

**REPORT OF**

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

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



**HOUSE DOCUMENT NO. 11**

**COMMONWEALTH OF VIRGINIA  
RICHMOND  
1992**



# COMMONWEALTH of VIRGINIA

Office of the Lieutenant Governor  
Richmond 23219

Donald S. Beyer, Jr.  
Lieutenant Governor

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December 10, 1991

TO: The Honorable L. Douglas Wilder, Governor of Virginia  
and  
The General Assembly of Virginia

I am pleased to transmit the final report of the Commission on the Coordination of the Delivery of Services to Facilitate the Self-Sufficiency and Support of Persons with Physical and Sensory Disabilities for consideration by the 1992 General Assembly. The recommendations contained within this report represent an effort by our Commission to initiate a service system which shifts emphasis toward programs which stimulate independence and individual productivity. This represents a major departure from subsidy-type programs to promoting self-sufficiency for persons with physical and sensory disabilities. The recommendations are phased in over a ten year period allowing opportunity for modifications and improvements in the process. Finally, these recommendations are designed to put the individual with a disability at the center of the process. Services are to be consumer responsive and to maximize the consumer's involvement and participation in the planning, implementation, and financial aspects of the service system.

On behalf of my colleagues, thank you for the opportunity to participate in the work of this Commission. A great deal of work has gone into the product by staff of numerous state agencies and consumers, without which we would not have achieved our goal. We look forward to working with in this 1992 General Assembly to initiate a blueprint for service for persons with physical and sensory disabilities.

Sincerely,

  
Donald S. Beyer, Jr., Chair

**FINAL REPORT OF 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**

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**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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## **EXECUTIVE SUMMARY**

### **Prologue**

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, established through HJR 45, has addressed service needs, availability of services, costs, and the quality of services for persons with physical and sensory disabilities. A plan of action for the next ten years has been developed which will form a system of programs and services within an infrastructure designed to be consumer-focused and community based.

### **General Definition of Problems**

The Commission is committed to ensuring the design of a consumer-centered service system while recognizing the current system has some significant barriers to consumer empowerment. Among those identified are:

- o unnecessary bureaucratic barriers and complex eligibility criteria;
- o gaps in services and poor coordination of services;
- o few incentives in the system to reward independence and self-sufficiency.

The Commission determined that the service system must use an individualized consumer approach, and give full participation and accountability to the consumer in his or her choices.

### **Themes**

The Commission's activities have been driven by four major themes to include consumer focus, state investment, community-based services, and service coordination.

- o The consumer is the central focus of the process; making the decisions, taking responsibility for those decisions, and being a full partner in the costs of these decision. State government assumes responsibility for the quality of the public services and programs, ensuring that services providers are good managers of resources. Providers should fulfill their mission to serve the consumer with imagination and creativity and assure that the unique needs of the consumer are met to catalyze self-sufficiency and independence.



- o There will be a long term shift of public dollars from consumption to investment through a shift in emphasis to funding programs which promote self-sufficiency and independence. The short term investments of general fund dollars will reap long term benefits.
- o The design of a service delivery system must be community based. This affords the opportunity for decisions and planning to be done with the lowest common denominator for the most effective result.
- o Finally, the existing agencies within the Commonwealth must work together to coordinate services to persons with physical and sensory disabilities.

### **Special Challenges and Actions**

The Commission identified the core services necessary to fostering self-sufficiency and independence, the infrastructure for the most effective delivery of these services, and the funding needed to initiate this service system. The actions recommended are not intended to be an immediate panacea for the gaps and problems of the current system, but rather a beginning to an evolving system to meet the challenges. The recommended actions can be summarized in three major categories:

- o The core services will include case management, personal assistance services, training, employment services, transportation, housing, education, independent living services, assistive technology, medical and therapeutic services, counseling, and family support services. Services will be available to individuals with physical and sensory disabilities of all ages, will be fully accessible, and will provide mechanisms for evaluation for quality assurance.
- o The structure for service delivery will be community-based. The Commission adopted a proposal to establish local planning boards with government, business, and consumer representation. These boards will assess service needs and develop service plans which will be used by appropriate state agencies in their fiscal and programmatic planning for service delivery. The boards will also administer the local rehabilitative services incentive fund.
- o Funding recommendations were made to support the development or enhancement of the core services, the local planning boards, and the rehabilitative services incentive fund. A "consumer service fund" was recommended which would fund unique or specialized service needs for which no other source of revenue is available. All services will be subject to a means test to insure the consumer's financial participation to the fullest extent possible.

- o Interagency barriers which inhibit service coordination were identified and recommendations were made which will facilitate coordination for a more efficient and effective service system. A commitment to creating no new unnecessary bureaucracies has driven the recommendations for the service structure for persons with physical and sensory disabilities.

These actions will initiate a service system that will improve services while ensuring a long term economic and social return on the Commonwealth's investment.

### **Implementation Summary**

The implementation of the Commission proposals will initiate the development of a consumer centered rehabilitation service system for persons with physical and sensory disabilities. The consumers and the providers have been challenged to work cooperatively to overcome obstacles to service access and interorganizational collaboration.

The Commission has established priorities for service funding to address the most critical gaps in a continuum of services. Service expansion will be directed to those services currently in pilot or special project status, such as supported employment, case management and personal assistance services. Eligibility requirements have been extended to include a wider age and disability population.

Community involvement has been a major theme of the Commission. Systematic planning for rehabilitation services has traditionally been developed at the state level and implemented locally. The proposed infrastructure for planning, Disability Services Planning Boards, will be composed of local government officials, consumers, and business leaders. Planning will be a bottoms-up approach. The Boards will assess and develop six-year plans for services to persons with physical and sensory disabilities in the community which will identify local needs, service gaps, priority populations and services. These Boards will also administer the local Rehabilitative Services Incentive Fund, where applicable. This money will be used to fund community based programs and services which will enhance the existing rehabilitation system.

The intent of the Commission is to encourage discrete entities to function as a coordinated system with paramount goals of consumer choice and local involvement. New funding is targeted to fill service gaps and stimulate client focused collaboration and enhanced consumer access to services. While the implementation of the Commission's work will not provide all the service options, it will produce a framework for an integrated, consumer based system upon which the Commonwealth and its many diverse communities can build and expand into the next century.

## **Commencement**

The work of the Commission is a beginning, a commencement of a process that will evolve and improve over the next ten years. The ten year plan provides for an ongoing evaluation and modification of the service delivery system for persons with physical and sensory disabilities. Consumer, choice, accountability, creativity are just a few of the concepts which will drive the system and facilitate services for Virginians with disabilities.

## PROLOGUE

In 1990 the General Assembly of Virginia 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 through House Joint Resolution 45 (Mayer). The Commission was charged with the evaluation of programs and services persons with physical and sensory disabilities and to develop a plan of action which would address the following areas:

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, and benefit gaps in accident and health insurance policies;

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

Accountability in an integrated system.

The Commission adopted a workplan which organized the study activities under three subcommittees: Services, Administration and Management Requirements, and Financing for the purpose of defining services, structure for delivery, and financing options. The membership of the subcommittees was comprised of Commission members, consumers, parents of consumers, and representatives with expertise in each area of study. Each of the subcommittees presented a list of recommendations relative to its area of study to the full Commission for adoption.

Public hearings were held around the Commonwealth to receive comments on the issues facing the Commission. This included sites in Richmond, Abingdon, Herndon, and Norfolk. In addition, the Commission received feedback regarding its final draft through a teleconference with sites in Richmond, Abingdon, Roanoke, Blacksburg, Lynchburg, Harrisonburg, Charlottesville, Falls Church, Norfolk, and Newport News. Finally, written comments were received by the Office of the Lieutenant Governor through July 19, 1991. All of this valuable input has been compiled and incorporated into this final report.

**The final report represents the combined efforts of many individuals. This includes the Commission members, the staff of several state agencies, volunteer planners from advocacy organizations for persons with physical and sensory disabilities, and the Lieutenant Governor. Thanks are extended to each of these individuals. Please refer to the Acknowledgements Section of this document.**

## **GENERAL DEFINITION OF PROBLEMS**

Each of us has a basic need to lead a fulfilling, independent life. This is a daily challenge, one that can be especially difficult for 1.5 million Virginians who have some type of disability. Recognizing this, the General Assembly established a blue ribbon Commission with gubernatorial appointees as well as legislators to study services and programs for persons with physical and sensory disabilities. The Commission's charge was to identify need, availability, costs, quality and adequacy of services for Virginians with disabilities, and develop a blueprint for the Commonwealth's service delivery system for the next decade and into the twenty-first century. The clear and unassailable mission of this blueprint is to stimulate the greatest possible independence and self-sufficiency for all Virginians with disabilities.

Currently, there are several agencies providing specialized services to persons with physical and sensory disabilities. These agencies offer a range of services to specific populations, but no one agency has the authority, funding, or service capacity to meet all service needs of the 350,000 Virginians with multiple and severe disabilities. Consumer empowerment is hampered by some aspects of the system:

- o there are unnecessary bureaucratic barriers, forcing consumers to face complex, time consuming eligibility determinations;
- o there are gaps in services and poor coordination of services; consumers often cannot obtain information on the existing services or find there is no program which addresses their unique needs;
- o there are too few incentives to promote self-sufficiency and independence; consumers may actually be penalized by loss of needed economic and medical supports because they pursue employment or other self-help activities.

The Commission realizes that the problems outlined here are numerous and must be addressed systematically over a period of time. Change and innovation are needed. The Commission embraces the philosophy of developing a consumer-focused service system for Virginians. A ten year plan has been developed which will guide the evolution of this service system for the next decade. The services envisioned by the Commission will empower Virginians with disabilities to pursue independent, meaningful lives.

## THEMES

Several major themes have driven the problem-solving of the Commission: consumer focus, state investment, community-based services, and service coordination. The action steps that follow each incorporate, in a variety of ways, these basic principles.

First, the Commission believes that the needs of persons with physical and sensory disabilities will best be met by a fundamental shift in emphasis to place the consumer as the central focus of the process. Making the concern for the consumer drive the system demands two difficult sets of responsibilities. Virginians with disabilities must take the fullest responsibility for their self-sufficiency. They must be encouraged to exercise all reasonable personal initiative to become independent to whatever appropriate degree, and to participate in the life of the community. They must be financially responsible; the recommendations of this Commission consistently include means-testing as a prerequisite for public support.

Consumer focus also means that state government assumes responsibility. Government programs must not be rigid, textbook, regulatory straightjacket, but must be flexible, imaginative, and tailored to the needs of each individual person with a disability. State employees involved in these services must be high value-added workers, who are empowered with the authority, creativity, and accountability to serve, to fulfill the core mission of catalyzing greater self-sufficiency.

Second, the Commission believes we need to direct public dollars to investment which stimulates independence spending on those skills and services which get people out of the bed, out of the house, and into jobs and the community. We need to prioritize tax-paying activities. By shifting funding from income maintenance to job creation, the role of return on the public dollar can be improved cataclysmically.

The implications of this emphasis include creating no new entitlements and no unnecessary bureaucracies. The Commission believes necessary efficiency and continuity will be achieved by preserving the integrity of the existing state government structure, while enabling state employees to accomplish even greater results per person. This will require interagency cooperation between the various existing state agencies that serve persons with physical and sensory disabilities. Service coordination will ensure that both existing and new fiscal and programmatic resources are integrated to enable consumers full access to a continuum of services.

## SPECIAL CHALLENGES AND ACTIONS

Each of the subcommittees examined and developed recommendations on specific issues identified through previous studies and existing data. The Services Subcommittee defined the core services necessary to promote self-sufficiency and independence; the Administration and Management Requirements Subcommittee defined the infrastructure for providing these services; and the Finance Subcommittee defined the fiscal resources needed to initiate or enhance these services. The core services include case management, personal assistance services, training, employment services, transportation, housing, education, independent living services, assistive technology, medical and therapeutic services, counseling, and family support services. These services should be available to persons with physical and sensory disabilities of all ages. They should be fully accessible and have components for ensuring consumer satisfaction.

Local planning and service assessment will assure a community-based service system which responds to the needs of consumers as close to home as possible. The local planning boards draw representatives from local government, business, and consumer organizations to create an effective cross section of expertise and skills to initiate a community-based service system. In addition to providing local planning, this board can serve as a catalyst for local funds, both public and private.

The Commission recognizes that its recommendations are being made in an economically depressed period. The proposed funding is longitudinal to allow for Virginia's economic recovery. This system will be evolutionary; developing over a ten year period. The funding recommendations also recognized that fiscal accountability must rest with consumers as well as the state. Therefore, the Commission has proposed that a means test be applied to core services in order to allow for the consumer's financial participation whenever possible.

The Commission is committed to ensuring that new services and infrastructure minimize the addition of bureaucracies while assuring that sufficient structures are in place to successfully implement programs at the state and local levels. All of the recommendations both programmatic and fiscal are focused on direct services and do not provide for administrative personnel. These actions will initiate a service system that will improve services while ensuring a long term economic and social return on the Commonwealth's investment. The Commission's work is not intended to be an immediate panacea for the gaps and problems of the current system but a beginning to an evolving system to meet the challenges.



## **ASSISTIVE TECHNOLOGY**

### *DISCUSSION:*

#### **Identified Need**

Technology related assistance encompasses a wide variety of devices, aids, environmental modifications or processes that can enable individuals to, maintain, or improve their functional capabilities. Assistive technology and rehabilitation engineering can enable some persons with disabilities to have greater control over their lives and to increase their participation in education, employment, family and community activities.

DRS has been designated the lead agency responsible for implementing Virginia's assistive technology efforts under P.L. 100-407, the Technology Related Assistance for Individuals with Disabilities Act of 1988. A three-year federal system development grant is being directed toward resource development, enhanced access to services through a coordinated network of providers, and an integrated information and referral system in the Commonwealth.

Regional Assistive Technology Resource centers will be established to support increased public awareness and training regarding technology and to facilitate local access to assistive technology-related services, products and information. Technology demonstration opportunities for consumers will be promoted through the project as will extensive technical assistance and coalition building.

#### **Continuation of Efforts**

The systems development grant will serve as a beginning catalyst for improving the overall availability and effectiveness of assistive technology services in Virginia. However, technology will continue to geometrically progress beyond current knowledge and capacity. Therefore, funding for continuation of this critical system development effort must be identified beyond the current federal grant period.

#### **Adaptive Equipment Loan Program**

The number of consumers experiencing economic barriers when purchasing equipment is significant. Required equipment such as modified vans, automated augmentative communication devices, wheelchairs, and home modifications can be costly. Nevertheless, supported purchases through sources such as Medicaid and vocational rehabilitation have specific eligibility criteria and are usually only available to people with limited income.

Insurance coverage for adaptive equipment is sparse and loans through commercial lending sources and vendors are not widely available. Preliminary analysis indicates that a low interest or revolving loan fund may effectively enable a broader spectrum of people to access needed equipment. Experience in other states will be useful. For example, it appears that the loan financing base must be sufficient to meet initial demand before repayments begin. There must be broad political support and substantial organizational resources for operations.

The Commission recognizes that the number of consumers with physical and sensory disabilities facing these issues is growing. A complete study on developing a mechanism to establish a loan financing program, which includes the purchase of hearing aids is recommended.

#### **DMAS Study of Hearing Aides**

There is a need to study the cost of providing hearing aids for Medicaid recipients as documented in House Document 35 (1990). This study should be completed and recommendations forwarded to the 1993 General Assembly.

#### **Development of Technology**

Technological development must be continuous in order to meet new situations and to build on currently existing knowledge and capacity. Interagency and inter-sector partnerships can greatly enhance the Commonwealth's ability to be a leader in developing and adapting new technologies for the use of consumers and employers. The Virginia Assistive Technology program, initiated by DRS, will create increased public awareness and establish linkages among providers and consumers. This will also affect demand for service and stimulate innovative ideas. Implementation of new concepts can be considerably strengthened through building partnerships that include the Department for the Visually Handicapped, the Department for the Deaf and Hard of Hearing, and the Center for Innovative Technology.

#### ***RECOMMENDATIONS:***

- o The Beyer Commission recommends that the regional technology-related assistance centers be funded beyond current federal grant funding. Interagency cooperation and access to service will be improved through this program. Funding proposals should be developed for the 1994-96 biennium.

- o The Beyer Commission recommends the SHHR direct DRS, in coordination with the Council on Assistive Technology, to complete a study on developing a mechanism to establish an adaptive equipment loan financing program by May 1, 1992, with implementation by July 1, 1993. The adaptive equipment loan program shall include purchase of hearing aids.
- o The Beyer Commission recommends the Department of Medical Assistance Services complete a study on the cost of providing hearing aids for Medicaid recipients by May 1, 1992, and report to the SHHR, with a phased-in implementation beginning July 1, 1993. Implementation of this program will require new General Fund dollars in FY 94.
- o Cooperative agreements will be developed between the Center for Innovative Technology and the Departments of Rehabilitative Services, Visually Handicapped, and Deaf and Hard of Hearing for the purpose of promoting the development of assistive technology to promote self-sufficiency and employability of individuals with physical and sensory disabilities. Such agreements will be executed by July 1, 1992.

## CASE MANAGEMENT

### *DISCUSSION:*

#### **Identified Need**

Case management is required by many persons with physical and sensory disabilities to assist them in accessing appropriate services. Some of the issues facing consumers include overcoming dependence, social skill and medical issues, in addition to achieving appropriate levels of support for housing, transportation, and basic human needs. Therefore, the coordination of services from many agencies with differing eligibility requirements is an important component of case management services.

The 1988 Virginia Disability Survey identified the need for all types of case management services to be between 24,476 to 39,533 Virginians with disabilities within the age range of 16 to 64 based on the 1980 census. It also has been estimated that the number of individuals entering the target population for these services each year is in the range of 1,500 to 2,500 individuals. It is uncertain how many of these individuals will require public funded case management services, however, an estimate of 25% to 50% has been made.

### **Long-Term Case Management Program**

In keeping with the commitment to establish no new unnecessary bureaucracies, the Commission considered various alternatives for the delivery of case management services within existing programs, such as contracting with private non-profits as well as the DRS Long-Term Case Management Program (LTRCM). The LTRCM was established as a result of the Joint Committee Studying the Needs of Head and Spinal Cord Injured Persons (HJR 287). This Committee identified that there were insufficient programs available within the Commonwealth to meet the case management needs of individuals with severe disabilities. The Department of Rehabilitative Services was assigned system development responsibility in Section 51,5-9.1 of the Code of Virginia. LTRCM was established as the initial phase in 1989 to meet the specific need for coordination of multiple services to persons with severe disabilities.

The Commission believes that the Long-Term Case Management program as developed by DRS provides a unique and highly concentrated service. The LTRCM was created to fill a service gap that was not being addressed by other existing providers. This program has already developed a sophisticated service delivery system of interdisciplinary and inter-organizational coordination of services. The participants in this program have been referred by such agencies as CILs, Head Injury Foundation, Department for the Visually Handicapped, etc. The provision of service coordination will continue to be the responsibility of a variety of public and private agencies. The LTRCM is available for those individuals with severe multiple physical disabilities who will need long term case management services.

The Commission proposes to expand the Long-Term Case Management program to serve 288 individuals in FY 1993 and 576 individuals in FY 1994. The fiscal impact of this recommendation would be \$204,400 to fund 4 full time positions in FY 93 and \$465,500 to fund 8 case managers and 1 supervisor in FY 94. The proposed budget for the LTRCM also includes benefits and support costs for staff (telephone, travel, space, computer equipment, etc.). In keeping with the Commission's theme of consumer focus, Virginians with disabilities must take responsibility to the fullest extent possible for their self-sufficiency. As such, a means test for case management services will be established by DRS.

### **Secretarial Task Force on Case Management**

The Commission recommends the development of a Secretarial Task Force composed of a balance of professionals and consumers to address the issue of preparation and qualifications of reimbursed case managers. In addition, this task force should consider the terms case management vs. service coordination and develop a definition for each that distinguishes the unique services that are provided through case management. The Commission recommends the continued use of the term case management and recognizes this as a separate professional category vs. the term service coordination.

Finally, the Commission feels that the task force should study the fiscal impact of delivering case management services to persons with physical and sensory disabilities. It should consider the most cost effective manner for the provision of case management services to include agency staff vs. contracted services. Work on these issues should be completed by July 1, 1992.

**RECOMMENDATIONS:**

- o Expand the DRS Long-term Rehabilitation Case Management project statewide during the 1992-94 biennium with access uniformly available including infants and children with physical and sensory disabilities. 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 will be utilized in determining eligibility for this expanded service. A means test for case management services beyond information and referral will be established by DRS.

<b>Fiscal Impact:</b>	FY 93	4 FTE's	\$204,400
	FY 94	8 FTE's &	\$465,500
		1 Supervisor	

- o A Secretarial task force will be established to identify the various levels of case management and study the need for established criteria for the preparation and qualifications of reimbursed case managers. The Commission believes that the task force should be made up of a balance of professionals and consumers to effectively address the identified issues. It is also proposed that the Secretarial task force develop a definition for the terms case management and service coordination as well as establish criteria for the preparation and qualifications of reimbursed case managers. The task force will complete its work by July 1, 1992.
- o The Commission requests that the Secretarial Task Force on case management determine the most cost effective manner of delivering professional case management services (agency staff vs. contracted).

## COMMUNICATION ACCESS

### *DISCUSSION:*

#### **Identified Need**

Communications services are required by the American's with Disabilities Act (ADA) in order to provide accessibility to persons with physical and sensory impairments. There are more than 600,000 Virginians who are deaf or hard of hearing and significant populations of persons who are speech-impaired and deaf-blind. These citizens of the Commonwealth have need for communications access through various means, including real-time captioning and the expansion of interpreter services. There is also a need for more braille, large print, and taped materials for blind, visually impaired, and certain physically disabled individuals throughout the Commonwealth.

#### **Real-Time Captioning**

The proposed appropriation for the purchase of real-time captioning equipment will provide the accessibility to Virginians who are deaf, hard of hearing and speech-impaired during community meetings, governmental activities and in a variety of other public settings. The equipment will be available for loan to both governmental agencies and private non-profit agencies such as Centers for Independent Living (CILs), the chapters of Self Help for Hard of Hearing persons, and the chapters of the Virginia Association of the Deaf. It is anticipated that the proposed 11 portable captioning units will be utilized during various meetings around the state each week and will annually serve approximately 1,500 - 2,000 individuals who are deaf or hard of hearing.

#### **Expansion of Interpreter Services**

The proposed expansion of interpreter services through the Department for the Deaf and Hard of Hearing (VDDHH) would increase the availability of interpreters for individuals who are deaf, hard of hearing, speech impaired, and deaf-blind in order to meet personal needs (medical, critical business issues, or legal appointments). This will service approximately 16,000 additional consumers of interpreter services through requests coordinated by the VDDHH.

### **Telecommunications Relay Services/Interpreter Confidentiality**

Interpreter services and telecommunications relay services provide much needed access for persons who are deaf, hard of hearing, speech impaired and deaf-blind. The confidentiality of face-to-face or telephone conversations may be violated or threatened by individuals providing communications services. The Commission recognizes the privileged nature of such communication and believes that statutes should be introduced to ensure that such communications are protected from confidentiality violations.

### **Expansion of Braille Materials**

The Commission also recognizes that printed materials must be made available to individuals who are blind or visually impaired to assure access to information and to provide opportunities for both leisure and educational reading. The proposal for an increase in funds for braille conversion services provided by the Department for the Visually Handicapped (DVH) will enable more materials to be produced in this format.

