VERMONT

Agency of Human Services

Department of Disabilities, Aging, and Independent Living

STATE FISCAL YEAR 2015 BUDGET

Susan Wehry, Commissioner
and
William Kelly, Chief Financial Officer

Department of Disabilities, Aging, and Independent Living
Budget Testimony
2014 Legislative Session

Budget Testimony 1- 29

State Fiscal Year 2015 DAIL Program Summary ..... 30 - 40

FY15 Admin Appropriation By Division ..... 41 - 42

Department of Disabilities, Aging, and Independent Living 43
Organizational Chart

Department of Disabilities, Aging and Independent Living
Budget Testimony 2014
Legislative Session

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

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

DAIL consists of five divisions:

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

The Commissioner's Office includes the Deputy Commissioner; Operations and Health Reform; Policy, Planning and Data; Information Technology and Legal Units; Business Office and an Executive Assistant.

Divisions and Major Programs and Performance Outcomes

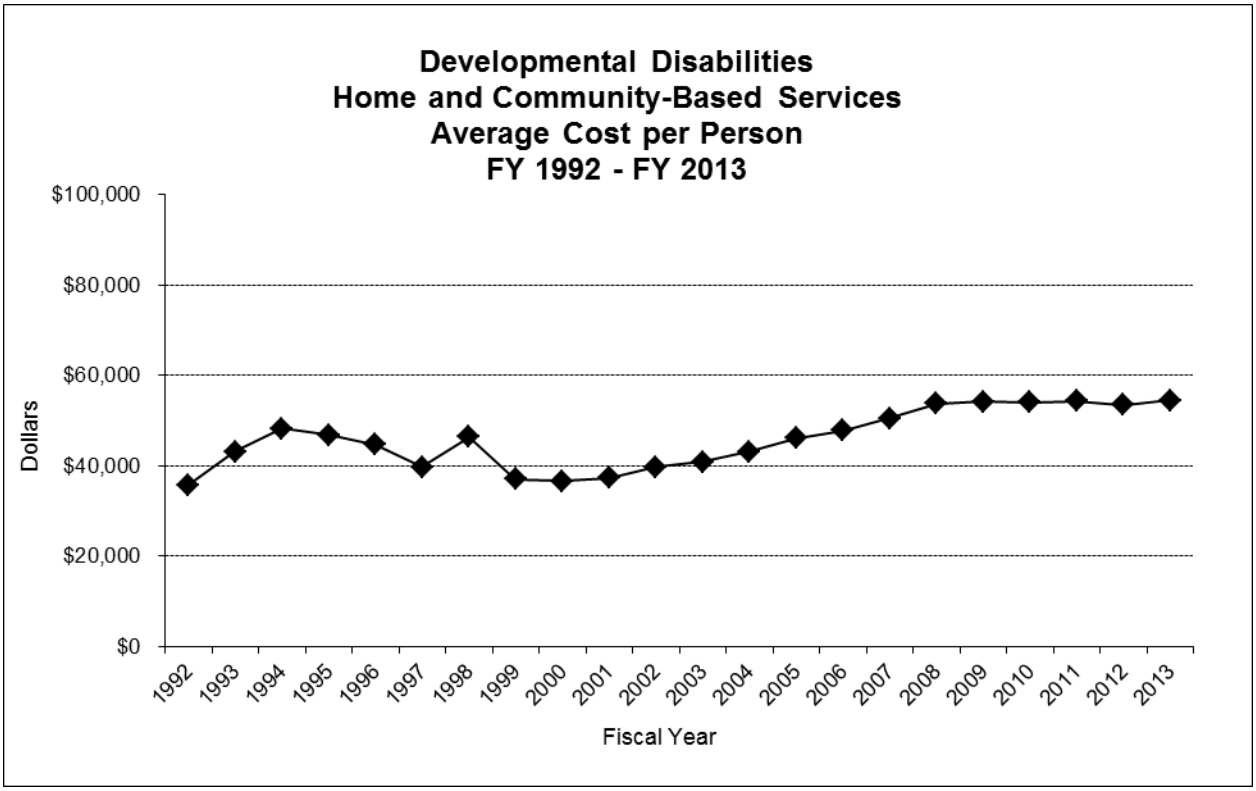
I. Division for the Blind and Visually Impaired (DBVI) supports life with dignity, respect and independence by providing rehabilitation, vocational and independent living services through 3 major programs. In FFY12 and FFY13, 138 people met their goals for employment as outlined in their individualized plans. This results in a rehabilitation rate of 83%, compared to the national average of 67%. In SFY14, DBVI is targeting an 84% rehabilitation rate, including gainful employment and independence as homemakers. (Appropriations 3460010000, 3460030000)

II. Developmental Disabilities Services Division (DDSD) is responsible for services to people with developmental disabilities, traumatic brain injuries, and guardianship services to adults with developmental disabilities services and older Vermonters. DDSD works with private organizations to provide a broad array of long term services and supports, including: service coordination, family supports, community supports, employment supports, guardianship services, residential support, crisis support, clinical interventions, and respite and rehabilitation services. The Division supports Vermonters with developmental disabilities, traumatic brain injuries, and older Vermonters to live as they choose, pursuing their individual goals and preferences within their chosen community. DDSD seeks to ensure their basic human and civil rights, health, and well-being and safety. DDSD provides effective leadership for disability policy and services in Vermont, and meets federal and state mandates by developing and managing public resources effectively.

Developmental Disabilities Services: Developmental Disabilities Services are provided by Designated and Specialized Services Agencies with the goal of cost-effective, integrated community living. In our 2013 Developmental Disabilities Services Consumer Survey, consumers expressed high degrees of satisfaction with where they are living (89%), their jobs (91%), how they spend free time (90%), community supports (93%), and feeling listened to at their support plan meetings with their service agency (89%). In SFY12–14, developmental disabilities services set a target employment rate of 45% for all working age consumers. The average employment rate in SFY12 was 46.4% with 8 of the 13 agencies exceeding the target; the remaining 5 agencies improved performance. Data for SFY13 is expected to be available in March, 2014. Last year, Vermont celebrated the 20th anniversary of the closing of the Brandon Training School (BTS), Vermont's only training school for people with developmental disabilities. The Department has commissioned a Developmental Disabilities *Imagine the Future* Task Force to develop a strategic vision for what we want developmental disabilities services to look like 20 years into the future. In looking at shorter-term initiatives, the Legislature directed AHS and DAIL to convene a Summer Legislative Policy Work Group to help identify innovative and cost-saving models of services. The Work Group put forward three idea that show potential to do this: 1) Pay employers/coworkers to support people on the job; 2) Spend more money on Supervised

Apartment Living; and 3) Use technology, like Safety Connection, more across the state. Work groups focusing on each idea are being convened to look at the feasibility and resources needed to implement each of the ideas. (Appropriations 3460010000, 3460020000, 3460050000, 3460070000)

The average cost per person for serving Vermonters with developmental disabilities is lower than other New England states and the national average.



Annual data was based on state fiscal year dates of service. Data source: DAIL Business Office

DS Home & Community Based Waiver Services - 13 Year Funding History

State Fiscal Year	Number of Consumers Served	Percent Change From Prior Year	Average $ Per Consumer	Percent Change From Prior Year	Total $ Spent for Dates of Service in SFY	Percent Change From Prior Year
2013	2,768	4.49%	54,427	1.81%	150,406,247	6.36%
2012	2,649	4.33%	53,461	-1.57%	141,408,809	2.54%
2011	2,539	3.21%	54,316	0.51%	137,907,924	3.74%
2010	2,460	3.71%	54,040	-0.20%	132,938,400	3.50%
2009	2,372	4.49%	54,151	0.66%	128,446,172	5.18%
2008	2,270	3.18%	53,798	6.48%	122,121,460	9.87%
2007	2,200	4.51%	50,525	5.59%	111,155,000	10.36%
2006	2,105	5.04%	47,849	3.88%	100,722,145	9.11%
2005	2,004	2.61%	46,064	5.55%	92,312,256	8.30%
2004	1,953	1.82%	43,643	6.59%	85,234,779	8.53%
2003	1,918	1.75%	40,946	2.06%	78,534,428	3.85%
2002	1,885	4.14%	40,118	4.90%	75,622,430	9.25%
2001	1,810		38,243		69,219,830	

Annual data was based on state fiscal year dates of service. Data source: DAIL Business Office

Traumatic Brain Injury Program: The Traumatic Brain Injury (TBI) Program serves Vermonters with moderate to severe brain injuries, diverting or returning them from hospitals and facilities to community-based settings. The TBI Program focuses on independent living, with increased emphasis on rehabilitation culminating in graduation from the TBI Program. In SFY13 the program served 70 people and was selected to participate in the Department of Finance and Management's Performance Measurement Pilot Project. As part of this pilot program, we will be measuring performance related to: employment; transitioning people who reach their maximum rehabilitation potential to independent living; and transitioning people who have reached their maximum rehabilitation potential but who have a continued need for services.

Office of Public Guardian: The Office of Public Guardian (OPG) provides guardianship and other court-ordered supervision to people age 18 and older with developmental disabilities and to Vermonters age 60 and older. In SFY13, 770 adult received guardianship including 658 people with developmental disabilities and 107 adults over age 60. The program also provides case management (8 people served) and representative payee services (331 people served). In SFY13, DAIL was able to add a new guardian position based in the Northeast Kingdom. This position will greatly improve our ability to serve people who live in that region of the state and increase the efficiency of guardianship services.

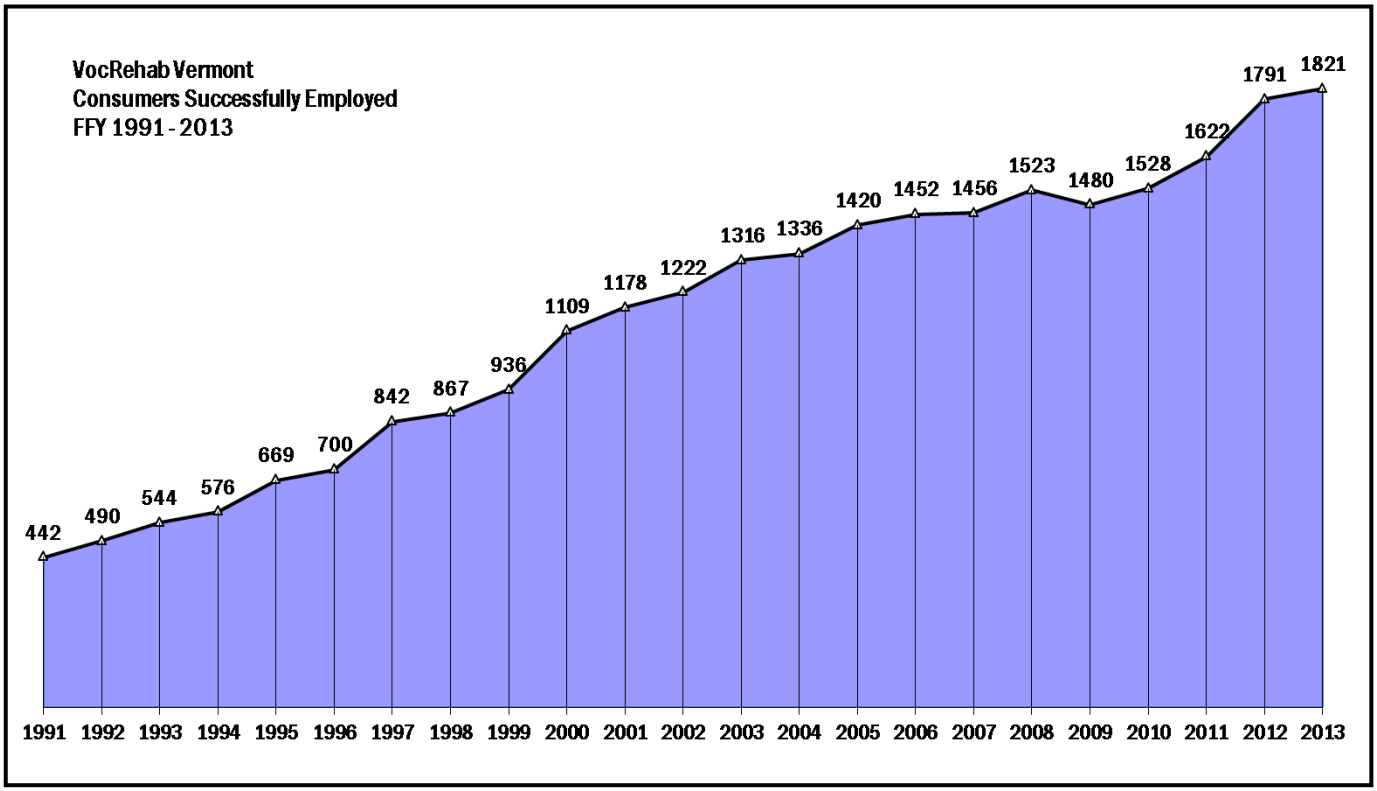
III. Division of Licensing and Protection (DLP) supports the mission through the activities of 2 units: Survey and Certification (S&C) and Adult Protective Services (APS). In SFY13, S&C conducted 100% of all federally required surveys. In addition, 82% of state

survey only facilities had been visited within the past two years. In SFY13, APS investigated 1,027 allegations of abuse, neglect and exploitation of vulnerable adults. As a result of Act 46 in 2013, APS now provides additional information to the Legislature to monitor the timeliness of investigations, with the information derived from the new Harmony APS case tracking system. (Appropriation 3460010000)

IV. Division of Vocational Rehabilitation (DVR) assists Vermonters with a disability to enter or re-enter the work force through a wide variety of programs and individual support services. The core program (VR Section 110) enables Vermonters with a disability to assess their skills and abilities, identify a vocational goal, develop an Individualized Plan for employment and receive services leading to meaningful employment. VR invests heavily in services for people with the most significant disabilities through supported employment programs and has developed a network of specialized Transition Counselors to support young adults from school to work. The Division operates the VR Reach Up program to serve Temporary Assistance to Needy Families (TANF) recipients with disabilities; a state wide Benefits Counseling Program to support Social Security beneficiaries to work; and the Assistive Technology (AT) Project that provides Vermonters with information and training on AT devices and services. (Appropriations 3460010000, 3460040000)

Our continued success at helping Vermonters with employment is a direct result of a sustained effort to cultivate governmental and private partners. DVR leads Creative Workforce Solutions (CWS), an Agency of Human Services (AHS) initiative that has filled gaps in employment services by eliminating the barriers between service providers and becoming an active partner with employers. CWS created local employment teams that span four departments and seven divisions within these departments. The coordination and teamwork ensures that employers have an easier time interacting with AHS, which in turn leads to a greater willingness to support our customers and better outcomes for all.

Despite the turbulent economic times, DVR continues to perform remarkably well. As the chart below shows, the number of successful employment outcomes has increased 20 of the past 21 years, with 1,821 Vermonters working as a result of our efforts in FFY13.



