

ONE COMMUNITY



**FINAL REPORT OF THE TASK FORCE TO
DEVELOP AN OLMSTEAD PLAN FOR
VIRGINIA**

Adopted August 28, 2003

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I. OVERVIEW

OF

REPORT

A. EXECUTIVE SUMMARY

What is Olmstead? *It is an opinion of the Supreme Court of the United States that is binding on all state governments.*

- Olmstead v. L.C., 119 S. Ct. 2176 (1999), involved a challenge under Title II of the Americans With Disabilities Act (ADA), 42 U.S.C. § 12132, by two women with mental disabilities who lived in mental health facilities operated by the State of Georgia, but who wished to live in the community. The U.S. Supreme Court held that Georgia had violated the ADA by forcing these women to remain in a State mental hospital after their treating professionals had determined them to be ready for discharge.
- The Court held that a state is required under Title II of the ADA to provide community-based treatment for persons with mental disabilities when:
 - The State's treatment professionals determine that such placement is appropriate;
 - The affected persons do not oppose such placement; and
 - The placement can be reasonably accommodated, taking into account the resources available to the State and the needs of others with disabilities.
- States must make reasonable changes in or modifications to programs to provide more integrated services to qualified individuals, unless doing so would “fundamentally alter” the services provided. The “fundamental alteration” standard is met if the state can demonstrate that it has a comprehensive, effectively working plan for placing qualified persons with disabilities in more integrated settings and a waiting list that moves at a reasonable pace not controlled by the state’s endeavors to keep its institutions fully populated.¹
- People with disabilities who *want* to move to a more integrated environment must be given a choice to do so. The choice must be a meaningful one, driven by the unique needs and preferences of those individuals. Of course, Olmstead does not require people receiving services to move anywhere if they oppose moving, and it does not prohibit people from choosing less integrated settings.

“If people with disabilities are able to live independently in the community, they should have the freedom to do so. In light of the Olmstead decision, it's time to examine all State policies affecting persons with disabilities and to help them live in the setting that is most appropriate for their needs. Our top priority should be to help all Virginians have the opportunity to live with as much dignity and independence as possible.”--**Mark Warner, Governor of Virginia**

To Whom Does Olmstead Apply?

- Although the Olmstead case involved two individuals with a mental disability, the decision also applies to persons with other types of disabilities who are covered under the ADA.

¹ There is no data available in Virginia regarding individuals waiting for discharge from nursing homes and assisted living facilities; this is a serious issue addressed within the report. [See pages 72-73.](#)

- The Olmstead decision has been widely interpreted as applying to individuals who live in state-operated institutional and similar environments, however it has also been construed to apply to individuals currently living in the community and at risk of placement in these environments.
- This Report is intentionally broad in its scope in order to assure that no one who is currently, or who in the future may be, affected directly by Olmstead is left out. Therefore, some of the recommendations in this Report apply to individuals who live in state-operated institutional and similar environments, and other recommendations apply to individuals at risk of placement in these environments, particularly those who are at clear risk of such placement.

One in every five Virginians has one or more disabilities.²

Why Should Virginia Act?

- ***It is the right thing to do.*** People with disabilities must not be segregated on the back wards of hospitals and institutions. New treatments and technologies allow the vast majority of people with disabilities to be full participants in all aspects of life in Virginia. People with disabilities are parents, sons and daughters, brothers and sisters. Virginia must give direction and resources to an Olmstead Plan – a roadmap to making the Commonwealth truly “One Community.”
- ***The ADA and the Court’s interpretation of it in Olmstead are the law in this Country.***

How Will Virginia Get There? *By developing a blueprint for implementing the recommendations contained in this Report. For this to happen, State administrators, policy makers, and agency officials must work together, with people with disabilities and service providers, to consistently collaborate; make needed changes in practices, policies, regulations, and legislation; and assure sufficient funding to implement the recommendations contained this Report.*

- We challenge the Governor and the General Assembly to support all Virginians with disabilities by leading the implementation of these recommendations.
- Many recommendations can be implemented immediately at no additional cost because they require only administrative action. Other recommendations will require legislation, and still others will require substantial funding over the course of the next six years.
- The Task Force has identified over 20 State agencies responsible for implementing the recommendations in this Report. Sustained inter-agency collaboration and coordination are critical to the success of all implementation efforts.
- Each affected agency should be charged with identifying individuals who are living unwillingly and inappropriately in institutional and similar environments and those who are clearly at risk of such placement; informing them of their rights under Olmstead; arranging for them to move to or stay in more integrated settings; costing out all recommendations in this Report; implementing administrative actions that do not require legislation or funding;

² Extrapolation from the 1997 Federal Survey of Program and Income Participation Data.

and preparing legislative and budget proposals for the Governor and the General Assembly to consider.

- People with disabilities and their family members must have maximum opportunities to participate in all implementation efforts.

These are elements essential to ensuring that the Commonwealth establishes and implements a system of services and supports that is responsive to the unique needs and preferences of individuals with disabilities and that the system is adequately funded.

B. VISION AND GOALS

We envision Virginia as “one community” for all citizens—one that welcomes individuals with disabilities and supports them as active members of their own communities. By “own community,” we mean any location an individual with a disability chooses that affords the individual the opportunity for maximum possible autonomy over his or her daily life.

We believe that individuals, of all ages and with any disabilities, have the right to decide where to live, and live as independently as possible, in the most integrated setting. This is the same right--no more and no less—enjoyed by individuals who do not have disabilities.

Choices must be meaningful and driven, not by disability “labels,” but by the unique needs and preferences of individuals with disabilities. We believe that, in order to assure meaningful choices, the Commonwealth must:

- Provide services and supports that are appropriate to and respectful of the individual, affordable, accessible, available, diverse, reliable, safe and accountable;
- Allow self-determination and consumer direction of services and supports to the extent possible;
- Provide ample opportunities for individuals with disabilities and their families to participate in planning and developing services and supports;
- Assure that individuals with disabilities and their families know about these services and supports and the choices that are available to them; and
- Address the institutional bias in the State Medicaid Plan by balancing community and institutional services.

Services and supports must be accountable to individuals with disabilities, their families, the general public and decision-makers and be based on:

- Fairness and equity for all persons covered by the Olmstead decision;
- A clear connection between system goals and actual system outcomes;
- A philosophical and budgetary commitment to the requirements set forth in the Olmstead decision; and
- Clear criteria for current and new funding to insure that such funds are spent and distributed in a manner that supports the rights of individuals with disabilities to make choices from appropriate options within available resources.

Services and supports mean little unless Virginians with disabilities have access to housing that enables them to live as independently as possible according to their individual needs and preferences. A full array of permanent and transitional housing options must, therefore, be available. Transitional and permanent housing for people with disabilities must be affordable and accessible to all individuals who are: 1) institutionalized; 2) living in a setting they consider to be restrictive; 3) at risk of institutionalization; 4) on residential services waiting lists; and 5) homeless. Housing should be separate from supportive services and not be contingent on the receipt of services; however, supportive services must be available, accessible if needed and desired, flexible and individualized.

A true measure of integration into the community, for every individual who is able and wants to do so, is the individual's opportunity to work. The dignity, responsibility, and economic independence resulting from gainful employment is the most effective way of reducing dependence on public benefits, enhancing self-reliance, changing attitudes, and promoting full community integration of individuals with disabilities.

Transportation is basic in the integration into and survival in community living for individuals with disabilities; it is what allows all citizens to work, go to the doctor, visit friends, shop, and participate in activities in the manner they choose. Transportation of all kinds must be consistently available, affordable, accessible, reliable, safe and meet the needs of individuals with disabilities throughout the Commonwealth, in both rural and metropolitan areas.

In order that individuals with disabilities have the opportunity to live, work, and participate in activities in the community of their choosing, needed services and supports must be available from qualified providers. Qualified providers can be individuals or organizations that have a variety of backgrounds, professional expertise and skills that maximize the ability and capacity of individuals with disabilities to live independently in the community of their choosing, with a quality of life that empowers them to fully participate in society. To increase the availability of qualified providers, Virginia should embrace creative solutions, including public/private partnerships, and ensure that adequate compensation is provided for services rendered.

Most individuals with disabilities are fully capable of making choices and decisions for themselves, just as individuals without disabilities are. We acknowledge that some individuals with disabilities lack the capacity to make some or all decisions and choices for themselves. Every such individual should have a means by which decisions and choices may be made on his or her behalf. Among many other examples, some individuals may have an advance directive, and others may need a surrogate decision-maker appointed and available to act on their behalf. The surrogate decision-maker could be a family member chosen in the order set forth in the Health Care Decisions Act, § 54.1-2986 of the Code of Virginia, a guardian, or other legally authorized representative. Unless the context indicates otherwise, wherever reference is made to a decision or choice by an individual with a disability in the report that follows, the decision or choice may be made by an appropriate surrogate decision-maker if the individual cannot make the decision or choice independently.

In order to assure choices to individuals with disabilities, we recognize, and have developed an Olmstead Report that reflects, the importance of Virginia's full continuum of care, from self-care through institutional care.

In developing this Report, we have spoken with one voice and embraced a forward-thinking perspective, with the goal of benefiting all Virginians. We believe that this Vision and the

contents of this Report should be communicated broadly to all individuals with disabilities, their families, providers, decision-makers and the general public.

This Report has been written and submitted in order to assist the Commonwealth in realizing the following major goals, all of which the Task Force considers to be ***fundamental precepts of implementing the Olmstead decision in Virginia.***

Qualified individuals with disabilities in Virginia must, if they choose, be afforded the opportunity to:

- A. Move to a more integrated setting appropriate to their needs;
- B. Stay in the community of their choice once they have moved into a setting that is appropriate for their needs;
- C. Live successfully in the community of their choice while receiving appropriate services in order to prevent unwanted institutionalization; and
- D. Work collaboratively with all public and private partners to ensure the implementation of the Olmstead decision in Virginia.

Virginia has an obligation to make this happen.

C. RECOMMENDATIONS

The chart below sets out all recommendations contained in this Report, arranged by time frame for initiation of implementation. Within each time frame, the recommendations are organized by primary responsible entity. The first column contains the recommendation. The second column contains responsible entities. All responsible entities should work with individuals with disabilities, their families, advocates, providers and other stakeholders in implementing each recommendation. The third column contains the category into which the recommendation falls: ***direct impact on individuals with disabilities (D)*** or ***systems support (S)***.

Immediate (Beginning in FY 2004):

RECOMMENDATIONS: <i>General Assembly--Immediate</i>	Responsibility	D/S
1. Amend/provide funding for all services in all Waivers to include concepts/options in Independence Plus Waiver template. Amend Waivers to allow consumer direction of all services; encourage consideration of consumer direction in all future Waivers. (Pages 21 , 68)	DMAS	D
2. Increase availability of funded Medicaid Waiver slots, including cash and counseling and other options. (Page 21)	DMAS	D
3. Amend Nurse Practices Act and regulations to permit consumer-directed personal assistants, respite workers and companion aides to provide certain nursing activities. (Page 23)	Board of Nursing	D
4. Amend Waiver policy to ensure recipients are assessed individually for service hours they need and, when they live with other recipients, services are not reduced by pooling hours. (Page 24)	DMAS; DMHMRSAS	D

RECOMMENDATIONS: <i>General Assembly--Immediate</i>	Responsibility	D/S
5. Amend DD Waiver Regulations to allow recipients to choose with whom and with how many people they live. (Page 24)	DMAS	D
6. Fund/develop community services to eliminate State MH facility discharge waiting lists. (Page 26)	DMHMRSAS	D
7. Amend statutes to require judges/magistrates to integrate professional recommendations into decisions about hospitalizing people with mental illness. (Page 27)	DMHMRSAS; VDA; Va. Supreme Court	S
8. Study options to establish a dedicated revenue stream for health, mental health, rehabilitative and other services and supports for persons with disabilities. (Page 27)	Relevant executive branch agencies	D
9. Examine and amend all statutes, regulations, policies and practices that conflict with this Report to ensure/protect consumer access to needed supports/services. (Page 28)	All State agencies	S
10. Expand RCSC concept at Northern Virginia Training Center to 4 other training centers. (Page 29)	DMHMRSAS; DMAS	D
11. Support attempts to expand curricula to tailor care to specific disability needs. (Page 29)	Relevant agencies	S
12. Study improving quality of care through a prescription drug assistance program. (Page 32)	Relevant agencies	D
13. Require meetings with the individual/surrogate decision-maker/staff from discharging/receiving providers/anyone else the person selects to precede transitions; enforce requirement. (Page 34)	All licensing agencies	D
14. Support DMHMRSAS' Regional Restructuring Partnerships as means to establish incentives to encourage facilities and communities to function in a more integrated manner. (Page 35)	DMHMRSAS; DMAS	S
15. Enact legislation requiring providers to report critical incidents and deaths to VOPA/OIG within 48 hours; analyze the data for trends. (Page 37)	VOPA	S
16. Study providing greater criminal and civil protections for people with disabilities who are at heightened risk for abuse, neglect, exploitation and fraud. (Page 37)	DSS; Other relevant agencies	D
17. Expand disability training of public safety/health personnel; fully fund in the short term. (Page 38)	Relevant agencies	D
18. Create and consolidate all licensing departments into a Division of Licensing. (Page 38)	Governor	S
19. Fund educational campaign for persons with psychiatric/other disabilities and their providers regarding advance directives and other options for surrogate decision-making. (Page 41)	DMHMRSAS	S
20. Create a Statewide library and list of disability-related resources; establish a toll-free number to link people with appropriate resources. (Page 42)	Library of Virginia; DRS; Other agencies	D
21. Establish a web-based course on disability issues. (Page 43)	VBPD; DRS; SCHEV	D
22. Provide for volunteers in the disability community, e.g., in mentoring programs. (Page 43)	HHR; HHR agencies	D
23. Hold competitions for creative community inclusion designs; target grants for innovative solutions to implementing Olmstead, and showcase them at annual Statewide exposition. (Page 44)	HHR; Universities; Possibly VBPD	S
24. Add self-advocacy training to curriculum & IEPs when services begin (age 14). (Page 46)	DOE; DRS	S
25. Explore/coordinate ESO funding allocations to maximize Federal reimbursement. (Page 47)	DMHMRSAS; DRS	D
26. Increase Medicaid reimbursement rate for Individual Supported Employment to parallel DRS rate, based on costs to provide supported employment services in different geographic regions in Virginia; increase incentives/funding to encourage development of employment services. (Page 48)	Governor; DMAS; DRS; VEC; DMHMRSAS	S
27. Expand specialized vocational/other services for TANF recipients with disabilities. (Page 48)	DSS; DRS; DMAS	D

RECOMMENDATIONS: <i>General Assembly--Immediate</i>	Responsibility	D/S
28. Implement a workable Medicaid Buy-In Program. (Page 49)	DMAS	D
29. Add 14 DRS VR alcohol/SA specialty counselors to serve persons with most significant disabilities; adequately train VR evaluators/counselors, and ensure choice in outcomes. (Page 51)	DRS; DMHMRSAS	D
30. Expand vocational services/wrap-around supports for people in recovery from SA dependence. Explore purchase of service options for specialized employment services. (Page 51)	DRS; DMHMRSAS	D
31. Expand job placement/development and long-term follow-along supports for people with HIV/AIDS/ other disabilities. Add individual supported employment services to AIDs Waiver. (Page 51)	DMAS; DRS; DMHMRSAS	D
32. Create a State Use Program that provides procurement opportunities to qualified non-profit organizations providing services to people with disabilities. (Page 51)	Governor; Commerce & Trade; Administration	S
33. Identify/solve financial/organizational barriers to EBP of Supported Employment for adults with SMI by adding a sufficient number of MH employment specialists and 3 DRS MH specialty counselors (3 more in the short term); and developing joint training in funding availability. (Page 52)	DMAS; DRS; DMHMRSAS	D
34. Require expansion of transition services for freshman students to include BPAO that maximizes use of existing work incentive options; if appropriate, add as required service to IEPs. (Page 53)	DOE; DSS; DRS; OCS	D
35. Identify youth with SED who do not have IEPs, and implement transition planning for them. (Page 53)	DMHMRSAS; DOE; DRS; Other agencies	D
36. Connect people seeking accessible housing with available housing/home modification resources. Assure provider lists are current/have information necessary to ascertain choices. (Page 57-58)	VBPD; DMAS	D
37. Study/develop recommendations to strengthen genetic information privacy protections. (Page 61)	Relevant agencies	S
38. Implement newborn screening in accordance with suggested minimum panel of tests, soon to be released by the American College of Medical Genetics. (Page 61)	VDH	D
39. Amend budget to balance expenditures between highways and public transportation. (Page 62)	VDOT	S
40. Inform people of options to adapt vehicles, funding, and evaluation and training services providers. Increase Consumer Service Fund (and, in the short term, ATLFA funds) to allow low-income individuals with disabilities to purchase adaptive equipment and driving aids. (Page 66-67)	DRS; VATS; ATLFA	D
41. Fund expansion of “family access” restrooms in public places. (Page 67)	Relevant agencies	D
42. Develop incentives to attract/retain qualified candidates to disability fields of care. (Page 67)	Colleges/Universities	S
43. Increase CDPAS rate to compare to rates paid to Home Health Agencies. (Page 72)	DMAS	S

RECOMMENDATIONS: <i>Disability Commission--Immediate</i>	Responsibility	D/S
44. Develop legislative proposal establishing Housing Assistance Fund to provide additional funding for housing subsidies/income supplements. (Page 54)		S
45. Work with Congressional delegation to identify and resolve Federal barriers to housing subsidies and TA resources. (Page 54-55)	Governor	S
46. Develop plan to train architects/engineers/building officials/public officials reviewing site plans/ elected officials/providers/funders/licensors/community organizations in universal design (UD). (Page 55)		S

RECOMMENDATIONS: <i>Disability Commission--Immediate</i>	Responsibility	D/S
47. Develop legislative proposals mandating that local comprehensive plans specifically address the need for accessible and affordable housing. (Page 58)		S
48. Develop legislative proposal requiring landlords to treat as income the value of Housing Choice Vouchers and other public benefits for individuals with disabilities. (Page 58)		D
49. Develop legislative proposal requiring owners/managers of fully accessible housing to post advance notice of unit availability before making units available on open market. (Page 58)		D
50. Obtain/analyze HUD data on location/occupancy of assisted units meeting Section 504 accessibility standards; report findings/recommend corrective actions to Disability Commission, to include mandating accessible unit allocations to people needing accommodations & reviewing marketing of accessible Section 8 units to determine need for additional regulations for greater Section 504 effectiveness; work with HUD/Congressional Delegation to support needed changes. (Page 60)	VHDA	S
51. Study effects of DMAS transportation brokerage system on people with disabilities. (Page 63-64)		D
52. Develop vision and guidelines to implement, and develop and implement training about, universal design (UD) principles for pedestrian rights of way. Provide TA to planners about functional limitations that people with disabilities experience. (Page 65)	VDA; State disability service agencies	S

RECOMMENDATIONS: <i>Governor/Cabinet--Immediate</i>	Responsibility	D/S
53. Establish a work group to identify barriers to provider expansion into un-served and under-served areas; propose resolutions. (Page 25)	HHR	S
54. Appoint more people with disabilities to boards/planning groups within HHR/other Secretariats. Include more people with disabilities in all planning processes. (Page 36)	Governor; Cabinet; All State agencies	S
55. Use teleconferences and video conferences for regional and Statewide town meetings, and chat rooms for focus groups. (Page 36)	Governor; All agencies	D
56. Require licensing agencies to post on their websites comprehensive information about providers/services available, results of inspections and complaint histories. (Page 43)	Governor; State licensing agencies	D
57. Convene consumer task force to study best practices for employment services for people with disabilities, including funding following the person; develop proposal to create program. (Page 45)	HHR; DRS; DSS; DMHMRSAS	D
58. Enforce mandated coordination of transition services to students. (Page 53)	Governor; Agencies involved in transition	D
59. Appoint people with disabilities, a private not for profit business serving them, and a private, for-profit business employing them, to the WIA Council. (Page 54)	Governor	S
60. Include people with disabilities, providers serving them, businesses employing them and affected agencies in all deliberations and planning meetings regarding consolidating workforce training programs. (Page 54)	Governor; DDHH; DRS; VEC; DBVI; DSS	S
61. Advocate change in Federal regulations to, within State allocations, fairly assess per capita allotment in distributing transportation funds, so that the same amount is allotted for rural as for urban populations; inform Disability Commission of the importance of the issue. (Page 62)	Governor; VDOT; Transportation Board; DRPT	S
62. Encourage USDOT & Congressional Delegation to propose equalization of Federal Transportation Equity Act (T21) funds between public transportation and highway projects. (Page 62-63)	Governor; DRPT	S

