REPORT OF THE

DISABILITY COMMISSION

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

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1994 Report

of the

Disability Commission

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

February 1995

Introduction:

The Disability Commission was established in 1990 with House Joint Resolution 45 to address service needs, availability of services, costs, and quality of services for persons with physical and sensory disabilities. In its first year of work, the Commission identified unnecessary bureaucratic barriers and complex eligibility criteria, poor coordination and gaps in services, and disincentives in the service systems to rewarding independence and self-sufficiency. The Commission has followed the themes of advocating consumer-focused services, community-based services, and increased service coordination. With this focus, a ten year plan of action was developed to provide a framework for an integrated service system for individuals with disabilities and their families. For four years, the Commission has addressed the needs of children and adults with disabilities in order to encourage a system of services to meet those needs. This report summarizes the activities of the Commission in 1994 and its recommendations for legislative and financial actions in the 1995 General Assembly Session.

Primary Studies in 1994:

The Disability Commission, under the continuation authorization of **House Joint Resolution 274**, advanced several activities in 1994 pertaining to services for individuals with physical and sensory disabilities.

HJR 83 Designing an Evaluation Plan to Assess Disability Commission Initiatives

House Joint Resolution 83 requested the Secretary of Health and Human Resources to develop a plan to evaluate the implementation of Commission recommendations and to make recommendations on necessary adjustments in the service delivery system. Kay C. James, the Secretary of Health and Human Resources, appointed an evaluation

design task force comprised of service consumers and providers. Secretary James served as the Chair of the Task Force and directed its investigation and design of a comprehensive evaluation plan as authorized by the resolution.

The HJR 83 Task Force recommended methods for evaluating five specific areas of Commission initiatives. These included:

1) a) Effectiveness of the disability services boards (DSBs), created by the Commission in all regions of Virginia to conduct needs assessments and make recommendations for services in their communities.

b) Effectiveness of the Disability Services Council (DSC), which under the sponsorship of the Commission developed guidelines for the establishment of the DSBs and annually reviews the reports on local service needs and priorities.

2) Efficiency of existing Information and Referral (I&R) programs in providing an effective point of entry and in meeting the transition and continuing service needs of consumers

3) Accomplishments and effectiveness of state-level interagency committees that address service issues including the Plan of Cooperation established in the Virginians with Disabilities Act

4) Impact of new funding on the availability of services for persons with physical and sensory disabilities

5) Implementation of Commission recommendations for administrative action by involved state agencies.

An external evaluation consultant, Paul Wehman, PhD, of the Department of Physical Medicine and Rehabilitation at Virginia Commonwealth University, was employed to assist the Task Force with its charge. The Task Force developed a cost-efficient approach to

evaluating the many aspects of the Commission's work over the past four years. The plan developed by the Task Force is included as Appendix I to this report.

The results of the evaluation will be reported to the General Assembly in 1996.

HJR 272 on Individual and Family Support

House Joint Resolution 272 established a subcommittee of the Commission to determine and assess cost-effective methods to support families who are primary care givers to children with severe disabilities and fragile health conditions as well as to support adults with severe cognitive, physical and sensory disabilities in order to reduce or avoid institutional placement and increase employment opportunities. Chaired by Senator Jane Woods, the Subcommittee studied other states' experiences and systems that support adults at risk of institutionalization and families with children who have severe disabilities.

The HJR 272 Subcommittee report called for five resolutions, one new statute and three budget amendments in the area of individual and family supports. The Commission adopted the recommendations listed below for introduction in the 1995 session of the General Assembly.

Resolutions

1) A request to the Department of Medical Assistance Services to proceed with amending Virginia's Technology Assisted Waiver to expand the age criteria to allow admission of persons over the age of 21, to add services in a group home setting and for environmental modifications, assistive technology and personal assistance

2) A request to the Department of Medical Assistance Services to pursue strategies that will enable consumers served by the Elderly and Disabled Waiver to have the option of hiring their personal attendants

3) A request to the Secretary of Health and Human Resources to seek out private businesses to serve as partners in establishing and financing an Assistive Technology Loan Fund

4) To commend the concepts for the demonstration of effective methods of providing individual and family support services at the community level as advanced by the Virginia Board for People with Disabilities through its funding targets for the 1995 Developmental Disabilities Grants Program

5) To continue the HJR 272 subcommittee and adding the directive to study issues raised in Senate Document 5, *Report on the Needs of Medically Fragile Students*. This report was instituted under **SJR 306**, which instructed the Departments of Health and Education to detail the educational and health status of these children.