V. The Adult Services Division (ASD) is responsible for long-term services and supports for older Vermonters and adults with physical disabilities. ASD works with private organizations to provide a broad array of long term services and supports, including: residential support, community support, case management, family supports, respite, assistance with activities of daily living, assistive technology, nursing home level of care, rehabilitation services, support to live at home, information and referral, and personal care. (Appropriations 3460010000, 3460020000, Choices for Care DVHA budget)

Choices for Care (CFC) is designed to support people to live in the settings of their choice. Vermonters who need long-term support services can choose to receive services in their own homes, nursing homes, enhanced residential care (ERC) homes, or Adult Family Care (AFC) homes. The success of Choices for Care is measured against several core objectives as listed below Initially, the program's goal was to achieve a 60:40 balance between people receiving services in nursing homes and home- and community-based settings (HCBS). Having achieved this goal, a new target of 50:50 was established. Vermont's Area Agencies on Aging, Home Health Agencies, Adult Day Programs, Residential Care Homes, AFC Authorized Agencies, and Assisted Living facilities are core partners in achieving these goals. Overall, Vermont reached the statewide target of 50:50 in SFY14. However, at a county level, out of 14 counties, 8 counties reached the target of 50:50 as of Janauary 2014,

Choices for Care Annual Evaluation Reports use the annual Consumer Survey to measure:

- Information Dissemination
- Access
- Effectiveness
- Experience with Care
- Quality of Life
- Waiting List
- Budget Neutrality
- Health Outcomes
- Service Array and Amounts

http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/cfc-evaluation-rpts-consumer-surveys

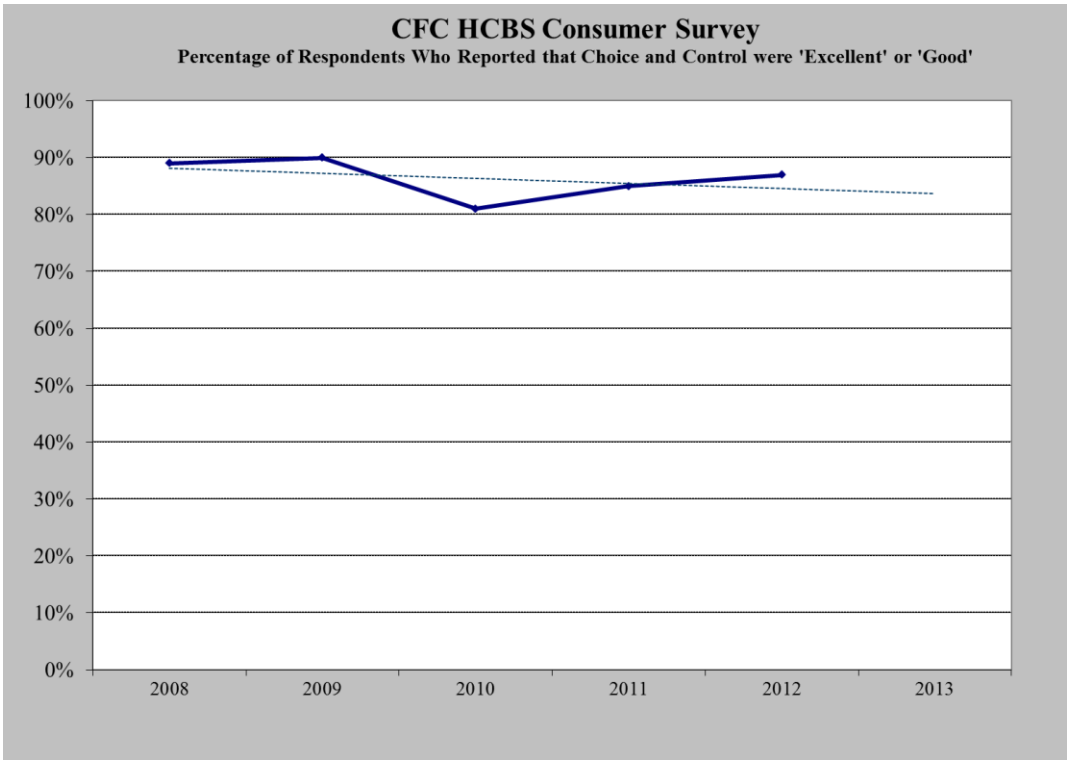
Core objectives measured in the Choices for Care Quarterly Data Reports include:

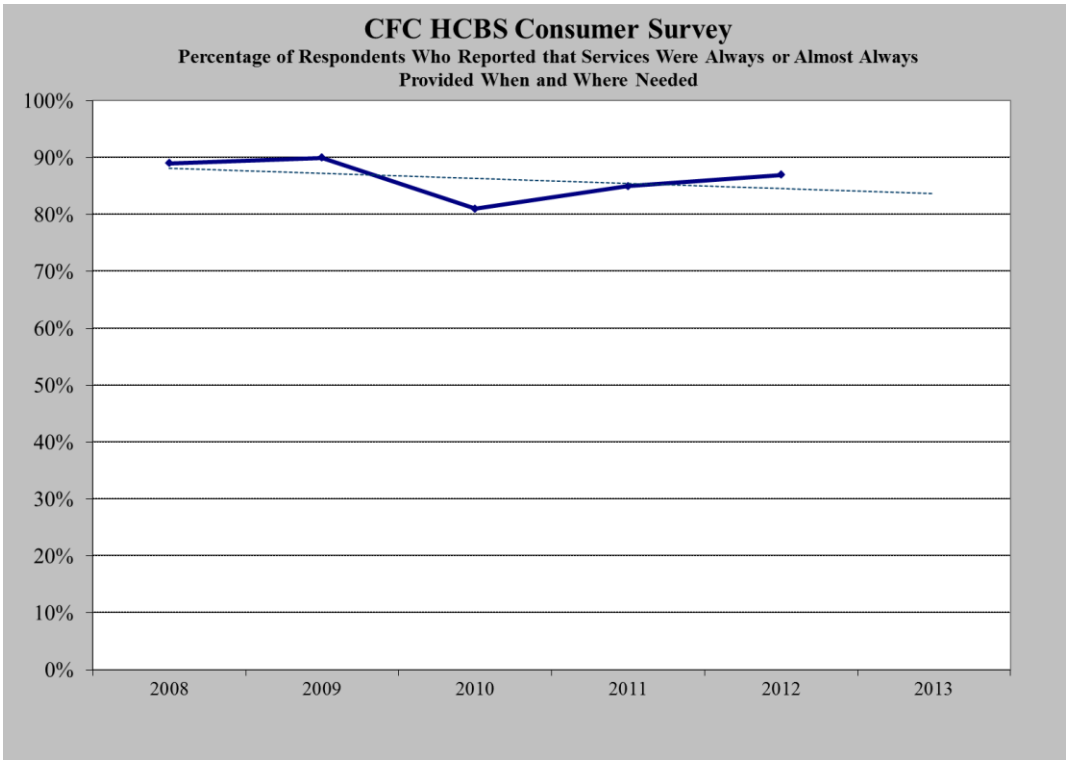
1. Support individual choice
2. Serve more people
3. 'Shift the balance': reduce the number and percentage of people who are served in nursing homes; increase the number and percentage of people who are served in alternative settings
4. Expand the range of service options
5. Eliminate or reduce waiting lists
6. Manage spending to available funding
7. Ensure an adequate supply of nursing home beds
8. Ensure that services are of high quality and support individual outcomes
9. Support the independent evaluation, including associated measures and documents

http://www.ddas.vermont.gov/ddas-publications/publications-cfc/cfc-qrtrly-data-rprts/cfc-quarterly-data-reports#documentContent

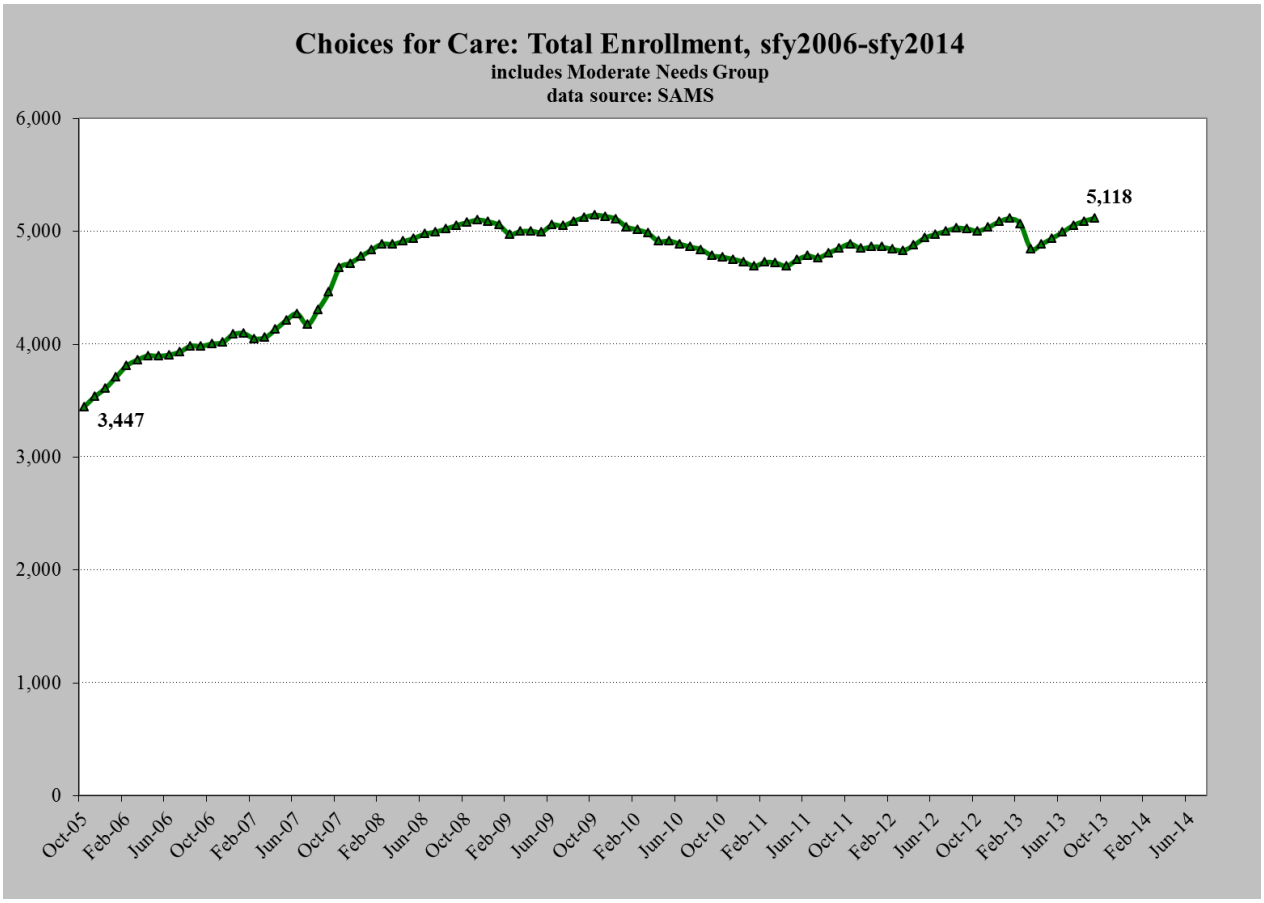
Key highlights of the most recent Choices for Care Data Report, dated September 30, 2013, are as follows:

Support Individual Choice - The primary goal of Choices for Care is to support individual choice within available long term care services and settings. A large majority of HCBS participants report that they had good choice and control over home and community based services, and that these services were provided when and where they need them. Consistent with recommendations from the state auditor and the independent evaluator, DAIL has been working with nursing home and enhanced residential care home representatives to collect and share similar information from residents of these facilities.

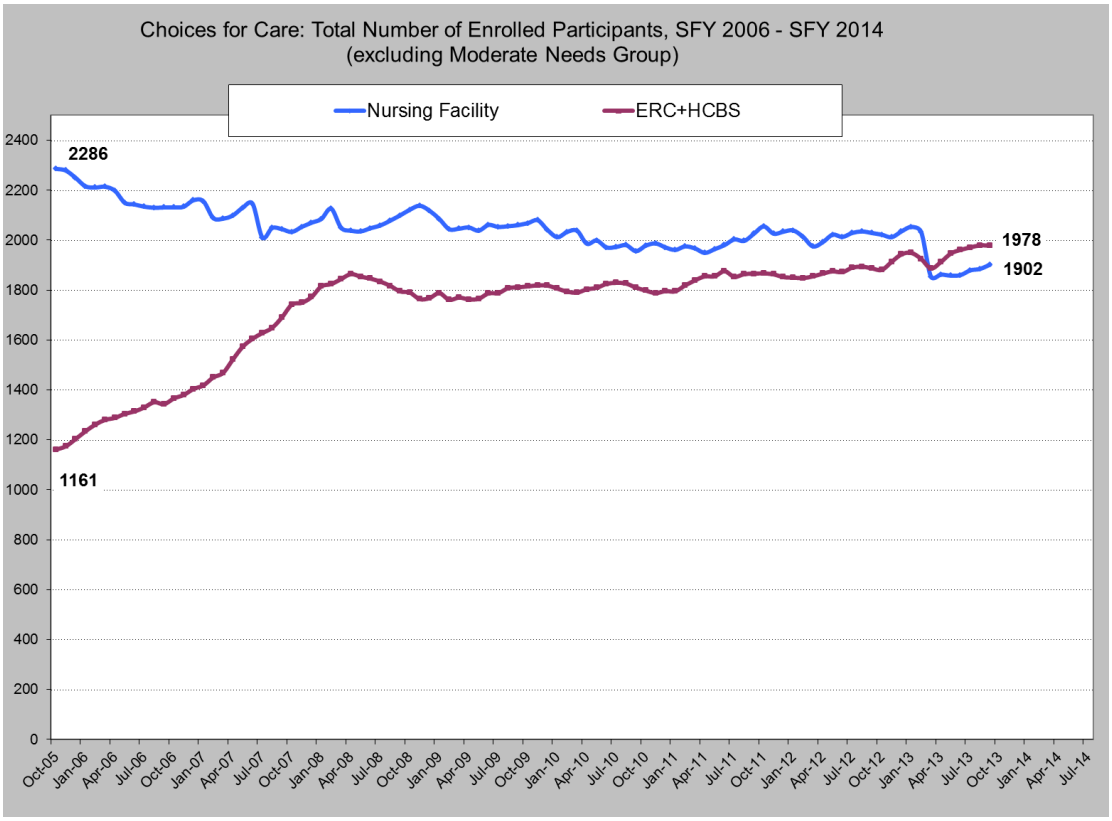

CFC HCBS Consumer Survey
Percentage of Respondents Who Reported that Choice and Control were 'Excellent' or 'Good'
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2008
2009
2010
2011
2012
2013

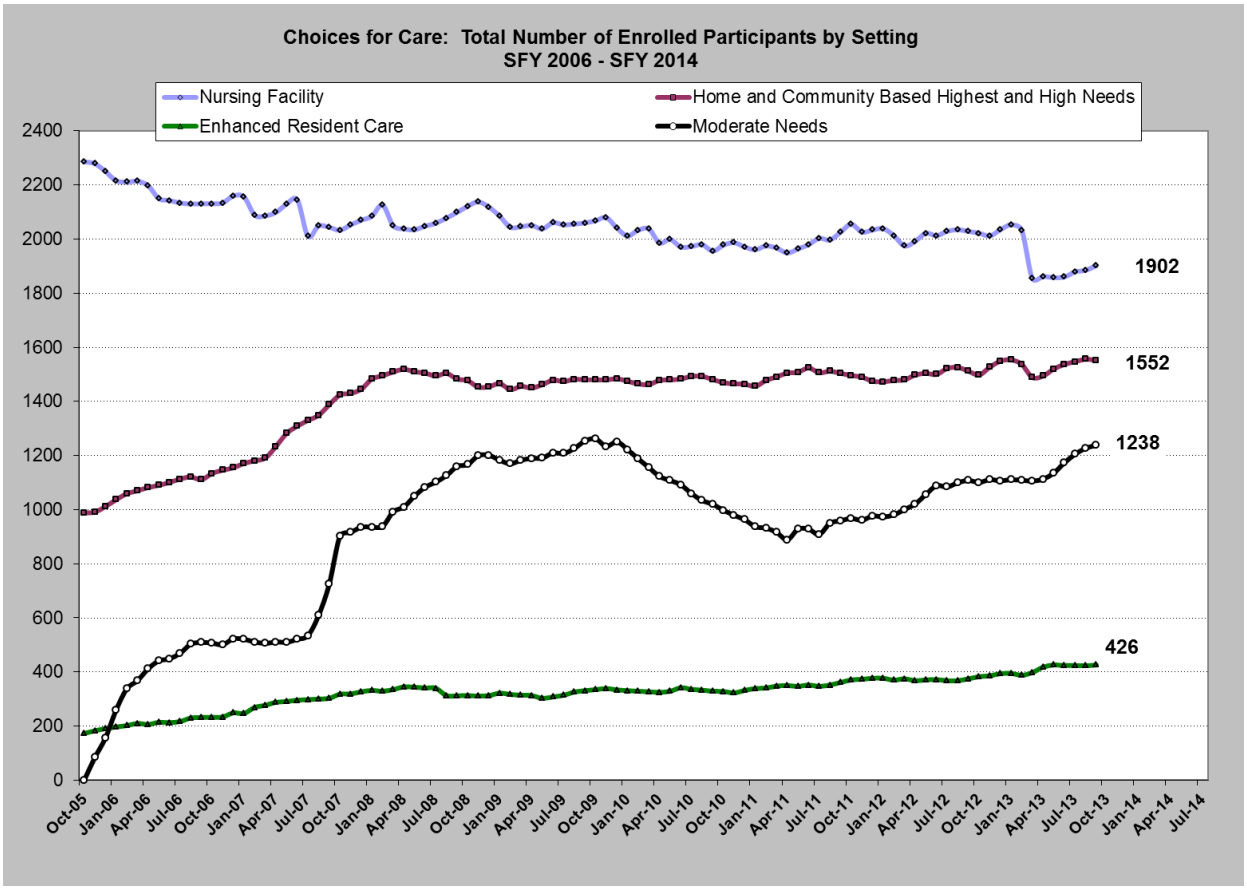

CFC HCBS Consumer Survey
Percentage of Respondents Who Reported that Services Were Always or Almost Always Provided When and Where Needed
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2008
2009
2010
2011
2012
2013