RECOMMENDATIONS: <i>Governor/Cabinet--Immediate</i>	Responsibility	D/S
63. Require responsible entities in this Report to work together to take all steps needed to implement all recommendations, identifying institutionalized/at-risk individuals, informing them of their rights & arranging for transition of those who want transition; costing out all recommendations; developing legislative proposals/regulations; and making all no-cost changes recommended. (Page 72-73)	Governor; HHR; Relevant agencies	S
64. Require nursing homes to develop/maintain waiting list of residents appropriate for discharge/who want discharge; update information in annual assessment & submit list annually to DMAS. (Page 73)	Governor; HHR; DMAS	D
65. Require ALFs to develop/maintain waiting list of residents appropriate for discharge/who want discharge; update information annually & submit list annually to DSS. (Page 73)	Governor; HHR; DSS	D
66. By October 6, 2003, designate one person to implement all recommendations. (Page 74)	Governor	S
67. Provide fiscal incentives for agencies to work together. Encourage interagency collaboration in service provision, especially on the local level. (Page 78)	Governor; Relevant agencies	S

RECOMMENDATIONS: <i>State Agencies--Immediate</i>	Responsibility	D/S
68. Prepare State Medicaid Plan Amendment/legislation to permit use of aggregate cost methodology in CDPAS & Tech Waivers; eliminate service hour thresholds for PAS/nursing. (Page 22)	DMAS	D
69. Request expanded funding for crisis stabilization programs. (Page 23)	DMAS; DMHMRSAS	D
70. Allow pooling of care provider hours in supportive housing developments. (Page 24)	DMAS	D
71. Use ESO capacity-building grant to offer incentives to provide community services. (Page 25)	DRS	S
72. Encourage CMS to develop demonstration projects to move persons with SMI from institutions to community & enhance access to EBP approaches/treatment modalities. Study mechanisms to address IMD exclusion, role of specialty acute hospitals, and presumptive eligibility for benefits. (Page 26)	DMAS; DMHMRSAS	D
73. Facilitate development/implementation of methods to promote recovery-oriented services for adults with SMI, including effective consumer-operated and peer services. (Page 26)	DMAS; DMHMRSAS	D
74. Use public financing to support all EBP for adults with SMI that are necessary/effective for successful community living, including incentives in Medicaid services and rates. (Page 26)	DMAS; DMHMRSAS	D
75. Define range/types of longer-term care/supportive services needed to complement acute psychiatric care in comprehensive community system, emphasizing EBP. (Page 26)	DMHMRSAS	S
76. Update Disability Commission on development of model brain injury waiver. (Page 28)	DMAS	S
77. Use DMHMRSAS Regional Partnership Planning process to identify collaboration opportunities to enhance community ownership of/accountability for service delivery; evaluate/refine State policy/operational structure in the short term. (Page 32)	DMHMRSAS	S
78. Develop financial management assistance program and streamline the process for designating payees for various benefits programs. (Page 34)	DSS; VDA; DRS; DMHMRSAS	D
79. Encourage meeting conveners to send timely, well publicized advance notices & put them on websites; provide accommodations/assist in transporting if needed; consider needs of individuals with disabilities when choosing meeting times/places; & develop pamphlet for meeting planners. (Page 36)	All State agencies; VOPA	D
80. Enforce regulations for agency backup and substitute services. (Page 38)	DMAS; VOPA	D

RECOMMENDATIONS: <i>State Agencies--Immediate</i>	Responsibility	D/S
81. Mandate screening personnel to attend ongoing training and a quality assurance process to ensure consistent implementation of training. (Page 39)	DMAS; VDH; DSS	S
82. Produce/distribute document regarding choices for all Waiver services. (Page 39)	DMAS; VBPD	D
83. Develop/deliver Waiver rights/choices TA and training for individuals/providers. (Page 40)	VBPD	D
84. Implement standard for providers using consumer-directed model where individuals with disabilities take active part in job exploration/development/maintenance activities. (Page 45)	DRS; DSS; DBVI DMHMRSAS	D
85. Implement cross-agency option where services are planned/implemented with assistance of Consumer Service (Support) Planning Team whose members are selected by the individual. (Page 45)	DMAS; DRS; DMHMRSAS	D
86. Include employment specialist consultations in assessment /benefits planning/consultation, & services/supports planning/implementation at discharge & intake to community programs. (Page 46)	DMHMRSAS; DMAS	D
87. Include employment as issue in discharge planning protocols for individuals wishing to work in the community. (Page 46)	DMAS; DRS; DMHMRSAS	D
88. Encourage use of person-centered planning principles on discharge planning teams and at intake in community programs. (Page 46)	DMAS; DMHMRSAS	D
89. Initiate cross-agency policies, procedures, and training programs to remove institutional bias and stigma from workers in the service delivery system. (Page 46)	DMAS; DRS; DMHMRSAS	S
90. Develop joint training initiatives that clearly identify/articulate employment-related services/ supports that could be paid for by each State agency's respective funding stream to Medicaid-eligible and other individuals. (Page 46-47)	DMAS; VEC; DRS; DMHMRSAS; DSS; DDHH; DBVI	S
91. Develop joint training for staff from all agencies providing Medicaid employment-related services/ supports; expand scope of MIG use of existing SPO/Waiver services to support employment of Medicaid-eligible individuals. (Page 47)	DMAS; DRS; DMHMRSAS	D
92. Add additional earned income allowances/disregards to all current/future Waivers. (Page 49)	DMAS; DSS	D
93. Identify financial disincentives to employment/increased earnings in Auxiliary Grant Program for ALF residents; submit report to HHR recommending dissolution of financial disincentives. (Page 49)	DSS; DRS; DMAS	S
94. Provide ongoing WorkWORLD customization and maintenance. Develop grant proposal for ESOs, transition counselors and specialists, and VEC One Stop staff in utilization of WorkWORLD software. (Page 50)	DMAS; DRS; DOE; VEC; DMHMRSAS; DSS	S
95. Develop/implement cross-agency staff training on SSI/SSDI work incentives. (Page 50)	All Agencies	S
96. Use assistive technology/traditional methods to facilitate access to appropriate VR. (Page 50)	DRS	D
97. Encourage all employment and employment-related services providers to incorporate natural supports into individualized employment services plans. (Page 52)	DMAS; DRS; VEC; DMHMRSAS; DSS	D
98. Establish cooperative agreements with schools/agencies to facilitate Job Coaching. (Page 53)	DRS	S
99. Improve VEC One-Stop System by ensuring physical/geographical services/buildings accessibility; assistive technology availability, & staff knowledgeable about employment/support needs of people with disabilities. Evaluate Program to determine modifications needed to ensure that policies/ procedures consider needed preferences/specialized employment services/supports. (Page 54)	DRS; DSS; DBVI; DDHH; VEC	D

RECOMMENDATIONS: <i>State Agencies--Immediate</i>	Responsibility	D/S
100. Assure State level Consolidated/Housing Agency Plans identify persons with disabilities as high priority housing need population. Mandate agencies, in allocating Section 8 voucher assistance/grant funds/low- & no-interest loans/TA, to assign high priority to these needs. (Page 55)	VHDA; DHCD	S
101. Dialogue with local governments & public housing agencies on how to prioritize housing needs of people with disabilities in allocating locally administered housing subsidies/resources. (Page 55)	VHDA; DHCD	S
102. Convene group to examine how, within building/fire codes, to assure building codes/housing categories do not impede family-like community living by inordinate restrictions/categories. (Page 55)	DMHMRSAS; DHCD	S
103. Train CHDOs/other housing organizations & providers/CSBs/CILs/DSBs/AAAs on best practices in building/sustaining local affordable/accessible housing partnerships. Determine on a regional basis the local capacity for delivering affordable/accessible housing. (Page 56)	VHDA; VDA; DHCD; DRS; DMHMRSAS	S
104. Ensure local building code officials are adequately trained to & do ensure full compliance with USBC accessibility requirements. (Page 56)	BHCD; DHCD	D
105. Expand efforts to educate building industry professionals/property owners about Fair Housing/ADA/Section 504 responsibilities; take stronger enforcement actions to ensure compliance with Fair Housing Act & coordinate to increase compliance with ADA/Section 504 requirements. (Page 56)	Virginia Fair Housing Office	D
106. Develop a funding plan for physical accommodations in housing, including exploring streamlining home accessibility tax credits. Establish a home accessibility modification grant program. Expand/ make permanent tax incentives to upgrade housing to a defined accessibility level. (Page 57)	VHSC; VHDA; DHCD; DRS; DMAS	S
107. Meet with CSBs/CILs/DSBs/AAAs to understand differences in local/regional housing needs/ strategies & determine local/regional prioritization of gaps State resources should address. (Page 57)	VHDA; DRS; DHCD; VDA; DMHMRSAS	S
108. Develop training and educational/informational materials for local governments/civic associations/similar organizations about Fair Housing/Virginia Code/ADA requirements. (Page 58)	Fair Housing Board	S
109. Expand USBC accessibility requirements to include visit-ability standards. (Page 59)	VHSC; BHCD	D
110. Maximize Federal Section 8 Mainstream Voucher use by encouraging nonprofits/PHAs to partner with each other/people with disabilities to apply for/administer vouchers for persons with disabilities. Develop State/local consensus on strategies to increase landlord participation in voucher program, especially outside areas of low-income and minority concentration. (Page 60)	VHDA	S
111. Preserve existing Federal deep subsidy rental units, provide gap financing for new HUD Section 811 and RHS Section 515/RA developments, & use project-based vouchers to increase supply of affordable and fully accessible units. (Page 60)	VHDA; DHCD	D
112. Encourage public/private partnerships through organizations & private foundations. (Page 61)	State agencies	S
113. Allow nonprofits to apply for State transportation demonstration grant projects. (Page 63)	DRPT	S
114. Encourage public transportation providers to include door-to-door service as needed. (Page 63)	DRPT	D
115. Enforce transportation providers/facilities/vehicles compliance with ADA/ Section 504. Develop/ implement standards/monetary sanctions in grants/contracts to ensure compliance. (Page 63-64 , 66)	DRPT; DMAS	D
116. Require/develop incentives for public transit routes/stops to be located near/accessible to housing/social service agencies/ programs and ensure curb/ramp issues are addressed; in the short term, encourage local zoning ordinance amendments accordingly. In the future, require State agencies providing services to be located on public transit routes. (Page 64)	VHDA; DHCD	D

RECOMMENDATIONS: <i>State Agencies--Immediate</i>	Responsibility	D/S
117. Conduct curb cuts/sidewalk standards surveys/compliance reviews and enforce standards as needed; in the short term, issue guidance on pedestrian access standards. (Page 64)	State agencies with jurisdiction	S
118. Develop/implement Statewide standards for installing new, and retrofitting existing, accessible pedestrian traffic signals to ensure the presence of accessible features. (Page 65)	Appropriate State agencies	D
119. Complete Accessible Pedestrian Signals Project and coordinate with all localities to implement guidelines. Develop/implement standards for timing of on-demand crossing signals, taking into account functional limitations of individuals with disabilities. Develop regulations requiring accessible routes of travel to accessible traffic signals for individuals with disabilities. (Page 65)	VDOT	D
120. Develop/implement training program to ensure drivers/other staff have knowledge/skills/abilities needed to understand needs of & deliver services to people with disabilities in compliance with ADA. Enforce requirement that human service/medical transport providers under government contract maintain regular upgrades to lift/securement devices/accessibility features on vehicles. (Page 66)	DRPT; DRS	D
121. Develop larger skilled professional staff pool by aggressive recruitment/training efforts. (Page 67)	Colleges/Universities	S
122. Increase available pool of providers by re-titling Direct Care Workers/paraprofessionals/others to "Direct Support Professionals." Ensure regulations/training materials use that title. (Page 68)	State public service providers	S
123. Provide information and documents to DSP employers to help them make DSPs aware of, and help them apply for, State and Federal programs and benefits for which they may be eligible. (Page 69)	VEC; Taxation; DMHRSAS; Other State agencies	S
124. Explore partnerships with training/education programs & qualified providers to increase training/ experience/internship opportunities in programs serving people covered by this Report. (Page 70)	Community colleges; Colleges/Universities	S
125. Provide consumer-directed attendants/companions/respite staff with benefits through a fiscal agent. (Page 70)	State Corporation Commission	S
126. Convene stakeholders to prioritize recommendations in this Report. (Page 74)	Governor's Olmstead Designee	S
127. Analyze implementation progress; suggest implementation steps; and make annual reports on progress in implementing recommendations in this Report. (Page 74)	Governor's Olmstead Designee	S
128. Develop system to locate people at risk/who want to move or stay where they are; track how well they are empowered to live in/move to/stay in their community of choice. Use information for additions/changes to statutes/regulations/policies to better identify these individuals. (Page 74)	Outside system; Governor's Olmstead Designee	S
129. Develop system to track how quickly/effectively people are provided with supports/services to which they are entitled under Olmstead & any conditions that prevent them from receiving those supports/services. Use data to suggest changes to statutes, regulations, and policies for future implementation of recommendations in this Report. (Page 75)	Outside system; Governor's Olmstead Designee; VHDA; DHCD; VDOT; DRPT	S
130. Develop system to track how much money previously spent on people's care/treatment in their prior community is available to spend on their care/treatment in their community of choice. Use data and other factors that impact cost and care to suggest changes to statutes, regulations, and policies for future implementation of recommendations in this Report. (Page 76)	Outside system; Governor's Olmstead Designee	S
131. Evaluate current systems of informing individuals of their rights and improve/expand them to develop an overall system to track the quality of information given to them and the consistency with which it is given. Use information to suggest changes to statutes, regulations, and policies for future implementation of recommendations in this Report. (Page 77)	DMHRSAS; DMAS; Other State agencies; Outside system; Governor's Olmstead Designee	S

In the Short Term (Beginning in FY 2005-2006):

RECOMMENDATIONS: <i>General Assembly—Short Term</i>	Responsibility	D/S
132. Increase nursing facility Medicaid payment rate to no less than 100% of allowable cost. (Page 21)	DMAS	S
133. Develop direct/hands-on service delivery approach for behavioral specialists working with dually diagnosed persons. In addition to behavioral consultation, include service for behavioral specialists to train staff/family members in behavior self-management at home/in work setting. (Page 21)	DMAS	D
134. Amend Waivers to reimburse for room/board/night rate; expand awake overnight reimbursement to 8 hours. (Page 22)	DMAS	D
135. Expand SPO to include personal assistance with an option for consumer direction. (Page 22)	DMAS	D
136. Grant emergency regulatory authority to implement recommendations 68 , 134 , 135 and 147 . (Pages 22-23 ; 31)	DMAS	D
137. Fund expansion of crisis stabilization programs. (Page 23)	DMAS; DMHMRSAS	D
138. Amend State Medicaid Plan to expand service array reimbursable via SPO to include bundled PACT, expanded residential supports, personal assistance, & consumer-directed services. (Page 23)	DMAS; DMHMRSAS	D
139. Develop funding & fiscal/other incentives for providing/establishing new services. (Page 25)	HHR; Taxation	S
140. Establish clear financial incentives for employment providers to achieve competitive employment as a measurable consumer outcome. (Page 25)	Governor; DMAS; DRS; DMHMRSAS; VEC	S
141. Sufficiently fund services for students with disabilities transitioning out of school. (Page 28)	DMAS	D
142. Develop and implement Brain Injury Waiver. (Page 28)	DMAS	D
143. Expand availability, use, and oversight of adult foster care; explore other living and care options that have reduced use of institutional care. (Page 29)	DSS	D
144. Fund expansion of DSS companion program, emphasizing home help for persons with sensory disabilities and others not currently qualified for Waivers. (Page 29-30)	DSS	D
145. Expand accessibility of hospice/palliative care services; plan educational campaign. (Page 30)	HHR agencies	D
146. Develop and implement a Dementia Waiver. (Page 30)	DMAS	D
147. Amend State Medicaid Plan to include transition training as part of personal care services. Establish revolving fund for people in institutions to use for utility and rent deposits and other upfront household expenses to enable them to move from institutions. (Page 31)	DMAS; All appropriate executive branch agencies	D
148. Increase the PMA to 300% of the monthly SSI payment limit in all Waivers. (Page 31)	DMAS; DSS	D
149. Begin eliminating waiting lists for Waivers/other supportive services; avoid future waiting lists by anticipating regular increases in need for services. Fund 25% of 2003 waiting list in 2005; 45% of 2004 waiting list in 2006; 65% of 2005 waiting list in 2007; 80% of 2006 waiting list in 2008; and 100% of waiting list, except those waiting 90 days or less, in 2009. (Page 33)	DMAS	D
150. Increase Medicaid financial eligibility to 100% of Federal Poverty Level. (Page 34)	Governor; DMAS	D
151. Fully fund financial management assistance program. (Page 34)	DSS; VDA; DRS; DMHMRSAS	D

RECOMMENDATIONS: <i>General Assembly—Short Term</i>	Responsibility	D/S
152. Fund expansion of Virginia Caregivers Grant Program. (Page 35)	DSS	D
153. Liberalize level of care eligibility criteria for long-term care services. (Page 33)	DMAS	D
154. Assess progress on appointing people with disabilities to boards/planning groups. (Page 36)	VOPA	S
155. Fully fund all DSS protective services. (Page 37)	DSS	D
156. Develop consumer group to mentor those seeking transitions. (Page 40)	Governor	D
157. Conduct careful follow-up studies of people in transition. Increase use of individually- and disability-based outcome measurements. (Page 40)	VOPA	S
158. Develop curriculum/training program for court-approved certification to serve as surrogate decision-maker. Enact legislation to authorize Surrogate Decision-Maker Certification Process. (Page 41)	Va. Supreme Court; VDA; DSS; DMHMRSAS	D
159. Revise Va. Code § 37.1-84.1 to narrow class of individuals prohibited from serving as surrogate decision-makers to those for whom serving would/might create a conflict of interest. (Page 41)	DMHMRSAS	D
160. Expand Public Guardianship program to localities not currently served. (Page 41)	VDA	D
161. Develop new rate structure with incentives to develop community-based employment services. (Page 48)	Governor; DMAS; DMHMRSAS	S
162. Allow work-related personal care expenses to be deducted as a medical expense. (Page 49)	Governor; Taxation	D
163. Institute tax credits for employers/people with disabilities with PAS expenses. (Page 49)	Governor; Taxation	D
164. Develop funding mechanism to continue BPAO activities beyond 2006. (Page 50)	Governor; DMAS; DRS; DOE; DSS	D
165. Fully fund 6 Alzheimer's & Related Diseases Research Award Fund seed grants. (Page 61)	VCU	D
166. Fully fund incentives to attract/retain qualified people to disability fields of care. (Page 67)	Colleges/Universities	S
167. Explore ways to decrease the high cost of professional liability insurance. (Page 70)		S
168. Establish/apply one definition for "qualified provider" to fund and authorize payment for goods, supports, and services needed by people covered by this Report in order to live in/move to/stay in their communities of choice. (Page 70)	All State agencies funding/authorizing payment	S
169. Increase all Medicaid reimbursement rates to include maximum allowable cost of service; automatic COLAs; geographical rate differentials; travel/transportation; staff training/supervision; & inflation. Ensure caregiver pay rates are reflected. (Page 72)	DMAS	S
170. Provide higher Medicaid reimbursement rate for prevocational & supported employment services than for non-employment related day support services. (Page 72)	DMAS; DMHMRSAS	S
171. Reimburse DSPs at higher pay/benefits for certifications/career enhancement. (Page 72)	DMAS	S
172. Direct/adequately fund SILC to conduct comprehensive planning for people with disabilities not captured by DMHMRSAS' Plan; include/widely disseminate institution census of people needing/ wanting to transition. Require budget submissions to be based on these data. (Page 79)	SILC	S

RECOMMENDATION: <i>Disability Commission—Short Term</i>	Responsibility	D/S
173. Review forthcoming HUD occupancy of HUD-subsidized rental housing data to determine extent to which PHAs serve persons with disabilities, considering displacement resulting from conversion of properties to elderly-only occupancy; recommend remedies for problems identified. (Page 55)		S
174. Create revolving fund, similar to ATLFA fund, for physical accommodations required by voucher holders with disabilities; continue pursuing private foundation support for this strategy. (Page 60)	VHDA	D

RECOMMENDATIONS: <i>Joint Commission on Health Care—Short Term</i>	Responsibility	D/S
175. Examine establishing alternatives to sole reliance on the Auxiliary Grant program. (Page 59)	DSS; DMHMRSAS	D

RECOMMENDATIONS: <i>Governor/Cabinet—Short Term</i>	Responsibility	D/S
176. Amend licensing requirements to allow consumer direction in all Waiver services. (Page 21)	HHR; DMAS; DOE; DMHMRSAS; DSS; DJJ	D

