

Biennial Assessment

of the

Disability Services System
in Virginia



Executive Summary

VIRGINIA BOARD
FOR PEOPLE WITH DISABILITIES

THE COMMONWEALTH'S DEVELOPMENTAL DISABILITIES PLANNING COUNCIL

April 2008

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Biennial Assessment of the Disability Services System in Virginia

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I. Executive Summary

The Virginia Board for People with Disabilities (hereafter referred to as the Board), Virginia's Developmental Disabilities (DD) Planning Council, is pleased to provide its **2008 Biennial Assessment of Virginia's Disability Services System**. The Assessment is conducted in accordance with the Board's statutory authority and responsibility under the *Code of Virginia*, § 51.5-33(2), and the federal Developmental Disabilities Assistance and Bill of Rights Act (P.L. 106-402, 2000) and is consistent with the Board's mission:

To enrich the lives of Virginians with disabilities by providing a **VOICE** for their concerns.

Visions of communities that welcome people with disabilities
Outreach to individuals, families, and advocates
Innovation through grant projects and sponsored programs
Collaboration with providers of disability services
Education of policymakers on disability issues

As noted in the Preface, the Assessment is primarily but not solely focused on the population of individuals with developmental disabilities. The DD Act defines "developmental disability" as:

a severe, chronic disability of an individual that: (i) is attributable to a mental or physical impairment or combination of mental and physical impairments; (ii) is manifested before the individual attains age 22; (iii) is likely to continue indefinitely; (iv) results in substantial functional limitations in 3 or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency; and (v) reflects the individual's need for a combination and sequence of special, inter-disciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. It includes children birth to age 9 who are likely to meet these criteria later in life.

Background:

Federal and state legislation direct the Board to engage in varied activities that include but are not limited to: outreach, training, and education, coalitions building, and helping to guide public policy to effect systems change on behalf of individuals with developmental disabilities. As the Commonwealth's DD Planning Council, the Board represents an independent voice and a source of information on many issues affecting its constituents. The Board's work is enhanced by its diverse membership, which includes individuals with disabilities, family members, advocates, government officials, service providers, and various private-sector interests.

Over the past three decades, the Board has provided millions of dollars of federal funding and has leveraged significant amounts of local government and private-sector funding to promote

the demonstration, implementation, and replication of policies, programs, and practices designed to move the disability service system forward. The Board's current funding level of approximately \$1.5 million per year, however, can address only a very small proportion of the complex issues facing the Commonwealth in its efforts to ensure full inclusion and quality of life for its citizens with developmental and other disabilities.

The Board's *Biennial Assessment* process provides an ongoing mechanism to report, evaluate, and make recommendations regarding the scope and effectiveness of the state-funded service delivery system in meeting the current and future needs of persons with developmental and other disabilities. As with the 2006 edition, the 2008 Assessment is designed to serve as a resource for individuals with disabilities and their families, legislators, political leaders, policy analysts, advocates, and other stakeholders. Comparative data are provided, when available, for state Fiscal Years (FY) 2005 and 2007, and for multiple fiscal years in some instances.

Major New Statewide Initiatives:

Since publication of the *2006 Biennial Assessment of the Disability Services System*, many positive steps have been taken to address the needs of Virginians with disabilities. Virginia leads the nation by having a **Community Integration Advisory Commission (CIAC)** with a majority of its members having disabilities. The CIAC was established by statute in 2006 and given responsibility to monitor implementation of the Commonwealth's community integration activities and to make recommendations to the Governor. In 2007, the Governor issued **Executive Directive No. 6** reauthorizing the Community Integration Implementation team, comprised of 21 state agencies, local governments, and advocacy representatives. The directive requires collaboration "to complete and annually update a comprehensive, cross-governmental strategic plan designed to assure community integration of Virginians with disabilities." A plan was submitted in August 2007 that addresses community services and supports, self-direction, employment, housing, transportation, and workforce strategies. The plan, progress of which is monitored quarterly, is designed to both create opportunities for people to leave institutions if they wish and help people in the community avoid unwanted institutionalization.

Other reform initiatives have begun that will have a significant impact on the quality and scope of community disability services and supports statewide, reduce reliance on institutional care, and strengthen community services. The Commonwealth successfully applied for three major federally funded projects that, together, will reduce the state's reliance on institutional care and will improve community services capacity. Involvement of Virginians with disabilities is promoted for the workgroups and committees implementing these projects.

To strengthen community supports, the **Money Follows the Person (MFP) Rebalancing Demonstration Project** will facilitate transition of 1,041 seniors and individuals with disabilities to community placements of their choice over the next three fiscal years (FY 2009–2011). To accomplish this, the MFP Project will enrich services provided under several Medicaid home- and community-based waivers and address housing and transportation needs. Moreover, Virginia has chosen to make permanent all waiver and related system improvements after the

project ends. The four-year MFP project, which began in FY 2008, brings \$28 million in federal funds to Virginia.

