

Department of Aging and Disabilities Annual Report FY 2001

(Including report on Act 160 activities)



**“Elders and Adults with Disabilities should live with dignity
and independence in the settings they prefer.”**

Respectfully submitted,

**Patrick Flood, Commissioner
Department of Aging and Disabilities
Agency of Human Services
February 2002**

This document is available in alternative format upon request.

TABLE OF CONTENTS

COMMISSIONER’S MESSAGE	1
INDEPENDENT LIVING SERVICES	
Home-Based Medicaid Waiver	3
Attendant Services Program	6
Adult Day	7
Nutrition	8
Mental Health and Aging Initiative	11
Traumatic Brain Injury (TBI)	13
NURSING HOMES	14
VOCATIONAL REHABILITATION	18
DIVISION FOR THE BLIND AND VISUALLY IMPAIRED	20
ADULT PROTECTIVE SERVICES	22
HOUSING	
Residential Care Homes	23
Assisted Living	24
Group Directed Care	25
Adding Supportive Services to Existing Congregate Housing	26
Home Modifications for Accessibility	27
Other Residential Alternatives	28
SUCCESSFUL AGING	30
COALITIONS	32
TRANSPORTATION	33

COMMISSIONER'S MESSAGE

The Department of Aging and Disabilities, and the organizations and consumers it works with, accomplished a great deal in 2001. We made further progress towards our goal of ensuring that elders and adults with disabilities live as independently as possible, actively participating in and contributing to their communities. For those people who need care and protection, we expanded the quantity and quality of services. It would not have been possible without the hard work and dedication of partners such as the Area Agencies on Aging, Home Health Agencies, Vermont Center for Independent Living, Community of Vermont Elders, AARP, Coalition for Disability Rights, Adult Day Service providers, senior centers and meal sites and many, many others. This annual report details those accomplishments and discusses the remaining challenges.

At the end of Fiscal Year 2001 in June, the Department was able to invest over \$4 million in new funding for home and community based services, \$3.6 of which came from savings in the nursing home budget. We were able to fund 100 new Waiver slots, raise the residential care home payments by over \$10 per day, add \$300,000 to adult day services, raise reimbursement in our Waivers and begin funding home modifications. All of these investments translate into more services for Vermonters.

This year, two nursing homes, with 148 licensed beds, closed. While these closings were very painful for everyone involved, they are a sign of the times: that we are reducing our reliance on institutions as we build up our system of home based care and other alternatives. In all likelihood, they will not be the last nursing homes to close.

Vocational Rehabilitation had its best year ever, helping 1,179 persons enter or re-enter the workforce. As the economy slows, we will be challenged to keep work opportunity open for adults with disabilities.

Adult Protective Services worked with the Attorney General's office to produce a report on improving protections for vulnerable seniors. This report has led to three new pieces of legislation, including two related to reducing financial exploitation.

As one year closes and another begins, we are facing a serious budget shortfall, which will severely limit our ability to grow services. However, that will not stop our efforts. With help from a federal “Real Choices” grant, we will write a Waiver to enable us to use Medicaid more flexibly and hopefully end the institutional bias. We are proceeding with our study of the needs for 5 and 10 years from now. We are proceeding with our initiatives to better inform consumers of their options and the services available to them.

We have a tremendous amount yet to accomplish. Yet I am confident we can, with the continued dedication of all our partners, achieve the goals we have set for ourselves, and for independent living for Vermonters.

A handwritten signature in black ink that reads "Patrick Flood". The signature is written in a cursive, flowing style.

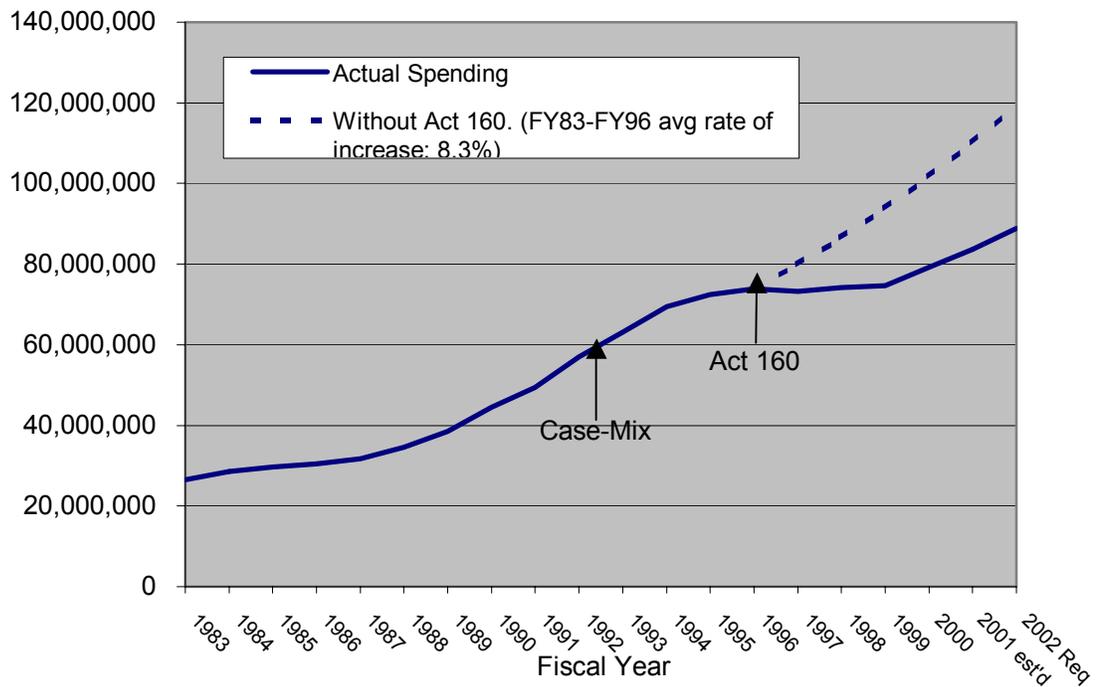
Commissioner

INDEPENDENT LIVING SERVICES

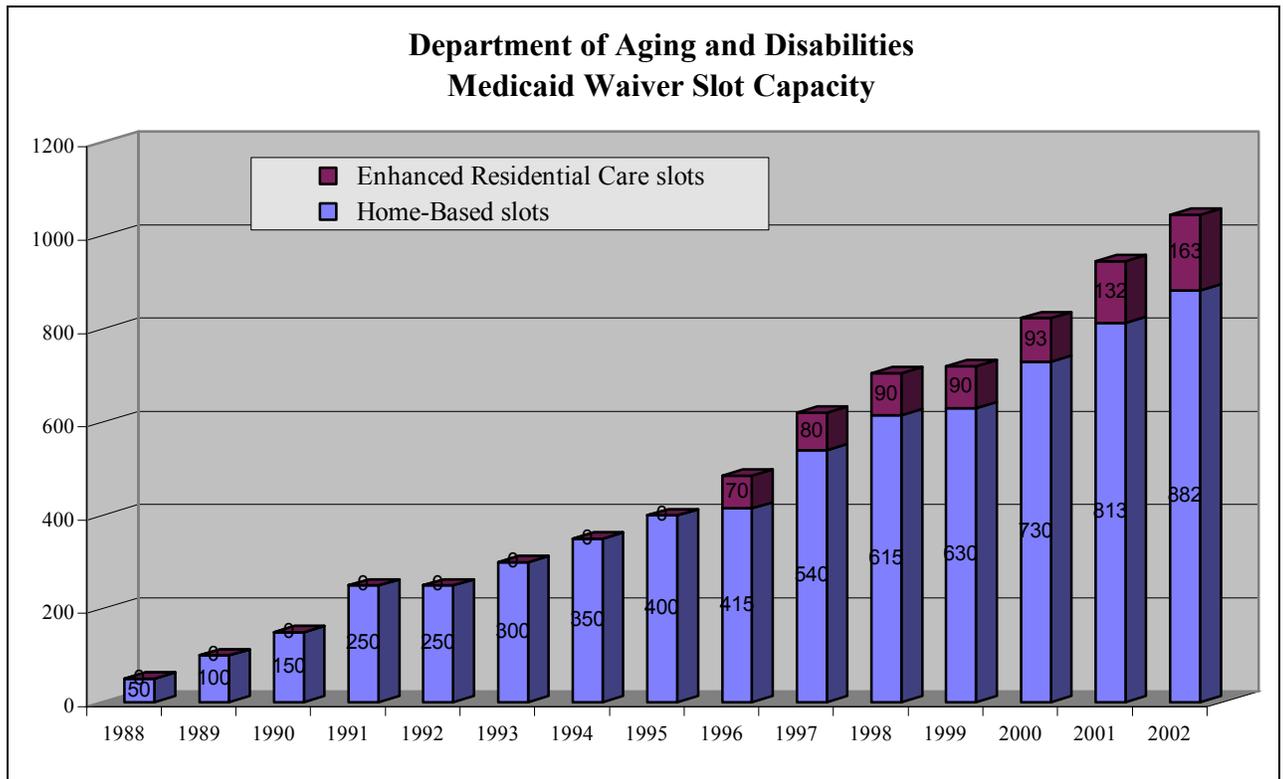
Home-Based Medicaid Waiver

The Home-Based Medicaid Waiver remains the key element in Vermont's efforts to provide comprehensive and effective community-based services. This waiver provides high levels of care to Vermonters who would otherwise require nursing home placement, helping them to live in their own homes and communities. Current waiver services include case management, personal care, adult day services, respite care, companion care, personal emergency response systems, and assistive devices and modifications.