RECOMMENDATIONS: <i>State Agencies—Short Term</i>	Responsibility	D/S
177. Provide financial incentives to develop/provide quality integrated community-based day support Medicaid-funded services. (Page 25)	DMAS; DMHMRSAS	S
178. Enhance integration of primary and mental health benefits and treatments for persons with mental illness and dual diagnoses. (Page 26)	DMAS; DMHMRSAS	D
179. Integrate peer support services into continuum of community services for adults with SMI and billable peer services into the Medicaid Rehabilitation Option. (Page 26)	DMAS; DMHMRSAS	D
180. Ensure effective implementation of legislation for magistrate/judicial training. (Page 27)	State agencies	S
181. Develop/implement plan to enhance awareness of/access to interpreter services/assistive technology/Virginia Relay/other communications access tools. (Page 30)	VDDHH; DMAS; DMHMRSAS	D
182. Develop minimal competencies to ensure providers have expertise to provide BPAO services and/or know where and how to refer clients to qualified BPAO projects. (Page 50)	DMAS; DRS; DSS; DBVI; DOE; VEC	S
183. Educate local governments/General Assembly/the public about the negative impacts of many local land use regulations and practices on creating affordable and accessible housing. (Page 58)	DHCD; VHDA	S
184. Maximize public funding for transportation services by exploring Federal demonstration funding. (Page 66)	DRPT	S
185. Recruit, hire, and train persons with disabilities to work as DSPs. (Page 68)	VEC; DRS; Public service providers	D
186. Provide DSP career path, including professional development/training/certification. (Page 68)	Community Colleges	S
187. Train teams of people with disabilities to administer feedback instruments to individuals who cannot respond independently. (Page 79)	VOPA; DMHMRSAS	D

In the Medium Term (Beginning in FY 2007-2008):

RECOMMENDATIONS: <i>General Assembly—Medium Term</i>	Responsibility	D/S
188. Fund expansion of service array reimbursable via Medicaid SPO to include bundled PACT, expanded residential supports, personal assistance, & consumer-directed services. (Page 23)	DMAS; DMHMRSAS	D
189. Fully fund/develop/expand/make easily accessible the full range of supports. (Page 25-26)	All HHR Agencies	D
190. Provide additional funding to OIG and other like agencies to fulfill their authority to oversee home and community-based services comparable to oversight provided in State facilities. (Page 26)	Relevant agencies	S
191. Implement recommendations of study to establish dedicated revenue stream for health, MH, rehabilitative and other services and supports for persons with disabilities. (Page 27)	All relevant executive branch agencies	D
192. Implement and fully fund a prescription drug assistance program. (Page 32)	Relevant agencies	D
193. Relax eligibility requirements/provide funding for nursing homes, rehabilitation hospitals, and ICFs/MR to encourage use of most integrated settings appropriate to people's needs. (Page 33)	DMAS	D
194. Increase Medicaid financial eligibility to 125% of Federal Poverty Level. (Page 34)	Governor; DMAS	D
195. Continue to expand funding, including funds for arrearages, for the Virginia Caregivers Grant Program; explore alternatives such as income tax credits. (Page 35)	DSS; Taxation	D
196. Establish research award funds for disease/disability/disorder research centers. (Page 61)	Colleges/Universities	S
197. Encourage academic programs to turn out more licensed professionals, emphasizing those in short supply, by addressing the high costs of operating teaching hospitals. (Page 70)	Community colleges; Colleges/Universities	S

RECOMMENDATIONS: <i>State Agencies—Medium Term</i>	Responsibility	D/S
198. Convene interagency task force to harmonize and standardize existing licensing regulations and ensure standards apply unless a variance is justified. (Page 39)	Division of Licensing; Other agencies	S

In the Long Term (Beginning in FY 2009-and continuing):

RECOMMENDATIONS: <i>General Assembly—Long Term</i>	Responsibility	D/S
199. Fully fund 20 2-yr. Alzheimer's & Related Diseases Research Award Fund seed grants. (Page 61)	VCU	D
200. Create insurance pools/collaboratives for small providers; allow them to offer health benefits for DSPs, or allow DSPs to participate in State benefits packages. (Page 69)	DHRM	S

RECOMMENDATIONS: <i>State Agencies—Long Term</i>	Responsibility	D/S
201. Coordinate/cooperate with DMHMRSAS & its Workforce Steering Committee to develop/implement Workforce Development Plan & If feasible, expand/implement to other State agencies/providers. Develop long-term scholarships and/or low interest loans for youth to enter/stay in helping professions; prioritize professions to be subsidized according to population/service needs. Encourage systemic, coordinated participation in high school and college career days/job fairs. (Page 68 , 69)	DMHMRSAS; DOE; Public providers; Colleges/Universities	S

II. REPORT

OF

THE

OLMSTEAD

TASK FORCE

A. VIRGINIA'S RESPONSE TO OLMSTEAD: BUDGET LANGUAGE

In Item 329 M of the 2002 Appropriation Act, the General Assembly directed that:

The Commissioner of the Department of Mental Health, Mental Retardation, and Substance Abuse Services shall convene a task force to develop a plan for serving persons with disabilities that implements the recommendations of the Olmstead decision (*Olmstead v. L.C.*, 119 S. Ct. 2176 [1999]). The members of the task force shall represent the interests of consumers who may be impacted by the plan as well as a broad array of service providers at the state and local level. The task force shall report regularly to the Joint Commission on Health Care and accept input from the Commission as the plan is developed. All agencies of the Commonwealth shall provide assistance to the task force in its development of the plan, upon request. The task force shall submit its final recommendations to the Governor, the Chairmen of the House Appropriations and Senate Finance Committees, and the Chairman of the Joint Commission on Health Care by August 31, 2003.

The Task Force interpreted its charge to be the development of recommendations from which can be drawn Virginia's Olmstead Plan.

B. DESCRIPTION OF TASK FORCE PROCESS

The Task Force, chaired by The Honorable Jane H. Woods, Secretary of Health and Human Resources, had 65 members, including individuals with disabilities, family members, advocates, providers, 15 State agencies, local government and other stakeholders. Five legislators also served as *ex officio* members. The Task Force was convened July 31, 2002, and met six additional times through August 28, 2003. The Task Force's membership list, work plan, agendas and minutes are attached at [Appendix A](#).

Six State agencies developed detailed information on major populations of individuals with disabilities, services currently available to them, service gaps, and related information. A survey was distributed to 1835 facilities and residential programs to gather information on census, barriers to admission and discharge, and waiting lists for admission and discharge. A Consumer and Family Feedback Form was developed and made widely available to individuals with disabilities and their families throughout the Commonwealth. A descriptive analysis of the Consumer and Family Feedback Form; a descriptive analysis of the Olmstead Project Facility/Residential Program Survey; and the State agency populations and services reports appear at [Appendix B](#).

The Task Force formed eight "Issues Teams" focused around major issues that cut across populations of individuals with disabilities: Accountability; Educating the Public, Consumers and Families; Employment; Housing; Prevention and Transition Services; Qualified Providers; Transportation; and Waivers. State agencies served as conveners of these Teams. Each Team had a chairperson, who was not a State agency employee, and a recorder. Task Force members served as members of the Teams, and all Teams invited interested non-Task Force members to also serve as members of their Teams. All Teams issued reports in February 2003, which were combined to formulate an Interim Task Force Report. The Teams issued final reports in May 2003. Team membership lists, meeting schedules, and final Team reports are attached at [Appendix C](#).

The Chairs of the Issues Teams and several State agency representatives comprised the Task Force Steering Committee, which met nine times from September 18, 2002, through August 18, 2003. The Steering Committee membership list, agendas, and minutes appear at [Appendix D](#).

The Task Force received public comment throughout its work. Four formal public comment sessions were held: live at the November 4, 2002 and June 9, 2003 meetings; April 15 through May 13, 2003 on the Interim Report; and June 20 through July 18, 2003 on the Draft Final Report. In order to consider adequately the comments received, the Task Force postponed its final meeting from July 28 to August 28, 2003, and received a two-week extension of the deadline for submission of the report, to September 15, 2003. Many other comments were received outside of these formal comment periods. All public comment is at [Appendix E](#).

The State agencies that participated on the Task Force also provided resources and support for the process. Please refer to [Appendix F](#) for State agency contributions.

Dissents to this Report by Task Force members appear at [Appendix G](#).

C. TOPICS, ISSUES, RECOMMENDATIONS, IMPLEMENTATION STRATEGIES, TIME FRAMES AND RESPONSIBLE ENTITIES

This Report is organized alphabetically into 10 general topic areas and a final topic addressing Olmstead Planning and Implementation, each with corresponding issues and recommendations. Each recommendation is assigned to one of two categories -- ***direct impact on individuals with disabilities (D)*** or ***systems support (S)*** -- and contains a general time frame during which the proposed action would be initiated. An “immediate” time frame means FY 2004; a “short term” time frame means FY 2005-2006; a “medium term” time frame means FY 2007-2008; and a “long term” time frame means FY 2009 and beyond. Each recommendation also contains implementation actions and responsible entities. A glossary of acronyms used in the body of this report appears on page 80 of this Report.

1. CONSUMER CHOICE OF AND ACCESS TO NEEDED SERVICES AND SUPPORTS

- 1. ISSUE:** Basic needs to support independent living in the community are not being met with current Waivers because there is neither a sufficient array of Waiver services, nor resources dedicated to the services. Virginia has established arbitrary limits on the amount and scope of services, and existing Waivers have arbitrary caps and limits on funds based on cost rather than on individual need, prohibiting individuals with the most severe disabilities from receiving services needed to live independently in their communities. In large part, these service caps are the result of Virginia’s utilization of individual caps in its cost neutrality calculation for Waivers rather than use of aggregate cost methods. Virginia is not using the latitude available under the Federal 1915(c) Waiver program. Individuals with the most severe disabilities are unable to access the choice of the consumer-directed option through the Consumer-Directed Personal Attendant Services (CDPAS) Waiver. People currently living in institutions cannot obtain appropriate, adequate and sufficient services to meet their health, safety and welfare needs through the current Waivers in order to live in the community. Elimination of service hour thresholds for personal assistance and nursing services is essential to the ability of persons with significant needs. In addition, other

important services are not included in all Waivers. The successful development and implementation of appropriate service options available in the community for people with disabilities is essential for implementation of Olmstead as specified in the Supreme Court's decision. Waivers need to be made flexible and needs-based, rather than imposing artificial caps and limits on funds available for services.

RECOMMENDATION 1:

Amend and provide funding for all Waivers to include, but not be limited to, concepts and options contained within the Independence Plus Waiver template. Amend licensing requirements to allow consumer direction of all Waiver services. This would reduce the cost of certain services, enable maximum consumer choice and independence, and reduce the reliance on skilled professionals where those skilled services are not needed or required. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Develop a concrete work plan with deadlines that make changes to licensure and waiver regulations that allow consumer direction in all services in all Waivers.	Immediate	HHR; DMHMRSAS; DMAS; DOE; DSS; DJJ
b. Amend licensing requirements to allow consumer direction in all services in all Waivers.	Short	HHR; DMHMRSAS; DMAS; DOE; DSS; DJJ, and their Boards
c. Amend all Waivers to allow for consumer-direction of all Waiver services. Encourage consideration of consumer direction in developing all future Waivers.	Immediate to Short	DMAS
d. Increase the availability of funded Medicaid Waiver slots, including cash and counseling and other options, to meet growing needs.	Immediate to Long	General Assembly; DMAS

RECOMMENDATION 2:

Increase the Medicaid payment rate to nursing facilities to no less than 100% of the Medicaid allowable cost. (S)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Take legislative action and provide funding needed to implement this recommendation.	Short to Medium	General Assembly; DMAS

RECOMMENDATION 3:

Develop a more direct, hands-on service delivery approach for behavioral specialists working with persons who are dually diagnosed, including, but not limited to, people with cognitive and psychiatric disabilities. In addition to behavioral consultation, include a service that pays for a behavioral specialist to provide training to staff or family members who support the individual with dual diagnoses and training in self management of behavior to the individual in his or her home and/or work setting. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Take legislative action and provide funding needed to implement this recommendation.	Short to Medium	General Assembly; DMAS

RECOMMENDATION 4:

Amend Waivers to include: (1) a provision for personal care providers to be reimbursed for room and board or provision for a night rate in those instances in which the individual does not require a live-in attendant; and (2) expansion of awake, overnight reimbursed care to eight hours. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Submit legislative proposal to the General Assembly that gives authority to implement this recommendation.	Short	DMAS
b. Approve funding and grant authority to use emergency regulatory authority to implement this recommendation.	Short to Medium	General Assembly

RECOMMENDATION 5:

Expand Medicaid State Plan Option services to include personal assistance services with an option for consumer direction. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Assess associated cost and benefits, best practices and programmatic considerations to implement this recommendation and submit legislative and budgetary proposals to the General Assembly, including authority to promulgate emergency regulations for the addition of personal care as a State Plan Option (SPO).	Short	DMAS
b. Enact legislation giving authority to promulgate emergency regulations for the addition of personal care as a SPO and appropriate funding for the addition of personal care as a SPO.	Short to Medium	General Assembly
c. Submit amendments of Virginia's State Plan to the Center for Medicare and Medicaid Services (CMS) that would allow the addition of personal care as a SPO.	Short to Medium	

RECOMMENDATION 6:

Base all Waivers on an aggregate cost methodology, and eliminate service hour thresholds for personal assistance and nursing. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Prepare and submit amendments to Virginia's application to CMS that would allow use of aggregate cost methodology in Virginia's CDPAS and Tech Waivers and eliminate service threshold hours for PAS and nursing.	Immediate	DMAS
b. Propose legislation that gives authority to promulgate emergency regulations for CDPAS and Tech Waivers to allow for aggregate costing and to remove the service threshold hours for PAS and nursing.	Immediate	

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
c. Grant authority to promulgate emergency regulations for CDPAS and Tech Waivers that implements this recommendation.	Short	General Assembly; DMAS

- 2. ISSUE:** People with mental illness are not receiving the services they need to avoid homelessness or institutionalization. According to the Urban Institute Analysis of Weighted 1996 NSHAPC Client Data, 86 % of homeless people had a mental health, alcohol, and/or drug use problem.

RECOMMENDATION 1:

Expand the availability of crisis stabilization programs. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Request expansion of funding for crisis stabilization programs for people with mental illness.	Immediate	DMAS; DMHMRSAS
b. Appropriate funding.	Short	General Assembly

RECOMMENDATION 2:

Expand the service array reimbursable via the Medicaid SPO, to include bundled Programs for Assertive Community Treatment (PACT), expanded residential supports, personal assistance, and consumer-directed services. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Seek authority to amend the State Medicaid Plan to add PACT, expanded residential supports, personal assistance and consumer-directed services.	Short	DMAS; DMHMRSAS
b. Appropriate funding to support the Plan amendment.	Medium	General Assembly

- 3. ISSUE:** The current nurse delegation requirement of the “Nurse Practices Act” limits the implementation of consumer-directed services in Virginia. The requirement for nurse supervision is too stringent. Exclusion of personal assistance, respite workers and companion aides from the requirements of this Act would also reduce the critical workforce shortage discussed in Section 10 of this Report.

RECOMMENDATION:

Amend Va. Code § 54.1-3000 and other relevant sections (commonly known as the “Nurse Practices Act”) and associated regulations to exclude personal assistants, respite workers and companion aides under direction of a consumer or his/her surrogate from the requirements of the Act. Model the amendment on provisions in the Kansas statute that permit attendants to provide activities if the activities may be performed by the individual if the individual were physically capable, and the procedure may be safely performed in the home. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Take legislative and administrative actions needed to implement this recommendation.	Immediate to Short	General Assembly; Board of Nursing

- 4. ISSUE:** Waiver regulations and policies unfairly restrict choice in housing. Individuals with disabilities who wish to exercise the same range of choices available to those without a disability face numerous barriers. There is often limited coordination of housing with necessary supportive services. Access to appropriate housing is sometimes contingent on and rigidly linked to supportive services. Conversely, necessary services are either unavailable or relatively inaccessible.

RECOMMENDATION 1:

Assess individuals living in shared living arrangements for the number of service hours they need on an individual basis in order to allow and enable them to pool their resources. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Amend Virginia's Waiver policy manuals to ensure that Waiver recipients are assessed individually for the number of service hours that they need, and that when Virginians live in shared living situations with other Waiver recipients, their individual assessment of hours is not reduced if they pool their hours with others.	Immediate to Short	DMAS; DMHMRSAS; General Assembly

RECOMMENDATION 2:

Amend the Developmental Disability (DD) Waiver Regulations to allow individuals to make their own personal choices regarding with whom, and with how many people, they live. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Take administrative actions needed to implement this recommendation.	Immediate to Short	DMAS; General Assembly

RECOMMENDATION 3:

Facilitate cost-efficient delivery of residential services in supportive housing developments by making changes in Virginia's Medicaid Waiver programs and State Plan mental health supports as needed to allow the pooling of care provider hours in supportive housing developments. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Take administrative actions needed to implement this recommendation.	Immediate to Short	DMAS

- 5. ISSUE:** Community-based services are essential to prevent unnecessary or premature institutionalization and to transition from one care setting to another. Consumer choice and access to needed services and supports are fundamental tenets of the Olmstead decision and need to be incorporated into all aspects of Olmstead planning and implementation in

Virginia. Individuals confined in State mental health facilities, defined as “institutions for mental diseases” (IMDs), are statutorily ineligible for home and community based waiver services. For all disability populations, including those with dual diagnoses, there are too few appropriate services and supports, and there is no uniform and equitable access to available services across Virginia. For individuals who reside in rural areas, very few employment services options or employment options are available. For many people with disabilities, this means that facility-based, non-integrated work settings may be the only choice. The needs of individuals with disabilities who are not covered by Waivers must be addressed. People who want to transition to the most integrated setting (appropriate to care they need) cannot do so unless services are made available in their home communities with the appropriate safeguards. Virginia needs to make an array of service options available to people with disabilities if they are to live safely and independently in their communities.

RECOMMENDATION 1:

Assist public and private providers to expand into un-served and under-served areas of Virginia. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Establish a work group with provider associations, including the Virginia Healthcare Foundation, to identify barriers and propose resolutions.	Immediate	Secretary of HHR
b. Develop funding and incentives, including financial incentives, for service providers to provide services or to establish new services.	Short	Secretary of HHR; Department of Taxation; General Assembly
c. Provide financial incentives for providers to develop and provide quality integrated community-based day support services funded by Medicaid. Currently, providers are reimbursed equal rates for center-based and community-based day support services. A differential in the rate structure will enhance the availability of integrated community-based services for individuals in Medicaid Waiver programs.	Short	DMAS and DMHMRSAS, working with Providers and Advocates
d. Use the Employment Services Organization (ESO) capacity-building grant program to offer incentives for providing community-based services, potentially making the provision of community-based services attractive to providers, thus increasing access to service for individuals, especially in rural areas.	Immediate to Short	DRS, working with ESOs
e. Establish clear financial incentives for employment providers to achieve competitive employment as a measurable consumer outcome.	Short to Medium	General Assembly; Governor; DMAS; DRS; DMHMRSAS; VEC

RECOMMENDATION 2:

Provide additional funding for safe expansion of community-based services in regular, planned appropriations. (D, S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. For people with disabilities, regardless of age, fully fund to develop, expand (geographically and otherwise), and make easily accessible the full range of supports.	Medium	General Assembly; All HHR agencies
b. Provide additional, necessary funding to the Office of Inspector General (OIG) and other like agencies to fulfill their authority to provide oversight of home and community-based services comparable to oversight provided in the State facilities.	Medium	General Assembly; All relevant executive branch agencies and entities

RECOMMENDATION 3:

More fully address the needs of qualified individuals with serious mental illness (SMI). (D, S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Encourage CMS to develop demonstration projects to facilitate moving persons with SMI out of institutions and into the community, and to enhance access to evidence-based service approaches and treatment modalities. These demonstrations should look at mechanisms of addressing the IMD exclusion, the role of specialty acute hospitals, and presumptive eligibility for benefits.	Immediate	DMAS; DMHMRSAS
b. Facilitate the development and implementation of methods to promote recovery-oriented services for adults with SMI, including effective consumer-operated and peer services.	Immediate	DMAS and DMHMRSAS, working with providers and advocates
c. Enhance the integration of primary health and mental health benefits and treatments for persons with mental illness and dual diagnoses.	Short	
d. Use public financing (federal, State, and local, including Medicaid) to support all evidenced-based practices (EBP) for adults with SMI that are necessary and effective for successful community living, including incentives in Medicaid services and rates for providers to deliver EBP services.	Immediate	
e. Define the range and types of longer-term care and supportive services needed to effectively complement acute psychiatric care in a comprehensive community system, with emphasis placed on EBP services.	Immediate	DMHMRSAS, working with providers and advocates
f. Integrate peer support services into the continuum of community-based services for adults with SMI and billable peer services in the Medicaid Rehabilitation Option.	Short	DMAS and DMHMRSAS, working with providers and advocates
g. Provide funding to develop community-based services and supports necessary to eliminate State mental health facility discharge waiting lists.	Immediate	General Assembly, working with providers and advocates

- 6. ISSUE:** State Code requirements and legal system practices relating to involuntary commitment of individuals with mental illness often work against use of prevention alternatives.

