

INTERIM REPORT OF THE

**Commission on the
Coordination of the
Delivery of Services to
Facilitate the Self-Sufficiency
and Support Persons with
Physical and Sensory
Disabilities in the Commonwealth**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



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COMMONWEALTH of VIRGINIA

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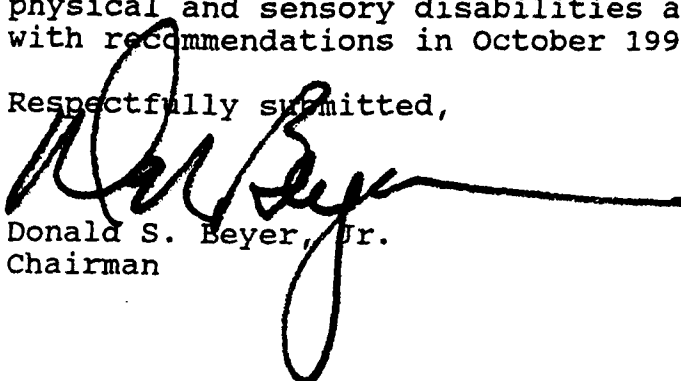
January 4, 1991

Honorable L. Douglas Wilder, Governor
and the General Assembly of Virginia
Third Floor, Capitol
Richmond, Virginia 23219

Dear Governor Wilder and General Assembly of Virginia,

Enclosed is the interim report pursuant to House Joint Resolution 45 of the 1990 Session of the General Assembly of Virginia. The Resolution established the Commission on the Coordination of the Delivery of Services to Facilitate the Self-Sufficiency and Support of Persons with Physical and Sensory Disabilities in the Commonwealth. In summary, the Commission is currently identifying the needs and gaps in services and programs for persons with physical and sensory disabilities and will issue a final report with recommendations in October 1991.

Respectfully submitted,


Donald S. Beyer, Jr.
Chairman

**The Virginians with Disabilities Act defines a
person with a disability in Section 51.5-3 as:**

**"any person who has a physical or mental impairment which
substantially limits one or more of his major life activities or has a
record of such impairment...". All persons with disabilities are
entitled to protection against discrimination under the Virginians with
Disabilities Act, the Americans with Disabilities Act and
other non-discrimination legislation and regulations.**

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Proposed legislative Drafts
Service Delivery System Structure

Members of the Commission

Lieutenant Governor Donald S. Beyer, Jr., Chairman
The Honorable Alan E. Mayer, Vice Chairman

The Honorable Alan A. Diamonstein
The Honorable George H. Heilig, Jr.
The Honorable Arthur R. Giesen, Jr.
The Honorable J. Samuel Glasscock
The Honorable Joan H. Munford
The Honorable Joseph V. Gartlan, Jr.
The Honorable Thomas J. Michie, Jr.
The Honorable Clarence A. Holland

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Charles H. Bonner, M. D.
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Richard C. Craven
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Delegate J. Samuel Glasscock
Delegate Joan H. Munford
Senator Clarence A. Holland
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Pamela Wright - parent

Sharon Retos - parent
Charles H. Moffett, Jr. - consumer
Deborah M. Kelso - trauma centers
M. V. Morton - research
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Administration and Management Requirements Subcommittee

Delegate Arthur R. Giesen, Jr., Chairman

Delegate Alan E. Mayer
Senator Thomas J. Michie, Jr.
Charles H. Bonner, M. D.
Cleo J. Thornhill
Wayne Shook - consumer

Marianne Cashatt - consumer
James Brooker - parent
Patricia Lovern - Virginia
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Christine Tillman - Virginia
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Delegate Alan A. Diamonstein
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Insurance

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EXECUTIVE SUMMARY

Authority

The Joint Subcommittee Studying the Needs of Head and Spinal Cord Injured Citizens, the Need for Research, and the Needs of All Physically Handicapped Persons (Mayer-1989) proposed the creation of a blue ribbon Commission to continue the study of services and programs for persons with physical and sensory disabilities in the Commonwealth. The Commission's charge was to identify the need, availability, costs, quality, and adequacy of services for the physically and sensory disabled and develop a blueprint for the Commonwealth's service delivery system for the next decade and into the twenty-first century. House Joint Resolution 45 adopted by the 1990 General Assembly established the Commission on the Coordination of the Delivery of Services to Facilitate the Self-Sufficiency and Support of Persons with Physical and Sensory Disabilities in the Commonwealth. The resolution identified the following areas for study:

Availability, accessibility, and coordination of essential services;

Interagency coordination in the delivery of services;

Regionalized service continuum in the "least restrictive environment";

Program, services, and resources of public agencies serving persons with physical and sensory disabilities;

Eligibility, waiting periods, exclusions, waiting periods, and gaps in benefits in public and private third-party health insurance;

Fragmentation, inadequacies, or duplications in the existing service delivery system; and

Accountability in an integrated service system.

Study Methodology

The Commission adopted a workplan which organized the study activities under three subcommittees: Services, Administration and Management Requirements, and Financing. The membership of each subcommittee is comprised of five Commission members, consumers, parents of consumers, and representatives with expertise in the areas of study. Technical assistance is provided through a state agency advisory group and five Volunteer Planners. The Commission is staffed through the Office of the Secretary of Health and Human Resources.

Current Service System

The Commission has focused its study on the three primary service agencies for persons with physical and sensory disabilities:

Department of Rehabilitative Services,
Department for the Visually Handicapped, and
Department for the Deaf and Hard of Hearing.

The Department for Rights of Virginians with Disabilities is responsible for providing advocacy for protection of consumer rights.

The Department of Education is a critical part of the study on issues affecting infants and youth with physical and sensory disabilities.

Principles

The Commission adopted five principles as guidelines for its deliberations:

1. There are individuals with physical and sensory disabilities who may need both short and long term services at some point in their rehabilitation.
2. The Commission must maintain the integrity of the current system for rehabilitation which addresses the short term needs and expand or enhance this system to serve individuals who need a system of extended support services.

3. There should be no new, unnecessary bureaucracy created in the service delivery system.
4. The Commission must define the continuum of services required by persons with physical and sensory disabilities to achieve independence in the context of eligibility, decision-maker, role of government (state and local), and rights and responsibilities of the consumer.
5. The service delivery system must have streamlined access, enhanced interagency coordination, and a continuum of community based services.

Findings

Through public testimony the Commission has identified the following problems which are facing persons with physical and sensory disabilities in the Commonwealth:

There are insufficient community support services to facilitate individuals with physical and sensory disabilities in achieving their maximum independence.

Case management is needed by many individuals with physical and sensory disabilities to assist them in accessing appropriate services.

Often the potential loss of public health benefits such as Medicaid or Medicare discourages individuals with physical and sensory disabilities from seeking full-time employment.

Insurance policies often offer inadequate coverage for certain disabilities, particularly traumatic brain injuries.

Vocational rehabilitation services under Workers' Compensation need to be clarified.

Many special education programs for persons with physical and sensory disabilities require costly related services and finite resources.

Independent Living Centers need additional resources to meet the need statewide.

Resources for assistive technology or rehabilitation engineering are insufficient to meet the need.

There needs to be enhanced public awareness concerning the availability and means of access to services for persons with physical and sensory disabilities.

Different locations of services and varying eligibility criteria for services often inhibit access to services.

Incentives are needed to foster interagency coordination of the delivery of services.

Attention should be given to early intervention and prevention of physical and sensory disabilities.

Local involvement in planning and fiscal issues should be enhanced.

Recommendations

The Commission has received several recommendations from each of the three subcommittees. While action has been taken by the Commission on the majority of these recommendations most of the budget and legislative proposals will be introduced in the 1992 General Assembly or later. The following legislation will be introduced in the 1991 General Assembly:

1. A joint legislation resolution will be introduced which requests that all proposed health insurance changes be forwarded to the Special Advisory Commission on Mandated Benefits; and that budget recommendations contained in the Commission's final report be considered in the Executive Budget review for the 1992-1994 biennial budget and also considered by the 1992 General Assembly in their biennial budget deliberations.
2. A bill to amend Section 65.1-88 of the Code of Virginia to clarify the types of services which may be included under vocational rehabilitation for work-related injuries.
3. A joint legislative resolution requesting a study to be conducted of the Second Injury Fund.

Other recommendations from each of the subcommittees include:

Services Subcommittee proposed the adoption of several recommendations from the HJR 287 study relative to improved tracking methods for youth with physical and sensory disabilities in the public education system. These were adopted by the full Commission. Recommendations concerning core services, eligibility, and service access are still pending action by the Commission.

Administration and Management Requirements Subcommittee proposed the adoption of recommendations to address these issues:

1. Improvement of **public awareness** concerning persons with disabilities and increased emphasis on educating persons with disabilities on available services and programs.
2. Improvement of data collection and its utilization in human service agencies' **information management systems**.
3. Improvement of the **training and professional standards** of services providers who work with persons with physical and sensory disabilities.