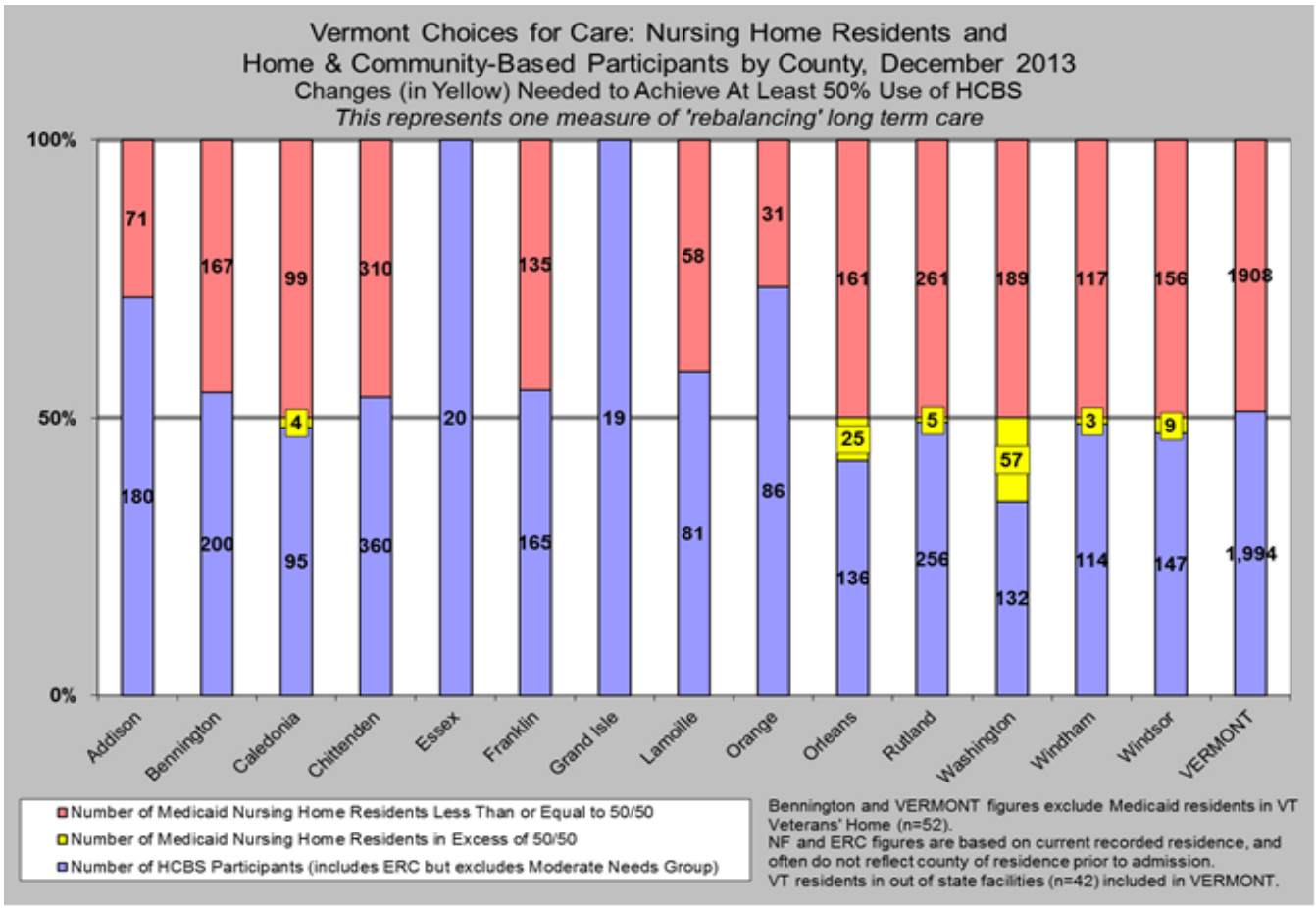
Serve more people - The number of people served by Choices for Care has increased substantially since it began in October 2005.



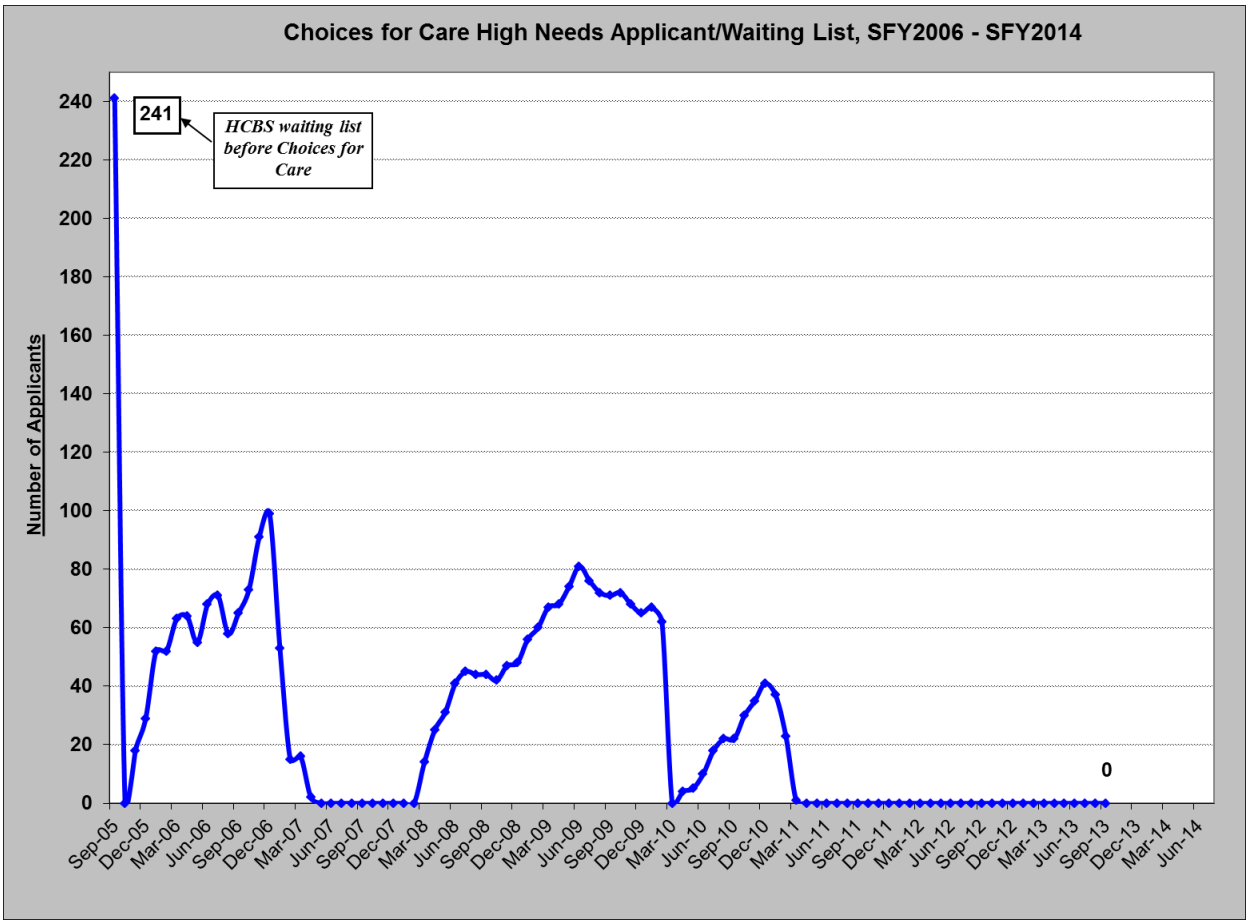
Shift the balance - Choices for Care has achieved progress since 2005, with enrollment in CBS and ERC exceeding enrollment in nursing homes for the first time in March 2013.


Choices for Care: Total Number of Enrolled Participants, SFY 2006 - SFY 2014
(excluding Moderate Needs Group)
Nursing Facility
ERC+HCBS
2286
1978
1902
1161
2400
2200
2000
1800
1600
1400
1200
1000
800
600
400
200
0
Oct-05
Jan-06
Apr-06
Jul-06
Oct-06
Jan-07
Apr-07
Jul-07
Oct-07
Jan-08
Apr-08
Jul-08
Oct-08
Jan-09
Apr-09
Jul-09
Oct-09
Jan-10
Apr-10
Jul-10
Oct-10
Jan-11
Apr-11
Jul-11
Oct-11
Jan-12
Apr-12
Jul-12
Oct-12
Jan-13
Apr-13
Jul-13
Oct-13
Jan-14
Apr-14
Jul-14

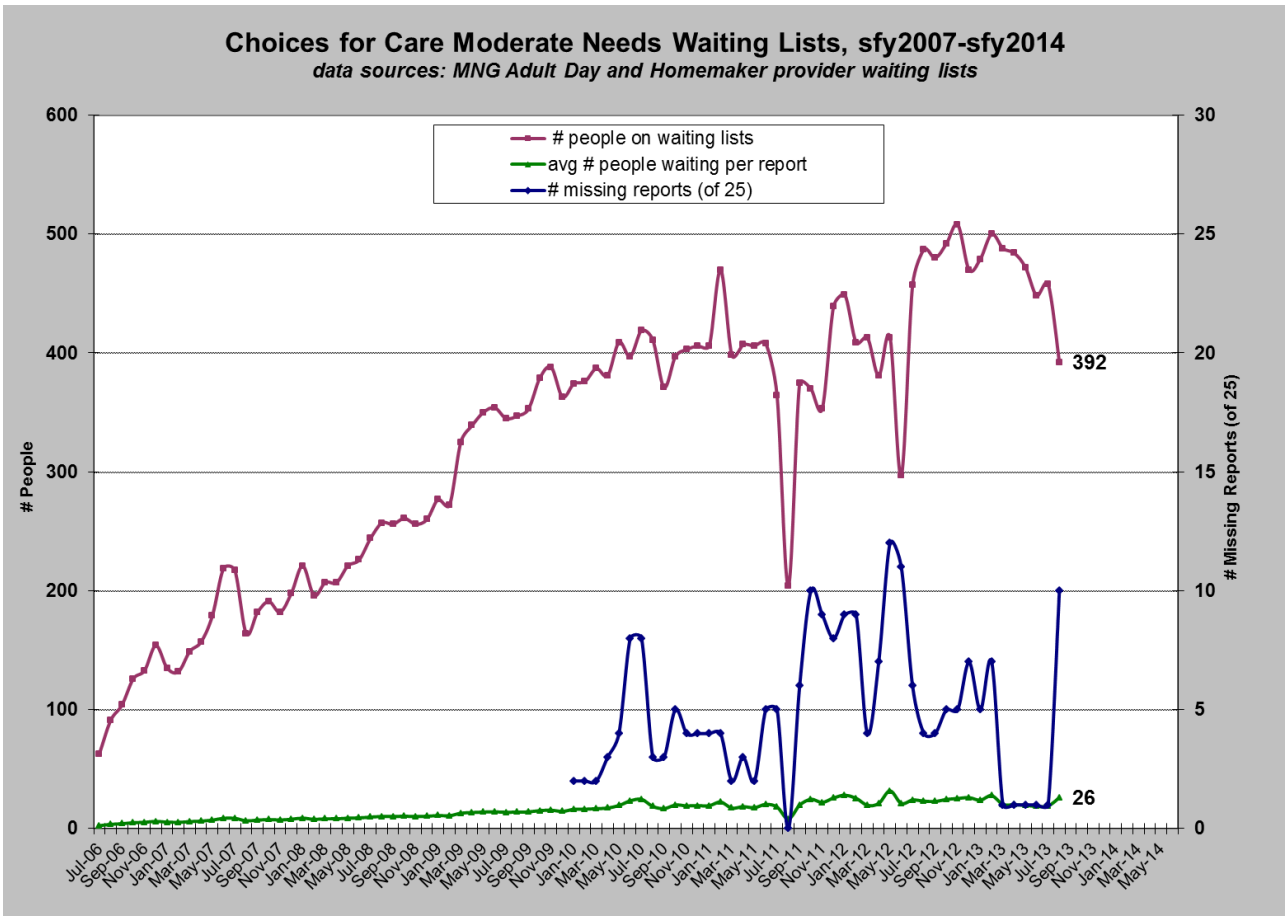

Choices for Care: Total Number of Enrolled Participants by Setting
SFY 2006 - SFY 2014
Nursing Facility
Home and Community Based Highest and High Needs
Enhanced Resident Care
Moderate Needs
1902
1552
1238
426
2400
2200
2000
1800
1600
1400
1200
1000
800
600
400
200
0
Oct-05
Jan-06
Apr-06
Jul-06
Oct-06
Jan-07
Apr-07
Jul-07
Oct-07
Jan-08
Apr-08
Jul-08
Oct-08
Jan-09
Apr-09
Jul-09
Oct-09
Jan-10
Apr-10
Jul-10
Oct-10
Jan-11
Apr-11
Jul-11
Oct-11
Jan-12
Apr-12
Jul-12
Oct-12
Jan-13
Apr-13
Jul-13
Oct-13
Jan-14
Apr-14
Jul-14


Vermont Choices for Care: Nursing Home Residents and
Home & Community-Based Participants by County, December 2013
Changes (in Yellow) Needed to Achieve At Least 50% Use of HCBS
This represents one measure of 'rebalancing' long term care
100%
50%
0%
Addison
Bennington
Caledonia
Chittenden
Essex
Franklin
Grand Isle
Lamoille
Orange
Orleans
Rutland
Washington
Windham
Windsor
VERMONT
71
180
167
200
99
4
95
310
360
20
135
165
19
58
81
31
86
161
25
136
261
5
256
189
57
132
117
3
114
156
9
147
1908
1,994
Number of Medicaid Nursing Home Residents Less Than or Equal to 50/50
Number of Medicaid Nursing Home Residents in Excess of 50/50
Number of HCBS Participants (includes ERC but excludes Moderate Needs Group)
Bennington and VERMONT figures exclude Medicaid residents in VT Veterans' Home (n=52).
NF and ERC figures are based on current recorded residence, and often do not reflect county of residence prior to admission.
VT residents in out of state facilities (n=42) included in VERMONT.

Eliminate or Reduce Waiting Lists - Choices for Care has eliminated the waiting list for people who meet nursing home level of care criteria (high/highest needs clinical eligibility.)



Waiting lists do continue for applicants in the who do not meet nursing home level of care criteria (Moderate Needs Group/MNG.) Many thousands of Vermonters are potentially eligible for this group, with services limited by available funding.



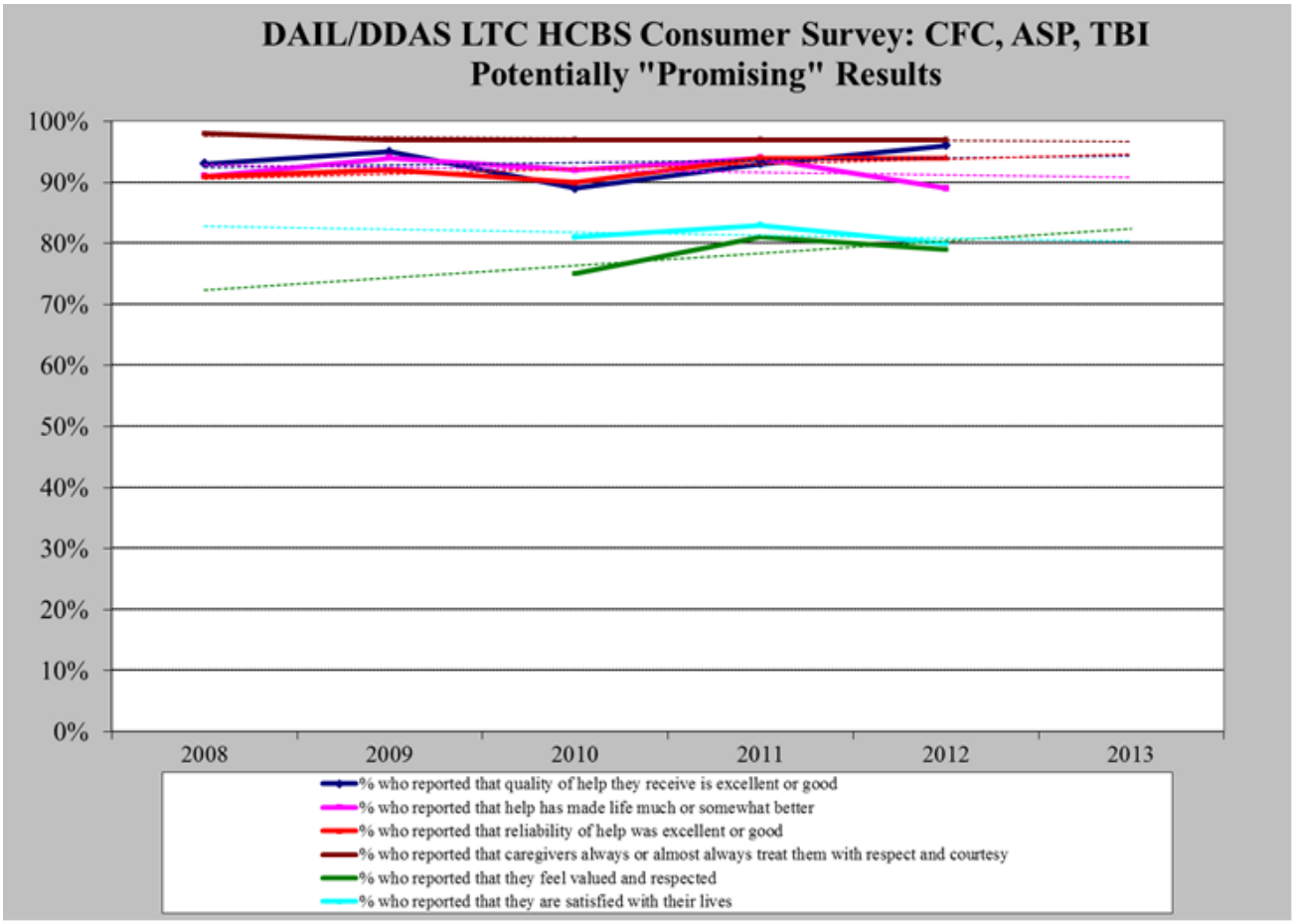
A more focused measure of performance in serving people in the Moderate Needs Group is the percentage of available funding that is actually used.