Virginia also received a **Systems Transformation Grant (STG)**, a Real Choice Systems Change Grant for Community Living, through the Centers for Medicare and Medicaid. This five-year grant provides \$2.2 million in federal funds to create a statewide “No Wrong Door” portal to be called “Easy Access” for locating services and supports; foster Person-Centered Practices in regulations, policies, and procedures across service systems; and develop a database for monitoring critical incidents and quality assurance, among others. The **State Profile Tool (SPT) Grant** provides funding for development of an outcome measurement tool that will enable progress tracking, including availability and performance, of long-term support services to seniors and persons with disabilities. Virginia will work in collaboration with eight other states in developing this tool, which will ultimately result in national outcome measures on those services. A Leadership Team, comprised of aging and disability stakeholders, has been formed to support and assist all three of these federally funded projects.

The 2006 budget actions by the Governor and General Assembly included funding to the Department of Medical Assistance Services (DMAS) for the development and implementation of a new **Alzheimer’s Assisted Living Waiver**. A reimbursement rate by 3 percent for personal care under all waivers and by 5 percent for skilled nursing services was provided through the **Technology Assisted Waiver** and the **HIV/AIDS Waiver**. Fiscal support was also provided for implementation of the **Program for All-Inclusive Care for the Elderly (PACE)**, administered by DMAS, and the **Virginia Public Guardianship Program**, administered by the Virginia Department for the Aging. Additional funding for Home and Community Based Waivers was as follow for each year of the biennium:

2006 Budget Actions	FY 07	FY 08
MR Waiver slots for Children younger than 6	110	0
MR Waiver slots for Children 6 and older and adults	115	0
MR Waiver facility discharge slots for persons transitioning from Training Centers to Community	80	69
DD Waiver slots	65	0

The Governor and the 2006 General Assembly charged DMAS with developing options for Medicaid reform focusing on care coordination. In response, DMAS collaborated with multiple stakeholders to develop its **Acute and Long-Term Care Integration (ALTC)** program. ALTC is designed to help Medicaid-enrolled seniors and individuals with disabilities remain independent and reside in the setting of their choice for as long as possible through a streamlined “primary, acute, and long-term care service delivery system that offers ongoing access to quality health and long-term care services, care coordination, and referrals to appropriate community resources.” ALTC enables persons who have dual eligibility in Medicaid and Medicare, as well as individuals in certain areas of the Commonwealth who use the Elderly or Disabled with Consumer Direction (EDCD) Waiver, to receive both their health care and long-term support services through a single delivery system. During the next biennium, the two initiatives under ALTC, the **PACE** program and the **Regional Model for Integrated Services**,

will be expanded. Under the regional model, individuals will be enrolled in a new managed care program that will offer ongoing access to high quality health and long-term support services, coordinated benefits between Medicare and Medicaid, care coordination, and referrals to appropriate community resources. Program implementation statewide is targeted for January 1, 2009.

Two changes to the *Code of Virginia* became effective July 1, 2007, both of which are designed to improve service planning and coordination at the state and local levels. First, the Secretary of Health and Human Resources was established as the “lead Secretary for the coordination and implementation” of long-term policy working in collaboration with the Secretaries of Transportation, Commerce and Trade, and Education, and the Commissioner of Insurance. (§ 2.2-212). Second, all local regional Planning District Commissions must now include the needs of seniors and persons with disabilities in development of their comprehensive plans. (§ 15.2-2223).

In 2007, the Governor and General Assembly took a number of actions to improve services to individuals with disabilities. The **Comprehensive Services Act (CSA) for At-Risk Children and Youth** was amended to expand eligibility for CSA-funded services to youths whose mental illness or behavioral challenges put them at risk of foster care placement. Localities have raised concerns, however, regarding the cost of serving an expanded population, and at the time of this report numerous CSA legislative and budgetary initiatives, reflecting the complexity of issues surrounding this program, were pending in the 2008 General Assembly.

Other 2007 budget actions included fiscal support for a number of disability-related initiatives, including, but not limited to: continued development and expansion of the **No Wrong Door** system of long-term care access for the elderly and persons with disabilities, funding for the **Program for All-Inclusive Care for the Elderly (PACE)**, and increased financial support to **Centers for Independent Living** and **brain injury services**. The **personal needs allowance** for nursing home residents was increased from \$30 to \$40 a month. Southside Virginia and Southeastern Virginia Training Centers were each appropriated \$200,000 for **Regional Community Support Centers** to provide outpatient services.

