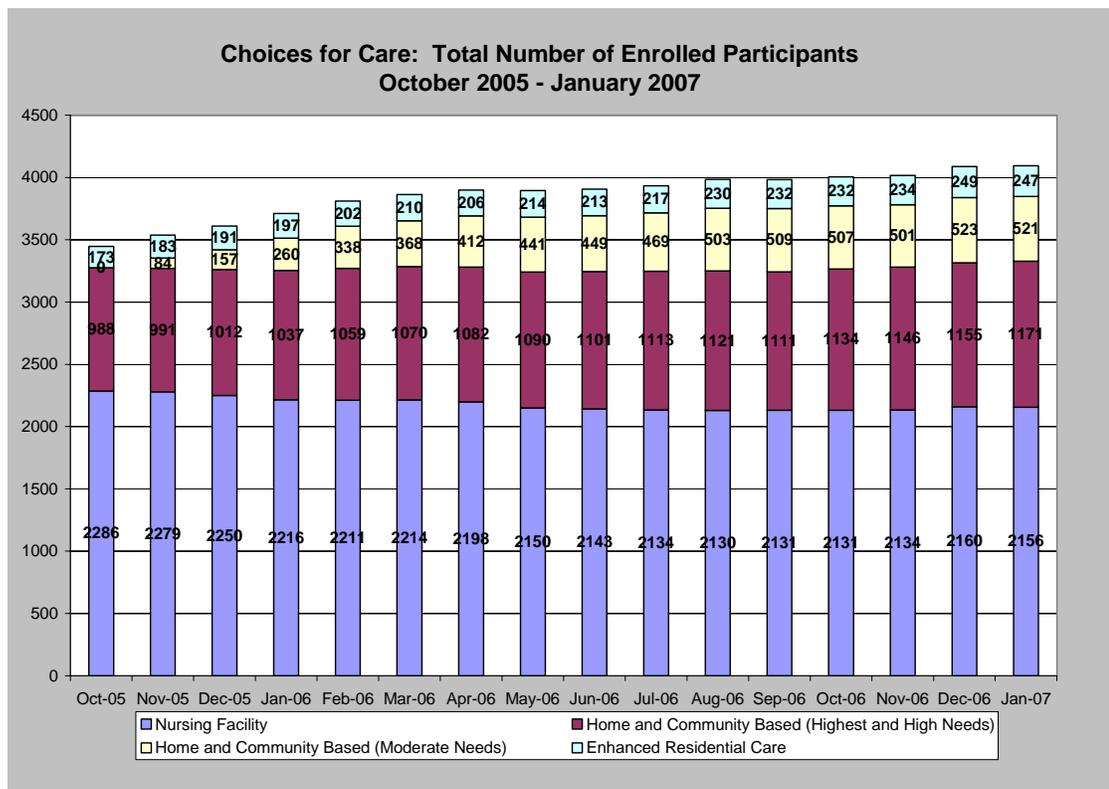
Choices for Care (1115 Long-Term Care Medicaid Waiver Services). Choices for Care is a Medicaid-funded, long-term care program to pay for care and support for older Vermonters and people with physical disabilities. The program assists people with everyday activities at home, in an enhanced residential care setting, or in a nursing facility. Support includes hands-on assistance with eating, bathing, toilet use, dressing and transferring; 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 as of October 1, 2005.

Programs Include:

- **Home-Based Supports:** This includes personal care services to help eligible individuals remain in their homes.
- **Enhanced Residential Care:** Services are provided in authorized licensed Level III Residential Care Facilities and Assisted Living Residences to people whose needs are greater than what is regularly available in these homes.
- **Nursing Facility Services:** Licensed facilities provide 24-hour care in a nursing home setting.
- **Flexible Choices:** People convert their plans of care into a monetary allocation, which allows them to purchase their care and meet their needs more flexibly (see below).
- **Program for All-Inclusive Care for the Elderly (PACE):** A health care system for frail individuals 55 years and older that provides all acute, primary, and long-term care needs (see below).

Vermonters Served: (as of 11/06) 4,014 participants (2,134 in nursing homes; 1,880 in home and community-based services, including enhanced residential care) These numbers include Highest, High and Moderate Needs groups.

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

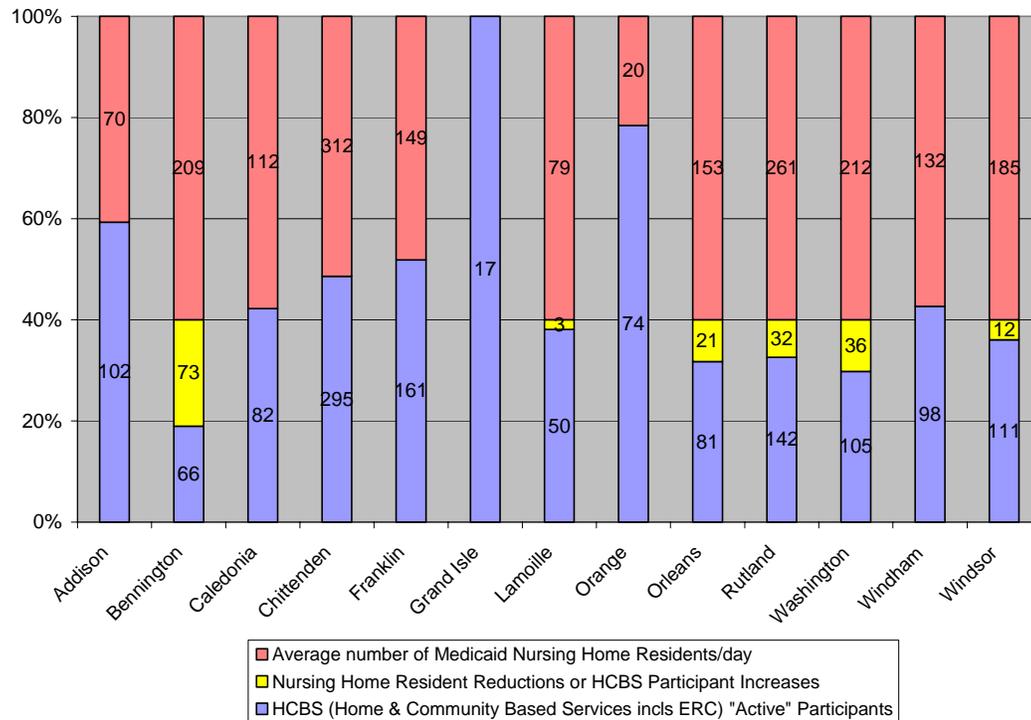


The overall goal of the Choices for Care waiver services is to give people more choice over how and where they receive their care. We expect this change will result in more people choosing home care or Enhanced Residential Care rather than nursing facility care. We believe that the long term care system can achieve at least a “60/40” balance. By that we mean that out of every 100 persons who require Medicaid to cover their long term care needs, no fewer than 40 will receive that care at home and no more than 60 will receive it in a nursing facility. As the following chart shows, that balance has already been achieved and exceeded in 8 counties in the state, and one other is close.

Highlights from FY '06:

- In October 2005, Vermont unveiled Choices for Care 1115 waiver services which opened the entitlement for long term care Medicaid services from the traditional nursing facility services to include home based and enhanced residential care services. This enabled long term care Medicaid eligible recipients to have equal choice and access to this range of services.
- Thirteen (13) Long Term Care Clinical Coordinators (LTCCC) conduct clinical assessments for program eligibility, helping to improve program efficiencies and cost effective service plans. The LTCCC are located regionally, often co-locating within the offices of the Department for Children and Families to streamline the long-term care Medicaid application process. Plans are underway to add an additional nurse to the program.

**Medicaid *Choices for Care*: Nursing Home Residents
and Home & Community-Based Participants--November 2006
Changes (Yellow) Needed to Achieve 60/40 Balance**



Flexible Choices: A cash and counseling program called Flexible Choices became another option for care delivery under Choices for Care. It allows people to convert their plans of care for home-based services into a dollar-equivalent allocation. Working with a consultant, people develop a spending plan for that allocation, which allows them to purchase their care and meet their needs more flexibly.

Flexible Choices highlights from FY '06:

- Enrollment into Flexible Choices started in July 2006.
- ARIS Solutions and Transition II were identified to provide Intermediary Service Organization (ISO) and consultation services.
- Case managers and state staff were trained in the Flexible Choices option.

Program for All-Inclusive Care for the Elderly (PACE): PACE is a health care system for frail individuals 55 years and older that provides all acute, primary, and long-term care needs of the individual. Care is provided or coordinated by an interdisciplinary team and services are financed through a combined Medicare and Medicaid rate. PACE is expected to begin services on April 1, 2007.

Highlights from FY '06:

- Renovations completed for PACE Center in Colchester. This facility will serve Chittenden and southern Grand Isle Counties.
- DAIL submitted responses to the Joint Application to CMS for the Colchester site.
- Completed Readiness Review and submitted to CMS for the Colchester site.
- Submitted Request for Additional Information to CMS for the Colchester site.
- Construction started on the PACE center in Rutland. This facility will serve all of Rutland County.
- PACE Vermont received a Rural PACE grant from CMS for \$500,000. This will help with the development of the site in Rutland.