Using this measure, the goal would be to spend more than 90% of available funding in a given year, leaving less than 10% unspent. In SFY13, 94% of Moderate Needs funds allocated to Adult Day providers was spent, while only 83% of Moderate Needs funds allocated to Homemaker providers was spent.

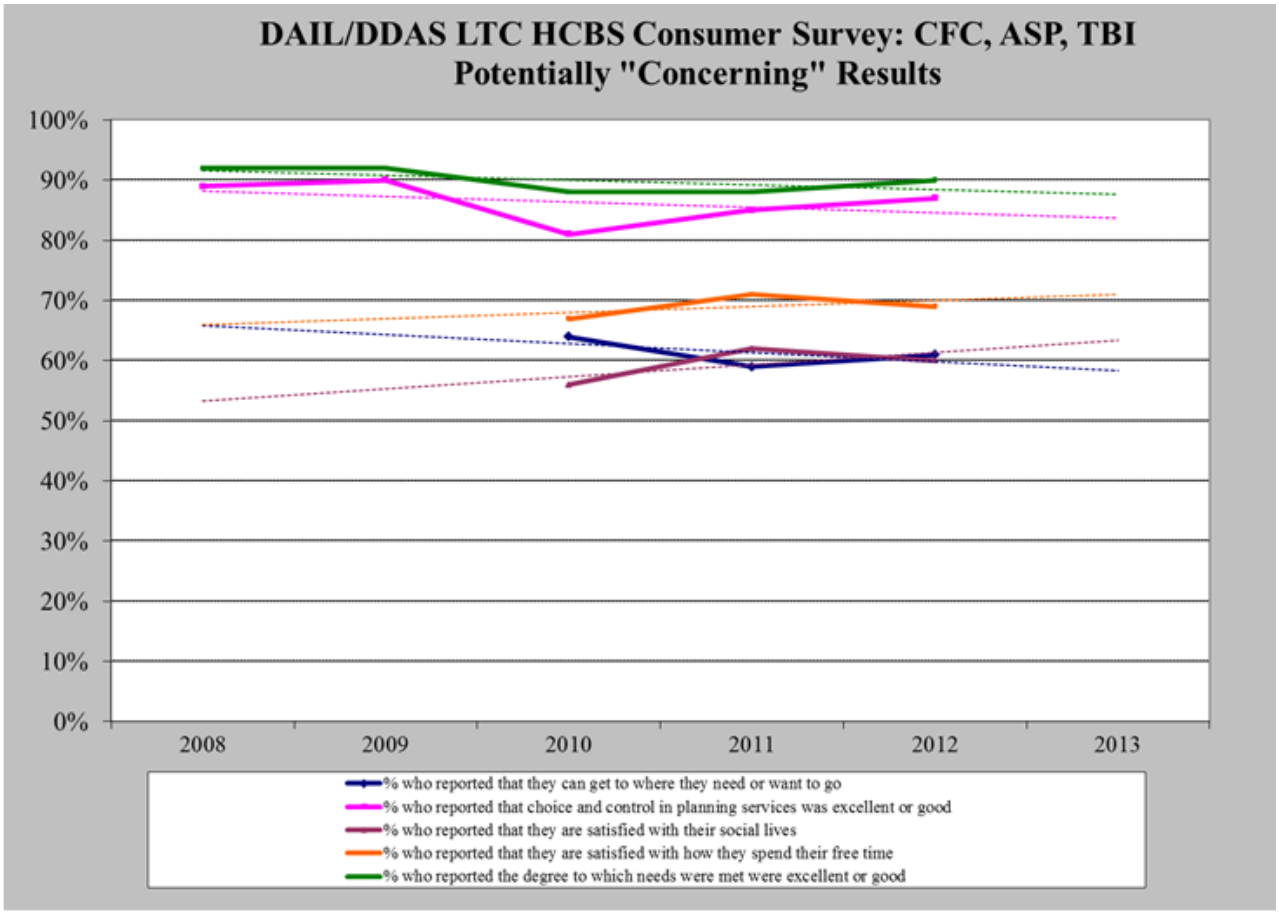
This is an area for performance improvement, as reflected in this years reinvestment spending proposal, to include more direct control by consumers and flexibility in the use of funds, allowing agencies to use the funds more flexibly, and adding additional providers of Homemaker services (as previously recommended by the Choices for Care independent evaluators at the University of Massachusetts Medical School). DAIL staff are now working with the University of Massachusetts and Vermont stakeholders to develop new, more flexible approaches for providing Moderate Needs Group services. Specific proposals have been presented during Budget Adjustment Act (BAA) testimony.

Ensure high quality services and support individual outcomes - The results of surveys of Choices for Care HCBS participants are generally positive. Consistent with recent recommendations from the state auditor, DAIL is now working with nursing home providers and enhanced residential care home providers to collect similar information from residents of these facilities.

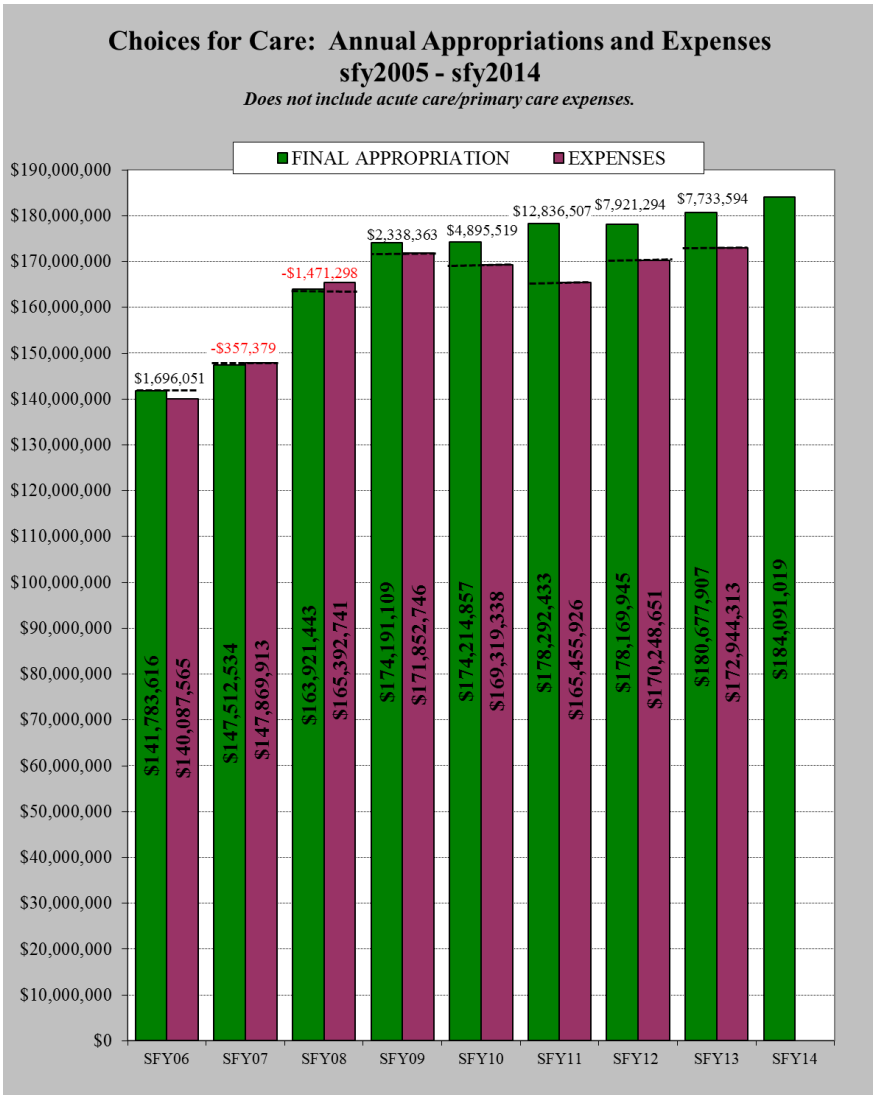
Through surveys, a large majority of CFC HCBS participants report positive aspects of services, as shown below:



However, the surveys also suggest some opportunities for improvement:

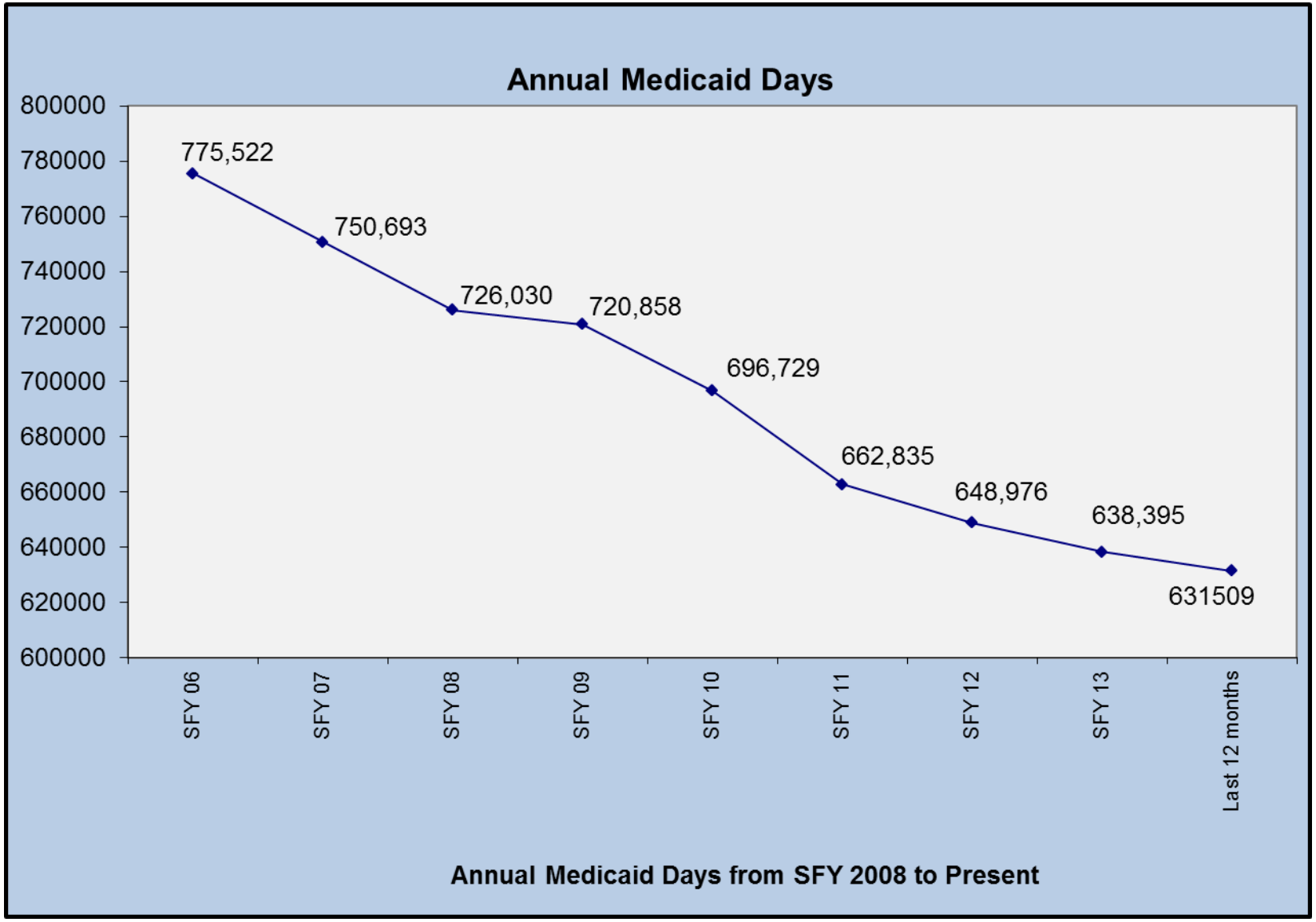


Manage Spending to Available Funding - Recent financial reports show that Choices for Care spending has been less than the legislative appropriation:



Data source: DAIL business office

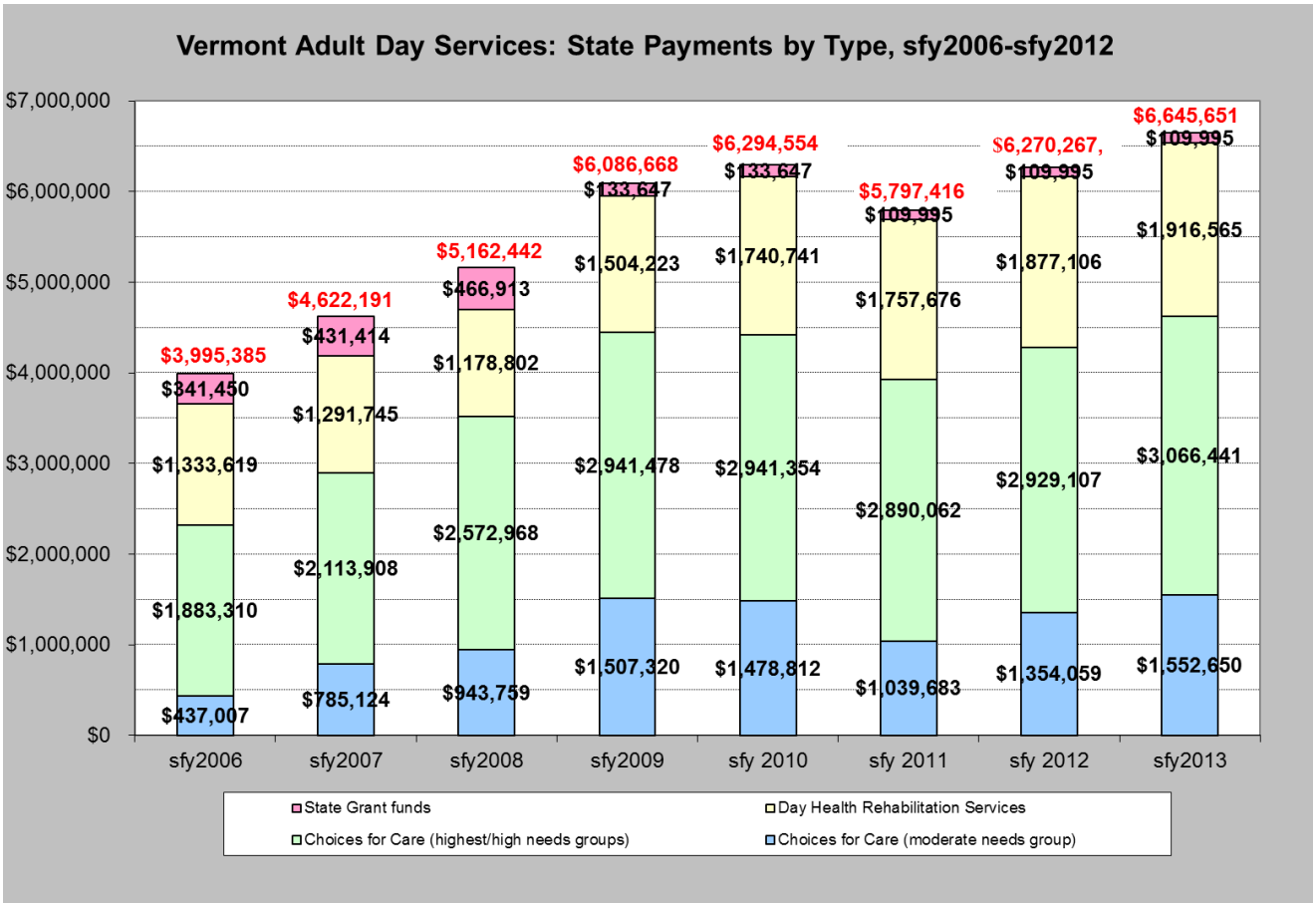
These savings have supported reinvestments and carryforward funds for future expenditure increases. In this way, we are meeting the goal of our Demonstration Waiver to serve more people, not fewer, by allowing and encouraging more home-based services, thus freeing up funds to serve more people.