Nursing Home Medicaid Expenditures
Actual vs "Without Act 160"



Staff from local agencies, led by Home Health agencies and Area Agencies on Aging (AAA's), manage access to the Home-Based Medicaid Waiver. Local staff assess the needs of people in their own communities, prioritize access to waiver services, and develop service plans to meet each person's individual needs. This has led to a system which is able to identify those Vermonters with the greatest needs, and is also increasingly able to meet those needs in the settings that people choose. The waiver continues to grow under this system. In fiscal year 2002, we predict that the waiver will serve over 1,300 people. This reflects the continued demand for waiver services as an alternative to nursing home services. Working with local partners, we want to assure that every Vermonter in every county can access effective home and community-based services when and where they need them.



Within the last year, because of savings due to decreased nursing home utilization, the Department was able to strengthen waiver services by increasing:

- Wages paid to consumer and surrogate-directed personal care workers to \$10.00 per hour.

- Wages paid to consumer and surrogate-directed respite care workers and companions to \$8.50 per hour
- Case management reimbursement from \$50 to \$60 per hour.
- Daily rates paid to enhanced residential care homes.

The average waiver participant receives more than 30 hours of in-home services each week. The number of people with high levels of need continues to increase, which results in the need for a larger and larger workforce to provide in-home care. This creates one of the biggest challenges for the waiver - the need to find increasing numbers of competent caregivers.

One solution to this challenge has been the development of Consumer-Directed and Surrogate-Directed services, which give the consumer or a surrogate the ability to direct her or his own personal care. This has encouraged some people to become caregivers who would not otherwise provide care. Rather than the Home Health agency providing caregivers, the consumer or surrogate acts as an employer and is responsible for hiring, training, and supervising caregivers. A contracted payroll agent manages payroll and tax responsibilities.

These services are popular with many consumers and caregivers, and they continue to grow. Since their inception in 1997, Consumer-Directed and Surrogate-Directed services have grown to almost 50% of the personal care services provided through the waiver. These services also cost less than Home Health services. We estimate that in FY'02, these services will save more than \$3.5 million over the cost of comparable Home Health agency services. We are now exploring the cost and feasibility of providing leave benefits and health insurance benefits to Consumer-Directed and Surrogate-Directed caregivers, with the hope that this will help support continued expansion of this workforce.

Many people are not able or willing to manage their own care and do not have a surrogate to manage their care for them. These people must rely on local Home Health agencies, Area Agencies on Aging, Adult Day programs, and other local agencies. The Department continues to work with these agencies to design and deliver effective services, including improvements to direct care worker wages, benefits, and working conditions, as part of our shared effort to assure that there is an adequate supply of competent caregivers.

Attendant Services Program

The Attendant Services Program (ASP) provides personal care services for adults with disabilities, including seniors. This nationally recognized program has been consumer directed from its inception: consumers hire, train and supervise their own caregivers. A committee of consumers who participate in the program determine the hours of care each consumer receives, based on the individual need which is identified through a standard assessment. The Department manages the payroll aspects of the consumers' care, filing all necessary paperwork and using the state payroll system to process payments to attendants. This program has worked very well for Vermonters for 20 years and has grown steadily. The program has consistently had a waiting list of about 200 persons, who may wait two years or longer to receive services.

In FY 2002, the Attendant Services Program will serve more than 300 people. The average participant needs approximately 4.5 hours of personal care each day. Some participants need the Attendant Services Program to meet their personal needs so they can work. The average age of participants is 59 years old; the youngest is 18 years old; the oldest is 100 years old.

Eligibility for the program is determined by need, and there are no eligibility or resource limits for the consumer. However, most consumers who use this service have low incomes. In 2001 the Department developed and proposed a Medicaid 'entitlement' service within the Attendant Services Program. We are now awaiting final approval from the federal government for a Medicaid participant-directed attendant care service. Approximately 20% of the current participants will be move to this new Medicaid service. This will generate enough savings to serve approximately 25 additional people.

The biggest challenge facing the program is finding and keeping attendants who are qualified and caring. Attendants do not receive sick leave, vacation leave, or health insurance. In the last year, wages have risen to \$7.40 for the initial six months of employment and \$8.15 thereafter. Unfortunately, these wages are simply not high enough to recruit and retain enough paid attendants. The Department hopes to raise the wages within the next year. We are also exploring the cost and feasibility of providing leave benefits and health insurance to these attendants.

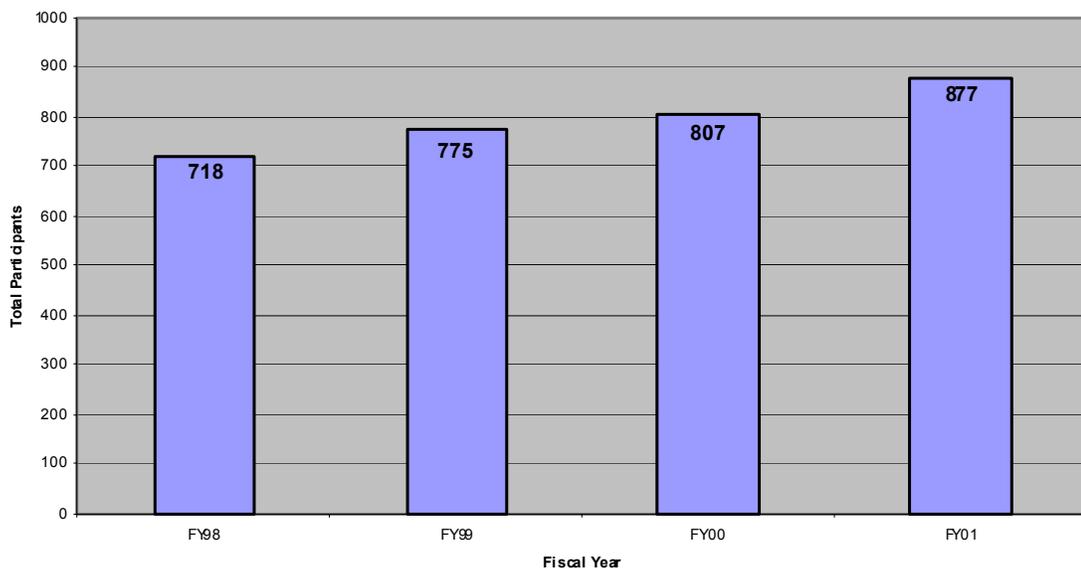
Adult Day

Adult Day Programs have continued to experience steady growth in both the number of persons served and in the quality and amount of services provided. Vermont currently has 12 State-funded certified providers operating a total of 15 adult day sites throughout the state. Two additional Adult Day sites are certified to provide Medicaid funded services. All sites offer supervision, therapeutic activities, personal care and professional nursing services. Many sites also have the capacity to provide professional social work; nutritional services; and physical, occupational and speech therapy.

From FY00 to FY01, the number of persons served increased from 807 to 877, an increase of 8%. The total number of Adult Day units (hours) provided increased from 348,962 to 368,328, an increase of 5.3%.

Act 160 funds made possible a rate increase for both Medicaid and State Funded programs for Adult Day services. The Medicaid Waiver rate increased from \$8.20/hr to \$10.20/hr, the Day Health Rehabilitation Services rate increased from \$8.80/hr to \$10.80/hr, and an additional \$200,000 was added to the State General Fund. The total amount spent on adult day participants through these three programs totaled \$2,841,732 in FY01.