Legislation

The Subcommittee also recommended passage of enabling legislation to allow the establishment of the Virginia Assistive Technology Loan Fund Authority in order to encourage a private/public partnership for providing low interest loans for the purchase of assistive technology needed by individuals with disabilities.

Budget Amendments

1) $1,528,800 in General Funds to be matched by federal funds to raise the maintenance allowance to 300% of the SSI payment amount for individuals receiving services through the Elderly and Disabled Waiver administered by the Department of Medical Assistance Services.

2) $426,390 in General Funds to provide Cognitive Rehabilitation Services in the Medicaid State Plan to be reimbursed through both the

Department of Medical Assistance Services (Title XIX) and the Department of Rehabilitative Services (Title I).

3) $725,000 in General Funds to provide a public contribution for the establishment of a Virginia Assistive Technology Loan Fund as a public/private partnership in providing low cost financing for Technology needed by people with disabilities.

The complete report of the HJR 272 Subcommittee on Individual and Family Support is attached as Appendix II of this report.

Additional Studies:

The Disability Commission received brief reports on two additional studies it requested in the 1994 General Assembly.

Mr. R. Shawn Majette of the Virginia Bar Association reported the outcome of the HJR 84 study. This resolution requested the Virginia Bar Association with assistance from the Department of Social Services to review the use and potential abuse of durable power of attorney. Members of the Virginia Bar's Elder Law Committee, helped lead the study and develop its report. The task force recommended one amendment to the Code of Virginia in this area and two new statutes to make it easier to identify and investigate financial exploitation. After discussion of the definitions of specific terminology in the code the Commission passed a resolution endorsing the recommendation of the task force. The study is reported in House Document 13.

The Department of Social Services reported on that agency's work to facilitate collaborative training of staff from adult protective services, local law enforcement agencies, and financial institutions for cases in which an incapacitated adult was believed to be the victim of financial exploitation. Several training activities have been planned during 1995, designed around the curriculum and handbook which has been developed in response to **SJR 97**. The handbook is entitled, *Guidelines for Cooperation between Law Enforcement and Adult Protective Services in Financial Exploitation Cases.*

Funding Initiatives:

Following the discussion of the activities undertaken in 1994, the Commission reviewed the funding initiatives it has advanced in previous years. That review lead the Commission to a decision to seek the budget amendments listed below for each of the Commission's initiatives.

Budget Amendments

$1,029,000 for expanding the Personal Assistance Services program

$2,475,000 to expand the Consumer Service Fund

$2,500,000 to expand the Rehabilitative Services Incentive Fund

$329,000 to establish two new Centers for Independent Living

$375,000 for operations and technical staff support for the Disability Services Boards

$153,300 for expanding the Long-Term Rehabilitative Case Management program

$122,400 for expansion of the Supported Employment program

$829,500 to expand the Brain Injury program of Woodrow Wilson Rehabilitation Center

$150,000 to establish a Consortium on Disability Training and Research within the Department of Rehabilitative Services

APPENDIX I

Plan to Evaluate the Implementation of the Recommendations made by the Commission on the Coordination of the Delivery of Services to Facilitate the Self-Sufficiency and Support of Persons with Physical and Sensory Disabilities

HJR 83

January, 1995

TASK FORCE MEMBERS

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Professor, Physical Medicine & Rehabilitation

Introduction

During the 1994 General Assembly, a joint resolution was approved requesting the Secretary of Health and Human Resources to evaluate the implementation of recommendations made by the Commission on the Coordination of the Delivery of Services to Facilitate the Self-Sufficiency and Support of Persons with Physical and Sensory Disabilities, which is referenced as the Commission or the Disability Commission. HJR 83 outlines the areas of the evaluation to assess the effectiveness of the recommendations advanced by the Disability Commission including, "(i) **the Disability Services Council and the disability services boards,** (ii) **the impact of new funding on the availability of services for persons with physical and sensory disabilities,** (iii) **the accomplishments and effectiveness of state-level interagency committees that address service issues including the Plan of Cooperation established in the Virginians with Disabilities Act,** (iv) **the efficiency of existing Information and Referral (I&R) programs in providing an effective point of entry and in meeting the transition and continuing service needs of consumers,** and (v) **the implementation of Commission recommendations for administrative action by involved state agencies."**

Pursuant to the resolution, the Secretary of Health and Human Resources will perform an evaluation of the Disability Commission in 1995. As part of the process to develop and implement an evaluation plan, the Secretary formed a task force comprised of consumers, representatives of disability services boards, and local service providers to assist in planning and conducting the evaluation. The Virginia Board for People with Disabilities provided staff support for the Task Force. This document summarizes the work of the Task Force and describes the evaluation plan.