### **Library for Persons with Physical and Sensory Disabilities**

The DVH has a capital outlay request pending for a new Library for the Visually and Physically Handicapped and Instructional Materials and Resource Center which will expand the ability of the Department to distribute books statewide in braille, large print, and tape formats to persons with physical and sensory disabilities. The Commission believes this capital project should receive top priority when lottery funds are available for capital outlay projects.

### **Qualified Interpreter Definition**

Finally, with the implementation of the Virginia Quality Assurance Screening (VQAS) and the development of the Directory of Qualified Interpreters for the Hearing Impaired by the VDDHH and with the Virginia Department of Education's (DOE's) Regulations Governing Special Education Programs for Handicapped Children and Youth (1990), which mandates standards for educational interpreters, the Commission believes it is important to codify the definition of "qualified interpreter" in order to ensure a minimal level of competency by interpreters in the Commonwealth.

**RECOMMENDATIONS:**

- o The Beyer Commission recommends that funding be allocated to the Department for the Deaf and Hard of Hearing (VDDHH) to provide assistance, initially to state agencies and expanding to local public agencies and non-profit organizations, for the provision of real-time captioning during public meetings, as needed.

<b>Fiscal Impact:</b>	FY 93	\$217,500
	FY 94	\$25,000

- o The Governor is requested to require all state agencies to follow federal and state regulations and policies regarding provision of interpreter services as required by the Americans with Disabilities Act; the cost of providing interpreter services will be borne by each agency.

- o The Beyer Commission recommends that funding be allocated to the Department for the Deaf and Hard of Hearing (VDDHH) to expand the provision of individual interpreter services based upon increased demand. These services will be available to deaf, hard of hearing, speech impaired, and deaf-blind consumers.

<b>Fiscal Impact:</b>	FY 93	\$195,000
	FY 94	\$224,250

- o The Beyer Commission recommends that Code amendments be introduced which would protect all users of interpreting service and of the statewide telecommunications relay service (TRS).

- o The Beyer Commission recommends that funding be allocated to the Department for the Visually Handicapped (DVH) to meet the increased demand for conversion of printed materials to tape or braille as required by the Americans with Disabilities Act.

<b>Fiscal Impact:</b>	FY 93	\$57,000
	FY 94	\$27,000

- o The Beyer Commission recommends that the proposed new State Library for the Visually and Physically Handicapped receive top priority in funding for capital outlay projects.

- o The Beyer Commission recommends that Code amendments be introduced to establish a codified definition of "Qualified Interpreter", which would assist in protecting consumers of sign language interpreting services in the Commonwealth.



## **CONSUMER RIGHTS PROTECTION**

### ***DISCUSSION:***

#### **Identified Need**

Incorporating rights protection into the management structure of the service delivery system affirms the responsibility of the service providers to be responsive to the consumer. This affirmation and the resulting consumer participation in services leads to greater accountability for effectiveness and provides a practical indicator for quality assurance. It also provides the opportunity for administrative redress when problems arise, and, thus limits the need for litigation.

The agencies participating in the Plan of Cooperation, negotiated in 1986, agreed to eleven principles for providing services and seven guidelines for procedural safeguards to assure protection of consumer rights. Application of these principles and guidelines would enable consumers to resolve problems being experienced and assist service providers in assuring fairness and preventing mistreatment.

#### **Guidelines**

The Beyer Commission wants to ensure the service system incorporates appropriate provisions for consumer rights protection. Recognizing there are rights protection programs currently in place in human service agencies, the Commission sees a need to assure such protection is available for all consumers. To accomplish this assurance, the Rehabilitative Services Interagency Team should work with the various agencies and service providers to determine where gaps in protection might exist or emerge in the service system. The Team should then develop guidelines for consumer rights protection to address any gaps identified so that all consumers are afforded rights and procedural safeguards.

### ***RECOMMENDATION:***

- o The Rehabilitative Services Interagency Team will develop guidelines for consumer rights and procedural safeguards as needed to afford protection to consumers by July 1993.

## **EARLY INTERVENTION AND PREVENTION**

### *DISCUSSION:*

#### **Background**

Current initiatives in Virginia related to early intervention are largely a result of the Commonwealth's implementation of Part H of the federal "Individuals with Disabilities Education Act" (P.L. 101-476). This provides for an evolving statewide program of Early Intervention for Infants and Toddlers with Disabilities. The Department of Mental Health, Mental Retardation and Substance Abuse Services is the Lead Agency for state level program development and works in conjunction with the Virginia Interagency Coordinating Council. At the local level, the forty Community Services Boards work in conjunction with local Interagency Councils to promote and provide comprehensive early intervention services.

There is currently a Joint Legislative Subcommittee studying "Early Intervention Services to Infant and Toddlers with Handicapping Conditions and their Families in the Commonwealth" (HJR-164, 1990; HJR-380, 1991). The Joint Subcommittee will address the programmatic and fiscal impact of implementing the P.L. 101-476, Part H program in Virginia. Federal law mandates a coordinated interagency, multi-disciplinary system of services that is family-focused. A comprehensive system of personnel development is a required component.

The Virginia Council on Coordinating Prevention provides leadership and identifies a broad prevention agenda for the Commonwealth. The Council reviews and approves Virginia's Comprehensive Prevention Plan developed through the coordinated efforts of twelve state agencies.

The current **1990-92 COMPREHENSIVE PREVENTION PLAN FOR VIRGINIA** specifies goals and targeted objectives in areas of Healthy Life Styles; Responsible Parenthood; Healthy Mothers and Babies; Positive Child Development; Positive Youth Development; Gainful Employment and Literacy; Independent Living; and Safe Environment. The need for training of personnel and research are recognized.

#### **Research and Training to Promote Prevention and Early Intervention**

Currently there are limited university-affiliated programs available which focus on research and training development for early intervention and prevention services for person with physical and sensory disabilities. The Commission feels emphasis should be placed on this approach in new research initiatives. Creation of a university consortium will stimulate research in new and innovative methods of serving persons with physical and sensory disabilities.

## **Prevention of Adult Abuse and Neglect**

The Virginia Code does not impose criminal sanctions for adult abuse and neglect. Incidents have occurred where an adult with a disability was the victim of abuse but there was no legal redress of the matter. Although Adult Protective Services of the Department of Social Services will intervene to care for the victim, there are no punitive measures taken to insure that such actions are not repeated. The Commission feels that criminal sanctions should be introduced to serve as a deterrent to adult abuse and neglect. This initiative should be developed in collaboration with similar recommendations from the 1991 Governor's Conference on Aging.

### ***RECOMMENDATIONS:***

- o The Beyer Commission recommends that the Secretary of Education, the Secretary of Health and Human Resources, the State Council on Higher Education, and the Virginia Community College System develop a proposal for the creation of a university consortium, such as a Commonwealth Center, to address training for service providers, research, and technology transfer in the area of physical and sensory disabilities for purposes of promoting prevention and early intervention. Such proposal will be presented to the 1992 General Assembly for action.
- o The Beyer Commission recommends that legislation be introduced in the 1992 General Assembly which provides legal sanctions against actions of abuse and neglect on persons who are elderly or disabled.

## **EDUCATION**

### ***DISCUSSION***

#### **Background**

The Education for All Handicapped Children Act of 1975 (Public Law 94-142) was passed by Congress to ensure that children in the United States who have handicapping conditions receive educational services, just as their non-disabled peers. The Act requires that:

- o all handicapped children have the right to a free appropriate education;
- o children with handicapping conditions to the greatest extent allowable by any child's disability, he or she must be educated with non-handicapped peers;

- o the rights of handicapped children and their parents are protected;
- o the federal government provides funding to assist state and local education agencies implement special education programs.

The Act established 14 specific categories of handicapping conditions (e.g. learning disabilities, mental retardation, speech and language impaired), and proscribes the procedures for identification and services delivery.

In Virginia, local public schools are required to provide special education services are provided to eligible students aged of 2 through 21, inclusive. Services provided may include educational services provided by a teacher certified to teach children with specific disabilities, speech and language services, occupational therapy, and physical therapy. Special education students also are entitled to appropriate, accessible transportation from their homes to school.

In 1990, the Act was reauthorized by Congress (P.L. 101-476) and re-named the Individuals with Disabilities Education Act (IDEA). Included in the amendments were the addition of a new category, traumatic brain injury, and a new service, transition. Transition services are a coordinated set of activities for students promoting movement from school to post-school activity. These services establish a strong link between Education, Rehabilitation Services and other adult service providers.

### **Identified Need**

The Commission gave its attention to services for students with traumatic head injury. This focus was a result of the activities of 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). The Subcommittee had received information that many students with traumatic brain injury were receiving incomplete education services.

Sources for this problem were identified as lack of information regarding the students' injury and need for information regarding services for students. The Subcommittee forwarded several recommendations regarding education services for students with traumatic brain injury to the Commission. The Commission studied the issues and identified the following recommendations.

The Commission noted that **Senate Document 5: A Study of the Feasibility of Establishing Comprehensive Hearing Screening Programs in Virginia's Public Schools** reported problems with identification of students with hearing impairment and recommended that the School Entrance Physical and Immunization Certificate, be revised to include information regarding hearing health history.

The Commission identified that 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 noted that as Commonwealth begins to meet federal mandates regarding transition services for youth with disabilities, there will be a tremendous demand for services from adult services agencies. In order to assist these agencies plan for programs and services, more specific data regarding students exiting special education should be gathered.

The Commission's public hearing identified a need to recruit persons with physical and sensory disabilities as teachers, particularly for children who are hearing impaired and deaf. While there currently is no barrier to hiring such teachers.

#### **RECOMMENDATIONS:**

- o The Beyer 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. Details regarding a history of otitis media and results of hearing evaluation shall be included. The revised form shall be printed and disseminated to school divisions prior to the 1991-92 school year. The Health Manual for Schools should also be revised to ensure that school personnel are apprised of the value of the information and provided guidance regarding using medical information in the educational planning for students.
- o The Beyer Commission recommends that the Department of Education will develop guidelines to facilitate the re-entry of children with traumatic brain injury into the educational system. Transition from medical facilities, evaluation, and instructional programming will be addressed.
- o The Beyer 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 classrooms.
- o The Beyer Commission recommends that the State Board of Education conduct a study of the adult service needs of students with disabilities who are exiting special education. This study should include representation from families of youth with disabilities. Included in these recommendations should be a targeting of youth

with disabilities who have vocational potential and individuals who may need long term rehabilitation services. In addition, the study should provide direction for transition planning for students enrolled in special education. The Board of Education should be directed to report its findings and recommendations to the House Education Committee, the House, Health, Welfare and Institutes Committee, and the Senate Health and Education Committee by October 1, 1992, for action by the 1993 General Assembly.

- o The Beyer Commission recommends that state agencies which operate registry systems identifying persons with physical and sensory disabilities develop procedures to ensure the referral of students to the local education agency to determine if the student is eligible for special education services. Such procedures will be completed by July 1, 1991 and transmitted to the Department of Education.

## **ELIGIBILITY**

### *DISCUSSION:*

#### **Identified Need**

The Virginians with Disabilities Act defines a person with a disability in § 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...". Persons who meet that definition may need to access the services of one or more state agencies which provide specialized services to individuals with physical and sensory disabilities. Many persons with physical and sensory disabilities are confused by the different eligibility requirements utilized by state agencies providing rehabilitative or habilitative services. This confusion often results in difficulty in accessing the services that would enhance the self-sufficiency and support of persons with physical and sensory disabilities. State agencies which provide services have different data collection requirements to establish eligibility for services. Better coordination of methods of collection of personal data and sharing of that information between agencies would enhance service access.

Federal regulations governing many of the rehabilitation programs present obstacles to achieving consistency in eligibility determination. The Commission recognizes the opportunity for more uniformity and flexibility in eligibility requirements for those programs which are state funded. As new programs are funded for persons with physical and sensory disabilities, emphasis must be given to assuring ease of access through the eligibility determination process.

Consumers of services are also concerned that state agencies which administer the federally funded vocational rehabilitation program are restrictive rather than inclusive in their interpretations of federal eligibility criteria.

### **Task Force on Eligibility**

To evaluate the extent to which service agencies' differing eligibility criteria inhibits access to services the Secretary of Health and Human Resources established a Task Force on Eligibility and Interagency Information Management. The Task Force's preliminary evaluation determined that many programs which provide services to persons with physical and sensory disabilities must adhere to eligibility criteria established by the federal government which provides the majority of the funds for those programs. However, the task force also concluded that any new state programs should provide for maximum access to services through implementation of reasonable eligibility criteria which are clearly stated and easily understood. To facilitate maximum access to services consumer input must be considered in the development of eligibility criteria for new state programs which provide services for persons with physical and sensory disabilities.

### **Department of Rehabilitative Services (DRS) and Department for the Visually Handicapped (DVH) Flexibility in Eligibility Interpretation**

The vocational rehabilitation services provided by DRS and DVH must adhere to the following federal eligibility definition:

- o The presence of a physical or mental disability which for the individual constitutes or results in a substantial handicap to employment; and
- o A reasonable expectation that vocational rehabilitation services may benefit the individual in terms of employability.

Based on this federal eligibility definition, the mere presence of a physical or sensory disability does not categorically make an individual with a disability eligible for vocational rehabilitation services. The Commission has concluded however that DRS and DVH should explore the feasibility of broadening their interpretations of federal regulations to maximize access to vocational training services for persons with severe, long term disabilities. A report on the outcome of this effort is due to the SHHR by July 1, 1993.

## **Standardization of Data Collection and Development of a Statewide Data Base**

As a result of considerable public comment regarding the difficulty in accessing services created in part by differing methods of data collection and barriers to sharing information among service agencies the Secretary of Health and Human Resources directed agencies to evaluate the feasibility of implementing a standardized intake tool to be incorporated into a statewide data base for all agencies providing services to individuals with disabilities. Standardization of the types of data collected and more flexibility in sharing of personal data between agencies would facilitate service access for those consumers who require the services of more than one agency. Representatives of state agencies met and determined that development of a statewide database would require long term attention due to the time and expense required in converting existing systems to one common system. Development of a statewide data collection network between agencies is a long- term goal.

### ***RECOMMENDATIONS:***

- o The Beyer Commission recommends that the Task Force on Eligibility and Interagency Information Management of the Health and Human Resources Secretariat:
  - \* examine current eligibility requirements of services for persons with physical and sensory disabilities;
  - \* 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; and
  - \* make recommendations to the Secretary of Health and Human Resources and appropriate agencies for revising existing eligibility criteria to ensure greater consistency by June, 1992.
- o The Beyer Commission recommends that the Secretary of Health and Human Resources direct agencies to develop uniform intake assessment instruments, standard service definitions and clear criteria of eligibility and investigate the feasibility of incorporating this instrument into a statewide database for all agencies in the Commonwealth providing services to individuals with disabilities. Such proposal shall be completed by October 1, 1992.
- o The Beyer Commission recommends that the Department of Rehabilitative Services and the Department for the Visually Handicapped provide the maximum flexibility in their interpretation of federal eligibility requirements and other program regulations in order to address the needs of persons with physical and sensory disabilities in the Commonwealth.



- o The Beyer Commission recommends that all state funded programs for persons with physical and sensory disabilities develop eligibility criteria which provide the maximum access and consistency of terms. The new programs proposed by this Commission must place special emphasis on ensuring that program regulations do not constitute a barrier to access to the services.
- o The Beyer Commission recommends that the Secretary's Task Force on Eligibility and Interagency Management be expanded to include consumer representation.

## **EMPLOYMENT**

### ***DISCUSSION:***

#### **Identified Need**

Employment services are offered to persons with disabilities through the vocational rehabilitation programs operated by the Department of Rehabilitative Services (DRS) and the Department for the Visually Handicapped (DVH). There are over forty local DRS offices and six DVH offices located in communities throughout the state. Employment services are an essential component in the comprehensive array of services available to persons with physical and sensory disabilities. Such services are mutually beneficial in that they assist individuals with disabilities in achieving or maintaining self-sufficiency and benefit the Commonwealth's investment through increased tax revenues.

The Rehabilitative Services Administration (RSA) of the U.S. Department of Education provides 80% of the funding for this program, the remainder being state match. With additional resources for service capacity, greater strides can be made in addressing the numbers of persons eligible for services. Regardless, an additional emphasis should be greater consumer involvement, and choice among community-based service options.

#### **Expanding Opportunities for Vocational Training**

Expanded vocational training options are needed to ensure that consumers can make full use of skills and abilities in a broad base of occupational fields with commensurate levels of compensation. Additional actions by DVH and DRS have the potential for enhancing vocational opportunities.

Further review of options and use of assistive technology may yield significant benefits. DRS and DVH should review the job placement and types of training afforded to consumers. To expand consumer opportunities, the agencies should provide training to staff and vendors, as appropriate. It should also be recognized that new technologies are available which allow individuals with severe disabilities to effectively compete in the work place. Examples of such devices includes augmentative communication devices, low vision services, rehabilitation engineering, assistive technology, and supported employment.

DRS and DVH can enhance consumer options through appropriate use of these technologies. Adaptation may increase the functional ability of individual consumers, make work sites more accessible, or job-related tasks feasible.

### **Supported Employment**

Supported employment involves placement of a person with a severe disability into a paid job with training, support and long-term, follow-along services. Such services are intended for individuals who, because of the severity of their disabilities, may not be eligible for vocational rehabilitation services.

Originally supported employment services were made available only to persons with developmental disabilities. Initial services are provided by vocational agencies. However, before expenditures can be incurred for job coaching, federal regulations require that a funding source be identified to pay for long-term support services.

Persons with physical and sensory disabilities did not receive such support until a pilot program was funded by the 1988 General Assembly. Analysis of this pilot program's benefits indicate that services are cost effective. Individuals with severe physical and sensory disabilities have experienced expanded employment options and opportunities to earn increased wages.

Virginia has been in the forefront of growing national interest in such initiatives. Further expansion of the Supported Employment program for persons with physical and sensory impairments would reduce the current waiting list. The amount of funding requested will include ongoing support in order to maintain employment. The Commission is recommending an expansion in the next biennium which will serve 85 more individuals currently on a waiting list.

### **Special Appointments for Persons with Disabilities**

There are many qualified persons with disabilities who are willing to work and have difficulty securing appropriate employment. Consumers relate a need for effective affirmative action programs specific to hiring persons with disabilities. Persons with disabilities may be screened out of consideration, for example, due to a limited work record or employer misconceptions regarding the impact of disabling conditions.

Federal agencies have been successful in the recruitment and hiring of persons with disabilities through Schedule A appointments. This allows an individual with a disability to work on a trial basis up to 700 hours before an agency commits to permanent employment. If the individual demonstrates job readiness, the position is then converted to a full-time position. A comparable system could be established in Virginia, not to create jobs but to fill existing vacancies. The Department of Personnel and Training, in cooperation with the State vocational rehabilitation agencies, should study the feasibility of establishing a system, similar to the special appointments program in the federal Schedule A appointments, which facilitates the employment of persons with disabilities in state agencies.

### **Department of Personnel and Training Monitoring System for Affirmative Action**

The Department of Personnel and Training (DPT) monitors the employment practices of each state agency in the areas of recruitment, employment, applications for promotions and other employment actions among eight categories of employees. The purpose is to ensure equal opportunity practices within state government. The focus has been appropriate representation of women and minorities within the work force. Additional focus and reporting requirements regarding employment of persons with disabilities could significantly enhance opportunities within state government and provide valuable data to the State vocational rehabilitation agencies in their placement activities.

### **Work Incentives - Private Sector**

Presently, there are several work incentives that are offered by the federal government which apply to persons with disabilities, such as the Targeted Jobs Tax Credit. There also exists an employment trial for federal positions known as Schedule A appointments. Testimony was heard that state work incentives and the establishment of a special appointment system for the private sector might greatly increase the availability of jobs for persons with physical and sensory impairments.

The Commission recognizes that the State Chamber of Commerce is interested in working with the Commonwealth to identify meaningful work incentives and to promote legislation which will result in the employment of persons with physical and sensory disabilities.

### **RECOMMENDATIONS:**

- o The Beyer Commission recommends that the Department of Rehabilitative Services and the Department for the Visually Handicapped work to expand vocational training opportunities to increase the earning potential of persons with physical and sensory disabilities. DRS and DVH will explore the feasibility of broadening their

interpretations of federal rules and regulations to allow greater access to vocational training by individuals with severe, long-term disabilities. DRS and DVH will report their efforts to the Secretary of Health and Human Resources no later than July 1, 1993. DRS and DVH will provide case management services to individuals eligible for vocational rehabilitation services.

- o The Beyer Commission recommends that Supported Employment services will be enhanced through improved interagency collaboration and expansion of supported employment services through the private sector. Access to supported employment for persons with physical and sensory disabilities will be expanded. A means test will be established.

<b>Fiscal Impact:</b>	FY 93	\$122,400
	FY 94	\$122,400

- o The Beyer Commission requests the Department of Personnel and Training to study the feasibility and make recommendations to the Governor concerning a special appointment system for people with disabilities modeled after 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.

## HEALTH CARE ISSUES

### *DISCUSSION:*

#### **Identified Need**

Several issues relative to Virginia's health care system were discussed during the Beyer Commission's public hearings. These issues go beyond the immediate scope of the Commission's mission and should be addressed by the Commission on Health Care for All Virginians. Such issues will be developed and sent to the appropriate staff for consideration by the Health Care Commission whose focus is the broad spectrum of health care costs, providers, insurance, etc.. Among the primary concerns raised during the Commission's deliberations were the following:

- o the lack of trained health care providers,
- o the limited scope of the Department of Health's Children's Specialty Services Program,
- o the availability and affordability of private health care insurance, and

- o the expensive medical services required by persons with physical and sensory disabilities.

### **Children's Specialty Services Program**

The Children's Specialty Services Program is a division of the Virginia Department of Health. It is essentially a specialized medical-surgical care program for medically indigent children with disabilities who are considered habilitable or rehabilitable by a medical specialist. A sliding scale nominal fee is required for some income categories. Referrals are made by local health departments. The program is available for a wide array of disabilities and operates through clinics throughout the State. Concerns were raised that this program was too limited in scope to meet the needs of Virginia's children with disabilities.

The Commission feels that the program should be assessed and the extent of unmet need be determined. Recommendations for expansion should be addressed in the 94-96 biennium.

### **Cystic Fibrosis Health Care Program**

During the 1991 General Assembly a bill was introduced which would establish a Cystic Fibrosis Health Care Program within the Department of Medical Assistance Services. The purpose of the program was to reimburse the cost of health care or health insurance to eligible individuals with cystic fibrosis. The program was to be self-funded through a seven percent assessment of each eligible individual's annual income. The Department of Planning and Budget did a fiscal analysis and determined that the program would generate approximately \$520,000 and would need an additional \$3,573,000 in general fund appropriation in order to meet the projected expenses. The issue was referred to the Beyer Commission for consideration.

During the Commission's public hearings this issue was not addressed by the consumers. The Commission has attempted to look at broad cross-disability issues and develop recommendations which will generate the most positive impact on improving services to all persons with physical and sensory disabilities. The Commission did not make recommendations specific to an individual disability. Some services needed by persons with cystic fibrosis could be funded through the consumer service fund if no other resources are available. Other proposed programs such as the personal assistance program, case management, etc. are also available to individuals with cystic fibrosis who are eligible. In addition, the creation of local disability planning boards gives disabled individuals, regardless of medical diagnosis, the opportunity to work locally to improve services in the community. The Commission does not recommend funding this specialized program at this time.

Purchasing health insurance which is affordable and provides adequate coverage is a problem which confronts a number of Virginians with severe or chronic health conditions. The Commission has requested that the Commission on Health Care for All Virginians look at this issue within the continuum of health care problems and address it accordingly.