Total Participants Served by Adult Day Programs



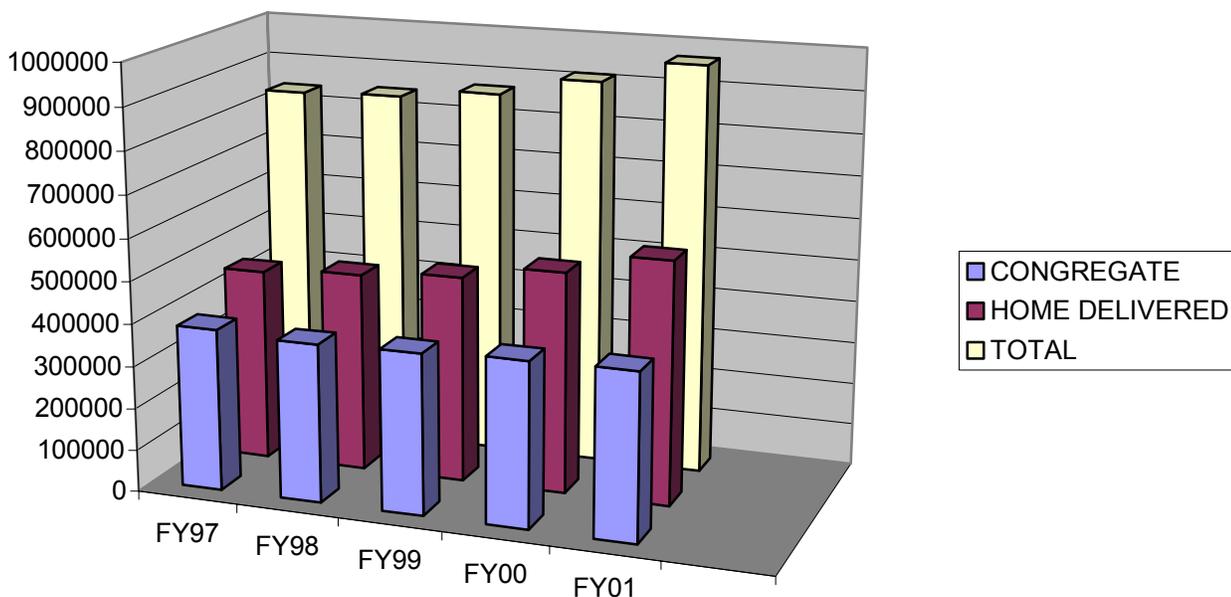
NUTRITION

Vermont has a Nutrition Program that serves both seniors and adults with disabilities. Meals are provided through contracts with the Area Agencies on Aging.

Nutrition for Seniors

The Nutrition Program continues to experience steady growth. At least 12,000 seniors participated in the program during FY01. In addition to nourishing meals and opportunities for social interaction, seniors also receive nutrition screening, nutrition education, health promotion information and referral to other services. The number of home-delivered meals served continues to outpace meals provided at community-based meal sites (congregate meals). This reflects service to an increasingly frail population being served.

During FY01, 967,983 meals were served (41% congregate; 59% home-delivered), reflecting 6% growth since FY00. The AAA's continue to expand the service delivery capacity. Home-delivered meals are increasingly available in previously unserved communities. Similarly, meal sites are opening in new communities.



Other notable accomplishments for FY 2001 include:

- Within the last year, the AAA's have increased their capacity to provide follow-up nutrition support by a registered dietitian. The availability of dietitian services for seniors at high risk for malnutrition may improve the nutritional quality of their diet, improve chronic disease management, and ultimately contribute to their independence and improved quality of life.
- The Department hosted its first annual conference for Nutrition Providers (meal sites) and Senior Centers to offer educational workshops on topics including but not limited to nutrition, food safety, fundraising, and volunteer recruitment and retention.
- In collaboration with the AAA's, the Department completed a standardized meal site monitoring form for use by AAA's. AAA Nutrition Program staff field-tested the tool, and feedback on design improvements were incorporated. Quality assurance activities are ongoing. The AAA's administer client satisfaction surveys regularly to Nutrition Program participants
- The Department continued its collaborative work with the Department of Health to implement another nutrition-related service for older adults in Vermont, the Commodity Supplemental Food Program (CSFP) which provides supplemental food each month to seniors. At the close of FY01 there were 7000 seniors enrolled in CSFP.
- The Department was a partner agency (with the Department of Agriculture, Office of Economic Opportunity, Northeast Organic Farmers Association, University of Vermont Extension, and the Area Agencies on Aging) in a new USDA initiative, the Senior Farmers Market Nutrition Pilot Program. This program enabled low-income seniors to get fresh Vermont-grown fruits and vegetables at participating farmers' markets or via farm shares made available through community supported agriculture (CSA) farms.

“The residents saw such a major benefit from this program...Residents who haven't been able to afford clean, healthy food are now glowing with the nourishment the veggies give them...Some residents have shed unneeded pounds because they didn't have to fill up on junk food...They have walked to

the Market each Tuesday – getting them outside into the fresh air – for a little exercise...They have gone in small groups and encouraged each other to be more healthful..”

- a senior housing resident coordinator

Nutrition for Younger Disabled Persons

The Vermont Center for Independent Living (VCIL) home-delivered meals program provides meals for adults, under the age of 60, with disabilities and chronic conditions who are unable to prepare their own meals and do not have meal preparation assistance available. There are three categories of meal service available. The long-term program serves up to 5 meals per week for the year to folks with an ongoing need. The short-term program provides up to 60 meals to help address temporary/episodic needs, for example, rehabilitation or recuperation from an illness. For persons facing transient crisis intervention, such as hospital discharge following surgery, emergency meals are available until other arrangements can be made.

The demand for and availability of VCIL home-delivered meals continues to grow. With a mid-year budget adjustment in FY01, VCIL funding reached \$194,000, compared with \$189,000 in FY00. The funding for FY02 is \$338,000. As a result, more persons with disabilities under the age of 60 are able to access this important service. Compared with FY00, the total number of meals served in FY01 increased by 22%, with a 26% increase in the number of peers served.

VCIL Peers Served

Year	Long term	Short term	Emergency	Total # Peers
FY2002*	151	110	5	266
FY2001	193	244	24	461
FY2000	167	172	27	366
FY1999	96	149	39	284
FY1998	46	63		109

* First quarter report

Mental Health and Aging Initiative

Nearly 10 years ago, the federal government changed the way mental health funds were delivered to states and the amount of funds available. Since then, mental health services for elders have been extremely difficult to access since this population has not been seen as a priority for receiving services. Recognizing the need, the 2000 Legislature appropriated \$250,000 for services for this population, with the goal of drawing down the federal Medicaid match for these funds whenever possible. The catalyst for this new initiative was a successful pilot program in the Northeast Kingdom developed by the Northeastern Vermont Area Agency on Aging and Northeast Kingdom Human Services, the local community mental health center.

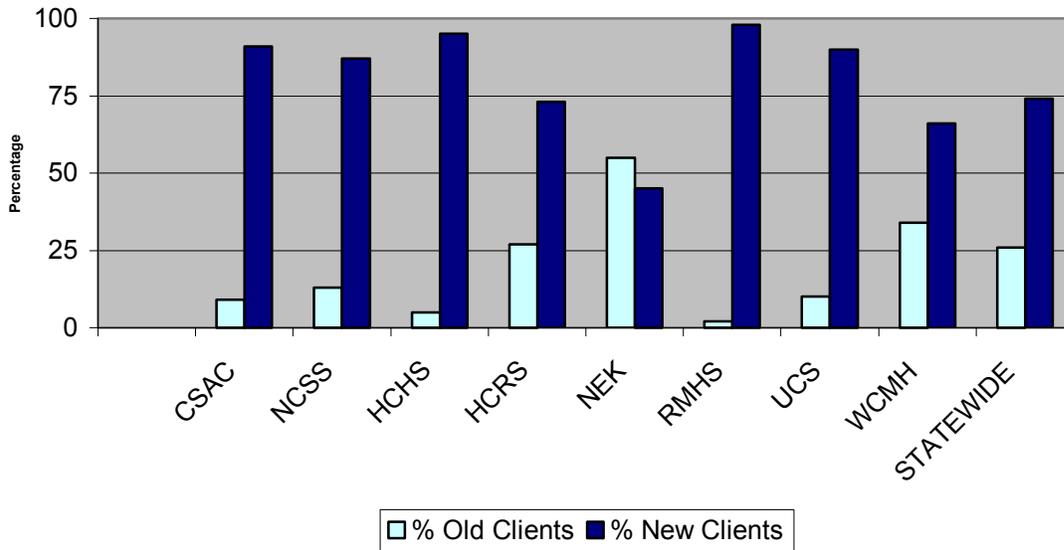
The funds are distributed to the five Area Agencies on Aging who contract with their local community mental health organizations to deliver services to individuals age 60 and over. Each mental health center has hired at least one “Eldercare Clinician” to work on this initiative. In some areas, the Eldercare Clinician is co-located with Area Agency on Aging staff, which has improved interagency collaboration.

The larger goal of the initiative is to develop the capacity of the system to recognize and respond appropriately to the mental health needs of elders. An Advisory Council representing 18 different departments and organizations meets quarterly to help shape this initiative and to integrate the various complementary projects into this system-wide initiative.

During SFY01, the first year of operation, 340 elders who otherwise would have been without care, received mental health services. Of these, 66% were women and 55% were age 70 or older. Diagnoses included schizophrenia, depressive disorders (47%), anxiety disorders, substance abuse and dementia.

Funding for this program continues to be of concern, since only 40% of the individuals seen had their care funded by Medicaid. Efforts will be stepped up to provide outreach to this population to ensure the financial stability of the program.