The 2007 General Assembly approved a 10 percent **reimbursement rate increase** to providers of congregate residential group home services for individuals using the MR Waiver and a 15 percent **rate differential** for services provided in Northern Virginia under the MR, DD, and Day Support Waivers. As a result of individuals transitioning from training centers to the community at a slower rate than anticipated, moneys for 32 of the 80 **MR Waiver facility discharge slots** approved during the 2006 session were reallocated to fund the MR Waiver for individuals residing in the community. Additional funding for new Waiver slots was also provided for the final year of the biennium as follows:

2007 Budget Actions	FY 08
MR Waiver Slots	330
DD Waiver Slots	100

Including the aforementioned reallocation of facility slots, total *actual* Waiver slot allocations for FY 2007 and 2008 were:

Final Waiver Slot Allocations for 2007/2008	FY 07	FY 08
MR Waiver Slots for Children younger than 6	110	0
MR Waiver slots for Children 6 and older and adults	145	399
MR Waiver facility discharge slots	48	69
DD Waiver slots	65	100

In spite of the economic downturn, the 2008 General Assembly approved additional support for disability services. An additional \$200,000 was approved for **brain injury services**; \$5,000,000 was appropriated for each year of the biennium to increase by 3.6 percent **reimbursement rates** paid to MR Waiver congregate residential group home providers. Funding for **MR and DD Waiver** slots for the FY 2009–2010 biennium was approved as follows, pending final action by the Governor (on the budget as a whole):

Pending 2008 Budget Actions	FY 09	FY 2010
MR Waiver Slots for Money Follows the Person	75	75
DD Waiver slots for Money Follows the Person	30	0
MR Waiver slots (phase in over biennium)	600	0

Despite significant growth in the DD Waiver waiting list, no additional funding was appropriated for **DD waiver slots** other than the very limited number targeted to the Money Follows the Person initiative. This again demonstrates the necessity of a state agency to address the needs (funding, policy, planning, and programmatic) of individuals with developmental disabilities as a whole, not just those with intellectual disabilities. In addition, while the addition of 600 **MR Waiver slots** appears substantial, the rate of state funding compared to the rate of waiting list growth assures that the Commonwealth will continue to lag significantly behind identified need.

Positive developments are underway. The Department of Rehabilitative Services has implemented a three-year federally funded **Partnership Implementation Grant** that focuses on strengthening the state's infrastructure for the provision of services to this often-underserved and unidentified population. The Joint Commission on Health Care (JCHC) and the legislative Disability Commission have taken a significant interest in ensuring that the needs of persons with **autism spectrum disorders** are served. A JCHC stakeholder workgroup met during 2007 to discuss creation of a state office that would serve persons with autism. The workgroup recommended that the Secretary of Health and Human Resources be asked to develop an implementation plan that would determine the agency to serve this population and whether the responsibility should be expanded to developmental disabilities rather than just autism. Budget language for the implementation of this plan was not passed by the 2008 General Assembly; however, a legislative study on best practices in autism was passed and will be conducted by the Joint Legislative and Audit Review Commission (JLARC).

Despite these encouraging developments, Virginia's service system for persons with disabilities still has significant shortcomings that must be addressed by its citizens, policymakers,

advocates, and providers. As seen at the end of each chapter, the Board has attempted to identify the most significant issues affecting persons with developmental disabilities. The Board recognizes that, in all likelihood, this Assessment has not addressed all of the issues that its constituents would deem important, and that it has raised issues with which some individuals, agencies, or organizations would not agree. The Board hopes, however, that productive discussion of these issues and recommendations will occur and will promote continued movement toward positive system change. The following brief summary highlights progress and improvements as well as key areas of concern reported in each chapter.

Progress and Concerns:

Early Intervention Services addressing the needs of infants and toddlers with disabilities have expanded and improved. From FY 2003 to 2008, the General Assembly provided significant increases in financial support for Part C services, raising the annual General Fund allocation from \$125,000 to \$7,203,676. Between FY 2002 and 2006, the number of infants and toddlers served under Part C increased by 12 percent; however, these increases have not been proportionate with the level of increased funding. The Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS), responsible for Part C administration, is engaged in strengthening oversight and improving both fiscal and program data collection. Solutions Consult Group, Inc., under contract to DMHMRSAS, has conducted a comprehensive study of the Part C system and has made numerous recommendations for programmatic and fiscal improvements. DMHMRSAS has provided training and technical assistance throughout the Commonwealth, and compliance on several key indicators of services to children has improved. That the number of infants and toddlers served in their natural environment now stands at 99 percent is one such notable improvement. Despite these efforts, however, Virginia still lags behind other states in the percentage of eligible children served, particularly those served between birth and age one. Service variability among localities remains a challenge as does provider shortages.