### **Commission on Health Care for All Virginians**

The Commission on Health Care for All Virginians was established by the 1990 General Assembly as a continuation of the Joint Subcommittee on Health Care for All Virginians. It was charged with addressing issues such as Certificate Of Public Need, Indigent Health Care Trust Fund, rural health care, health insurance, Medicaid, and long term care issues. These issues need to be examined as a whole and solutions address the broad integration of the total health care system in Virginia. The Beyer Commission's concerns should be factored into the broad spectrum of health care problems facing Virginians.

### ***RECOMMENDATIONS:***

- o The Commission recommends that the Secretary of Health and Human Resources direct the Department of Health to conduct a study of the limited scope of the Children's Specialty Services Program and address the unmet need in the 1994 - 1996 biennium.
- o The Commission recommends that the following issues be forwarded to the Commission on Health Care for All Virginians:
  - \* the availability and affordability of Health Insurance for persons with physical and sensory disabilities (waiting periods, eligibility barriers, costs, and insufficient coverage), and  
  
availability and cost of health related services for specific and unique medical needs of persons with physical and sensory disabilities,
- o The Beyer Commission requests that Virginia develop a plan for providing medical services to persons with physical and sensory disabilities which are affordable and accessible.

## HOUSING

### *DISCUSSION:*

#### **Identified Need**

During the public hearings the Commission heard testimony concerning the need for transitional living centers, group home living arrangements for the physically disabled, and the general need for affordable, accessible housing. Virginia has made significant strides in recent years in meeting the needs of persons with physical and sensory disabilities. A number of innovative programs are operational through the Virginia Housing Development Authority (VDHA) and the Department of Housing and Community Development (HCD).

The Matching Program is a computerized system that helps match people with disabilities with available accessible rental housing. Information is provided on neighborhoods, shopping and public transportation as well. The ten Centers for Independent Living across the Commonwealth offer this service through a contractual arrangement with the VHDA. This Program received a national award from the Council of State Government in 1991.

The Virginia State Tax Credit Program will provide tax credits to landlords who rent vacant units to persons who are elderly or disabled.

The Virginia Housing Fund, a revolving loan, targets persons who are elderly, disabled, homeless, or very low income to receive housing assistance.

The Virginia Housing Partnership Loan Fund Program targets two programs for person with disabilities: Emergency Home Repair Grant Program and the Congregate Housing Loan Program.

The Section 8 rental assistance program, administered through VHDA, provides subsidies for low-income families. Approximately 22% of the vouchers are used by persons with disabilities.

#### **Specialized Housing for Persons with Physical and Sensory Disabilities**

The programs administered through VHDA and HCD provide construction financing money. The problem with specialized housing is the lack of resources for operating costs or services once the facility is built. Some Community Services Boards have accessed some of the available revenues for constructing group homes and put together creative packages, through pooling of client resources, to provide the needed operating costs. The CSB served

as a catalyst for identifying the various sources of funding and initiating the project. The CSBs does not build, staff, and maintain the facilities, as a rule, from their budgets. The proposed Disability Planning Boards could serve in much the same capacity on behalf of consumers in a locality needing specialized housing. This will require innovative approaches to developing funding packages within existing resources.

#### **RECOMMENDATIONS:**

- o The Virginia Housing Development Authority and the Department of Housing and Community Development will continue to promote access to affordable, barrier-free housing. Expansion of their programs for specialized housing should be considered in subsequent bienniums.
- o The Virginia Housing Development Authority and The Department for Housing and Community Development should increase their efforts in public awareness to ensure that persons with physical and sensory disabilities and agencies which serve them are aware of the housing resources which are available to these individuals.

### **INDEPENDENT LIVING SERVICES**

#### **DISCUSSION:**

##### **Identified Need**

The Independent Living Programs operated by both the Department for Rehabilitative Services (DRS) and the Department for the Visually Handicapped (DVH) are critical components in the continuum of services for persons with sensory and physical disabilities. Independent living services are provided by DRS through 10 Centers for Independent Living (CILs). DVH provides independent living services within community-based sites such as the client's place of residence, place of employment, recreational sites, etc.. DVH independent living staff are housed in the regional DVH offices.

Currently there are 9 private, non-profit and one state-operated CILs serving the state with core services including information and referral, independent living skills training, peer counseling, and advocacy (Code of Virginia, § 51.5-24 and 51.5-25)through the DRS. The targeted population for services are individuals with severe disabilities. The CILs also provide community education programs, system advocacy, housing placement and technical assistance on transportation. This is estimated to be approximately 116,000 individuals state-wide. In FY 89, the CILs provided services to a total of 1,620 participants.



To date not all portions of the state are served through the CILs, and it has been estimated that there are 44,000 individuals in need of services who live outside the current catchment areas.

### **Expanding Centers for Independent Living**

A 1989 study was conducted by DRS on the funding needs for Centers for Independent Living highlighting various funding and service needs for the CILs over a four year period (1990 - 1994). An aggregate total of \$9,337,000 in General Fund dollars was requested to meet the following expansion needs:

- o Maintain services in existing CILs at a cost of \$438,000. This represents an annual increase of 3.25% for staff salaries and a 6% increase for operating costs.
- o Establish new CILs in unserved areas. Establishment of one new CIL annually at the rate of \$156,000. Total aggregate cost is \$1,679,000. Location of the proposed new CILs would be determined by a Request for Proposal (RFP) issued to all localities.
- o Meet the unmet need in existing CILs; aggregate cost of \$305,000 over 4 years.
- o Increase DRS administration cost; aggregate cost of \$305,000 over 4 years.

The Beyer Commission is focused on gaps in services and programs for persons with physical and sensory disabilities. The first priority in the 1989 funding study requested cost of living increases for 1990 - 1994. This would not fit into the charge to identify and address major service gaps. Many direct service providers in the human service area both public and private have not received cost of living increases due to the current fiscal environment of the Commonwealth. The Commission feels that such increases should be addressed when the economy is more stable. However, maintenance of services in the 92-94 biennium in existing CILs is recommended.

The Commission recognizes that independent living services are a critical part of the continuum of services for individuals with sensory and physical disabilities. The DRS 1989 funding study indicated several areas of the state which are currently unserved by the existing 10 CIL's. The addition of 2 CIL's in the FY 1992 - 94 biennium will address this service gap and provide almost state wide availability of independent living services. The fiscal impact of this request is \$156,000 for FY 93 and \$323,000 for FY 94. These centers should be located in areas with the greatest documented need.

### **CIL Funding and Program Effectiveness**

The 1989 study of the Independent Living Centers' funding needs indicated that \$2,762,000 and \$3,718,000 would be required in the 1992 - 1994 biennium to fully address the funding needs of the CILs. This funding request did not receive detailed administrative or legislative branch review and analysis. Discussions were held by the Commission as to the effectiveness of Centers for Independent Living in meeting a full range of needs for persons with physical and sensory disabilities. In addition, the 1989 study indicated that the total state/federal funds allocated to the 10 Virginia CILs for FY 1990 were \$2,540,000. Approximately 64% of these funds were spent for salaries for service delivery and support staff and 36% for operating costs. It is felt by the Commission that more objective data is necessary in order to quantify the extent of funding needs for CILs. The data should provide the analysis of how much is allocated for services vs. operative and administrative costs. Such data should be available through the Independent Living Evaluation System currently under development by DRS.

One strategy discussed in the 1989 study to address unmet needs was to provide independent living services in the home or place of residence and at other sites where independent skills may be needed. This approach reduces the need for funding additional facilities and ensures that services are delivered at the point of initial need and assists in the first stages of independence. This approach appears cost-effective and should be further examined by DRS.

When conducting the evaluation, DRS should look at the funding sources for CILs, program evaluation data, target population for independent living services, accessibility of services, and existing independent living programs within the state. DRS should develop recommendations for diversification of funding, expansion of accessibility, and strategies to meet unmet needs. DRS should develop budget proposals for the 1994-96 biennial budget based upon its findings. The Commission recommends that funding requests to meet unmet needs be based on the data provided by the DRS program evaluation system.

### **Department for the Visually Handicapped: Elderly-Blind Services**

The Commission recognizes that visual deterioration often accompanies the aging process. Special services to address vision loss in elderly persons have been funded for the past several years through a federal independent living grant. The Commission has been apprised of the loss of these discretionary federal independent living grant in the Department for the Visually Handicapped in FY 92. This grant targeted funds for independent living services for elderly individuals who are blind. The fiscal impact of loss of these federal funds is \$269,028 and the number of consumers who would be adversely impacted by the loss of this grant is 1,158. The Commission believes that this critical program should be considered for funding in FY 1993.

**RECOMMENDATIONS:**

- o The Beyer Commission proposes funding for the establishment of one additional CIL each year of the 92-94 Biennium.

<b>Fiscal Impact:</b>	<b>FY 93</b>	<b>\$156,000</b>
	<b>FY 94</b>	<b>\$323,000</b>

- o The Beyer Commission recommends that cost of living increases for CILs be reinstated when the current budget constraints are removed and service providers, both public and private receive such increases.
- o The Beyer Commission recommends that the Department of Rehabilitative Services address funding and program effectiveness issues of Centers for Independent Living utilizing data collected through its Independent Program Evaluation System. The funding request by CILs for \$2,762,000 and \$3,718,000 based on the 1989 study, should be deferred until the DRS Independent Living Evaluation System is completed. The data provided by this evaluation system will enable DRS to more accurately quantify the extent of unmet need.
- o The Beyer Commission recommends that DVH develop funding proposals which will address the loss of federal funds for independent living services for the elderly blind individuals which has been funded through a federal discretionary independent living grant. Such proposals should be submitted to the Secretary of Health and Human Resources by April 1992.

**INSURANCE**

**DISCUSSION:**

**Identified Need**

Waiting periods, eligibility barriers, and insufficient coverage and costs continue to be persistent problems for persons with physical and sensory disabilities who wish to obtain private insurance. These issues are currently under consideration by the Commission for Health Care for All Virginians. The current trend appears to be a reduction in mandated benefits to increase the affordability of insurance. Opportunities for expanding insurance coverage are minimal in this environment. This creates problems for persons with serious medical needs. The Commonwealth is attempting to address the broad issue through a series of initiatives proposed by the Health Care Commission for All Virginians. The Beyer Commission should reinforce the need for Virginia to provide affordable and accessible health care to everyone but particularly to persons with physical and sensory disabilities.

Most of the public testimony received by the Beyer Commission on insurance issues centered on the issue of "physical rehabilitation," specifically, lack of coverage for cognitive rehabilitation and neurobehavioral services. The Commission developed a proposal for an insurance mandate which would provide coverage for these services. Comments were also received concerning the lack of coverage for visual rehabilitation services.

### **Physical Rehabilitation Services**

The Commission adopted a definition for physical rehabilitation services:

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.

Utilizing this definition the Commission introduced a proposed mandate to the Special Advisory Commission on Mandated Benefits for review. The Advisory Commission, upon review, did not recommend the proposed mandate. The Beyer Commission will introduce an alternative proposal for consideration. Insurance companies will be required to offer coverage for physical rehabilitation services to group and individual policy-holders.

### **Visual Rehabilitation Services**

The Department for The Visually Handicapped currently provides an array of visual rehabilitation services which include training in activities of daily living, use of visual aides, orientation and mobility, and braille instruction, to name a few. It is unclear to the Commission as to the extent of unmet need in visual rehabilitation and the efficacy of providing third-party coverage for this service.

The Commission would like to determine the fiscal impact of such a proposal and the number of persons who would be affected by such a proposal. Therefore, the Commission will recommend a study be undertaken by the Department for the Visually Handicapped to determine the need, and the fiscal impact of expanding visual rehabilitation services beyond existing resources. Such a study should include consumer representation.

## **Second Injury Fund**

Virginia maintains a Second Injury Fund through Worker's Compensation Carriers. This fund is used to pay claims of individuals who sustain a second work related injury; thereby, defraying some of the expensive worker's compensation costs. The Fund is intended to serve as an incentive to hiring individuals who have been injured. Virginia's history of claims awards from this Fund is insignificant and indicates low utilization. The Beyer Commission recommended a study of the Fund. Findings and recommendations will be directed to the 1992 General Assembly.

### ***RECOMMENDATIONS:***

- o The Beyer Commission recommends that a proposal for a mandated option for insurance coverage of physical rehabilitation services be reviewed by the Special Advisory Commission on Mandated Benefits and forwarded to the 1992 General Assembly for action.
- o The Beyer Commission recommends that the Secretary of Health and Human Resources direct the Department for the Visually Handicapped to conduct a study on the extent of the need and the fiscal impact for the expansion of visual rehabilitation services beyond existing resources. Such study should address the number of individuals affected, the identified existing resources both programmatic and fiscal, and develop a funding proposal to address unmet needs. This study shall include consumer representation and shall be completed by July, 1993.
- o A joint resolution was adopted by the Commission requesting a joint legislative study on the Second Injury Fund. Recommendations will be submitted to the 1992 General Assembly.

## **INTERAGENCY COOPERATION**

### ***DISCUSSION:***

#### **Identified Need**

There is increasing recognition by consumers, families, service providers, and advocates that no single agency or service system has sufficient resources, skills and expertise to respond effectively to the increasingly complex needs of Virginians with physical disabilities or

sensory impairments. The 1988-1990 Biennial Report of the Virginia Board for Rights of the Disabled stated that: "the highest priority service needs were consistent across all disability categories, with strong emphasis in four areas: housing, employment, vocational/day services, case management and family support services. . . . Individuals with physical disabilities, visual impairments and, to a lesser degree, hearing impairments shared concerns about transportation, attendant/ interpreter services and adaptive equipment. " (p.iii)

Over a dozen state agencies and their local counterparts are responsible for providing, funding or regulating these and other services needed by people with physical disabilities or sensory impairments. These include, but are not limited to the:

- o Department for the Deaf and Hard or Hearing (DDHH);
- o Department of Rehabilitative Services (DRS);
- o Department for the Visually Handicapped (DVH);
- o Department for the Aging (DOA);
- o Department of Education (DOE);
- o Department of Health (DOH);
- o Department of Housing and Community Development (DHCD);
- o Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS);
- o Department for Rights of Virginians with Disabilities (DRVD);
- o Department of Social Services (DSS);
- o Department of Transportation (DOT);
- o Governor's Employment and Training Department (GETD); and
- o Department of Medical Assistance Services (DMAS).

It is common for Virginians with physical disabilities or sensory impairments to require services from several of these agencies. For many individuals, a combination of short-term interventions and long-term support services may be necessary. Their needs are dynamic and may vary over time, ranging from times where intensive multi-agency services are required to periods where minimal support is necessary.

Effective interagency cooperation involves two or more agencies that have formed a cooperative relationship to improve their achievement of common goals and to enhance the quality of life of individuals served. At both the state and local levels, agencies have established interagency committees and councils to respond to the complex service needs of persons with physical or sensory disabilities. For the most part, these interagency groups focus on a specific population or address a single issue or needed service (e.g., the DDHH-DVH Deaf-Blind Program, DRS-DMHMRSAS supported employment services, and Council on Youth and Family Services demonstration projects).

Although existing interagency committees and councils have assisted agencies jointly address the needs of some consumers, the following characteristics of Virginia human service agencies have, at times, created barriers to effective interagency coordination:

- o Agencies providing services to persons with disabilities have established complex and largely autonomous service systems. Each agency has its own policies, procedures and philosophy of client services.
- o Service funding is frequently categorical and often restricted to a specific agency or purpose. This restricts flexibility, impairing interagency coordination and local planning around individual client needs.
- o There are few incentives for agencies to engage in coordinated strategic planning and policy or program development because agency regulations, eligibility and funding requirements differ.
- o Gaps in available resources and funding deficiencies restrict opportunities for effective interagency activities. Agency "service priorities" are sometimes used to restrict their involvement with other agencies.
- o The complexity of the structure and organization of service agencies -- differing regional and local service arrangements, use of a combination of direct and contract programs, differing service areas -- contributes to the potential for fragmentation in service development and delivery.
- o Interagency coordination is hampered by differences in data collection, information sharing requirements, limited opportunities for common intake or co-location of services, and lack of training of local staff on appropriate procedures for accessing other service systems.

## **Disability Services Council Guidelines for Interagency Cooperation**

The Commission recognizes the importance of joint agency planning to address the needs of individuals with physical disabilities or sensory impairments. At the state level, a council, comprised of representatives from the Departments of Rehabilitative Services, Deaf and Hard of Hearing, Visually Handicapped and Education, and consumers representing physical and sensory disabilities, should be established to develop guidelines for the development of six-year plans by local disability planning boards. Other agencies providing services to people with physical or sensory disabilities also should be consulted in the development of the guidelines.

Jointly developed guidelines would assure that a comprehensive review of community service needs is conducted across all populations of individuals with physical and sensory disabilities to determine local priorities. In addition, by using consistent plan development guidelines, local service proposals could be easily incorporated into the long-range plans and budgets of all appropriate state agencies.

Currently, there are few incentives for agencies to work together to serve people with physical and sensory disabilities.

In addition to its responsibility for developing guidelines for the six year plan, the council should develop annual guidelines for grant applications to access the rehabilitation services incentive fund. The council also should review the summary grants proposal for awarding the incentive fund for consistency with these guidelines.

## **Local Interagency Agreements and Update Process**

Services to individuals with physical disabilities or sensory impairments may be provided by local and regional Departments of Rehabilitative Services, regional offices of the Department for the Visually Handicapped, regional offices of the Department for the Deaf and Hard of Hearing, local health departments, social services or welfare departments, local school divisions, community services boards and other human services agencies. Service responsibilities and arrangements for accessing and delivering services vary among localities. Therefore, within each disability services planning board area, individual agency responsibilities should be delineated in interagency agreements specifying service, funding, training, and administrative relationships, requirements and responsibilities.

Local agencies should develop and annually update interagency cooperative agreements that are 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 the participating agencies' compliance with agreement provisions.



### **Cross-Agency Training**

The Commission recognizes that many agency staff lack knowledge about other agencies' programs, responsibilities and regulations. There are limited opportunities for state and local agency administrative and direct care staff to participate in cross-agency training designed to promote local interagency activities and resolve administrative barriers to effective collaboration.

### **Governor's Awards for Interagency Efforts**

The Commission recognizes that the Commonwealth must be more proactive in encouraging localities to participate in interagency case planning and multi-agency service delivery for people with physical disabilities or sensory impairments. Across Virginia, many organizations and individuals are engaged in innovative programs that exemplify "best practices." These programs deserve greater statewide recognition and consideration for possible replication in other communities.

Strategies, including 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, are needed to promote and reward these effective activities that make a difference in the lives of Virginians with disabilities.

### **Plan of Cooperation Interagency Service Needs**

In addition to the various interagency committees and councils that focus on single issues or services, Virginia has established a state level resource which can assist in promoting effective, broad-based interagency coordination at the program planning level. In 1985, the Virginia General Assembly enacted the Virginians with Disabilities Act which called for the establishment of a Plan of Cooperation (POC). In addition to the Secretaries of Health and Human Resources, Education and Economic Development, agencies participating in the POC include the: Department for the Aging; Department for the Deaf and Hard of Hearing; Department of Education; Department of Health; Department of Housing and Community Development; Department of Medical Assistance Services; Department of Mental Health, Mental Retardation and Substance Abuse Services; Department of Rehabilitative Services; Department for Rights of Virginians with Disabilities; Department of Social Services; Department for the Visually Handicapped; and the Board for Rights of Virginians with Disabilities.

The POC is responsible for formulating a plan of cooperation among the participating agencies to promote the fair and efficient provision of rehabilitation and other services and to protect the rights of persons with disabilities. It provides an ongoing vehicle for state agency heads in three secretariats to respond to interagency coordination issues and needs. The POC should clearly articulate proposals for interagency services for individuals with physical disabilities or sensory impairments.

### **Joint Policy Development**

A coordinated, multi-agency response to the needs of individuals with physical disabilities or sensory impairments is complicated by the lack of formal mechanisms for joint policy development at the state level. The Commission recognizes that there are limited opportunities for agency policymaking boards to jointly examine issues, share information about existing interagency projects, and promote coordinated policy development specifically targeted for these populations. Currently, each agency serving individuals with physical disabilities or sensory impairments develops and promulgates its own policies for the services it provides. The resulting policies can be duplicative and inconsistent, thereby creating a fragmented and confusing service delivery structure for consumers and their families.

In an effort to coordinate services and to share concerns, information and goals that affect mutual clients, the State Boards for Education; Health; Corrections; Family and Youth Services; Social Services; Rehabilitative Services; and Mental Health, Mental Retardation and Substance Abuse Services established a Joint Board Liaison Committee (JBLC). The mission of the JBLC is to foster effective, coordinated services for mutual clients through on-going dialogue and cooperation and to foster the building of interagency relationships among the participating agencies. Currently, neither the Board for the Department for the Deaf and Hard of Heard nor the Board for Department for the Visually Handicapped are members of the JBLC.

Consequently, JBLC joint policy development focused on the needs of individuals with physical disabilities or sensory impairments has not occurred.

### **Interagency Services Teams**

Many individuals with physical disabilities or sensory impairments will require services from more than one agency. It is essential that the involved agencies work together to develop individualized, comprehensive, coordinated service plans that remove barriers to services and assure that individuals do not become lost in conflicting "bureaucratic" procedures. Once these services plans are developed, agencies need to jointly monitor the delivery of the total package of services to resolve problems and make adjustments to the service plan as an individual's needs change.

The establishment of local interagency service coordination teams in each local/regional service area would assure that agencies assume responsibility for integrating the array of required community services. These teams would address the needs of consumers who require services from more than one agency. They would conduct an assessment process across agencies to identify the strengths and needs of individual consumers; jointly develop a treatment plan; and integrate the array of required services. The counselor or case manager would determine if a multi-agency approach is necessary and would convene the team as appropriate. The team would be convened at the request of the consumer as well.

### **Multi-Agency Projects**

There are a number of structural barriers that increase the difficulty in establishing multi-agency, jointly administered programs at both the state and local levels. Current administrative, budget and personnel procedures are designed for programs that are funded and implemented by a single agency. This single agency focus limits flexibility to address individualized needs that do not correspond to a single agency's responsibilities. Policies and procedures that will facilitate the formation of multi-agency, jointly administered projects at both the state and community levels are urgently needed.

### ***RECOMMENDATIONS:***

- o The Beyer Commission recommends that a Disability Services Council be established to develop guidelines for planning and requests to the rehabilitative services incentive fund and consumer service fund.
- o The Beyer Commission recommends that local agencies serving persons with physical and sensory disabilities develop and annually update substantive and enforceable interagency cooperative agreements. 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. Such agreements will be reviewed by local planning boards.
- o The Beyer Commission recommends that the Secretary of Health and Human Resources work with the Department of Personnel and Training and the human service 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. Such training will be developed by October 1, 1992.
- o The Beyer Commission recommends that the Secretary of Health and Human Resources work with appropriate state agencies to develop strategies for interagency coordination similar to the state Plan of Cooperation that address local coordination issues. Such strategies will be developed by October 1, 1992.

- o The Beyer Commission recommends that the Plan of Cooperation clearly articulate proposals for interagency services for individuals with physical disabilities and sensory impairments. These proposals should be considered in the development of future biennial budget requests of participating agencies.
- o The Beyer Commission recommends that the Joint Board Liaison Committee consider the possibility of expanding its membership to include the Boards of the 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.
- o The Beyer Commission recommends that local interagency service teams be established in each local/regional service area to address the needs of individual consumers who require services from more than one agency. Interagency service teams, composed to respond to the needs of the consumer, will be responsible for integrating the array of required services. Membership of these teams will include representatives of local Department of Rehabilitative Services, Department for the Visually Handicapped, Department for the Deaf and Hard of Hearing, local health department, local social services or welfare department, local school division, community services board and other human resource agencies, as appropriate. These teams shall report to the client's case manager or counselor, as appropriate.
- o The Beyer Commission recommends 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.