4. Achieve the maximum **standardization of eligibility** for services within federal, state, and local rules and regulations.
5. Investigate the feasibility of **co-location of service agencies** on the local level.
6. Development of incentives for **interagency coordination** to foster more consistency on policy and planning development.
7. Development of **quality assurance** mechanisms to ensure accountability in the service delivery system.
8. Development of legislative safeguards to ensure **consumer rights protection**.
9. Investigate the feasibility of **special appointments for persons with disabilities** through a state model of the federal Schedule A appointments systems.

All of the recommendations on these issues were adopted by the full Commission.

The **service delivery system structure** issue is still pending in the subcommittee. A proposal will be made subsequent to public hearings in March.

Financing Subcommittee proposed the legislative actions on Workers' Compensation insurance referenced as 1991 legislative proposals. These were adopted by the full Commission. Six health **insurance** recommendations from HJR 287 were recommended for no action. The Commission voted for no action. The Commission adopted a definition for physical rehabilitation.

The subcommittees of the Commission will continue their deliberations through March, 1991. Final subcommittee recommendations will be submitted to the Commission on April 1, 1991. The Commission on the Coordination of the Delivery of Services to Facilitate the Self-Sufficiency and Support of Persons with Physical and Sensory Disabilities in the Commonwealth will complete its report by October 31, 1991 for submission to the 1992 General Assembly.

I. AUTHORITY FOR THE COMMISSION

The Joint Subcommittee Studying the Needs of Head and Spinal Cord Injured Citizens, the Need for Research, and the Needs of All Physically Handicapped Persons was authorized by the 1988 General Assembly (HJR135 and HJR149) and continued under HJR 287 (Mayer) by the 1989 General Assembly. The Joint Subcommittee determined that further study was needed on need, availability, costs, quality, and adequacy of services for the physically and sensory disabled citizens of the Commonwealth. It was also determined that an assessment should be made of the current service system to identify fragmentation, duplication or gaps in services. The Joint Subcommittee recommended that a commission be established to address these issues. House Joint Resolution 45 (Mayer) established the Commission on the Coordination of the Delivery of Services to Facilitate the Self-Sufficiency and Support of Persons with Physical and Sensory Disabilities. The Commission was charged with identifying barriers to needed services, as well as fragmentation and perceived inadequacies in public programs for persons with severe physical and sensory disabilities. The Commission is to issue an interim report to the 1991 General Assembly and complete its final report by October, 1991 for submission to the 1992 General Assembly.

The members of the Commission are Lieutenant Governor Donald S. Beyer, Jr., Chairman; Alan E. Mayer, Vice Chairman; Delegates Alan A. Diamonstein; Arthur R. "Pete" Giesen, Jr., J. Samuel Glasscock; George H. Heilig, Jr.; Joan H. Munford and Senators Joseph V. Gartlan, Jr.; Clarence A. Holland; Thomas J. Michie, Jr. and gubernatorial appointees Joan M. Gardner, health insurance industry; Worthington G. Schenk III, M.D., trauma physician; Brenda T. Williams, special education administrator; Charles H. Bonner, M.D., rehabilitation physician; Cleo J. Thornhill, businessman; Richard C. Craven, hospital administrator; and Howard M. Cullum, Secretary of Health and Human Resources, ex officio.

II. COMMISSION STUDY METHODOLOGY AND PROCEDURES

The Commission has organized into three subcommittees: Services, Administration and Management Requirements, and Financing for the purpose of examining the service needs, defining structures for delivery, and recommending financing options for new services. Membership of the subcommittees include Commission members and consumers of services, as

well as individuals with particular expertise in areas of study by the Commission. A workplan was adopted for each of the subcommittees as well as the full Commission. A state agency advisory group provides technical assistance to each of the three subcommittees. Five volunteer planners representing organizations for persons with disabilities have assisted in data analysis and the development of issue papers for the subcommittee members. These planners were supported with technical and financial assistance from the Board for Rights of Virginians with Disabilities Technical Assistance Project at Virginia Commonwealth University. Staff assistance to the Commission is provided by the Office of the Secretary of Health and Human Resources.

The issues assigned to each subcommittee include:

Services Subcommittee

- * Needs and gaps in the service delivery system
- * Recommended service models
- * Human resource requirements
- * Eligibility criteria for services
- * Research Strategy for post-acute, long-term rehabilitation

Administration and Management Requirements Subcommittee

- * State and local level administrative structure and management responsibilities
- * Incentives for coordinated services
- * Quality assurance/accountability mechanisms
- * Client rights protections

Financing Subcommittee

- * Financial incentives for optimum use of public and private fiscal resources
- * Coordination and cost sharing with private sector
- * Insurance coverage

The Commission scheduled four major meetings around the State. These meetings incorporated subcommittee meetings, public hearings and meetings of the full Commission. Meetings were held in Richmond, Herndon, Abingdon, and Norfolk in 1990. The Commission's expenses have been partially defrayed through corporate sponsorship of meals and meeting space.

III. CURRENT SERVICE SYSTEM IN VIRGINIA

The Commonwealth of Virginia has three primary service agencies for persons with physical and sensory disabilities: The Department of Rehabilitative Services, The Department for the Visually Handicapped, and The Department for the Deaf and Hard of Hearing. The Department for Rights of Virginians with Disabilities provides specialized advocacy services for persons with disabilities.

A. The Department of Rehabilitative Services provides an array of services under the aegis of vocational rehabilitation, independent living and specialized services - such as long term case management, assistive technology and personal assistance services. The Department is designated as the state agency empowered to carry out the provisions of the federal Rehabilitation Act, except as relates to persons with visual handicaps. Independent living services are provided in the community through a contractual arrangement with private, nonprofit organizations around the State.

The Department's primary focus has traditionally been on vocational rehabilitation which is designed to habilitate or rehabilitate individuals with disabilities for the purpose of employment. The majority of the funding for the Department is received through a federal grant for vocational rehabilitation. The Department also receives federal funding for a portion of its independent living services.

In recent years, an increasing number of individuals with multi-disabilities have come to the department for assistance. For many of these individuals employment is not feasible as a short term goal. Due to constraints in funding and restrictions placed by federal regulations on its federal funds, the Department has been unable to meet the needs of these severely disabled individuals. State legislative initiatives, such as the long term rehabilitative case management project and the personal assistance services project, have improved the Department's ability to serve the more severely disabled. Despite this, resources are still inadequate for addressing the needs of long term intervention.

B. The Department for the Visually Handicapped serves persons who are blind or visually impaired. While the Department of Rehabilitative Services serves primarily the adult population, the Department is charged with providing services for the blind and visually impaired of all ages. The Department is designated as the vocational rehabilitation agency for the visually impaired and receives a percentage of the federal grant from the Department of Rehabilitative Services for this purpose. Independent living services are provided through a combination of state and federal funding. The agency also provides infant intervention programs, educational services, sheltered workshops and business enterprises for the blind, and library services for both the physically and visually impaired.

The Department has been able to provide a comprehensive rehabilitation program for Virginians with visual impairments. In recent years, however, this agency has also seen an increase in its more severely disabled clients who require a broader array of services in order to achieve independence and economic self sufficiency. Fiscal constraints and federal regulations limit the Department's ability to meet the needs of its clients.

C. The Department for the Deaf and Hard of Hearing provides support services for persons who are deaf, hard of hearing, or speech impaired. Programs provided through this agency include interpreter services, telecommunications programs, information and referral, and outreach service. Most of these services are designed to minimize the communications obstacles which are unique to the deaf and hard of hearing. The Department facilitates service access to other appropriate agencies for its clients.

D. The Department for Rights of Virginians with Disabilities is charged with the protection and promotion of legal and human rights of persons with disabilities. The Department provides an array of services which include dispute resolution, client assistance services, protection and advocacy for developmental disabilities, protection and advocacy for persons with mental illness, systems advocacy, and information and referral. Individuals with disabilities who experience problems in service access, employment, education, etc. can receive assistance from the agency's client advocates.

Other state agencies which provide services and programs for the physically and sensory disabled population include:

- i. Department of Medical Assistance Services
- ii. Department of Education
- iii. Department of Social Services
- iv. Department of Health
- v. Department for the Aging
- vi. Department of Mental Health, Mental Retardation, and Substance Abuse Services
- vii. Department of Housing and Community Development
- viii. Governor's Employment and Training Department
- ix. Department for Children
- x. Department of Youth and Family Services

IV. GUIDING PRINCIPLES OF THE COMMISSION STUDY

The Commission has adopted five principles as guidelines to decisions impacting the service system for persons with physical and sensory disabilities. The subcommittees are working with these principles to provide substance as well as refinement to the policy decisions of the Commission.