Education: Between FY 2006 and 2007, funding for special education services for students with disabilities increased by 15 percent. The *State School Report Card* for 2006–2007 indicates that only 3 percent of core academic classes were taught by teachers not meeting the federal definition of “highly qualified,” although the percentage was higher (5 percent) in high poverty areas. A positive development was the revision by the State Board of Education of *Virginia’s Licensure Regulations for School Personnel* (8 VAC 20-22-10 et. seq.). As a result of this change, described in more detail in the Education chapter, a broader pool of educators will be available to work with students who have diverse abilities and needs. VDOE has also continued a focus on better measurement of educational outcomes of students with significant disabilities and on improving services to students with autism. Among the many continuing challenges affecting families and students with disabilities are access to the general curriculum by students with severe disabilities, appropriate inclusion of these students in the state’s accountability system, receipt of services in the least restrictive environment, low graduation rates, disparity in achievement as compared to students without disabilities, and access to assistive technology.

To address 2006 changes in federal regulations, the VDOE has obtained, and continues to seek, public comment on its draft revision of *Regulations Governing Special Education Services for Children with Disabilities*. The current draft includes some positive provisions such as maintaining age 14 as the point at which transition services must be provided. The proposed regulations, however, also have provisions of concern to the Board and families including, but not limited to, those that permit school staff members to be voting members of Local Advisory Committees and that eliminate the requirement for parental consent for partial or full termination of special education and related services.

Community Living Supports: Since fiscal year 2005, increasing numbers of Virginians with disabilities have been able to gain access to services in the community rather than in institutional settings. As noted earlier, 2006 budget actions significantly increased funding enabling Virginians with disabilities to maintain natural supports in their communities. Most important, the number of individuals with disabilities served under various Medicaid Waivers increased as a result of new allocations. New Medicaid services targeting the elderly have been implemented. The Virginia Assistive Technology System (VATS) expanded its AT recycling network to provide AT equipment to those who otherwise cannot afford it. From FY 2005 to 2007, the number of persons with intellectual disabilities who received services through Community Services Boards increased by 6.8 percent. During that same period, the number of people served under the Public Guardianship and Conservatorship Program more than doubled, the number of youth served under the Comprehensive Services Act (CSA) increased by 13.6 percent, and the number served under the Department of Rehabilitation Services' (DRS) Community Rehabilitation Case Management program increased by 10.5 percent.

Despite more people being served, the disability service delivery system remains underfunded to meet current needs, and progress is threatened by the 2008 economic downturn. A major challenge is the growing waiting lists for the MR and the DD Medicaid Waivers. From 2005 to 2007, the number of persons on the DD Waiting List more than doubled, increasing from 284 to 591 individuals, and those on the MR Waiting List increased by 7.2 percent. Moreover, according to DMHMRSAS data, since July 2004, the number of persons on the MR "Urgent" Waiting List has grown by more than one person per day. For persons with brain injury, from FY 2005 to 2007 the waiting list for the DRS Personal Assistance Services grew from 7 to 54 individuals. Funding for state agency staff members to provide licensure and quality assurance oversight, essential to ensuring citizen safety and service effectiveness, has not kept pace with increases in the level of community services. Both workforce development and expansion of service capacity will continue to be critical areas for funding. System fragmentation, low provider rates, inadequate person-centered practices, and the lack of a designated agency for developmental disabilities remain significant obstacles to effective planning, coordination, delivery, and oversight of state-funded services.

Institutional Supports: Trends in this area have been mixed. Between FY 2004 and 2007, the number of youths younger than age 21 served in nursing homes/facilities declined significantly, but the number of residents increased by 4 percent overall, primarily among adults ages 21–64 years. According to the DMHMRSAS *Comprehensive Plan for 2008–14*, efforts are underway to effect "a cultural transition" at state-operated Training Centers toward providing

time-limited care of less than one year to individuals with intellectual disability and co-occurring mental illness or behavioral challenges. At state Training Centers between FY 2005 and 2007, the average daily census decreased by 7 percent, and the number of operational beds, by 4.8 percent, with almost all of the decline limited to Central Virginia and Southside Virginia Training Centers, the two largest and oldest facilities. Annual per capita costs for state Training Centers rose significantly (15 percent) during that time period. A lack of ongoing discharge planning and the restrictive “ready for discharge criteria” that apply to persons residing in Training Centers are obstacles to transitioning facility residents into the community.

By comparison, between FY 2005 and 2007 the number of non-state-operated ICFs-MR statewide increased from 25 to 31 (24 percent), while annual per capita costs rose by 30.9 percent. Inadequate and sometimes inaccurate information is provided to families and guardians regarding community options, and there continues to be a widespread misperception that persons with significant disabilities, particularly those with complex medical needs, cannot be served in other than an institutional setting.