ELDERCARE PROGRAM: New vs. Old Clients
340 Total Clients



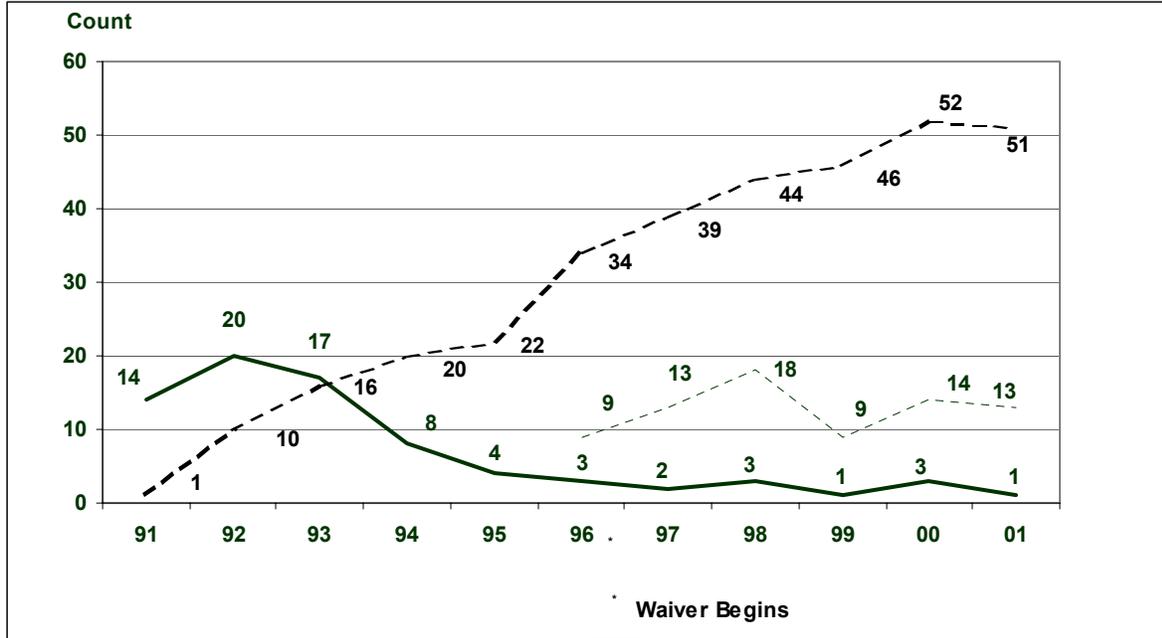
Mental Health Center	% Old Clients	% New Clients
Counseling Services of Addison Co.	9	91
Northwestern Counseling Service	13	87
Health Care and Rehabilitative Services of Southeastern Vermont	27	73
Howard Center for Human Services	5	95
Northeast Kingdom Human Services	55	45
Rutland Area Community Services	2	98
United Counseling Services	10	90
Washington County Mental Health**	34	66
Statewide	26	74

*reflects a pre-existing program

**includes services provided in Lamoille, Washington and Orange Counties

Traumatic Brain Injury (TBI)

Traumatic Brain Injury Survivors Return Home



VR coordinates services under the Traumatic Brain Injury (TBI) Waiver for individuals 16 years and older recovering from a recent brain injury. The goal of this short-term program is to assist individuals to attain their optimal level of functioning and to successfully resume living and working in their own communities. Prior to the development of this service, individuals were placed in expensive out-of-state facilities, often there for years, with little hope of returning to Vermont.

SINCE IMPLEMENTATION:

- Out-of-State placements dropped from a high of 20 to an average of 1 per year.
- Cost effective – program cost is 50% of out-of-state facilities
- Approximately 40% of individuals served secure competitive employment.
- 100% of individuals improved their quality of life and level of functioning.

NURSING HOMES

Vermont continues to have among the best nursing home care in the country. We have relatively few regulatory deficiencies when compared to the rest of the country. Also, the indicators of patient care collected by the federal government show Vermont to be doing better than the national averages, even though those same indicators show that our population has higher acuity than the national average.

Nonetheless, the nursing home system is stressed primarily due to difficulty finding and keeping qualified caregivers and decreasing occupancy. We currently have 3,278 licensed beds with a statewide occupancy hovering around 90%. Six years ago, there were 3,738 beds with a licensed capacity of 97%.

Two nursing homes, Linden Lodge and Sagers, with a total of 148 licensed beds, closed in 2001. In all likelihood, these will not be the last nursing homes to close.

The Division of Licensing and Protection assures the safety and well being of elderly and disabled persons through licensing of health and residential facilities, and protective services which include: regulatory oversight of licensed providers, abuse investigations, abuse prevention activities and promotion of positive change.

A significant development in 2001 was revision of the nursing home regulations, highlighted by the establishment of a minimum staffing standard for direct care staff. This change was necessary to prevent truly egregious situations in a few facilities. The new regulations require a weekly average of 3.0 hours per patient per day of direct care. Other regulatory changes included standards for special care units, transfer and discharge rules, requirements for participating in Options Counseling, and limits on 3 and 4 bed rooms.

QUALITY OF LIFE AND CARE

The Department continues to work with the nursing homes to improve quality of care. Three significant initiatives are underway:

- Improving end of life care

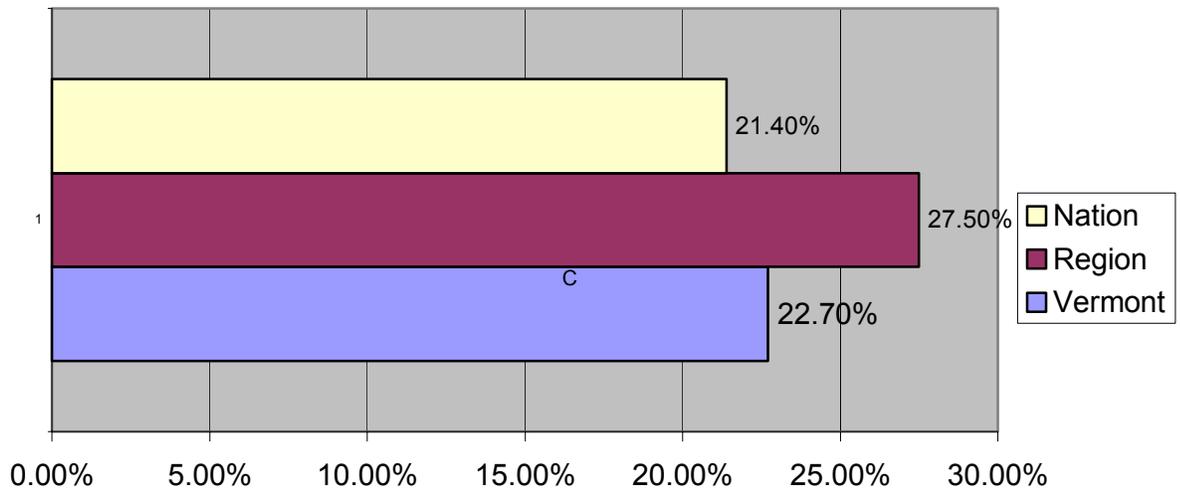
- Training on Alzheimer’s care
- Improving staffing

The staffing initiative is designed to improve working condition and practices in order to improve retention and reduce turnover.

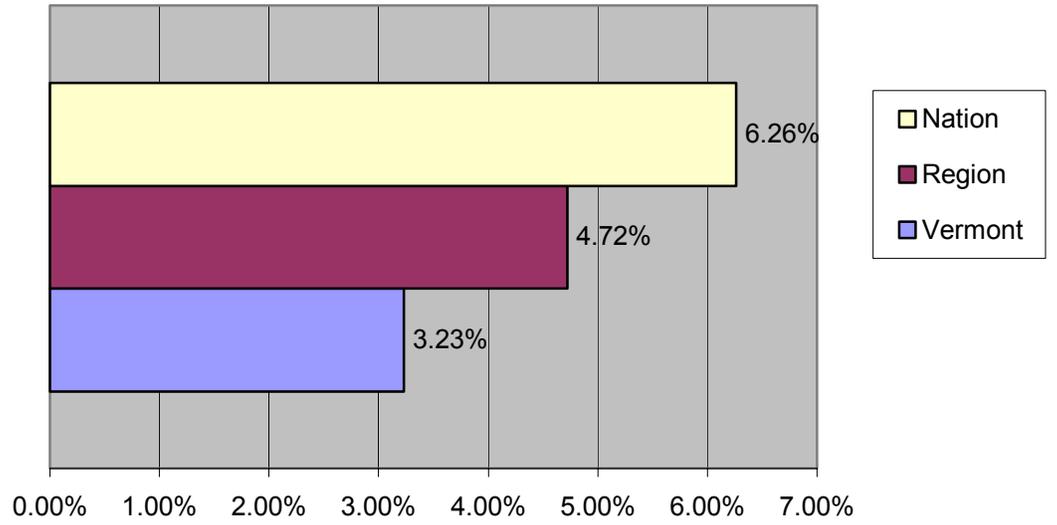
The Division of Licensing and Protection also sponsored other trainings for providers, including abuse prevention.

Although we do have care issues from time to time, our state’s providers take prompt and conscientious corrective steps to resolve problems. The graphs below provide interesting information about Vermont facilities and how we compare to other providers in the nation.