RECOMMENDATION:

Amend appropriate statutes to ensure that judges and magistrates more effectively integrate professional recommendations into their decisions about hospitalizing individuals with mental illness, with the goal of reducing unnecessary or premature institutionalization. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Convene stakeholder group of individuals with disabilities and family members, advocates, service providers, attorneys and judicial officials to review specific problems and relevant statutes; identify options for statutory change; and develop suitable statutory revisions.	Immediate	DMHMRSAS; VDA; Va. Supreme Court
b. Disseminate proposed statutory amendments to affected constituents for comment and feedback; make appropriate revisions.	Immediate	
c. Identify patrons for proposed statutory amendments and support passage of legislation in General Assembly.	Immediate	DMHMRSAS; VDA
d. Enact recommended legislation.	Immediate	General Assembly
e. Participate in magistrate and judicial training as needed to ensure effective implementation of amendments.	Short	State agencies, working with other stakeholder representatives, as needed

- 7. ISSUE:** The healthcare system has no dedicated revenue source, which makes the system vulnerable to cyclic funding and period of strengths and weakness. A lack of a dedicated revenue stream puts critical, sometimes life and death, health care services at the whim of the economy.

RECOMMENDATION:

Establish in the Appropriation Act a dedicated revenue stream for health, mental health, rehabilitative and other services and supports for persons with disabilities (similar to that of the Lottery for K-12 Education). (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Study options for alternative revenue streams and appropriate level of quantitative funds.	Immediate	General Assembly; All relevant executive branch agencies
b. Implement recommendations of the study to establish a dedicated revenue stream.	Medium	General Assembly

- 8. ISSUE:** Current and prospective statutes, regulations, policies (including, but not limited to, fiscal policies), and practices inhibit consumer access to needed supports and services by decreasing access to qualified providers or decreasing the number of qualified providers.

RECOMMENDATION:

Amend all current and prospective statutes, regulations, policies (including, but not limited to, fiscal policies) and practices that conflict with this Report to ensure and protect consumer access to needed supports and services. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Examine current and proposed laws, regulations, policies (including, but not limited to, fiscal policies) and practices to determine whether they inhibit consumer choice of, or access to, qualified providers.	Immediate	All State agencies that employ, license, supervise or regulate qualified providers; General Assembly
b. As necessary, amend current and proposed laws, regulations, policies (including but not limited to, fiscal policies) and practices that inhibit consumer choice of and access to qualified providers (including, but not limited to, laws, regulations, policies and practices that create real or potential conflicts of interest).	Immediate to Long	

- 9. ISSUE:** When students with disabilities age out of school, they often stop receiving the services that have helped them to live in the most integrated setting appropriate to their needs.

RECOMMENDATION:

Appropriate funding to expand transition activities for students with disabilities. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Appropriate funds to sufficiently fund transition services for students with disabilities moving from school to adult services.	Short	General Assembly; DMAS

- 10. ISSUE:** People who have sustained disabling brain injuries need community options to avoid institutional placement. They are at high risk for institutional placement, but they currently do not receive assistance to remain in the community.

RECOMMENDATION:

Develop and implement a Brain Injury Waiver to include specialized long-term placements for people with significant behavioral issues as the result of brain injury; specialized programs for both emergency and short-term treatment of people with behavioral issues as the result of brain injury; and the development of a network or team of brain injury specialists available to provide training and consultations to service providers in the community and in institutions interested in or currently trying to serve people with behavioral issues as the result of brain injury. (D, S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Update the Disability Commission on development of a model brain injury waiver for Virginia.	Immediate	DMAS
b. Take legislative, administrative and funding actions needed to implement this recommendation.	Short	General Assembly; DMAS

- 11. ISSUE:** Adult foster care is one of an array of necessary support services that could be available for people with disabilities who wish to live in communities. Presently, Virginia's service system for people with disabilities does not include an appropriate or adequate continuum of community-based care options to support independent living. The system as it exists unfairly limits opportunities for individuals to live independently in the most integrated setting of their choice. Adult foster care is under-utilized and can reduce the burden on the institutional care system.

RECOMMENDATION:

Expand the availability, use and oversight of adult foster care. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Increase funding to expand the availability of, use, and oversight of adult foster care.	Short	General Assembly; DSS
b. Explore options for encouraging local departments of Social Services to expand the availability of adult foster care.	Short	DSS
c. Explore other living and care options, including those used successfully in other states, that have reduced the use of institutional care.	Short	

- 12. ISSUE:** Expertise within the continuum of care system for people with mental retardation exists, but is under-utilized. It should be utilized in, and expanded to, the entire system.

RECOMMENDATION:

Expand and maximize the use of current expertise and expert models already in place for persons with mental retardation by expanding the Regional Community Support Center (RCSC) concept, now in place at the Northern Virginia Training Center, to other facilities. RCSCs enable treatment centers to share medical, dental and therapeutic expertise with those who either cannot access comparable care in the community or cannot afford it. (D, S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Establish RCSCs at the other four State training centers, offering services that are needed in the particular communities.	Immediate	General Assembly; DMHMRAS; DMAS
b. Support organizations and academic institutions that are attempting to expand academic curricula to tailor care to specific disability needs.	Immediate	General Assembly; All relevant executive branch agencies

- 13. ISSUE:** Companion services can assist individuals to remain independent in their own home, but they are under-funded.

RECOMMENDATION:

Expand the DSS companion program, with an emphasis on providing home help for persons with sensory disabilities and others who do not currently qualify for Waivers. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Fully fund the DSS companion program.	Short	General Assembly; DSS

- 14. ISSUE:** Hospice and palliative care services can improve the quality of life for many people with disabilities and reduce the public cost of services for people with disabilities, but they are inaccessible and/or unavailable to some people.

RECOMMENDATION:

Expand the accessibility of hospice services, with expansion of palliative care services. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Fully fund hospice care and palliative care services, and plan a public awareness campaign.	Short	General Assembly; All relevant HHR agencies

- 15. ISSUE:** Persons who are deaf or hard of hearing are not typically at risk of institutional placement as a result of their hearing loss, but they may be at risk for such placement as a result of other disabling conditions. To effectively serve persons who are deaf or hard of hearing in the community or in residential placements, available programs must be prepared to ensure communications access through the provision of qualified interpreters, assistive listening devices, closed captioning and staff training. In addition, effective communication in the community can often delay or preclude the need for residential placements for persons who are deaf or hard of hearing.

RECOMMENDATION:

Using a collaborative process, develop a system that facilitates communications access coordination between and among institutional and community providers to ensure that effective communication is available in facilities and community placements. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Develop and implement a plan to enhance awareness of and access to interpreter services, assistive technology, Virginia Relay, and other tools for communications access by persons who are deaf or hard of hearing in facilities or in community placements.	Short	VDDHH; DMHMRSAS; and DMAS, working with other providers of care and treatment for persons with physical and sensory disabilities

- 16. ISSUE:** People with dementia need community options to avoid institutional placement. They are at high risk for institutional placement, but they do not currently receive assistance to remain in the community.

RECOMMENDATION:

Develop and implement a Dementia Waiver. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Take administrative, legislative and funding actions needed to implement this recommendation.	Short to Medium	DMAS; General Assembly

17. ISSUE: Lack of community-based services and funding confounds effective discharge planning. Lack of transitional funding creates a barrier for people moving to the living arrangement of their choice. Necessities must be in place in order to move into a community living situation. Currently, residents of institutions often cannot keep enough of their benefit payments to pay for these necessities upon transitioning. Discharge planning must be accomplished within a workable financial framework. Creative solutions and collaborations should be considered to meet the needs of people transitioning to community of choice, especially to more integrated environments where needs assessment and corresponding service provision are especially important to ensure their health and safety.

RECOMMENDATION:

Amend the Medicaid program to facilitate a seamless transition to community living from institutions and to prevent institutionalization. Through Medicaid, provide one-time start-up funding to persons transitioning to the community. Amend Waivers and State Plan to include transition services to enhance consumer-directed options. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Amend the State Medicaid Plan to include transition training as part of State Plan personal care services.	Short to Medium	DMAS; General Assembly
b. Consider budget amendments to authorize these recommendations. Allocate sufficient funding to establish a revolving fund for people with disabilities in institutions to use for utility and rent deposits, and other upfront household expenses associated with community living, to enable them to move from institutions to more integrated community settings.	Short to Medium	DMAS; General Assembly; All appropriate executive branch agencies
c. Submit legislative proposal that gives authority to implement the recommendation.	Short to Medium	DMAS
d. Approve funding and provide emergency regulatory to implement this recommendation.	Short to Medium	General Assembly

18. ISSUE: The State's Home and Community Based Medicaid Waivers require Waiver recipients to contribute to the cost of Waiver services. These fees, or "patient pay" amounts, are determined by DSS, using a formula to calculate the recipient's personal maintenance allowance (PMA), which is not equitable across Waivers and is insufficient under some Waivers to allow community living. Individuals are unable to pay the required co-pay and meet their personal expenses for shelter, food and clothing in order to live in the community, especially in high income/expense areas such as Northern Virginia. Expenses increase significantly for persons with disabilities who are gainfully employed.

RECOMMENDATION:

Increase the PMA to 300% of the monthly Supplemental Security Income (SSI) payment limit in all Waivers, which is the maximum allowable under Federal law. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Take administrative and funding actions needed to implement the recommendation.	Short to Long	General Assembly; DMAS; DSS

19. ISSUE: Implementation of Olmstead in Virginia will require community-building initiatives that raise awareness not only about the rights of people with disabilities, but also about the potential positive contributions that people with disabilities make to communities. Due to lack of secure and ongoing funding from the State and Federal governments to assure services on a continuing basis, many communities do not feel responsible for reducing unnecessary or premature institutionalization of citizens. Community ownership of and accountability for this responsibility increases when communities are actively involved with and responsible for decisions about care and treatment. Collaboration with other community agencies and members can help foster a sense of ownership and responsibility.

RECOMMENDATION:

Support local and regional collaboration partnerships that provide community ownership and accountability for service delivery. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Utilize the DMHMRSAS Regional Partnership Planning process in each region to identify collaboration opportunities that enhance community ownership of and accountability for service delivery.	Immediate	DMHMRSAS, working with CSBs, Other service providers, Individuals with disabilities, Families, and Other interested stakeholders
b. Evaluate and refine State policy and operational structure to enhance community ownership of and accountability for service delivery.	Short	DMHMRSAS

20. ISSUE: People with disabilities often cannot afford their prescriptions, which reduces their quality of life and increases the risk of death, disability and associated costs to the system.

RECOMMENDATION:

Study and recommend options for the Commonwealth to establish a prescription drug assistance program for persons with disabilities. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Study options for improving the quality of care through a prescription drug assistance system.	Immediate	General Assembly; All relevant State agencies
b. Implement and fully fund a prescription drug assistance program.	Medium	General Assembly

21. ISSUE: Thirteen years after the ADA established that state governments must provide services in the most integrated setting appropriate to the needs of the individual, and three years after the U.S. Supreme Court determined in Olmstead that waiting lists for Waiver services must move at a “reasonable pace,” Virginia maintains a waiting list of over 3,000 individuals who need Waiver services to live in an integrated setting (DMAS and DMHMRSAS combined waiting list for the Developmental Disabilities and Mental Retardation Waivers). Many of these individuals, including those living in institutions who have been determined ready for discharge and who have chosen to live in the community, have been waiting years for services in the community. If individuals are eligible for services and have an immediate need for services but are not receiving services, they face institutionalization.

RECOMMENDATION:

Eliminate waiting lists for Waivers and other supportive services. Avoid future waiting lists by anticipating regular increases in need for services. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Fund 25% of the 2003 waiting list in 2005.	Short	General Assembly; DMAS
b. Fund 45% of the 2004 waiting list in 2006.	Short	
c. Fund 65% of the 2005 waiting list in 2007.	Medium	
d. Fund 80% of the 2006 waiting list in 2008.	Medium	
e. Fund 100% of the waiting list, except those waiting 90 days or less, in 2009.	Long	
f. Fund all individuals within 90 days of screening.	Long and Ongoing	

- 22. ISSUE:** Effective implementation of Olmstead initiatives will require a critical examination of the eligibility for waivers and mechanisms for increasing access to the waivers through possible revisions in eligibility criteria. Eligibility requirements for Medicaid payment of community-based care waivers, and nursing facilities, rehabilitation hospitals, and ICF/MR services on which the waivers are based, are too restrictive and hamper access to Waivers and community-based services. Basic needs to support independent living in the community are not being met with current Waivers because of Virginia's overly restrictive level of care eligibility criteria for long-term care services. Deliberations of Waiver eligibility will need to include individuals with disabilities, family members and services providers.

RECOMMENDATION 1:

Relax eligibility requirements for nursing homes, rehabilitation hospitals, and ICF/MR Waivers to encourage use of the most integrated settings appropriate to the needs of persons with disabilities. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Relax the nursing home, rehabilitation hospital, and ICF/MR admissions eligibility criteria.	Medium	DMAS
b. Appropriate funding to support relaxation of admissions eligibility criteria.	Medium	General Assembly; DMAS

RECOMMENDATION 2:

Liberalize the level of care eligibility criteria for long-term care services. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Take funding and administrative action needed to implement the recommendation.	Short	General Assembly; DMAS

- 23. ISSUE:** Basic needs to support independent living in the community are not being met because of overly restrictive financial eligibility for Medicaid. Many persons are not eligible for Medicaid and do not need medical services available through Medicaid, but they do need

support services that enable them to work. Virginia's choice to maintain extremely conservative income threshold limits affects an individual's ability to increase self-sufficiency through gainful employment.

RECOMMENDATION:

Increase Medicaid financial eligibility to 125% of the Federal Poverty Level (FPL), which is the average among the states. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Take legislative action and provide funding needed to implement this recommendation.	100% FPL- Short 125% FPL- Medium	Governor; General Assembly; DMAS

- 24. ISSUE:** Transition to more integrated environments is the bedrock of the Olmstead decision. The goal for transition to community of choice is for the transition to occur at a reasonable pace and in a timely manner, and for services and supports to be consumer controlled, consistent with the individual's identified needs and choice, and readily available in the community. In addition, individuals should be involved in an ongoing assessment to ensure that housing, programs and services continue to meet their specified needs. Meaningful choice requires genuine opportunity for communication, collaboration and involvement that too often does not include the person with disability.

RECOMMENDATION:

Improve collaboration emphasis by requiring that all transitions from one service to another be preceded by planning meetings that include the individual, his or her surrogate decision-maker if applicable, staff from the discharging and receiving providers, and any persons whom the individual or surrogate selects. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Amend and/or enforce Code and licensing regulations to require collaboration among responsible entities.	Immediate	General Assembly; All licensing agencies

- 25. ISSUE:** Some people who require only benefits management assistance to live independently cannot get that assistance without paying for it from their benefits allowance.

RECOMMENDATION:

Develop and fund a financial management assistance program. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Develop a financial management assistance program.	Immediate	DSS; VDA; DRS; DMHMRSAS
b. Fully fund the financial management assistance program.	Short	General Assembly
c. Streamline the process for designating payees for various benefits programs.	Immediate	DSS; VDA; DRS; DMHMRSAS

26. ISSUE: The current MH/MR system is bifurcated between the State facilities and local CSBs, compromising its ability to be as efficient and responsive to individual choice as possible. Some people may be obtaining inappropriate levels of service in an overly restrictive environment because of the lack of community resources discussed elsewhere in this Report. There were 125 patients with mental illness and 173 residents with mental retardation waiting for discharge from facilities to the community as of April 2003 ([see Appendix B, Section IV.E.](#)). The community and facility system should operate as a single, integrated system in order to better promote waiting lists moving at a reasonable pace.

RECOMMENDATION:

Support DMHMRSAS' current Regional Restructuring Partnership process as a means to encourage facilities and communities to function in a more integrated manner. (S)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Take administrative and legislative actions and create budget language to implement this recommendation.	Immediate to Long	DMHMRSAS; DMAS; General Assembly

27. ISSUE: Too many people are placed outside their homes prematurely or in undesirable placements.

RECOMMENDATION:

Expand funding for the Virginia Caregivers Grant Program, which helps prevent premature or undesirable out of home placements and can be used to support transitions to the most integrated setting appropriate to the person's need. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Appropriate full funding for each year of the biennium from the General Fund to DSS to support the Virginia Caregivers Grant Program.	Short	General Assembly; DSS
b. Appropriate sufficient funds to provide more monetarily substantial grants to individual caregivers.	Medium	
c. Appropriate funds to pay arrearages in this program and increase the number of caregiver grants.	Medium	
d. Explore alternatives to this program, including establishing income tax credits.	Medium	General Assembly; DSS; Department of Taxation

2. CONSUMER AND FAMILY MEMBER INVOLVEMENT

ISSUE: Virginia has not typically involved individuals with disabilities in service planning to the fullest extent possible. In many cases, service system development is an agency-driven process in the Commonwealth at all levels: local, regional and Statewide. Lack of meaningful participation in the planning processes by affected populations results in inadequate care options that often do not meet the needs of affected individuals and family members. Lack of consumer and family input at the outset of service system planning reduces the opportunity for informed choice regarding services once they are put in place.

In addition, there is no ongoing assessment of consumer and family member satisfaction with their involvement in planning and implementation of those services in Virginia.

RECOMMENDATION 1:

Appoint more people with disabilities to boards and planning groups that concern issues important to them to increase sharing of information and meaningful participation in the planning process by those affected. Appoint people with disabilities to State boards other than human services. Include more representation of people with disabilities from all regions in all planning processes. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Appoint more individuals with disabilities to boards and planning groups both inside and outside the human services field.	Immediate and Ongoing	Governor; All State agencies
b. Send regular lists of Board and planning group vacancies to advocacy organizations and agencies.		
c. Encourage organizations and agencies receiving lists to share them with individuals as widely as possible.		
d. Assess at the end of one year, to the extent possible, whether the number of appointments has increased and to what extent.	Short	VOPA
e. Encourage the regular assessment of ongoing progress for at least five years.		

RECOMMENDATION 2:

Encourage all planning meeting conveners to send timely, well publicized notices in advance; give appropriate consideration to reasonable accommodation for those who need it; consider needs of individuals with disabilities when choosing meeting times and places; and assist with providing transportation when that is necessary. This will better integrate consumer and family experiences into planning and service delivery (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Put a notice to conveners about the needs of persons with disabilities on the Olmstead and Town Hall Websites.	Immediate and Ongoing	All State agencies
b. Produce a pamphlet for meeting planners.		VOPA

RECOMMENDATION 3:

Establish regional and Statewide town meetings using teleconferencing and video conferencing to assist people with disabilities to participate in planning for independence. Use online chat rooms for focus groups. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Seek funding for this project.	Immediate and Ongoing	All State agencies; Governor

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
b. Establish quarterly teleconferences, which anyone in the State could join, where new regulations or programs could be announced and where individuals with disabilities could ask questions and express concerns.	Immediate and Ongoing	All State agencies; Governor

3. CONSUMER RIGHTS, HEALTH AND SAFETY

- 1. ISSUE:** Critical incidents (for example, serious bodily injuries) and deaths in non-State operated ICFs/MR and other licensed providers of Medicaid services are not required to be reported to an independent advocacy entity for tracking, analysis and advocacy. It is important that incidents of abuse and neglect in the community be reported and analyzed at a State level. VOPA is the appropriate agency to perform this function. There is a State requirement that critical incidents and deaths that occur in State MH and MR facilities be reported to DMHMRSAS and VOPA in an expedient manner, and State regulations requiring incidents and deaths be reported to DMHMRSAS by programs DMHMRSAS licenses, but there is not a similar reporting requirement for critical incidents and deaths in other institutional settings and Waiver services. Only the CDPAS Waiver regulations require that incidents of abuse must be reported within 48 hours. The requirement for timely reporting of critical incidents and deaths should be included in all of the Waiver and facility regulations.

RECOMMENDATION:

Enact legislation to require that critical incidents and deaths be reported to VOPA and the OIG within 48 hours and require VOPA to analyze data for trends. (S)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Take legislative action needed to implement this recommendation.	Immediate	General Assembly; VOPA

- 2. ISSUE:** While people with disabilities assert their rights to live and receive services and supports in the settings that are their preference and that best support them, they remain more vulnerable to abuse, neglect and mistreatment than do most citizens of the Commonwealth. People with disabilities are often particularly vulnerable to consumer fraud.

RECOMMENDATION 1:

Expand programs to combat abuse, neglect and exploitation, including consumer fraud. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Study ways to provide greater criminal and civil protection for people with disabilities who may be at heightened risk for abuse, neglect, exploitation and fraud.	Immediate	General Assembly; DSS; other relevant State agencies

RECOMMENDATION 2:

Fully fund all protective services. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Appropriate full funding for adult protective services.	Short	General Assembly; DSS
b. Appropriate sufficient funds in each year of the biennium to fully fund child protective and other protective service programs.	Short	General Assembly; DSS; other relevant HHR Agencies

- 3. ISSUE:** In many cases, people with disabilities do not have reliable Waiver services in order to ensure their health and safety in the community. Virginia's Waiver regulations for back-up and substitute services are not being enforced consistently.