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

Services include:

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

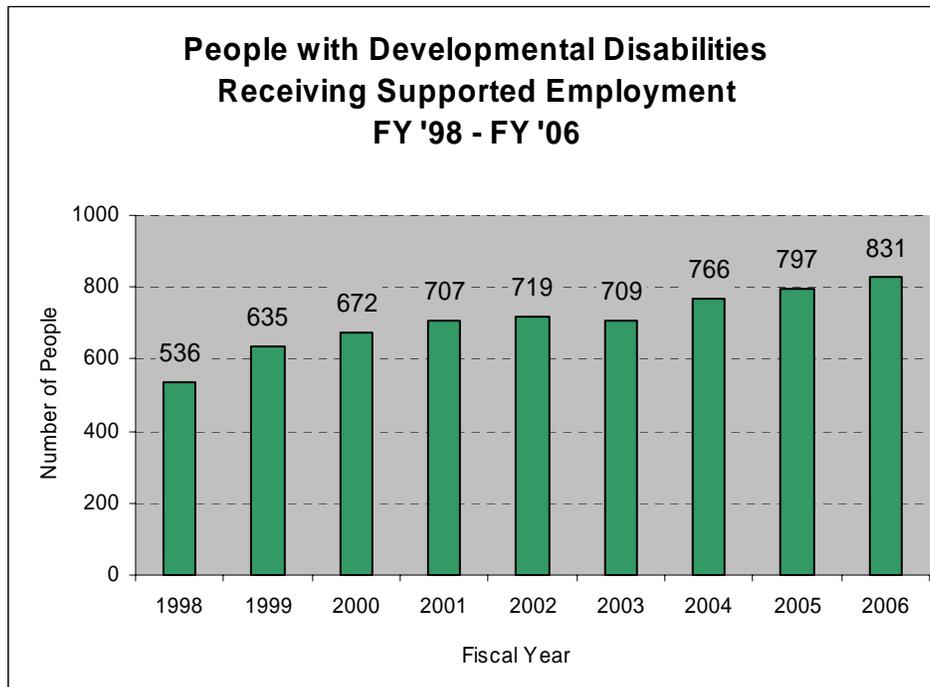
Vermonters Served: (FY '06) 2,105 people received waiver services

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

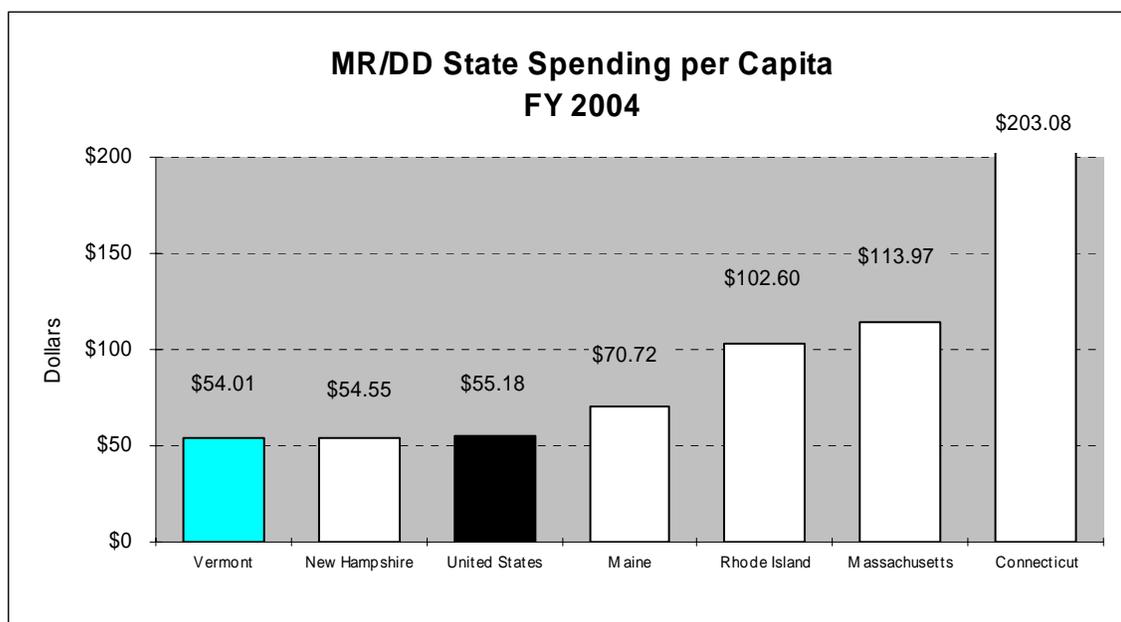
Highlights from FY '06:

- Vermont continues to be ranked 1st in the nation for people with developmental disabilities who receive supported employment services.

- In FY '06, service providers helped 37% of working age adults with developmental disabilities to work. An estimated \$1,380,371 was saved in public benefits due to people working.



- The number of people in Vermont with MR/DD in nursing facilities compared to all residential services for people with developmental disabilities is 2.1%, well below the national average of 6.8% in FY '05.
- Vermont spends less in state funds per capita than any New England state and slightly less than the national average.



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

Services Include:

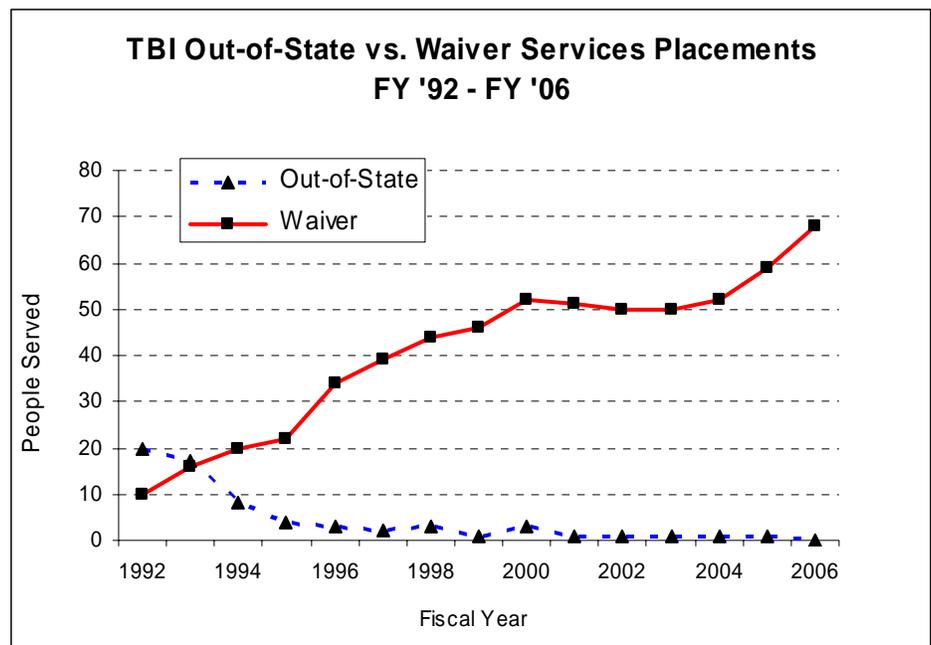
- Case management
- Respite
- Crisis support
- Rehabilitation services
- Assistive technology
- Employment supports
- Community supports
- Psychology/counseling supports
- Special needs (ongoing long-term services)

Vermonters Served: (FY '06) 68 people

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

Highlights from FY '06:

- 6 Individuals were discharged from TBI waiver services.
- Since implementation, out-of-state placements dropped from a high of 20 to an average of 1 per year.
- The average plan in FY '06 was \$5,486 per month compared to the average out-of-state cost of \$14,000 per month.
- 100% of individuals improved their quality of life and level of functioning based on individual quarterly assessments.



Attendant Services Program

The Attendant Services Program (ASP) supports independent living for adults with disabilities who need physical assistance with daily activities. The Attendant Services Program 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:

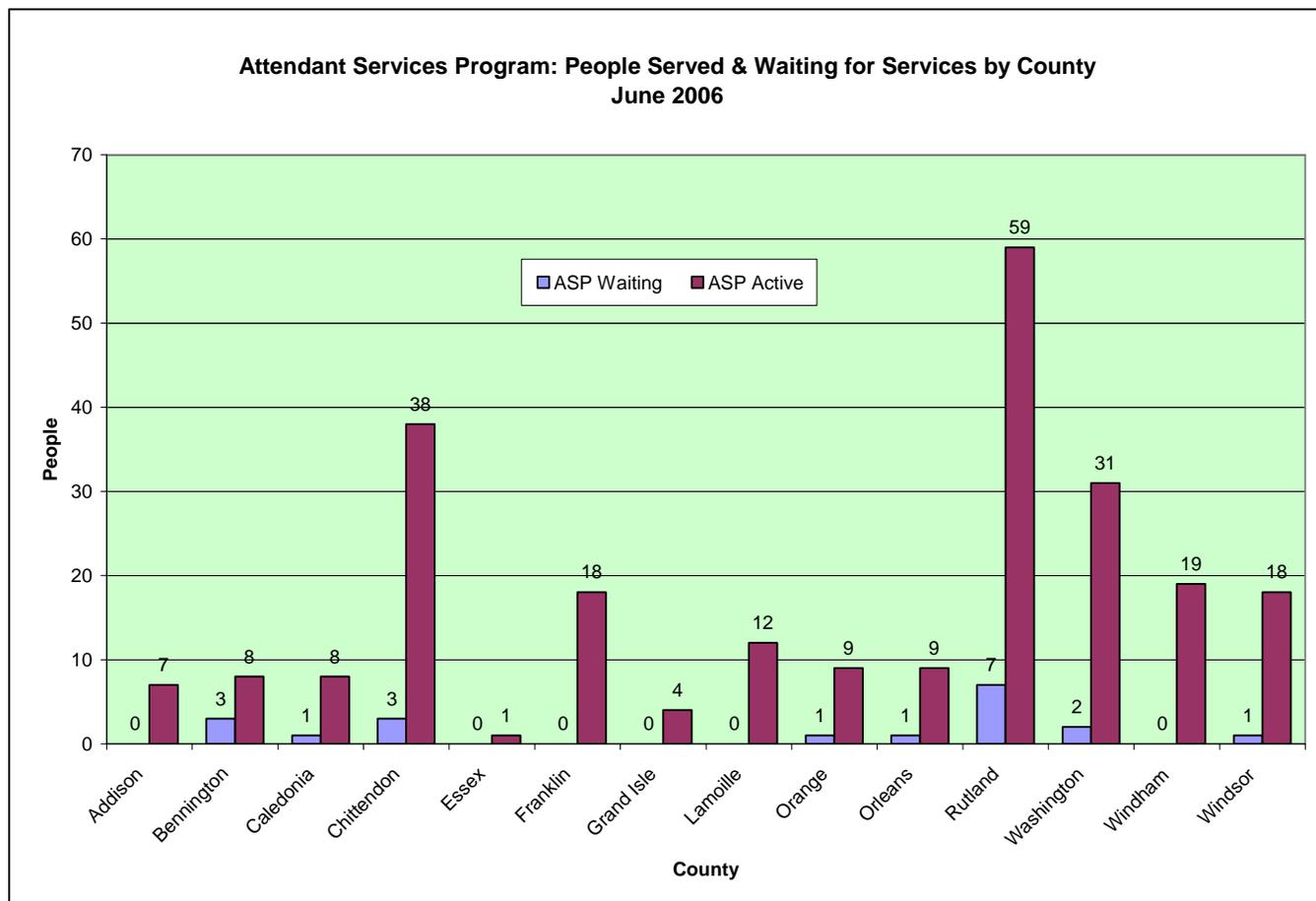
- Assistance with daily living activities such as dressing, bathing, grooming, toilet use, and range of motion exercises.
- Assistance with instrumental activities such as meal preparation, medication management, and care of adaptive and health equipment.