Principle I

There are two distinct populations needing services:

1. Individuals who need short term rehabilitation for a single purpose such as employment;
2. Individuals who need an array of ongoing support services in order to achieve independence and self-sufficiency.

Principle II

The current service system has been successful in addressing the short term rehabilitation needs of persons with physical and sensory disabilities. The Commonwealth should continue to maintain and enhance the integrity of this system while expanding it to serve those individuals whose needs are currently unmet.

Principle III

There should be no new, unnecessary bureaucracy created to meet the needs of persons with physical and sensory disabilities.

Principle IV

The Commission should define the range of services required to meet the needs of persons with physical and sensory disabilities encompassing the issues of:

- i. Eligibility
- ii. Decision Makers
- iii. The Role of Government at the state and local levels
- iv. The Rights and Responsibilities of the Consumer

Principle V

The service system must be organized according to three axioms:

- i. Streamlined Access
- ii. Interagency Coordination and
- iii. Statewide Structure of Community Based Services

disabilities. Often a disabled individual becomes employed but cannot earn enough to offset the loss of these income supports, particularly the health benefits.

4. Insurance policies offer insufficient or inconsistent coverage for some disabilities, particularly traumatic brain injury. Policies do not include coverage for therapies such as cognitive retraining, which is critical in the rehabilitation of traumatic brain injury.
5. Workers' compensation insurance has not adequately addressed the vocational rehabilitation component of the benefits provided.
6. Many special education programs for persons with physical and sensory disabilities have difficulty providing adequate related services such as physical therapy, occupational therapy, or cognitive remediation, although these services may be required on a child's individual educational plan.
7. Independent Living Centers have insufficient resources to meet the need. The Department of Rehabilitative Services contracts for the operation of ten centers across the Commonwealth, limiting comprehensive service coverage. The Department for the Visually Handicapped operates six regional independent living programs.
8. Assistive technology, while enabling individuals to live more independently, is often too expensive or inaccessible to consumers. The Department of Rehabilitative Services has received a federal grant for assistive technology which will provide centers for distributing information on available technology. Resources remain inadequate for the procurement of high tech devices.
9. There is a need for increased public education on the services available to people with physical and sensory disabilities. Many individuals are not aware of what services are available or how to access them. In 1990, the Plan of Cooperation Development Committee, through funding from the Department of Medical

Personal Care Assistance: Individuals requiring personal care assistance with daily living activities such as eating, bathing, and personal hygiene often cannot afford such help on their fixed incomes. Many of these individuals could live independently and even work if such assistance were available. The Department of Rehabilitative Services' pilot project for personal assistance services does not adequately meet the current need.

Respite Care and Family Support Services: Families of persons with severe physical or sensory disabilities need a system of support services in order to continue caring for these individuals at home. Such support services could minimize the need for institutional placements. These services are especially necessary for the elderly disabled population.

2. There is no statewide case management system in place to assist individuals with severe disabilities in accessing appropriate services. Although the Department of Rehabilitative Services has a pilot project for case management, this service is not available to the majority of persons with physical and/or sensory disabilities.

The Long Term Rehabilitative Case Management Pilot Project at the Department of Rehabilitative Services is limited in its staff and fiscal resources. Eligibility for this service is somewhat restrictive. Case management needs to be available to individuals and families who may need it.

3. Individuals with disabilities often do not seek fulltime employment due to the potential loss of financial subsidies, particularly the health benefit programs, which cannot be compensated by their prospective earnings.

Medicaid, Medicare, Social Security Income, and Social Security Disability Income are the primary federal subsidy programs which provide income support for persons with physical or sensory

V. FINDINGS OF THE COMMISSION

The Commission has received testimony from around the State on problems facing persons with physical and sensory disabilities. The following summarizes the findings of the Commission.

1. There are insufficient community support services to facilitate the independence and self sufficiency of persons with physical and sensory disabilities:

Transportation: In rural areas and a number of suburban and urban areas transportation for individuals with disabilities is unavailable except through local agencies such as Social Services or the Area Agency on Aging and availability is limited to specific purposes such as medical appointments. Lack of accessible transportation prevents individuals from accessing services which enable them to address their basic needs, including obtaining jobs, enjoying recreational opportunities, and involvement in community activities. In urban areas more transportation options exist, but para-transit is often available only during certain hours and with 24-hour notice. Costs for para-transit services have escalated significantly and pose a problem for individuals on small fixed incomes.

Housing: In most regions in the Commonwealth there are no supported housing arrangements available to persons with severe physical or sensory disabilities. Many individuals with severe disabilities are now in or face a future of inappropriate institutionalization in a nursing home as their only option. Affordable, accessible housing is in short supply in urban areas and almost nonexistent in rural areas. Transitional living facilities are needed for individuals who are released from a medical facility but are unable to live independently in the community. In addition, modifications needed to make a residence accessible are often too costly for individuals on fixed incomes.

Assistance Services Development Committee, has published a service guide entitled PLANNING AHEAD: A Guide for Virginians with Disabilities. These guides have been distributed through local human service agencies. Additional efforts such as this need to continue in order to promote public awareness of the services available for persons with physical and sensory disabilities.

10. Access to services has often been a problem due to the varying locations of services and differing criteria for eligibility. Differences exist among various agencies serving persons with physical or sensory disabilities which cause confusion to consumers of services. Eligibility may be based upon financial or categorical considerations, complicated by the fact that most eligibility criteria are established by federal regulations, therefore making changes in the criteria slow and inaccessible. The Commission should investigate means to facilitate service access through standardization of intake wherever possible.
11. Coordination between service agencies needs to be improved. Over ten state agencies and their local counterparts are responsible for providing funding or regulating services for persons with physical or sensory disabilities. Most of these agencies have developed large, autonomous systems with their own policies and procedures. Funding is often categorical, which restricts flexibility and coordination. Funding constraints, service priorities, and restraints on information sharing place further obstacles to coordination. Incentives should be developed to encourage coordination among the service agencies.
12. Attention should be given to the prevention and early intervention aspects of disabilities. House Joint Resolution 164 established a joint legislative study committee to study "Early Intervention Services to Infants and Toddlers with Handicapping Conditions and their Families in the Commonwealth." The Commission should work closely with this study committee to coordinate findings and recommendations.
13. There remains a greater opportunity for local involvement in both planning and fiscal issues relative to the delivery of services to persons with physical and/or sensory disabilities. The current service delivery system provides central administration to local and regional offices. There are no formal administrative mechanisms for insuring local input in the development of services, programs

or allocation of funds. Independent Living Centers have established relationships with local governments in many areas. Such relationships have resulted, in some cases, in local funding for the Centers. There is, however, no statutory requirement for local involvement in either planning or funding for the physically or sensory disabled service system. The Commission should establish mechanisms to insure local involvement in the service system throughout the State.

The Commission identified several questions to be addressed in the final report:

1. Who is currently facing service gaps?
2. What are the service gaps?
3. Who should provide/fund the services?
4. How are the services to be financed?
5. What should be defined as core services and what should be defined as auxiliary services?
6. What services should have a means test?
7. How can the role of local government be improved/enhanced?
8. Who decides what the service package will include?
9. What is the consumer's/family's financial obligation in service procurement?
10. What is the provision for accountability and quality assurance in the service delivery system?
11. How can interagency coordination be improved or enhanced?
12. How can service access be improved?

These questions have been assigned to the subcommittees for deliberation. The final report will address each of these questions.

VI. RECOMMENDATIONS OF THE COMMISSION

The Commission proposed and adopted a joint legislative resolution to be introduced to the 1991 General Assembly. The resolution will request the following:

1. All proposed health insurance changes shall be forwarded to the Special Advisory Commission on Mandated Benefits for review and recommendations in accordance with the provisions of Chapter 34 (Sec. 9-297 et seq.) of Title 9 of the Code of Virginia; and
2. The recommendations of the Commission be considered in the Executive Budget review for the 1992-1994 biennial budget and the recommendations be considered by the 1992 General Assembly in funding community services for persons with physical or sensory disabilities.

The Joint Subcommittee Studying the Needs of Head and Spinal Cord Injured Citizens, the Need for Research, and the Needs of all Physically Handicapped Persons (HJR287) referred several recommendations to the Commission for further study. The following recommendations have been reviewed by the Services Subcommittee and adopted by the Commission for action.

Education

1. The Board of Education conduct a study to identify students in special education with traumatic brain injury and determine whether such students have been misdiagnosed and inappropriately placed in special education classes.

The Commission recommends that such study be completed by the Spring of 1991 to provide information for use in the planning of programs for students with traumatic brain injury.

2. The Code of Virginia be amended to authorize the Board of Education to require that the health history form of all students entering the public schools indicate whether the child has sustained any injury by accident or birth, including head injury, spinal cord injury, or other injury or disease of the central nervous system in order that the child's need for special education or other appropriate services might be evaluated.