RECOMMENDATION:

Enforce DMAS regulations for agency backup and substitute services. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Take administrative action needed to implement this recommendation.	Immediate	VOPA; DMAS

- 4. ISSUE:** Public safety and public health personnel interact with persons with disabilities across the continuum of care, but they are not sufficiently aware of the best methods of managing such interactions.

RECOMMENDATION:

Expand disability specific training of public safety and public health (for example, hospital and clinic) personnel. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Expand availability of existing training programs.	Immediate	General Assembly; Relevant State agencies
b. Develop new training programs.	Immediate	Relevant State agencies
c. Fully fund new training programs.	Short	General Assembly; Relevant State agencies

- 5. ISSUE:** At present, several State agencies inside and outside the HHR Secretariat have licensing or other departments or divisions charged with enforcing accountability measures for providers of services to individuals with disabilities through licensing regulations or standards. Also, several State agencies create and implement rights, health and safety standards and measures through their licensing or other departments. This results in often inconsistent or conflicting standards and enforcement actions and leads to consumer and provider confusion, additional expense for the Commonwealth and providers, and a lack of consumer choice.

RECOMMENDATION:

Create a Division of Licensing, under one State agency, to enforce licensing standards by consolidating all licensing departments from all State agencies in the

HHR Secretariat. Standardize and harmonize licensing regulations unless a unique situation would justify a variance. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Create a Division of Licensing in the HHR Secretariat, under one State agency, to enforce licensing standards.	Immediate	Governor; General Assembly
b. Consolidate existing licensing departments of State agencies in the HHR Secretariat into the new Division of Licensing.		Division of Licensing
c. Ensure that the Division of Licensing is staffed by people trained and knowledgeable in the accountability standards and measures relevant to each disability community served by this Report.	Short to Medium	Division of Licensing
d. Ensure that care is taken to retain skilled staff who are knowledgeable about specific disability issues.		
e. Convene an interagency Task Force to harmonize and standardize existing regulations.	Medium	Division of Licensing; Other State agencies that provide or regulate services to people covered by this Report
f. Ensure that standards apply for all providers and disability communities unless a unique situation exists that justifies a variance in the standards for one disability group or type of provider.		

- 6. ISSUE:** Rights of individuals with disabilities regarding Waivers and Waiver services are not universally upheld by screening personnel.

RECOMMENDATION:

Mandate attendance at training by all screening personnel on an ongoing basis and a quality assurance process to ensure consistent implementation of training. (S)

IMPLEMENTATION ACTION	TIMEFRAME	RESPONSIBLE ENTITY/IES
Prepare and initiate training for screeners and a quality assurance process.	Immediate and Ongoing	DMAS; VDH; DSS

- 7. ISSUE:** Rights of individuals with disabilities regarding Waivers and Waiver services are not universally upheld. Individuals often are not informed of their rights, and providers, who should be informing them, frequently are not knowledgeable about those rights. The right of choice is often inappropriately limited.

RECOMMENDATION 1:

Produce and distribute a document regarding choices for all Waiver services. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Take administrative and funding actions needed to implement this recommendation.	Immediate and Ongoing	DMAS, in conjunction with VOPA; VBPD, and other interested parties

RECOMMENDATION 2:

Develop and deliver technical assistance and training on rights and choices for all Waiver services to individuals and providers. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Take administrative and funding actions needed to implement this recommendation.	Immediate and Ongoing	VBPD

- 8. ISSUE:** Individuals with disabilities, families, advocates and the public are often not aware of consumer rights. Too many people do not know their rights to question or ask for a change in the services they receive. Community involvement and awareness, along with consumer and family education, are often unrecognized aspects of rights enforcement and of ensuring consumer health and safety in all settings. Rights, health and safety education for all individuals is an ongoing process that requires strong, visible leadership. General lack of consumer knowledge about the service system, service options and legal issues--for example, informed consent, appeals processes, individual rights, and advance directives--underscores a need for continuing and well-publicized initiatives in these areas. There is a need to educate all stakeholders about their roles in ensuring the rights, health and safety of all members of the community, including people with disabilities. It is even more critical that persons with disabilities residing in institutions and their families and surrogate decision-makers be educated about rights and choices with respect to community living options, as they are least likely to be informed about the programs and services available in the community to meet their needs. Agencies and organizations must carry out their responsibility, legal and moral, to inform Individuals with disabilities, family members and advocates of their rights in an ongoing, accessible, consumer-friendly manner. Specific, creative and proactive strategies must be developed and undertaken to ensure that persons in facilities and caregivers are informed in an understandable manner about community based service options and their legal and civil rights relating to exercising those options.

RECOMMENDATION 1:

Develop a group of people with all types of disabilities who have achieved transitions to greater independence who would be willing to mentor those seeking similar transitions. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Fund this project.	Short and Ongoing	Governor; General Assembly, working with individuals with disabilities, families and advocacy organizations
b. Recruit people who have made transitions to greater independence through advocacy organizations.		
c. Establish and train a group of peer counselors who will talk to those interested in making similar changes.		
d. Publicize the availability of program and seek referrals.		

RECOMMENDATION 2:

Conduct careful follow-up studies of people in transition. Increase the use of individually-and disability-based outcome measurements. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Appropriate funds for a study.	Short	General Assembly; VOPA, working with a University program and All HHR agencies
b. Seek help from a university program such as the Partnership for People with Disabilities.		
c. Begin the study.	Short	General Assembly; VOPA, working with a University program and All HHR agencies
d. Publish and specifically report to the entity responsible for the coordination of Olmstead activities and planning.		

9. ISSUE: Some individuals with disabilities lack the capacity to consent to certain services involving treatment and have no one available or willing to make that decision on their behalf. Existing processes for obtaining consent can be lengthy and expensive, sometimes resulting in delays in receiving services both at discharge from a facility and in the community, thereby failing to honor consumer choice or participation in decision-making. Advance directives permit individuals to choose a certain treatment or course of treatment in advance of the need for that treatment. As applied to people with psychiatric disorders, they are not well known nor widely used, and might support better treatment experiences and outcomes if used when applicable. Expanded use of advance directives might reduce the use of hospital care for persons in medical or psychiatric crisis. Approximately 175 residents in State mental health and mental retardation facilities currently need a surrogate decision-maker. The Virginia Public Guardian and Conservator Advisory Board estimates that there are an additional 2,200 Virginians in need of public guardianship services.

RECOMMENDATION 1:

Recruit, train and support a pool of individuals who are willing to serve as surrogate decision-makers for individuals with disabilities. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Develop a curriculum and training program that results in participants receiving a Court-approved certification to serve as a surrogate decision-maker.	Short to Medium	Va. Supreme Court; VDA; DMHMSAS; DSS
b. Enact legislation to authorize the Surrogate Decision-Maker Certification Process.	Short to Medium	General Assembly; Va. Supreme Court; DMHMRSAS; VDA; DSS
c. Revise Va. Code § 37.1-84.1 to narrow the class of individuals who are prohibited from serving as surrogate decision-makers to those for whom serving in that capacity would or might create a conflict of interest.	Short	General Assembly; DMHMRSAS
d. Expand the Public Guardianship program to localities that are not currently served.	Short to Medium	General Assembly; VDA

RECOMMENDATION 2:

Provide funding to implement an educational campaign aimed at persons with psychiatric disorders and other disabilities and their services providers regarding advance directives, guardianships, next friends, and other available options. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Convene a workgroup of individuals with disabilities, advocates, service providers (including physicians), and legal experts (including the OAG) to develop a model advance directive for medical and psychiatric treatment and the objectives and components of an educational campaign on advance directives.	Immediate	DMHMRSAS
b. Identify funding for the educational campaign.		General Assembly; DMHMRSAS
c. Issue a request for proposals for educators to implement the campaign.		DMHMRSAS
d. Award contract to implement educational campaign.	Short	
e. Complete the educational campaign.		

4. EDUCATING CONSUMERS, FAMILY MEMBERS, AND PROVIDERS

- 1. ISSUE:** Individuals with disabilities need more awareness of resources available to them in Virginia to meet a wide range of needs associated with community living. There is an insufficient capacity for training and technical assistance (TA) for not only individuals, but also families and providers. The various populations that must be reached are widely scattered and not always well defined.

RECOMMENDATION 1:

Create a Statewide library of disability-related resources and a Statewide list of available resources for general distribution. Establish a Statewide toll-free number that individuals with disabilities, families and advocates can contact to be linked with appropriate resources, including TA. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Convene a planning committee of interested and competent individuals with disabilities, family members, providers, agency and organization representatives and representatives from the Library of Virginia whose goal is to gather as much useful information as possible without regard to its particular viewpoint.	Immediate to Medium	General Assembly; DRS; Library of Virginia; Other State agencies
b. Outline a proposal for operation.		
c. Seek funding from State or private sources.		
d. Establish the program and publicize it through advocacy organizations and agencies.		
e. Establish as part of the program a website on which available materials and their location can be listed.		

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
f. Require licensing agencies to post on their websites comprehensive information about providers and services available, including results of inspections and complaint history, as part of an effort to better inform individuals receiving services, their families, and the public.	Immediate	Governor; State licensing agencies

RECOMMENDATION 2:

Establish a web-based course for families, newly disabled individuals and providers on general issues related to disability, with links to other courses and other information resources. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Create a Planning Consortium consisting of Parent Education Teaching Centers; SCHEV; Community Colleges; CILS; DSBs; DRS, VBPD, other appropriate State agencies, and interested parties.	Immediate to Short	SCHEV
b. Seek funds for pilot program.		General Assembly; VBPD; SCHEV
c. Create the curriculum.		DRS
d. Establish and advertise the course.		

- 2. ISSUE:** Many individuals with disabilities are still outside the “system.” Some are hiding their disabilities or they are hiding because they have a disability, while some depend on others for their information. If these individuals were encouraged to insist on accessible information, they might come forward to learn their rights under Olmstead.

RECOMMENDATION:

Provide more opportunities for people to volunteer within the disability community, such as in mentoring programs. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Invite advocacy organizations and volunteer organizations, including but not limited to, Volunteers of America and Retired Senior Volunteer Program, to a joint discussion of this project.	Immediate and Ongoing	Secretary, HHR; HHR agencies; General Assembly
b. Form specific plans to involve persons with disabilities in both serving as, and being served by, volunteers.		
c. Seek funds to support appropriate projects if necessary.		

5. EDUCATING THE PUBLIC

ISSUE: Because effective Olmstead implementation will demand the imagination and flexibility to use and/or create new ways of doing things, it is especially vulnerable to inertia and lack

of imagination. Creative and innovative opportunities to inform the public must be encouraged.

RECOMMENDATION 1:

Reward imagination by holding competitions for creative designs in community inclusion of people with disabilities. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Design and make a proposal to SCHEV.	Immediate and Ongoing	Refer to VBPD for consideration; University programs
b. Survey universities to determine if some activities are already ongoing and to find appropriate programs through which to work.		
c. Find necessary funds and begin to plan.		

RECOMMENDATION 2:

Reward imagination by targeting grants to projects that explore innovative solutions to problems related to the effectiveness of Olmstead implementation. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Fund this project.	Immediate and Ongoing	General Assembly
b. Advocate for similar projects with foundations and corporations.		
c. Assist in designing appropriate proposals.		

RECOMMENDATION 3:

Reward imagination by showcasing new or innovative community programs that resolve challenges of implementing the Olmstead decision at an annual Statewide exposition. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Seek a sponsor.	Immediate to Medium	Secretary, HHR, working with State agencies, Individuals with disabilities, Family members, and Advocacy organizations
b. Seek funding for the exposition.		
c. Plan the exposition.		

6. EMPLOYMENT

- 1. ISSUE:** Employment for many people with disabilities is considered to be a critical mechanism for full integration into community living, self-sufficiency and independence. Inadequacies or complexities in Virginia's present employment service system create barriers for people with disabilities seeking employment, including those leaving institutions. Individuals are not likely to become invested in the employment process unless they take an active role in accomplishing tasks related to job placement and follow-along using a consumer-directed model.

RECOMMENDATION:

Provide people with disabilities more choices, based on their individual preferences, strengths, and experiences, in a range of supports they feel they need or the type of job they would prefer. Individualize choices and decisions about work and supports, using a consumer-directed model. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Implement a standard for both public and private providers using a consumer-directed model where individuals with disabilities take an active part in job exploration, development, and maintenance activities.	Immediate	DRS; DSS; DMHMRSAS; and DBVI, working with Public and private providers, Individuals with disabilities, and Family Members
b. Convene a consumer task force to study best practices for delivering employment services to people with disabilities, including systems where funding follows the person. Develop proposal to create program for Virginia.	Immediate to Short	Secretary; HHR; DRS; DMHMRSAS; and DSS, working with Providers; Advocates, and Individuals with disabilities
c. Implement a service delivery option, across agencies, where services are planned and implemented with the assistance of a Consumer Service (support) Planning Team whose members are selected by the individual with a disability.	Immediate	DMAS; DMHMRSAS; and DRS, working with Advocates and Individuals with disabilities

- 2. ISSUE:** Virginia has no coordinated system infrastructure designed to integrate employment services for individuals with disabilities in a manner that is consumer-directed, user-friendly and expands service capacity. The existing system is complicated, with various agencies maintaining employment-related service options for individuals with disabilities and different points of entry for services, thereby causing duplication and confusion to both individuals and providers. There is inadequate, or lack of, service coordination among institutional and community providers to ensure that individuals with disabilities leaving institutions can access employment services and supports, both prior to and following discharge into the community of their choice. The lack of coordination of employment services among the different agencies for people with disabilities has been an ongoing problem in Virginia and presents a formidable barrier to employment of people with disabilities in this State.

RECOMMENDATION 1:

Using a collaborative process, develop a system that facilitates (or mandates) coordination between and among institutional and community providers to link individuals with disabilities with employment supports at entry into, and prior to discharge from, facilities, as well as at entry into employment from the community. Individuals with disabilities preparing for and re-entering the community following institutionalization who choose employment will have the benefit of planning for employment in advance of discharge. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Include vocational and employment consultations from employment specialists in assessment services, benefits planning and consultation, and services/supports planning and implementation for individuals with disabilities prior to institutional discharge and at intake to community programs, if this is a part of the individual's identified goals. Specialists on discharge teams and on clinical teams will increase the level of expertise of the team and provide individuals with employment exploration and support prior to discharge and upon entry into the community. Establishing relationships with employment specialists and employment providers will increase the likelihood of success in obtaining and maintaining stable employment in the community.	Immediate to Short	DMHMRSAS and DMAS, working with Public and private employment providers and Other providers of care and treatment for individuals with physical and sensory disabilities
b. Initiate self-advocacy training as part of the education curriculum for students with disabilities. Include as part of the IEP when services are initiated at age 14.	Immediate to Medium	General Assembly; DOE; and DRS, working with Individuals with disabilities and Advocates
c. Add employment as an issue to be included in discharge planning protocols for individuals with disabilities wishing to work in the community.	Immediate--administrative; Long--regulatory	DMHMRSAS; DRS; and DMAS, working with Other providers of care and treatment for individuals with physical and sensory disabilities
d. Encourage the use of person-centered planning principles on institutional discharge planning teams and in the intake process in community programs. Person-centered planning principles should determine the focus of and the participants on institutional discharge planning teams and in the intake process of community programs.	Immediate and Ongoing	DMHMRSAS and DMAS, working with Other providers of care and treatment for individuals with physical and sensory disabilities
e. Initiate cross-agency policies, procedures and training programs to remove institutional bias and stigma from workers in the service delivery system. This will improve services for individuals with disabilities by addressing stigma and low expectations among employers and providers.	Immediate and Ongoing	DMHMRSAS; DMAS; and DRS, working with Other providers of care and treatment for individuals with physical and sensory disabilities
f. Collaborate to develop joint training initiatives that clearly identify and articulate the employment-related services and supports that could be paid for by each State agency's respective funding stream.	Immediate to Short	DMAS; DMHMRSAS; DRS; DSS; DDHH; DBVI; VEC

RECOMMENDATION 2:

Ensure that State agencies maximize Federal reimbursements for employment-related services and supports. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Explore and coordinate existing ESO funding source allocation to be certain that Federal reimbursement is maximized.	Immediate to Short	General Assembly; DRS; and DMHMRSAS, working with ESOs

- 3. ISSUE:** Adequate employment services that support individuals with disabilities who wish to work are not included in all Medicaid Waivers. Additionally, there is a significant lack of providers of employment services for specialized and unique populations (for example, individuals with AIDS, autism, mental illness, and mental retardation) at the community level due to inadequate financial incentives and extremely low reimbursement rates. All Waivers need to include appropriate and adequate supports--without disincentives or penalties--for people with disabilities who wish to work either full or part-time. Such initiatives would be consistent with national efforts to provide employment-friendly business environments and incentives promoting employment for people with disabilities. Providers need to have adequate incentives and training to provide services to persons with the most significant disabilities. Services will continue to be inadequate until such time as there are incentives to develop quality services for people with disabilities in the community, including underserved populations and those with unique needs. Until there is a critical mass available to ensure business success of providers, there will continue to be a dearth of providers and services.

RECOMMENDATION:

Develop joint initiatives to clearly identify and articulate the employment-related services and supports that could be provided to Medicaid-eligible individuals through each State agency's respective funding streams. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Develop joint training for staff from all relevant agencies providing Medicaid employment-related services and supports to ensure that they are aware of benefits and services provided.	Immediate to Short	DMAS; DMHMRSAS; and DRS, working with Individuals with disabilities, Disability advocates, and Other appropriate stakeholders
b. Expand the scope of Virginia's Medicaid Infrastructure Grant (MIG) use of existing Medicaid SPO and Home and Community Based Waiver services to support employment of Medicaid-eligible individuals.	Immediate	DMAS; DRS

- 4. ISSUE:** The existing Home and Community Based Medicaid Waiver reimbursement rate for supported employment services limits Statewide access to supported employment for people with disabilities participating in Waiver programs. Less than 1% of individuals in the MR and DD Waivers participate in individual supported employment. Less than 10% participate in group-supported employment. Although DMAS has over 100 enrolled providers to provide supported employment to Waiver participants, less than 25 participate. (FY 02 DD and MR Waiver Data, DMAS). Inadequate Medicaid supported employment reimbursement rates create a disincentive for providers who wish to create community-based employment services for people with disabilities. ([See also section 10](#) below for additional issues relating to Waiver reimbursement rates.)

RECOMMENDATION:

Increase the Medicaid Waiver reimbursement rate for Individual Supported Employment to parallel the individual supported employment reimbursement rate provided by DRS, which is based on the costs of providing supported employment services in different geographic regions in Virginia. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Take administrative and funding actions needed to initiate implementation of this recommendation.	Immediate to Short	Governor; General Assembly; DMAS
b. Develop a new rate structure that provides incentives to develop community-based employment services vs. center/facility based employment services.	Short	Governor; General Assembly; DMHMRAS; and DMAS, working with Public and private providers
c. Increase incentives and funding to encourage the development of public and private providers of employment services for individuals with disabilities.	Immediate to Short	DMAS; DRS; VEC; and DMHMRAS, working with Public and private providers

- 5. ISSUE:** People with significant disabilities and/or multiple barriers to employment may need more intensive services that may not always be available under the TANF VIEW program. Currently, there are limited specialized vocational services and no long-term employment support services for TANF recipients with disabilities.

RECOMMENDATION:

Expand specialized vocational services and other support services for TANF recipients with disabilities. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Expand specialized vocational and support services for TANF recipients with disabilities to include better access to comprehensive assessments, diagnostic evaluations, intensive case management, specialized employment services, and long-term employment support services.	Immediate to Short	General Assembly; DSS; and DRS, working with ESOs
b. Initiate a system for DSS to purchase specialized vocational services and long-term employment support services from DRS ESOs.	Immediate	General Assembly; DSS, working with ESOs
c. Study unintended consequences (loss of critical individual and family services and supports) with an eye to developing a coordinated, multi-agency and multi-funded, system to support people with disabilities as they move toward self-sufficiency through gainful employment, ensuring that basic needs are met in the process.	Immediate	DSS and DMAS, working with Individuals with disabilities and Advocates

- 6. ISSUE:** A review of the financial thresholds that determine eligibility for services for a person with a disability demonstrates how participating in gainful employment can impact that same person's access to or maintenance of benefits or other resources that support his/her ability to continue to live and work in the community. In all areas-- from housing, to health insurance coverage, to personal care-- substantial financial disincentives, actual or perceived, exist, impacting individuals with disabilities who seek self-sufficiency through

competitive or community-based employment. Largely due to dated, complex and conflicting Federal, State and local disability policies, financial disincentives also negatively impact family members and service providers. Financial disincentives are the unintended consequence of the complexity of these conflicting policies across programs and agencies. Often these disincentives cause people to lose services and supports they require to maintain employment and economic independence. One disincentive is the inadequate PMA discussed in Section I, Issue 18, and another is the income threshold limits discussed in Section 1, Issue 23. Three Waivers include additional special earnings allowances for people who work: the CDPAS, MR and DD Waivers. Not including the additional special earnings allowances in the other DMAS-administered Waivers often removes any financial incentive to work for Waiver recipients. Current policies and regulations exclude, and often remove, any financial incentive to work for residents of ALFs. Thus, persons who would like to work and live elsewhere in the community are unlikely to accomplish this goal.