Vermonters Served: (FY '06) 316 adults

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

Highlights from FY '06:

- Although there were 241 people receiving attendant services as of 6/30/06, an additional 19 people were on a waiting list.



Children's Personal Care Services

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

Services Include:

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

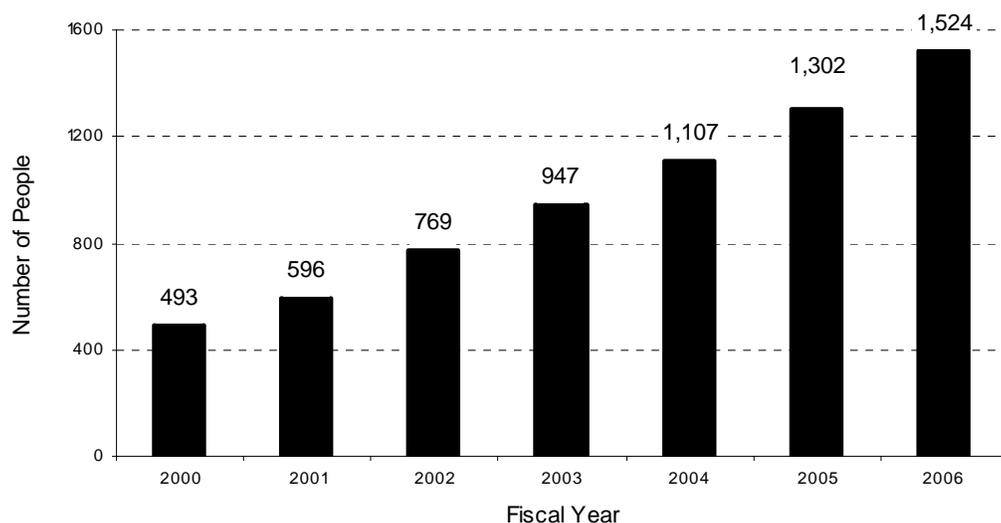
Vermonters Served: (FY '06) 1,700 families

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

Highlights from FY '06:

- 1,524 families received CPCS, and an additional 176 did not use their assigned allocations.
- The number of people receiving CPCS increased by 17% in the past year.
- A broad stakeholder group assisted in the development of new program guidelines and a new assessment of need for Children Personal Care Services.

**Children's Personal Care Services
Total Utilization Over Time
FY '01 - FY '06**



Flexible Family Funding

The Flexible Family Funding (FFF) Program acknowledges that families, as caregivers, offer the most natural and nurturing home for children and many adults with developmental disabilities. When families provide care and support, individuals and the public benefit by avoiding more intensive and costly out-of-home services. Funds provided may be used at the discretion of the family for services and supports that benefit the individual and family.

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

Vermonters Served: (FY '06) 890 families

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

Highlights from FY '06:

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

High Technology Home Care

High Technology Home Care (HTHC) is an intensive home care program serving both adults and children. The program provides skilled nursing care for technology-dependent Medicaid beneficiaries and coordinates treatments, medical supplies, and sophisticated medical equipment. The goals are to support the transition from the hospital or other institutional care to the home and to prevent institutional placement.

Vermonters Served: (FY '06) 129 people

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

Highlights from FY '06:

- The number of people receiving HTHC services increased by almost 8%, a considerably lower percentage than the 28% increase in FY '05.
- Fifteen (15) people were new to HTHC services in FY '06.
- The ongoing shortage of nurses has made it difficult to get the needed care. The rate of reimbursement for nursing care was increased July 1, 2006 in an effort to address the nursing shortage. In addition, there is an ongoing effort to supplement nursing services for the HTHC program by using High Tech Aides.

Homemaker Services

The Homemaker Program provides services such as shopping, cleaning, and laundry to older citizens and adults with disabilities to help them maintain their independence. These services help people live at home in a healthy and safe environment. In order to enhance service dollars, a portion of the Homemaker Services funds were used to match the Medicaid funds in Choices for Care. This resulted in more individuals being served through the Homemaker Service in Choices for Care. The remaining general funds were targeted for the traditional Homemaker Service.

Vermonters Served: (FY '06) approximately 750 people

- People age 18 and over with a physical or cognitive disability, who need help with personal needs or household chores to live at home.

Community Development Unit Programs

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Adult Day Services

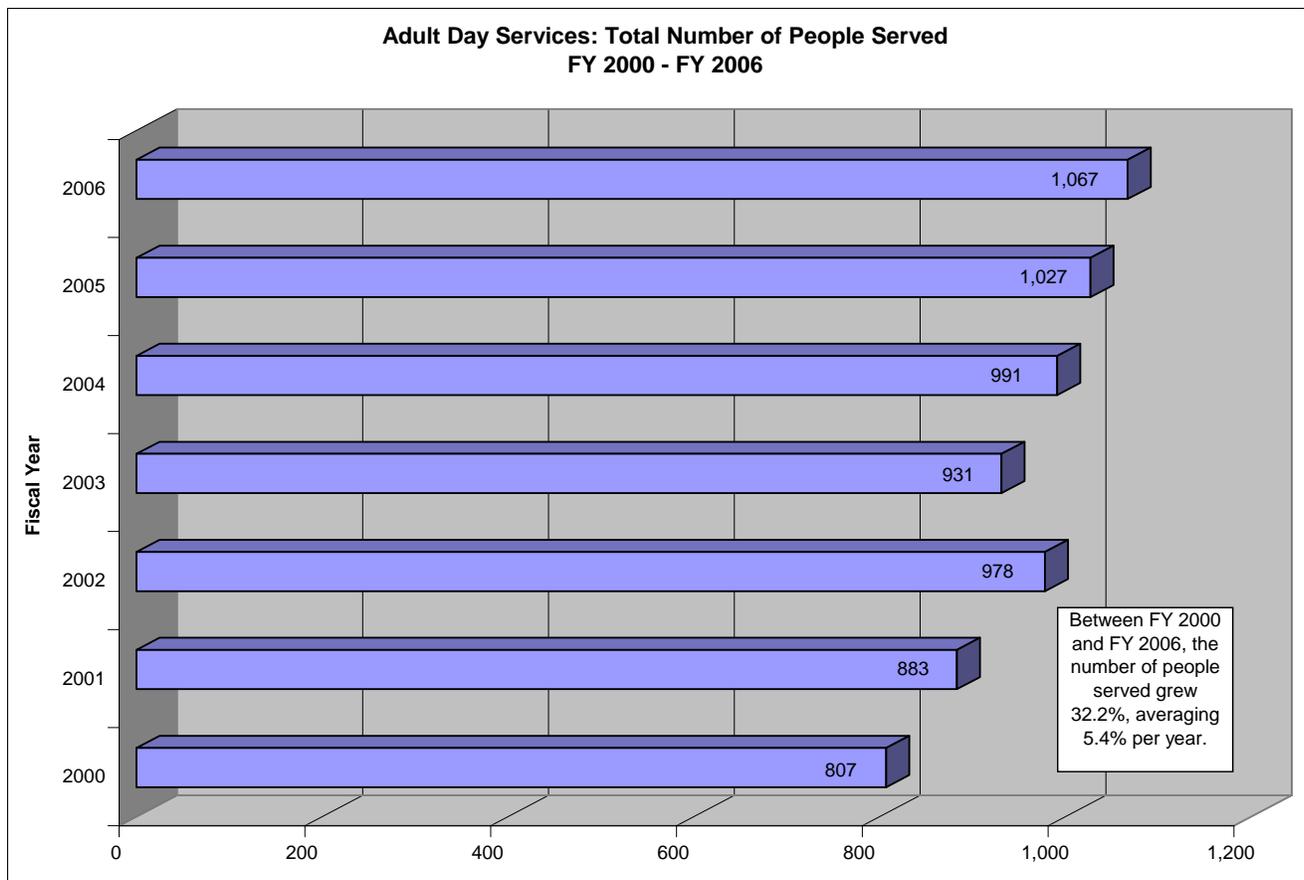
Adult Day Services provide an array of services to help older adults and adults with disabilities to remain as independent as possible in their own homes. Adult Day Services are provided in community-based, non-residential day centers creating a safe, supportive environment in which people can access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

Services Include:

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

Vermonters Served: (FY '06) 1,067 people

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



Autism Supports

As part of the reorganization effort, the Agency of Human Services created a statewide position with a special focus on autism spectrum disorders (ASD). The Division of Disability and Aging Services hired an Autism Specialist in June 2005.

Services Include:

- Develop and enhance the system of support in the home and community for people with autism spectrum disorders.

Highlights from FY '06:

- In collaboration with the Autism consultant from the Department of Education, completed a statewide assessment of services and supports for children with ASD and published the results in a report, *The Vermont Interagency White Paper on Autism Spectrum Disorders*.
- Worked with the Child Development Clinic to update a packet of information and resources to be given parents of children who are newly diagnosed with ASD. A parent guide, *Next Steps: A Guide for Families New to Autism Spectrum Disorders* was developed for the packet.
- Partnered with the Department of Education and the University of Vermont I-Team to provide free introductory autism training to over 500 families, school personnel, and staff from state and community services agencies.
- In conjunction with the Vermont Autism Task Force, started work on a five year plan focused on training, transition to adult living, enhancing the system of care, intensive early intervention and developing best practice guidelines.

Dementia Respite Grant Program

Dementia Respite Grants can be used for a range of services that give family caregivers a break from their caregiving responsibilities. Funds can be used to hire in-home caregivers or to assist with payment for out-of-home services such as Adult Day Programs. Respite gives family caregivers the break they need to reduce stress, remain healthy, and maintain overall well-being.