Data Source: Division of Rate Setting Census Data

PROPOSED SFY2014 Choices for Care Reinvestments (using SFY2013 Carryforward funds) $6,005,391 available for reinvestment; plan awaiting legislative approval			
Initiative	***Gross***	***General Fund Only***	
approved by legislature (JFC) 9.11.2013 SFY14 increase funding for AAA nutrition (home delivered and cong meals): current figures $170k offset sequestration, $40k targeted initiatives	*$210,000*	*$210,000*	
SFY14 HASS/SASH	*$50,505*	*$22,000*	
SFY14 - addresses the Moderate Needs Waitlist of an estimated 433 individuals. Allocated as follows $313,122 to Adult Day providers (46 individuals) and $754,650 (387 individuals) to Home Health Agencies and $179,000 to AAA's and $50,000 to Adult Days for Moderate Needs Flex expansion	*$1,296,772*	*$564,874*	
SFY15 - AAA Home delivered and cong meals to offset sequestration (investment is GF only $170K Gross use is $390,714 so federal share lost is $220,714)	*$170,000*	*$170,000*	
SFY15 - Continuation of addressing the Moderate Needs Group $1,703,228 annualized for SFY15	*$1,703,228*	*$741,075*	
SFY15 - Continuing SASH/HASS reinvestment	*$50,505*	*$21,975*	
SFY14 High Needs and Moderate Wait list risk mitigation	*$2,034,031*	*$886,024*	
$ Committed	***$5,515,041***	***$2,615,948***	
Federal share not earned due to GF only investments	***$490,350***		
$ Available	***$6,005,391***	***$2,615,948***	
Balance available	***$0***	***$0***	

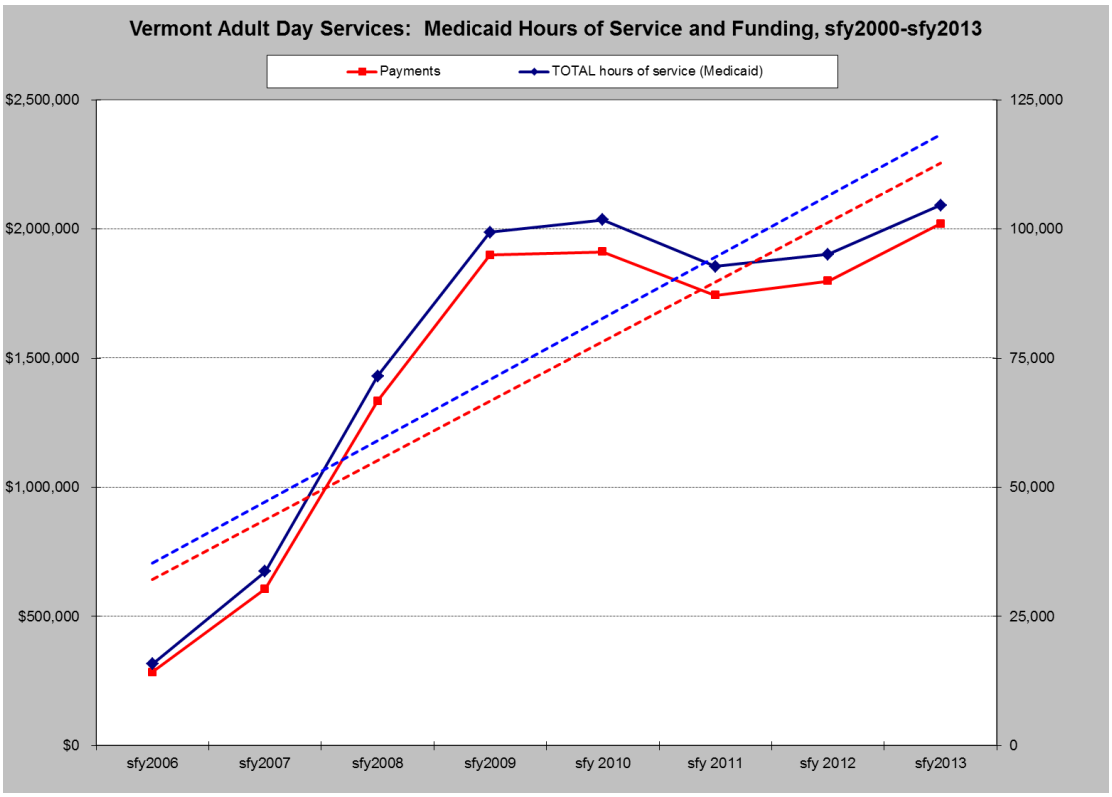
Data source: DAIL business office



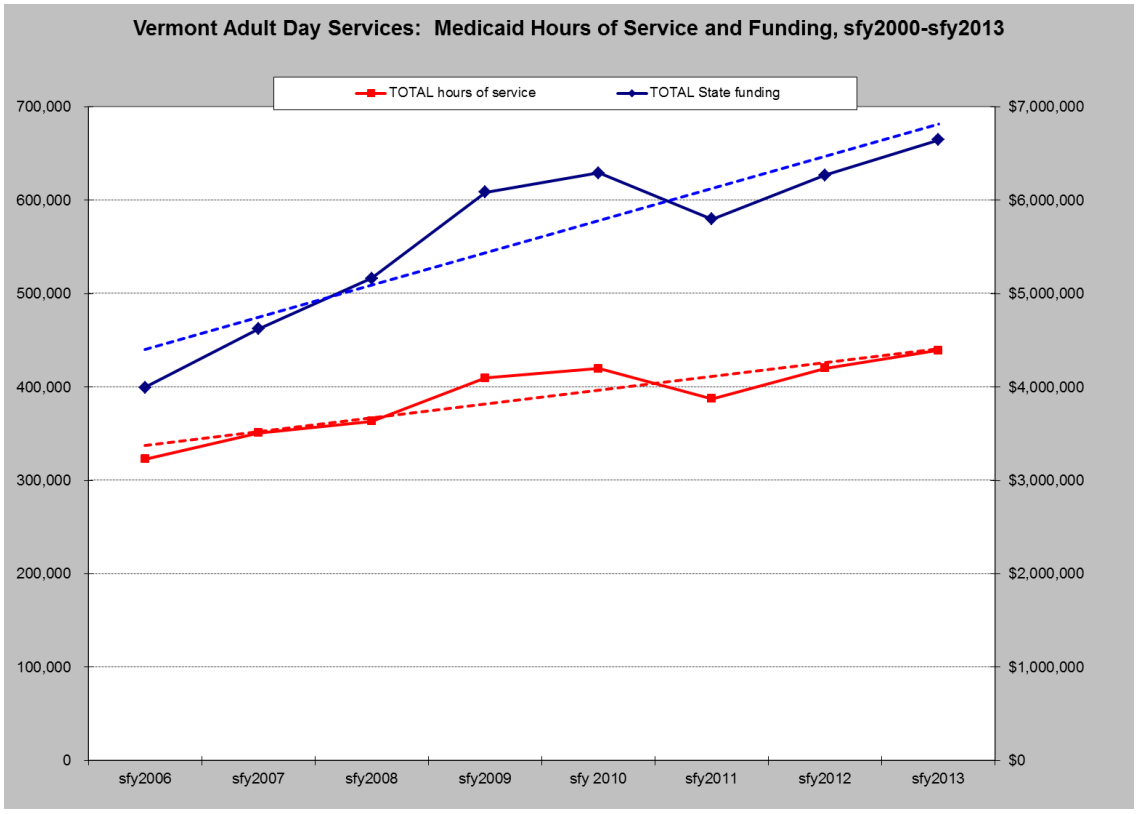
Data sources: Medicaid paid claims by dates of service, DAIL grant awards

Adult Day providers have experienced a long-term trend of increased State payments. However, SFY11 State payments decreased, primarily due to a freeze in enrollment in the Moderate Needs Group. Payments in SFY12 and SFY13 again show increases over preceding years.

Changes in State payments to Adult Day providers are directly associated with the hours of service provided.



Data source: Medicaid paid claims by dates of services



Data source: Medicaid paid claims by dates of services

In SFY13, adult day providers are implementing two outcome/performance measures for the first time: participant depression and caregiver stress. Preliminary results show that appropriate referrals are made when depression is indicated. To build on outcome/performance measures, Adult Day Providers will partner with DAIL/ASD to engage the RBA tool in determining which measures are most relevant to show that participants are better off.

Homemaker providers also experienced a long-term (but less consistent) trend of increased State payments. However, SFY11, State payments decreased, primarily due to a freeze in enrollment in the Moderate Needs Group. Payments in SFY12 and SFY13 again show increases over SFY11.

Results from the 2012 consumer survey, including these below, contributed to our current proposal to develop more flexible service options for the Moderate Needs Group:

- Among those receiving services through Homemaker Services, 24% reported that they had experienced problems during the past 12 months. Half (50%) of these people indicated that Homemaker Services worked to resolve their problems.
- People who received Homemaker Services did not feel they got the emotional or social support they need compared to customers in the High Technology Home Care Program, Adult Day Center, Personal Care Services, or Flexible Choices Programs.
- People receiving Homemaker Services in 2012 were significantly more likely to rate their access to and choice of providers lower than those receiving Personal Care Services.
- Fifty-seven percent of people receiving Homemaker Services indicated that it would be helpful to add new providers, and 57% also agreed that adding new providers would improve their ability to get services when and where needed. Forty-six percent agreed that adding new providers would improve the quality of the services they receive. http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/2012-vt-long-term-care-consumer-survey-report

Choices for Care Summary - Expenses and # People Served by Date of Service
Department of Disabilities Aging and Independent Living
Date 1/9/2014

Source: HP Claims Analysis View Universe; DLB 1/9/2014

Expenditures	QE 12-31-05	QE 3-31-06	QE 6-30-06	QE 9-30-06	QE 12-31-06	QE 3-31-07	QE 6-30-07	QE 9-30-07	QE 12-31-07	QE 3-31-08	QE 6-30-08	QE 9-30-08
Highest & High (includes all Case Management & Nursing Home)	$35,772,031	$35,852,839	$35,178,239	$38,174,641	$38,526,281	$37,679,617	$37,639,269	$40,969,870	$41,978,934	$41,178,960	$42,351,393	$42,015,950
Moderate	$175,683	$256,513	$289,326	$362,315	$353,666	$322,067	$353,064	$492,912	$540,785	$558,916	$684,776	$848,498
Pace	0	0	0	0	0	0	0	0	0	0	0	$549,904
Total	$35,947,714	$36,109,352	$35,467,565	$38,536,956	$38,879,947	$38,001,684	$37,992,333	$41,462,782	$42,519,719	$41,737,876	$43,036,169	$43,414,352

Expenditures By Service Category

1	Nursing Home	$27,213,148	$26,270,594	$25,959,334	$28,610,109	$28,369,354	$27,135,587	$26,880,692	$28,607,922	$29,347,050	$28,496,746	$29,195,529	$30,133,994
2	Adult Day (Moderate, High&Highest)	$596,407	$627,676	$654,174	$752,131	$738,375	$662,427	$746,099	$840,974	$852,689	$835,816	$987,246	$1,177,787
3	Case Management (HHA & AAA)	$527,450	$585,009	$629,572	$629,359	$614,766	$703,036	$747,538	$851,068	$911,222	$998,932	$1,027,588	$974,211
4	Homemaker	$58,298	$95,809	$130,407	$155,846	$151,697	$147,050	$151,395	$293,049	$319,974	$333,104	$387,504	$454,453
5	Respite/Companion	$899,906	$1,507,874	$1,344,818	$1,401,401	$1,508,385	$1,750,840	$1,420,003	$1,785,338	$1,842,333	$2,148,986	$1,917,227	$1,622,742
6	Enhanced Residential Care	$907,122	$972,581	$1,074,562	$1,129,652	$1,213,489	$1,520,271	$1,724,323	$1,878,102	$1,961,922	$1,980,360	$2,003,642	$1,608,629
7	Personal Care (by Agency)	$3,096,003	$2,944,259	$2,969,099	$2,925,860	$2,954,844	$3,200,681	$3,279,421	$3,439,734	$3,435,807	$3,528,520	$3,381,155	$3,354,647
8	Personal Care (Self Directed)	$2,511,186	$2,959,458	$2,554,820	$2,777,128	$3,141,696	$2,625,299	$2,705,190	$3,389,097	$3,379,594	$2,900,648	$3,380,539	$2,903,704
9	Flexible Choices	$0	$0	$0	$3,444	$26,670	$85,013	$151,154	$181,903	$251,580	$297,477	$526,939	$418,496
#	PACE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$549,904
#	Misc (Assistive Devices, Emergency Response Systems, ISO)	$138,194	$146,092	$150,779	$152,026	$160,671	$171,480	$186,518	$195,595	$217,548	$217,287	$228,800	$215,785
	Total	$35,947,714	$36,109,352	$35,467,565	$38,536,956	$38,879,947	$38,001,684	$37,992,333	$41,462,782	$42,519,719	$41,737,876	$43,036,169	$43,414,352

People Served

* Highest & High (includes all Case Management)	3,991	4,085	4,146	4,171	4,228	4,325	4,368	4,616	4,753	4,937	5,167	5,219
**Moderate	315	396	472	494	515	486	522	888	929	960	1,075	1,139
PACE	0	0	0	0	0	0	0	0	0	0	0	52
Total	4,222	4,345	4,453	4,490	4,571	4,638	4,691	5,131	5,240	5,353	5,462	5,497

*includes all Case Management for Highest, High, and Moderate needs. This duplicates people who are counted in Moderate needs.
** People in Moderate needs are also counted in Highest/High due to universal case management code.

People Served by Service Category

1	Nursing Home	2,606	2,608	2,604	2,566	2,598	2,562	2,514	2,498	2,520	2,510	2,500	2,524
2	Adult Day (Moderate, High&Highest)	285	297	306	313	331	318	334	351	372	375	393	408
3	Case Management (HHA & AAA)	1,439	1,555	1,652	1,687	1,691	1,857	1,968	2,223	2,345	2,541	2,778	2,794
4	Homemaker	241	304	371	389	411	388	418	781	817	846	948	1,011
5	Respite/Companion	670	856	886	896	882	972	1,005	1,038	1,030	1,124	1,098	1,048
6	Enhanced Residential Care	234	243	267	270	295	321	341	361	370	378	381	356
7	Personal Care (by Agency)	643	587	614	612	614	664	710	735	746	756	738	709
8	Personal Care (Self Directed)	619	641	649	668	686	727	779	823	854	866	867	862
9	Flexible Choices	0	0	0	4	6	18	28	28	37	45	58	70
#	PACE	0	0	0	0	0	0	0	0	0	0	0	52
#	Misc (Assistive Devices, Emergency Response Systems, ISO)	918	973	997	988	1,031	1,106	1,165	1,218	1,264	1,291	1,259	1,256
	Total	4,222	4,345	4,453	4,490	4,571	4,638	4,691	5,131	5,240	5,353	5,462	5,497

Choices for Care Summary - Expenses and # People Served by Date of Service
Department of Disabilities Aging and Independent Living
Date 1/9/2014

Source: HP Claims Analysis View Universe; DLB 1/9/2014

Expenditures	QE 12-31-08	QE 3-31-09	QE 6-30-09	QE 9-30-09	QE 12-31-09	QE 3-31-10	QE 6-30-10	QE 9-30-10	QE 12-31-10	QE 3-31-11	QE 6-30-11	QE 9-30-11
Highest & High (includes all Case Management & Nursing Home)	$42,756,532	$41,099,421	$41,423,470	$40,628,150	$41,472,821	$40,467,129	$41,161,149	$40,868,994	$40,924,201	$39,482,752	$40,256,044	$41,196,763
Moderate	$833,873	$841,669	$882,945	$898,122	$868,851	$841,882	$781,206	$746,283	$687,821	$663,023	$685,760	$710,324
Pace	$647,014	$709,243	$819,977	$863,053	$919,562	$910,404	$937,154	$1,007,539	$1,117,010	$1,214,667	$1,242,650	$1,294,171
Total	$44,237,419	$42,650,333	$43,126,392	$42,389,325	$43,261,234	$42,219,415	$42,879,509	$42,622,816	$42,729,032	$41,360,442	$42,184,454	$43,201,258

Expenditures By Service Category

1	Nursing Home	$30,259,388	$28,904,802	$28,799,355	$29,072,892	$29,097,883	$28,238,624	$28,430,674	$29,270,401	$28,814,030	$27,539,293	$27,548,986	$29,407,655
2	Adult Day (Moderate, High&Highest)	$1,107,449	$1,047,058	$1,116,501	$1,141,806	$1,084,842	$1,089,316	$1,104,204	$1,038,938	$942,907	$905,076	$1,042,824	$1,042,028
3	Case Management (HHA & AAA)	$952,817	$938,499	$909,337	$875,932	$823,737	$879,907	$804,960	$783,124	$761,747	$837,013	$844,083	$849,920
4	Homemaker	$474,842	$478,496	$491,875	$481,745	$487,263	$476,529	$465,710	$442,838	$432,870	$442,357	$425,138	$428,840
5	Respite/Companion	$1,720,125	$2,179,588	$1,892,242	$1,539,843	$1,821,126	$2,215,199	$1,961,951	$1,604,505	$1,705,457	$2,068,869	$1,876,159	$1,559,830
6	Enhanced Residential Care	$1,678,280	$1,629,986	$1,647,753	$1,713,681	$1,712,574	$1,662,512	$1,757,184	$1,744,692	$1,770,421	$1,823,106	$1,869,765	$1,908,794
7	Personal Care (by Agency)	$3,316,370	$3,239,900	$3,234,120	$3,188,744	$3,195,761	$3,167,751	$3,261,586	$3,284,341	$3,210,199	$3,069,715	$3,322,391	$3,385,716
8	Personal Care (Self Directed)	$3,302,151	$2,766,713	$3,270,845	$2,734,010	$3,272,166	$2,794,713	$3,192,619	$2,649,386	$3,034,132	$2,607,160	$3,016,636	$2,484,906
9	Flexible Choices	$561,770	$538,015	$724,594	$568,746	$629,914	$573,726	$761,289	$603,201	$745,619	$659,919	$798,248	$642,986
#	PACE	$647,014	$709,243	$819,977	$863,053	$919,562	$910,404	$937,154	$1,007,539	$1,117,010	$1,214,667	$1,242,650	$1,294,171
#	Misc (Assistive Devices, Emergency Response Systems, ISO)	$217,213	$218,033	$219,793	$208,873	$216,406	$210,734	$202,178	$193,851	$194,640	$193,267	$197,574	$196,412
	Total	$44,237,419	$42,650,333	$43,126,392	$42,389,325	$43,261,234	$42,219,415	$42,879,509	$42,622,816	$42,729,032	$41,360,442	$42,184,454	$43,201,258