RECOMMENDATION 1:

Remove financial disincentives for people with disabilities who would like to work and continue to live in the community. (D, S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Change regulations to add additional earned income allowances or disregards to all current and future Home and Community-Based Medicaid Waivers.	Immediate to Short	DMAS and DSS, working with Public and private providers, Individuals with disabilities, and Advocates
b. Establish a task force/work group to identify current financial disincentives in the Auxiliary Grant Program to employment or increased earnings for people with disabilities who reside in ALFs. Submit a report, including recommendations to dissolve financial disincentives, to the Secretary of HHR by January 2004 or beyond.	Immediate	DSS; DRS; and DMAS, working with Individuals with disabilities and Advocates
c. Modify Virginia income tax code to allow personal care expenses related to going to work or being at work to be deductible as a medical expense for State tax purposes.	Short to Medium	Governor; General Assembly; Department of Taxation
d. Amend State tax code to institute meaningful tax credits for employers and people with disabilities who have out-of-pocket expenses for Personal Assistance Services (PAS) in order to gain or maintain employment.	Short to Medium	
e. Implement a workable Medicaid Buy-In Program in Virginia. This program, when developed, will significantly reduce financial disincentives to work and increase income.	Immediate to Short	General Assembly; DMAS, working with Advocates

RECOMMENDATION 2:

Ensure that individuals with disabilities and their families are aware of available work incentives and benefits. To assist individuals with disabilities in participating fully in communities across the Commonwealth, education of the public about disability policies, across agencies and programs, with an emphasis on advancing economic empowerment through employment, is imperative. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Develop a funding mechanism to continue Benefits Planning Assistance and Outreach (BPAO) activities in Virginia beyond 2006 when Social Security Administration (SSA) Grant funding ends. BPAO benefits specialists provide free benefits assistance and work incentive counseling to recipients of SSI and Social Security Disability Income (SSDI). Planning Assistance and Outreach projects currently in place have established competencies that could be used as models by other vendors in Virginia.	Short	General Assembly; Governor; DMAS; DRS; DOE; DSS
b. Develop minimal competencies to ensure that both public and private providers have appropriate expertise to provide Benefits Planning and Assistance Services and/or know where and how to refer clients to qualified BPAO projects.	Short and Ongoing	DMAS; DRS; DSS; DBVI; DOE; VEC
c. Provide ongoing WorkWORLD customization and ongoing maintenance for Virginia. WorkWORLD is a nationally recognized decision support software tool designed to support individuals with disabilities making critical decisions about gainful work activity and the use of work incentives.	Immediate and Ongoing	DMAS; DRS; DMHMRSAS; DSS
d. Develop grant proposal for ESOs, transition counselors, transition specialists and VEC One Stop staff in the utilization of WorkWORLD software.	Immediate, pending grant funding	DRS; DOE; and VEC, working with Providers

RECOMMENDATION 3:

Require State agencies to collaborate to eliminate financial disincentives resulting from conflicting, piecemeal policies governing current services and benefits available to individuals with disabilities. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Develop and implement a cross-agency training program to assist agency staff in understanding SSI/SSDI work incentives.	Immediate to Short	All State agencies
b. Improve communication using assistive technology and traditional methods regarding VR program options with DRS, private vendors service, and people with disabilities to facilitate access to appropriate VR. Such increased understanding of services and options will ultimately lead to providing employment services in a more timely, concerted manner. Subsequently, individuals enter gainful employment more quickly.	Immediate	DRS, working with Vendors and Individuals with disabilities

- 7. ISSUE:** Services available to and accessible for people with disabilities are fragmented and often inadequate to facilitate a person's desire to seek self-sufficiency through employment to continue to live in the community. Service capacity expansion is needed to insure an

infrastructure is in place to develop and deliver services in the community. Service capacity is a large, over-arching issue, encompassing any number of sub-issues including, but not limited to: job coaching, placement, training, follow-along; and worksite accommodations.

RECOMMENDATION:

Increase the service capacity of existing employment support services for persons with disabilities. Additionally, implement the employment provider incentives contained in Section 1, Issue 5, Recommendation 1. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Increase VR services to people recovering from alcohol or drug abuse at the local level by increasing the number of DRS vocational rehabilitation alcohol and substance abuse (SA) specialty counselors to work with them. Add 14 positions to the current 21 DRS specialty counselors who currently serve 2,117 people. Ensure provision of services to persons with the most significant disabilities, providing adequate training to vocational evaluators and counselors regarding meeting the needs of this population through specialized assessment and training, coordination with other providers, and ensuring informed choice regarding outcomes.	Immediate-add 4 positions Short-add 10 additional positions	General Assembly; DRS; and DMHMRSAS, working with Advocates
b. Expand vocational services and wrap-around supports for people in recovery from alcohol and drug dependence. Explore purchase of service options for specialized employment services for expansion opportunities.	Immediate to Short	General Assembly; DMHMRSAS and DRS, working with Public and private providers
c. Expand job placement, job development, and long-term follow-along supports for individuals living with HIV/AIDS and other disabilities (for example, medically fragile). Add individual supported employment services to the Medicaid AIDs Waiver.	Immediate to Short	General Assembly; DRS; DMHMRSAS; DMAS
d. Increase and enhance employment opportunities for people with disabilities through the creation of a State Use Program. Forty (40) other states have some level of active procurement program that encourages State agencies and political and governmental subdivisions to purchase services performed, or products made, by persons with severe disabilities. Virginia provides this procurement opportunity to Virginia Industries for the Blind. This option should be expanded to include qualified non-profit organizations that serve additional people with other types of disabilities.	Immediate to Short	Governor; General Assembly; Secretary of Commerce and Trade; and Secretary of Administration, working with Providers and Advocates

- 8. ISSUE:** Virginia lacks capacity to provide employment services to adults with SMI in accordance with the Evidence-Based Supported Employment/Individual Placement and Supports model. The Evidenced Based Practice (EBP) of Supported Employment clearly indicates an integrated team approach to coordinate a full range of employment, case management and treatment services for individuals with mental illness.

RECOMMENDATION 1:

Identify and solve financial and organizational barriers to implementing the Evidenced Based Practices of Supported Employment for adults with SMI. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Add a sufficient number of mental health employment specialists to provide employment services to adults with mental illness.	Immediate to Medium	General Assembly; DRS; and DMHMRSAS, working with Providers
b. Identify and address the financial and organizational barriers and opportunities to implementing the EBP of Supported Employment for adults with SMI.	Immediate to Short	General Assembly; DMAS, with involvement of DMHMRSAS, DRS, and Public and private providers
c. Increase VR services to individuals with mental illness at the local level by increasing the number of DRS mental health specialty counselors to work with individuals with mental illness at the community level. Currently, 11.5 positions are funded by DMHMRSAS and used by DRS to provide mental health specialty counselors.	Immediate-- add 3 positions Short-- add 3 positions	General Assembly; DMHMRSAS; DRS
d. Develop joint training initiatives that clearly identify and articulate the employment related services and supports that could be paid by each State agency's respective funding streams.	Immediate	DMAS; DRS; and DMHMRSAS. working with Public and private providers

RECOMMENDATION 2:

Creatively identify and utilize natural supports available for individuals with SMI. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Encourage all providers of employment or employment-related services to incorporate natural supports in individualized employment services plans.	Immediate and Ongoing	DMAS; DRS; DMHMRSAS; DSS; and VEC, working with Employment services providers

- 9. ISSUE:** Individualized transition plans (ITPs) are mandated only for students receiving services through the Individuals with Disabilities Education Act. According to the President's New Freedom Commission on Mental Health, Interim Report to the President, October 2002, young people with SED have the highest dropout rate, estimated at 39-77%, when compared to other disability groups. Transition planning, while required for students with IEPs, also needs to be available and implemented for students with SED who may not have IEPs, and who may also be in residential treatment facilities, group homes and detention facilities. The earlier services begin, the better the employment outcome.

RECOMMENDATION:

Increase understanding of students with disabilities, service providers, parents and teachers about barriers to transition and employment so they can plan accordingly. (D, S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Enforce mandated coordination of transition services to students among local school districts, DOE, DRS, DMHMRSAS, DBVI, DDHH and BPAO grantees to facilitate transition services, ensuring the move from school to work or post-secondary training begins early enough to ensure a student's access to the needed transition supports and work incentive options.	Immediate	Governor; State agencies involved in transition
b. Require expansion of transition services for students with disabilities in their freshman year, to include BPAO, that maximize use of existing work incentive options. If appropriate, add this service to the students' IEP as a required service to support the making of an informed choice regarding employment opportunities for students and families. Students and their families would then understand various benefits issues and work incentives prior to transitioning from school into the workforce.	Immediate and Ongoing	General Assembly; DOE; DSS; DRS; and OCS, working with BPAO Programs, Teachers and Parents
c. Identify youth with SED who do not have IEPs within school systems and implement transition planning for this population.	Immediate to Short	General Assembly; DOE; DRS; DMHMRSAS; Other agencies providing relevant services
d. Establish cooperative agreements with public school systems and State agencies to facilitate utilization of Job Coaching as a means of gaining work experience before students exit from high school. Students with disabilities have the opportunity to gain experience in the workplace prior to graduation increasing student employment.	Immediate	DRS

10. ISSUE: The current service delivery system, including the VEC Workforce Investment Act (WIA) One Stop Services System, remains inadequate in terms of providing equal access to services in an accessible manner to people with disabilities and must be improved significantly in order for community integration efforts to succeed in the long-term. This system is not maximized to the fullest extent by people with disabilities due to lack of: accessibility; specialized staff; specialized equipment; and a historical understanding of people with disabilities and their specialized employment and support needs. The existing system is not accessible and, in general, One-Stop staff is not equipped to serve people with disabilities. A recent JLARC report recommends that all workforce-training programs (including specialized employment programs for people with disabilities at DRS, DDHH, and DBVI) be consolidated into the WIA One Stop system in Virginia. The unemployment rates of people with disabilities range from 75% to 90% (Census, 2000 and Harris Poll, 2001), as compared to the Statewide unemployment rate for people without disabilities of 4.1%. (JLARC Report – Virginia Workforce Programs, November 2002). Coincidentally, the types of employment programs and supports provided by the VEC are dramatically different than the individualized employment services and supports provided by DRS, DDHH and DBVI.

RECOMMENDATION:

Be diligent in efforts to protect current programs that provide effective specialized employment programs for people with disabilities as consolidation of workforce

training programs is considered. Current quality programs for people with disabilities are at substantial risk of being diluted as Virginia seeks to combine very different programs with different goals into one consolidated workforce training program. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Appoint people with disabilities to Virginia's WIA Advisory Council	Immediate	Governor
b. Appoint a private, not-for-profit business that serves people with disabilities to Virginia's WIA Advisory Council.		
c. Appoint a private, for-profit business that employs people with disabilities to Virginia's WIA Advisory Council.		
d. Include people with disabilities, providers that serve them, businesses that employ them, and affected departments in all deliberations and planning meetings regarding consolidation of workforce training programs.	Immediate to Ongoing	Governor; DRS; DSS; DDHH; DBVI; and VEC, working with Providers; Businesses and People with disabilities
e. Improve the VEC One-Stop System by ensuring that services and buildings are physically and geographically accessible, appropriate assistive technology is available, and staff is knowledgeable about the employment and support needs of people with disabilities.	Immediate and Ongoing	DRS; DSS; DBVI; DDHH; and VEC, working with ESOs; CILS and People with disabilities
f. Evaluate the VEC One Stop Program to determine what modifications can be made to ensure that the program policies and procedures take into consideration the preference, specialized employment services and supports needed by people with disabilities.	Immediate to Short	

7. HOUSING

- 1. ISSUE:** Housing issues are barriers to people with disabilities living independently within their own communities. A wide range of community housing stock and models of support is not available because of a lack of adequate subsidies and other factors.

RECOMMENDATION 1:

Provide additional financial support for housing subsidies or income supplements to create access to a wide range of community housing stock and models of support. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Develop a legislative proposal to establish a Housing Assistance Fund to provide additional funding for housing subsidies or income supplements to increase availability of community housing stock and models of support.	Immediate	Disability Commission

RECOMMENDATION 2:

Prioritize the needs of people with disabilities in the allocation of housing subsidies and technical assistance (TA) resources. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Work with the Virginia Congressional delegation to identify and resolve Federal barriers to housing subsidies and TA resources for individuals with disabilities.	Immediate	Governor; General Assembly; Disability Commission
b. Assure that Consolidated Plans and Housing Agency Plans prepared at the State level identify persons with disabilities as a population with high priority housing needs. Mandate that, in their allocation of Section 8 voucher assistance, grant funds, low-interest and no-interest loan funds, and TA, State agencies assign a high priority to the needs of people with disabilities.		VHDA; DHCD
c. Review forthcoming HUD data on occupancy by people with disabilities of HUD-subsidized rental housing to determine extent to which PHAs serve persons with disabilities, considering issues such as displacement resulting from conversion of properties to elderly-only occupancy. Consider actions to recommend remedies for any problems identified during this review process.	Short	Disability Commission
d. Initiate a dialogue with local governments and public housing agencies on means for prioritizing the housing needs of people with disabilities in allocating locally administered housing subsidies and resources.	Immediate	VHDA; DHCD

RECOMMENDATION 3:

Provide ongoing training in Universal Design (UD). (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Develop a plan for providing ongoing training in UD ³ to architects, engineers, building officials, public officials responsible for review of site plans, elected officials, housing providers, funding agencies, licensing staff, and community-based organizations to ensure consideration of aging-in-place issues in the development of community housing options.	Immediate	Disability Commission
b. Convene a small group to examine how to, within the context of building and fire codes, educate and assure that building codes and housing categories not impede family-like living in the community through inordinate safety restrictions and categories.	Immediate	DMHMRSAS and DHCD, working with CSBs and Other State and local agencies

RECOMMENDATION 4:

Build adequate local infrastructure to support community-based housing opportunities. (D)

³ The design of products and environments should be useable by all people, to the greatest extent possible, without the need for adaptation or specialized design.

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Provide training to Community Housing Development Organizations (CHDOs) and other community-based housing organizations and providers, CSBs, CILs, DSBs, and AAAs on best practices in building and sustaining local affordable and accessible housing partnerships.	Immediate to Short	VHDA; DHCD; DMHMRSAS; DRS; VDA
b. Take administrative action to determine on a regional basis the local capacity for delivering affordable and accessible housing.	Short to Medium	

- 2. ISSUE:** Housing units lack accessibility features for persons with mobility or sensory limitations. When properties are built in violation of the accessibility standards set out in Federal law, available remedies come too late to do any good for people with disabilities. It is far less costly to build housing that complies with accessibility rules than to retrofit a completed home.

RECOMMENDATION 1:

Increase effective enforcement of existing State building regulations. (S)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Ensure that local building code officials are adequately trained to, and do, ensure full compliance with the accessibility requirements of the Uniform Statewide Building Code.	Immediate to Short	BHCD; DHCD

RECOMMENDATION 2:

Increase understanding and enforcement of the accessibility requirements of the Fair Housing Act, the ADA, and Section 504 of the Rehabilitation Act of 1973. (S)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Expand efforts to educate building industry professionals and rental property owners about their responsibilities under the Fair Housing Act, the ADA, and Section 504 of the Rehabilitation Act of 1973; take stronger enforcement actions to ensure compliance with the Fair Housing Act; and coordinate with appropriate Federal enforcement officials to increase compliance with ADA and Section 504 requirements.	Immediate to Short	Virginia Fair Housing Office, in coordination HUD

RECOMMENDATION 3:

Modify the existing housing stock to meet accessibility needs. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
As a part of its 2004 study agenda, require the Virginia Housing Study Commission to develop a funding plan, using Federal and State resources, to provide for physical accommodations in housing required by people with disabilities. As part of its study, the Commission should explore options for streamlining provisions of the Home Accessibility Tax Credit and expanding public awareness of its availability. Establish a home accessibility modification grant program for homeowners and renters who cannot access other funding sources for essential accessibility modifications. Expand and make permanent State tax incentives for private homeowners and landlords who upgrade housing to a defined level of accessibility.	Immediate to Short	Virginia Housing Study Commission; VHDA; DHCD; DRS; and DMAS, working with Local Government

- 3. ISSUE:** Individuals with disabilities leaving institutions and those seeking to move to more integrated settings cannot locate housing that is available, affordable, accessible and appropriately situated with respect to the availability of supportive services. Housing units lack accessibility features for persons with mobility or sensory limitations; costs significantly exceed the resources of lower-income individuals; and there is limited coordination with necessary supportive services—including cases where housing is contingent on and rigidly linked to supportive services or, conversely, where necessary services are unavailable or relatively inaccessible. Implementation of the Olmstead decision clearly requires the existence of a viable and adequate stock of affordable and accessible housing for people with disabilities. State agencies must work collaboratively and creatively to make housing available and affordable for Virginians with disabilities under Olmstead. Agencies responsible for enforcement of State building regulations and enforcement of federal and State law need to effectively carry out these responsibilities.

RECOMMENDATION 1:

Increase State-level understanding of local and regional needs and priorities. (S)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Meet with local CSBs, CILs, DSBs, and AAAs to better understand differences in local and regional needs and strategies, and determine the local/regional prioritization of gaps needing to be addressed with State resources.	Immediate to Short	VHDA; DHCD; DMHMRSAS; DRS; VDA

RECOMMENDATION 2:

Assist people with disabilities in accessing housing suitably adapted to their individual needs. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Establish information services to connect people seeking accessible housing with available accessible units and home modification resources.	Immediate to Short	VBPD and grantee for start-up funding; General Assembly for long term funding

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
b. Assure provider lists are current and have necessary information for individuals to ascertain good choices and for case managers to know if housing is available.	Immediate	DMAS

RECOMMENDATION 3:

Eliminate local regulatory barriers to affordable, accessible housing. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Develop training, educational and informational materials for local governments, civic associations and similar organizations regarding Fair Housing, the Virginia Code, and provisions of the ADA.	Immediate	Fair Housing Board
b. Work with housing industry associations and disability groups to educate local governments, the General Assembly and the public on the negative impact of many local land use regulations and practices on the creation of affordable and accessible housing.	Short	DHCD; VHDA
c. Develop a legislative proposal to mandate that local comprehensive plans specifically address the need for accessible, as well as affordable, housing.	Immediate	Disability Commission

RECOMMENDATION 4:

Eliminate landlord discrimination against Section 8 voucher holders and other benefit recipients. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Develop a legislative proposal to require landlords to treat as income the value of a Housing Choice Voucher or other public benefits for individuals with disabilities.	Immediate	Disability Commission

RECOMMENDATION 5:

Provide a notification system so that people with disabilities receive advance notice of the availability of accessible housing units. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Develop a legislative proposal to require that owners and managers of fully accessible housing post advance notice of the availability of accessible housing units with local or regional disability housing advocacy organizations before making such units available on the open market.	Immediate	Disability Commission, working with Disability advocacy organizations

- 5. ISSUE:** Some individuals with disabilities cannot visit the homes of their friends, families and co-workers because of physical barriers. "Visit-Ability*" laws elsewhere require all buildings to have at least one no-step entrance door; an accessible path to the entrance; hallways wide enough to navigate through; and a bathroom that is large enough to enter in a

wheelchair and close the door. Virginia needs a visit-ability law to apply to planners and builders of homes and apartment complexes. Basic access to new homes is required to age-in-place. Although visit-ability is gaining increasing attention nationwide and is a growing trend in other countries, it has not been a major focal point of housing reform in Virginia. True community integration of people with disabilities will not become a reality until they can enter the homes of family members, friends and coworkers unimpeded.