Vermonters Served: (FY '06) 370 individuals and their family caregivers

- Respite grants are available to family members or other unpaid primary caregivers providing day-to-day care in the home for a person of any age 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 and who anticipate needing out-of-home placement if they do not receive respite services.

Highlights from FY '06:

- A survey of family caregivers, conducted by Dementia Respite Coordinators, indicated the assistance provided through Dementia Respite Program helped reduce caregiver stress and had a major impact on their ability to continue providing care for their loved ones at home.

Green Mountain Self-Advocates

Green Mountain Self Advocates (GMSA) is an independent statewide self-advocacy network run and operated by people with developmental disabilities. The Division of Disability and Aging Services provides staff and financial support to GMSA. The GMSA board includes representatives from 17 local self-advocacy groups. Groups meet to listen to each other, make new friends, learn about people's rights, and tell politicians and others why people with disabilities are important. The self-advocacy network is building a movement for self-advocacy through public education and awareness, peer mentoring, support, advocacy, and direct action. Some of GMSA's network activities include monthly board meetings, free workshops, assistance with establishing new self-advocacy groups, and regional self-advocacy activities.

Vermonters Served:

- People with developmental disabilities.



Highlights from FY '06:

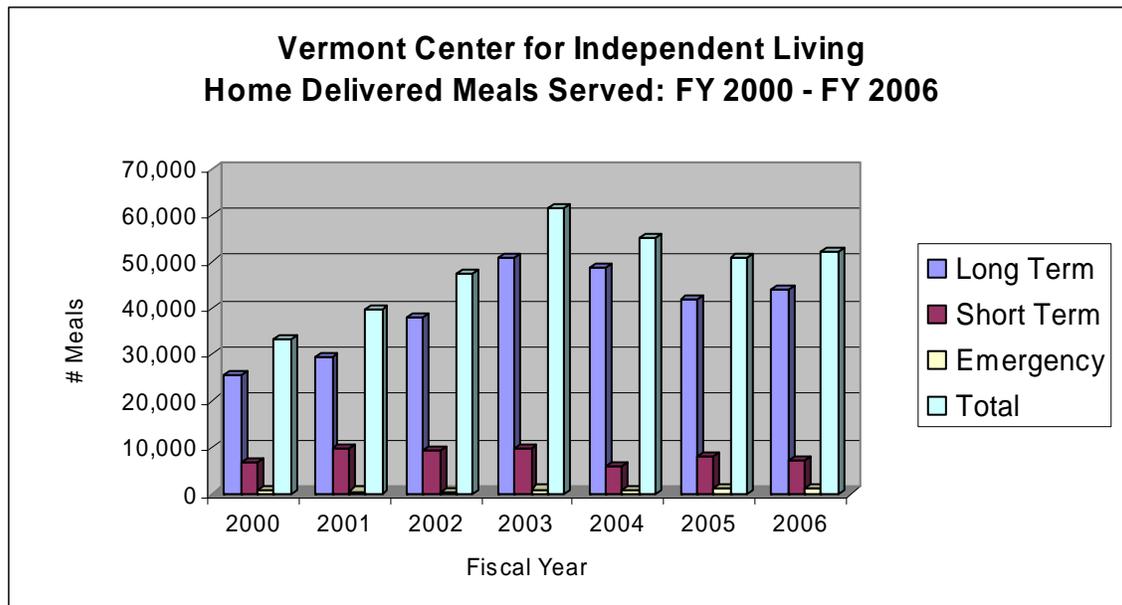
- Green Mountain Self-Advocates taught three 2-day leadership retreats to 123 students with developmental disabilities and their teachers from 14 high schools. The curriculum, based on Sean Covey's book, *The 7 Habits of Highly Effective Teens*, was adapted by GMSA into simple, concrete language, and incorporated hands-on exercises with multiple opportunities for role-playing. Four adults with developmental disabilities were recruited to co-teach these workshops.
- In May, 64 Vermonters receiving developmental services and their support staff traveled to Atlanta Georgia for the Self-Advocates Becoming Empowered (SABE) national self-advocacy conference. Members of GMSA taught 7 workshops.
- Green Mountain Self-Advocates produced a Voter Education Toolkit. Three Voter Training of Trainer sessions were held for over 50 members and their support staff from throughout Vermont. In the fall, 12 voting workshops were taught by self-advocates on registering to vote, learning how to vote and practicing easy steps to figure out who you want to vote for. Accessible forms were devised to keep track of issues important to the voter and what politicians are doing and saying about these issues.
- The two-day annual Voices and Choices self-advocacy conference featured 16 workshops promoted the autonomy of people with developmental disabilities. The sell-out crowd included 500 people receiving developmental services, their families and providers. One highlight was an exhilarating performance by the soft rock band FLAME whose eleven musicians just happen to have autism, Down Syndrome, blindness and other developmental and/or physical disabilities.

Meals for Younger People with Disabilities

The Vermont Center for Independent Living (VCIL) provides home delivered meals for persons with disabilities under the age of 60 who, because of their disability and/or chronic condition, are unable to prepare their own meals and do not have meal preparation assistance available. Three meal programs are offered: 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: (FY '06) 448 individuals received 52,277 meals across all three options

**Vermont Center for Independent Living
Home Delivered Meals Served: FY 2000 - FY 2006**



Mental Health Elder Care Clinician Program (ECCP)

The Vermont Elder Care Clinician Program is a service provided to help older adults who experience mental health concerns such as depression, anxiety, substance abuse or dementia. Any adult aged 60 and over experiencing a mental health concern that interferes with their daily life may be served. Elder Care Clinicians include social workers, psychologists, qualified mental health professionals, and mental health outreach workers. Psychiatrists may be part of the treatment team for consultation and prescribing and monitoring medications. An Elder Care Clinician will work with an individual to develop a treatment plan and can meet with people either in their homes or in an office setting. The 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: (FY '06) 485 individuals

- Older adults age 60 and over.

Highlights from FY '06:

- Elder Care Clinicians participated in several dementia care trainings with other community providers to improve their ability to meet the mental health needs of individuals with dementia and their family caregivers.
- Elder Care Clinicians in some regions of the state have been involved in the Administration on Aging Alzheimer's Disease Demonstration Grant projects. Clinicians in these areas have been providing Mental Health services to individuals with dementia and their family caregivers onsite at selected primary care practitioner's offices.

- A panel of Elder Care Clinicians presented the Elder Care Clinician Program to attendees of the annual Vermont Association of Mental Health Conference in October, 2006.

Older Americans Act Services

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

Vermonters Served: (FFY '05) 46,471 older Vermonters received services supported by the Older American's Act

- Adults age 60 and over.
- Family caregivers (of any age) of older adults.
- Older relative caregivers of children under age 18.

Case Management: Under the OAA, case managers play a vital role in helping older adults and family caregivers build upon their strengths, seek and obtain new resources, and achieve their goals. The Division works closely with the Area Agencies on Aging (AAAs) to develop a comprehensive approach to the provision of case management services. Services are provided by certified case managers in accordance with established DDAS Case Management standards. These standards also apply to Home Health Agency case management personnel providing services under the Choices for Care program. The Standards require that a case manager annually participate in at least twelve hours of relevant education and training in order to retain certification. The Division provides funding to the AAAs in support of an annual case management training program, which is administered through a grant to the Central Vermont Council on Aging.

Vermonters Served: (FFY '05) 8,565 older adults

Health Promotion and Disease Prevention: The Division collaborates with the Vermont Department of Health, other state agencies, and local providers on a number of health promotion and disease prevention initiatives to reduce the risk for, and burden of, diabetes, osteoporosis, cancer, and heart disease, including representation on two of the Blueprint for Health works groups (community activation and self-management). Area Agencies on Aging provide funding and support to senior centers and other local organizations to offer an array of health promotion and disease prevention programs.

Information, Referral and Assistance Services (IR&A): Area Agencies on Aging provide a wealth of information on the full array of programs and services available to adults age 60 and older and their family caregivers. The toll-free Senior HelpLine (1-800-642-5119) automatically connects callers to their local Area Agency on Aging and an Information, Referral and Assistance (IR&A) specialist. These specialists provide accurate and useful information using extensive databases that are regularly updated. Information requests sometimes lead to a home visit from a case manager who can provide highly specific information based on an assessment of the individual's needs and circumstances.

Vermonters Served: (FFY '05) over 31,000 calls from people needing IR&A

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

Vermonters Served: (FFY '05) 3,100 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 contribute their own funds to the care for their family member, often giving up or limiting employment, personal goals, and other interests. The NFCSP provides an array of services and support specifically designed for family caregivers. Family caregivers have long been described as the “backbone of long-term care” with nearly two thirds of older persons with long-term care needs relying exclusively on family and friends. Family caregiver support services allows AAA's to meet the unique needs of family caregivers for which there is no other available resource.

Vermonters Served: (FFY '05) 2,791 caregivers, in addition, general caregiver information services were provided to an estimated 145,000 Vermonters statewide.

