

Biennial Assessment

of the

Disability Services System
in Virginia



**Board
Recommendations**

**Priorities for
2008-2009**

VIRGINIA BOARD
FOR PEOPLE WITH DISABILITIES

THE COMMONWEALTH'S DEVELOPMENTAL DISABILITIES PLANNING COUNCIL

April 2008

This document contains excerpts from the

***Biennial Assessment
of the Disability Services System in Virginia***

April 2008 Edition.

The full text of this report is available at www.vaboard.org/biennial.htm
and in print, CD-ROM, and other accessible formats on request.

For more information
or to request a copy, please contact the

VIRGINIA BOARD FOR PEOPLE WITH DISABILITIES

Washington Building, Capitol Square
1100 Bank Street, 7th Floor
Richmond, VA 23219

804-786-0016 (Voice & TTY)
800-846-4464 (toll-free, voice & TTY)
804-786-1118 (fax)

info@vbpd.virginia.gov
www.vaboard.org

This publication was funded through federal monies provided under the Developmental Disabilities and Bill of Rights Act and State General Funds.

Board Priorities for 2008-2009

At its September 10, 2008 quarterly meeting, the **Virginia Board for People with Disabilities** (VBPD) determined that the following ten recommendations from the 2008 edition of its *Biennial Assessment of the Disability Services System in Virginia* would be given priority for new initiatives during the coming year. In particular, these recommendations will be matched with appropriate goals, objectives, and desired outcomes from the Board's federally mandated 2007-2011 State Plan to develop the Board's 2009 grant-funding request for proposals.

The identification of these ten recommendations is also intended to help guide but not limit the Board's policy focus. These recommendations reflect just a small, but important, sample of the Board's overall areas of interest and concern. In total, the 2008 *Biennial Assessment* included 67 distinct recommendations for critically needed improvements in Virginia's disability and related service systems. Many of the Board's past, current, and future policy, liaison, outreach, educational, and funding initiatives have addressed or will address these ten as well as the remaining 57 recommendations from the 2008 *Biennial Assessment*. For example, during workgroups and the full Board meeting in June 2008, in response to a request from the Office of Virginia's Secretary of Health and Human Resources, the Board identified five key recommendations which it forwarded to the Secretary for consideration when determining budgetary, administrative, and policy agendas for the coming year. The Board regrets that neither its nor the state's resources are sufficient to give full attention to all 67 recommendations immediately and concurrently.

The following ten recommendations are listed in their order of appearance in the 2008 *Biennial Assessment* and are not listed in priority order. Each section below also includes the same opening remarks that preface the recommendations in that report. The *Biennial Assessment* includes additional recommendations for each of the following service areas as well as for early intervention, education, employment, advocacy, and emergency preparedness. The recommendations at the conclusion of each chapter are preceded by a detailed description of the related service systems and the areas of concern leading to the recommendations. They are followed by listings of appropriate references and resources.

For a full detailing of the Board's 67 recommendations appearing in the *Biennial Assessment*—both as a part of the complete document and as an abbreviated excerpt—please visit the Board's website at www.vaboard.org/biennial.htm. Copies can also be obtained by contacting the Board at info@vbpd.virginia.gov or 1-800-846-4464 (toll-free, voice & TTY).

Board Recommendations for Community Living Supports

In putting forth the following recommendations, which certainly do not represent all changes and improvements required for the Commonwealth's disability service system, the Virginia Board for People with Disabilities (VBPD) would like to begin with the following quote from *The Status of Institutional Closure Efforts* (2005):

Clearly, cost, service quality, and lack of available successful community alternatives are not the reasons ... institutions remain open. Instead, institutions for persons with ID/DD remain open because some states lack the political will to close or downsize them. Most states provide community supports to most or all of their citizens with ID/DD. Most states have made policy decisions that acknowledge the substantially better quality of life and quality of care in community settings, and which support the right articulated in the New Freedom Initiative for individuals to be free of unnecessarily restrictive living arrangements. The hope is that the others will soon provide similar opportunities to their citizens with disabilities.