Health Supports: During the past two years, health care has received considerable attention. Challenges in health care include a shortage of medical and dental providers willing and able to work with individuals with disabilities, as well as attitudinal and cultural barriers. Coordination and continuity of care is problematic, particularly for persons with developmental disabilities who have co-occurring medical or mental health conditions, and user-friendly information related to health care and disease prevention is not readily available to persons with disabilities and their families. In 2006, through a federal grant and seed money from DMHMRSAS, Medical Home Plus was created in Central Virginia to improve care coordination for children with disabilities and special health needs. Medical Home Plus has continued its efforts on behalf of families and children through a coalition involving pediatric practices, Care Connection for Children, Family Voices, Parent to Parent, the Department of Health, and the Virginia Chapter of the American Academy of Pediatrics. In 2007, a dental summit and two major conferences were held, both of which addressed improving medical care to individuals with disabilities. The Governor’s Commission on Health Reform conducted a comprehensive study during 2006–2007 and, after receiving considerable public comment, published its report in the fall of 2007. This report identified major trends and issues in areas that included, but were not limited to, workforce development, prevention, long-term care, and transparency, and made numerous specific recommendations on how to improve service delivery in the coming decade.

Community Housing: A number of agencies are collaborating to improve the availability and accessibility of housing for individuals with disabilities in Virginia. Work is being done under the auspices of the Office of Community Integration, the Money Follows the Person Demonstration Initiative, and the Statewide Council on Independent Living. Projects supported by the Virginia Board for People with Disabilities include the Housing and Transportation Alliance and the EasyLiving Home voluntary certification program, described in the Housing chapter. These efforts have all generated important public-private partnerships throughout Virginia. Another positive development was action by the 2007 General Assembly to expand and rename an existing “visitability” home modification tax credit to include new home construction that meets specific universal design requirements.

Despite these positive initiatives, waiting lists for Housing Choice Vouchers remain large, 6,633 as of November 2007, and the majority of local public housing authorities (PHAs) have stopped taking applications for this program. Based on DMHMRSAS data, the Static Capacity for Community Services Boards' intellectual disability residential services increased only 2 percent between FY 2005 and 2008, and the length of wait time ranged from nearly a year (49.5 weeks) for Supported Residential Services to a little more than two years (106.4 weeks) for Intensive Residential Services. Overall, affordable housing options are extremely limited, particularly for accessible housing. Housing continues to be frequently linked to receipt of services, limiting choice and fostering a medical model for service delivery. Some communities remain resistant to the development of housing for people with disabilities (e.g., group homes), and fair housing complaints based on landlord bias show that disability discrimination is now the cause of most claims.

Transportation Services: Reliable, accessible transportation is essential to Virginians with disabilities not only to obtain and keep basic services but also to participate fully in community life. Lack of reliable transportation is also a key barrier in the ability of individuals with disabilities to obtain or maintain employment. Statewide, public and paratransit transportation services are often inadequate, especially in rural areas. Quality assurance problems remain for transportation provided under the Medicaid brokerage system. Coordination between housing and transportation planning and overall service capacity are inadequate and the lack of uniform, consistent data collection regarding existing transportation resources and both capital and operational costs is a key system challenge. Establishment of a Memorandum of Understanding (MOU) related to Coordinated Human Service Transportation in Public and Nonpublic Transit Systems in 2007 was a notable step forward. Signed by both the Secretary of Transportation and the Secretary for Health and Human Resources, this MOU requires all state agencies funding transportation for persons who are elderly, have low income, or have disabilities to participate in an Interagency Coordinating Council tasked with improving transportation coordination and services as well as reducing duplication. It also requires development, implementation, and monitoring of work plans designed to meet those goals.

Employment Services: Coordination among the many agencies responsible for employment or employment training activities remains a challenge. Employment statewide remains low with approximately two-thirds of adults ages 18–64 with disabilities not employed. Vocational services provided by the Department of Rehabilitation Services (DRS) have been under an Order of Selection since 2004, and during FY 2007 and 2008 service eligibility was limited to those individuals with significant disabilities. Virginia lags behind other states in its support of customized and supported employment opportunities, maintaining numerous facility-based, “sheltered” programs. Financial disincentives for employment remain, and fewer than anticipated have enrolled in Medicaid Works, the Buy-In program designed to enable individuals with disabilities to be employed and maintain their Medicaid benefits. Physical and program accessibility at many of the Workforce Board One-Stop centers remains inadequate. Since 2006, however, the federally funded Disability Program Navigator (DPN) initiative has successfully assisted some One-Stop Centers in becoming fully accessible and has enhanced employment services and outreach to individuals with disabilities. DPN funding ends in FY 2008.