People Served

* Highest & High (includes all Case Management)	5,273	5,307	5,262	5,287	5,209	5,251	5,047	4,970	4,860	4,904	4,892	4,929
**Moderate	1,166	1,175	1,180	1,202	1,196	1,124	1,046	977	905	856	876	923
PACE	57	64	69	77	80	81	85	91	96	106	116	116
Total	5,562	5,565	5,519	5,536	5,520	5,468	5,304	5,193	5,129	5,110	5,099	5,141

*includes all Case Management for Highest, High, and Moderate needs. This duplicate
** People in Moderate needs are also counted in Highest/High due to universal case m

People Served by Service Category

1	Nursing Home	2,528	2,545	2,510	2,492	2,496	2,518	2,449	2,421	2,419	2,386	2,350	2,361
2	Adult Day (Moderate, High&Highest)	400	379	404	410	397	380	371	347	331	316	330	335
3	Case Management (HHA & AAA)	2,804	2,824	2,834	2,870	2,763	2,804	2,667	2,598	2,474	2,546	2,593	2,621
4	Homemaker	1,047	1,058	1,054	1,077	1,075	1,021	952	897	838	797	815	835
5	Respite/Companion	984	1,090	1,097	1,030	1,007	1,124	1,107	1,035	978	1,076	1,086	1,022
6	Enhanced Residential Care	369	366	367	375	371	377	383	376	382	417	408	409
7	Personal Care (by Agency)	687	664	655	645	651	660	667	641	643	641	648	648
8	Personal Care (Self Directed)	858	853	864	846	859	861	849	826	827	819	826	804
9	Flexible Choices	75	84	85	93	92	88	89	94	93	94	98	102
#	PACE	57	64	69	77	80	81	85	91	96	106	116	116
#	Misc (Assistive Devices, Emergency Response Systems, ISO)	1,247	1,248	1,234	1,209	1,215	1,234	1,210	1,176	1,134	1,146	1,176	1,158
	Total	5,562	5,565	5,519	5,536	5,520	5,468	5,304	5,193	5,129	5,110	5,099	5,141

Choices for Care Summary - Expenses and # People Served by Date of Service
Department of Disabilities Aging and Independent Living
Date 1/9/2014

Source: HP Claims Analysis View Universe; DLB 1/9/2014

Expenditures	QE 12-31-11	QE 3-31-12	QE 6-30-12	QE 9-30-12	QE 12-31-12	QE 3-31-13	QE 6-30-13	QE 9-30-13
Highest & High (includes all Case Management & Nursing Home)	$42,260,100	$41,168,055	$41,876,437	$43,180,881	$42,211,352	$42,528,378	$42,551,180	$44,082,146
Moderate	$739,754	$803,416	$898,368	$929,750	$879,671	$878,802	$884,705	$924,249
Pace	$1,280,173	$1,416,161	$1,543,687	$1,587,260	$1,654,820	$1,208,952	0	0
Total	$44,280,027	$43,387,632	$44,318,492	$45,697,891	$44,745,843	$44,616,132	$43,435,885	$45,006,395

Expenditures By Service Category

1	Nursing Home	$29,767,399	$28,846,405	$29,101,891	$30,169,597	$29,690,314	$28,802,433	$28,867,481	$29,962,414
2	Adult Day (Moderate, High&Highest)	$1,040,665	$1,063,976	$1,136,499	$1,140,241	$1,067,112	$1,099,937	$1,311,799	$1,250,747
3	Case Management (HHA & AAA)	$810,078	$899,221	$858,747	$859,021	$858,686	$988,154	$998,835	$930,876
4	Homemaker	$436,204	$456,104	$476,654	$492,950	$491,544	$504,745	$531,039	$558,532
5	Respite/Companion	$1,758,034	$2,017,606	$1,896,003	$1,915,055	$1,760,427	$2,322,757	$1,890,855	$2,008,310
6	Enhanced Residential Care	$1,985,998	$1,970,531	$2,009,492	$2,110,852	$2,138,956	$2,062,108	$2,265,431	$2,316,786
7	Personal Care (by Agency)	$3,347,241	$3,330,876	$3,368,131	$3,487,101	$3,509,746	$3,467,070	$3,752,114	$3,780,427
8	Personal Care (Self Directed)	$2,830,133	$2,448,758	$2,810,753	$2,885,412	$2,569,800	$2,957,828	$2,595,594	$3,031,376
9	Flexible Choices	$826,981	$738,006	$921,736	$849,839	$791,708	$990,692	$990,895	$932,028
#	PACE	$1,280,173	$1,416,161	$1,543,687	$1,587,260	$1,654,820	$1,208,952	$0	$0
#	Misc (Assistive Devices, Emergency Response Systems, ISO)	$197,121	$199,988	$194,899	$200,563	$212,730	$211,456	$231,842	$234,899
	Total	$44,280,027	$43,387,632	$44,318,492	$45,697,891	$44,745,843	$44,616,132	$43,435,885	$45,006,395

People Served

* Highest & High (includes all Case Management)	4,931	5,101	5,084	4,987	4,989	5,255	5,261	5,185
**Moderate	943	998	1,049	1,066	1,049	1,048	1,114	1,154
PACE	115	124	133	140	140	132	0	0
Total	5,195	5,308	5,311	5,305	5,323	5,385	5,393	5,356

*includes all Case Management for Highest, High, and Moderate needs. This duplicate
** People in Moderate needs are also counted in Highest/High due to universal case m

People Served by Service Category

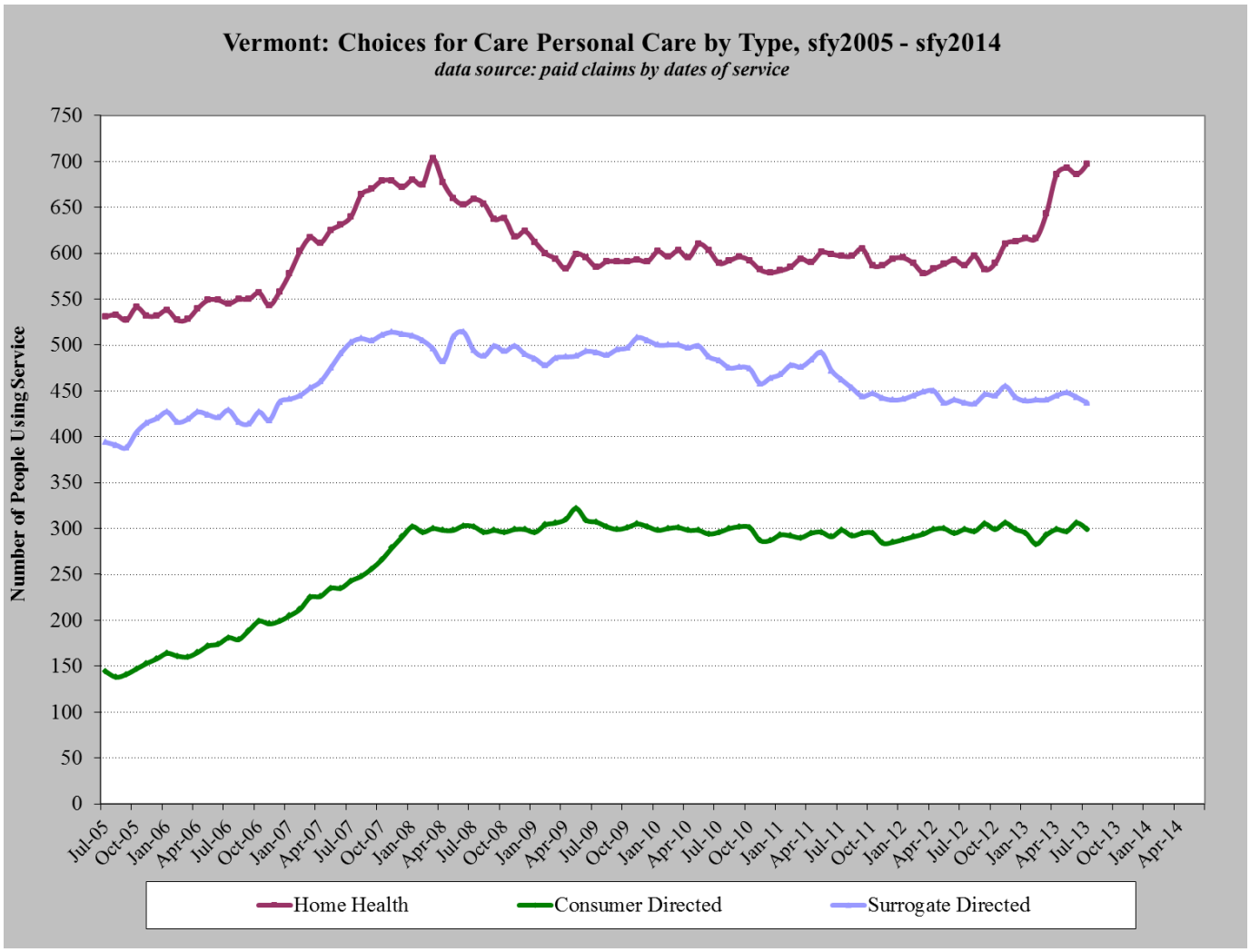
1	Nursing Home	2,392	2,391	2,366	2,310	2,334	2,368	2,255	2,223
2	Adult Day (Moderate, High&Highest)	344	372	379	371	360	386	410	398
3	Case Management (HHA & AAA)	2,568	2,720	2,788	2,677	2,679	2,922	3,010	2,980
4	Homemaker	843	882	927	935	929	938	1,003	1,052
5	Respite/Companion	954	1,068	1,074	1,040	979	1,093	1,107	1,107
6	Enhanced Residential Care	428	426	421	429	433	449	471	475
7	Personal Care (by Agency)	639	636	647	639	661	709	754	759
8	Personal Care (Self Directed)	776	790	804	799	784	787	800	807
9	Flexible Choices	105	113	110	113	113	117	120	123
#	PACE	115	124	133	140	140	132	0	0
#	Misc (Assistive Devices, Emergency Response Systems, ISO)	1,145	1,157	1,157	1,158	1,157	1,213	1,245	1,250
	Total	5,195	5,308	5,311	5,305	5,323	5,385	5,393	5,356

Choices for Care: People Moving from Moderate Needs Group (MNG) to High/Highest Needs Groups,
sfy2007-sfy2013

	SFY 2007	SFY 2008	SFY 2009	SFY 2010	SFY 2011	SFY 2012	SFY 2013
Average number served per month in MNG	441	855	1070	1074	863	900	986
# moved to (setting):							
Nursing Home	163	224	274	255	139	179	154
HCBS	100	152	152	138	84	107	121
ERC	16	27	13	23	17	18	13
TOTAL	279	403	439	416	240	304	288
TOTAL as % of average # served per month	*63%*	*47%*	*41%*	*39%*	*28%*	*34%*	*29%*
Length of stay in MNG:							
avg # yrs	0.72	0.84	1.01	1.46	2.39	2.13	2.05
max # yrs	1.66	2.72	3.71	4.59	5.63	6.74	7.69
min # yrs	0.02	0.02	0.02	0.02	0.03	0.01	0.02

data source: Harmony SAMS database
count only those people with High or Highest enrollment after MNG termination
some people have multiple high-highest enrollments (HCBS- ERC-Flex-NH) after move
only count person once even if multiple CFC enrollments after move
calculate years in MNG before moving to H/HNG
avg yrs, max yrs, min yrs in MNG before moving to H/HNG

The use of Choices for Care Home Health Agency personal care services has increased substantially in the past year. This increase is not occurring in every county, and is most prominent in seven counties: Addison, Bennington, Essex, Franklin, Orange, Rutland, and Windsor.



The attached packet of information includes the forms requested by the Secretary of Administration and the Appropriation Committees that were not sent previously as requested:

- **Crosswalk Spreadsheet -** The requested SFY15 Budget Development Form provides the information requested by the Appropriation Committees. This was previously sent by the Agency of Human Services central office.

- **Additional Requested Information -** The requested forms, which were not included in the AHS Budget Books, are included in the attached packet of information.

- **Vacancy Savings -** The budgeted vacancy savings amount of ($501,099) is 2.2% of total budgeted salaries and fringe. DAIL does not plan to intentionally leave any position vacant for the year.

Summary of Changes from SFY 14 Budget to SFY 15 Proposed Budget

Total Change SFY14 to SFY15 Recommended Budget (Gross Dollars)	**$17,773,942**
> DAIL SFY15 Ups & Downs	$13,272,166
> DVHA SFY15 Ups & Downs (Long Term Care portion Choices for Care)	$ 4,501,776
DAIL Administration & Support Section	
> Total SFY14 Base Appropriation	$29,978,769
> SFY15 increase in Administration & Support	$ 1,865,411
SFY15 Recommend	**$31,844,180**
Positions: Current positions = 291 (*287 employees as 4 positions are shared*)	
DDAIL Grants	
> Total SFY14 Base Appropriation	$21,431,825
Proposed Changes:	
> Annualization of Medicaid rate increases from last year (8 months already in the base budget - Attendent Services Medicaid, Support Services at Home (SASH), Day Health Rehabilitation Services)	$ 49,631
> 2% Medicaid Rate increase for 6 months (AAA's, Attendent Services Medicaid, SASH, Day Health Rehabilitation Services)	$ 92,683
> SASH (BAA Item) $50,505 covered by CFC Reinvestment Funds	$ 0
> Administration on Aging Congregate Meals level funding In SFY14 covered sequestration reduction with Choices for Care reinvestment $114,000	$ 0
> Administration on Aging Home Delivered Meals level funding In SFY14 covered sequestration reduction with Choices for Care reinvestment $56,000	$ 0
SFY15 Recommend	**$21,574,139**
Blind and Visually Impaired Division	
> SFY14 Base Appropriation no changes	$1,481,457
SFY15 Recommend	**$1,481,457**
Vocational Rehabilitation Division	
SFY14 Base Appropriation no changes	$8,795,971
SFY15 Recommend	**$8,795,971**

Developmental Services Appropriation	
> SFY14 Base Appropriation	$169,880,574
SFY15 Proposed changes - $11,051,356	
> Annualization of Medicaid rate increase	$1,449,401
> Caseload - general and high school graduates	$5,847,696
> Caseload - Public Safety/Act 248	$2,813,040
> 2% Medicaid Rate increase for 6 months	$1,737,817
> SFI Funding no longer needed	$(1,416,001)
> **BAA/Net Neutral Items below:**	
> NCSS IFS Pilot net-neutral transfer to DMH (AHS net-neutral) BAA Item	$(681,778)
> Children's Personal Care Services (CPCS) Non-categorical from DMH	$2,045,363
> DS Bridge Funding for HCHS bundle to DMH (AHS net-neutral)	$(144,182)
> Transfer of On Deposit Waiver funds from DAIL to DCF (AHS Net Neutral)	$(600,000)
SFY15 Recommend	**$181,931,930**
Traumatic Brain Injury (TBI) Program	
> SFY14 Base Appropriation	$4,861,903
> Annualization of Medicaid rate increases	$43,838
> 2% Medicaid Rate increase for 6 months	$50,247
> PCAV Abusive Head Trauma Prevention initiative – to DCF (AHS net-neutral) BAA Item	$(31,000)
> TBI Caseload Pressure	$150,000
SFY15 Recommend	**$ 5,074,988**

Programs Managed by DAIL, but Appropriated to DVHA	
Choices for Care (CfC) 1115 Demonstration Waiver	
(appears in DVHA's budget)	
CFC Spending Plan - Each year, DAIL creates a spending plan year using the amount appropriated to the long-term care budget. This includes estimated expenditures for nursing homes, home- and community-based services and other Medicaid acute/primary care costs for Choices for Care participants. Once we have our final '15 budget, we will develop a plan for that fiscal year.	
> SFY14 Base Appropriation (not including acute portion)	$176,888,248
> Statutory Nursing Home rate increase	$1,990,154
> Estimated Nursing Home occupancy savings	$(1,990,154)
> Annualization of Medicaid Rate Increases	$564,321
> Nursing Home Dementia rate	$479,154
> Replace one-time FY'13 carry forward from LTC portion	$1,729,979
> Annualization of SFY14 Reinvestment (Base increase moderate needs)	$2,073,750
> Annualization of SFY14 Reinvestment (Base increase moderate needs – funded by carryforward of SFY14 Reinvestment Funds	$(2,073,750)
> 2% Medicaid Rate increase for 6 months	$599,682
> Technical Adj. to CFC Due to Conf. Committee Chgs. & Rate Increases	$1,128,640
FY15 Recommend (not including acute care)	**$181,390,024**