Eliminate the Current Dual System of Services: VBPD continues to recommend that the current institution-based service model be replaced with a defined core set of community-based supports and services that are available on an equitable basis statewide. The Commonwealth should alter its commitment of financial resources to focus on immediate development of new community-living opportunities as an alternative to institutionalization. Every dollar spent on a Training Center is money not available for community services. The identification of core services in communities statewide should be regarded as a minimum step and should not preclude the development of flexible, new services or the creative utilization of natural supports for which funding may be needed. To address the fear of losing state jobs as a result of state facility downsizing, VBPD recommends that the Commonwealth develop and support jobs in the community for workers who would be affected by downsizing. Virginia should use the model of other states that have provided for comparable wages for direct care professionals and paraprofessionals who support people with intellectual and/or developmental disabilities as they move from institutional to community-living arrangements.

Improve Access to Home and Community Based (HCB) Waivers: VBPD supports the recommendations of DMHMRSAS, the Arc of Virginia, and others to make a significant increase of funding to develop community services, eliminate the HCB Waiver Waiting List and in the interim, and bring the waiting period to reasonable timeframes and predictable levels. VBPD also recommends that access to the MR Waiver be provided for persons in non-state-operated intermediate care facilities for persons with mental retardation (ICFs-MR) and in nursing homes in the same manner as they are available to persons residing in Training Centers. DD Waiver slots are already available to this population. VBPD recognizes the position of advocacy groups that fear that placing persons who reside in institutions on the MR Waiver waiting list will simply lengthen that list. VBPD believes, however, that the true need for waiver slots should be documented and that persons with intellectual disabilities residing in all

institutions should have the opportunity to move out of those settings if they so choose. At present, they have little hope of moving to the community because their health, welfare, and safety are presumably being met in the institutional setting. The Money Follows the Person initiative is a positive step in this direction, and it will be important to study the outcomes of this demonstration initiative.

Increase Provider Rates and Establish Improved Rate Structure: VBPD recommends that Virginia follow the lead of other states that have implemented initiatives for significant improvement of wages and provide or facilitate health-care coverage and other benefits to direct care workers serving persons with disabilities. VBPD also recommends that the Commonwealth expand incentives for providers who serve individuals in community-living settings, including group homes, but recommend enhanced incentives for the development of supervised apartments, supported living, and other noncongregate living arrangements.

VBPD commends the elimination of the rate disparity between supported employment services funded by the Department of Rehabilitative Services versus those funded under the MR or DD Waivers and recommends the elimination of all such rate disparities. The Board further recommends annual cost-of-living adjustments, regional differentials where needed, and establishment of an intensity-based rate structure that will give incentives to community-based providers to serve persons with more complex and challenging needs.

Board Recommendations for Institutional Supports

The Virginia Board for People with Disabilities puts forth the following recommendations relating to policy and practice that would encourage and promote true choice for residents of institutions.

Equalize the Entitlement Status of Institutions and Community Living: The Virginia Board for People with Disabilities (VBPD) continues to recommend that the Medicaid State Plan be amended so that Home and Community Based Medicaid Waiver services be given the same entitlement status as currently exists in Virginia for ICF-MR (institutional) services.

Implement Person-Centered Practices (PCP) System-wide: VBPD recommends that training and education on person-centered practices, including values, planning, and support, be expanded throughout the service delivery system and included in university programs and continuing education for human services. To effect a systemic paradigm shift, aggressive state leadership is needed to set expectations, develop policies and protocols, revise regulations, and expand training. Person-centered principles and practices (PCP) need to be universally understood and integrated into the fabric of planning and service delivery for individuals with disabilities at every level regardless of the environment in which the services are being provided. There are three current initiatives that each have a specific goal to bring person-centered services and practices to the service system: the Money Follows the Person Demonstration Project, the Systems Transformation Grant, and the Person-Centered Planning Workgroup assembled by the Department of Mental Health, Mental Retardation and Substance Abuse Services in response to

the Office of Inspector General's (OIG) recommendations from OIG Reports 126-05 and 127-05. In order to ensure that these current initiatives actually bring PCP to the forefront of service delivery—with systemic versus splintered success—it is important to gain an understanding of why past attempts have failed. The strategies used and barriers confronted need to be identified, discussed, assessed, and fully understood with questions such as “Why didn't this work before?” and “What do we need to do differently?” asked at each juncture of planning, implementation, and evaluation.

Eliminate the Institutionalization of Children in Virginia (Younger than Age 21): VBPD believes that families should never have to make the difficult decision to place their children in an institutional setting because they cannot obtain the services and supports they need within their homes and local communities. The Commonwealth should make a clear commitment to providing sufficient long-term funding to develop and maintain services that will allow children to grow up with a family. VBPD recommends that the appropriate executive branch or legislative agency conduct a study to examine the reasons for admissions of children and youths to training centers, nursing facilities, ICFs-MR (state and non-state), and long-stay hospitals to include contributing community service gaps, length of stay, impact of long-term institutionalization on family relationships, cost comparison to community services, and identification of successful strategies in other states to support youths and families in the home.