The Commission recommends that the Superintendent of Public Instruction and the Commissioner of the Department of Health cooperatively revise the **School Entrance Physical and Immunization Certificate**. Such revision should include information regarding history of head injury, spinal cord injury or other injury or disease of the central nervous system. Details regarding a history of otitis media and results of hearing evaluation should also be included, per the recommendations of **Senate Document 5: A Study of the Feasibility of Establishing Comprehensive Hearing Screening Programs in Virginia's Public Schools (1988)**. The revised form should be printed and disseminated to school divisions prior to the 1991-1992 school year.

The Commission further recommends the **Health Manual for Schools** be revised concurrently with the revision of the **Certificate** to insure that school personnel are apprised of the value of the information and provided guidance regarding using medical information in the educational planning for students.

3. The Department of Education be requested to develop a mechanism to facilitate the re-entry of children with traumatic brain injury into the educational system.

The Commission recommends that the Department continue to develop guidelines regarding the provision of services to students with traumatic brain injury. The information gathered from the study (Recommendation #1) should guide the development of these guidelines. Transition from medical facilities, evaluation, and instructional programming should be addressed.

4. The Department of Education be requested to determine whether a long term tracking system is necessary to address the needs of children under five years of age with head injury and other physical disabilities.

The Commission recommends that the revised **School Entrance Physical and Immunization Certificate** be used by Child Study Committees within the local school divisions to review medical background in assessing programs for students referred as needing assistance in the classroom. The Commonwealth currently operates four registry systems for persons with physical and sensory disabilities: the Virginia Spinal Cord Registry (Department of Rehabilitative Services), the Central Head Injury Registry (Department of Rehabilitative Services), the Virginia Register of the Blind (Department for the Visually Handicapped), and the Hearing Impairment Registry (Department for the Deaf and Hard of Hearing).

The Commission recommends that these state agencies develop procedures to ensure the referral of students to the local education agency to determine if the student is eligible for special education services.

The Financing Subcommittee reviewed the following recommendations from the HJR 287 Joint Subcommittee and forwarded these to the Commission for action.

Insurance

1. The Code of Virginia to include coverage for central nervous system disorders and injuries, rehabilitation, case management and neuropsychological services as mandated benefits.
2. Health care insurers requested to include broader coverage for outpatient care in policies issued in Virginia.
3. The Code of Virginia be amended to require disability insurance policies issued in Virginia to include coverage for rehabilitation services.

4. The Code of Virginia be amended to prohibit insurers from including exclusions for rehabilitation services in policies issued in Virginia.
5. The Code of Virginia be amended to prohibit insurers from establishing minimum policy benefits in policies issued in Virginia.
6. The Code of Virginia be amended to require insurers to limit the inclusion of pre-existing condition and waiting period clauses in individual policies issued in Virginia.

The Commission recommended that no action be taken on these recommendations at this time. Recent legislation establishing the Special Advisory Commission on Mandated Health Insurance Benefits requires that proposed insurance mandates be reviewed and approved by the Special Advisory Commission on Mandated Health Insurance Benefits prior to action by the General Assembly.

In response to the insurance concerns the Commission recommends that a definition of physical rehabilitation be adopted and the services outlined which may be included in physical rehabilitation. Such a definition may need to be reviewed by the Special Advisory Commission on Mandated Health Insurance Benefits.

7. A joint resolution was adopted by the Commission requesting that proposed changes in insurance policies be forwarded to the Special Advisory Commission on Mandated Benefits for review in accordance with the provisions of Chapter 34 (Sec. 9-297 et seq.) of Title 9 of the Code of Virginia (Draft legislation is appended).
8. The following definition for physical rehabilitation was adopted by the Commission:

Physical rehabilitation is a comprehensive integration of services according to a plan of treatment prescribed by a physician to assist individuals with physical and/or sensory impairment to function within their environment.

Physical rehabilitation services shall include, but not be limited to: physical medicine, physical therapy, occupational therapy, speech-language services, cognitive retraining and neuropsychological services.

9. The Special Advisory Commission on Mandated Benefits review the definition of physical rehabilitation and recommend either a mandate or a mandated option to insure coverage.
10. The Commission adopted a proposed amendment to the Workers Compensation law, Section 65.1-88 which defines services that may be included in vocational rehabilitation. (Draft legislation is appended).
11. A joint resolution was adopted by the Commission requesting a joint legislative study on the Second Injury Fund. (Draft legislation is appended).

The Administration and Management Requirements Subcommittee reviewed the following recommendations and forwarded these to the Commission for action.

Public Awareness

There is a general lack of understanding by the public concerning persons with disabilities. Further, many individuals with disabilities do not have basic information about services or rights available to them. Knowledge is a critical component to enhancing the self-sufficiency of persons with disabilities.

1. Recommend that the human service agencies include public awareness as an ongoing responsibility in the administration and management of the service system for persons with physical and sensory disabilities. Funds should be allocated by these agencies to support public awareness activities.

Information Management Systems

There is a need for consistent and accurate data collection, sharing and usage, among human service agencies while acknowledging the need for assurance of confidentiality when appropriate.

1. Recommend that the Secretary of Health and Human Resources be requested to direct agencies to develop uniform intake assessment instruments, standard service definitions and clear criteria of eligibility.
2. Recommend that the Secretary of Health and Human Resources be requested to investigate the feasibility of implementing a uniform intake assessment tool to be incorporated into a statewide database for all agencies in the Commonwealth providing services to individuals with disabilities. In other words, develop and implement a system that will provide an automated linking system across human services agencies by utilizing a uniform assessment instrument, standard service definitions and clear criteria of eligibility.

Training and Professional Standards

An efficient service system for persons with physical or sensory disabilities must attract and maintain a wide variety of service providers. Inservice training is an important factor in providing quality staff with the knowledge, skills and abilities to work with persons with physical and sensory disabilities in the most effective manner possible.

1. Recommend that the Secretary of Health and Human Resources and the Secretary of Education be requested to conduct an expanded needs assessment for personnel development in the delivery of services to people with physical and sensory disabilities with the assistance of the Department of Personnel and Training. This needs assessment should be shared with the State Council of Higher Education. The Secretaries, Personnel and Training and the Council on Higher Education should work cooperatively to develop or to contract for the needed pre-service and continuing education programs throughout the Commonwealth.

2. Recommend that the Secretary of Health and Human Resources be requested to work with the Department of Personnel and Training and the human service agencies to develop a comprehensive inservice training program for newly hired employees and for personnel continuing in service. This program should emphasize cross-agency awareness and sensitize employees to involving the consumer as a partner in service development.
3. Recommend that adequate funds should be allocated within the Secretariats to support such training activities.

Standardization of Eligibility

Standardization of eligibility criteria for services is frequently identified as a means of reducing confusion for consumers, yet is difficult to implement due to varying federal and local funding qualification requirements.

1. Recommend that the Task Force on Eligibility and Interagency Information Management of the Health and Human Resources Secretariat:
 - a. examine current eligibility requirements of services for persons with physical and sensory disabilities;
 - b. identify differences in eligibility requirements, the reasons why such differences exist, and the potential to change these requirements within state and federal statutes and regulations;
 - c. make recommendations to the Commission by February 1991 for revising existing eligibility criteria to ensure greater consistency.
2. Recommend that the Secretary of Health and Human Resources establish a study group to determine the degree to which similar definitions and procedures can be established for other agencies' eligibility criteria.

Co-Location of Service Agencies

The current configuration of geographic locations of the service agencies in Virginia do not conform. This often presents an inconvenience to consumers who may have multiple needs at varying locations. Further, the maintenance of multiple facilities may result in higher operating costs, including rent and utilities costs.

1. Recommend that the Secretary of Health and Human Resources investigate the feasibility of co-locating services provided by the various agencies identified and move toward increased cost effective service provision. Further study may be necessary to determine if standardization of geographic divisions are essential to the success of co-location. The study is to be completed by February 1991.

Interagency Coordination

Incentives for interagency coordination and delivery of services would encourage a cohesive, systemic approach to services delivery and, hopefully, foster a much needed consistency in policy and planning development.

1. Recommend that the Secretary of Health and Human Resources work with appropriate state agencies to develop strategies to reward effective state and local efforts and promote interagency activities that make a difference in the lives of Virginians with disabilities. Strategies might include instituting annual Governor's awards to localities with exemplary interagency efforts such as co-location of services; coordinated intake and interagency case planning for individual consumers; and establishment of local interagency committees similar to the state Plan of Cooperation that address local coordination issues.