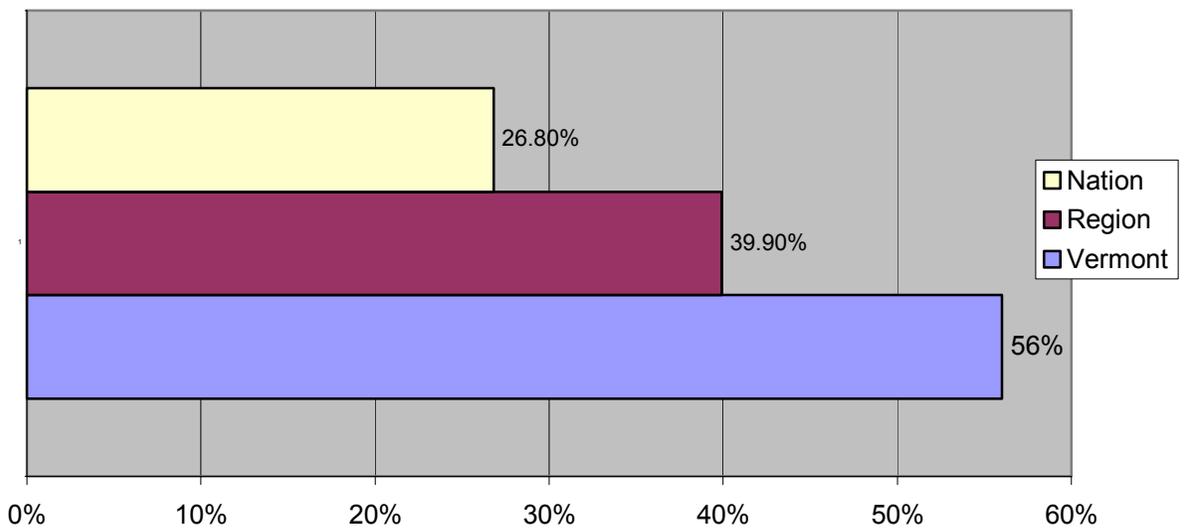
Facilities with Deficiencies at Harm Level to Residents



Average Number of Deficiencies Per Survey



Facilities in Substantial Compliance or No Deficiencies



Promoting positive change activities include community education regarding abuse prevention and reporting. Thirty-nine community education programs which involved approximately 2,000 attendees were conducted. Abuse prevention programs were conducted in health care facilities for advocacy groups and for other agencies. At completion of a program, citizens can readily recognize abuse and know to whom suspected abuse can be reported. Investigations of reports resulted in 56 cases where perpetrators who abused, neglected, or exploited victims were stopped from causing further abuse to elderly or disabled people.

The first annual Residential Care Home Conference held in June 2000, was successful in bringing a provider group together for a training session which allowed an opportunity for providers to share successes and solutions to common problems.

In FY 2000, five nursing homes that exemplified and met high standards of resident care received public recognition and were presented with Quality of Care awards. Nursing Homes selected had to meet specific criteria: excellent survey results, efficient operation and zero resident complaints. The five recipients for 2001 were: Redstone Villa, Bennington Health and Rehabilitation, Mayo Nursing Home, Verdelle Village, and Mount Ascutney Health Center.

Health and residential facilities are monitored/surveyed on at least an annual basis to evaluate if care and services are safe and appropriate. 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 professional nurses who have extensive training in how to conduct broad-based or focused reviews. The Division is responsible for monitoring and surveying 185 long-term care residential facilities. In addition, periodic surveys and complaint investigations are conducted in health settings such as Home Health agencies, hospitals, Renal Dialysis Units, Rural Health Centers and Rehabilitation or Psychiatric Units. Staff conducted 94 long-term care complaint investigations and 17 hospital and 8 Home Health agency complaint investigations.

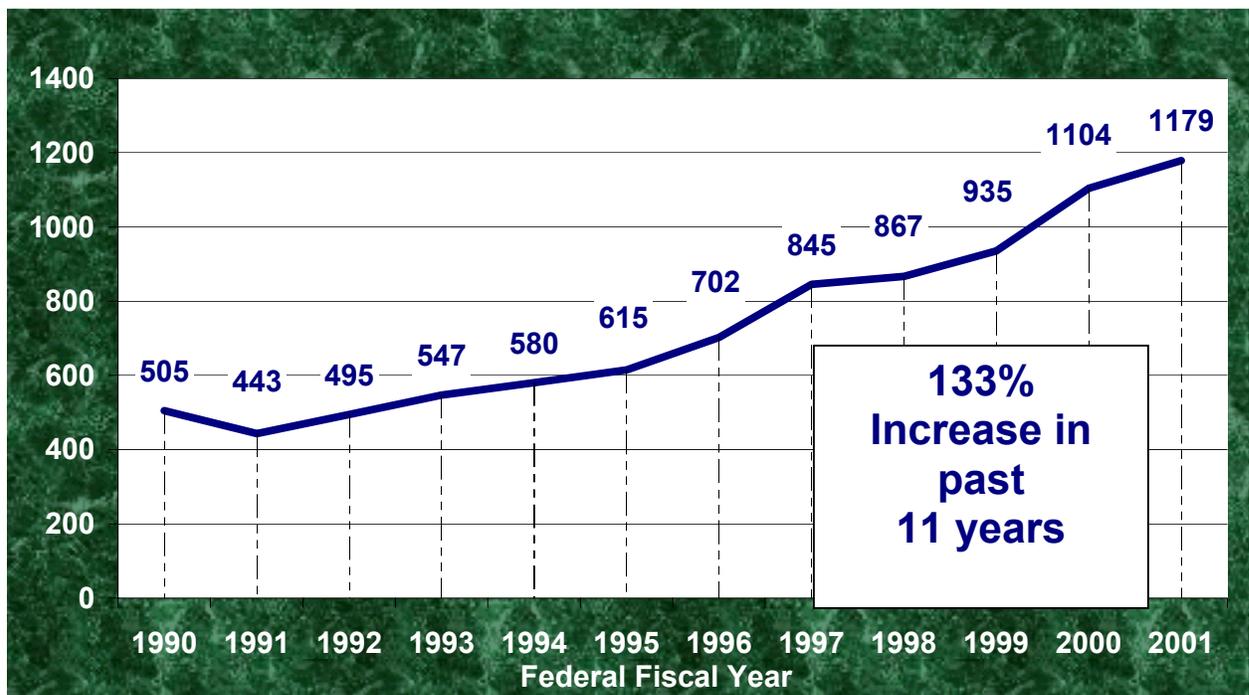
VOCATIONAL REHABILITATION

The Mission of Vermont Vocational Rehabilitation (VR) is to enable Vermonters with disabilities to be employed and to live successfully in their communities.

In 2001, Vermont VR counselors provided services for 6,627 Vermonters with disabilities and assisted 1,179 people to become employed. These people have increased their annual earnings by \$10 million as a result of VR services!

The Division of Vocational Rehabilitation (VR) completed a comprehensive consumer satisfaction survey conducted via telephone surveys by Macro International of Burlington. VR consumers indicated overwhelming satisfaction and approval for the Division's programs and services in which they had participated. Satisfaction and approval ratings were consistently high across all measures: program satisfaction, overall quality of assistance received, responsiveness to consumer needs, help received from counselors, and treatment by staff other than their counselors.