In other positive developments, the Governor issued Executive Directive No. 8 in the fall of 2007, requiring all executive branch agencies, including institutions of higher education, boards, and commissions, to review relevant hiring practices and “to expand existing efforts for recruiting, accommodating, retaining and advancing people with disabilities for positions available in state government.” Executive branch agencies must annually report on efforts to hire persons with disabilities and to appoint them, as appropriate, to boards and commissions. An important step was taken by the 2008 General Assembly to eliminate the significant disparity between the supported employment rates paid under Medicaid home- and community-based waivers versus the much higher rates paid by the vocational rehabilitation system. Passage of budget language requires that the Department of Medical Assistance Services (DMAS) “realign the rates paid for individual supported employment provided under Medicaid home- and community-based waivers to the same level paid by DRS to employment services organizations.” This change, effective July 1, 2008, also requires that DMAS change its rates whenever DRS does so.

Advocacy and Information Resources: To ensure accessibility, availability, and affordability of needed disability services, effective advocacy services across the individuals’ life span are essential. Many organizations work effectively to provide information and technical assistance and to help individuals with disabilities and their families participate in community life and maintain natural supports. Individual advocacy resources remain limited, however, because of both fiscal and program eligibility constraints. Noteworthy progress has been made to involve individuals with disabilities and advocacy groups in planning and developing services, as exemplified by the system transformation efforts led by the Office of Community Integration, the Department of Medical Assistance Services, and the Department of Mental Health, Mental Retardation and Substance Abuse Services. Adoption of “person first” language more respectful of people with disabilities in state laws and regulations is being pursued. As a result of excellent work by self-advocates, the 2008 General Assembly passed a bill that would change references in the *Code of Virginia* from mental retardation to intellectual disability. The change, however, is contingent on the bill’s being passed again by the 2009 General Assembly.

Public comments received by the Board indicate that with respect to information resources, state agency Web sites offer challenges. They were found by persons with disabilities and family members to be complex, use bureaucratic jargon, or have outdated information. Since laws, regulations, policies, and practices change over time, state agencies and organizations must consistently provide accurate, reliable information to individuals and their families about their rights and about available resources, best practices, and community opportunities.

Emergency Preparedness: In light of growing state and national efforts to address response to natural and other disasters, this edition features this new chapter. During FY 2006–2007, progress occurred at many levels to improve inclusion of persons with disabilities in developing emergency plans and in sheltering-in-place. In 2006, considerable efforts were made to include individuals with disabilities in statewide Community-Based Emergency Response Seminars held by the interagency delegation to the Working Conference on Emergency Management and Individuals with Disabilities and the Elderly. The Virginia Department of

Emergency Management (VDEM) continues to promote participation by people with disabilities in the creation of policies and procedures that will affect them. VDEM also created a Vulnerable Populations Committee, chaired by Disability Services Agency staff members. The Office of Commonwealth Preparedness has assembled regional teams that include individuals with disabilities to develop preparedness and shelter plans.

Emergency preparedness activities are evolving, but improvements are still needed. Individuals with disabilities and advocacy organizations still are not systematically engaged in discussing the contributions that they can make in emergency planning and, typically, have not been invited to participate actively in planning and conducting disaster response training exercises at the local, regional, or state levels. More opportunities are needed to bring together individuals with disabilities and emergency response and public safety personnel with direct evacuation and sheltering experience so that they can share knowledge and “lessons learned.” The availability and mapping of shelters meeting uniform standards remains an issue, and much work must still be done to plan shelters for individuals with specialized medical needs. Lack of adequate transportation options for individuals with disabilities living in the community and residing in congregate settings remains a continuing gap and a critical need. Additional public education on personal emergency plans and available resources is needed for all citizens.

Recommendations:

In this Assessment, the Board states concerns and makes recommendations addressing them not simply to improve the quality and scope of services for Virginians with disabilities, but also to promote sustained movement toward a comprehensive continuum of community care. It is unnecessary and would be redundant for this Executive Summary to review and describe all of the many recommendations contained in this report; however, the list below provides a summary, by service topic, of the areas in which the Board would like to see action and change. A full description and rationale for each recommendation may be found at the end of the appropriate chapter.

A core value underlies all of the Board’s recommendations. State-funded services should, to the maximum extent possible, promote options, including residential choice that foster self-determination, independence, choice, and interaction with fellow citizens who do not have disabilities. This closing quotation from disability advocate John O’Brien provides a context for the Board’s recommendations:

Many people with developmental disabilities continue to lack connections beyond their relationships with their families and other people in the human service settings they attend. This reflects a history of discrimination against people with developmental disabilities which is expressed in multiple barriers to social integration. Though good services can help people to overcome these barriers, it usually takes conscious, sustained work...