2. Recommend that the Secretary of Health and Human Resources, in conjunction with appropriate state and local agencies, develop and distribute a series of guides for localities on interagency case planning and joint service provision for targeted populations. These guides should include model agreements and state level resources available to localities interested in developing local strategic plans and joint policies. The guides also should describe interagency models that work and outline specific procedures which could be used across agencies to better serve consumers.
3. Recommend that the Secretary of Health and Human Resources work with appropriate state agencies to develop and implement cross-agency training for state and local administrative and direct service staff designed to promote local interagency activities and resolve administrative barriers to effective local collaboration.
4. Recommend that the Secretary of Health and Human Resources work with appropriate state agencies to establish and implement a biennial process which assesses the extent to which implementation of state agency policies, regulations, procedures and funding requirements have created barriers to effective local collaboration. Representatives of local service agencies should participate in these assessments as well as in the development of recommendations to resolve identified barriers.
5. Recommend that the 1990-1994 Plan of Cooperation clearly articulate proposals for interagency services for individuals with physical and sensory disabilities. These proposals should be considered in the development of participating agency 1992-1994 biennial budget requests.
6. Recommend that the Joint Board Liaison Committee(JBLC) consider the possibility of expanding its membership to include the Boards of Department for the Deaf and Hard of Hearing and Department for the Visually Handicapped. The JBLC should prepare and distribute to local governments and local and state service agencies an annual report highlighting its accomplishments in promoting effective interagency coordination among the participating agencies and identifying policy areas which require additional study by the JBLC.

7. Recommend that the Secretary of Health and Human Resources work with the Departments of Planning and Budget and Personnel and Training to develop policies and procedures that will facilitate the formation of multi-agency, jointly administered projects at both the state and community levels.

8. Recommend that the Secretary of Health and Human Resources assess on a biennial basis the accomplishments and effectiveness of state level interagency committees established to address issues surrounding services to people with disabilities and to report his findings to the Governor.

9. Recommend that the relevant sections of the Code of Virginia be revised to require that local agencies serving persons with physical and sensory disabilities develop and annually update interagency cooperative agreements. These agreements should be substantive and enforceable. As part of the annual update process, participating agencies should assess the effectiveness of the agreement in addressing interagency service needs as well as their agencies' compliance with agreement provisions.

10. Recommend that the Secretary of Health and Human Resources establish an interagency client funds pool that would fund unique or specialized multi-agency services packages for individual applicants who need extraordinary services beyond the scope/capacity of local service agencies. Interagency service commitments and performance standards for all involved agencies are prerequisites to obtaining funds. Specific criteria for accessing this fund should be established by the Secretary. The revenue for the interagency pool should be a part of the 1992-1994 biennial budget.

11. Recommend that relevant sections of the Code of Virginia be revised to require the establishment of local interagency treatment teams in each local/regional service area to address the needs of individual consumers who require services from more than one agency. Interagency treatment teams, composed to respond to the needs of the consumer, shall be responsible for integrating the array of required services. Membership of these teams shall include representatives of local health, social services, education, community services board and other human resource agencies, as appropriate. These teams shall report to the client's case manager.

Quality Assurance

Quality Assurance mechanisms should be integral to all service delivery system evaluation to ensure accountability and appropriate application of resources.

1. Recommend that each state agency serving persons with disabilities should be required to initiate an assessment of current program evaluation/quality assurance programs for the purpose of formalizing and systemizing those activities. Consumers and consumer groups should be involved in the assessment.
2. Recommend that each state agency serving persons with disabilities should develop and implement a client satisfaction survey. Consumers and consumer groups should be involved in the development of the instrument.
3. Recommend that consumers participate in a client satisfaction survey after completion of their rehabilitation or other programs. Active clients who are presently being served should be sampled via the satisfaction survey. Results from the survey should be compiled, analyzed, and reported to the appropriate commissioner and the Secretary of Health and Human Resources. Survey results should be used in the overall programmatic evaluation of agency efficiency and effectiveness.

4. Recommend that the Department of Rehabilitative Services, Department for the Visually Handicapped, Department for the Deaf and Hard of Hearing, and Department for Rights of Virginians with Disabilities should conduct local forums annually to solicit input and feedback from present clients and former clients of the agency for the purpose of assessing the efficiency and effectiveness of service delivery systems.

5. Recommend that the Secretary of Health and Human Resources arrange for an independent evaluation of programs administered by Department of Rehabilitative Services, Department for the Visually Handicapped, Department for Rights of Virginians with Disabilities, and Department for the Deaf and Hard of Hearing.

Such an evaluation should be conducted by an appropriate state agency or university biennially or at minimum every four years. Rehabilitation outcomes should be assessed and management controls identified and altered if necessary.

6. Recommend that Department of Rehabilitative Services, Department for the Visually Handicapped, Department for Rights of Virginians with Disabilities, and Department for the Deaf and Hard of Hearing make maximum use of advisory committees comprised of persons with disabilities, their families, or guardians, as appropriate, in the planning, implementation, and evaluation of services and programs for disabled persons.

7. Recommend that Department of Rehabilitative Services, Department for the Visually Handicapped, and Department for the Deaf and Hard of Hearing assure that service delivery units establish and maintain written policies and standards covering the scope and nature of all services provided and the conditions, criteria, and procedures under which each service is available.

8. Recommend that Department of Rehabilitative Services, Department for the Visually Handicapped, and Department for the Deaf and Hard of Hearing assure that services are provided by individuals licensed or certified in accordance with state license laws or regulations.

9. Recommend that Department of Rehabilitative Services, Department for the Visually Handicapped, and Department for the Deaf and Hard of Hearing assure that an individualized written program of services is jointly developed with persons with disabilities or their parent, guardian or other representative, as appropriate. The state agencies should assure that the individualized written programs are fully implemented. The individualized written program should be monitored, evaluated, and updated periodically, as appropriate.

10. Recommend that Department of Rehabilitative Services, Department for the Visually Handicapped, and Department for the Deaf and Hard of Hearing conduct annually a cost-benefit evaluation of programs to assess efficiency and effectiveness of services being delivered to persons with disabilities.

Consumer Rights Protection

Incorporating rights protection into the management structure of a service delivery system affirms the responsibility of the system to the consumer and leads to greater accountability for effectiveness.

1. Recommend that the Commission establish legislative guidance for the development of consumer rights protection and procedural safeguards to contribute to the effective delivery of services which are responsive to consumers. This guidance shall specify the rights to be accorded and the procedural safeguards to be provided in legislation. Such action will be taken in the second year of the Commission.

Special Appointments for Persons with Disabilities

Establishing a state model of the federal "Schedule A appointment system" will facilitate the recruitment and hiring of qualified individuals with disabilities in state agencies.

1. Recommend the Department of Personnel and Training be given the responsibility to study the feasibility and make recommendations to the Governor concerning a special appointment system for people with disabilities modeled the federal Schedule A appointments system. The system should include a provision to hire persons who have completed the special appointments through an internal recruitment.

2. Recommend the Department of Personnel and Training be directed to monitor and report to the Governor on the employment practices of each agency of each agency concerning persons with disabilities as part of their Affirmative Action Plans Annual Report, including Employment Analysis (EE04) Review.

3. Recommend that the Commission work with the State Chamber of Commerce to promote legislation allowing for a special appointment system for private employers with tax credits that are based upon the federal guidelines in effect which enhance the hiring of persons with disabilities and disabled veterans.

The Services Subcommittee has proposed the following recommendations to the full Commission. Action by the Commission is pending.

Core Services

It is recognized that a continuum of community based services are necessary to enable persons with physical and sensory disabilities to achieve their maximum independence.

1. Recommend that the following core services be developed or enhanced in localities around the State:

Case Management	Independent Living Services
Vocational Training	Income Supports
Employment Services	Specialized Medical /Therapeutic Services
Family Support Services	Special Education and Related Services
Personal Assistance Services	Communication Services
Assistive Technology /Rehabilitation Engineering	Counseling

Eligibility

It is recognized that all persons with disabilities are potentially eligible for enabling core services, depending on need. Persons with severe or multiple disabilities usually require services, including case management, for extended periods of time.

1. Recommend that the current eligibility criteria for long-term case management as set forth in Section 51.5-9.3 of Title 51.5 of the Code of Virginia be utilized in determining eligibility for long-term case management for all persons with physical and sensory disabilities who may need this service.

Service Access

It is recognized that the critical component to rehabilitation or habilitation is access to services.

1. Recommend that Virginians with physical and sensory disabilities be given equal, no greater nor lesser, access to services to address their basic needs, such as housing, transportation, employment. Access to services must be free of discrimination through adequate enforcement of nondiscrimination legislation and regulations.

2. Recommend that the State assume the responsibility for provision of sufficient mechanisms to enable Virginians with physical and sensory disabilities to their basic rights and to address their basic needs. Such mechanisms must include public, nonprofit, and private sectors.