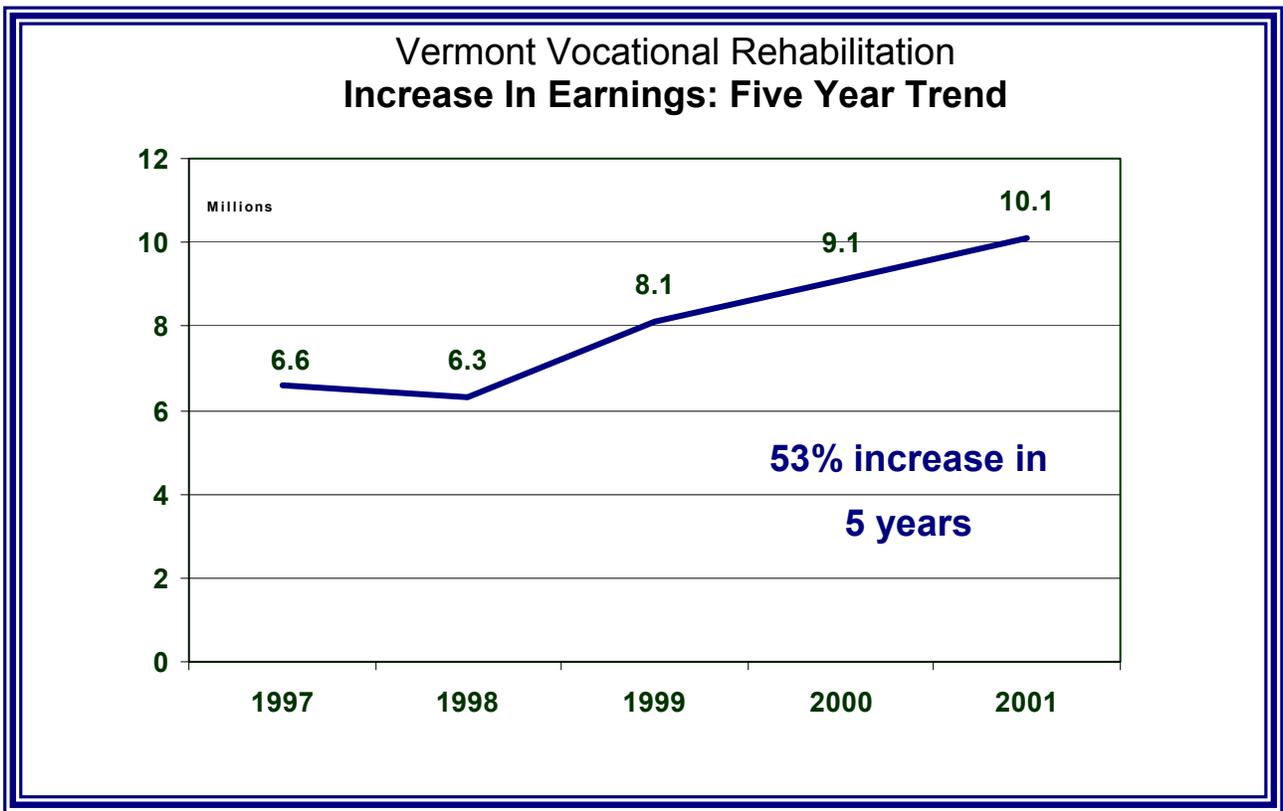
Job Placement Rate – 11 Year Trend



Vermont is doing better than the rest of the nation in employing people with disabilities. Forty percent of Vermonters with disabilities are working full or part-time. In the Department of Aging and Disabilities, the Division of Vocational Rehabilitation is the largest agency in Vermont responsible to assist people with disabilities to obtain or maintain employment.

In America, work defines a person. People with disabilities in Vermont should have equal access to employment and an opportunity to meet the labor needs of the Vermont business community.

Bottom Line: Vermont taxpayers will be paid back for their investment in VR's successful employment outcomes in just over two years.

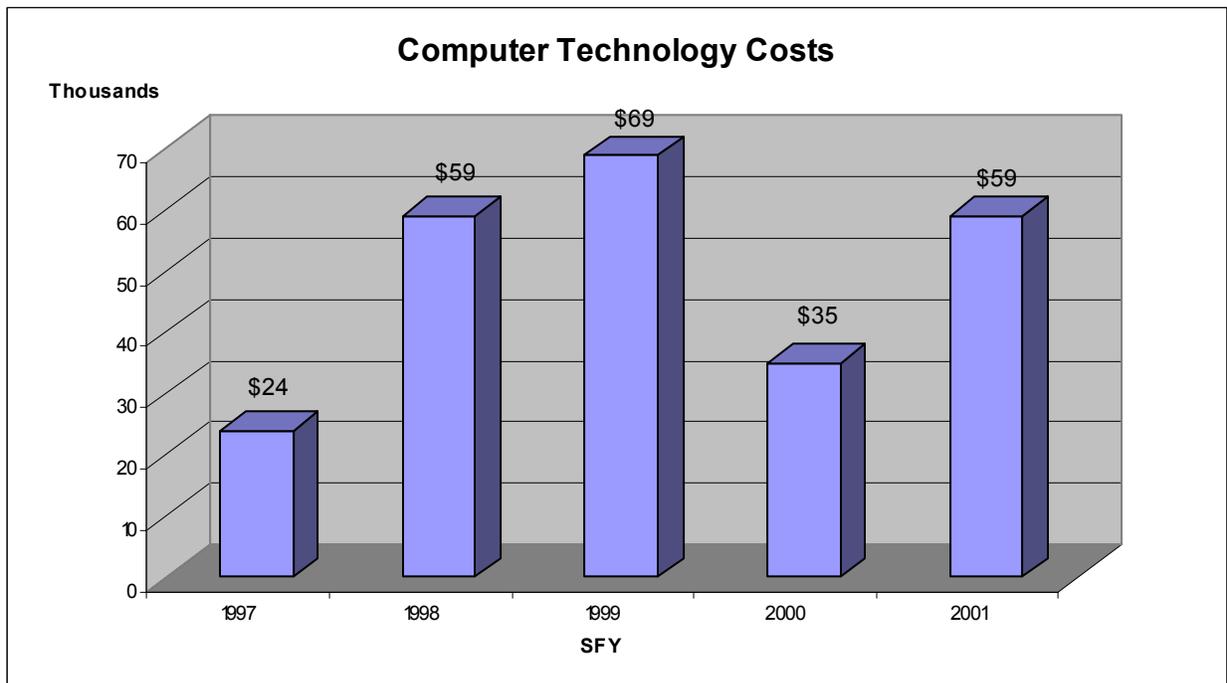


“ I would like to thank everyone for all the help and encouragement I received. At my low point, I wondered if I’d ever be able to work again, and encouragement was what I needed most. Now I’m being paid for doing a job I love.”

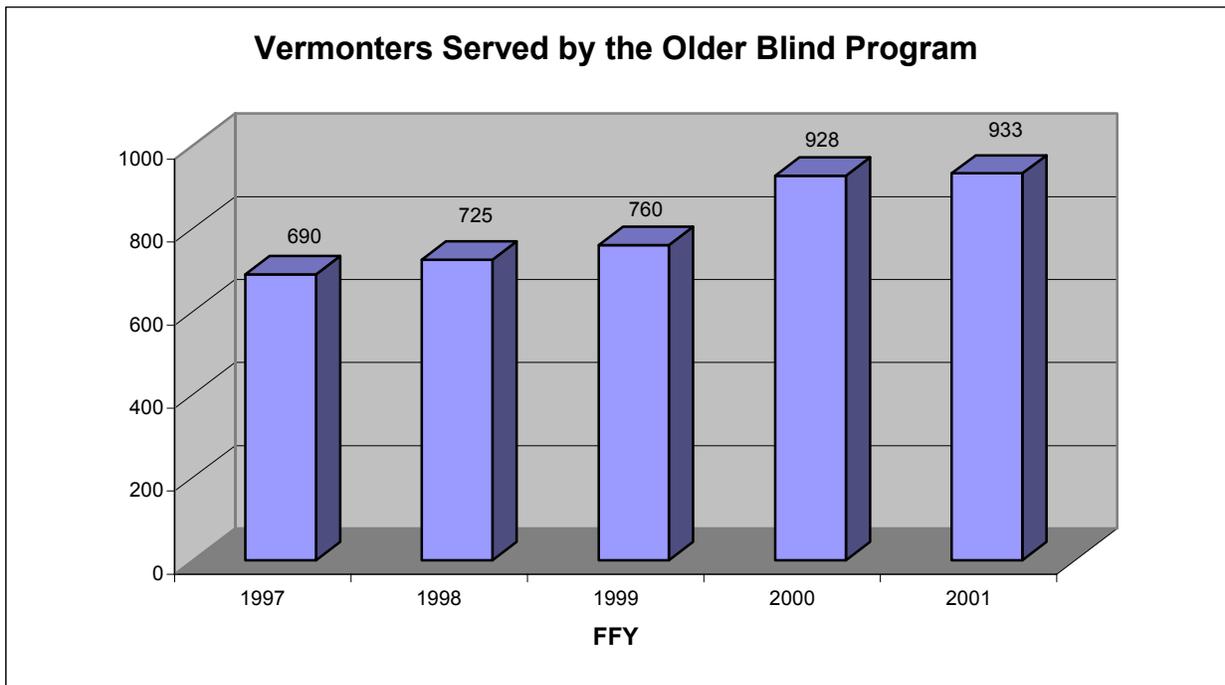
DIVISION FOR THE BLIND AND VISUALLY IMPAIRED

The Division for the Blind and Visually Impaired (DBVI) assists blind and visually impaired Vermonters as they empower themselves to achieve or maintain the fullest possible economic independence, self-reliance and community integration. In full partnership with the Vermont Association for the Blind and Visually Impaired, DBVI administers programs for infant/toddlers, primary and secondary school students, persons seeking employment and seniors seeking to stay independent in their homes and communities.

An important and growing aspect of these services is assistive technology, and within that area, computer technology is especially important to the blind and visually impaired consumer for community and economic integration. In SFY 1997, 20 people received computer related services (computers, hardware, scanners, screen magnification software-ZOOMTEXT, speech and screen reading software-JAWS, etc.) at a cost of \$24,000. In SFY 2001, 47 people received these services at a cost of \$59,000. The trend since 1997 is a much higher level of spending for technology and higher consumer usage, while resources are essentially level funded. These are critical services, but their increase strains already limited resources.



The Department continues to see growth in the “Services to Older Blind Vermonters” program. The program provides independent living skills to older Vermonters with impaired vision and who wish to maintain their independence in the home. Despite this continued growth DBVI believes that there are many others who could benefit from this program. Recent statistics from the Lighthouse Inc. show that there may be as many as 8,500 Vermonters over age 65 with severe vision loss. This number becomes more important as we realize that it does not yet include the approaching “baby boom” generation which will greatly swell these numbers, to over 10,000 by 2010. This is a generation to whom technology is integral, thus the strain on the technology resources could become more critical as we approach a time when there are more older Vermonters with vision loss and more older Vermonters who will continue to work and need the adaptations of technology.