Most “integrated” services for people with developmental disabilities and their intended outcome, “enabl[ing] individuals with disabilities to interact with non-disabled persons to the fullest extent possible,” are best understood as means to

personally and socially worthwhile ends.... Participation, membership, and friendship are the ends to keep in view when working to assist people with developmental disabilities to live a satisfying life in their community. ... The best predictor of personal safety and freedom from abuse and neglect is having intimate relationships and having friends.

Recommendation numbers below correspond to their numbering in each chapter and do not constitute prioritization.

Recommendations for Early Intervention Services:

1. Increase accountability and fiscal oversight of the Part C Early Intervention System by conducting a detailed and transparent accounting of the use of federal, state, and, where appropriate, local funds.
2. Enhance quality assurance efforts to improve quality and consistency of services across the state, address challenges with respect to provider availability, and eliminate service delivery gaps.
3. Eliminate organizational conflict of interest by separating the oversight and provider roles of local lead agencies.
4. Improve family education efforts to facilitate parent awareness of rights and services.
5. Improve medical practitioner and provider education efforts to increase early identification of infants and toddlers in need of services.
6. Identify and implement best practices in serving infants and toddlers with autism.
7. Implement workforce improvements to address provider shortages.

Recommendations for Education Services:

1. Provide increased and improved training for effective preparation of teachers of students with disabilities.
2. Analyze student outcomes as related to least restrictive environment, student achievement, and graduation rates.
3. Ensure access to the general curriculum/Standards of Learning by students with disabilities.
4. Maintain current state regulatory protections for students with disabilities.
5. Ensure that appropriate services, consistent with best practices, are provided to students with autism.
6. Increase the pool of providers for students with vision and hearing disabilities.
7. Evaluate the impact of Virginia Department of Education technical assistance efforts on local practice.

Recommendations for Community Living Supports:

1. Eliminate the current dual (institutional and community) system of services.
2. Develop an inclusive service system for persons with developmental disabilities that is not based on disability diagnosis.
3. Revise current Medicaid Home and Community Based (HCB) Waivers; consider consolidation to eliminate disability “silos,” and ensure person-centered practices and comprehensive choice in all waivers.
4. Improve access to Medicaid HCB Waivers by eliminating the waiting lists, providing access to the Mental Retardation Waiver to persons residing in institutions, and ensuring full identification of true need.
5. Request that the Joint Legislative and Audit Review Commission (JLARC) study administration of Medicaid HCB Waiver waiting lists and provide recommendations regarding the strengths and weaknesses of the current system and other matters they deem relevant.
6. Increase provider rates and establish an improved reimbursement rate structure to ensure adequate wages, benefits, and incentives as well as annual cost of living increases, rate parity, and rate differentials as needed.
7. Increase the Personal Maintenance Allowance for people who receive HCB Waiver services to 300 percent of Supplemental Security Income (SSI).
8. Ensure choice in case management providers under the Mental Retardation Waiver as exists in the Developmental Disabilities (DD) Waiver.
9. Address gaps in services to persons with brain injury to ensure statewide availability of core services.
10. Maximize the availability of and resources for Centers for Independent Living by increasing funding to the national minimal standard, identifying need for services, and expanding CILs to undeserved geographic areas.
11. Ensure quality of life, health, and safety in DMHMRSAS-licensed community-living settings by restructuring its licensing regulations, mandating quality assurance plans and training by congregate providers, and exploring creative options for decision-making support.
12. Improve Access to Quality Sign Language Interpreter Services for persons who are Deaf or Hard of Hearing.
13. Increase the availability of consumer-directed services and implement individualized budgeting in all HCB Waivers, using the experience to be gained through the current Systems Transformation and Money Follows the Person initiatives.
14. Support alternatives to guardianship to ensure maximum self-determination for persons who may require assistance in decision-making.

Recommendations for Institutional Supports:

1. Equalize the entitlement status of institutions and community living by amending the Medicaid State Plan to make community living an entitlement.
2. Implement person-centered practices (PCP) systemwide by expanding training and education throughout the service delivery system and providing aggressive state leadership that ensures that PCP is universally understood and integrated into all planning and service delivery.
3. Provide active case management to persons residing in institutions to ensure that discharge planning is an ongoing, meaningful process.
4. Implement a moratorium on conversion of Medicaid HCB Waiver-Funded group homes to Intermediate Care Facility for Persons with Mental Retardation (ICF-MR) Status.
5. Eliminate the institutionalization of children in Virginia (younger than age 21).