For detailed analyses of the development of Commission recommendations, forward requests to: Judy P. Divers, Office of the Lieutenant Governor, 101 North Eighth Street, Richmond, Virginia 23219

The Commission will continue its deliberations and submit a final report to the Governor and General Assembly of Virginia in 1992 in accordance with the provisions of House Joint Resolution 45.

The Commission commends the Volunteer Disability Service Planners Work Group for the research, data analysis, and issue development provided to the Commission. Their ongoing contributions have provided an excellent resource to the Commission.

**Joseph Blanton
James Brooker
Sandra Cook
Jeanie Gauer**

**Karen Michalski
Elizabeth E. Getzel, Technical
Support Coordinator
John Kregel, Technical Support
Director**

A very special thanks to Julie Schwartz for her assistance in the preparation of the Interim Report.

The State Agency Advisory Group has provided invaluable assistance to the Commission in research, data analysis, issue development, and staff resources to the subcommittees. The Commission is grateful for their continuing efforts and hard work.

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Norfolk Southern Corporation

Northern Virginia Natural Gas

Peninsula Center for
Independent Living

Pittston Coal Company

Spina Bifida Association

Tidewater Association for
Hearing Impaired Children

United Cerebral Palsy

United Company

United Mine Workers

Virginia Association for the Blind

Virginia Coal Association

Virginia Health Care Association

Appendix

I. Proposed legislative drafts for the 1991 General Assembly

II. Service Delivery System Structure

In the interest of conservation and paperwork reduction, the following appendices will be available upon request. Please forward requests to Judy P. Divers, Office of the Lieutenant Governor, 101 North Eighth Street, Richmond, Virginia 23219.

III. A detailed overview of the programs, services, funding and organization of the following agencies:

- A. Department of Rehabilitative Services
- B. Department for the Visually Handicapped
- C. Department for the Deaf and Hard of Hearing
- D. Department for Rights of Virginians with Disabilities

IV. The Issue Papers developed by the Volunteer Planners through the Board for Rights of Virginians with Disabilities Technical Assistance Project.

Service Delivery System Structure

The Administration and Management Requirements Subcommittee has reviewed several proposals for the structure of service delivery to persons with severe, multi-disabilities who need a continuum of services for an extended period of time. The three options presented below have been adopted by the Subcommittee for further deliberation. The Subcommittee and Commission members will hold a series of public hearings in March, 1991 to solicit input on these three options.

Issue: State, regional and local service delivery systems and accompanying responsibilities need to be clearly structured, mandated and publicized to ensure efficient ease of consumer access, without costly duplication.

Guiding Principles for Service Delivery Systems Structure:

I. Build on Existing Structure

The Commonwealth currently maintains three unique agencies which provide specialized, short term services (although these services may be continued for many years in the case of vocational rehabilitation assistance) to persons with physical and sensory disabilities. The Department of Rehabilitative Services, the Department for the Visually Handicapped, and the Department for the Deaf and Hard of Hearing each operate within fiscal and Code constraints to successfully offer a range of services to specific populations. The Beyer Commission has found that it is currently in the interest of consumers to preserve the integrity of these agencies and their respective services.

No agency, alone or in conjunction with another, has the authority, funding, or service capability to meet all the service needs of individuals with severe disabilities. The special needs of this currently unserved or underserved population could be met through an intensive, ongoing program, housed within the Department of Rehabilitative Services and accessible to all. Under this system the other service agencies would refer eligible consumers through an interagency coordination and referral program.

II. Ensure Community Based Services with Streamlined Access

The Beyer Commission has discussed and adopted as one of its guiding principles that the service delivery system structure should be community based with streamlined access to ensure ease and equity of entry into the system to all potential consumers. Accomplishing streamlined access will also enable the state to better identify the people needing services and facilitate documentation of the extent of need in the Commonwealth.

III. Identify Enabling Core Services and Eligibility for Same

The Services Sub-Committee of the Beyer Commission has identified the following as the core services to be provided to persons with physical and sensory disabilities:

- advocacy,
- case management,
- vocational training/employment services,
- family support services,
- personal assistance services,
- assistive technology,
- independent living skills,
- specialized medical/therapeutic services,
- special education and related services,
- communication services, and
- income supports.

The management task which results from understanding the array of services needed is to define who is eligible for services. The Beyer Commission needs to establish a definition of the population to be served. A possible model for this definition can be found in the current Code language for the long term rehabilitative case management pilot project in the Department of Rehabilitative Services. Eligibility for that service is defined as follows:

§ 51.5-9.3 Eligibility for long-term rehabilitative case management. -- A person shall be eligible to receive long-term rehabilitative case management services pursuant to § 51.5-9.2. if he is determined by the Department to be disabled indefinitely, requires a combination and sequence of special interdisciplinary or generic care, treatment, or other services which are lifelong or for an extended duration and are individually planned and coordinated, or his disability results in substantive functional limitations in three or more of the following areas of major life activity:

- self-care;
- receptive and expressive language;
- learning;
- mobility;
- self-direction;
- capacity of independent living; and
- economic sufficiency.

This language should be reviewed to determine if it meets the eligibility needs identified by the Beyer Commission.

IV. Develop Case Management Systems with Increased Consumer Choices

Persons with severe multiple disabilities and long-term service needs have reported to the Beyer Commission at Public Hearings that they are in need of assistance in the location of services and in service coordination. The most effective response to this need appears to be establishment of a case management system in the Commonwealth. The Department of Rehabilitative Services could meet that need by converting its current pilot project long-term rehabilitative case management services into an established program.

The individuals eligible for the proposed program will have varying needs for service coordination. Some individuals may need intensive contact and follow-up of an assigned Case Manager; however, others may find an Authorization System with occasional assistance and monitoring of a Case Manager is sufficient. The Authorization System principle is based on the same concept as the existing authorization program. In other words, once the consumer has established the need for assistance in a specific service area, the consumer can request that he or she be given certificates which entitle the consumer to "spend" the certificate based on the consumer's preference and need. Guidelines shall be established and monitored by the Department of Rehabilitative Services, but this system could reduce administrative costs and encourage consumer independence.

V. Support Cost Effective Purchase of Services

The proposed system should encourage the purchase of services from existing service delivery agencies and organizations unless it is found to be less cost effective than direct service provision. In other words, most of the new array of services available to the consumers will be purchased by the Department of Rehabilitative Services rather than provided by that agency.

VI. Present Options for "Local Commitment"

The Administration and Management Requirements Subcommittee of the Beyer Commission has stressed the necessity for and the value of commitment from local government in providing services to persons who are physically and sensory disabled.

Planning Boards have been identified as an effective means for assuring local input, especially consumer input, into the service delivery system.

VII. Recommend Service Delivery System Restructuring

The Administration and Management Requirements Subcommittee has discussed various models for development and structuring of planning boards to ensure consumer/local input into the service delivery system. One determination which must be made for all options is identification of the appropriate appointing authority.

The Subcommittee is forwarding to the Beyer Commission the following three options. Four models were discussed and one was rejected. Input is encouraged on this recommendation as the restructuring determination will be critical to the success of the future service delivery to persons who are physical and sensory disabled.

SERVICE DELIVERY SYSTEM OPTION

Local Planning Board Option

The Virginia Department of Rehabilitative Services (DRS) has the statutory authority to provide a continuum of community based services through grants, contracts, or direct service delivery. Fiscal resources for many of the needed services such as personal care assistance, transitional living facilities, and assistive technology have been limited. Fiscal incentives need to be made available to encourage the availability of these services on the local level. This option would enhance the local structure of DRS to ensure that there is local consumer input in developing local service plans. The target population for community based services are those individuals who cannot initially benefit from the time-limited rehabilitation services provided by DRS or who need supplementary longer term services.

Local planning boards would be established for each of the forty-six local DRS offices. These services planning boards would be responsible for the development of local service plans, recommendations for local revenue allocation, coordination of local interagency activities, and promoting local funding sources. Membership would include representatives of local service providers, consumers and family members, local government officials, and interested citizens. Emphasis should be given to assuring adequate consumer representation of not less than thirty percent on each board. Appointment of the local boards would be by the local governing bodies. Staff assistance would be provided through the local DRS office. Target date for appointment of planning boards would be July 1, 1992.

Local plans developed by the local services planning boards would be submitted to the DRS Board for incorporation into the DRS budget and program planning process. This process assures local involvement in service planning and policy development. These boards would also serve as catalysts for obtaining local funding and citizen input and involvement. Local plans would be developed by July 1, 1993, for submission to the Board. Such plans would provide the basis for the development of the 1994-1996 biennial budget.

This option allows for local involvement without creating additional bureaucratic structures. Unique demographic factors of a locality would be addressed through the local service plans. Planning would become locally based while retaining fiscal and administrative controls through the central office of DRS. Local funding commitments would be voluntary.