VBPD recommends that Virginia follow the lead of the State of Georgia, which in 2005 developed a goal of “a Georgia where children are prevented from going into institutions/facilities or are brought safely home from institutions/facilities into homes and families.” As a result of this goal, the Georgia legislature passed a resolution that required nursing homes, state hospitals, private ICFs, and public and private hospitals serving children in long-term care submit an annual progress report to the Speaker of the House and develop a budget proposal for the 2008 fiscal year. It also established an oversight committee comprised of members of the three federal partners and other interested stakeholders, including legislators, to monitor the progress of the agencies. A summit was held to discuss ways for successfully moving the children to permanent homes and families. In 2006, the Georgia legislature approved funds so that all of the children in its state-administered institutions could go home. The state continues to work on this same goal for children in private facilities and nursing homes.

Board Recommendations for Health Services

The concerns identified [in the Health Chapter of the *Biennial Assessment*] are all important and deserving of attention, but in [that] report, the Virginia Board for People with Disabilities (VBPD) restricts its recommendations to areas where the need is most acute and there is the greatest potential for long-term improvements in the health and wellness of individuals with disabilities. Actions leading from these recommendations will ultimately result in an overall healthcare service system, public and private, which is more inclusive, more effective at preventing secondary problems, and more efficient in the use of public resources.

Expand Availability of Dental Coverage for Individuals with Disabilities: VBPD

recommends that Virginia take immediate steps to broaden publicly funded health insurance to include dental coverage for otherwise-eligible adults with disabilities. Steps must also be taken to ensure that dental services for both children and adults with disabilities are available in all Virginia localities currently lacking them and to increase the pool of available practitioners statewide. Outreach, incentives, and improved professional training must address existing physical, operational, and attitudinal barriers. Financial incentives must include a reduction in the gap between reimbursement rates for services to individuals with disabilities covered by publicly funded insurance and those enrolled in private plans. Publicly funded insurance reimbursement rates must also be restructured to give adequate compensation to dentists for providing services that must be performed in hospital settings for individuals with medical or behavioral concerns necessitating such care. Incentives and training, accompanied by ongoing technical assistance that includes information on available assistive technologies, must be provided for both new and existing practitioners that will enable and encourage them to make their services more accessible and welcoming to persons with disabilities.

Improve Professional Training for All Health Professionals: In addition to the targeted training for dental practitioners described above, VBPD recommends that curriculum for physicians, nurses, and all other healthcare providers, at the earliest stages of professional training and to meet continuing education requirements, be strengthened to improve the availability and quality of community care for persons with disabilities. This curriculum should address the needs of individuals with intellectual and other developmental disabilities, in particular, and foster greater understanding of the basic human and civil rights requiring outreach to and accommodations for all individuals. It should provide cross-training on mental and physical health needs and practices specifically related to disabilities, information on assistive technology, and the most up-to-date information on early diagnosis and intervention. It should also address person-centered practices, self-determination, and other “dignity of risk” issues and promote a broad understanding of the abilities and potentials of persons with disabilities. Successful models and resources for improved practitioner training, including those produced by VBPD’s sibling developmental disability network agencies in other states, exist and are available for use in Virginia contingent on the will and resources to implement them.

VBPD further believes that training and practical experience in the “medical home” concept described earlier in this chapter should become a fundamental part of initial and continuing education for health professionals. Expansion of existing pediatric medical home programs and integration of medical home concepts throughout acute and long-term healthcare for both children and adults is essential to ensuring lifetime continuity of care and person-centered planning and decision-making across service disciplines.

Board Recommendations for Community Housing

There are many individuals with disabilities who, if given the opportunity, would choose to live independently in their own residence, with or without supports. For this option to become a reality, people with disabilities need to be provided viable choices for accessible and affordable

housing options. The availability of adequate housing is also a significant issue with respect to the Commonwealth's ability to comply with the Supreme Court decision on *Olmstead v. L.C.* The Virginia Board for People with Disabilities (VBPD) offers the following recommendations to improve community housing available to Virginians with disabilities.