All data is for SFY13unless otherwise noted			
Whom We Serve	**Program Description**	**Performance Measures**	**SFY15 Proposed**
People 60 and over 59,495 people served	***Older Americans Act*** supports a range of services for people 60+ aimed at helping people to live as independently as they chose and supporting family caregivers to maintain their essential caregiving role. Specific services include: nutrition programs, information/referral/ assistance; family caregiver support; case management; health promotion & disease prevention, and legal services. Federal law- 42 U.S.C 3001, et.seq**.**	The AAA area plans serve as a blueprint for their work. Detailed goals for core programs outlining objectives, strategies, and target outcomes are developed by each individual AAA and approved by DAIL. In FFY12 AAA met 96% of stated Area Plan performance targets. In FFY13 AAAs are submitting quarterly reports on their outcomes related to 9 Core Goal Areas with a target of 95% completion of performance targets. AAAs are currently receiving training in the Results Based Accountability (RBA) method to demonstrate performance. During FFY14 AAAs are developing their FFY-15 – 18 Area Plans in the RBA Format.	Approx $11M Total Approx $4.7M GF
People 60 and over, and all persons with disabilities primarily age 18 and over, their desired families, care givers, and support persons. 46,461 contacts were provided information, referral and assistance *(A contact does not necessarily equal 1 person.* **data based on SFY13(excluding Green Mountain Self Advocates and the Vermont Family Network).*	***Aging and Disabilities Resource Connection (ADRC)*** is comprised of ten core partners serving the State of Vermont. The mission of the ADRC is to serve as the primary points of access through a No Wrong Door model for all individuals seeking information about and access to long term services and supports. The ADRC partners collectively provide information and assistance, options counseling and decision support, assistance in accessing publicly and non-publicly funded services, and transitions from hospital and nursing home to the community. The ADRC is involved in several pilot projects in SFY13 including a Medicaid Reimbursement Pilot Project and a Care Transitions Pilot. The ten core partners of the VT ADRC include the five Area Agencies on Aging, the Vermont Center for Independent Living, the Brain Injury Association	A total of over 46,461 contacts were received by the ADRC partners in SFY13 (excluding GMSA and VFN whose data was unavailable by this report). The Options Counseling Program served over 1,037 unique individuals during SFY13, a service designed to assist individuals in making informed decisions about their person-centered goals and choices. Of those served, over 92 %of the individuals who received the service indicated they understood their long term care support choices after meeting with the Options Counselor. An MOU was executed among DCF, DVHA, and DAIL to pilot the effectiveness of a sustainable Medicaid funding stream for the	Approximately $700K federal funds

All data is for SFY13unless otherwise noted			
Whom We Serve	**Program Description**	**Performance Measures**	**SFY15 Proposed**
	of Vermont, VT 211, Vermont Famiuly Network, and Green Mountain Self Advocates.	Options Counseling service. A letter of Agreement was executed among DAIL, the Southwestern Vermont Medical Center, Southwestern Vermont Council on Aging, Vermont Center for Independent Living, and The Brain Injury Association of Vermont. The pilot was launched on January 17, 2014 and within two days of start up received over 10 referrals. Vermont's ADRC employs over 60 uniquely qualified Options Counselors who meet the national core job duties and competencies.	
People 60 and over and adults with disabilities with housing and care needs.	***Support and Services at Home (SASH)*** : Statewide Residential-based coordination of health and other services for seniors and/or people with disabilities. Housing and Services including Case Management; health care coordination; nutrition assistance, disease and falls prevention activities. . ***Home Access Program (HAP):*** DAIL transfers $100,000, to the Vermont Housing and Conservation Board (VHCB) to support VCIL's HAP Program which provides information, assistance, and referral services to help people with physical disabilities locate and secure funding for home modicfications. ***Homesharing*:** DAIL supports two innovative Homeshare Programs in Vermont: HomeShare Vermont is active in Addison, Chittenden and Grand Isle Counties; HomeShare Now is active in Washington and Orange Counties. "Homesharing" arranges live-in 'matches'	SASH operates in 93 affordable housing communities and has established 36.5 SASH panels with the capacity to serve 3,650 participants. Housing and Supportive Services (HASS) sites have been integrated into SASH with all but one remaining, which will be integrated by April 1, 2014. Number of access modifications: In 2012 HAP served 55 households; completed 67 home access projects-21 were bathroom modifications; 44 were ramp access projects and two were home entrance modifications. Homesharing: Goals include homeshare matches, caregiver matches, and affordable housing placement witha performance target of 150 homeshare matches.	$1,032,765 GC/MCO All inclusive

All data is for SFY13unless otherwise noted			
Whom We Serve	**Program Description**	**Performance Measures**	**SFY15 Proposed**
	between Vermonters who have a living space to share and others who need a place to live and can offer support (such as personal care, housekeeping, and socialization). HomeShare Vermont also helps seniors and people with disabilities find paid caregivers to help them remain in their homes. The Homeshare Programs have been successful in helping people stay in their own homes, as well as in helping people find affordable housing.	SFY13 performance: 207 homeshare matches; 141 people secured affordable housing; 67 people found in-home caregivers.	
People 60 and over The program responded to 540 complaints, including approximately 19% related to home and community based services. The program provided 497 consultations to individuals and 206 consultations to providers of long term care services.	***State Long Term Care Ombudsman Program*** protects the safety, welfare and rights of older Vermonters who receive long-term care services in nursing homes, residential care homes, assisted living residences and to Choices for Care participants of any age receiving services in any of the settings above as well as in home-and community-based settings. Operated through a grant agreement with Vermont Legal Aid, 33 V. S. A. § 7501 et seq.	Approximately 80% of complaints were fully or partially resolved to the satisfaction of the individuals receiving services or someone with authority to act on their behalf. Accessibility: Visit at least 95% of all long term care facilities each quarter and distribute resident's rights fact sheet to 100% of Vermont residential care homes and assisted living facilities.	$640,982 Total a) $88,344 GF b) $298,625 FF c) $98,388 GC d) $155,625
	Division for the Blind and Visually Impaired	10 positions – $817K gross (sal&fringe)	
People who are blind or visually impaired 328 people	***Employment and Vision Rehabilitation.*** Federal law - 29 United States Code (U. S. C), chapter 16	There were 103 new applicants and 70 successful closures. The rehab rate was 83% compared to the 67% national average. The target is to increase rehab rate to 84%.	$1,183,612 Gross
People who are blind or visually impaired 106 people	***Independent Living Services*** provides people who are blind or visually impaired learn skills to remain independent in their homes and communities.	There were 25 new applicants and 51 people completed goals outlined in individualized plans.	$74,395 Gross

All data is for SFY13unless otherwise noted			
Whom We Serve	**Program Description**	**Performance Measures**	**SFY15 Proposed**
People with the most significant visual impairments	***Randolph /Sheppard Program*** provides Business Enterprise Supports to assist blind business owners to successfully run cafeterias and vending programs on state and federal property. 21 V. S. A. § 501 et seq.; federal law (20 U. S. C. § 107 et seq.)	Gross earnings for blind business owners increased 1%.	$223,450 Gross
	Adult Services Division	Performance measure applicable to all ASD programs: *People live with dignity and respect in their own homes and communities.*	
Long term support services for people 60 and over and adults with physical disabilities 5118 people (October 2013)	***Choices for Care*** is a 1115 Medicaid Demonstration Waiver provides a range of services to support people living at home, in an Enhanced Residential Care Home, or in a nursing facility. Vermont Choices for Care regulations.	1. Support Individual Choice:. 84% of HCBS survey respondents stated that choice and control were excellent to good. 2. Serve more people: The number of people served has increased 48% (including Mod Needs) since October 2005. 3. Shift the balance: Since 2005, Choices for Care rebalancing has steadily evolved Enrollment in HCBS and ERC exceeding enrollment in nursing homes for the first time in March 2013. 4. Expand options: Since Choices for Care began, four new service options have been developed. The Vermont PACE program closed two sites (Colchester and Rutland) in March 2013, leaving three new options. The implementation of Adult Family Care September 2013 is intended to increase the number	DVHA appropriation (LTC component) $181,390,024 Gross

All data is for SFY13unless otherwise noted			
Whom We Serve	**Program Description**	**Performance Measures**	**SFY15 Proposed**
		of people receiving 24-hour care in a home setting. 5. Eliminate or reduce wait lists: The wait list for high/highest has gone from 241 in 2005 to zero in 2011 where it is currently. The moderate needs providers maintain wait lists of approximately 400 people statewide. This is being addressed through the BAA/CFC reinvestment process. 6. Manage spending to available funding: Recent financial reports show that Choices for Care spending continues to be less than the legislative appropriation. 7. Ensure an adequate supply of nursing home beds: The number of nursing home beds in Vermont has decreased by about 7% since 2005. Since Choices for Care began, the total occupancy of Vermont nursing homes has decreased from 92% to below 85%. 8. Ensure that services are of high quality and support individual outcomes: The results of surveys of Choices for Care HCBS participants are generally positive. Consistent with recent recommendations from the state auditor, DAIL is now working with nursing home providers and enhanced residential care home providers to collect	

All data is for SFY13unless otherwise noted			
Whom We Serve	**Program Description**	**Performance Measures**	**SFY15 Proposed**
		similar information from residents of these facilities.Through surveys, a large majority of CFC HCBS participants report positive aspects of services. 9. Support the independent evaluation of CFC: Under contracts with the State of Vermont, the University of Massachusetts Medical School has served as the independent evaluator. Their work includes: • Evaluation reports, including specific performance goals and measures. • Policy reports, including recommendations for improving services.	
People transitioning from nursing homes to the community. In CY13, 53 people residing in nursing facilities transitoned to a home and community based setting of their choice; 113 people enrolled in the program.	***Money Follows the Person (MFP) Grant*** is a special program supplementing the CFC program who choose to transition: $2,500 per person to help overcome barriers for returning to community (rent, mortgage, etc), and enhanced FMAP on all HCBS for each person enrolled and transitioned to approved housing. The period of enrollment is 365 days. *Program Criteria*: People residing in a nursing facility for 90 days or longer, using Medicaid reimbursement, who express a desire to return to a home- and community-based setting. A 5 year grant for $18M (2011-2016). Develop and implement *Adult Family Homes*. The state projects that approximately one-third of participants will transition to Adult Family Care Homes.	Quality of Life Survey given prior to transition, at 11 months and 24 months post transition. *Program Goal:* Support nursing home residents to move back into the community and to graduate from the program with successful completion of 365 days living in home setting. CY12 goal was to serve 25 people, 30 were served. CY13 goal was to serve 70 people. 53 transitioned of the 113 enrolled. 16 people graduated from the program from their start date. For the 60 people enrolled but not transitioned, housing is identified as a barrier to	MFP expenses in the DVHA budget. Administrative expenses in DAIL $528,061 (100% Federal Funds)

All data is for SFY13unless otherwise noted			
Whom We Serve	**Program Description**	**Performance Measures**	**SFY15 Proposed**
		transition. Adult Family Care home is focused on increasing housing options for CFC/MFP participants.	
Adults with physical and/or cognitive impairments Vermont Medicaid supported an average of 481 people per month, (27% CFC Moderate Needs, 44% CFC Highest/High needs, and 29% Day Health Rehabilitation Services)	***Adult Day Services*** is a community-based non-residential services to assist individuals to remain as active in their communities by maximizing health, independence and optimal functioning. Day Health Rehabilitation Services is an entitlement as a Global Commitment Medicaid (state plan) service. Vermont Global Commitment to Health regulations; Vermont Choices for Care regulations.	In the Febuary 2013 VT LTC Consumer Satisfaction Survey, 97% of respondents rated the quality of services as excellent or good; 85% of respondents agreed or strongly agreed that the Adult Day Center helped maintain or improve health. In addition, participants are screened for depression 2x/year with the goal that referrals are made in 100% of indicated cases. Caregiver stress is screened 2x/year for indication of improved status over time, in the aggregate.	$3,715,834 a) Choices for Care $1,640,156 plus pending CFC reinvestment for MNG b) GF only Grants $109,995 c) Day Health Rehab Services GC $1,965,683
Adults with severe and permanent disabilities who need physical assistance with activities of daily living 182 people were served in SFY13, including 93 people through Medicaid and 89 people with general funds.	***Attendant Services Program*** supports independent living for adults with severe and permanent disabilities who need physical assistance with activities of daily living. Provides personal assistance services assistance, allowing people to remain in their own homes and communities. 33 V. S. A. § 6321; Vermont program regulations.	In the February 2013 VT LTC Consumer Satisfaction Survey, 100% of respondents rate the quality of services they received from the ASP as excellent or good; 92% of respondents agreed or strongly agreed that the ASP helped maintain or improve health.	$4,140,610 Total a) $2,390,847 GF b) $1,749,763 GC
Adults who rely on medical technology to survive An average of 38 people per month were served in SFY13.	***High Technology Home Care*** provides skilled nursing care to people who are Medicaid-eligible and technology-dependent. Services include coordinating treatments, medical supplies and sophisticated medical equipment. DAIL manages the program for adults.	In the February 2013 VT LTC Consumer Satisfaction Survey, 100% of respondents rate the quality of services they received from High Technology Home Care as excellent or good; 52% of respondents agreed or strongly agreed	DVHA appropriation – approx $4M GC

All data is for SFY13unless otherwise noted			
Whom We Serve	**Program Description**	**Performance Measures**	**SFY15 Proposed**
	Vermont Global Commitment to Health regulations.	that the High Technology Home Care serves helped maintain or improve health. Inter-rate reliability testing is performed on a 10% participant sample to ensure that assessment decisions are consistent.	
	Developmental Disabilities Services Division	Performance measure applicable to all DDSD programs: *People live with dignity and respect in their own homes and communities.*	
People with developmental disabilities and their families 2,767 people	***Developmental Disabilities Services*** provides a range of home and community based services to support individuals and their families, increasing independence and supporting participation in their local communities. Priorities are to prevent imminent risk to the individual's personal health or safety; prevent an adult who poses a risk to public safety from endangering others; prevent or end institutionalization; maintain employment upon graduation from high school; and provide training in parenting skills for a parent with developmental disabilities to help keep a child under the age of 18 at home. 18 V. S. A. chapter 204A; Vermont Developmental Disabilities Act Regulations; Vermont Global Commitment to Health regulations.	Designated Agency Master Grants include performance targets linked to funding incentives and hold backs. *Employment Rate:* target set at 45% for all working age consumers. Agencies below this target are required to show progress towards target to avoid a holdback; agencies that exceed this target are required to maintain performance to avoid a holdback; and agencies that demonstrate significant increases or exceed a 50% employment rate may be eligible for incentives. SFY11 average employment rate was 42%. SFY12 average employment rate was 46.4%, with eight agencies exceeding the target and the remaining 5 agencies improving performance towards meeting the target.	$172,398,573 GC
People with developmental disabilities and their families	***Flexible Family Funding allows*** funds to be used flexibly, at the discretion of the family, to purchase goods, services and supports that benefit	No target set.	$1,077,475 GC

All data is for SFY13unless otherwise noted			
Whom We Serve	**Program Description**	**Performance Measures**	**SFY15 Proposed**
1,080 people	the individual and family. 18 V. S. A. chapter 204A; Vermont Developmental Disabilities Act Regulations		
Older people and adults with developmental disabilities who are unable to make basic life decisions 770 people: Includes 658 people with developmental disabilities and 107 people over age 60 Representative payee services to 331 people	***Office of Public Guardian (OPG)*** Public guardians assist and empower people under guardianship in making decisions and taking actions in critical life areas. Courts assign a public guardian when there is no friend or family member to serve as guardian, and the individual needs a public guardian to protect his or her rights or welfare; facilitates guardianship evaluations for more than 200 new private and public guardianship applicants each year. 18 VSA 9301-9317; 14 VSA 3093	Diminish need for public guardianship by identifying, training, and assisting private guardians; by encouraging and preparing individuals to make their own decisions; and by developing supportive community resources. No target set.	Approx: $2M - $1.5M GC and $500K GF
People with moderate to severe traumatic brain injuries 70 people (*Note*: although the TBI program is not designed to serve veterans with brain injuries, the Brain Injury Association (BIA) serves about 30 veterans through other funding sources.)	***Traumatic Brain Injury Program*** diverts and/or returns individuals from hospitals and facilities to community-based settings, rehabilitation-based, choice-driven program, intended to achieve their optimum independence and help return to work. Veterans are covered by their VA health benefits and do not apply for Medicaid services. VA prefers to use VA services. VT TBI service network is available. The Brain Injury Association (BIA) of VT currently offers Neuro-Resource Facilitator services and employment services.	Achieve greater individual independence, as measured by individual progress in rehabilitation. New performance measures as part of the DFM Performance Measurement Pilot Program in FY 14 include: Number of people employed while enrolled in the rehabilitation program, number of people served in the rehabilitation program that meet their maximum potential and graduate to independent living, and number of people that meet their maximum potential in the rehabilitation program who still need services and transition to other services.	$5,074,988 GC