## **LOCAL INVOLVEMENT**

### ***DISCUSSION:***

#### **Identified Need**

Services must be available in the community in order to ensure access by the greatest number of consumers. The Commission focused on the development of a community-based service system as one of its guiding principles early in its deliberations. Currently, there are many communities and areas where service gaps have been identified. Although the Commission realizes that building a comprehensive service system will take many years of state investment, it established the framework for the evolution of such a system.

Comprehensive long term planning for service needs is an apparent deficit in the current service delivery system. Most planning is carried out on the state level by agencies such as DRS, DVH, DDHH, DRVD, and BRVD. Unlike the Community Services Board System for mental disabilities, these agencies do not have local counterparts for planning or service need assessment. The Commission felt that such local involvement in the development of a quality service system to meet the needs of persons with physical and sensory disabilities was critical.

The Commission recognized the need for developing incentives for involving local officials, businesses, and consumers in the structuring of a community-based service system. These incentives will allow local governments to receive state funds when they invest local dollars in the service system. The current economic recession may preclude some localities from participating, however; as the economy improves the Commission feels that this approach will promote more local involvement statewide.

### **Disabilities Services Planning Boards**

The Disability Planning Boards proposed by the Commission will be established in every city or county or combination of jurisdictions in the Commonwealth. Those planning districts with dense populations may have up to five planning boards. The membership of these boards will include local officials of each of the participating jurisdictions, representatives from the business community, and consumers. The planning boards can have up to a 15 member maximum. The legislation proposes no less than 30% representation by consumers, however, this does not preclude localities from having greater than 30% representation where there are less than 8 jurisdictions within a planning board area.

The Planning Boards are to serve as a catalyst for local funding and as the planning agent for community-based services and programs. The Rehabilitative Services Incentive Fund will be administered by the Local Planning Board.

#### **The boards will have the following responsibilities:**

- o Assess local service needs and advise state and local agencies.
- o Develop a six year plan for local services. Such plans will be used in the programmatic and fiscal planning for human service agencies which provide services to persons with physical and sensory disabilities.
- o Obtain input from local public and private service providers and use such input in the development of the local plan.
- o Assess and develop recommendation biennially for service system changes.
- o Serve as a catalyst in the development of local public and private funding in sources.

- o Administer the Rehabilitative Services Incentive Fund, monitor the implementation of the six year plan, and provide a biennial update to the plan.  
and
- o Exchange with other local planning boards the problems, solutions, and best practices in the delivery of services to individuals with physical and sensory disabilities.

The Commission is strongly committed to making the service delivery system consumer-focused. The recommendations of the Commission are designed to provide those services necessary to empower individuals with physical and sensory disabilities to live full productive lives. The goal of these recommendations is to ensure the integration of consumers into the mainstream of their communities. The Disability Services Planning Boards should serve as a catalyst for this community integration. The proposed representation from the business, local government, consumers, and other community organizations will effectively stimulate local funds and local policy changes on behalf of persons with physical and sensory disabilities. Additionally, this balance will provide an opportunity for a broadened community awareness of issues relative to persons with physical and sensory disabilities.

#### **Rehabilitative Services Incentive Fund**

Throughout the public hearings conducted by the Beyer Commission, a great deal of the testimony related to the need for local investment in the service system for persons with physical and sensory disabilities was presented. Such an investment is currently in place for Community Services Boards serving persons with mental disabilities. The Commission feels strongly that such local involvement and investment should be promoted.

The RSIF is designed to encourage localities to offer financial resources for local services for persons with physical and sensory disabilities. By providing an incentive fund on the state level, localities could draw down funding with a local match. While the Commission recognizes that some more economically depressed communities may not be able to provide the needed match, the Commission is committed to providing incentives to encourage those localities who are willing to make such a local investment. The formula for the match will factor in economic conditions of localities. The legislation for this fund specifies that monies from the RSIF shall be used to enhance services for persons with physical and sensory disabilities. This approach enables localities to expand the availability of community-based programs and services at a time when the funding needs of such expansion can not be met through state resources.

Centers for Independent Living, Transitional Living Centers, and the Southwest Virginia Oxbow Project, are among some of the projects and programs that could be considered for funding through the RSIF. In accordance with the Beyer Commission's commitment to consumer focus, access to the RSIF will be developed by the Rehabilitative Services Interagency Team which has significant consumer representation. It is the Beyer Commission's intent to expand services within localities. As such, there will be on-going opportunities for Local Planning Boards to apply to the RSIF for funding new programs and projects. Depending upon the budget, new awards will be made each year from the RSIF.

Disability Services Planning Boards will be operational by November 1, 1992 and will have the authority to administer the RSIF locally when it becomes available in July 1993. The planning boards will review requests for service money from the Rehabilitative Services Incentive Fund. Both the expansion of existing programs such as the CILs and the creation of new programs such as the Oxbow Project will be the focus of such funding.

**Consolidation of Disabilities Services Planning Boards and Community Services Boards**

The Commission discussed at length the issue of local consolidation of the service system for persons with physical and sensory disabilities and persons with mental disabilities. After reviewing the federal regulations governing the major funding streams for services to persons with physical and sensory disabilities, it was not found to be feasible at this time. The consumer response to such a consolidation reflected concern that persons with physical and sensory disabilities would lose their focus if such a consolidation took place. The Commission recognizes the critical need for these two service systems to cooperate in the delivery of services, whenever possible. It is for this reason that the Commission recommended that local interagency service teams include representatives from the Community Service Boards. The Commission recommends continual monitoring of federal regulations to determine if future consideration should be given to consolidation.

**RECOMMENDATIONS:**

- o Local Disability Services Planning Boards will be established to ensure local input on fiscal and programmatic planning for services for persons with physical and sensory disabilities.

<b>Fiscal Impact:</b>	FY 93	\$177,480
	FY 94	\$177,480

- o A Rehabilitative Services Incentive Fund will be established to support local investment in community programs and services for persons with physical and sensory disabilities. Such funds will be allocated to planning boards to be matched

by local funds on a formula basis. The Secretary of Health and Human Resources will develop the formula by November, 1991. Enabling legislation will be introduced to allow localities to establish local funds to match the State Rehab Services Incentive Fund. Such language will be permissive as an incentive to local investment.

**Fiscal Impact:**                      FY 94              \$3 million

- o The Beyer Commission recommends that the Secretary of Health and Human Resources monitor changes in Federal legislation and regulations to determine if consolidation of Community Services Boards and Disabilities Services Planning Boards would be feasible and/or desirable. Consideration should be given to maintaining the integrity of the service system for persons with physical and sensory disabilities and persons with mental disabilities.

## **MEANS TEST**

### ***DISCUSSION:***

#### **Identified Need**

One of the major themes of the Commission's deliberations was to empower consumers to take responsibility for their service needs. This responsibility includes contributing financially whenever possible, as well as responsibility for decisions on service choices. The Commission's charge was to address service gaps and develop a system which makes available to consumers the array of services needed to achieve independence. The consumer must take the initiative to determine what services are needed and participate financially in procuring such services.

The Commission fully recognizes that consumers may have unique and extraordinary expenses which seriously diminish their financial means. Whenever a means test is developed, consideration must be given to all factors without imposing undue burdens on consumers or families of persons with physical and sensory disabilities. The means test should be flexible and give appropriate consideration to consumer expenses placed by demands resulting from the consumer's disability.

The Commission recommends that a means test should be used for rehabilitative services beyond entitlement, except when prohibited by federal or state laws or regulations. When agencies develop a means test for a particular service or program, they should include consumers in the development process.



### *RECOMMENDATIONS:*

- o The Commission recommends that a means test should be used for all rehabilitative services, except as prohibited by federal or state laws or regulations.
- o The Commission recommends that agencies develop a means test for programs and solicit consumer input into the development of such tests. Means tests should be flexible and take into account the entire spectrum of financial considerations which impact the consumers ability to pay.

## **MEDICARE/MEDICAID**

### *DISCUSSION:*

#### **Identified Need**

During the deliberations of the Beyer Commission, it was brought to their attention that there were discrepancies in coverage between the two Medicare carriers for the Commonwealth. The Travelers Insurance Company is the Medicare intermediary for all areas of the Commonwealth except for Northern Virginia which is served by Blue Cross and Blue Shield of Pennsylvania.

In response to this issue of a possible disparity in the Medicare service system, members of the Commission's work group conducted an informal survey of major Virginia vendors of durable medical equipment. Each vendor was contacted by telephone and was explained the purpose of the Commission's inquiry. Interested vendors were requested to respond either by telephone or through written correspondence as to documented inconsistencies in applying interpretations regarding Medicare intermediary approval and reimbursement of durable medical equipment.

#### **Identification of Issues**

While many of the reported inconsistencies and billing difficulties could be attributed to insufficient information dissemination and clerical error, the following items surfaced as recurring concerns, and were consequently recommended for additional investigation by the Commission.

- o Seemingly arbitrary interpretations of the term "custom equipment" by one of the insurance carriers were reported to discriminate against Virginia Medicare recipients. Suppliers of durable medical equipment covered by the other intermediary are reported as not experiencing this predicament.
- o One Medicare intermediary was reported to refuse pre-authorization for customized wheelchairs; the same intermediary was also reported to arbitrarily change the amount of reimbursement for all customized equipment without contacting the dealer. Suppliers of durable medical equipment covered by the alternate intermediary are reported as not experiencing this problem.
- o One Medicare intermediary provides payment for the attending physician in a rehabilitation unit for the average of 28 days. The other intermediary was reported to provide payment of an average of only 12 days.
- o One insurance company was reported to require extensive documentation and medical records from rehabilitation unit physicians that are not required by other company. Such extensive paperwork submissions often result in the delay or suspension of physical rehabilitation services for the patient.
- o In addition, Medicare reimbursement to dealers for medical supplies were reported not to be sufficient to cover actual expenditures. Since these items have a published Medicare price, the dealer is often unable to recover the difference in costs. As a result, many vendors are discontinuing distribution of items such as ostomy supplies to consumers.

#### **Health Care Financing Administration Response**

In the Spring of 1991, the Beyer Commission requested the Health Care Financing Administration (HCFA) to investigate these identified issues. A recent response from HCFA indicates that Medicare provides no limit on the number of services per patient. Carriers are obligated to pay for services that are considered reasonable and necessary for the diagnosis and treatment of an illness or injury. According to the HCFA, carriers make coverage and medical decisions based on patterns of local practice; however, HCFA also announced that they are promoting an initiative to achieve more uniformity in carrier policy. The Beyer Commission will request the Secretary of Health and Human Resources to continue to follow this initiative to ensure that service discrepancies are minimized in the Commonwealth for person who are eligible for Medicare.

*RECOMMENDATION:*

- o The Beyer Commission recommends that the Secretary of Health and Human Resources continue to maintain contact with HCFA to ensure that the concerns regarding discrepancies in coverage by Medicare are addressed through policy reform.

**PERSONAL ASSISTANCE SERVICES**

*DISCUSSION:*

**Identified Need**

**Personal Assistance Services (PAS)** make it possible for individuals with severe physical impairments to more fully participate in all aspects of daily living and to access other services and opportunities. Personal Assistance Services may be provided by a trained individual who helps with primarily non-medical personal care (i.g. toileting, bathing, dressing, etc.) and daily living activities (e.g. meal preparation, shopping, housework, etc.). PAS may also be in the form of equipment or environmental modifications which enable individuals with severe physical impairments to perform these activities independently.

In 1989, a collaborative effort by Handicaps Unlimited of Virginia, the Association of Independent Living Centers, and the Department of Rehabilitative Services examined and documented the need for personal assistance services in Virginia. This effort included analysis of existing programs in Virginia and nationally; development of a consumer-directed program model; and implementation of a statewide conference.

Findings of this comprehensive effort supported the need for Virginia to implement a pilot project based on the consumer-directed program model:

- o approximately 4% Virginians with physical impairments need some form of personal assistance services to enhance employment and/or independent living opportunities;
- o family members who must provide personal care for persons with severe physical disabilities have limited employment and social options;
- o many persons with severe physical impairments enter or remain living in nursing homes because appropriate and sufficient personal assistance services are not available;

- o current programs which provide home care or attendant services exclude or inadequately serve many individuals with severe physical disabilities who could benefit from such services;
- o generally, persons excluded do not need to be homebound or unemployed;
- o medically oriented programs are expensive and target people who are elderly, have significant medical needs, and use attendant care only in the home;
- o chore/companion services are provided at local option and are usually restricted to SSI recipients or those already receiving other social services; and
- o people who become employed lose attendant care, but have insufficient earnings to purchase it privately.

### **DRS Personal Assistance Services Pilot Project**

The Department of Rehabilitative Services is presently conducting a two-year Personal Assistance Services Pilot Project supported with \$200,000 in federal Developmental Disabilities Grant funds and approximately \$168,000 in matching state funds. The current funding will expire June 30, 1992. This pilot effort will enable DRS to expand the base of information about the need for personal assistance services and to develop and refine a statewide program which addresses those needs.

The goals of the Personal Assistance Services Pilot Project are:

- o to provide personal assistance services to individuals with severe disabilities in a manner which promotes maximum independence, minimizes current disincentives to employment, and promotes cost effectiveness; and
- o to utilize existing inter-organizational resources and program expertise to the greatest extent possible.

The Personal Assistance Pilot Project facilitates access to and augments (but does not duplicate) existing programs in Virginia which provide home care or attendant services or which make equipment or environmental modifications available. The Pilot Project provides direct personal assistance services only when all other programs and resources cannot be accessed or are insufficient. It operates in three pilot sites (Hampton Roads area; Roanoke area; Big Stone Gap area) with contrasting urban/rural characteristics related to employment and independent living and the availability of services. Specific objectives include:

- o to establish DRS and Centers for Independent Living as the focal point for coordinating and providing consumer-directed personal assistance services for persons with physical disabilities;

- o to directly serve approximately 26-36 individuals with severe disabilities currently unserved or underserved by existing programs;
- o to allow at least 8 individuals who are employed to purchase personal assistance services based on a formula which takes into account both earnings and percentage of earnings required to pay for the services;
- o to provide personal assistance services to at least 4 eligible adolescents between the ages of 16 and 18 years in an effort to promote their independent living/transition objectives; and
- o to implement a model to recruit, train, and hire PAS providers using Centers for Independent Living in the recruiting and training process in a manner designed to encourage at least 30 qualified individuals to become PAS providers.

***RECOMMENDATIONS:***

- o The Beyer Commission recommends that the General Assembly replace expired federal grant monies to continue the DRS Personal Assistance Pilot Project with general fund dollars in FY 1993. The Commission further recommends that the Personal Assistance Services Pilot Project document the cost effectiveness of such services.

**Fiscal Impact:**                      FY 93                      \$268,000

- o The Beyer Commission recommends permanent establishment of the Personal Assistance Services Program and its expansion statewide in FY 1994. Expansion will also enable services to be available as appropriate to individuals of all ages. The Commission recommends that consumers in this program participate financially to the extent possible, considering individual financial circumstances.

**Fiscal Impact:**                      FY 94                      \$1.5 million

## **PUBLIC AWARENESS**

### ***DISCUSSION:***

#### **Identified Need**

Among the barriers faced by people with disabilities are two which might be addressed by increased public awareness activities. First, there is a general lack of understanding by the public about people with disabilities. This lack of understanding fosters attitudinal barriers which are often insurmountable.

Second, people with disabilities often do not have basic information about their rights and about services which are available to them. This lack of information contributes to the difficulties experienced in meeting needs and accomplishing self-sufficiency.

A public more aware of and sensitive to people with disabilities and people with disabilities who know about services and their rights are critical elements to fostering the self-sufficiency of individuals and the consumer focus of the service system.

#### **Lead Responsibility**

The Commission recognizes the importance of educating the public and consumers about services available in the Commonwealth for persons with physical and sensory disabilities. This public awareness effort needs to cross agency lines. The resource guide, Planning Ahead: A Guide for Virginians with Disabilities, which was developed by 12 state agencies is one example of an interagency cooperative effort to assist consumers in accessing services. The Commonwealth needs to continue such coordinated efforts in order to positively impact public awareness. To accomplish this needed coordination, responsibility for evaluating past efforts and for leading future actions should be vested at the Cabinet level to the Secretary of Health and Human Resources.

#### **Role of Human Service Agencies**

All human service agencies have an individual responsibility for informing the public about their system and involving consumers in their activities. This responsibility needs to be an integral element in agencies' planning and budgeting activities.

## **Study of Co-Location**

Co-location of the services provided by several agencies at one location in communities should be explored as a strategy for improving consumer awareness and access. Co-location may foster visibility of services and facilitate needed interagency coordination of service delivery. It may also reduce the duplicative costs for administration and support which would free up funds for services. The Secretary of Health and Human Resources should investigate the feasibility and benefits of co-locating services.

### ***RECOMMENDATIONS:***

- o The Beyer Commission recommends the Secretary of Health and Human Resources take the lead responsibility in promoting public awareness and public education programs on services to persons with physical and sensory disabilities. The Secretary should also identify sources of funding, both public and private, to support this effort.
- o The Beyer Commission recommends all human service agencies include public awareness as an ongoing responsibility in the administration and management of the service system for people with physical and sensory disabilities. Funds should be targeted by these agencies to support public awareness activities.
- o The Beyer Commission recommends the Secretary of Health and Human Resources study co-location of services provided by the various human service agencies as a move toward improved access and 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 October 1, 1992.

## **QUALITY ASSURANCE**

### ***DISCUSSION:***

#### **Identified Need**

There are insufficient quality controls and inadequate assessment mechanisms for the current service delivery system. In the 1990 report submitted by the Board for Rights of Virginians with Disabilities to the Governor, it was stated:

Virginia's efforts to evaluate the effectiveness and efficiency of services provided to individuals with developmental disabilities are not systematic or comprehensive, nor do they regularly include input from those who receive the services. The lack of systematic efforts to evaluate the quality of services provided to people with disabilities is a universal problem across all state agencies. Particularly striking is the lack of input from people with disabilities to the planning and evaluation of services ...

Quality assurance programs of state agencies serving persons with disabilities tend to focus on casework compliance with federal and state laws and regulations rather than on client outcomes or the efficiency or effectiveness of services delivered. There is little evidence of consumer involvement in the development of program evaluation systems which are ostensibly designed to improve services to disabled persons.

In 1989, all state vocational rehabilitation agencies throughout the nation were surveyed by the Council of State Administrators of Vocational Rehabilitation to identify the program evaluation and quality assurance activities being conducted for the purpose of assuring quality services to persons with disabilities under the Rehabilitation Act of 1973, as amended. The survey revealed that the primary approaches used in quality assurance programs included statistical reporting, case reviews, analysis of data bases, and the initiation of studies on special projects or programs.

In Virginia, the state agencies serving persons with disabilities utilize the following approaches to program evaluation/quality assurance:

#### Department of Rehabilitative Services (DRS)

Ongoing quantitative audit focusing on timeliness of service, substantiality of service, and the impact of service. This audit focuses on the counselor and the first line supervisor, includes feedback in a face-to-face meeting between counselor, supervisor and auditor, and requires a corrective action plan if needed.

The San Diego Case Review Schedule, which focuses on the top management level that impacts policy and procedure, is employed annually on a statewide sample of cases. The purpose of the review is to evaluate case work compliance with federal laws and regulations, as well as compliance with best practices which are accepted through the rehabilitation profession.

Ad hoc reviews are conducted on particular topics as needed.

Active caseloads are sampled and client satisfaction surveys are completed.

A pilot project is underway in which closed cases are surveyed via personal interviews.



Department for the Visually Handicapped (DVH)

Statistical analysis of reports on client data which relates to the progress of clients from the date of referral to the point at which services have been completed. Analyses also evaluate timeliness of service.

Case record reviews to assess compliance with federal and state laws and regulations.

Client satisfaction surveys are initiated annually to assess the degree to which blind and visually impaired individuals are satisfied with agency services.

Department for the Rights of Virginians with Disabilities (DRVD)

Client satisfaction survey is completed by each consumer who receives services from the agency.

## Department for the Deaf and Hard of Hearing (DDHH)

A 25 percent sample of all clients served complete a satisfaction survey. This procedure is initiated quarterly.

### **Client Satisfaction Surveys**

It is important that state agencies which serve persons with disabilities evaluate their service programs, evaluation and quality assurance. It is imperative that actively in this process. A client satisfaction survey form is an effective mechanism to solicit and receive feedback from consumers regarding the degree to which services are being provided effectively, efficiently, and on a timely basis. Consumers should be involved in the development of a client satisfaction survey instrument to make certain that appropriate issues and elements are being evaluated. Consumers have the responsibility for providing constructive recommendations to state agencies so that service delivery systems can be improved on a continuing basis. It is important that state agencies receive feedback from clients who are present being served as well as those who have completed their rehabilitation or other programs and are no longer receiving agency services.

### **Consumer Forums**

Regularly scheduled local forums will give consumers, providers of services, and other individuals the opportunity to provide meaningful feedback to state agencies for the purpose of improving programs effectiveness and efficiency.

### **Independent Program Evaluation**

An independent assessment of state agency programs and services is paramount in order to assure continuing improvement in service delivery systems throughout the Commonwealth. The independent evaluation should be constructive and objective and should be accepted by state agencies as an integral part of ongoing quality assurance programs. The Board for Rights of Virginians with Disabilities has the statutory responsibility for providing program assessments (Section 51.5-33 of the Code of Virginia). The Commission feels that the Board should play a primary role in the independent program evaluation process.

### **Consumer Involvement**

Ongoing advisory committees could be utilized by all state agencies serving persons with disabilities in a joint effort to improve and expand service delivery programs. Consumers or their representatives who serve on such advisory committees should become an integral part of the overall process of policy development and implementation.

Consumers should have access to written policies and procedures to enable them to fully understand the nature and scope of services available to them and the conditions under which the services can and should be provided. Such written policies will assist persons with disabilities in the assertion of their rights under appropriate federal and state laws and regulations.

### **Qualified Professional Service Providers**

It is important that persons with disabilities receive services from highly qualified professionals who meet appropriate certification and/or licensure requirements for specific professions. It is important that professionals who serve persons with disabilities meet all of the standards and requirements which have been established by professional organizations and certifying entities.

### **Individualized Rehabilitation Plan**

Consumers have the right to participate in the development of plans which will impact on their personal growth, development, and vocational future. The types of services and the conditions under which the services will be provided should be an integral part of the individualized written program jointly developed by the state agency and the consumer.

### **Cost Benefit Analysis**

A cost-benefit analysis review will identify strengths and weaknesses in the service delivery system and will enable state agencies to redirect planning efforts when indicated and to redouble efforts when appropriate.

### **Future Secretarial and Legislative Assessments**

In some instances, state agency policies, procedures, and regulations deter the coordination of service at the local level. A periodic assessment of barriers to local collaboration by the Secretary of Health and Human Resources will improve service delivery to persons with disabilities.

There are numerous interagency task forces, committees, and work groups which have specific goals and objectives designed to address one or more problems or issues which relate to persons with disabilities. Many times the groups have overlapping responsibilities and there is little coordination of the activities of these entities. An in-depth periodic review of the role and function of these groups will reduce duplication and fragmentation of services.

The Beyer Commission recommendations are comprehensive, far reaching, and will positively affect the lives of many Virginians who have sensory or physical disabilities. The new services and service delivery systems should be evaluated to determine if the goals and objectives of the Commission are being met.

In 1998, a new Commission should evaluate the overall progress of the implementation of the Beyer Commission recommendations. Additional needed services should be identified and appropriate funding recommended in order to address the unmet needs of persons with physical or sensory disabilities.