RECOMMENDATION:

Expand accessibility requirements under the Uniform Statewide Building Code (USBC) to include the following visit-ability standards: 1) one zero step entrance; 2) an accessible path to the entrance; 3) 32-inch-wide doors throughout the ground floor; 4) accessible environmental controls; 5) one usable bathroom on the ground floor; and 6) reinforcements behind bathroom walls. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. In fulfilling responsibilities as mandated in SJR 357 (2003), consider how to implement this recommendation, including inclusion in the USBC.	Immediate	VHSC
b. In promulgating the USBC, assure at a minimum that the provisions fully incorporate the 1988 Fair Housing Act amendments and consider expanding accessibility requirements to all housing governed by the Code.	Immediate	BHCD

- 6. ISSUE:** The current ALF system does not adequately address the need for quality supportive housing for lower income persons. State and local governments continue to provide considerable funding to support the operations of ALFs throughout Virginia through the Auxiliary Grant program. However, that program was designed to fit a now-antiquated model of board and care, and it continues to operate under reimbursement levels that are insufficient to provide for improvements in the quality of care beyond the current level. Therefore, most ALFs providing the highest quality care do so on a private-pay basis and are unaffordable to lower income persons. Furthermore, some people with disabilities who are dependent on SSI and need ALF services are effectively limited to residing in ALFs in order to receive subsidized shelter and care. While ALFs are an important and necessary component of the universe of housing options required to meet the needs of persons with disabilities for housing with appropriate levels of supportive services, a broader range of options is needed to address consumer needs and preferences, and to ensure adequate quality. Sole reliance on the current Auxiliary Grant program as a subsidy source inhibits efforts to improve the quality of ALFs or to develop appropriate alternative options.

RECOMMENDATION:

Establish alternative funding mechanisms to the current Auxiliary Grant program for subsidizing assisted living services. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Examine the establishment of alternatives to the current sole reliance on the Auxiliary Grant program.	Short to Medium	Joint Commission on Health Care; DSS; DMHMRSAS

- 7. ISSUE:** Individuals with disabilities who wish to exercise the same range of choices available to those without a disability face numerous barriers, including housing units that lack accessibility features for persons with mobility or sensory limitations; housing costs that significantly exceed the resources of lower-income individuals; and limited availability, even where units that are affordable, accessible, or both actually exist.

RECOMMENDATION 1:

Maximize the use of Federal Housing Choice Vouchers. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Encourage nonprofits and PHAs to collaborate with each other and with qualified organizations of people with disabilities to apply for and administer Section 8 Mainstream to maximize the number of available vouchers for persons with disabilities.	Immediate	VHDA, working with HUD
b. Develop State and local consensus on strategies to increase landlord participation in the voucher program, especially outside areas of low-income and minority concentration.		VHDA, working with HUD and Other PHAs
c. Develop legislative and budget actions to create a revolving fund, similar to the ATLFA fund, for physical accommodations required by voucher holders with disabilities. Encourage VHDA to continue pursuing private foundation support for this strategy.	Short to Medium	Disability Commission; VHDA

RECOMMENDATION 2:

Maximize the use of Federal deep "project-based" housing subsidies. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Preserve existing Federal deep subsidy rental units.	Immediate and Ongoing	VHDA and DHCD, working with Local Government
b. Provide necessary gap financing for new HUD Section 811 and RHS Section 515/RA developments.		
c. Use project-based vouchers to increase the supply of affordable, fully accessible units.		VHDA, working with Other PHAs
d. Obtain and analyze HUD data regarding the location and occupancy of assisted units that meet Section 504 accessibility standards, report findings as needed, and recommend corrective actions to the Disability Commission. Corrective actions may include seeking Federal authority to mandate allocations of accessible units to people needing the accommodations and reviewing the marketing of accessible Section 8 units to determine if additional Federal regulations are necessary in order to make the requirements of Section 504 more effective. Work with HUD and Virginia's Congressional Delegation to support any needed Federal changes.	Immediate	Disability Commission and VHDA, working with HUD

8. RESEARCH AND NEW KNOWLEDGE

- 1. ISSUE:** One of the primary goals of a service system is to promote client health and safety. Currently, there is much work being done in safety by national and State health care organizations. These efforts need to be evaluated in terms of their application to promoting health and safety for individuals receiving community-based services. This work may be applicable in the areas of medications, use of medical devices, preventing accidents and falls, and provision of adequate supervision. For some disabling conditions, early identification and consumer directed interventions might assist the individual to remain in the most integrated setting. An individual's access to his/her own genetic information sometimes may be discouraged by the inadequacy of current privacy protections.

RECOMMENDATION:

Initiate a study to develop recommendations for strengthening protections for privacy of genetic information. (S)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Initiate study.	Immediate	General Assembly; Relevant Executive Branch agencies

- 2. ISSUE:** Investment in disability- or disease-specific scientific research aimed at prevention, treatment, cure or recovery as possible is insufficient, and funding should be increased to assist the State in drawing down matching funds from Federal and private sources.

RECOMMENDATION:

Appropriate new funding for disease- or disability-specific research (similar to the Alzheimer's and Related Diseases Research Award Fund) in order to leverage additional funds from other fund-granting research entities. (D, S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Fully fund six seed grants for the Alzheimer's and Related Diseases Research Award Fund.	Short	VCU; General Assembly
b. Fully fund 20 seed grants, expanded to two years each, for the Alzheimer's and Related Diseases Research Award Fund.	Long	
c. Appropriate funds for all disease, disability, and/or disorder specific Virginia research centers to establish research award funds.	Medium	General Assembly; State colleges and universities
d. Encourage public/private partnerships through organizations such as the Center for Innovative Technology and private foundations.	Immediate	Virginia State Government
e. Implement newborn screening in accordance with the suggested minimum panel of tests soon to be released by the American College of Medical Genetics.	Immediate and Ongoing	General Assembly; VDH

9. TRANSPORTATION

- 1. ISSUE:** Inadequate, unreliable and/or inaccessible public transportation services in communities throughout the Commonwealth significantly contribute to dependency of people with disabilities in meeting their basic health, welfare and safety needs, and can thereby increase their potential for unnecessary institutionalization as well as prevent their successful transition from institutional settings to community living. The current planning structures are disjointed, and planning of transportation projects/assessment of needs does not routinely take into account the needs of persons with disabilities. An integrated planning structure would enable the State to leverage resources to better serve all of its citizens. Clearly, transportation is critical to effective implementation of Olmstead where individuals will be living in communities with many needs for traveling within and outside of that community. Under Olmstead, transportation is more than an access issue alone: it is a health and safety issue, as well.

RECOMMENDATION 1:

Advocate for change in Federal regulations that would, within State allocations, fairly assess per capita allotment in distributing transportation funding so that the same amount would be allotted for rural populations as for urban populations. Currently, the per capita formula gives more than ten times as much to urban populations. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Release a statement urging senators and representatives to push for such legislation and send a copy to VDOT.	Immediate	DRPT and VDOT, working with Congressional Delegation
b. Encourage the National Governor's Association to make reallocations of funding a Federal legislative priority.		Governor
c. Encourage the State Congressional Delegation to investigate and recommend how best to amend Federal legislation and appropriations to reallocate funding more evenly between urban and rural populations.		
d. Inform the Disability Commission of the importance of the issue as stated.		State agencies; Commonwealth Transportation Board

RECOMMENDATION 2:

Redress the disproportionate allocation of Federal Transportation Equity Act funds between highway projects and public transit services at the State and Federal levels in order to better equip localities to provide public transit services. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Amend the State transportation budget to balance expenditures between highways and expenditures for public transportation.	Immediate	General Assembly; VDOT

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
b. Encourage the Federal administration, U.S. Department of Transportation, and the Virginia Congressional Delegation to propose that Federal Transportation Equity Act (T21) funds be equalized between public transportation and highway projects.	Immediate	Governor and DRPT, working with the Congressional Delegation

RECOMMENDATION 3:

Provide encouragement and incentives to local governments to apply for 5311 transportation grants for rural communities. (S)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Change eligibility criteria for State grants for demonstration projects in transportation to be open to nonprofit organizations as well as to local governments.	Immediate to Short	DRPT

RECOMMENDATION 4:

Encourage State and local transportation providers to expand services to include door-to-door service when necessary. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Encourage State and local transportation providers to expand services.	Immediate	DRPT

RECOMMENDATION 5:

Enforce the requirement that providers of transportation services, including facilities and vehicles, be ADA-compliant. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Develop and implement standards in transportation grants and contracts to ensure ADA Compliance.	Immediate	DRPT, working with Local transit authorities
b. Develop and implement monetary sanctions for non-compliance.	Short	DRPT, working with Local transit authorities

- 2. ISSUE:** The current brokerage system used for the scheduling of Medicaid-sponsored transportation services under contract to the DMAS has eliminated consumer choice of providers and resulted in serious incidents of unreliable and unsafe service delivery, causing individuals to miss needed medical treatment. Reports from users of this service indicate that providers under contract to DMAS to provide medical transportation often fail to have vehicles with proper wheelchair securements or drivers that have experience working with persons with disabilities. Rides are frequently unreliable, and there appear to be no standards for on-time service.

RECOMMENDATION 1:

Re-establish consumer choice of transportation providers. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Perform an independent study of the effects of the DMAS brokerage system on individuals with disabilities.	Immediate	Disability Commission

RECOMMENDATION 2:

Require that providers under contract with DMAS comply with the ADA and Section 504. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Develop a contractual requirement that all providers be ADA-and Section 504-compliant.	Immediate	DMAS
b. Institute monetary sanctions for non-compliance.	Immediate	DMAS

- 3. ISSUE:** Community infrastructure is not accessible to individuals who require the use of public and paratransit transportation services. Multiple physical barriers exist within the over-arching inaccessibility issue, including poorly placed and unsafe curb cuts, emergency call boxes, traffic calming devices such as speed bumps or tables, bus stops and sidewalks.

RECOMMENDATION 1:

Require public transit routes and stops to be located near, and accessible to, housing social service agencies and programs. In the future, require all State agencies providing services to be located on public transit routes. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Develop an incentive program to encourage developers to provide for transit stops in their projects.	Immediate to Short	VHDA; DHCD; Disability Commission
b. Review local zoning ordinances to determine coverage/need to cover location of transit transfer points on accessible and usable routes.	Immediate	VHDA and DHCD, working with Local government
c. Work to ensure curb/ramp issues in newly developed properties are addressed by local zoning ordinances.		
d. Encourage amendment of local zoning ordinances regarding newly developed properties.	Short	

RECOMMENDATION 2:

Issue guidance on pedestrian access standards, conduct surveys and compliance reviews, and enforce access standards as needed. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Issue guidance on pedestrian access standards.	Short	State agencies with jurisdiction, working with Transit districts and Local agencies
b. Plan and conduct compliance reviews regarding accessible curb cuts and sidewalks.	Immediate	
c. Enforce existing and new curb cut and sidewalk access standards.	Immediate and Ongoing	

RECOMMENDATION 3:

Incorporate information about the variety of infrastructure users and their abilities into transportation plans and projects, in cooperation with local planning commissions and public works entities. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Develop a vision and guidelines of how Universal Design (UD) principles can be implemented for pedestrian rights of way in communities throughout Virginia.	Immediate	VDA; Disability Commission
b. Develop and implement training about UD principles.		Necessary State agencies
c. Provide TA to planners about the types of functional limitations experienced by people with disabilities.		Disability Service Agencies

RECOMMENDATION 4:

Ensure that simple and complex intersections are safe, accessible and usable by individuals with sensory, physical and other types of disabilities. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Develop and implement Statewide standards for installing new accessible pedestrian traffic signals that will ensure the presence of accessible features, such as on-demand crossing buttons and audible signals, and for the retrofit of existing traffic signals to make them accessible to ensure consistent accessibility throughout the State.	Immediate to Medium	Appropriate State entities, working with appropriate local entities
b. Complete the Accessible Pedestrian Signals Project and move into implementation throughout the State.	Immediate	VDOT
c. Coordinate activities with localities for implementing guidelines for design of accessible pedestrian signals to ensure consistency and accessibility throughout the State.		
d. Develop and implement standards for the timing of on-demand crossing signals, taking into account functional limitations of individuals with disabilities.		
e. Develop State regulations that require localities to provide accessible routes of travel to accessible traffic signals for individuals with disabilities.	Immediate to Short	

- 4. ISSUE:** Restrictions on service areas, hours of operation, and trip purposes make medical and human service transportation provided by local public and private sector entities of very limited use to individuals with disabilities and older Virginians in meeting their basic needs in order to transition to and live in the community. In many areas of the Commonwealth, these services represent either the only source of accessible and affordable transportation available to those who do not drive as a result of their disability, or the only viable supplement to very limited public transit services, especially in rural areas. Safety, reliability and accessibility of these services are often problematic.

RECOMMENDATION 1:***Require transportation services providers to be ADA-compliant. (D)***

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Develop and implement standards in transportation grants and contracts ensuring ADA compliance.	Immediate to Short	DRPT
b. Develop and implement monetary sanctions for non-compliance.		
c. Develop and implement a training program for providers designed to ensure that drivers and other staff have knowledge, skills and abilities necessary to understand needs and deliver services to people with disabilities in compliance with the ADA.		DRPT, with technical assistance by DRS
d. Enforce the requirement that providers maintain regular upgrades to lift and securement devices and other accessibility features used on vehicles providing human service and medical transportation under contracts to local and State government.	Immediate	DRPT

RECOMMENDATION 2:***Maximize the use of State and Federal funding to develop and expand services by exploring demonstration funding. (S)***

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Maximize use of State and Federal funding to develop and expand services by exploring Federal demonstration funding from sources such as Project ACTION.	Short	DRPT, working with Regional transit districts

- 5. ISSUE:** People with disabilities who have the capacity to drive their own personal vehicle, or arrange for a personal assistant to drive it for them, are not adequately informed about their options for adapted vehicles and driving aids, the financing to purchase them, and where to be evaluated and get training in adapted driving techniques. Because few grants are available for low- and moderate-income individuals to help them or their families purchase adapted vehicles, these individuals become isolated in their homes or in institutions.

RECOMMENDATION:***Implement programs to help low- and moderate-income individuals purchase adapted vehicles and pay for drivers' training and assistive technology. (D)***

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Inform individuals with disabilities of assistive technology options for adapting vehicles, funding options, and providers of evaluation and training services.	Immediate	DRS; VATS; ATLFA
b. Increase funding to the Consumer Service Fund to facilitate purchase of adaptive equipment and driving aids.	Immediate to Short	General Assembly

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
c. Augment ATLFA funding to increase the availability of loans and provide for grant funds for the purchase of vehicles and assistive technology by low-income individuals with disabilities.	Short	General Assembly; ATLFA

- 6. ISSUE:** Mobility throughout the community is an essential need for many people with disabilities, and the simple practical element of access to restrooms is a core component of mobility. Too many public restrooms are inaccessible to persons with disabilities and their caregivers.

RECOMMENDATION:

Expand the availability of “family access” restrooms in public places, for example, at highway rest-stops and in public buildings. (D)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Amend and enforce laws to provide accessible restroom facilities.	Immediate	General Assembly; Relevant State agencies
b. Expand funding.	Medium	General Assembly

10. WORKFORCE AND QUALIFICATIONS OF PROVIDERS

- 1. ISSUE:** There is a workforce crisis in Virginia. The current workforce is aging, and within the next decade all human service professions will lose increasing numbers of workers as “baby boomers” retire. The system has an ever-worsening shortage of staff that must be addressed to provide quality care to people with disabilities. Skilled professional staff are a critical component of the workforce shortage and workforce needs. Additionally, many people with disabilities do not need or want “skilled, professional” services. They need and want *consumer-directed services*. Therefore, it is critical also to address disincentives to the provision of direct care services by non-professionals. Unless Virginia can attract, retain and adequately fund staff, there will be no one to provide many of the supports and services that people with disabilities need to live and succeed in communities of their choice.

RECOMMENDATION 1:

Promote the development of a larger pool of skilled professional staff through aggressive recruitment and training efforts. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Develop incentives to attract and retain qualified candidates to disability-specific fields of care.	Immediate	General Assembly; Virginia Colleges and Universities
b. Fully fund incentives to attract and retain qualified candidates to disability-specific fields of care.	Short	General Assembly

RECOMMENDATION 2:

Promote development of a larger pool of other staff by amending Waivers to allow for consumer direction of services when skilled professional staff are not necessary or desired. [See Section 1, Issue 1, Recommendation 1.](#) (D)

RECOMMENDATION 3:

Increase the available pool of direct support professionals (DSPs). (D, S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Title the jobs, now referred to variously as Direct Care Workers, Paraprofessionals and other titles, as Direct Support Professionals to help the position gain esteem and respect from the general public.	Immediate	Public service providers, including State agencies that employ, train, supervise or regulate DSPs, working with Private providers
b. Ensure that regulations, training materials, and so forth that are applicable to DSPs refer to them by that title.		
c. Recruit, hire and train persons with disabilities to work as DSPs.	Short to Long	Professionals; Public service providers, including State agencies that employ, train, supervise or regulate DSPs; VEC; and DRS, working with Private providers
d. Utilize the work already done and coordinate and cooperate with DMHMRSAS and the Workforce Steering Committee in the development and implementation of the Workforce Development Plan.	Long	DMHMRSAS; Public service providers, including State agencies that employ, train, supervise or regulate DSPs, working with Private providers
e. If feasible, expand and implement DMHMRSAS' Workforce Development Plan for other State agencies and public and private providers to other State agencies.		
f. Develop long-term scholarships and/or low interest loans for youth to enter and stay in the helping professions and prioritize the professions to be subsidized according to population/service needs.		DMHMRSAS; Colleges; universities; and Public service providers, including State agencies that employ, train, supervise or regulate DSPs, working with Private providers
g. Encourage systemic, coordinated participation in high school and college career days/job fairs.		DMHMRSAS; DOE; Colleges; universities; Public service providers, including State agencies that employ, train, supervise or regulate DSPs, working with Private providers

RECOMMENDATION 4:

Provide a “career path” for Direct Support Professionals, including adequate opportunities for professional development, training and certification. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Develop a DSP standardized certificate training program; offer it in a variety of venues, such as Community Colleges, agencies, Internet based and continuing education.	Short	Community Colleges, in consultation with Public and private service providers, DMHMRSAS, and Other State agencies that employ, train, supervise, or regulate DSPs
b. Consult available resources to develop a curriculum, including those available from the College of DSPs, and those developed by Pennsylvania and Minnesota.		
c. Ensure that the program is publicized and available to non-agency, non-regulated, non-licensed care providers.		
d. Ensure that the program allows persons to become Certified DSPs upon the completion of the curriculum or upon the passing of a test based upon the curriculum.		
e. Develop advanced and/or specialized curricula to allow DSPs to gain additional certifications for completing advanced or specialized courses of study.	Medium	

RECOMMENDATION 5:

Move toward a market-based economy where Direct Support Professionals are paid for their services according to what they are actually worth, providing them with adequate salaries and benefits and encouraging them to gain additional knowledge, skills and abilities. In addition to increasing the reimbursement rates ([see Issue 3 below](#)), these implementation strategies will assist providers to maintain appropriate staff ratios and provide quality services. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Provide information and necessary documents to employers of DSPs to assist them in making the DSPs aware of and helping them apply for State and Federal programs and benefits for which they may be eligible, such as FAMIS, Earned Income Tax Credit, and others.	Immediate	VEC; Department of Taxation; DMHMRSAS; Other State Agencies that employ, train supervise or regulate DSPs
b. Utilize the work already done and coordinate and cooperate with DMHMRSAS and the Workforce Steering Committee in the development and implementation of the Workforce Development Plan, including exploring the options for various sources of grant funding. If feasible, expand and implement DMHMRSAS' Workforce Development Plan for other State agencies.	Medium	General Assembly
c. Create insurance pools/collaboratives for small providers, allowing them to offer health benefits for DSPs or, alternately, allow DSPs to participate in a State benefits packages, either fully or in a reduced capacity.	Long	General Assembly; DHRM

RECOMMENDATION 6:***Increase the available pool of licensed professionals. (D)***

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Explore partnerships among programs that provide training and education and qualified providers who provide services to people covered by this Report so that there is a greater opportunity for training, experience and internships in programs serving people covered by this Report.	Immediate	Community colleges; Colleges; and universities, in consultation with Qualified providers
b. Explore opportunities to decrease the high cost of professional liability insurance including, but not limited to, the use of insurance collaboratives.	Short	General Assembly, in consultation with Qualified providers
c. Encourage higher education to provide academic programs to turn out more licensed professionals, with a special emphasis on professionals in short supply-- including, but not limited to, nurses, geriatric specialists, psychiatrists, psychologists, and children's specialists-- by changing policies to provide additional support to address the high cost of operating a teaching hospital.	Medium to Long	General Assembly, in consultation with Community colleges, Colleges, and Universities

RECOMMENDATION 7:***Increase the available pool of consumer-directed staff. (D)***

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Provide consumer-directed attendants, companions and respite staff with benefits such as health insurance through a fiscal agent.	Immediate	State Corporation Commission

- 2. ISSUE:** Virginia's statutes, regulations, policies and practices establish difficult, inconsistent standards (and, in some cases, no standards at all) for determining who or what is a qualified provider of goods, supports and services. As a result, there are disincentives for qualified providers to offer goods, supports and services to people covered by this Report, as well as confusion and a lack of choice for people covered by this Report.