Services include:

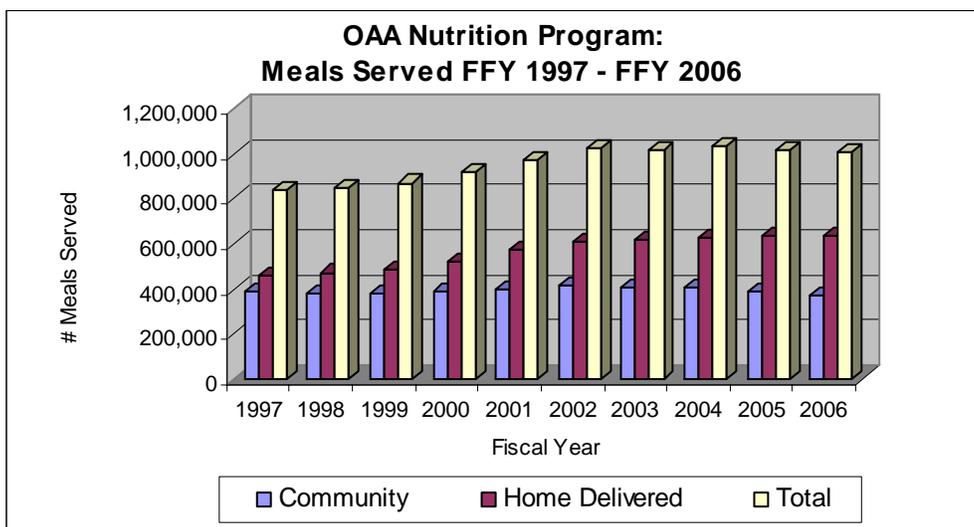
- Information and assistance in accessing services for caregivers
- Caregiver counseling, support groups and training
- Respite
- Supplemental services to meet caregiver needs

Nutrition Programs: Good nutrition promotes physical and mental health, functionality, independent living and quality of life. Participants in the Older Americans Act Nutrition Program receive a variety of services including nourishing meals, screening for risk of malnutrition, and nutrition education and counseling. Meals may be home delivered and are also available at community meal sites. The program also provides opportunities for social interaction, volunteerism, and links to other important services. Area Agencies on Aging provide registered dietitian (RD)

services to older adults at high risk for malnutrition. Additionally, RD's provide nutrition education to program participants and in-service education to meal site staff on topics related to food, nutrition, and safe food handling.

Highlights from FFY '06:

- The trend of fewer total meals served continued, however, the number of home delivered meals rose for the 9th year in a row. Vermont providers served 1,010,324 meals to 10,722 older adults. Community meals accounted for 37% of the meals served (374,222); home delivered meals accounted for 63% (636,102).



- Distribution of updated provider manual

reflecting recent revisions to the Dietary Guidelines for Americans and Dietary Reference Intakes. Three in-service trainings were held to introduce the manual to providers.

- Mailed quarterly newsletter to providers addressing nutrition standards, menu development and health tips.

Senior Community Services Employment Program (SCSEP): The Senior Community Services Employment Program is a job-training organization that offers training within partnered community service agencies. The combination of skills training and community service leads to employment for low-income individuals age 55 and older.

Highlights from FFY '06:

- In 2006, 70 SCSEP participants obtained training across a variety of host sites.
- The average starting wage for participants who moved into competitive employment was \$9.60.
- The Vermont Associates for Training and Development SCSEP Program increased their interagency collaboration with Voc Rehab Vermont. This partnership resulted in improved services for older workers with disabilities who are assisted by both programs.

- Staff development in the form of Social Security Benefits training and job development training enabled staff to better serve SCSEP participants.

Ombudsman Services

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

Services Include:

- Investigate and resolve complaints on behalf of individuals receiving long term care.
- Assist individuals to seek administrative, legal and other remedies to protect their rights, health, safety and welfare.
- Educate community members concerning the needs of individuals receiving long term care.
- Review and comment on existing and proposed legislation, regulations and policies related to individuals in long term care.

Residential Alternatives

The Division of Disability and Aging Services administers and coordinates several programs designed to support, coordinate and/or develop housing services to help people maintain 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.

Highlights from FY '06:

- The Real Choices Supportive Housing Grant, funded through the Centers for Medicaid/Medicare (CMS), was implemented. The goal of this program is to remove barriers that prevent or reduce the housing options available to Medicaid-eligible adults with disabilities. Two Advisory Groups were convened with membership from the housing community from within and outside of State government. The Supportive Housing Grant goals focus on three key areas:
 1. Preserving, developing and enhancing at least ten supportive housing projects to improve access to housing.
 2. Establishing medication assistance best practices to support critical early aging in place, in unlicensed congregate housing.
 3. Planning for two PACE sites (Program of All-Inclusive Care for the Elderly) that will coordinate services across supportive housing settings, to meet the need as care needs increase.

Assisted Living Residences: The Division of Disability and Aging Services provided technical assistance and financial support to four communities interested in building assisted living residences. One of these communities is positioned for a ground breaking in the fall of 2006 and will provide housing for 28 residents with half of the units targeted to lower income people. A second project hopes to break ground in FY 2008-09 and is currently moving forward with planning and architectural designs.

Highlights from FY '06:

- The Division of Disability and Aging Services provided significant funding to the Vermont Health Care Association's Residential Care Home/Assisted Living conference to help ensure information and technical assistance were made available on a variety of topics relevant to residential care and assisted living providers in order to support and strengthen the State's licensed residential care home provider community.

HomeShare: The Division of Disability and Aging Services supports two Home Sharing programs, one in the Champlain Valley and one in Central Vermont. Each program offers 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 who will benefit from the presence of another person living in and sharing their home. In return for reduced or free rent, the home seeker offers the older person homemaking, meal preparation, home maintenance and/or other services. In Chittenden County the program also matches frail elders with live-in or hourly caregivers who provide personal care, meal preparation and other services.

Vermonters Served: (FY '06) 604 individuals received services through the Home Share programs; 145 entered into Home Share arrangements

South Burlington Community Housing (SBCH): The Division of Disability and Aging Services provides the SBCH residence with funding that supports housing and home health services for nine individuals with significant physical disabilities. Our goal is to promote independent living for the residents in an affordable and accessible congregate housing setting. South Burlington Community Housing provides a shared home health services model, with staff available 24 hours per day, seven days per week.

Home Modification: The Division of Disability and Aging Services funds a Housing and Community Access Program (HCAP) through the Vermont Center for Independent Living. This program provides funding, information and referral services to assist people with physical disabilities who require home modifications to support their ability to live independently.

Vermonters Served: (FY '06) 9 individuals completed major home modifications; project staff generated an additional \$160,000 to complete these projects and to assist individuals on the waiting list.

Housing and Supportive Services (HASS): The Department provided HASS funding to fourteen congregate housing providers and twenty-four HASS sites to ensure accessible, on-site residential services coordination for older Vermonters and adults with disabilities living in these residences.

Residential Care Homes: The Division of Disability and Aging Services provides support to the State's licensed Level III Residential Care Home providers. Residential Care Homes provide single or double occupancy rooms, meals, supervision, transportation, activities and personal care services to three or more residents. Level 3 Residential Care Homes provide nursing oversight, medication management and other services to older adults and individuals with disabilities. These services are funded via two Medicaid programs, the Assistive Community Care Services (ACCS) and the Enhanced Residential Care (ERC) program. Assistive Community Care Services reimburses providers for the care of people with needs below nursing level of care. Enhanced Residential Care, a Choices for Care option, pays for a higher level of care and service for residents who would otherwise have to move to a nursing home.

The State Health Insurance Program (SHIP)

The State Health Insurance Program (SHIP) is administered by the state's five Area Agencies on Aging (AAAs). The SHIP staff and volunteers provide information, assistance and problem solving support to Medicare beneficiaries, who need help with public and/or private health insurance benefits and plans. Because SHIP staff and volunteers are located throughout the state, consumers have easy access to SHIP program assistance as they navigate the often complex world of health insurance coverage. SHIP Coordinators are located in each Area Agency on Aging and may be reached through the Senior HelpLine (1-800-642-5119).

Highlights from FY '06:

- Division of Disability and Aging Services staff worked closely with the AAAs, SHIP and the Vermont Office of Health Access to implement Medicare Part D, the new federal prescription drug benefit program. Services provided by SHIP were the key to successful implementation of Part D in Vermont.
- The SHIP assisted 13,063 individuals and 877 couples with enrollment and related Part D issues, as well as help accessing other insurance programs. In addition, SHIP staff provided assistance to more than 2000 caregivers and health care/social service providers seeking Medicare and other health insurance benefits information.

Transportation Services

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

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 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;
- Arranging for court-ordered evaluations for Probate and Family Court guardianship cases.
- Providing public education on guardianship and alternatives to guardianship;
- Recruiting and assisting private guardians and assisting in developing individualized alternatives to guardianship.

Vermonters Served: (FY '06) 680 adults (unduplicated)

Under Vermont law, the Office of Public Guardian is authorized to provide guardianship to:

- Adults age 18 and older who have developmental disabilities, or
- Adults age 60 and older.

As of 6/30/06, the OPG caseload was as follows:

- Guardianship (DD/Family Court) – 568
- Guardianship pending (Family Court) – 11
- Guardianship (60+/Probate Court) – 54
- Guardianship pending (Probate Court) – 10
- Act 248 and Order of Non-Hospitalization – 22
- Act 248 pending – 1
- Case Management – 20

Highlights from FY '06:

- Representative payee services were provided to 307 people.
- Arranged for court-ordered evaluations in approximately 100 guardianship cases.
- In the past 5 years, the OPG caseload of people with developmental disabilities has increased by 41 cases overall. This growth has occurred without any staff increases except for the one-time increase in caseload capacity resulting from capacity created by merging the two adult guardianship programs in FY 2005.

Information, Referral and Assistance

802-241-1228

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

Brain Injury Association of Vermont: The Brain Injury Association's toll free line provides information, referrals and assistance regarding brain injury and the Brain Injury Association. (1-877-856-1772)

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

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

SHIP: The State Health Insurance Program (SHIP) provides information and assistance about health insurance programs for Medicare beneficiaries concerning Medicare another health insurance related issues. SHIP Coordinators are located in each Area Agency on Aging and may be reached through the Senior HelpLine (1-800-642-5119).

Special Initiatives

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

Highlights from FY '06:

- In October 2006, two pilot ADRC sites began providing services to older Vermonters in the Champlain Valley and Northeast Kingdom regions of Vermont. Over the course of the grant, services will also be available to younger individuals with physical disabilities, individuals with developmental disabilities and individuals with a traumatic brain injury.

Real Choice Comprehensive Systems Reform Grant: Health and Long-Term Care Integration Project: In September 2004, the State was awarded a \$2.1 million Real Choice Comprehensive Systems Reform Grant. The goal of the Health & Long-Term Care Integration Project is to integrate funding streams and integrate acute/primary and long-term care service delivery as a choice for elderly who are frail, at-risk or chronically ill, and adults with physical disabilities.