#### ***RECOMMENDATIONS:***

- o 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 systematizing those activities. Consumers and consumer groups should be involved in the assessment.
- o 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.
- o Consumers should 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 surveys should be compiled, analyzed, and reported to the appropriate Commissioner and the Secretary of Health and Human Resources. Survey results should be utilized in the overall programmatic evaluation of agency efficiency and effectiveness.
- o Department of Rehabilitative Services (DRS), the Department for the Visually Handicapped (DVH), the Department for the Rights of Virginians with Disabilities (DRVD), the Department for the Deaf and Hard of Hearing (DDHH), the Department of Health (DOH), the Governor's Employment and Training Department (GETD), and the Department of Education (DOE) 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.

- o **The Secretary of Health and Human Resources will complete an independent evaluation of all programs serving persons with physical and sensory disabilities, either state operated or contracted with private non-profit organizations in the DRS, DVH, DRVD, DDHH, DOH, GETD, and DOE biennially or, at a minimum, every four years. The Secretary should use the Board for Rights of Virginians with Disabilities as a vehicle for contracting for these independent evaluations in accordance with its statutory responsibilities. Rehabilitation outcomes will be assessed and management controls identified and altered as necessary.**
- o **DRS, DVH, DRVD, DDHH, DOH, GETD, and DOE should 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.**
- o **DRS, DVH, DRVD, DDHH, DOH, GETD, and DOE should 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.**
- o **DRS, DVH, DRVD, DDHH, DOH, GETD, and DOE should 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.**
- o **DRS, DVH, DRVD, DDHH, DOH, GETD, and DOE should assure that services are provided by individuals licensed or certified in accordance with state licensure laws or regulations.**
- o **DRS, DVH, DRVD, DDHH, DOH, GETD, and DOE should conduct annually a cost-benefit evaluation of programs to assess efficiency and effectiveness of services being delivered to persons with disabilities.**
- o **The Secretary of Health and Human Resources will 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 and in the development of recommendations to resolve identified barriers.**
- o **The Secretary of Health and Human Resources will 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.**

- o The Secretary of Health and Human Resources will conduct a study in 1995 to determine the effectiveness of the implementation of recommendations contained in the 1992 final report of the commission and make recommendations for further changes or adjustments that should be made.
- o A legislative oversight commission should be established in 1998 by resolution to review the progress of programs and funding recommendations and make adjustments for future direction for service delivery systems for persons with physical or sensory disabilities.

## **SERVICE GAPS**

### *DISCUSSION:*

#### **Identified Need**

Service gaps are addressed throughout this report. However, four additional areas are important because they either provide funding of last resort or address needs of a particular disability group in ways not previously noted.

#### **Consumer Service Fund**

Often a number of appropriate services and supports are required to meet the unique needs and circumstances of individuals with disabilities or their families. However, the lack of service availability or a consumer's ineligibility for a particular service may prevent putting together a service array that can enable individuals to achieve their maximum self sufficiency. Also, there are times when an extraordinary service need may go beyond the scope of individual agency programs.

Recognizing this circumstance, the Commission has proposed the creation of a consumer service fund with parameters to be established by an interagency team. The fund may be accessed on behalf of consumers who need a service that cannot otherwise be funded through existing programs. This funding of "last resort" may be accessed by case managers or service providers. Examples of services include: routine and emerging respite care; specialized child care; behavior management training; special equipment/supplies, or transportation. Often a package of appropriate services and supports must be put together to meet the unique needs and circumstances of individuals with disabilities or their families.

The establishment of a consumer service fund will allow consumers access to specialized service needs which are unavailable through existing programs. The structured funding mechanism will ensure interagency service commitments and performance standards for all involved agencies as prerequisites for obtaining funds and documenting need.

### **Deaf-Blind Registry**

During the Commission's public hearings several deaf-blind consumers raised the issue of developing a deaf-blind registry. The current registries in the State include the deaf, head-injured, blind, and spinal-cord injured. These registries help to track data on the number of individuals with a certain disability and are used for planning purposes by education and rehabilitation agencies. They are also used as a referral source for agencies to identify clients in need of services. Individuals who are deaf-blind are among the most isolated from communications and are frequently unaware of available services. The Commission is requesting the Department for the Visually Handicapped to study the feasibility of modifying the Virginia Register for the Blind to accommodate the reporting of deaf-blindness. The success of this and other registries is largely dependent upon the compliance of medical professionals in reporting the disabilities.

### **Woodrow Wilson Head Injury Program**

Persons with a severe head injury may require intensive treatment and intervention to address behavioral issues. A 1989 survey conducted by the Virginia Head Injury Council indicated that of 177 individuals with traumatic brain injury in rehabilitation facilities, 67% had behavioral problems. Often behavior deficits disqualify individuals from many head injury programs and result in inappropriate placement in psychiatric facilities.

A frequently identified service gap for persons with severe injury is behavior management, particularly in a residential setting. Often persons requiring intensive behavioral and cognitive retraining are forced to seek treatment outside of Virginia.

Currently, the Woodrow Wilson Rehabilitation Center head injury program provides four levels of care for persons with head injuries. However, the program is not designed to address a full continuum of behavioral services. Additionally, the current admission criteria for the Woodrow Wilson program precludes some persons with head injuries from accessing services. Expanding WWRC's capacity to provide a full continuum of service and broadening the admission criteria would enable more people to receive needed services in Virginia.

## **Income Support Programs Expansion**

Often consumers are unaware of how to access appropriate service providers and income support programs. Usually the need for assistance becomes enhanced when short-term or one-time funding is needed to cover necessary subsistence expenses such as room and board, clothing, laundry, utilities, attendant care, etc. Frequently it is necessary to blend funding sources to include both public and private sponsorship. Accessing a blended package is often a barrier for many consumers. Improving consumer awareness regarding funding options would meet many short-term needs.

### ***RECOMMENDATIONS:***

- o The Beyer Commission recommends a consumer service fund be established to fund unique or specialized multi-agency service 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 as well as documentation of need. Specific criteria for accessing this fund shall be established by the Disability Services Council with DRS serving as the Administering agency for the fund. Requests will be screened by staff of DRS. This fund will provide funding for service gaps which are currently unavailable through existing programs, such as assistive technology, respite care, cognitive therapy, etc. Case managers or service providers apply to the fund with documentation supporting that no other funds are available for the particular request. A means test is to be applied for each participant. This fund is intended to be a "fund of last resort."

<b>Fiscal Impact:</b>	FY 93	\$1.4 million
	FY 94	\$2.9 million

- o The Beyer Commission recommends that the Department for the Visually Handicapped investigate the feasibility of adjusting the current blind registry in order to develop a deaf-blind registry. This study should include the fiscal impact of this system and make recommendations to the Secretary of Health and Human Resources by June 1993.
- o The Beyer Commission recommends that WWRC expand their programs for individuals with brain injuries, regardless of cause of injury, which are: available throughout the rehabilitation continuum from acute phase to community re-entry, are responsive to their physical and sensory needs, and addresses inappropriate behaviors. A plan for program expansion, including funding requirements, must be submitted to the Secretary of Health and Human Resources by June 30, 1993, for implementation in the 1994-96 biennium.



- o The Beyer Commission recommends that the SHHR direct the Department of Social Services to submit a plan to increase consumer awareness and accessibility to income support programs. This plan is to be submitted to the Secretary of Health and Human Resources by June 30, 1992.

## **TRAINING**

### ***DISCUSSION:***

#### **Identified Need**

The Commission recognizes that management of service delivery systems needs to emphasize the self-sufficiency of persons with disabilities while enhancing service delivery. Fundamental to accomplishing this task is establishing a pool of well-educated service providers while promoting public awareness of self-sufficiency and abilities.

An efficient service system(s) for people with physical and sensory disabilities must attract and maintain a wide variety of service providers, from skilled medical professionals to conscientious in-home care givers.

The present service delivery systems in the Commonwealth are experiencing shortages in key staff areas ranging from special education teachers to rehabilitation engineers to nurses. There is also an extreme shortage of qualified minority candidates. Recruitment of people of racial minorities and people with disabilities presents challenges to the system.

Currently practicing service providers are often oriented to doing for a client rather than working with a consumer. This approach has proven to be ineffective in promoting self-sufficiency. A comprehensive inservice training program is needed to sensitize providers to appropriate interactions with people with disabilities and to establish the consumer as a partner in planning, implementing and evaluating services.

It is also critical for all providers to have information available about the service system(s) and how to refer a person for further access. There needs to be an organized effort to link the various services being provided by assuring the availability of basic referral information.

Research done by the Board for Rights of Virginians with Disabilities and preliminary work done through the Plan of Cooperation, an interagency activity, documents these training needs and makes preliminary suggestions for addressing them. Essentially, strong pre-service and inservice training programs are critical to effective service delivery.

### **Special Education Personnel Preparation**

Presently, there is in the Commonwealth a shortage of qualified special education teachers. Although the Department of Education (DOE) establishes endorsement and curriculum standards, there are annual requests for waivers of standards based on the Local Education Agency's inability to locate sufficient numbers of properly accredited educators and support staff. The Commission was informed that funding mechanisms and incentives would help resolve this issue.

### **Needs Assessment for Personnel Development**

Shortages in key staff areas, a lack of knowledge of appropriate interaction strategies which empower consumers, and a need for enhanced coordinated referral systems are indicators of the need for additional training opportunities for service providers. However, the Commission believes a comprehensive needs assessment would identify specific gaps and weaknesses in training availability and application. Generalizations referencing inadequacies in staff preparedness to respond to consumer need must be replaced with documented evidence and a developmental work plan.

### **Interagency Agreement**

Virginians with disabilities are frequently in need of service from several different state agencies. Existing interagency committees and councils assist in addressing joint needs of some consumers. However, additional documented agreements can expedite service coordination through enhanced knowledge about other agencies programs, responsibilities and regulations and through identified channels of information sharing and service systems access. The Commission specifically names the Department of Mental Health Mental Retardation and Substance Abuse Services, the Department for the Deaf and Hard of Hearing, the Department for the Visually Handicapped, and the Department of Education as agencies in need of agreements on providing consumer services.

### **DMHMRSAS and CSB Training and Technical Assistance**

Complexity of structure and apparent variance of "service priorities" often impede the full integration and coordination of service delivery between mental health service providers and those providing other services to individuals with physical and sensory disabilities. The Commission indicates that emphasis is required on training to recognize the mental health needs of individuals with physical or sensory impairments and their family members. Funding is to be identified by the Department of Mental Health Mental Retardation and Substance Abuse Services for this purpose.

### **Inservice Training**

Agencies providing services to persons with disabilities are largely autonomous, with inflexibility of funding and access procedures. This complexity of organization of the service structure, the use of combinations of direct and contract programs, and the differing service areas and eligibility requirements contribute to fragmentation in service development and delivery. In addition, the state-of-the-art approach to service delivery changes as knowledge banks increase. Therefore, the Commission cites inservice training as a prerequisite to a fully informed and efficient service delivery staff.

### **Study and Train Emergency Response Personnel**

There is a current lack of awareness and preparedness of emergency response personnel in critical situations which involve persons who are deaf, hard of hearing, speech impaired, deaf-blind, and visually impaired. The Commission was informed of several recent incidents in the Commonwealth involving emergency response personnel (police and fire departments) which resulted in the deaths of sensory impaired individuals. The Commission feels that such incidents warrant further investigation and the development of public awareness programs and training for emergency response personnel in order to avoid a repeat of such occurrences. The Department for the Deaf and Hard of Hearing should lead a study on this issue and develop an appropriate plan to address awareness and training of emergency response personnel.

### **Epilepsy: Medical/Emergency Response**

There is a current lack of awareness and preparedness of medical response and law enforcement personnel in critical situations which involve persons with epilepsy. The Commission received several comments regarding the lack of knowledge about epilepsy, and its physical manifestations. This lack of knowledge has led to inappropriate legal and medical actions. The Commission feels that training should be conducted for such personnel to enable them to recognize epileptic seizures and take appropriate action.

### **RECOMMENDATIONS:**

- o DOE will maintain funding to support special education personnel preparation (scholarships, loans, retraining institutes) to assist in the assurance that a pool of qualified educators and support staff is available. The Secretary of Education and the Council of Higher Education will support development and maintenance of training programs in the areas of physical and sensory disabilities at institutions of higher education in Virginia.

- o **The Secretary of Health and Human Resources and the Secretary of Education with the assistance of the Department of Personnel and Training will conduct an expanded needs assessment for personnel development in the delivery of services to people with physical and sensory disabilities. 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 through-out the Commonwealth.**
- o **The Secretary of Health and Human Resources and the Secretary of Education will direct the Department of Mental Health Mental Retardation and Substance Abuse Services, the Department of Rehabilitative Services, the Department for the Deaf and Hard of Hearing, the Department for the Visually Handicapped and the Department of Education to implement an interagency agreement for providing on-going information and training about counseling disabled individuals and their family members to their local counterparts by July 1, 1993.**
- o **DMHMRSAS and the CSBs will provide on-going training and technical assistance so that mental health personnel are more responsive to the counseling needs of persons with physical and sensory disabilities and their family members. DMHMRSAS is to identify funding for this training in its Eight Year State Plan.**
- o **The Secretary of Health and Human Resources with the assistance of the Department of Personnel and Training and the human service agencies will 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 and implementation.**
- o **The Beyer Commission recommends that a legislative resolution be introduced in the 1992 General Assembly directing the Department for the Deaf and Hard of Hearing in coordination with the Department for the Visually Handicapped, the Department of Health and other appropriate agencies to study and enhance the current level of awareness and preparedness of emergency response personnel to deal with critical situations involving persons who are deaf, hard of hearing, speech impaired, deaf-blind and visually impaired.**
- o **The Beyer Commission requests that the Department for Rights of Virginians with Disabilities conduct training for medical response and law enforcement personnel on identifying and assisting persons with epilepsy.**

## **TRANSPORTATION HJR 299**

### ***DISCUSSION:***

In public hearings throughout the state in 1990, the Beyer Commission heard repeated requests that something be done to make available more accessible and affordable transportation services for persons with disabilities. Many enrollees in SSI and other public benefits programs asked for transportation to employment so they could work. Others needed transportation to medical appointments, banks, grocery stores and government offices. In areas where specialized transportation is available, there were significant concerns about the quality, responsiveness, sensitivity and safety of the existing systems. The Department for the Aging heard similar comments in a statewide series of 25 Town Meetings in 1990. The Board for Rights of Virginians with Disabilities and other advocacy groups have echoed these concerns for many years.

In House Joint Resolution 299 (Delegate Hall), as amended, the 1991 General Assembly requested the Beyer Commission to

- o study transportation services for the elderly and disabled
- o solicit the views and suggestions of local governments and local governmental agencies, affected state agencies and nongovernmental organizations, and concerned individuals
- o develop a flexible and cost-effective plan for providing improved transportation services for the elderly and disabled.

The 1991 General Assembly passed a bill which added to the Virginia Income Tax Return form a voluntary tax check-off on tax refunds for transportation services to the elderly and disabled. The revenue from this initiative was considered in the development of recommendations for HJR 299.

Lieutenant Governor Beyer appointed twenty persons to serve on the study committee with Commissioner Thelma Bland, Department for the Aging, as Chair. Committee members included representatives of all local human service agencies providing transportation, the VA Department of Transportation, both the Department and the Board for the Rights of Virginians with Disabilities, public transit systems, and the private sector.

## **Methodology**

The study committee reviewed studies of human service transportation conducted for the VA Department of Transportation, the US Department of Transportation and other agencies and organizations. Much of this committee's work builds on the findings and recommendations of a Study of Human Services Transportation Needs in Virginia, prepared in 1991 for the Secretary of Health and Human Resources. The findings of that and other studies in Virginia generally agree that

- o Virginia does not have a public transportation system in all parts of the state nor does it have a comprehensive, coordinated system for specialized transportation.
- o In many rural areas, human service agencies are the primary source of transportation and there, as in many urban areas, the supply cannot meet the demand.
- o There are, nevertheless, several local Virginia models for creative and cost-effective coordination of specialized transportation across agency and jurisdictional boundaries.
- o The current fiscal situation, coupled with a 29% decrease in Federal funding for public transportation since 1985, encourages the development of coordinated specialized transportation systems for greater economy for operators and accessibility for consumers.

The study committee also considered the implications of the Americans with Disabilities Act for public transit systems and the concurrent need for them to coordinate services with existing providers of specialized transportation. A presentation by the Community Transportation Association of America covered coordination efforts by other states and components which make successful coordination possible. Site visits to two model specialized transportation systems, JAUNT in Charlottesville and RADAR in Roanoke, were helpful in illustrating both the potential for coordinated systems and some of the compromises which coordination may require.

## **Identified Need**

Based on these activities, the discussion of the substantive issues in providing coordinated transportation to the elderly and disabled led to the following findings:

- o Expansion of specialized transportation must depend on more efficient use of existing resources, as well as new revenue.
- o A high level of commitment to coordination is required from the directors of state and local human service agencies and the Department of Transportation, by local governments and public transit systems, and by consumers themselves.

- o An identifiable entity, independent of the agencies which fund transportation but working in cooperation with them, is necessary to develop a comprehensive state policy on coordinated specialized transportation and assist in its implementation among the localities.
- o Local governments must have the flexibility to develop coordinated systems which reflect their local needs and resources.
- o In most cases, consolidation of specialized transportation services under a single, existing agency will result in efficient use of resources.
- o It is important for the providers of human service transportation both to understand the requirements which the Americans with Disabilities Act places on public transportation systems and to be committed to assist localities who provide public transportation in meeting these requirements.

***RECOMMENDATIONS:***

- o **Specialized Transportation Council**

The Beyer Commission recommends establishment in statute of a Specialized Transportation Council, appointed by the Governor, to guide regional coordination for specialized transportation services.

Membership should include the Secretary of Health and Human Resources and the Secretary of Transportation, a rural and an urban provider, two consumers, and one at-large member.

The Council should assist Planning District Commissions or local governments in developing regional coordinated transportation plans and set standards for safe and efficient provision of services by the provider(s) designated in the regional plans.

Designated transportation providers should meet certification standards set by the Council.

State human service agencies and VDOT should pay for one FTE to staff the Council (\$45,000). Operating expenses (\$15,000) of the Council should come from a General Fund appropriation.

- o A Transportation Incentive Fund should be appropriated annually to be used by the Council to facilitate local coordination and planning and fund local demonstration projects. The first year appropriation should be dedicated to funding the implementation of coordinated planning in planning districts.

<b>Fiscal Impact:</b>	<b>FY 93</b>	<b>\$500,000</b>
	<b>FY 94</b>	<b>\$500,000</b>

- o The Beyer Commission recommends that human service transportation providers to also provide public transportation when and where appropriate.
- o The Beyer Commission recommends that state agencies prohibit the "dumping" of their clients due to the Americans with Disabilities Act on public transportation systems.
- o The Beyer Commission recommends the modification of state-controlled regulations and policies that discourage coordination.

## VOLUNTEERS

### *DISCUSSION:*

Volunteers represent a critical resource, often undeveloped, for the delivery of services to persons with physical and sensory disabilities. They provide additional resources which enable agencies to better serve clients with limited physical, financial or family resources. Many volunteers serve now serve as drivers, readers, meal providers and caregivers. They are the unsung heroes of the human service system. Emphasis should be given to encouraging the use of volunteers wherever possible and to promoting the recognition of their contributions to their communities.

### *RECOMMENDATIONS:*

- o The Beyer Commission recommends the Department of Transportation and the Department for the Aging develop a program to recruit, train and coordinate a statewide corps of trained volunteer drivers to provide transportation to persons with physical and sensory disabilities, the elderly, and other persons who are transportation disadvantaged.



- o **The Beyer Commission recommends that the Secretary of Health and Human Resources investigate the use of tax incentives and liability waivers or limits to encourage greater participation by volunteer drivers.**
- o **The Beyer Commission recommends that the Secretary of Health and Human Resources establish an annual award ceremony, in conjunction with the Governor's Awards for Volunteer Excellence, which recognizes the contributions made by volunteers to persons with physical and sensory disabilities.**
- o **The Beyer Commission recommends that the Secretary of Health and Human Resources develop a program for training volunteer coordinators in each local human service agency to recruit, train, coordinate and encourage community volunteers.**

## IMPLEMENTATION SUMMARY

The themes, special challenges and actions of the Beyer Commission have established the framework for a consumer centered rehabilitation system in the Commonwealth. Government is viewed as a catalyst and the consumer is a partner in an evolving service system with increased opportunity for individual self sufficiency and independence.

Achievement of this intent will involve more than implementation of each specific recommendation. The Commission has challenged both consumers and providers to work together in a spirit of cooperation that overcomes barriers to consumer access and inter-organizational coordination. As new services and system components come into being, it will take creativity and good will to maintain momentum, resolve problems and recognize emerging opportunities.

Development of system components must be consistent with the Commission's current framework and commitment to ongoing constructive change. Major initiatives include statewide core services, local planning boards, fiscal incentives for filling service gaps and enhancement of the current service base with additional longer term services. These distinct components are highly interrelated and together form the beginning of system design and integration. Once recommended actions are appropriately implemented, there will be greater continuity and comprehensiveness of services and enhanced interaction among levels of government, service providers and consumers, regardless of age, disability and location.

### **Enhanced State Supported Services**

It would not be possible for the Commission to fully fund all program options. Therefore, a strategy has been developed to assure state commitment to a state or federal funded core of services statewide, and to begin filling gaps or continuing development of existing pilot programs and special projects. Short term vocational services are already community based and delivered throughout the Commonwealth. However, the Commission is directing service agencies to ensure maximum flexibility is used in their programs to address the needs of severely disabled individuals.

The Commission is expanding access to high priority longer-term services now in pilot or special project status, and expanding eligibility beyond the working age population. Services targeted for expansion include long-term case management, personal assistance care services, and supported employment for the physically disabled. To achieve broader coverage through independent living centers, the Commission also proposes to add two centers.

Several of these services are vital to establishing linkage among service providers and consumers. They are also focused on enhanced accountability and opportunities for consumers to establish goals and control their environment to the greatest extent possible. Assistive technology and attendant care, for example, can increase consumer mobility and access to community living alternatives.

### **Consumer Fund for Special Needs**

Increases in discrete services will not be sufficient, however, to ensure consumer access to the range or intensity of services that may enhance self sufficiency. At times, individuals may require little or no service but at other times comprehensive intervention. Enhancement of case management through existing short term and specialized programs is a positive step. However, persons with severe disabilities may require a comprehensive array of services with differing costs, providers, eligibility criteria and capacity.

The goal of consumer self sufficiency, therefore, may be undermined by inability to access a needed service because of funding or eligibility barriers. The Consumer Services Fund is intended to offset these barriers. If adopted, the fund will be implemented in FY 1993. It will be accessible to meet consumer needs upon application by case managers or other providers assisting consumers to access services necessary to achieving their goals.

The fund is more than a payor of last resort for individual services. It is a catalyst for system change that involves agencies and consumers in establishing priorities. DRS will administer the fund in accordance with criteria developed by an interagency team with consumer representation. System integration will be further promoted by requiring interagency service commitments and performance standards for all involved entities as a prerequisite to obtaining funds.

### **System-Wide Planning**

Integrated planning can also create a catalyst for system change. The Commission recognizes that individual agencies and programs carry out discrete strategic and operational planning and that some plans are required to meet federal or state mandates. However, few state level planning processes comprehensively involve local government officials, consumers and business leaders in assessing needs at the community level.