All data is for SFY13unless otherwise noted			
Whom We Serve	**Program Description**	**Performance Measures**	**SFY15 Proposed**
	Division of Licensing and Protection		
Completed 100% of CMS required surveys of health care providers per CMS prescribed timeframes Completed on-site investigations of 614 complaints and incidents across all licensed providers	***Survey and Certification*** provides regulatory oversight of health care facilities and agencies under state and federal regulations. 33 V. S. A. § 7101 et seq.; state regulations for each type of LTC facility; federal regulations for nursing homes	CMS performance review has not yet been finalized. However, preliminary reports show the division as having met performance standards for the measures that have been reviewed thus far.	$2.3M Gross
In SFY13, APS received 1,897 intakes (excluding facility based intakes referred to S&C) resulting in 872 investigations, of which 141 were substantiated. As a result, 95 individuals were placed on the Adult Abuse Registry.	***Adult Protective Services*** investigates allegations of abuse, neglect and exploitation, increase awareness of adult abuse in all of its forms, provide information about alternatives and services for vulnerable adults who are the victims of abuse and increase the reporting of suspected abuse. Chapter 69 of Title 33 of the Vermont Statutes Annotated	The number of investigations APS performs has been trending upward since performing 625 investigations in SFY05.	$1.3M approx. GF
	Division of Vocational Rehabilitation		
People with disabilities 10,271 people	General VR offers free, flexible services to any person or employer dealing with a disability that affects employment. Partner with human service providers and employers across Vermont to help people with disabilities realize their full potential.	DVR achieved 1,821 employment outcomes. Federal standard and indicators is for one more employment outcome than the previous year, which VR has met in 20 out of the past 21 years.	
People with disabilities 52 people	***Independent Living Part B*** is a grant to the Vermont Center for Independent Living to provide independent living services to people with disabilities. The funding is administered through the Sue Williams Fund at VCIL.		$150,000 Gross

All data is for SFY13unless otherwise noted			
Whom We Serve	**Program Description**	**Performance Measures**	**SFY15 Proposed**
People with traumatic head injuries 23 people	***Traumatic Brain Injury Grant*** is a grant to the Lenny Burke Farm to provide supervised living supports so that people with traumatic brain injuries may live and work independently in their local communities.	Global Commitment to Health Medicaid regulations	$143,719 Gross
People who are deaf or hard of hearing Filled 1,037 requests for interpreters in SFY11	***Interpreter Referral Service*** enables organizations and individuals to hire qualified interpreters		$55,000 Gross
People with disabilities Directly served 1,569 people, and reached over 12,000 people through Public Awareness and Technical Assistance Activities.	***Assistive Technology Project*** helps people of all ages and abilities to achieve greater independence, efficiency and control over their environment using assistive technology. Required by federal statute: Fed Tech Act		$230,000 Gross

DEPARTMENT OF DISABILITIES, AGING, & INDEPENDENT LIVING
ADMINISTRATION BUDGET BY DIVISIONS SFY15

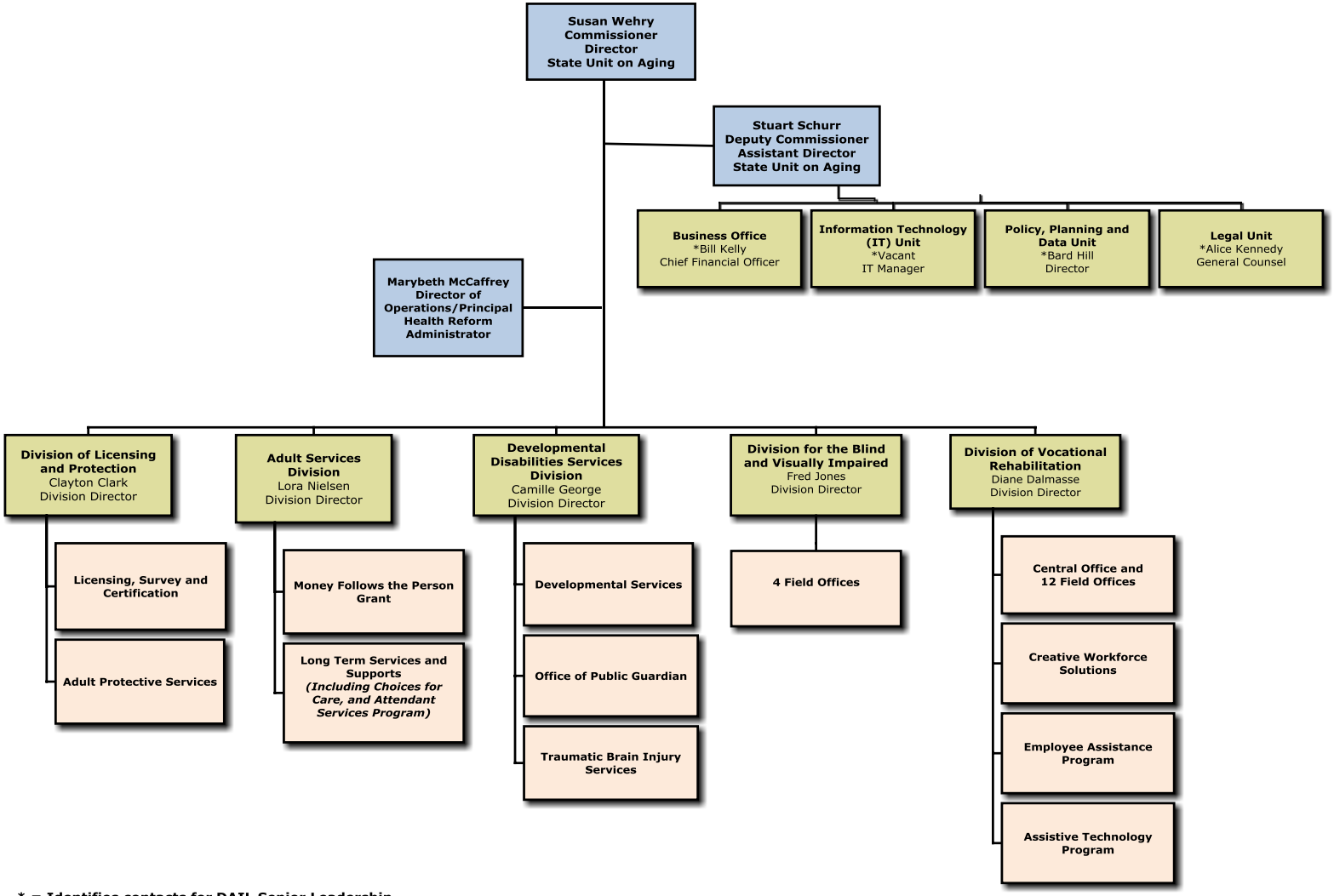
	TOTAL	VR	DBVI	DDSD	ASD	L & P	Com office	TOTAL
PERSONAL SERVICES DETAIL								
SFY14 Classified Salary	15,044,328	6,871,802	548,603	2,305,867	1,871,429	2,129,026	1,317,601	15,044,328
SFY15 Changes + Market Factor	1,021,770	393,642	343,301	44,715	22,213	112,925	104,974	1,021,770
Classified Salary Total	16,066,098	7,265,444	891,904	2,350,582	1,893,642	2,241,951	1,422,575	16,066,098
Exempt Salary	410,444	0	0			0	410,444	410,444
SFY15 Changes		0	0			0		0
Exempt Salary Total	410,444	0	0			0	410,444	410,444
Salary Total	**16,476,542**	**7,265,444**	**891,904**	**2,350,582**	**1,893,642**	**2,241,951**	**1,833,019**	**16,476,542**
FICA	1,260,021	555,069	68,231	179,820	144,864	171,509	140,528	1,260,021
HEALTH	2,978,284	1,388,222	151,660	399,247	312,681	406,523	319,951	2,978,284
RETIREMENT	2,800,595	1,223,900	152,605	402,185	324,001	383,598	314,306	2,800,595
DENTAL	196,716	94,106	10,759	26,412	20,995	23,677	20,767	196,716
LIFE	68,226	30,076	3,692	9,731	7,840	9,282	7,605	68,226
LTD	4,802	2,178	266	514	322	0	1,522	4,802
EAP	9,894	4,653	511	1,293	1,123	1,293	1,021	9,894
Fringe Benefits Total	**7,318,538**	**3,298,204**	**387,724**	**1,019,202**	**811,826**	**995,882**	**805,700**	**7,318,538**
Unemployment	135,418	11,151	696	66,630	53,467	1,925	1,549	135,418
WC/ Other Ins	214,564	0	0	0	0	0	214,564	214,564
Emp room allowance	15,470	0	0	8,583	6,887	0	0	15,470
Tuition	40,000	36,000	4,000	0	0	0	0	40,000
Overtime	50,000	20,999	2,080	6,965	9,583	5,754	4,618	50,000
Temporaries	70,000	45,000		8,322	6,678	10,000		70,000
	(1,690)	(1,082)	0	(197)	(158)	(253)	0	(1,690)
Total Temps	68,310	43,918	0	8,125	6,520	9,747	0	68,310
Contracts	3,392,973	1,501,091	37,483	854,708	685,862	168,686	145,143	3,392,973
Employment Training Specialist	200,000	195,000	5,000	0	0	0	0	200,000
Vacancy Savings	(501,099)	(213,180)	(21,046)	(90,956)	(72,988)	(59,869)	(43,061)	(501,099)
GF Vacancy Savings Reduction	(4,881)	(2,076)	(205)	(886)	(711)	(583)	(419)	(4,881)
Total Vacancy Savings	(505,980)	(215,256)	(21,251)	(91,842)	(73,699)	(60,452)	(43,480)	(505,980)
Sub-Total Misc Personal Services	3,610,755	1,592,903	28,008	853,169	688,621	125,660	322,394	3,610,755
TOTAL PERSONAL SERVICES	**27,405,835**	**12,156,551**	**1,307,636**	**4,222,953**	**3,394,089**	**3,363,493**	**2,961,113**	**27,405,835**
Number of positions by Division	**287**	**134**	**15**	**38**	**33**	**38**	**29**	**287**

OPERATING DETAIL	TOTAL	VR	DBVI	DDSD	ASD	L & P	Com office	TOTAL
Repair & Maint - Buildings	27,000	15,172	1,458	1,798	1,442	2,000	5,130	27,000
RENTALS	688,835	568,093	45,406	10,158	8,151	18,309	38,718	688,835
Rentals - Auto & Other	40,000	12,992	1,414	1,744	1,399	3,667	18,784	40,000
Fee for Space	690,299	637,965	46,166	3,423	2,745	0	0	690,299
Insurance other than Empl Bene	34,573	1,490	2,297	2,812	2,257	17,734	7,983	34,573
Insurance	32,737	4,547	1,640	2,022	1,623	17,185	5,720	32,737
Dues	44,000	2,984	2,376	2,929	2,351	25,000	8,360	44,000
Advertising	50,000	27,800	2,700	3,329	2,671	4,000	9,500	50,000
Communications	221,528	88,475	6,963	54,158	30,842	4,000	37,090	221,528
data cicuuits, internet	43,000	23,348	2,322	2,863	2,297	4,000	8,170	43,000
DII Assesment	645,812	0	0	0	0	0	645,812	645,812
Printing and Binding	200,000	102,200	10,800	16,089	12,911	20,000	38,000	200,000
Registration for Meetings&Conf	60,000	29,760	3,240	3,994	3,206	8,400	11,400	60,000
Postage	105,642	52,398	5,705	7,033	5,644	14,790	20,072	105,642
Travel - Total	636,494	213,675	29,936	169,414	69,698	128,760	25,011	636,494
Travel-Out of State	55,618	18,671	2,616	14,804	6,090	11,251	2,186	55,618
Travel GF Reduction	(16,260)	(5,459)	(765)	(4,328)	(1,781)	(3,289)	(639)	(16,260)
Other Purchased Services	20,000	9,920	1,080	1,332	1,068	2,800	3,800	20,000
Evaluations	20,000	9,920	1,080	1,332	1,068	2,800	3,800	20,000
Office Supplies	120,000	58,520	6,480	10,763	8,637	12,800	22,800	120,000
Other General Supplies	16,000	7,936	864	1,065	855	2,240	3,040	16,000
Food	5,000	2,480	270	333	267	700	950	5,000
Educational Supplies	18,000	8,928	972	1,198	962	2,520	3,420	18,000
Subscriptions	14,500	7,192	783	965	775	2,030	2,755	14,500
Data Processing Supplies	8,000	3,968	432	533	427	1,120	1,520	8,000
Electricity	6,500	3,224	351	433	347	910	1,235	6,500
Furniture & Fixtures	33,000	16,368	1,782	2,197	1,763	4,620	6,270	33,000
Other Equipment	20,000	4,920	1,080	1,332	1,068	2,800	8,800	20,000
Information Technology Equip	85,000	33,780	670	6,990	5,610	5,000	32,950	85,000
Inf Tech Purchases-Software	63,000	37,720	3,780	4,660	3,740	6,800	6,300	63,000
Vision Assesment	350,061	0	0	0	0	0	350,061	350,061
HR Services	137,364	0	0	0	0	0	137,364	137,364
Other Operating	2,000	992	108	133	107	280	380	2,000
TOTAL	4,438,345	1,986,767	182,155	315,032	173,931	315,265	1,465,195	4,438,345
TOTAL ADMINISTRATION	**31,844,180**	**14,143,318**	**1,489,791**	**4,537,985**	**3,568,020**	**3,678,758**	**4,426,308**	**31,844,180**

ADMINISTRATION - RECEIPTS	Total	VR	DBVI	DDSD	ASD	L & P	COMM	TOTAL
FEDERAL FUNDS								
TITLE 18 SURVEY & CERT; 93.777	1,058,135					1,058,135		1,058,135
TITLE 19 SURVEY & CERT; 93.777	408,054					408,054		408,054
IND LIVING PART B; 84.169	120,000	120,000						120,000
TITLE III E; 93.052	395,110				20,000		375,110	395,110
SECTION 110; 84.126	7,396,276	7,396,276						7,396,276
VR TRAINING GRANT; 84.126	110,000	80,000	30,000					110,000
SECTION 110 DBVI; 84.126	789,802		789,802					789,802
TBI Grants; 93.234	59,094	59,094						59,094
Senior Employment; 17.235	3,002			3,002				3,002
ASSISTIVE TECH. GRANT; 84.224	457,000	457,000						457,000
CLIA; 93.777	4,000					4,000		4,000
SHIP; 93.779	8,000				8,000			8,000
VR Social Security Grant; 96.007	520,000	520,000						520,000
Money Follows the Person; 93.971	528,061				528,061			528,061
DDHS ADRC; 93.048	28,000				28,000			28,000
Social Services Block Grant; 93.667	380,107			380,107				380,107
WIPA; 96.008	72,709	72,709						72,709
Total Federal	12,337,350	8,705,079	819,802	383,109	584,061	1,470,189	375,110	12,337,350
Special Funds								
VR FEES (EAP & AT)	1,318,889	1,318,889	0			0	0	1,318,889
VENDING	24,568	0	24,568			0	0	24,568
CONFERENCE FEES	47,000	3,000	0	24,411	19,589	0	0	47,000
Total Special	1,390,457	1,321,889	24,568	24,411	19,589	0	0	1,390,457
								0
Interdepartmental Transfers								0
Welfare to Work; 03440	1,230,559	1,230,559	0			0	0	1,230,559
AHS - LTC Admin; 03400	1,223,295	0	0		1,223,295	0	0	1,223,295
DOH Hospital Surveyor; 03420	80,001	0	0			80,001	0	80,001
Total IntraUnit	2,533,855	1,230,559	0	0	1,223,295	80,001	0	2,533,855
Global Commitment	6,712,988	1,012,335	18,001	3,903,580	1,584,072	130,000	65,000	6,712,988
General Fund	8,949,674	1,211,384	92,746	542,965	869,907	1,729,957	3,338,152	7,785,111
GF Travel Reduction	(16,260)	(5,459)	(765)	(4,594)	(3,687)	(3,289)	(639)	(18,433)
GF Vacancy Savings Reduction	(62,194)	(26,459)	(2,612)	(11,289)	(9,059)	(7,431)	(5,344)	(62,194)
GF Temp Staffing Reduction	(1,690)	(1,082)	0	(197)	(158)	(253)	0	(1,690)
Adjustments to GF to balance div	0	695,071	538,051	(300,000)	(700,000)	279,584	654,030	1,166,736
Total GF	8,869,530	1,873,456	627,420	226,885	157,003	1,998,568	3,986,198	8,869,530
TOTAL RECEIPTS	**31,844,180**	**14,143,318**	**1,489,791**	**4,537,985**	**3,568,020**	**3,678,758**	**4,426,308**	**31,844,180**

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

State Unit on Aging (SUA)



*** = Identifies contacts for DAIL Senior Leadership**

As of 01/2014