Highlights from FY '06:

- Convened a Core Planning Team in January 2006. The team consists of health and long-term care professionals from the community, consumer representatives, and State and consultant staff, and is facilitated by a consultant. The Core Planning Team meets at least monthly to develop the program design and make policy and program recommendations.
- Produced five key concepts that reflects the Department's vision:
 1. Coordinating all care planning through a Person-Centered Interdisciplinary Care Team, comprised of the participant, the participant's primary care provider, a non-medical service coordinator, and a registered nurse;
 2. Facilitating communication and coordination through the use of a common Centralized Comprehensive Record (preferably electronic);
 3. Providing far greater flexibility of covered services than is allowed under traditional Medicare or Medicaid through a capitated payment (a per person rate) to the entity operating the program;

4. Integrating Medicare and Medicaid funding to eliminate existing perverse incentives and complexities for those who are eligible for both programs; and
 5. Producing program savings to reinvest in services for participating Vermonters.
- Developed an overview or concept paper that describes the services the organization will be required to provide as well as elements of the way in which the services will be provided.
 - Created a name for the integration of care. MyCare Vermont: Resources for Independence through Coordinated Health and Long-Term Care
 - Issued an RFP to provide planning money for potential organizations to deliver the new integrated services.

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

1. Include consumers, their families and community members as active participants in Vermont's quality management activities.
2. Develop and implement quality management activities to improve supports and services to Vermont's aging citizens and those with disabilities.
3. Develop a technology-based system to manage and analyze critical incidents.
4. Develop an ongoing system of technical assistance to all providers of services across age and disability and provide training to service recipients and relevant staff.

Highlights from FY '06:

- The Quality Management Committee (comprised of consumers, family members, service providers, and DDAS staff) met each month to discuss values of service delivery, desired outcomes of services, and indicators that can be used to assess whether these outcomes are being met.
- Green Mountain Self Advocates conducted forums around the State to gather feedback about outcomes and indicators from consumers served by waiver services.
- A new quality management process was developed and piloted for the Choices for Care program.
- A job description for two Consumer Reviewer positions was developed to involve consumers in collecting data and providing technical assistance within the DDAS quality review processes.

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

Senior Center Federal Funding: In August 2006, DAIL received \$274,149 in federal funds intended to strengthen the network of senior centers and meal sites in our rural state. Through an RFP process, 16 sites were awarded funds to implement local projects. A final report is due to the Administration on Aging in April 2007.

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

Highlights from FY '06:

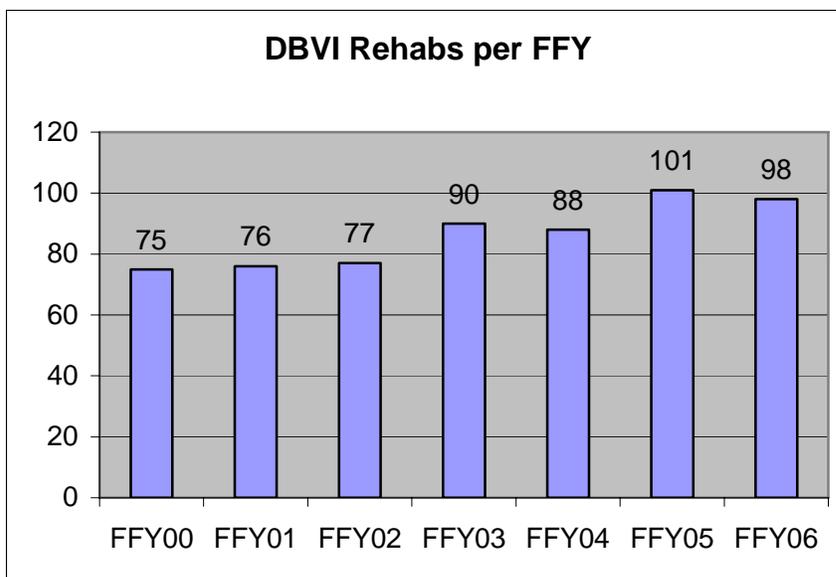
- A publicity campaign about TBI resulted in Public Service Announcements on the radio, television spots, and several articles being published.
- A laminated card was developed listing the signs and symptoms of brain injury and the toll-free help-line number (1-877-856-1772); 20,000 copies of which were sent to 5,000 local medical and social services organizations.
- A variety of presentations and workshops were offered to medical and school personnel, domestic violence workers, Veterans Administration staff, and others.

Blind and Visually Impaired

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

In FFY 2006 the Vermont Division for the Blind and Visually Impaired (DBVI) continued to provide significant service to Vermonters with vision impairments. In the area of vocational rehabilitation the number of successful closures was 98 down 2 from FFY05, but the level remains well above the level for FFY04 (88) and the preceding years. (see chart below) DBVI also served 395 individuals last year, down slightly from FFY05 (412), but again above levels from the years previous (380 and lower). DBVI is not only increasing outcomes, but doing so in a high quality manner. From the Rehabilitation Services Administration's most recent Report Card DBVI is #1 among all Blind Agencies in the country in the number of employment outcomes per \$1 million dollars spent and #1 in serving eligible cases per \$1 million dollars spent. Vermont is getting value for the money spent on blind services.

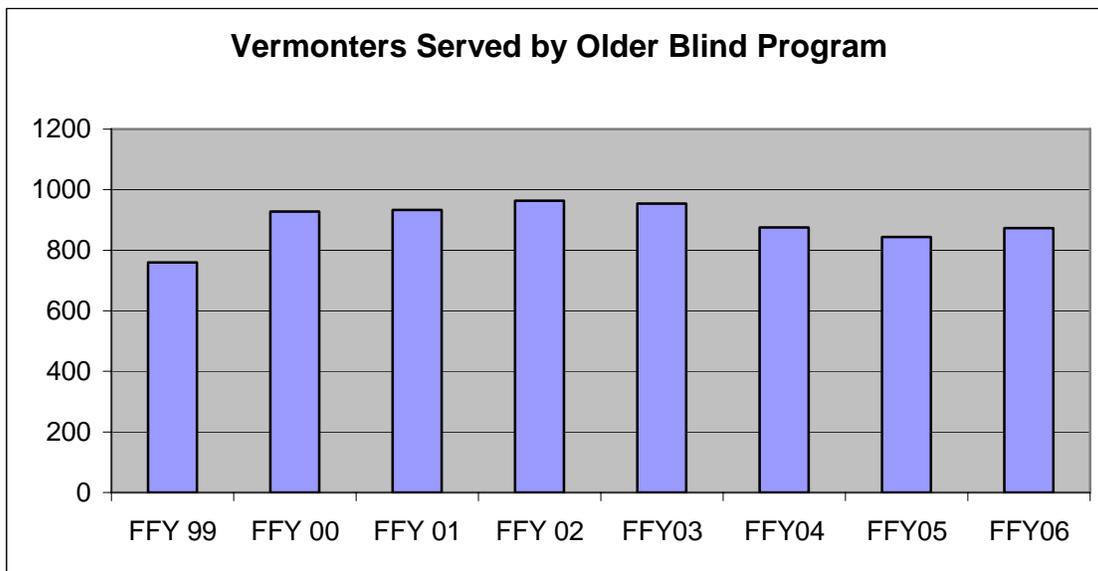
DBVI also continues to provide services to consumers needing Independent Living services. In an effort to increase the scope of services to Vermonters who are visually impaired DBVI has sought out areas of need that may not be covered by vocational rehabilitation services. One area of note was pre-transition services to youth under the age of sixteen. It has become obvious that youth who are visually impaired were often lacking independent living skills, skills that would allow them to live and participate fully in the community, whether going on to post-secondary education or to seek work after high school. It is often very late to address these gaps once a student turned sixteen and was eligible for transition services. DBVI has started a pilot program, in conjunction with the Vermont Association for the blind and Visually Impaired, which provides weekend apartment sessions for youth. These sessions are designed to assess and train youth in areas of independent living such as finance, cooking, transportation and housekeeping.



The Vermont Association for the Blind and Visually Impaired (VABVI) continues to receive both federal and state allocations via DBVI and DAIL to provide services to adults with impaired vision who are over the age of 55. 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. As the chart below indicates the numbers are down slightly since 2003. This can be attributed to the difficulty of finding qualified teachers, a national issue. Now that staffing is full it is expected that VABVI can again serve close 1,000 older Vermonters a year, individually or through groups, but will find it difficult to go much above this mark with resources remaining as they are.

It is difficult to look at quality given the numbers above, but in FFY04 DBVI received the results of a survey for all vocational rehabilitation agencies in New England (not just agencies for the blind). DBVI had an overall 96% satisfaction rate and very high scores in all other areas (e.g., dignity and respect, response) placing DBVI at the very top of the New England region. DBVI, while justifiably proud, does not take this as a signal for complacency. Using these numbers, consumer feedback, advice from the State Rehabilitation Council (SRC), extensive staff input and research on national and regional trends, DBVI re-examined its mission and how it provides service. How can DBVI continue to improve, to assist Vermonters who are visually impaired attain and maintain economic independence, self-reliance and social integration and to be able to provide quality services for the foreseeable future? The result is a new 5, 3 and 1-year strategic plans and goals. The goals are divided into the categories of Employment, Transition and Technology, with multiple goals within each (e.g., Consumers will benefit from new exploration in job development, Students will have more opportunities to improve vocational readiness, Consumers will be fully aware of the technology available to assist them with their goals). While these goals sound quite generalized, they are backed by multiple specific strategies. At base DBVI is working from the idea that “not enough Vermonters with impaired vision are working”.

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



Work is progressing on a very promising alliance with a national software company that would allow Vermont to be a pilot state for the hiring of individuals who are visually impaired into high paying jobs that can be done from home. This is a tremendous opportunity for Vermont as transportation is often the major obstacle for consumers looking for quality employment.

In the area of Transition DBVI is moving forward in its attempts to increase opportunities for youth seeking rewarding careers. As stated above DBVI is piloting a program to train pre-transition students in the important independent living skills. DBVI, in collaboration with VABVI continues to provide a week long “camp” for youth with vision impairments that combines vocational exploration, social interaction and independent living training. One of the parents wrote, "Our son came home with increased confidence in himself and a willingness to try new things. He was proud of himself for successfully living away from home - a large accomplishment for a young adult with visual, hearing and motor impairments. I will end this with a BIG thank you that Vermont has an organization like DBVI and VABVI who help students and parents prepare themselves and society for a world where all are included."