There will now be a mandate for local planning to be accommodated within the scope of comprehensive state plans. A key component of the Commission's framework for the future is creation of local Disability Services Planning Boards. Each planning district will have at least one local Disability Services Board with representation from each local government and no less than 30% consumer representation. The Boards will develop comprehensive six-year plans at the local level that identify local needs, service gaps, priority populations and services.

The process itself will stimulate local public awareness. It also has potential to foster coalitions of educated and committed advocates. Local government interest in disability issues will be enhanced thereby increasing the likelihood of more local program development and strengthened support for state funding of core services.

The Department of Rehabilitative Services, the Department for the Visually Handicapped and the Department for the Deaf and Hard of Hearing will assist in forming these Boards. These agencies are uniquely positioned to play a catalyst role because their primary mission and expertise are in services to persons with physical and sensory disabilities. To develop a model, board structure and process, a work group will be formed to draw upon professional, academic, advocacy and local government expertise. The model will incorporate best practices from existing structures and will include guidelines for development of the six-year Plan, proposed by-laws, and training for Board members and staff.

Local governments will be involved in discussion of planning guidelines, Board models, the appointment process, and training. The Department of Rehabilitative Services will also develop a format for a biennial report to the Governor and the General Assembly regarding the activities of local planning Boards.

#### **Additional Funding Incentives**

While basic short and longer term services will be supported by federal and state funds respectfully, it is recognized that such funding cannot meet all unique local needs or total service demand. With increased knowledge of disability issues, local government may wish to develop supplementary or model service delivery capacity. This will constitute an additional investment in the future of persons with disabilities throughout the Commonwealth.

To stimulate and support local service initiatives, the Commission proposes the establishment of a Rehabilitative Services Incentive Fund. If enacted, general funds appropriated by the General Assembly may be matched by localities at their option. The combined funding will be used to supplement existing services or to create innovative new programs. Through these incentives the Commission wishes to encourage projects that feature inter-organizational coordination and cooperation to improve not only services but consumer focused working relationships.

The interagency rehabilitation team, with consumer representation, will also be responsible for developing criteria for awarding of incentive funds. Allocations will be targeted to the local Disability Planning Boards and then matched by individual local jurisdictions or by more than one locality for a joint project. An equitable formula for local match will be developed by the Secretary of Health and Human Resources.

## **System Structure**

The intent of the Beyer Commission is to encourage discrete entities to function as a coordinated system with paramount goals of consumer choice and local investment in self sufficiency for persons with disabilities. New funding is targeted to fill service gaps and stimulate client focused collaboration and enhanced consumer access to needed services and opportunities.

Although the structural integrity of service entities has been maintained, the rehabilitative agencies will be expected to collaborate on behalf of consumers. The Rehabilitative Services Interagency Team will provide a formal vehicle for enhanced service coordination and support for other systems to more effectively address needs of consumers.

The consumer service fund for special needs and the opportunity for localities to access incentive funds to supplement state supported services will add impetus to system development. However, the Commission clearly endorses state responsibility for funding and ensuring the availability of core services throughout the Commonwealth.

The Commission has also provided for ongoing assessments of consumer satisfaction and evaluation of program results. Agencies are encouraged to stimulate staff productivity and innovation and to seek consumer opinions regarding services. The Secretary of Health and Human Resources will conduct independent reviews which will provide the basis for further legislative oversight.

These actions are an exciting and energizing beginning. Guided by the Commission's forward vision, consumers and agencies will together work toward overcoming barriers. Creativity and innovation will be valued and encouraged to ensure that the Commonwealth is indeed a place for persons with disabilities to develop to the fullest extent of their abilities.

## **COMMENCEMENT**

Now the real work begins. In these pages, over many months, and hundreds of hours of testimony and labor, the Commission has constructed a simple plan to enable Virginians with disabilities to lead more independent and meaningful lives.

**This agenda is a beginning.** All interested citizens must come together to encourage adoption of this strategic vision by the Governor and the General Assembly of the Commonwealth. This means substantive changes in the ways state agencies serve consumers with disabilities. This means specific legislative recommendations must be enacted. And it means that funding; efficient, savings-generated investment dollars, must be incorporated into future Commonwealth budgets.

The work of this Commission is just another step in a continuing process of empowering persons with disabilities. The plan is not an end point, rather a commencement. A direct, on-going assessment process must be created to guarantee that the activities recommended achieve genuine results in the lives of these citizens. Future plans must be created regularly. Virginia's system of empowerment for persons with physical and sensory disabilities must be an evolution. We look forward to the day when every Virginian, to the fullest extent of his or her abilities, works, plays, loves, and contributes to the Commonwealth, empowered by a government that catalyzes opportunities and encourages personal responsibility.

## **NOTE**

**Serving as Chairman of the Commission has been a most meaningful experience for me. It is my fervent hope that the legacy that my colleagues who served with me in this endeavor and I leave through the work of the Commission will bring a new and better day to Virginia for its citizens with disabilities. Thank you for this opportunity.**

---

**Lieutenant Governor Donald S. Beyer, Jr.**

## **Acknowledgements**

The Commission wishes to extend its appreciation to the following organizations for their generosity in providing sponsorship for the activities of the Commission.

**AT&T**

**Blue Cross & Blue Shield  
of Virginia**

**Board for Rights of Virginians with  
Disabilities**

**C & P Telephone Company**

**Chesapeake Corporation**

**Electronic Data Systems**

**Endeppence Center Incorporated**

**Jewell Smokeless Coal Company**

**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**



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 efforts and hard work.

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**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  
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## **APPENDIX**

- I Beyer Commission
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- III FY 1992-1994 Budget Proposals
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  - d. State Board of Education Study on Transition
  - e. Adult Abuse and Neglect
  - f. Optional Coverage for Physical Rehabilitation Services
  - g. Statewide Interpreter Service/Unlawful Divulgence of Communication
  - h. Emergency Response Personnel to Sensory Impaired Individuals
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- VI Rehabilitation Services Incentive Fund
- VII Consumer Service Fund
- VIII Service Vs. Administrative Funding
- IX Structural Development Proposal Ten Year Plan
- X HJR 299 Transportation Study

# BEYER COMMISSION

**ISSUE:** Recognition that Virginia needs to review how it is addressing the unmet needs of persons with physical and sensory disabilities.

## **WHY AN ISSUE NOW:**

- **An increasing number of Virginians with physical and sensory disabilities due to:**
  - **advances in medical technology**
  - **more survivors of stroke, head injuries and spinal cord injuries**
  - **aging population**
  
- **Current public service system traditionally focuses on short term rehabilitation through:**
  - **Department of Rehabilitative Services**
  - **Department for the Visually Handicapped**
  - **Department for the Deaf and Hard of Hearing**
  - **Department of Education**
  
- **Needs of physically and sensory disabled go beyond short-term rehabilitation.**
  - **Long-term housing**
  - **Personal care assistance**
  - **Family support**
  - **Specialized transportation**
  - **Job training and employment**
  - **Assistive technology**
  - **Specialized medical services**
  - **Communication access**
  - **Case coordination**

# Legislative Responses

1988

*HJR 135 and HJR 149 "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"*

1989

*HJR 287 continued the Joint Subcommittee*

1990

*HJR 45 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"*

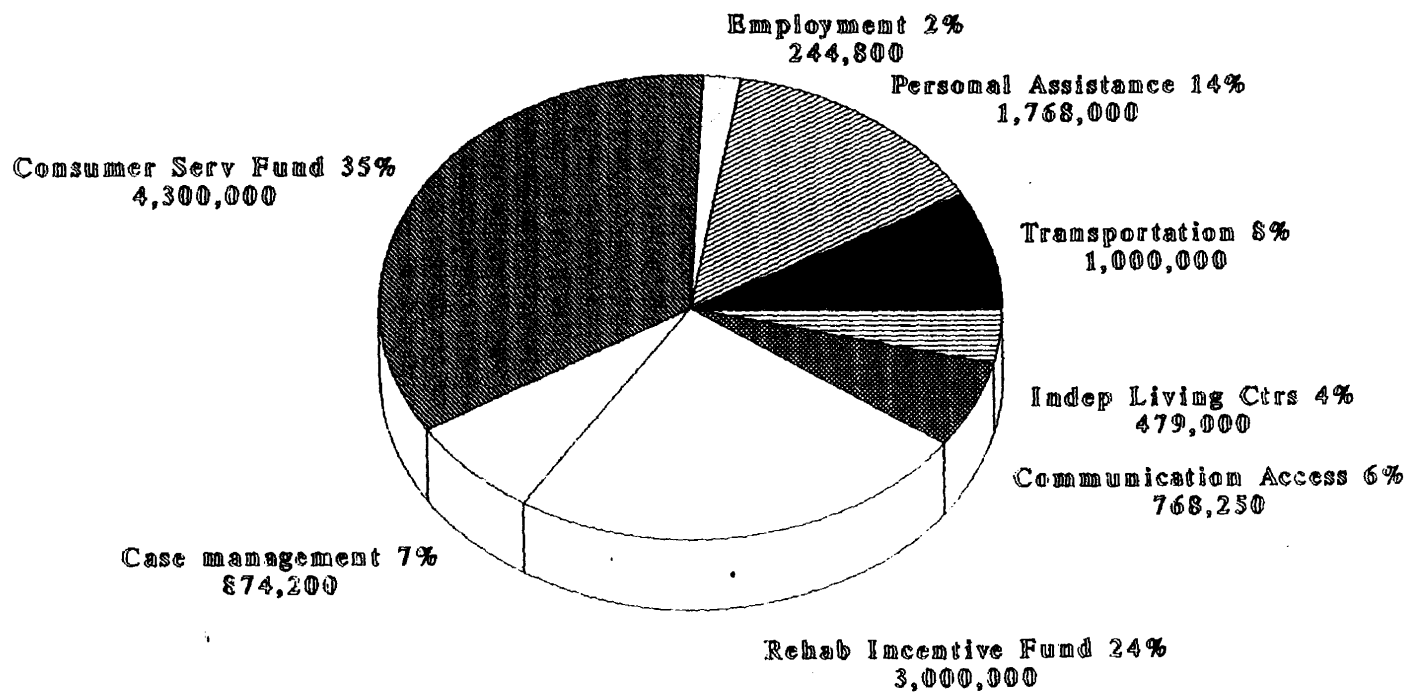
1991

*HJR 45 Interim Report*

1992

*HJR 45 Final Report: Budget and Legislative recommendations*

# Budget Proposals FY 1993 and 1994



1 D 12/3/91 Bolecek C 12/6/91 scw

2 SENATE BILL NO. .... HOUSE BILL NO. ....

3 A BILL to amend and reenact §§ 2.1-1.7 and 9-6.25:2 of the Code of  
4 Virginia and to amend the Code of Virginia by adding in Title  
5 51.5 a chapter numbered 10, consisting of sections numbered  
6 51.5-47 through 51.5-52, relating to the establishment of local  
7 disability services planning boards.

8

9 Be it enacted by the General Assembly of Virginia:

10 1. That §§ 2.1-1.7 and 9-6.25:2 of the Code of Virginia are amended  
11 and reenacted and that the Code of Virginia is amended by adding in  
12 Title 51.5 a chapter numbered 10, consisting of sections numbered  
13 51.5-47 through 51.5-52, as follows:

14 § 2.1-1.7. State councils.--A. There shall be, in addition to  
15 such others as may be established by law, the following permanent  
16 collegial bodies either affiliated with more than one agency or  
17 independent of an agency within the executive branch:

- 18 Agricultural Council, Virginia
- 19 Alcohol and Drug Abuse Problems, Governor's Council on
- 20 Apprenticeship Council
- 21 ~~Beach-Eresien-Council, Virginia-~~
- 22 Child Day Care and Early Childhood Programs, Virginia Council on
- 23 Child Day-Care Council
- 24 Citizens' Advisory Council on Furnishing and Interpreting the
- 25 Executive Mansion
- 26 Commonwealth's Attorneys' Services and Training Council
- 27 Developmental Disabilities Planning Council, Virginia

1        Disability Services Council

2        Equal Employment Opportunity Council, Virginia

3        Handicapped Children, Interagency Coordinating Council on

4 Delivery of Related Services to

5        Health Services Cost Review Council, Virginia

6        Housing for the Disabled, Interagency Coordinating Council on

7        Human Rights, Council on

8        Human Services Information and Referral Advisory Council

9        Indians, Council on

10       Job Training Coordinating Council, Governor's

11       Land Evaluation Advisory Council

12       Local Debt, State Council on

13       Long-Term Care Council

14       Military Advisory Council, Virginia

15       Needs of Handicapped Persons, Overall Advisory Council on the

16       Prevention, Virginia Council on Coordinating

17       Public Records Advisory Council, State

18       Rate-setting for Children's Facilities, Interdepartmental Council

19 on

20       Revenue Estimates, Advisory Council on

21       State Health Benefits Advisory Council

22       Status of Women, Council on the

23       B. Notwithstanding the definition for "council" as provided in §

24 2.1-1.2, the following entities shall be referred to as councils:

25       Environment, Council on the

26       Council on Information Management

27       Higher Education, State Council of

28       World Trade Council, Virginia.



1           § 9-6.25:2. Policy boards, commissions and councils.--There  
2 shall be, in addition to such others as may be designated in  
3 accordance with § 9-6.25, the following policy boards, commissions and  
4 councils:

5           Apprenticeship Council  
6           Athletic Board  
7           Auctioneers Board  
8           Board for Accountancy  
9           Board for Architects, Professional Engineers, Land Surveyors and  
10 Landscape Architects  
11          Board for Barbers  
12          Board for Contractors  
13          Board for Cosmetology  
14          Board for Geology  
15          Board for Hearing Aid Specialists  
16          Board for Opticians  
17          Board for Professional Soil Scientists  
18          Board for Rights of Virginians With Disabilities  
19          Board for Waterworks and Wastewater Works Operators  
20          Board for the Visually Handicapped  
21          Board of Agriculture and Consumer Services  
22          Board of Audiology and Speech Pathology  
23          Board of Commerce  
24          Board of Conservation and Recreation  
25          Board of Correctional Education  
26          Board of Dentistry  
27          Board of Directors, State Education Assistance Authority  
28          Board of Directors, Virginia Education Loan Authority

1 Board of Examiners in the Department of Mines, Minerals and  
2 Energy  
3 Board of Funeral Directors and Embalmers  
4 Board of Historic Resources  
5 Board of Housing and Community Development  
6 Board of Medical Assistance Services  
7 Board of Medicine  
8 Board of Nursing  
9 Board of Nursing Home Administrators  
10 Board of Optometry  
11 Board of Pharmacy  
12 Board of Professional Counselors  
13 Board of Psychology  
14 Board of Rehabilitative Services  
15 Board of Social Services  
16 Board of Social Work  
17 Board of Surface Mining Review  
18 Board of Veterinary Medicine  
19 Board on Conservation and Development of Public Beaches  
20 Chesapeake Bay Local Assistance Board  
21 Child Day Care and Early Childhood Programs, Virginia Council on  
22 Child Day-Care Council  
23 Commission on Local Government  
24 Commonwealth Transportation Board  
25 Council on the Environment  
26 Council on Human Rights  
27 Council on Information Management  
28 Criminal Justice Services Board

- 1        Disability Services Council
- 2        Farmers Market Board, Virginia
- 3        Interdepartmental Council on Rate-setting for Children's
- 4 Facilities
- 5        Library Board, the Virginia State Library and Archives
- 6        Marine Resources Commission
- 7        Milk Commission
- 8        Pesticide Control Board
- 9        Real Estate Appraiser Board
- 10       Real Estate Board
- 11       Reciprocity Board, Department of Motor Vehicles
- 12       Safety and Health Codes Board
- 13       Seed Potato Board
- 14       State Air Pollution Control Board
- 15       State Board of Corrections
- 16       State Board of Elections
- 17       State Board of Health
- 18       State Board of Youth and Family Services
- 19       State Health Department, Sewage Handling and Disposal Appeal
- 20 Review Board
- 21       State Library Board
- 22       State Mental Health, Mental Retardation and Substance Abuse
- 23 Services Board
- 24       State Water Control Board
- 25       Substance Abuse Certification Board
- 26       Treasury Board, The, Department of the Treasury
- 27       Virginia Aviation Board
- 28       Virginia Fire Services Board

- 1 Virginia Health Planning Board
- 2 Virginia Health Services Cost Review Council
- 3 (Effective July 1, 1992) Virginia Manufactured Housing Board
- 4 Virginia Oil and Gas Conservation Board
- 5 Virginia Parole Board
- 6 Virginia Public Telecommunications Board
- 7 Virginia Soil and Water Conservation Board
- 8 Virginia Voluntary Formulary Board
- 9 Virginia Waste Management Board
- 10 Virginia Well Review Board
- 11 Virginia World Trade Council
- 12 Waste Management Facility Operators, Board for.

13 CHAPTER 10.

14 LOCAL DISABILITY SERVICES PLANNING BOARDS.

- 15 § 51.5-47. Local planning boards; appointment; membership and  
16 staff.--A. Every county and city shall establish, either singly or in  
17 combination with another political subdivision, a local disability  
18 services planning board by November 1, 1992, to advise and plan for  
19 the enhancement of community services and programs for persons with  
20 physical and sensory disabilities and to assist state agencies and  
21 localities in building increased capacity to provide such community  
22 services and programs. Guidelines for the establishment of local  
23 disability services planning boards shall be developed by the  
24 Disability Services Council. As used in this chapter, the term  
25 "board" means a local disability services planning board. The board  
26 shall be responsible to the governing body or bodies of the county or  
27 city or combination thereof which established the board.
- 28 B. The local governing bodies of the jurisdictions participating

1 in the board shall determine the number of members on the board,  
2 appoint the members, and designate an official of one jurisdiction to  
3 serve as fiscal agent for the board. The membership of a board shall  
4 not exceed fifteen. Membership shall include one local official from  
5 each of the participating jurisdictions, two representatives of the  
6 business community, and consumers. Each board shall have no less than  
7 thirty percent representation by individuals or family members of  
8 individuals with physical, visual, or hearing disabilities.

9 C. Where a local advisory board or commission for the physically  
10 and sensory disabled appointed by a local governing body is already in  
11 existence, the local governing body may designate such board or  
12 commission as the local disability services planning board. In order  
13 to be designated as the local disability services planning board, the  
14 existing board or commission shall meet the membership representation  
15 requirements designated in subsection B.

16 D. Staff support to the boards shall be provided by the  
17 Department of Rehabilitative Services with appropriate consultation  
18 from the Department for the Visually Handicapped and the Department  
19 for the Deaf and Hard-of-Hearing. Localities may provide supplemental  
20 staff support to the boards.

21 § 51.5-48. Duties and responsibilities of local disability  
22 services planning boards.--The boards shall:

23 1. Assess the local service needs and advise the appropriate  
24 state and local agencies serving persons with physical and sensory  
25 disabilities of their findings;

26 2. Develop and make available for public comment a six-year  
27 plan, consistent with state guidelines, for local service programs for  
28 persons with physical and sensory disabilities and submit the plan and

1 updates to the Department of Rehabilitative Services for dissemination  
2 as appropriate to other state agencies serving persons with these  
3 disabilities. The first six-year plan shall be submitted by June 1,  
4 1993. The plans shall be incorporated into the programmatic and  
5 fiscal planning of the appropriate state agencies for services to  
6 persons with these disabilities;

7 3. Obtain input from local public and private service providers  
8 and utilize such information in the development of the six-year plan;

9 4. Monitor the implementation of the six-year plan and update  
10 the plan biennially;

11 5. Serve as a catalyst for the development of local public and  
12 private funding sources;

13 6. Develop requests to the rehabilitative services incentive  
14 fund when local funding for match is identified;

15 7. Administer the incentive funds, if received, through the  
16 designated fiscal agent in accordance with the approved expenditure  
17 plan; and

18 8. Exchange information with other local planning boards on  
19 problems regarding services to persons with physical and sensory  
20 disabilities, solutions to such problems, and best practices in the  
21 delivery of services.

22 § 51.5-49. Disability Services Council; membership and  
23 responsibilities.--A. The Disability Services Council is hereby  
24 established. The Council shall consist of the Commissioner of the  
25 Department of Rehabilitative Services, the Commissioner of the  
26 Department for the Visually Handicapped, the Director of the  
27 Department for the Deaf and Hard-of-Hearing and the Superintendent of  
28 Public Instruction. The Secretary of Health and Human Resources shall

1 appoint three consumers representing physical and sensory disabilities  
2 and shall appoint the chairman annually.

3 B. The Council's duties shall include the following:

4 1. Develop guidelines for local disability services boards to  
5 use in developing six-year plans and updates to the plans. The  
6 guidelines shall be developed by November 1, 1992. The Department of  
7 Rehabilitative Services shall distribute the guidelines to the boards.

8 2. Develop a grant allocation system which requires a local  
9 match and annual guidelines for the grant applications for the state  
10 rehabilitative services incentive fund. The local match may be either  
11 public or private funds, or a combination, but in-kind contributions  
12 shall not be considered in the local match. The initial guidelines  
13 shall be developed by November 1, 1992. The Department of  
14 Rehabilitative Services shall distribute the guidelines to the boards  
15 annually.

16 3. Provide a final review of the request proposals for awards  
17 from the state rehabilitative services incentive fund. Such review  
18 shall be for consistency with guidelines and to obtain information  
19 necessary to future guideline revisions.

20 4. Consult with other state agencies as appropriate.

21 § 51.5-50. State rehabilitative services incentive fund;  
22 establishment and administration.--A. A state rehabilitative services  
23 incentive fund shall be established in and administered by the  
24 Department of Rehabilitative Services to meet programmatic and  
25 individual recipient needs not otherwise met through existing federal,  
26 state, or local programs, and to develop community programs to meet  
27 the needs of persons with physical and sensory disabilities. Local  
28 disability services planning boards electing to apply for a grant from

the fund shall submit their grant proposal to the Department. The Department is authorized to make grants to boards whose grant applications comply with the guidelines developed by the Disability Services Council for programs and services for persons with physical and sensory disabilities consistent with the board's six-year plan.

B. The Department shall prepare a summary of request proposals for awarding the fund which shall be submitted to the Disability Services Council for its review. The availability of grants from the fund shall not be taken into consideration in, nor used to reduce, state or local appropriations or payments.

§ 51.5-51. Local rehabilitative services incentive fund; establishment and administration.--Local disability services planning boards may establish a local rehabilitative services incentive fund to meet programmatic and individual recipient needs not otherwise met through existing federal, state, or local programs and to develop community programs to meet the needs of persons with physical and sensory disabilities. When such a fund is established, the local governing bodies of the jurisdictions participating in the board shall designate the fiscal agent for the administration of the fund. The availability of this local fund shall not be taken into consideration in, nor used to reduce, state or local appropriations or payments.

§ 51.5-52. Local interagency services teams.--In order to provide comprehensive services within a continuum of care, the local disability services planning board shall establish and coordinate the operation of local interagency services teams to respond to the needs of individual consumers who require extensive coordination of services. Membership on the teams shall reflect the needs of the individual consumer and may include but shall not be limited to,



1 representatives from the Department of Rehabilitative Services, the  
2 Department for the Visually Handicapped, the Department for the Deaf  
3 and Hard-of-Hearing, community services boards, and local social  
4 services or public welfare departments, health departments, and school  
5 divisions. Interagency services teams shall be responsible for  
6 conducting an assessment process across agencies to identify the  
7 strengths and needs of individual consumers, developing a treatment  
8 plan, and integrating the array of required services. Interagency  
9 services teams shall report to the consumer's assigned case manager or  
10 counselor, as appropriate.