Recommendations for Health Services:

1. Expand the availability of dental coverage for adults with disabilities.
2. Improve professional training for all health professionals in order to improve the availability and quality of community care for persons with disabilities.
3. Provide incentives to promote community-based care to foster accessible, inclusive, and welcoming health and wellness services for people with disabilities.
4. Identify and promote best practices for inclusive health and wellness services.
5. Preserve consumer choice and self-direction of health services by closely monitoring public and private efforts in the area of integration of acute and long-term care and managed care.
6. Maintain current services and commitment to the State Children's Health Insurance Program (SCHIP).

Recommendations for Community Housing:

1. Increase knowledge of and planning based on alternative housing models to create more housing that is affordable for people with disabilities and improve flexibility and independence in selecting housing and service providers.
2. Provide rental assistance to persons with disabilities by prioritizing people with disabilities for rent subsidies in Public Housing Authority (PHA) local plans.
3. Ensure coordination of state housing activities by integrating the various task forces and workgroups addressing housing issues.
4. Increase disability and advocacy community participation in planning activities by appointing a person with a disability to every PHA Resident Advisory Board and ensuring involvement of people with disabilities in development of statewide plans.

5. Improve coordinated financing for housing, consider changing the method for allocating and distributing housing funds, and establish a Virginia Housing Trust fund using an existing dedicated stream of state revenue.
6. Amend Virginia's Fair Housing laws to ensure landlords are not able to use source of income (i.e., housing vouchers) to discriminate against individuals with disabilities.

Recommendations for Transportation Services:

1. Implement a coordinated human services and public transportation planning model that provides more transportation options, more flexible schedules, and more convenient routes for all citizens.
2. Provide a stable and adequate base for public transportation funding and create incentives for localities to develop and expand services.
3. Promote the use of the Transportation and Housing Alliance (THA) Toolkit that augments each locality's ability to assess its transportation and housing needs and capacity and to project future needs.
4. Ensure uniform data collection to support transportation coordination efforts.
5. Provide education and training for human service and public/paratransit drivers on diverse disabilities, disability culture, disability sensitivity, and etiquette.
6. Improve quality assurance for nonemergency Medicaid transportation by holding accountable the state's transportation broker, providing an improved complaint process, conducting a publicly visible assessment of service needs, and developing specific recommendations for solutions.

Recommendations for Employment:

1. Provide greater career options and opportunities for people with disabilities by increasing customized employment and making more flexible, training, job coaching, job placement, assistive technology, and other workplace accommodations and career development services.
2. Eliminate barriers to the use of work incentives by providing ongoing training and technical assistance for staff members in local and state agencies that provide services to people with disabilities, particularly local social service agencies and public school transition personnel.
3. Provide sufficient funding to eliminate vocational rehabilitation waiting lists and lift the current Department of Rehabilitative Services Order of Selection that limits services to specific categories of disability severity.
4. Explore funding resources to ensure that the Disability Program Navigator Initiative established by a federal Department of Labor grant within the One Stop Workforce Development Centers will continue following the expiration of funding in June 2008.

Recommendations for Advocacy Information and Resources:

1. Provide continued education and training to individuals with disabilities and their families to ensure that they understand the advocacy and informational resources available to them.
2. Increase involvement of the disability community in planning and assessment of all state and local government program and services, not just those relating to disability programs and services.
3. Improve reliable data collection and assessment in order to identify accurately the number of individuals needing services, awaiting services, receiving some but not all of the services they need, and other important planning factors.
4. Promote common ground among public and private disability advocacy agencies so that limited resources can be pooled to advocate for systems change on issues of mutual concern.
5. Improve the accessibility of state agency Web sites and ensure that materials posted on these Web sites are available in alternate formats.
6. Provide for additional advocacy resources and increase local and state agency commitment to advocacy on behalf of the individual for whom they are working.

Recommendations for Emergency Preparedness and Planning:

1. Implement the Community Integration Advisory Commission (CIAC) Recommendations regarding emergency planning for persons with disabilities.
2. Involve individuals with disabilities in all local, regional, and statewide planning activities and exercises.
3. Enhance shelter accessibility in order to support families and ensure that there is sufficient equipment in shelters to accommodate persons with complex medical needs or the need for specialized equipment.
4. Ensure adequate emergency transportation planning for individuals with disabilities in the community and in congregate settings.
5. Identify and implement best practices in emergency planning and preparation from other states.
6. Promote emergency planning efforts and training opportunities to individuals with disabilities and their families, particularly targeted to those who may not have computer access.

References:

- O'Brien, John. (2006). *Perspectives on "Most Integrated" Services for People with Developmental Disabilities*. Lithonia, Georgia: Responsive Systems Associates. Retrieved from: http://thechp.syr.edu/most_integrated.pdf.