The most exciting initiative this year is the teaming with the Vermont Youth Conservation Corps, ReCycle North, Linking Learning to Life, VABVI, and the Gibney Family Foundation to create a summer youth employment program in Burlington. It will combine a residential component with work, independent living and community service.

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

Joe

Joe had an interest in working with young children in childcare/recreation. During his senior year in high school he was able to work at the local elementary school in Bradford through the Workforce Investment program of the Department of Labor. He organized recreational activities for kindergarten and first and second graders. Joe also worked in the daycare at his high school through the Human Services program at the Technical Center. After graduation the Workforce Investment program was able to set up a work experience for Joe at a daycare in White River Jct. He has taken the bus from Fairlee on a daily basis. Joe needed support with issues associated with living away from home for the first time and developing consistently appropriate work behaviors. DBVI has provided vocational guidance and counseling, job development services, transportation assistance and adaptive aids. Joe started this work experience in late August and he was hired into a full time position in early November. This represents a significant amount of growth for Joe over a short period of time. He is working in his career of choice less than 6 months from his high school graduation. Joe does a great job interacting with the children and as a male in a predominantly female environment; his positive presence is greatly valued by his employer.

D

D has been a client of DBVI for over 10 years. During this time he has had, and lost several jobs. He has a very low frustration level because his hearing and sight disability makes it hard for him to communicate. This frustration is exacerbated because he is exceptionally articulate when using ASL, (American Sign Language). However, few people outside of the Deaf community sign and poor vision further intensifies his isolation and communication.

Within the first week of his employ D went through a complete metamorphosis. His demeanor completely changed; he smiled instead of frowned, his shoulders, which had been hunched around his ears, relaxed, and he worked with a fervor. His employer was overjoyed with the quality, speed, and the endurance he showed in his job. However, the test came after a month at the job. He thought his co-workers were making fun of him and he angrily confronted them. When he learned that he had completely misunderstood the situation, and that his co-worker's father was deaf, he apologized to his co-worker and the matter was dropped.

Through the work of DBVI and other agencies, D is living independently, and is working on being more independent and relying less on others to do things for him.

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

802-241-2345
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.

Survey and Certification

DLP provides regulatory oversight of health care facilities and agencies under state and federal regulations. Periodic and routine regulatory oversight is the one best method of ensuring quality of care and services. 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, Residential Care Homes, Therapeutic Care Residences, Assisted Living Residences, 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 to determine whether consumers are satisfied 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 training in how to conduct broad-based or focused reviews. In the case of nursing facilities, the nurses are required to have successfully passed a test conducted by the Center's for Medicare and Medicaid Services prior to surveying independently. Onsite visits range in scope from a one-day focused review conducted by one staff person, to a five-day comprehensive review conducted by a team of registered nurses. All onsite visits are followed by a written report to the facility. Reports that result from routine reviews and substantiated complaint investigations are public information and can be obtained by calling 802-241-2345 or consulting the Department web page, www.dail.state.vt.us.

Vermont facilities have generally relatively few regulatory deficiencies when compared to the rest of the country. In addition, indicators of nursing home care collected by the federal government show that Vermont homes frequently do better than the national averages.

Nonetheless, the health care system is stressed. In 2006, DLP received an increase in the number of reports expressing concern about the quality of care and services in certified and licensed facilities. Qualified and competent caregivers are increasingly hard to find and retain. In addition to staffing issues, nursing facilities in general have experienced decreased occupancy. Residential Care Homes have had a similar decline. Vermont currently has 3,425 licensed nursing home beds with a statewide occupancy rate of 91-92%. Ten years ago there were 3,738 beds with an occupancy rate of 97%. Currently there are 111 RCHs with 2302 beds. Ten years ago there were 162 homes with 2,442 beds. As home and community-based services continue to expand, we anticipate additional right-sizing of nursing facilities as the long-term care system strives to reach a balance point over the next few years.

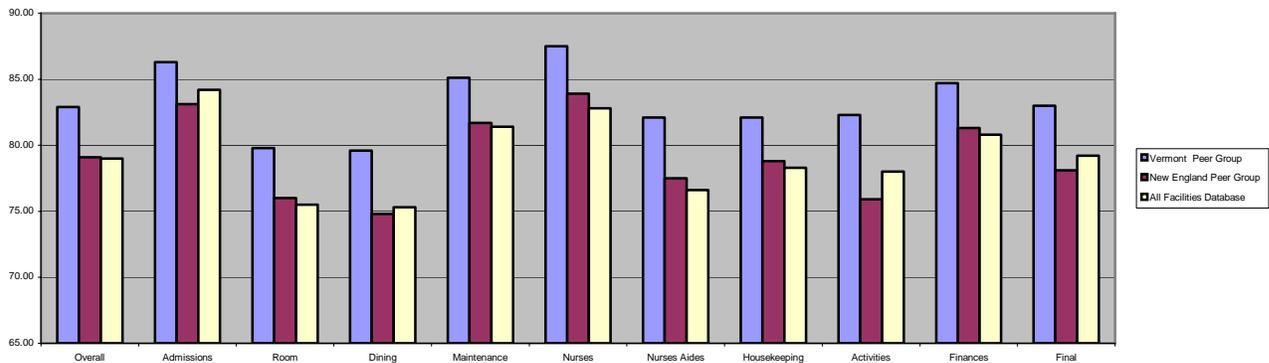
The Division of Licensing and Protection continues to work with health care providers to improve quality of care. A number of significant initiatives continue on an on-going basis. Some of them are:

- The Gold Star Employer Improvement Program
- The Resident Satisfaction Surveys Program
- The Home Health and Nursing Home Quality Improvement Initiatives, and
- Nursing Home Quality Awards

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

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

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



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 know to improve quality. This is an expanding initiative. Areas targeted thus far are restraint reduction, pain reduction, reduction of pressure sores and improvement in a resident’s ability to perform activities of daily living. Establishing a person-centered culture in nursing homes has been added as a new scope of work this year. As a result of collaborative efforts over the past year, Vermont nursing homes have made significant improvement in management of resident’s pain. At this point in time the area receiving the greatest focus is the reduction of pressure sores. Division staff have presented information regarding the regulatory requirements surrounding the topic of pressure sore prevention and treatment at different venues throughout the past year. This area of concern will remain both a Federal and Vermont specific focus throughout 2007. 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>).

Quality of Life Awards

In FY 2006, five nursing facilities that met high standards of resident care were presented with Quality of Care awards. The nursing facilities selected had to meet specific criteria: excellent survey results; efficient operation; better than average resident satisfaction, and no substantiated resident complaints. The five recipients of the awards in 2006 were: Bel-Aire Center in Newport, Centers for Living and Rehabilitation in Bennington, Gifford Extended Care Menig Unit in Randolph, Mayo HealthCare in Northfield, and Woodridge Nursing Home in Barre.

Adult Protective Services

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

A Profile of the Problem

Reports: In FY 2006, APS received 1,485 reports of suspected abuse, neglect or exploitation of vulnerable adults.

Types of abuse: Physical and emotional abuse make up approximately 46% (630 out of 1376) of the total number of APS investigations and financial exploitation approximately 28% (384 out of 1376). The percentages of sexual abuse and self-neglect cases have remained fairly constant.

Alleged Victims: In FY 2006, 52% (510 of 984 victims) of investigations involved alleged abuse of vulnerable adults over the age of 60. In 34% (336 of 984 victims) of investigations, the vulnerable adult had a significant physical disability and in 40% (395 of 984 victims) of cases, a mental health or developmental disability was present.

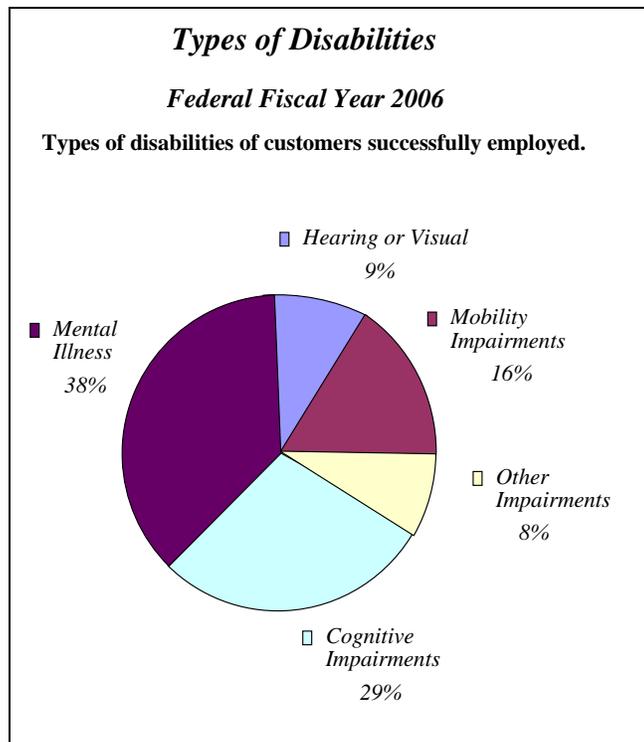
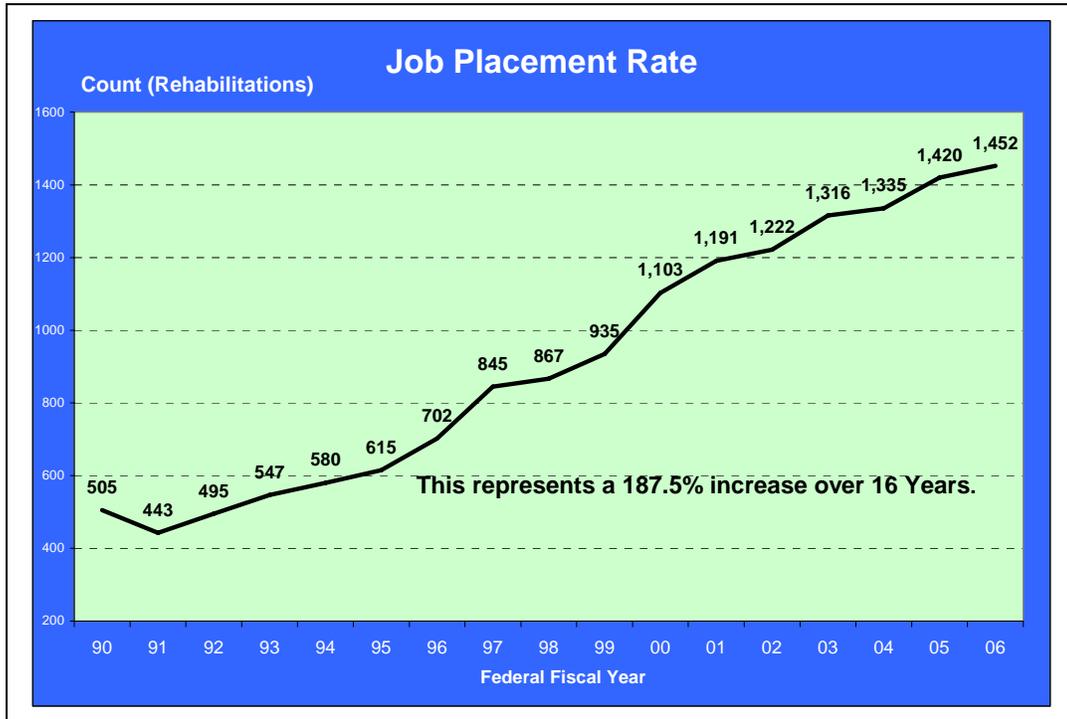
Alleged Perpetrators: Family and friends continue as the people most often reported for possible abuse of a vulnerable adult. Investigations of family and friends comprised 65% (685 of 1049) of our work. Other investigations include individuals that are agency or facility staff, private caregivers, landlords, businesses, guardians etc.