11

#

1

LEGISLATIVE SUMMARY

2

3       Persons with disabilities. Requires each locality to establish,  
4 either singly or in combination with another locality, a local  
5 disability services planning board to advise and plan for the  
6 enhancement of community services and programs for persons with  
7 physical and sensory disabilities and to assist state agencies and  
8 localities in building increased capacity to provide such community  
9 services and programs. The bill also creates a rehabilitative  
10 services incentive fund which will be administered by the Department  
11 of Rehabilitative Services and which will permit local disability  
12 services planning boards to apply for grants. The Disability Services  
13 Council, created by this bill, will develop guidelines for local  
14 disability services planning boards to use in developing plans and  
15 applying for grants. Local interagency services teams are established  
16 to respond to the needs of individual consumers who require extensive  
17 coordination of services.

1 D 12/4/91 Bolecek C 12/6/91 jah

2 SENATE BILL NO. .... HOUSE BILL NO. ....

3 A BILL to amend and reenact §§ 2.1-1.7 and 9-6.25:2 of the Code of  
4 Virginia and to amend the Code of Virginia by adding in Title 9 a  
5 chapter numbered 38, consisting of sections numbered 9-311  
6 through 9-315, establishing the Specialized Transportation  
7 Council.

8

9 Be it enacted by the General Assembly of Virginia:

10 1. That §§ 2.1-1.7 and 9-6.25:2 of the Code of Virginia are amended  
11 and reenacted and that the Code of Virginia is amended by adding in  
12 Title 9 a chapter numbered 38, consisting of sections numbered 9-311  
13 through 9-315, as follows:

14 § 2.1-1.7. State councils.--A. There shall be, in addition to  
15 such others as may be established by law, the following permanent  
16 collegial bodies either affiliated with more than one agency or  
17 independent of an agency within the executive branch:

18 Agricultural Council, Virginia

19 Alcohol and Drug Abuse Problems, Governor's Council on

20 Apprenticeship Council

21 ~~Beach-Erosion-Council, Virginia-~~

22 Child Day Care and Early Childhood Programs, Virginia Council on

23 Child Day-Care Council

24 Citizens' Advisory Council on Furnishing and Interpreting the

25 Executive Mansion

26 Commonwealth's Attorneys' Services and Training Council

27 Developmental Disabilities Planning Council, Virginia

1 Equal Employment Opportunity Council, Virginia  
2 Handicapped Children, Interagency Coordinating Council on  
3 Delivery of Related Services to  
4 Health Services Cost Review Council, Virginia  
5 Housing for the Disabled, Interagency Coordinating Council on  
6 Human Rights, Council on  
7 Human Services Information and Referral Advisory Council  
8 Indians, Council on  
9 Job Training Coordinating Council, Governor's  
10 Land Evaluation Advisory Council  
11 Local Debt, State Council on  
12 Long-Term Care Council  
13 Military Advisory Council, Virginia  
14 Needs of Handicapped Persons, Overall Advisory Council on the  
15 Prevention, Virginia Council on Coordinating  
16 Public Records Advisory Council, State  
17 Rate-setting for Children's Facilities, Interdepartmental Council  
18 on  
19 Revenue Estimates, Advisory Council on  
20 Specialized Transportation Council  
21 State Health Benefits Advisory Council  
22 Status of Women, Council on the  
23 B. Notwithstanding the definition for "council" as provided in §  
24 2.1-1.2, the following entities shall be referred to as councils:  
25 Environment, Council on the  
26 Council on Information Management  
27 Higher Education, State Council of  
28 World Trade Council, Virginia.

1 § 9-6.25:2. Policy boards, commissions and councils.--There  
2 shall be, in addition to such others as may be designated in  
3 accordance with § 9-6.25, the following policy boards, commissions and  
4 councils:

- 5 Apprenticeship Council
- 6 Athletic Board
- 7 Auctioneers Board
- 8 Board for Accountancy
- 9 Board for Architects, Professional Engineers, Land Surveyors and  
10 Landscape Architects
- 11 Board for Barbers
- 12 Board for Contractors
- 13 Board for Cosmetology
- 14 Board for Geology
- 15 Board for Hearing Aid Specialists
- 16 Board for Opticians
- 17 Board for Professional Soil Scientists
- 18 Board for Rights of Virginians With Disabilities
- 19 Board for Waterworks and Wastewater Works Operators
- 20 Board for the Visually Handicapped
- 21 Board of Agriculture and Consumer Services
- 22 Board of Audiology and Speech Pathology
- 23 Board of Commerce
- 24 Board of Conservation and Recreation
- 25 Board of Correctional Education
- 26 Board of Dentistry
- 27 Board of Directors, State Education Assistance Authority
- 28 Board of Directors, Virginia Education Loan Authority

- 1 Board of Examiners in the Department of Mines, Minerals and
- 2 Energy
- 3 Board of Funeral Directors and Embalmers
- 4 Board of Historic Resources
- 5 Board of Housing and Community Development
- 6 Board of Medical Assistance Services
- 7 Board of Medicine
- 8 Board of Nursing
- 9 Board of Nursing Home Administrators
- 10 Board of Optometry
- 11 Board of Pharmacy
- 12 Board of Professional Counselors
- 13 Board of Psychology
- 14 Board of Rehabilitative Services
- 15 Board of Social Services
- 16 Board of Social Work
- 17 Board of Surface Mining Review
- 18 Board of Veterinary Medicine
- 19 Board on Conservation and Development of Public Beaches
- 20 Chesapeake Bay Local Assistance Board
- 21 Child Day Care and Early Childhood Programs, Virginia Council on
- 22 Child Day-Care Council
- 23 Commission on Local Government
- 24 Commonwealth Transportation Board
- 25 Council on the Environment
- 26 Council on Human Rights
- 27 Council on Information Management
- 28 Criminal Justice Services Board

1 Farmers Market Board, Virginia  
2 Interdepartmental Council on Rate-setting for Children's  
3 Facilities  
4 Library Board, the Virginia State Library and Archives  
5 Marine Resources Commission  
6 Milk Commission  
7 Pesticide Control Board  
8 Real Estate Appraiser Board  
9 Real Estate Board  
10 Reciprocity Board, Department of Motor Vehicles  
11 Safety and Health Codes Board  
12 Seed Potato Board  
13 Specialized Transportation Council  
14 State Air Pollution Control Board  
15 State Board of Corrections  
16 State Board of Elections  
17 State Board of Health  
18 State Board of Youth and Family Services  
19 State Health Department, Sewage Handling and Disposal Appeal  
20 Review Board  
21 State Library Board  
22 State Mental Health, Mental Retardation and Substance Abuse  
23 Services Board  
24 State Water Control Board  
25 Substance Abuse Certification Board  
26 Treasury Board, The, Department of the Treasury  
27 Virginia Aviation Board  
28 Virginia Fire Services Board

1 Virginia Health Planning Board  
2 Virginia Health Services Cost Review Council  
3 (Effective July 1, 1992) Virginia Manufactured Housing Board  
4 Virginia Oil and Gas Conservation Board  
5 Virginia Parole Board  
6 Virginia Public Telecommunications Board  
7 Virginia Soil and Water Conservation Board  
8 Virginia Voluntary Formulary Board  
9 Virginia Waste Management Board  
10 Virginia Well Review Board  
11 Virginia World Trade Council  
12 Waste Management Facility Operators, Board for.

13 CHAPTER 38.

14 SPECIALIZED TRANSPORTATION COUNCIL.

15 § 9-311. Specialized Transportation Council.--The Specialized  
16 Transportation Council is hereby created to support the development of  
17 safe, cost-effective, coordinated, and specialized transportation  
18 services for elderly Virginians and disabled Virginians. For the  
19 purposes of this chapter, "disabled" means persons who are unable to  
20 use fixed-route public transportation because of a physical or mental  
21 disability.

22 § 9-312. Membership.--The Secretary of Health and Human  
23 Resources shall serve as the chairman of the Council and the Secretary  
24 of Transportation shall serve as vice-chairman. The Governor shall  
25 appoint eight members, including a representative of a large urban  
26 public transportation provider, a small urban public transportation  
27 provider, and a rural transportation provider; three consumers; and  
28 two at-large members. Members appointed by the Governor shall



1 represent the various geographical areas of the Commonwealth. Initial  
2 appointments by the Governor shall be for terms as follows: two  
3 members for two years; three members for three years; and three  
4 members for four years. Thereafter, all appointments shall be for  
5 four-year terms. Members appointed by the Governor shall not be  
6 eligible to serve more than two consecutive full terms. Staff shall  
7 be provided by the Office of the Secretary of Health and Human  
8 Resources.

9 § 9-313. Powers and duties; compliance with guidelines.--A. The  
10 Council's powers and duties shall include but not be limited to:

11 1. Recommending strategies, standards, policies, and guidelines  
12 for the development of coordinated specialized transportation services  
13 for elderly persons and disabled persons;

14 2. Developing a comprehensive statewide specialized  
15 transportation plan based upon regional and local coordination of  
16 public transportation systems, private for-profit and nonprofit  
17 transportation providers, human service transportation providers, and  
18 local volunteer resources;

19 3. Developing criteria for and administering the Specialized  
20 Transportation Incentive Fund and other funds under its authority to  
21 fund innovative and coordinated specialized transportation planning  
22 and projects;

23 4. Identifying barriers to coordinated delivery of  
24 transportation services and recommending corrective actions;

25 5. Developing incentives for public-private partnerships;

26 6. Developing initiatives for eliminating constraints upon  
27 volunteers who provide transportation and recommending incentives for  
28 those volunteers;

1       7. Developing safety, maintenance and operational guidelines for  
2 human service transportation providers;

3       8. Composing and directing the work of a specialized  
4 transportation technical advisory committee; and

5       9. Advising and reporting to the Governor and the General  
6 Assembly annually on potential program and policy initiatives in  
7 specialized transportation.

8       B. Each provider of specialized transportation services, except  
9 localities and public transportation systems subject to Titles II and  
10 III of the Americans with Disabilities Act, Public Law 101-336,  
11 supported by state funds or state-administered federal funds shall  
12 meet the guidelines established by the Council.

13       § 9-314. Specialized Transportation Technical Advisory  
14 Committee.--A Specialized Transportation Technical Advisory Committee  
15 shall assist the Council. The Committee shall be composed of  
16 representatives from the following agencies: the Department for the  
17 Aging, the Department for the Deaf and Hard-of-Hearing, the Department  
18 of Education, the Department of Medical Assistance Services, the  
19 Department of Mental Health, Mental Retardation and Substance Abuse  
20 Services, the Department for Rights of Virginians with Disabilities,  
21 the Department of Rehabilitative Services, the Department of Social  
22 Services, the Department of Transportation and the Department for the  
23 Visually Handicapped and three representatives of public  
24 transportation providers or transportation district commissions to be  
25 appointed by the Council.

26       § 9-315. Specialized Transportation Incentive Fund.-- The  
27 Specialized Transportation Incentive Fund is hereby established and  
28 shall be used to assist participating planning districts in the

1 development of coordinated specialized transportation plans and  
2 projects. In order to be eligible to receive funds from the  
3 Specialized Transportation Incentive Fund, a planning district  
4 commission shall establish, in consultation with its metropolitan  
5 planning organization if one exists, an advisory transportation  
6 coordination committee and shall submit to the Specialized  
7 Transportation Council a plan for cost-effective coordination of  
8 specialized transportation services in the planning district or in  
9 localities within the planning district. The advisory transportation  
10 coordination committee shall guide planning for the coordination and  
11 administration of specialized transportation with human service  
12 agencies, participating public transportation systems and, where  
13 appropriate, with private for-profit and non-profit transportation  
14 providers. Advisory transportation coordination committees shall be  
15 composed of, but not limited to, elderly and disabled persons,  
16 providers of specialized transportation systems, and local private  
17 for-profit and non-profit transportation providers. Localities and  
18 public transportation systems subject to Titles II and III of the  
19 Americans with Disabilities Act, Public Law 101-336, shall not be  
20 required to participate in coordinated specialized transportation  
21 plans, but may participate at their option.

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LEGISLATIVE SUMMARY

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Transportation. Creates the Specialized Transportation Council to develop methods for providing safe, cost-effective and coordinated transportation for elderly and disabled persons. The Council is required to develop a comprehensive, statewide, specialized transportation plan. The Council will administer the Specialized Transportation Fund which will finance innovative and coordinated specialized transportation planning and projects. Planning district commissions that wish to receive money from the Fund are required to establish an advisory transportation coordination committee and to submit to the Council a plan for cost-effective coordination of specialized transportation services in the planning district or in localities within the planning district. This bill is a recommendation of the Beyer Commission.

1 D 10/18/91 Bolecek C 10/25/91 jds

2 HOUSE JOINT RESOLUTION NO.....

3 Requesting the Secretary of Education, the Secretary of Health and  
4 Human Resources, the State Council of Higher Education and the  
5 Virginia Community College System to develop a proposal for the  
6 creation of a university consortium to address research, training  
7 for service providers, and technology transfer in the area of  
8 physical and sensory disabilities.

9

10 WHEREAS, academic research is essential to continued progress in  
11 developing new and innovative methods of serving persons with physical  
12 and sensory disabilities; and

13 WHEREAS, the application of research findings and new  
14 technologies promotes the independence and self-sufficiency of persons  
15 with physical and sensory disabilities; and

16 WHEREAS, institutions of higher education in the Commonwealth  
17 establish curricula and provide academic and technical training for  
18 professionals who serve persons with physical and sensory  
19 disabilities; and

20 WHEREAS, there is currently a lack of coordination between  
21 universities and service agencies and only a limited number of  
22 university-affiliated programs focus on research, technology transfer,  
23 and training development for services to persons with physical and  
24 sensory disabilities; now, therefore, be it

25 RESOLVED by the House of Delegates, the Senate concurring, That  
26 the Secretary of Education, the Secretary of Health and Human  
27 Resources, the State Council of Higher Education, and the Virginia

1 Community College System are requested to develop a proposal for the  
2 creation of a university consortium to address research, training for  
3 service providers, and technology transfer in the area of physical and  
4 sensory disabilities and to present the proposal to the 1993 Session  
5 of the General Assembly.

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LEGISLATIVE SUMMARY

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3       Persons with disabilities. Requests the Secretary of Education,  
4 the Secretary of Health and Human Resources, the State Council of  
5 Higher Education and the Virginia Community College System to develop  
6 a proposal for the creation of a university consortium to address  
7 research, training for service providers, and technology transfer in  
8 the area of physical and sensory disabilities.

1 D 11/1/91 Bolecek C 11/5/91 jds

2 HOUSE JOINT RESOLUTION NO.....

3 Requesting the State Board of Education to study the demographics of  
4 students exiting the special education system and to develop  
5 recommendations to facilitate the transition of these individuals  
6 to the adult rehabilitative services system.

7

8 WHEREAS, more than 4,000 students with disabilities exit  
9 Virginia's schools each year; and

10 WHEREAS, national data on young adults with disabilities who have  
11 been out of school for more than one year indicate that 29.2% of the  
12 young adults work full-time, 17.2% work part-time, and only 14.6%  
13 participate in any postsecondary education or vocational training  
14 program; and

15 WHEREAS, research has found that the majority of young adults  
16 with disabilities who have been out of school for more than one year  
17 do not access the adult service agency system; and

18 WHEREAS, some young adults with disabilities require long-term  
19 rehabilitation and need multiple and complex services that should be  
20 coordinated; and

21 WHEREAS, Virginia does not possess comprehensive data regarding  
22 the employment and independent living status and adult service needs  
23 of youth with disabilities who have exited Virginia's schools; now,  
24 therefore, be it

25 RESOLVED by the House of Delegates, the Senate concurring, That  
26 the State Board of Education be requested to study the demographics of



1 students exiting the special education system and to develop  
2 recommendations for programs and activities to facilitate the  
3 transition of these individuals from special education programs to the  
4 adult rehabilitative services system. The recommendations shall  
5 include methods of targeting individuals who have vocational potential  
6 and individuals who may need long-term rehabilitation services. In  
7 conducting its study, the State Board of Education shall consult with  
8 parents of children who receive special education services.

9       The Board of Education shall submit its findings and  
10 recommendations to the House Committees on Education and on Health,  
11 Welfare and Institutions and to the Senate Committee on Education and  
12 Health by October 1, 1992, as provided in the procedures of the  
13 Division of Legislative Automated Systems for the processing of  
14 legislative documents.

15

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1 D 10/24/91 Bolecek C 12/9/91 smw

2 SENATE BILL NO. .... HOUSE BILL NO. ....

3 A BILL to amend the Code of Virginia by adding a section numbered  
4 18.2-369, relating to abuse and neglect of aged and incapacitated  
5 adults; penalty.

6  
7 Be it enacted by the General Assembly of Virginia:

8 1. That the Code of Virginia is amended by adding a section numbered  
9 18.2-369 as follows:

10 § 18.2-369. Abuse and neglect of aged or incapacitated  
11 adults.--A. It shall be unlawful for any person to abuse or neglect  
12 any adult as defined in this section. Any person who abuses or  
13 neglects an adult in violation of this section shall be guilty of a  
14 Class 6 felony.

15 B. For the purposes of this section:

16 "Abuse" means the willful infliction of physical pain, injury or  
17 mental anguish or unreasonable confinement.

18 "Adult" means (i) any person sixty years of age or older or (ii)  
19 any person eighteen years of age or older who is incapacitated or  
20 impaired by reason of mental illness, mental retardation, physical  
21 illness or disability, or other condition to the extent that he lacks  
22 sufficient understanding or ability to make, communicate, or carry out  
23 reasonable decisions concerning his well-being.

24 "Neglect" means the willful deprivation of essential services to  
25 the extent that it harms or threatens the physical or mental health of  
26 an adult by a person who has the responsibility for the care of the

1 adult as a result of family relationship, contract, voluntary  
2 assumption of that responsibility, or by operation of law.

3 C. Any person having care, custody, or control of an adult who  
4 in good faith is under treatment solely by spiritual means through  
5 prayer in accordance with the tenets and practices of a recognized  
6 church or religious denomination shall not, for that reason alone, be  
7 considered in violation of this section.

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LEGISLATIVE SUMMARY

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3     Adult abuse and neglect. Creates the crime, punishable as a  
4 Class 6 felony, of adult abuse and neglect. All persons are  
5 prohibited from abusing an incapacitated person aged 18 or over or any  
6 person aged 60 or over. Persons in a caretaker role are prohibited  
7 from neglecting an incapacitated person aged 18 or over or any person  
8 aged sixty or over in their charge. The terms "abuse" and "neglect,"  
9 as well as "adult," are defined for the purposes of this section. An  
10 exception is included for those following the tenets of a religious  
11 faith.

1 D 10/30/91 Bolstad C 11/5/91 smw

2 SENATE BILL NO. .... HOUSE BILL NO. ....

3 A BILL to amend and reenact § 38.2-4319 of the Code of Virginia and to  
4 amend the Code of Virginia by adding a section numbered  
5 38.2-3418.2, relating to health care coverage for physical  
6 rehabilitation services.

7

8 Be it enacted by the General Assembly of Virginia:

9 1. That § 38.2-4319 of the Code of Virginia is amended and reenacted  
10 and that the Code of Virginia is amended by adding a section numbered  
11 38.2-3418.2 as follows:

12 § 38.2-3418.2. Optional coverage for physical rehabilitation  
13 services.--A. Notwithstanding the provisions of § 38.2-3419, each  
14 insurer proposing to issue individual or group accident and sickness  
15 insurance policies providing hospital, medical and surgical or major  
16 medical coverage on an expense-incurred basis; each corporation  
17 providing individual or group accident and sickness subscription  
18 contracts; and each health maintenance organization providing a health  
19 care plan for health care services shall offer and make available  
20 coverage under such policy, contract or plan delivered, issued for  
21 delivery or renewed in this Commonwealth for physical rehabilitation  
22 services.

23 B. The physical rehabilitation services covered by this section  
24 shall be prescribed by a physician and shall include, but not be  
25 limited to, physical therapy, occupational therapy, speech-language  
26 services, cognitive retraining and neurobehavioral therapies.

1 "Cognitive retraining" means those services provided to retrain  
2 cognitive functions, including, but not limited to, orientation,  
3 attention and concentration, reasoning, memory, discrimination,  
4 behavior, and ongoing developmental problems following an injury.

5 "Neurobehavioral therapies" means those therapies provided to  
6 improve behaviorial functioning including, but not limited to,  
7 interpersonal relationships, aggression management, mood management,  
8 reality orientation, and anxiety disturbances which are a consequence  
9 of physical damage to the central nervous system.

10 "Occupational therapy" includes, but is not limited to,  
11 activities which relate to training for the activities of daily living  
12 such as dressing, hygiene, mobility, cognitive remediation, homemaking  
13 activities, or use of assistive technology.

14 C. The provisions of this section shall not apply to short-term  
15 travel, accident only, limited or specified disease, or individual  
16 conversion policies or contracts, nor to policies or contracts  
17 designed for issuance to persons eligible for coverage under Title  
18 XVIII of the Social Security Act, known as Medicare, or any other  
19 similar coverage under state or federal governmental plans.

20 § 38.2-4319. Statutory construction and relationship to other  
21 laws.--A. No provisions of this title except this chapter and, insofar  
22 as they are not inconsistent with this chapter, §§ 38.2-100, 38.2-200,  
23 38.2-210 through 38.2-213, 38.2-218 through 38.2-225, 38.2-229,  
24 38.2-232, 38.2-316, 38.2-400, 38.2-402 through 38.2-413, 38.2-500  
25 through 38.2-515, 38.2-600 through 38.2-620, Chapter 9 of this title,  
26 38.2-1317 through 38.2-1321, 38.2-1800 through 38.2-1836, 38.2-3401,  
27 38.2-3405, 38.2-3407.1, 38.2-3411.2, 38.2-3418.1, 38.2-3418.2,  
28 38.2-3419.1, 38.2-3542, and Chapter 53 of this title shall be

1 applicable to any health maintenance organization granted a license  
2 under this chapter. This chapter shall not apply to an insurer or  
3 health services plan licensed and regulated in conformance with the  
4 insurance laws or Chapter 42 of this title except with respect to the  
5 activities of its health maintenance organization.

6 B. Solicitation of enrollees by a licensed health maintenance  
7 organization or by its representatives shall not be construed to  
8 violate any provisions of law relating to solicitation or advertising  
9 by health professionals.

10 C. A licensed health maintenance organization shall not be deemed  
11 to be engaged in the unlawful practice of medicine. All health care  
12 providers associated with a health maintenance organization shall be  
13 subject to all provisions of law.

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1 LEGISLATIVE SUMMARY

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3 Accident and sickness insurance; coverage of physical  
4 rehabilitation services. Requires issuers of accident and sickness  
5 insurance policies and subscription contracts as well as HMO health  
6 care plans to offer coverage for physical rehabilitation therapy.  
7 Such therapy includes cognitive retraining, neurobehavioral therapies,  
8 physical therapy, occupational therapy, and speech-language services.

9 This legislation is a recommendation of Lieutenant Governor  
10 Beyer's commission examining services and support for persons with  
11 disabilities pursuant to HJR 45 of the 1990 session.

1 RDF 11/5/91 Geisen T 11/13/91 smw

2 SENATE BILL NO. .... HOUSE BILL NO. ....

3 A BILL to amend and reenact § 63.1-85.4:1 of the Code of Virginia and  
4 to amend the Code of Virginia by adding a section numbered  
5 18.2-20, relating to statewide interpreter service; unlawful  
6 divulgence of communication; penalty; immunity.