RECOMMENDATION:

Establish one definition for "qualified provider" to be applied whenever people covered by this Report request that the Commonwealth fund or authorize payment for the provision of goods, supports or services, by a provider, that they need to live in, move to or stay in the communities of their choice. If the prospective provider meets the definition, the State must grant the request. The definition must provide for State control over taxpayer funds and allow for maximum consumer choice and competition among providers. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Enact legislation or promulgate regulations that meet the requirements of a "Qualified Provider" below.	Short	General Assembly or all State agencies that fund or authorize payment for the provision of goods, supports and services needed by persons covered by this Report to live, move to or stay in the communities of their choice.
b. Ensure that the statute and/or regulations apply across-the-board whenever people covered by this plan request funding or authorization for payment from a State agency for goods, supports or services that they need to live in, move to or stay in the communities of their choice.		

- Define "Qualified Provider" as an individual or organization that provides goods, supports and/or services to people with disabilities and that:
 - Is competent to provide goods, supports and/or services and has the resources needed to provide individualized services to the individual;
 - Has the ability to assess, except for consumer-directed services, the needs of the individual with the actual participation of the individual;
 - Meets the needs of the individual to be served; and
 - Complies with State and Federal laws and regulations.
- Allow the funding entity to deny funding and/or authorization for payment for services by any prospective provider, on a case-by-case basis, if it has clear and convincing evidence that the provider does not meet the definition. The person covered by this Report must have a right to appeal a denial of funding/authorization, including a final appeal to a court of law.
- Provide a rebuttable presumption that a prospective provider is qualified as follows:
 - When the prospective provider is licensed or certified to provide particular services or is an individual licensed or certified to practice in a particular field, that provider is presumed to be qualified to provide goods, supports and/or services that he, she or it is licensed or certified to provide. For example, doctors with valid licenses are qualified to provide medical care in their field to a person covered by this Report unless the funding entity presents clear and convincing evidence that the doctors do not meet the definition.
 - When the prospective provider is an employee of, a contractor for, or has a provider agreement with, a State agency or agencies, the provider is presumed to be qualified to provide goods, supports and/or services for which he, she or it is employed, contracted or has an agreement to provide. For example, an individual or entity that contracts with the Commonwealth to provide medical equipment is qualified to provide medical equipment for a person covered by this Report unless the funding agency presents clear and convincing evidence that the individual or entity does not meet the definition.
 - When the prospective provider belongs to an unlicensed or unregulated field, the provider is presumed to be qualified if the person covered by this Report and the prospective provider agree, in writing, that the prospective provider meets the definition. For example, a non-licensed counselor is qualified to counsel a person covered by this Report if she or he and the person agree, in writing, that the counselor meets the definition, unless the funding entity presents clear and convincing evidence that the counselor does not meet the definition.

3. ISSUE: Inadequate Medicaid Waiver payment rates limit access to services and choice of providers by individuals with disabilities. Low payment rates reduce the supply of providers,

which limits access and choice. Few providers are willing to take individuals with challenging behaviors or intensive medical needs. Some providers are discharging these individuals because they cannot meet their health and safety needs. Providers are closing homes due to the high cost of doing business in certain parts of the State. Without adequate reimbursement rates, Virginia will not be able to retain a motivated and professional work force required to implement Olmstead.

RECOMMENDATION:

Increase Medicaid reimbursement rates to include: covering the cost of service; automatic COLAs; geographical rate differentials; reimbursement for travel/transportation; staff training and supervision; and inflation, to the fullest extent allowed by federal law. Ensure rate increases are reflected in caregiver pay rates. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Increase rates to direct service providers for personal care, personal assistance, respite and companion aides to include COLA increase, geographic differentials, and reimbursement for travel.	Short to Long	DMAS; General Assembly
b. Provide a higher reimbursement rate for prevocational and supported employment services than for non-employment related day support services funded by Medicaid. Currently, providers are encouraged by higher reimbursements to develop non-work, group day activities rather than employment-related services.	Short	DMAS and DMHMRSAS, working with Providers and Advocates
c. Increase CDPAS rate to be comparable to rates paid to Home Health Agencies to enhance a consumer's ability to recruit and hire a qualified personal assistant who can provide services when required.	Immediate to Medium	DMAS; General Assembly
d. Revise the rate structure to allow DSPs to receive higher pay and/or benefits for achieving additional certifications or for career enhancement.	Short	General Assembly

11. OLMSTEAD PLANNING AND IMPLEMENTATION

- 1. ISSUE:** Currently, there is no systematic, coordinated mechanism for implementing the recommendations contained in this Report. Without a planning and implementation entity, the important work initiated by the Task Force will lose continuity, organization and purpose. The individuals most directly impacted by the Olmstead decision—those in institutions--often do not have adequate information about community services and are unable to make informed choices about the setting in which they will receive services. An issue of special and immediate concern to the Task Force is the absence of discharge waiting list data for individuals in nursing homes and ALFS in Virginia.

RECOMMENDATION 1:

Require all State agencies named as responsible entities in this Report to work together collaboratively on an ongoing basis to take all steps necessary to implement the recommendations contained within this Report. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Identify individuals with disabilities who are inappropriately institutionalized and wish to leave.	Immediate and Ongoing	Governor; Secretary, HHR; All responsible State agencies; working with Individuals with disabilities, Advocates, Providers and Other stakeholders
b. Identify individuals with disabilities who are at risk of inappropriate institutionalization and do not want to be institutionalized.		
c. Inform the individuals in a. and b. of their rights and alternatives to institutional placement; require an annual statement to be signed by institutionalized persons indicating that they choose to continue to reside in the institution and that they have been provided information and contact information about community services.		
d. Arrange for an orderly transition for those individuals who desire to move to or stay in the community, providing one-to-one assistance to people who want to explore community services or choose to leave the institution.		
e. Cost out all recommendations in this Report and prepare budget proposals within the time frames indicated for those items requiring additional funding.		
f. Develop legislative proposals within the time frames indicated for recommendations requiring legislation.		
g. Initiate the regulatory process within the time frames indicated for recommendations requiring regulatory changes.		
h. Make necessary no-cost administrative, policy and programmatic changes so that those who desire to live in the community are able to do so.		

RECOMMENDATION 2:

Develop a reliable method of capturing data regarding individuals who want to move out of nursing homes and ALFs. (S)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Require nursing homes, as a condition of receipt of Medicaid funds, to develop and maintain a waiting list of people appropriate for discharge who wish to be discharged; at a minimum, update individual information at the time of the annual assessment; and submit the list annually to DMAS.	Immediate and Ongoing	Governor; Secretary, HHR; DSS; working with individuals with disabilities, advocates, providers and other stakeholders
b. Require ALFs, as a condition of receiving Auxiliary Grant funds, to develop and maintain a waiting list of people appropriate for discharge who wish to be discharged; at a minimum, update and submit individual information annually to DSS.		

- 2. ISSUE:** Currently, there is no systematic, coordinated mechanism to monitor implementation of the recommendations in this Report and to suggest additional specific implementation steps to the Governor and General Assembly. The Governor, General Assembly and public are not well informed of the steps the Commonwealth is taking to come into compliance with the ADA and the requirements of the Olmstead decision.

RECOMMENDATION 1:

Within 21 days of the submission of this Report, designate one person to be charged with prioritizing and implementing the recommendations in this Report. (S)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Within 21 days of submission of this Report, designate one person to be charged with implementing the recommendations in this Report.	Within 21 days of submission of this Report	Governor; working with Individuals with disabilities, Advocates, Providers and Other stakeholders
b. Convene a group of interested stakeholders (to include consumers, advocates and other interested parties) to prioritize the recommendations in this Report.	Immediate and annually	Governor's Olmstead designee, working with Individuals with disabilities, Advocates, Providers and Other stakeholders
c. Analyze data on the progress of the implementation of the recommendations in this Report and suggest specific implementation steps to the Governor and General Assembly; make annual reports to the Governor, General Assembly and public regarding Virginia's progress toward full implementation of the recommendations in this Report, stating the specific actions taken to implement the recommendations, any actions that were not taken, the reasons why required actions were not taken, and any changes needed to statutes, regulations, policies and practices which must be undertaken in order to fully implement the recommendations in this Report. The Report should summarize and release all data gathered and the conclusions drawn from that data.		

- 3. ISSUE:** Except for MR Waiver, Discharge Assistance Planning (DAP) program, PACT and non-mandated children processes, no reliable system exists identifying individuals with disabilities who are "at risk" of involuntarily moving from the community of their choice and tracking how well they are empowered to live in the communities of their choice; for identifying individuals who want to move to the community of their choice; or for identifying individuals who want to stay in the community of their choice.

RECOMMENDATION:

Using the DMHMRSAS/CSB MR Waiver, DAP, PACT, and non-mandated children tracking processes as models, develop a system to locate "at risk" people, people who want to move to a new community, and people who want to stay where they are living. Track how well these individuals are empowered to live in, move to or stay in the community of their choice. Use this information to suggest additions or changes to statutes, regulations and policies to better identify these individuals. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Engage an outside system to organize and analyze existing data and collect additional data to identify “at risk” people, people who want to move, and people who want to stay where they are living.	Immediate	Governor’s Olmstead Designee; working with Individuals with disabilities, Advocates, Providers and Other stakeholders
b. Develop a system to identify “at risk” people, people who want to move to a new community, and people who want to stay where they are living (from sources including State facility ready-for-discharge lists, CSBs, Section 8 Voucher waiting lists and Medicaid’s Minimum Data Set), and develop new data to identify persons not identifiable from existing data, such as homeless persons.	Short	Outside system; working with Individuals with disabilities, Advocates, Providers and Other stakeholders
c. Use data to determine how well Virginia ensures that people are empowered to live in, move to, or stay in the community of their choice. Analyze regularly the percentage of “at risk” people who involuntarily move from communities of their choice.	Short and Ongoing	Outside system and Governor’s Olmstead Designee, working with Individuals with disabilities, Advocates, Providers and Other stakeholders
d. Analyze data and use it to recommend specific changes to statutes, regulations, policies and practices to better identify people who are “at risk,” people who want to move, and people who want to stay in the community of their choice and empower them to do so successfully without having to involuntarily leave their community of choice.		Governor’s Olmstead Designee; working with Individuals with disabilities, Advocates, Providers and Other stakeholders

- 4. ISSUE:** Except for the MR Waiver, DAP program, PACT, and non-mandated children processes, no reliable system exists to track how effectively the Commonwealth provides people covered by this Report with the supports and services to which they are entitled under the Olmstead decision in order to empower them to live in, move to, or stay in the community of their choice.

RECOMMENDATION:

Using the DMHMRSAS/CSB MR Waiver, DAP, PACT and non-mandated children tracking processes as models, develop a system to track how quickly and effectively people are provided with the supports and services to which they are entitled under the Olmstead decision and any conditions that prevent them from receiving those supports and services. Use this data to suggest changes to statutes, regulations and policies for future implementation of the recommendations in this Report. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Engage an outside system to organize and analyze existing data and collect additional data to track how quickly and effectively the Commonwealth provides people with the supports and services they are entitled to by the Olmstead decision in order to live in, move to or stay in the community of their choice.	Immediate	Governor’s Olmstead Designee, working with Individuals with disabilities, Advocates, Providers and Other stakeholders

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
b. Develop a system to: (1) determine the average length of time between when people covered by this Report request a support or service required by the Olmstead decision and when they actually receive it; and (2) identify any conditions that prevent people from receiving it.	Short	Outside system, working with Individuals with disabilities, Advocates, Providers and Other stakeholders
c. Collect existing data (from sources including waiting lists, CSBs, Section 8 housing waiting lists, and so forth), and develop new methods, including establishing a voluntary list on which individuals can put themselves, in order to track this information.	Short and Ongoing	
d. Use data to determine whether the average length of time between the request for supports and services and the provision of them is increasing or decreasing, whether conditions that are preventing people from receiving those supports and services are worsening, and whether those conditions increase the risk of people having to move involuntarily from the community of their choice.		
e. Based on this data, recommend specific changes to statutes, regulations, policies and practices to ensure that people receive needed supports and services in a reasonable time and successfully live in, move to or stay in the community of their choice.		
f. Ensure that State agencies funding and/or regulating housing and transportation for people covered by this Report coordinate their efforts so that accessible housing is built where there is an adequate transportation system, and transportation systems are built where there is accessible housing, in order to ensure that there are adequate communities available for people covered by this Report.	Medium and Ongoing	Governor's Olmstead Designee; VHDA; VDOT; DRPT; DHCD; and Other State agencies that regulate/ fund housing and transportation for people covered by this Report, working with Individuals with disabilities, Advocates, Providers and Other stakeholders

- 5. ISSUE:** Except for the MR Waiver, DAP, PACT, and non-mandated children processes, no reliable system exists to track how efficiently and effectively money spent on the care and treatment of a person “follows the person” to the community of his or her choice.

RECOMMENDATION:

Using the DMHMRAS/CSB MR Waiver, DAP, PACT and non-mandated children tracking processes as models, develop a system to track how much money that was previously spent on people's care and treatment in their prior community is available to spend on their care and treatment in the community of their choice. Use this data and other factors that impact cost and care as appropriate, to suggest changes to statutes, regulations and policies for future implementation of the recommendations in this Report. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Engage an outside system to organize and analyze existing data and collect additional data to track how effectively and efficiently money spent on the care and treatment of people covered by this Report “follows” them to the community of their choice.	Immediate	Governor’s Olmstead Designee, working with Individuals with disabilities, Advocates, Providers and Other stakeholders
b. Develop a system to determine whether money spent on the care and treatment of people covered by this Report “follows” them to the community of their choice.	Short	Outside system, working with Individuals with disabilities, Advocates, Providers and Other stakeholders
c. Collect existing data (from sources including CSBs, DMHMRSAS and DMAS budgets, and so forth), and develop new methods to compare the average annual expenditures for people’s care and treatment prior to their moving to the community of their choice and the average annual expenditures on their care after they move to the community of their choice.		
d. Use data to determine whether the money spent on people covered by this Report is “following” them once they move to the community of their choice by measuring whether substantially similar amounts are available to be spent for their care and needed supports and services once they have moved to the community of their choice.	Short and Ongoing	Outside system and Governor’s Olmstead Designee, working with Individuals with disabilities, Advocates, Providers and Other stakeholders
e. Based on this data and other factors that impact cost and care as appropriate recommend specific changes to statutes, regulations, policies and practices to ensure that money spent on the care, supports and services of people covered by this Report “follows” them to the community of their choice, i.e., is available to be spent on their care, supports and services once they move to the community of their choice.		Governor’s Olmstead Designee, working with Individuals with disabilities, Advocates, Providers and Other stakeholders

6. ISSUE: Except for the DMHMRSAS Human Rights and licensing systems, no reliable system exists to track how effectively individuals are informed of their rights and choices pursuant to the Olmstead decision.

RECOMMENDATION:

Evaluate current systems of informing individuals of their rights, and improve and expand them to develop an overall system to track the quality of the information given to individuals and the consistency with which it is given. Use this information to suggest changes to statutes, regulations and policies for future implementation of the recommendations in this Report. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Require, as a condition of funding and licensing, that all licensed providers, facilities, and services inform individuals of their rights and choices pursuant to the Olmstead decision.	Immediate	DMHMRSAS; DMAS; Other State agencies that license, supervise and regulate facilities, providers, and services, working with Individuals with disabilities, Advocates, Providers and Other stakeholders
b. Engage an outside system to collect data on how often and how effectively providers inform individuals of their rights and choices.		Governor's Olmstead Designee, working with Individuals with disabilities, Advocates, Providers and Other stakeholders
c. Develop an overall system to collect data on how often and how effectively providers inform individuals of their rights, using various techniques including, but not limited to, "spot checks," random surveys and samplings of individuals with disabilities.	Short	Outside system, working with Individuals with disabilities, Advocates, Providers and Other stakeholders
d. Use data to determine how effectively and consistently providers inform individuals of their rights and choices pursuant to the recommendations in this Report.	Short and Ongoing	Outside system and Governor's Olmstead Designee, working with Individuals with disabilities, Advocates, Providers and Other stakeholders
e. Based on this data, recommend specific changes to statutes, regulations, policies and practices to ensure that people are informed of their rights and choices.		Governor's Olmstead Designee; working with Individuals with disabilities, Advocates, Providers and Other stakeholders

7. ISSUE: Agencies naturally struggle to maintain their budgets and responsibilities. This means that substituting new services for old, or providing new services that may seem duplicative, are bound to be seen by some as a threat. Agency competition is often a major source of misinformation and may be a barrier in any attempts to educate. Collaboration among all stakeholders within the system is inadequate. There are not enough venues (or common vocabularies) to share information, particularly within necessary timeframes.

RECOMMENDATION:

Provide fiscal incentives for agencies to work together. Encourage interagency collaboration in service provision, especially on the local level. (S)

IMPLEMENTATION ACTIONS	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Propose that specific grants for Olmstead projects must be administered by collaborating organizations.	Immediate and Ongoing	Governor; State agencies, working with Federal government, Private foundations; Individuals with disabilities, Advocates, Providers and Other stakeholders
b. Publicize this fact to advocacy organizations and agencies.		

8. ISSUE: With the exception of the MR system, no reliable system exists to capture needs assessment data for individuals with developmental, physical and sensory disabilities.

RECOMMENDATION 1:

Direct and adequately fund the SILC to conduct a periodic Comprehensive State Plan for people with disabilities not captured by the DMHMRSAS Comprehensive State Plan requirements. This would include a census of persons in institutional settings who need and want to transition to the community, and require that budget submissions to the Governor be based on these data. Information about the census should be widely disseminated. (S)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
Take legislative, administrative and funding actions needed to implement this recommendation.	Short and every three years	General Assembly; SILC, working with Individuals with disabilities, Advocates, Providers and Other stakeholders

RECOMMENDATION 2:

Train teams of people with disabilities to administer feedback instruments to individuals who cannot respond independently. (D)

IMPLEMENTATION ACTION	TIME FRAME	RESPONSIBLE ENTITY/IES
a. Request funding.	Short and Ongoing	VOPA; DMHMRSAS; Governor's Olmstead Designee, working with Individuals with disabilities, Advocates, Providers and Other stakeholders
b. Advertise for/recruit trainers through advocacy organizations.		
c. Establish training program and train teams.		
d. Market teams to agencies planning, or being required, to administer surveys.		

GLOSSARY OF ACRONYMS

AAA	Area Agency on Aging
ADA	Americans With Disabilities Act
ALF	Assisted Living Facility
ATLFA	Assistive Technology Loan Fund Authority
BHCD	Board of Housing and Community Development
BPAO	Benefits Planning Assistance and Outreach
CDPAS	Consumer Directed Personal Attendant Services
CHDO	Community Housing Development Organization
CIL	Center for Independent Living
CMS	Centers for Medicare and Medicaid Services
COLA	Cost of Living Adjustment
CSB	Community Services Board
DAP	Discharge Assistance Project
DBVI	Department for the Blind and Vision Impaired
DD	Developmental Disability
DJJ	Department of Juvenile Justice
DHCD	Department of Housing and Community Development
DHRM	Department of Human Resource Management
DMAS	Department of Medical Assistance Services
DMHMRSAS	Department of Mental Health, Mental Retardation and Substance Abuse Services
DOE	Department of Education
DRPT	Department of Rail and Public Transportation
DRS	Department of Rehabilitative Services
DSB	Disability Services Board/s

DSP	Direct Support Professional
DSS	Department of Social Services
EBP	Evidence-Based Practices
ESO	Employment Services Organization
HHR	Health and Human Resources
HUD	U.S. Department of Housing and Urban Development
ICF/MR	Intermediate Care Facilities for People with Mental Retardation and Related Conditions
IEP	Individualized Education Program
IMD	Institution for Mental Disease
ITP	Individualized Transition Plan
JLARC	Joint Legislative Audit and Review Commission
MH	Mental Health
MIG	Medicaid Infrastructure Grant
MR	Mental Retardation
OAG	Virginia Office of the Attorney General
OCS	Office of Comprehensive Services
OIG	Virginia Office of the Inspector General
PACT	Program of Assertive Community Treatment
PAS	Personal Assistance Services
PHA	Public Housing Agency
PMA	Personal Maintenance Allowance
RA	Rental Assistance
RCSC	Regional Community Support Center
SA	Substance Abuse
SCHEV	State Council of Higher Education for Virginia

SED	Serious Emotional Disturbance
SILC	Statewide Independent Living Council
SMI	Serious Mental Illness
SPO	State Plan Option
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
TA	Technical Assistance
TANF	Temporary Assistance to Needy Families
UD	Universal Design
USBC	Uniform Statewide Building Code
USDOT	United States Department of Transportation
VATS	Virginia Assistive Technology System
VBPD	Virginia Board for People With Disabilities
VCU	Virginia Commonwealth University
VDA	Virginia Department for the Aging
VDDHH	Virginia Department for the Deaf and Hard of Hearing
VDH	Virginia Department of Health
VDOT	Virginia Department of Transportation
VEC	Virginia Employment Commission
VHDA	Virginia Housing Development Authority
VHSC	Virginia Housing Study Commission
VOPA	Virginia Office for Protection and Advocacy
VR	Vocational Rehabilitation
WIA	Workforce Investment Act