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

Vocational Rehabilitation

802-241-2186 or 1-866-879-6757(voice) 241-1455(tty Next Talk)
www.vocrehabvermont.org

In FFY 2006, VocRehabVermont counselors provided services for **8,557** Vermonters with disabilities, and assisted **1,452** people to become employed.



Youth in Transition from School to Careers

Vision

Vermont will be a State where youth with disabilities have the same educational and employment opportunities and outcomes as their non-disabled peers.

Transitioning from high school to adulthood is something everyone goes through. For most, it is a time of making choices and decisions, excitement with possible frustration, some false starts, and some successes. For youth with serious disabilities of any kind (learning, emotional, or physical), the challenges that accompany transition can seem daunting. With a focus on early involvement, career preparation and work-based learning, opportunities for youth development and leadership, support for attending college, acquiring independent living skills including financial planning, transportation, and family involvement, youth with disabilities will succeed.

VocRehabVermont School Transition Program

As of January, 2007, there are 15 VocRehabVermont Transition Counselors, both full and part-time, based in all VocRehabVermont districts and working directly with all Vermont high schools and a variety of technical centers, and alternative or independent schools. Since 1999, the number of transition-aged youth served by VocRehabVermont has increased by almost 85%.

These Counselors have a dedicated caseload of transition-aged youth (between the ages of 14 and 23) and aim to improve employment and post secondary outcomes of these youth by meeting with students in their local high schools, sometimes as early as their freshman year, and focusing on both short and long term goals. They also assist schools with information and resources, collaborate with interagency partners, and work as catalysts for change to improve the transition process for youth.

Career Start Project

The Career Start initiative began in October 2003 with funding from the federal U.S. Department of Labor's Office of Disability and Employment Policy for the purpose of improving transition outcomes for Vermont youth with disabilities moving from high school to adulthood. A Career Start Steering Committee representing diverse constituencies has produced a white paper entitled: *Successfully Transitioning Vermont's Youth with Disabilities*. This report articulates the nature and scope of the challenges facing Vermont youth with disabilities as they transition from high school to adulthood and suggests strategies that will address these challenges. As the grant funding ends in September, 2007, the Steering Committee will evolve into an Inter-Agency Transition Task Force for Youth with Disabilities and will continue to encourage implementation of the recommendations.

JOBS

The Vermont JOBS program is spearheaded by VocRehabVermont in partnership with the Department of Corrections, Department of Health/Division of Mental Health, and the Department for Children and Family Services to serve youth with serious emotional behavioral disabilities (EBD).

JOBS is an innovative supported employment and intensive case management service for youth with EBD that uses work as a means to reach this challenging population. As a result of this partnership, the JOBS Program is operational in 11 AHS districts and 337 youth participated in FY 2006. Of those without a GED or High School Diploma at intake, 35% were assisted in reaching one of these educational goals. Out of those listed as homeless at intake 58% were assisted in obtaining stable housing and of those not working at intake 67% were employed. The support provided to assist youth in obtaining stable housing, reaching educational goals and finding employment also reduce involvement with corrections and support youth to become productive members of their communities.

Youth Demonstration Project to Serve Youth Receiving SSI Benefits

The Vermont Division of Vocational Rehabilitation has been chosen to be a pilot site for the Youth Transition Demonstration (YTD) study funded by the Social Security Administration (SSA). The study is developing and testing interventions to help youth with disabilities maximize their economic self-sufficiency as they move from school to work. Key elements of the initiative include waiving of certain rules by SSA to provide incentives for youth with disabilities to initiate work or increase their work activity, and providing services to help youth obtain jobs and remain employed. Vermont's plan includes imbedding the YTD into the existing statewide service system for youth in transition. Specifically, the team of VR Transition Counselors will work closely with the team of Benefits Counselors and the newly created Youth Employment Specialist positions.

Youth Benefits Counseling

Approximately 2,000 youth with disabilities in Vermont receive Social Security Administration disability benefits (SSI and SSDI). Many choose not to work or are underemployed because they or their families are afraid of what will happen to their benefits. As a result they often spend a lifetime in poverty.

Benefits counselors help young people and their families plan for something other than poverty, for example:

- Youth who receive SSI are almost always financially better off if they go to work. A young person in Vermont can earn over \$29,000 per year and retain their eligibility for SSI.

- Work incentives such as the PASS or Student Earned Income Exclusion can be used to help a young person pay for college or post secondary education.
- Other work incentives, such as Impairment Related Work Expenses, help youth retain more of their earnings to pay for costs associated with work.

The benefits counselors have provided services to **over 700** youth in transition and their families since 2002. By providing accurate information counselors are assisting these young people plan for college and careers rather than a government check.

=== Deaf and Hard of Hearing Service ===

866-410-5787x36255(*Hearing individuals*) 802-241-3557(*tty*)
Carrievp.zonefish.com (video phone)
www.dail.state.vt.us/ConsumerPages/DeafHardHearingServs.htm

Vision

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

The Purpose for Deaf & Heard of Hearing Services

There are 625,935 people living in Vermont

- Approximately 2,000 people are Deaf
- Approximately 56,000 are Hard of Hearing
- Total people with hearing loss living in Vermont: 58,000

Deaf and Hard of Hearing Services (DHHS) serves individuals with hearing loss to ensure they have equal access to the services of all departments, divisions and programs within AHS.

System Advocacy

The Director of the Deaf and Hard of Hearing Services acts as a point person between AHS and the Deaf and Hard of Hearing community by sharing information on services, training opportunities, public hearings and other information offered within AHS that may benefit the community.

The staff person works closely with the department Commissioners/Directors to ensure all programs/services within the Agency of Human Services and other agencies are accessible to Deaf and Hard of Hearing customers and are in compliance with the Americans with Disabilities Act (ADA). Gaps in service are identified and programs are developed to meet such gaps.

Information/Trainings

Trainings/education is provided to AHS department/program staff on interpreter issues, assistive devices, Deaf Culture, communication tips, etc. Training is also provided to Emergency Responders, i.e. police, fire department, health department, CERT, etc., on communication barriers, emergency responders' roles, responsibilities of deaf/hard of hearing consumers and responders.

Resources are provided on hearing loss to AHS staff, parents, teachers, and other service providers. A Resource Guide is being developed and will be distributed to all district offices throughout the state. The guide is also posted on:

<http://www.dail.state.vt.us/ConsumerPages/DeafHardHearingServs.htm>.

Future Work

The Director of the Deaf and Hard of Hearing Services continues to work with the Housing Options Coalition to develop group homes for adults with developmental disabilities who are deaf and hard of hearing. A survey on accessibility is being completed by 12 field offices to determine future improvements on accessibility issues.

Funding will be explored for sign language interpreters for AA/NA 12-step programs for individuals who are deaf or hard of hearing and for Statewide Intensive Case Management services to deaf and hard of hearing person with Minimum Language Skills (MLS) and/or other disabilities, such as developmental disabilities, mentally ill and deaf-blind.

== Healthy Aging ==

Vermont is considered to be an “aging state”. In 2005, the U.S. Census found that 12.8% of Vermont’s population was 65 years old and older, ranking 17th in the nation. By 2030, Vermont is projected to rank 8th in the U.S. with elders comprising nearly a quarter of its citizens. For many reasons, including quality of life and burgeoning health care costs, it makes sense to find ways to encourage people to stay as healthy as possible. As part of that effort, the Governor’s Commission on Healthy Aging was created and has met several times since September in 2005. Lt. Governor Brian Dubie is the Chair and works with 15 members representing a variety of stakeholders, including DAIL. The Commission is carrying on many of the efforts started by the Successful Aging and Independent Living Task Force.

The role of the Commission is to:

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

The Commission is focusing on four efforts this year:

- Reviewing the Healthy Aging Plan, which builds on goals and objects found in other state plans: dementia and Alzheimer Disease risk reduction and early interventions; osteoporosis; oral health; diabetes, social and recreational opportunities, smoking cessation; transportation; housing; and community-based assistive and supportive services.
- Supporting efforts to develop a Center on Aging at the University of Vermont and Fletcher Allen Health Care.
- Supporting efforts to increase the number of health care and human service professionals with training in geriatrics and aging health, wellbeing and illness.
- Creating messages about healthy aging that Commission members can use in the roles as community ambassadors.
- Continuing to recognize those people who have excelled in the field of healthy aging through the Governor’s Healthy Aging Awards.

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

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This report is available in alternative formats upon request.