SERVICE DELIVERY SYSTEM OPTION
- CSB Model Option -

The Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) administers a statewide system of locally governed community services boards. There are 40 local community services boards which provide a core of program services in the community for eligible clients. This option would restructure the Department of Rehabilitative Services to correlate to the organization structure of DMHMRSAS with local governing boards.

Local Disability Service Boards (DSBs) would be targeted for establishment in every city or county or in combinations of jurisdictions by July 1, 1995. Every locality would have the option of establishing an independent board. Powers and duties of the board would parallel those set forth in the Code of Virginia for the community services boards. These boards would receive their funding from the Department of Rehabilitative Service under the rules and regulations set by the DRS Board with a future local match. Membership would be appointed by the local governing body. Designated composition is undecided. The board would consist of five to fifteen members in localities with independent boards.

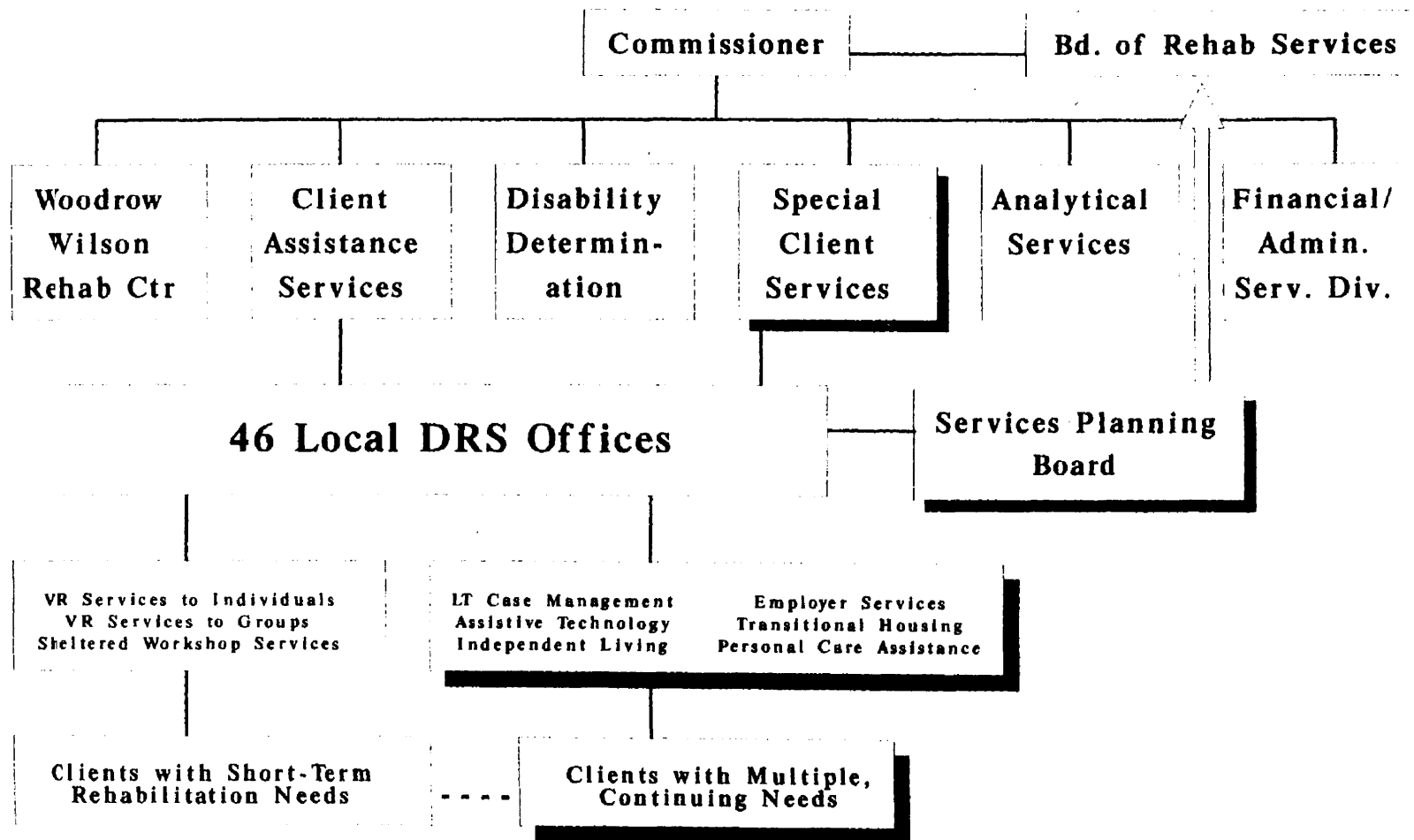
This option provides for local funding, local administration and control. One of the primary advantages of this system is to invest the locality in the delivery of services to persons with physical and sensory disabilities. The community services boards are a proven entity. Providing for a phased implementation will lessen the impact to localities and give the Department of Rehabilitative Services the opportunity to have the reorganization plan reviewed by the federal Rehabilitative Services Administration (RSA). Continued federal funding will be contingent upon RSA approval.

SERVICE DELIVERY SYSTEM OPTION
- Local Choice -

The final option to be considered is a combination of the two preceding options, planning boards or disability services boards. Jurisdictions would be given an opportunity to select either of the preceding service delivery structures to implement for community based service system.

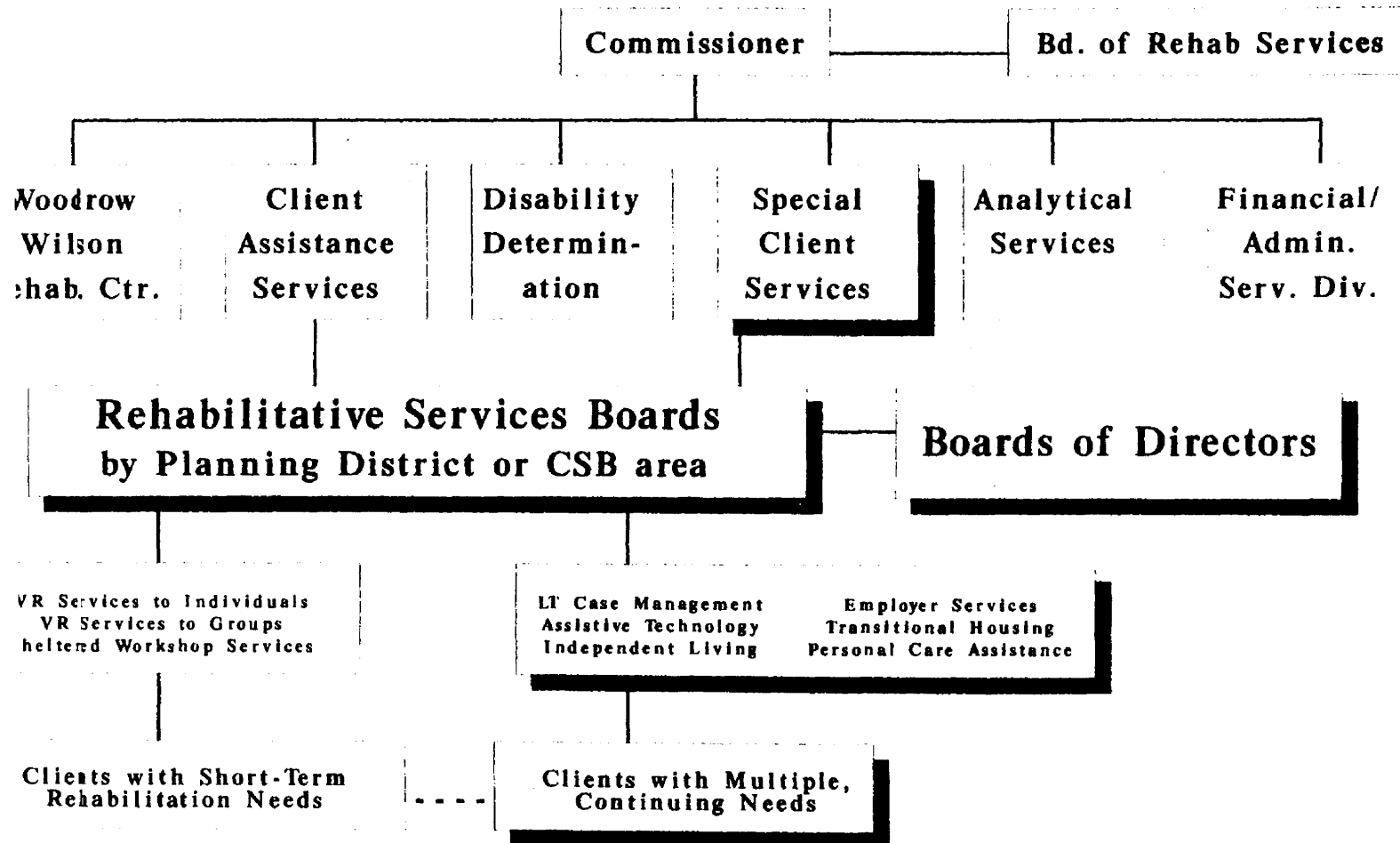
DEPARTMENT OF REHABILITATIVE SERVICES

Planning Board Model



DEPARTMENT OF REHABILITATIVE SERVICES

"Community Services Board" Model



D 12/4/90 Bolstad C 12/19/90 ljl

2 SENATE BILL NO. HOUSE BILL NO.

3 A BILL to amend and reenact § 65.1-88 of the Code of Virginia,
4 relating to vocational rehabilitation services under Workers'
5 Compensation.