Increase Knowledge of and Planning Based on Alternative Housing Models: To create more housing that is affordable for people with disabilities, housing officials must be better educated about both the residential preferences of this population and the financing of subsidized housing that facilitates community integration. The types of housing preferred by some people with disabilities are independent apartments and homes or alternative housing that is integrated into the community rather than housing targeted either to persons with disabilities or more restrictively to persons with a specific type of disability.

The most creative and successful strategies require service agencies to think “outside of the box”—using all available housing resources and not just those targeted to the broad “special needs” populations. For example, in some states housing officials have combined mainstream Low-Income Housing Tax Credit funds and Shelter Plus Care subsidies to create new supportive housing for very-low-income homeless people with disabilities.

Housing models are, and will continue to be, needed that separate housing and services, allowing for choice in where and with whom a person lives. Separation of housing from services in community-based settings has been both a successful formal policy and standard practice in a number of states, such as Wisconsin, Michigan, Rhode Island, and Illinois. Individualized budgeting is one mechanism being used to promote such models, and it results in greater flexibility and independence in selecting housing and a service provider. VBPD recommends that the accomplishments and strategies used in other states be reviewed, discussed, and used to develop a framework for action in Virginia.

All entities and individuals with a vested interest in increasing housing opportunities and choices—state, regional, and local agencies, nonprofit and private organizations, advocates, and individuals with disabilities and their families—need to develop or strengthen collaboration and coordination of efforts. VBPD recommends development of training and other educational opportunities that will equalize knowledge, dispel myths and misinformation, promote common ground, and create a common vision.

Board Recommendations for Transportation Services

Transportation issues are one of the most-frequently cited barriers to full inclusion in community life by people with disabilities. Transportation is more than an access issue alone; it is also directly related to health, safety, and quality-of-life issues, as well. In addition, those issues directly relate to effective implementation of the Supreme Court decision in *Olmstead v. L.C.* Maximizing practical application of emerging technologies can profoundly affect the quality of community living for people with disabilities, including those with severe disabilities. In all aspects of their lives, people with disabilities who are unable to drive or who cannot afford

an automobile must find solutions to their transportation needs. The Virginia Board for People with Disabilities (VBPD) makes the following recommendations to address identified areas of concern and improve the quality and availability of transportation throughout the Commonwealth.

Implement a Coordinated Human Services and Public Transportation Planning Model: A coordinated planning structure would enable the State to leverage resources better to serve all of its citizens.

The Department of Rail and Public Transit (DRPT) is taking a leadership role in current transportation coordination efforts. As described in the chapter detail above, significant groundwork has been achieved in educating localities and constituents about the improved quality of service and economic benefits that could be realized when transportation services are coordinated. DRPT has been effective in bringing to the Commonwealth important inventory, assessment, and planning components required from the various federal initiatives described earlier. As other states—such as Georgia—have proved, coordination of transportation services works, especially when implementation occurs at both the state and local levels.

Interviews with transportation-disadvantaged individuals indicate they want more transportation options, such as more-flexible schedules and more-convenient routes. VBPD recommends a coordinated transportation services' model that accounts for and examines the use of all vans and buses purchased with state funds for joint use by health and human service agencies at the local level (with an exception for school buses used to transport students to and from school). This could include, but not be limited to, vehicles used by community services boards, Area Agencies on Aging, and employment service organizations as well as other vehicles purchased with state funds. Having these vehicles accessible in evening or weekend hours would be beneficial to individuals and communities. Passenger vans and buses purchased with state funds should be used as efficiently as possible to serve transportation needs. While agency administrators may report that they need their vehicles all the time, there are typically peaks and valleys in use through the course of a 24-hour period. When these vehicles are viewed as a resource available to the community 24 hours a day and 7 days a week, their underutilization becomes apparent. In addition, one program's low usage time may fall at another program's peak usage time. Issues with respect to liability and coordination could be resolved through Memorandums of Understanding or contracts.

To the extent available, services providers should consider using the public transit systems to provide transportation for persons with disabilities as an alternative to private transport. A number of rural communities already have a publicly funded transit system. Many of these systems can and do provide contracted health and human service transportation more efficiently than the public agencies that are currently providing these services. Because the costs for transportation in many human service agencies are not tracked by trip and passenger, policymakers find it difficult to compare costs per unit of service. The experience of other states indicates that when rural transit systems provide transportation to persons with disabilities, health and human service agencies save money that can be allocated to other direct services benefiting its citizens.