ADULT PROTECTIVE SERVICES

The Adult Protective Services Office (APS), part of the Division of Licensing and Protection, is a cornerstone of the states' system of protecting vulnerable elders and adults with disabilities. Governed by Chapter 69 of Title 33, the office investigates complaint of abuse, neglect and exploitation and when appropriate and with the consent of the victim, initiates a variety of services to remedy the problem and prevent further abuse.

In 2001, the Office received over 1500 reports of abuse, neglect and exploitation. 700 were investigated. With only one intake worker and 5 investigators, this is a very challenging workload.

In the recent past, the office has noted the increase in problems associated with financial exploitation. In partnership with the Attorney General's office a major initiative was undertaken to improve protections. The Project Elder Reach Committee was formed, with participation of all the relevant groups and organizations. A detailed report was prepared and presented to the public in the fall of 2001. From this report came three pieces of legislation:

- Amendments to Title 33
- A bill authorizing a new type of joint banking account
- A bill tightening up powers of attorney

The Office also conducted 26 trainings and in-services for providers and the public on recognizing and reporting abuse.

HOUSING

As we try to reduce our reliance on institutional care, we need alternative settings where people can live and receive the care they need. We are strengthening the current alternative settings and developing new options.

Residential Care Homes

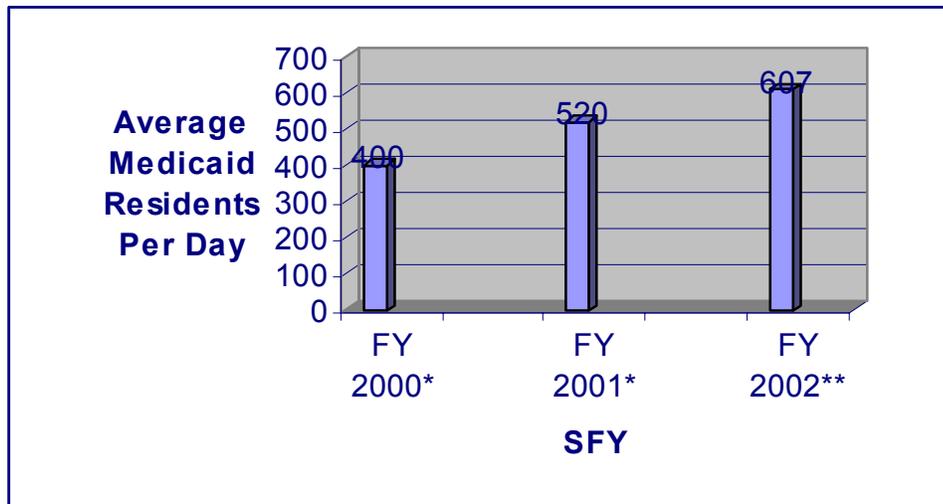
As of December 31, 2001, Vermont had 114 residential care homes in operation with a capacity to serve up to 2,312 aged and disabled Vermonters in need of room, board, 24-hour supervision, and personal care.

A couple of years ago we were very worried about the number of residential care homes going out of business. Thanks to recent increases in funding we believe the situation has stabilized. However, without further increases, residential care homes will continue to be at financial risk. Increasing rates to these homes is a priority for the Department whenever funds become available.

In 2001, six homes closed. All were small homes serving no more than 12 residents. These homes typically depend on a dedicated sole proprietor or a generous sponsor who underwrites the difference between cost of operation and public reimbursements or a sliding fee scale. At least half the closures were not avoidable – triggered by a phase out of group homes or the planned retirement of a sole proprietor who continued to live at the home. Two of the remaining homes received technical assistance to try to continue operations, but the gap between operating costs was too big for potential successors to take on.

Despite a net loss in capacity of 45 beds, the industry's ability to serve the lowest income Vermonters who want this setting appears to remain about the same. 257 SSI beneficiaries resided in Level 3 residential care homes (where the effort to preserve residential care homes is largely focused) as of December 2001 – about the same as December 2000.

The ACCS program. Through ACCS, established in Vermont's State Medicaid Plan in 1999, Medicaid funds are leveraged with existing state supplement funds. In 2001, DA&D added \$300,000 from nursing home savings and the legislature added \$326,000 of general funds to the existing supplements. With these increases, a rate increase of \$8.44 was established as of July 1, 2001. This increased the total daily rate for persons eligible for Medicaid to just over \$40. The average number of persons using ACCS each day has grown each year.



The \$250,000 Sprinkler Fund. The one-time \$250,000 sprinkler fund committed to 12 homes serving 209 Vermonters appears to be a success. These homes were all at high risk of closing without assistance; none have closed and one has transferred between owners.

Assisted Living

In 2001, the Department, in partnership with Vermont Housing Finance Agency and PATH officially received a grant of \$300,000 over three years from the Robert Wood Johnson Foundation and up to \$1,000,000 in predevelopment loan funds from the National Cooperative Bank Development Corporation. The grant established a program known as Vermonters Coming Home to encourage the development of affordable assisted living as an

alternative to nursing home placement. Accomplishments during the first year include:

- **Regulations.** The Department is poised to promulgate assisted living regulations in early 2002. Regulations will build on the successes of Vermont's existing residential care industry and will minimize challenges that have plagued other states. Vermont regulations will promote universal worker, promote aging in place, reduce confusion about assisted living terminology, and will require uniform consumer disclosure statements.

- **Demonstration Sites.**
 - VCH named Cathedral Square Corporation's 28 unit assisted living project at 3 Cathedral Square Burlington, the first of four Vermont demonstrations. The project will include 21 units with rental assistance making them affordable to elder SSI and Medicaid beneficiaries, more than doubling the available capacity for that group in Chittenden County.
 - VCH is providing technical assistance to Franklin Carriage House, an 18 unit congregate housing project in Franklin.
 - VCH has consulted with more than 11 other organizations about the possibility of demonstrations and looks forward to enrolling three more over the course of the project.

- **Planning and Reimbursement.**
 - VCH is working with the Department System Capacity Study and will purchase additional research to develop a state plan for assisted living.
 - With promulgation of assisted living regulations, VCH has prepared to undertake a study of the total reimbursements and resources needed to support housing, food and utility costs, versus health care costs in assisted living.

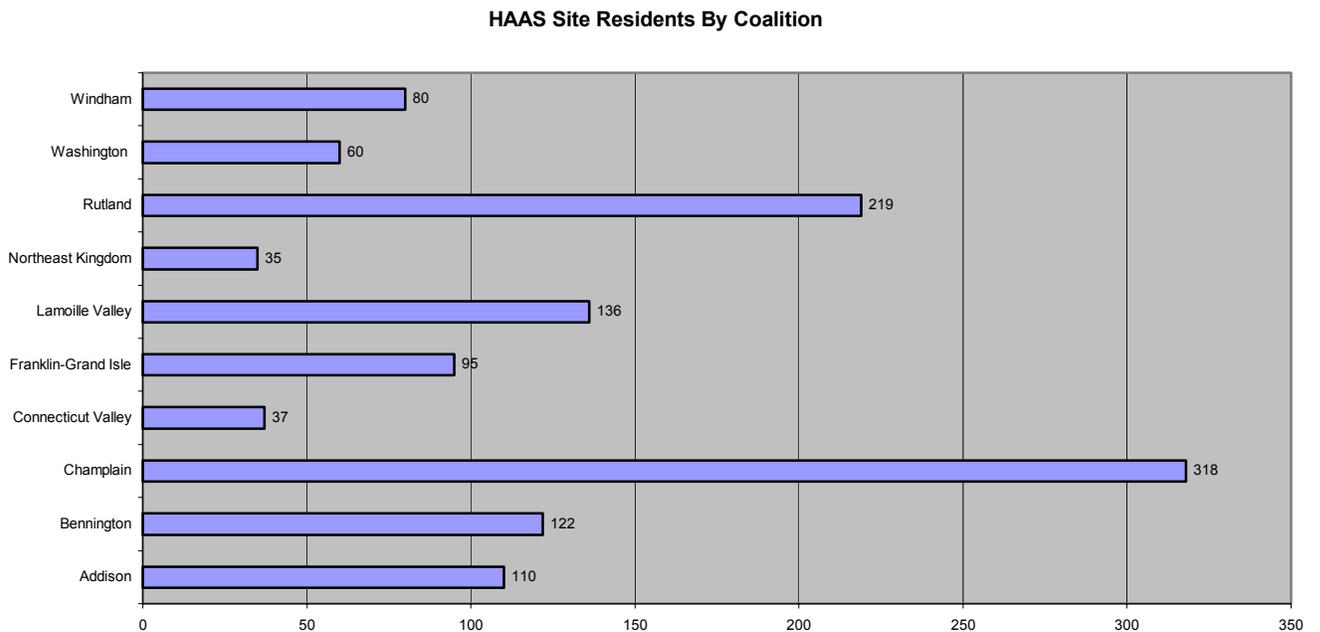
Group Directed Care

The Department continued to work with consumers, Cathedral Square Corporation and the Visiting Nurse Association of Chittenden and Grand Isle to establish group directed services at South Burlington Community Housing project. Opened in June 2001, the project provides affordable housing for nine

adults with mobility impairments who use wheelchairs and seek to share caregivers. Residents are capable of directing their attendants (employed by the VNA) and agreed coordinate care schedules and staffing so that attendants are available 24 hours per day at the residence. For four of the residents, the project represents a first opportunity to live apart from family (other than during higher education). Most residents report that the project location, public transportation and employment opportunities combined with the freedom of 24 hour care give real hope for an independent life in the community.