6

7 Be it enacted by the General Assembly of Virginia:

8 1. That § 65.1-88 of the Code of Virginia is amended and reenacted as
9 follows:

10 § 65.1-88. Duty to furnish medical attention, etc., and
11 vocational rehabilitation; effect of refusal of employee to
- accept.--A. 1. As long as necessary after an accident the employer
13 shall furnish or cause to be furnished, free of charge to the injured
14 employee, a physician chosen by the injured employee from a panel of
15 at least three physicians selected by the employer and such other
16 necessary medical attention. Where such accident results in the
17 amputation of an arm, hand, leg or foot or the enucleation of an eye
18 or the loss of any natural teeth or loss of hearing, the employer
19 shall furnish prosthetic appliances, proper fitting thereof, and
20 training in the use thereof, as the nature of the injury may require.
21 In awards entered for incapacity for work, under this title, upon
22 determination by the treating physician and the Commission that the
23 same is medically necessary, the Commission may require that the
4 employer furnish and maintain wheelchairs, bedside lifts, adjustable
25 beds and modification of the claimant's principal home consisting of
26 ramps, handrails or any appliances prescribed by the treating

1 physician and doorway alterations, provided that the aggregate cost of
2 all such items and modifications required to be furnished on account
3 of any one accident shall not exceed \$25,000. The employee shall
4 accept the attending physician, unless otherwise ordered by the
5 Industrial Commission, and in addition, such surgical and hospital
6 service and supplies as may be deemed necessary by the attending
7 physician or the Industrial Commission.

8 2. The employer shall repair, if repairable, or replace dentures,
9 artificial limbs or other prosthetic devices damaged in an accident
10 otherwise compensable under workers' compensation, and furnish proper
11 fitting thereof.

12 3. The employer shall also furnish or cause to be furnished, at
13 the direction of the Industrial Commission, reasonable and necessary
14 vocational rehabilitation ~~training~~-services. Vocational
15 rehabilitation services may include, but not be limited to, vocational
16 evaluation counseling, job coaching, job development, job placement,
17 on-the-job training, education, and retraining. In the event a
18 dispute arises, any party may request a hearing and seek the approval
19 of the Commission for the proposed services. Such services shall take
20 into account the employee's pre-injury job and wage classifications;
21 his or her age, aptitude and level of education; the likelihood of
22 success in the new vocation; and the relative costs and benefits to be
23 derived from such services.

24 B. The unjustified refusal of the employee to accept such medical
25 service or vocational rehabilitation ~~training~~-services when provided
26 by the employer shall bar the employee from further compensation until
27 such refusal ceases and no compensation shall at any time be paid for
28 the period of suspension unless, in the opinion of the Industrial

Commission, the circumstances justified the refusal. In any such case
2 the Industrial Commission may order a change in the medical or
3 hospital service or vocational rehabilitation ~~training-services~~ services .

4 C. If in an emergency or on account of the employer's failure to
5 provide the medical care during the period herein specified, or for
6 other good reasons, a physician other than provided by the employer is
7 called to treat the injured employee, during such period, the
8 reasonable cost of such service shall be paid by the employer if
9 ordered so to do by the Industrial Commission.

10 D. As used in this section and in §§ 65.1-88.1 and 65.1-88.2, the
11 terms "medical attention," "medical service," "medical care," and
12 "medical report" shall be deemed to include chiropractic service or
13 treatment and, where appropriate, a chiropractic treatment report.

#

1 D 12/11/90 Bolstad C 12/19/90 1j1

2 HOUSE JOINT RESOLUTION NO.....

3 Expressing the sense of the General Assembly with regard to health
4 insurance and future funding for services for persons with
5 physical and sensory disabilities.

6
7 WHEREAS, the Commission on the Coordination of the Delivery of
8 Services to Facilitate the Self-sufficiency and Support of Persons
9 with Physical and Sensory Disabilities was established pursuant to
10 House Joint Resolution No. 45 of the 1990 Session of the General
11 Assembly to develop an integrated and accountable service delivery
12 system for persons with physical and sensory disabilities in
13 conjunction with enhanced public and private rehabilitative agencies
14 and programs; and

15 WHEREAS, the Commission has concluded that current health
16 insurance policies often provide inconsistent or inadequate coverage
17 for certain disabilities due to eligibility criteria, exclusions,
18 waiting periods and gaps in benefits and services; and

19 WHEREAS, the Commission has received public testimony concerning
20 the needs and priorities of persons with physical and sensory
21 disabilities in the Commonwealth; and

22 WHEREAS, the Commission is proposing the development of a
23 continuum of community-based services to facilitate the
24 self-sufficiency and independence of persons with physical and sensc
25 disabilities; and

26 WHEREAS, the Commission has determined that the needs of persons

1 with physical and sensory disabilities should be addressed through a
2 variety of both public and private funding sources, including federal
3 and state-supported programs, private insurance when appropriate,
4 means tested services, and other available resources; now, therefore,
5 be it

6 RESOLVED by the House of Delegates, the Senate concurring, That
7 it is the intent of the General Assembly that recommendations from the
8 Commission regarding proposed changes in health insurance policies be
9 forwarded to the Special Advisory Commission on Mandated Health
10 Insurance Benefits for review in accordance with the provisions of
11 Chapter 34 (§ 9-297 et seq.) of Title 9 of the Code of Virginia and
12 that the Special Advisory Commission forward a report to the
13 Commission for inclusion in the final report of the Commission to the
14 1992 General Assembly; and, be it

15 RESOLVED FURTHER, That the recommendations forwarded to the 1992
16 General Assembly by the Commission be considered in the Executive
17 Branch budgetary review for the 1992-1994 biennial budget and that it
18 is the intent of the General Assembly to consider the recommendations
19 contained in the final report of the Commission to the General
20 Assembly as the basis for consideration of funding for the development
21 of a system of community-based services for persons with physical and
22 sensory disabilities.

23

#

WHEREAS, by Chapter 365 of the 1975 Acts of Assembly, the General Assembly created the Workers' Compensation Act's Second Injury Fund in Chapter 11 of Title 65.1 of the Code of Virginia; and

WHEREAS, the purpose of the Second Injury Fund is to promote the employment of persons with disabilities and to protect employers from higher insurance costs that could result when a previously injured employee suffers a second injury; and

WHEREAS, the 1990 report of the Joint Legislative Audit And Review Commission (JLARC) on the Virginia Department of Workers' Compensation in House Document 68 of 1990 concluded that the Second Injury fund is utilized less in the Commonwealth than comparable funds in other states, and suggested that additional study of the fund's low utilization rate appeared warranted; and

WHEREAS, The Commission on the Coordination of the Delivery of Services to facilitate the Self-Sufficiency and Support of Persons with Physical and Sensory Disabilities established pursuant to House Joint Resolution 45 of the 1990 General Assembly is tasked with reviewing current public and private programs providing services to the disabled community in order to assess their efficiency and quality and make recommendations for potential improvements; and

WHEREAS, the Commission has issued a report to the 1991 session of the General Assembly recommending a study of the Second Injury Fund consistent with the JLARC Report's recommendations; now, therefore, be it

RESOLVED, by the House of Delegates, the Senate concurring, That a joint subcommittee be established to study the Second Injury Fund examining the issues raised by the Commission and the JLARC report, and such other related issues as the joint subcommittee may deem appropriate.

The joint subcommittee shall consist of nine members to be appointed as follows: three members from the House of Delegates to be appointed by the Speaker of the House, and two members from the Senate to be appointed by the Senate Committee on Privileges and Elections. Additional members shall include one representative from each of the following: The Industrial Commission of Virginia; insurance carriers offering and issuing workers' compensation insurance in the Commonwealth; labor unions representing employees in the Commonwealth; and employers under the Virginia Workers' Compensation Act. The additional members shall be appointed by the Speaker of the House.

The joint subcommittee shall complete its work in time to submit its findings and recommendations to the Governor and the 1992 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated systems for processing legislative documents.

The indirect costs of this study are estimated to be _____; the direct costs of this study shall not exceed_____.

Implementation of this resolution is subject to subsequent approval and certification by the House/Senate Joint Rules Committee. The Committee may withhold expenditures or delay the period for the conduct of the study.