7  
8 Be it enacted by the General Assembly of Virginia:

9 1. That § 63.1-85.4:1 of the Code of Virginia is amended and  
10 reenacted and that the Code of Virginia is amended by adding a section  
11 numbered 18.2-20 as follows:

12 § 18.2-20. Unlawful divulgence of communication; penalty;  
13 immunity.--Any qualified interpreter, as defined in § 63.1-85.4:1, or  
14 any communications assistant employed by the statewide dual party  
15 relay service established under Article 5 (§ 56-484.4 et seq.) Chapter  
16 15 of Title 56, who divulges the content of any communication which he  
17 has facilitated in his professional capacity shall be guilty of a  
18 Class 3 misdemeanor. Except as provided in § 8.01-400.1, no qualified  
19 interpreter or communications assistant shall be excused from  
20 testifying for the Commonwealth as to any offense committed by another  
21 by reason of his testimony tending to incriminate him due to his  
22 facilitation of a communication. The testimony given by any  
23 interpreter or assistant on behalf of the Commonwealth when called as  
24 a witness for the prosecution shall in no case be used against him  
25 other than in a prosecution for perjury, nor shall he be prosecuted as  
26 to the offense to which he has testified.

1 § 63.1-85.4:1. Statewide interpreter service.--The Department is  
 2 authorized to establish, maintain and coordinate a statewide service  
 3 to provide courts, state and local legislative bodies and agencies,  
 4 both public and private, and hearing-impaired persons who request the  
 5 same with qualified interpreters for the hearing impaired out of such  
 6 funds as may be appropriated to the Department for these purposes.

7 Those courts and state and local agencies which have funds  
 8 designated to employ qualified interpreters shall pay for the actual  
 9 cost of such interpreter. The Department is further authorized to  
 10 establish and maintain lists of qualified interpreters for the hearing  
 11 impaired to be available to the courts, state and local legislative  
 12 bodies and agencies, both public and private, and to hearing-impaired  
 13 persons.

14 The Department is authorized to charge a reasonable fee for the  
 15 administration of quality assurance screening of ~~sign-language-~~  
 16 interpreters. Such fees shall be applied to the costs of  
 17 administering the statewide interpreter service.

18 For the purposes of this section, a qualified interpreter is a  
 19 person who (i) is able to relay communication expressed in the  
 20 language modality practiced by the consumers; (ii) is able to convey  
 21 ideas, language and vocabulary in terminology understood by the  
 22 consumers; (iii) has received, from an agency or organization  
 23 recognized by the Department, screening credentials which specify the  
 24 interpreter's level of skill or certification credentials; and (iv)  
 25 has a skill level appropriate to the situation in accordance with the  
 26 guidelines in the Department's Directory of Qualified Interpreters.

27 #

LEGISLATIVE SUMMARY

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4 Qualified interpreters for the deaf and hard-of-hearing.

5 Specifies what qualifications are necessary in order to be a qualified  
6 interpreter under the statewide interpreter service administered by  
7 the Department for the Deaf and Hard-of-Hearing. This bill also (i)  
8 creates a crime (Class 3 misdemeanor) which punishes a qualified  
9 interpreter or communications assistant who divulges the content of  
10 any communication which he has facilitated and (ii) grants immunity  
11 for testimony concerning any crime, except perjury, in which the  
12 interpreter or assistant has become involved due to facilitating a  
13 communication.

1 D 10/25/91 Bolecek C 11/25/91 jds

2 HOUSE JOINT RESOLUTION NO.....

3 Requesting the Department for the Deaf and Hard-of-Hearing to study  
4 the specific barriers to effective emergency response and  
5 law-enforcement services faced by persons who are sensory  
6 impaired and to make recommendations for the elimination of these  
7 barriers.

8

9 WHEREAS, an estimated 671,000 Virginians experience some degree  
10 of sensory impairment; and

11 WHEREAS, of these an estimated 60,000 are considered to be deaf  
12 and 14,000 are considered to be legally blind; and

13 WHEREAS, communication is the single greatest barrier faced by  
14 persons who are sensory impaired; and

15 WHEREAS, in emergency and law-enforcement situations,  
16 communication is critical; and

17 WHEREAS, emergency response and law-enforcement personnel are  
18 often unaware of the communication needs of sensory impaired persons  
19 and untrained in how to handle these special communication needs in  
20 various emergencies; and

21 WHEREAS, there have been problems in handling Telecommunications  
22 Devices for the Deaf (TDD) calls by 911 services in other states which  
23 indicate the need for improved training for emergency response and  
24 law-enforcement personnel; and

25 WHEREAS, the need for increased awareness and training among  
26 these personnel in the Commonwealth has been noted by the Department  
27 for the Deaf and Hard-of-Hearing and the Department for the Visually

1 Handicapped; and

2 WHEREAS, Virginia has a proud history of recognizing and  
3 responding to the needs of citizens who are sensory impaired; and

4 WHEREAS, the Americans with Disabilities Act requires increased  
5 access to emergency response telephone systems and generally increased  
6 accommodations for all persons with disabilities, including the  
7 sensory impaired; now, therefore, be it

8 RESOLVED by the House of Delegates, the Senate concurring, That  
9 the Department for the Deaf and Hard-of-Hearing is requested to study  
10 the specific barriers to effective emergency response and  
11 law-enforcement services faced by persons who are sensory impaired and  
12 to make recommendations for the elimination of these barriers. The  
13 study shall include, but not be limited to, an examination of 911  
14 Emergency Telephone Access and the training of emergency response and  
15 law-enforcement personnel and shall establish specific interagency  
16 goals for addressing these issues. During the course of the study,  
17 the Department for the Deaf and Hard-of-Hearing shall seek the  
18 participation of the Department for the Visually Handicapped, the  
19 Division of Emergency Medical Services within the Department of  
20 Health, the Department of Emergency Services, the Virginia Association  
21 for the Deaf, Self Help for Hard of Hearing, Inc., emergency service  
22 providers, law-enforcement personnel and other organizations and state  
23 agencies as appropriate.

24 The Department shall complete its work in time to submit its  
25 findings to the Governor and the 1993 Session of the General Assembly  
26 as provided in the procedures of the Division of Legislative Automated  
27 Systems for the processing of legislative documents.

28

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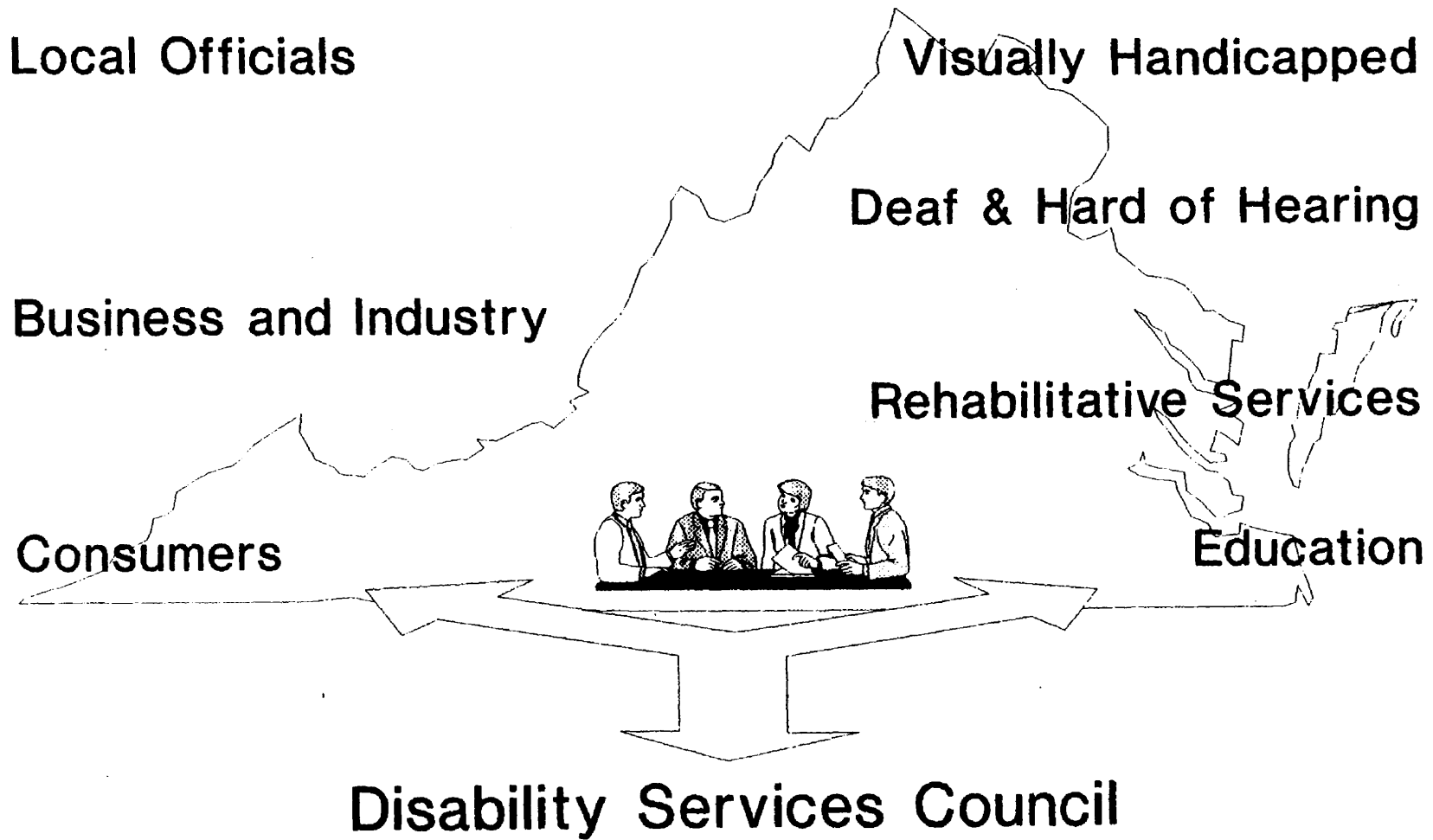
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LEGISLATIVE SUMMARY

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3       Sensory-impaired persons. Requests the Department for the Deaf  
4 and Hard-of-Hearing to study the specific barriers to effective  
5 emergency response and law-enforcement services faced by persons who  
6 are sensory impaired and to make recommendations for the elimination  
7 of these barriers.

# LOCAL PLANNING BOARDS





# Rehabilitation Services Incentive Fund

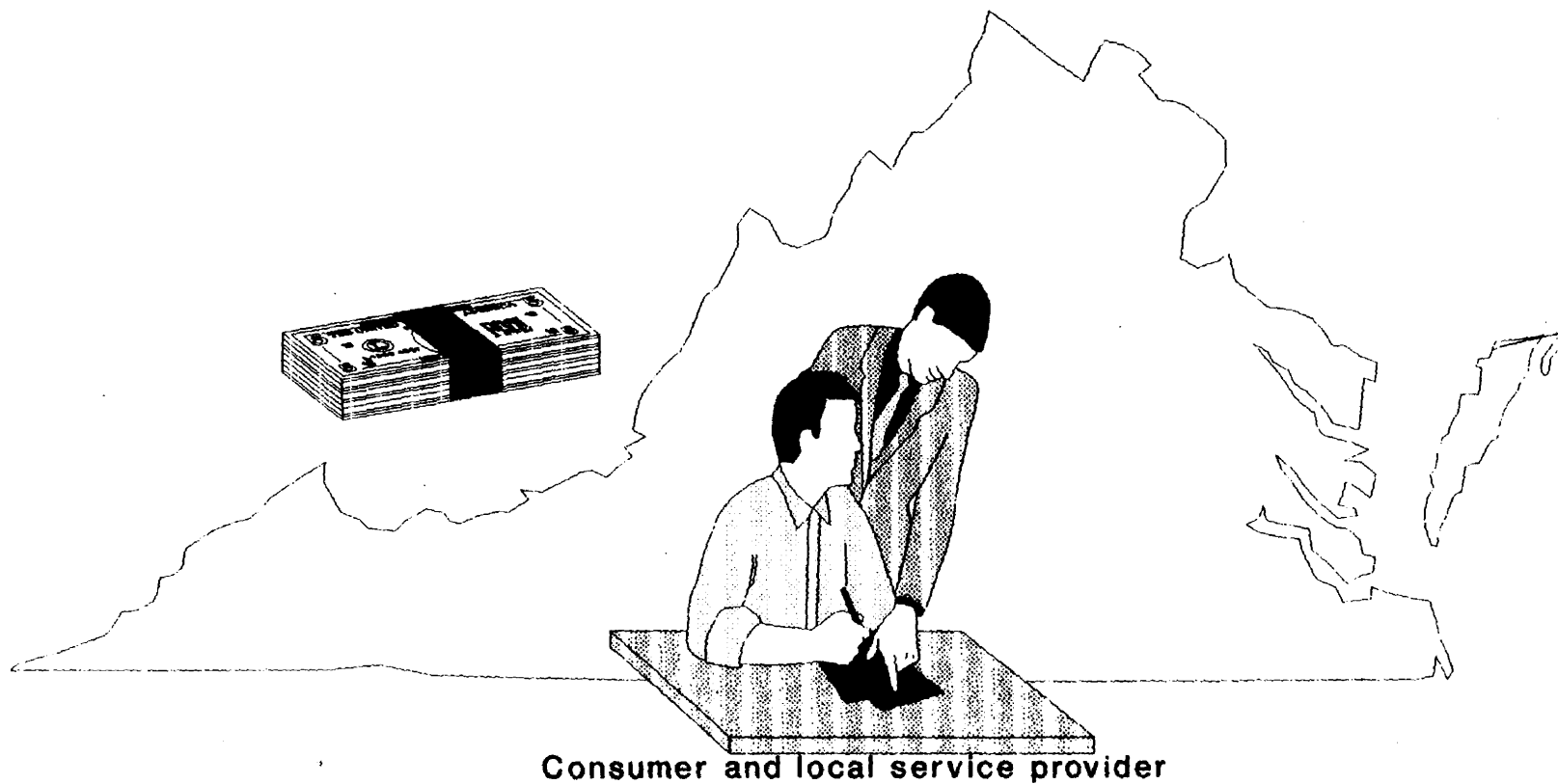


ATTACHMENT VI

**New and innovative community programs  
for persons with physical and sensory disabilities.**

# Consumer Service Fund

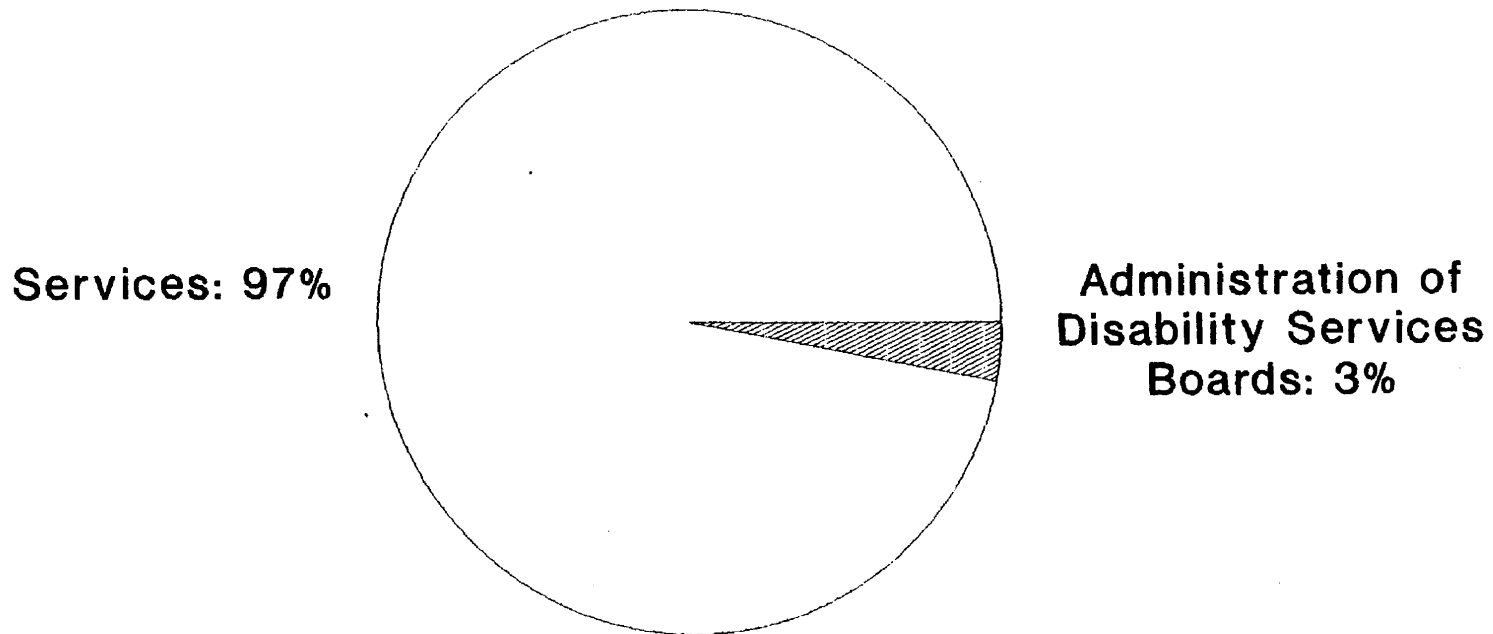
ATTACHMENT VII



"Fund of Last Resort"

# BUDGET PROPOSALS

## Service Vs Administrative Funding



ATTACHMENT IX

**Beyer Commission  
Structural Development Proposal  
Ten Year Plan**

**1991**

<b>Month</b>	<b>Activity</b>
<b>April</b>	<b>Beyer Commission Adopts the Local Planning Board Model with a Rehabilitative Services Incentive Fund (RSIF)</b>
<b>June</b>	<b>Beyer Commission Completes Public Hearings and Finalizes Report</b>

**1992**

<b>Month</b>	<b>Activity</b>
<b>January</b>	<b>Legislation Submitted to Establish Local Planning Boards and the RSIF</b>
<b>March-October</b>	<b>Department of Rehabilitative Services (DRS) in Consultation with the Department for the Visually Handicapped (DVH) and the Department for the Deaf and Hard of Hearing (DDHH) Provides Guidance and Initiates Phase-In Training and Technical Assistance to Localities to Establish Local Planning Boards</b>
<b>October</b>	<b>Local Planning Boards Are Established Throughout Virginia</b>
<b>November</b>	<b>Secretary of Health and Human Resources (SHHR) Submits a Formula for Accessing the RSIF to the Governor and General Assembly</b> <b>State Guidelines for the Development of Local Plans and Formulas to Access the RSIF Are Disseminated to Local Boards</b> <i>Note: Criteria and Guidelines for Local Plans Will Be Established by the Rehabilitative Service Interagency Team (RSI Team)</i>

**1993**

<b>Month</b>	<b>Activity</b>
<b>June</b>	<b>Initial Six Year (1994-2000) Plans Developed by Local Boards Are Submitted to the State</b> <i>Note: Local Boards' Six Year Plans Will Be Updated on a Biennial Basis and Incorporated into Agency Budget Proposals</i>
<b>July</b>	<b>First Awards from the RSIF Will Be Made to Local Boards</b> <i>Note: Awards to Local Planning Boards from the RSIF Will Be Made Each Year, Depending Upon the Budget</i>

**1994**

Month	Activity
January	Agency Budget Proposals to Expand Core Service Capacity and to Access the RSIF Are Submitted to General Assembly. Proposals Incorporate Recommendations/Needs Identified in Plans Developed by the Local Planning Boards <i>Note: Budget Proposals, Based on Local Plans, Will Be Similarly Submitted During Each Future Biennium Budget Planning Cycle</i>
July	Secretary of Health and Human Resources Initiates Plan for a Study to Review the Service Delivery System for Persons with Physical and Sensory Disabilities
October	Annual Report on the Service Delivery System for Persons with Physical and Sensory Disabilities Is Submitted by the DRS to the Governor and General Assembly

**1995**

Month	Activity
March - November	Secretary of Health and Human Resources Performs a Structural/Implementation Evaluation Study of the Beyer Commission Recommendations

**1996**

Month	Activity
January	Secretary of Health and Human Resources Proposes Legislation to the General Assembly and/or Directs Agencies to Make Adjustments in Service Delivery System(s), as Needed, Based on the Conclusions of the 1995 Secretarial Study
July	Adjustments to the Service Delivery System Are Implemented

**1998**

Month	Activity
January	Legislation Submitted to Establish a Legislative Oversight Commission to Review Beyer Commission Progress and to Make Recommendations for Future Directions for Service Delivery System(s) for Persons with Physical or Sensory Disabilities
July	Legislative Oversight Commission Initiates Study

**2000**

Month	Activity
January	Legislation Submitted to Restructure and/or Otherwise Adjust Services and the Delivery System(s) as Indicated by the Legislative Oversight Commission
July	Legislation Implemented

ATTACHMENT X

**EXECUTIVE SUMMARY  
REPORT TO THE BEYER COMMISSION  
from the Transportation Subcommittee**

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In House Joint Resolution 299 (Delegate Hall), as amended, the 1991 General Assembly requested the Beyer Commission to

- study transportation services for the elderly and disabled
- solicit the views and suggestions of local governments and local governmental agencies, affected state agencies and nongovernmental organizations, and concerned individuals
- develop a flexible and cost-effective plan for providing improved transportation services for the elderly and disabled.

Some of this committee's work builds on the findings and recommendations of previous studies, which generally agree that

- Virginia does not have a public transportation system in all parts of the state nor does it have a comprehensive, coordinated system for specialized transportation.
- In many rural areas, human service agencies are the primary source of transportation and there, as in many urban areas, the supply cannot meet the demand.
- There are, nevertheless, several local Virginia models for creative and cost-effective coordination of specialized transportation across agency and jurisdictional boundaries.
- The current fiscal situation, coupled with a 29% decrease in Federal funding for public transportation since 1985, encourages the development of coordinated specialized transportation systems with pooling and sharing of resources for greater economy for operators and accessibility for consumers.

Certain assumptions have guided this committee's recommendations:

- Expansion of specialized transportation must depend on more efficient use of existing resources, as well as new revenue.
- In most cases, regional consolidation of specialized transportation services under a single, existing transportation provider will result in efficient use of resources.
- An identifiable entity, independent of the agencies which fund transportation but working in cooperation with them, is necessary to develop a comprehensive state policy on coordinated specialized transportation and assist in its implementation among the localities.
- A high level of commitment to coordination is required

from the directors of state and local human service agencies and the Department of Transportation, by local governments and public transit systems, and by consumers themselves.

- Local governments must have the flexibility to develop coordinated systems which reflect their local needs and resources.
- It is important for the providers of human service transportation both to understand the requirements which the Americans with Disabilities Act places on public transportation systems and to be committed to assist localities who provide public transportation in meeting these requirements.

#### **RECOMMENDATIONS:**

##### **A. SPECIALIZED TRANSPORTATION COUNCIL:**

- Establish in statute a Specialized Transportation Council, appointed by the Governor, to facilitate regional coordination for specialized transportation services and develop stable funding.
- Membership includes the Secretary of Health and Human Resources as Chair, as well as the Secretary of Transportation, a rural and an urban provider, three consumers, and two at-large members.
- The Council should assist Planning District Commissions or local governments in developing regional coordinated transportation plans and set standards for safe and efficient provision of services by the provider(s) designated in the regional plans.
- Designated specialized transportation providers must meet safety and operational guidelines set by the Council.
- State human service agencies and VDOT should pay for one FTE to staff the Council (\$45,000). Operating expenses (\$15,000) should come from a General Fund appropriation.
- A \$500,000 Incentive Fund would be used by the Council to facilitate local coordination.

##### **B. OTHER RECOMMENDATIONS include:**

- Establish statewide corps of trained volunteer drivers with tax incentives and liability waivers.
- Encourage human service transportation providers to also provide public transportation when and where appropriate.
- Prohibit "dumping" due to ADA.
- Eliminate state-controlled regulations and policies that discourage coordination.