Adding Supportive Services to Existing Congregate Housing

The Department has continued its support for the Housing and Supportive Services Program (HASS) HASS brings service coordination and funding for supportive services to congregate housing projects throughout the state. Through the program, elder and disabled residents will increase their wellness, and will be able to age in place, avoiding or delaying entry to licensed settings. The program is a significant part of the Department strategy to help Vermonters age in place in the settings they prefer, and to limit the need for more expensive licensed settings to the extent possible. Today, 27 housing projects serving nearly 1196 residents participate.



Home Modifications for Accessibility

In 2001, the Department, the Department of Housing & Community Affairs, the Vermont Housing & Conservation Board, and the Vermont Center for Independent Living conducted a study of the gap between demand and resources for home modification projects. *Meeting Vermont's Need for Home Access Modifications*, found that:

- home modifications are an important resource;
- the legal framework requiring more accessible and adaptable units may mitigate need over time;
- the gap between existing HAP resources and annual requests is \$662,000 and the wait list represents another \$646,000 in need;
- there is no available, dedicated source of funds that meets the challenge of sustainability;
- the funding base of HAP [VCIL's Home Access Program] should be diversified;
- better coordination of the home modification system will reduce the demand for HAP resources, though demand for home modification projects will continue based on Vermont's large supply of older housing stock and the demands of the baby boom generation;
- ongoing evaluation of the home modification system is needed by all partners.

Households that received HAP funded projects FY 2000 (119 households)

County	Persons Served
Addison	13
Bennington	2
Caledonia	9
Chittenden	7
Essex	8
Franklin	16

Grand isle	1
Lamoille	1
Orleans	16
Orange	8
Rutland	15
Washington	13
Windham	3
Windsor	7
Total	119

**HAP Households Served and
Waiting: Income FY 2000**
(n=208 households)

All HAP households were below 80% of median income. 70% were at or below 50% of are median income.

	# Households	%
< 30% Median	80	38%
31-50% Median	67	32%
51-60% Median	26	13%
61-80% Median	35	17%

Other Residential Alternatives

Shared Housing. Through match-up services and technical assistance, elders and adults with disabilities are helped to share their home with a housemate who pays an affordable rent or reduced/free rent in consideration of performing chores. In 2001, the legislature increased its annual appropriation to Project Home (now HomeShare Vermont – the state’s only match up program) to \$25,045. The Department made a small

grant available to the Central Vermont Council on Aging to explore the feasibility of establishing a shared housing program in Washington County. The study is in progress.

Workout Assistance. The Department contributed \$5,000 to match Office of Economic Opportunity funds to help local sponsors, Cathedral Square Corporation, and Vermont Housing & Conservation Board to reorganize and restructure the operation of Evergreen Place, a small congregate shared housing project serving elders in Waitsfield. The project improved policies, staffing standards, and aspects of the physical plant to successfully reopen early this winter.

Adult Family Care. Some frail elders without local family would like to live with another family and receive personal care and support from them. The Department made a commitment of \$40,000 per year for up to 3 years to the Franklin and Grand Isle County Long Term Care Coalition to research, develop and implement such a program. The Coalition has completed the research phase and has begun to design a program.

SUCCESSFUL AGING

Vermont must begin to plan for an aging society. A statewide, collaborative effort has begun to foster health and activity among seniors. We believe that through such efforts, older individuals can remain healthier and prevent or delay the chronic conditions that have always been common in old age. This work will result in time in reduced health care costs, greater contributions to society by elders and a higher quality of life for elders and the communities they live in.

These efforts also apply to the younger disabled population, although to date it has been very difficult to obtain good data on the incidence of disability in Vermont. DA&D, with the Department of Health, VCIL and other partners, has applied for a grant from the Centers for Disease Control related to improving the care and prevention of chronic conditions among disabled individuals. If we get the grant we believe it will help us determine the situation in Vermont and develop workable solutions.

The Department supports a “Successful Aging and Independent Living” (SAIL) Task Force. Four outcomes were adopted and serve as the core of the Task Force’s mission:

Older Vermonters:

- Have a low risk of disease and disease-related disability.
- Maintain high physical and mental function.
- Are as engaged in life as they prefer.
- Live with dignity and independence in the setting they prefer.

Indicators were also identified for tracking progress on the four outcomes. The first compilation and reporting of statewide data on these outcomes and selected indicators, *Vermont: Successful Aging and Independent Living 2001, Interim Report*, was produced by Department staff and distributed in May.

The 2nd annual Summit on Successful Aging and Independent Living was held in May. Over 240 providers and community leaders attended this two-day conference.

The SAIL Task Force has evolved into a multi-agency group that meets quarterly, with subcommittees meeting as needed. Three subcommittees were formed: conference planning; data collection and reporting; creation and maintenance of an inventory of community-based successful aging and independent living activities.

The Department commissioned and submitted the *Vermont Successful Aging and Independent Living 2001 Legislative Report*. In order to complete the report, a summer study was conducted (Aging Boomers and Elders Survey), examining attitudes and behaviors related to aging and retirement planning. Findings from this report were included in the legislative report. The Department worked closely with the AAA's and COVE to plan the study and determine the content and focus of the report.

COALITIONS

As part of improving Vermont's system of community-based care, the Department encouraged communities to form Coalitions of providers, consumers and other interested parties to discuss and formulate ways to improve the system of care in their region. Ten Coalitions formed and the Department made funds available to support the Coalitions and to fund new community services. Each coalition has evolved somewhat differently, reflecting the concerns and participation in their respective community. This year three Coalitions used funding to hire a facilitator. Hiring a facilitator has provided the resources for effecting change. Other Coalitions are considering this model.

This is now the fourth year the Department has worked with the Coalitions. Their role is changing, but the Department supports their important work. Together we are building a stronger home and community-based system that offers consumers clear choices that meet their needs.

In FY 2002, the Department provided over \$1 million in funding to the Coalitions. Of this, \$220,000 is for: flexible dollars to fill gaps in service; administration and coordination of Coalition activities. Flex Funds were allocated through a demographic formula using the percent of 65+ population in each area. This year because of rescissions, money was not available for innovative projects.

The Department is funding ten Coalitions for a total of \$800,000 to develop Housing and Supportive Services in their communities. The Coalitions are overseeing 28 sights that serve approximately 1100 residents. The goal of the Housing and Supportive Services initiative is to provide supportive services in congregate housing settings for residents who are elder or younger disabled adults. Service providers, Housing providers, Long-Term Care Coalitions, and Residents work as a team in support of aging in place.

TRANSPORTATION

Access to transportation services which are flexible and responsive to the varied needs of older persons and persons with disabilities is critical to the success of all long-term care services outlined in this report. The Department works closely with numerous state and local agencies to ensure that consumers have access to transportation services designed to maintain independence and promote access to needed community services and resources.

Area Agencies on Aging and adult day centers receive funding from the Department to purchase, provide and help coordinate accessible transportation services on the local level. This funding is important to ensuring that these key community services have the capacity to meet consumer needs.

On the state level, the Department is heavily involved with local planning commissions, the Agency of Transportation, human service and public transit providers, and consumer and advocacy organizations in carrying out the Section 5310 Transportation Program. This program is specifically established to meet the special transportation needs of older persons and persons with disabilities. Vermont is one of a handful of states which has worked to promote coordination of human services and public transportation by using funds from this program to not only purchase vehicles, but to purchase special transportation services. Vermont receives \$275,000 from the Federal Transportation Administration Section 5310. By flexing other funds, the program budget exceeds \$3 million. Funding in this program remained relatively level from 2000 to 2001. The Department co-chairs the Statewide Advisory Committee responsible for reviewing applications and making recommendations on funding. We anticipate that demand for this type of special transportation funding will continue to grow with the increasing population and with the development of new and innovative approaches to providing long-term care services in the community.

Another important state transportation initiative involves the Public Transit Advisory Council (PTAC). Established by the 2000 State Legislature, the Department represents the Agency of Human Services on this important

council charged with evaluating and making recommendations regarding a broad range of issues in public transportation including funding and allocation, planning and establishing performance standards. Over the past year, the PTAC has provided input on a number of issues including: the Job Access Reverse Commute (JARC) programs which is intended to help low income persons get to and from work, the development of a funding allocation formula for public transportation, criteria for new service and continued funding of existing routes and the development of coordinated regional short range transit plans.

Future challenges in the area of transportation include ensuring consumer access to transportation particularly in rural areas and working collaboratively with human services and public transit providers to ensure that consumers have access to flexible, high quality services that meet their needs, including door-to-door transportation. The Department will chair an Agency of Human Services Transportation Committee which will examine current transportation services, needs and issues and will explore opportunities to expand and enhance transportation services for human services consumers across the state.