Summary of the Disability Services Evaluation Task Force Meetings

The Disability Services Evaluation Task Force was appointed by the Secretary in August of 1994. Task Force meetings were held on September 8, October 5 and 26, and November 16, 1994. The Task Force received a series of background briefings, developed the proposed strategies and activities to conduct the comprehensive evaluation and received public comment on a draft version of the plan. To insure that the evaluation plan directly responded to the intent of HJR 83, the Task Force focused its activities in five areas:

1. The Disability Services Council and Disability Services Board network;
2. Prior and current funding initiatives of the Disability Commission;
3. Current interagency committees, task forces, and work groups addressing the needs of individuals with disabilities;
4. Information and referral systems operated by state and local agencies;
5. Administrative recommendations contained in the initial report of the Disability Commission.

To maximize productivity, the Task Force divided into three working subcommittees: Disability Services Council and DSBs; Funding Initiatives and Administrative Recommendations; and, Information and Referral Systems and Interagency Committees. The Subcommittees devoted significant time to identifying the issues and questions to be addressed through the evaluation plan, as well as developing specific components of the evaluation design. The draft plan was then submitted for public comment. Public comment focused on (1) the need to recognize that the Disability Services Boards have been in operation only a short period of time, (2) the Disability Services Boards should be involved in the design and implementation of evaluation activities, and (3) the proposed scope of the evaluation was quite large and should be reduced to allow a feasible, cost-effective evaluation to be undertaken.

Overview of Evaluation Strategies

This report is proposed to frame the initial methodologies necessary for a comprehensive evaluation of the impact on the service delivery system of the Disability Commission. The table below highlights potential evaluation strategies in an overview of the evaluation design. It also lists the five areas highlighted by the Disability Commission and the General Assembly for examination. The approaches listed within the table are described in more detail in the body of the report. Attachment #1 delineates the specific evaluation areas and the questions to be addressed through the evaluation strategies.

Areas	Strategies
Disability Services Boards (DSBs)	1. Review meeting records, summaries of assessments completed by DSBs, and other information maintained by the Department of Rehabilitative Services. 2. Interview members of the Disability Services Council (DSC) and a sample of individuals presently serving on local DSBs. Request each DSB to complete a questionnaire compiled by the Task Force.
Funding Initiatives	1. Review data maintained by the Department of Rehabilitative Services regarding service utilization, program expenditures, and program outcomes. 2. Interview consumers receiving the identified services to assess their satisfaction and obtain their input regarding potential areas for program modification, expansion, or improvement.

Interagency Committees	1. Obtain information regarding the characteristics committees, including purpose, membership, and achievements.
Information and Referral	1. Review available information regarding the utilization and perceived effectiveness of information and referral programs. 2. Conduct structured assessments of the timeliness, accuracy and quality of information provided by various information and referral programs.
Administrative Recommendations	1. Review information provided by state agencies regarding the present status of each of the administrative recommendations.

Evaluation Plan

This section of the report details the evaluation plan developed by the Task Force. Evaluation methodologies and areas of investigation are described.

Disability Services Boards and the Disability Services Council

Activity 1. Conduct a review of existing minutes, records, reports, and other pertinent documentation.

A descriptive analysis will be conducted using documents and materials obtained from the Department of Rehabilitative Services. The process for conducting the review will involve: (1) identifying the materials and resources needed for review, (2) obtaining the necessary information, (3) initiating a structured review of the materials, and (4) analyzing and summarizing the findings of the review. The first step of this process will be to meet with designated DRS staff to determine what information and materials are available through their office. During this meeting the best method for accessing the information will be determined. Once the resources and materials have been obtained, an open-ended review form will be used for analysis of both the DSBs and the DSC that includes pertinent headings relating to:

- Characteristics of DSBs;

- Functions of the Boards (i.e. ADA resource, advisors to local government);

- Level of support provided to the Boards, (i.e. staff, finances, commitment);

- DSB requests for Rehabilitation Services Incentive Funds.

- Primary and effective accomplishments of each board;

- Composition of the DSC;

- Effectiveness of the DSC in transmitting recommendations and findings of the DSBs to Department of Rehabilitative Services and other state agencies;

Quantitative data will be summarized using matrices and tables. Additional information will be reviewed and summarized qualitatively.

Activity 2. Develop a written survey for DSBs to complete.

A survey instrument will be developed to obtain further information about the Disability Services Boards which could not be obtained through a document review. The survey will request the DSBs to provide specific information about their Boards, such as their membership, how frequently they meet, and other pertinent information about their function and role in their locality. Because of the exploratory nature of this evaluation, it is anticipated that the DSBs will be given additional space to clarify responses and provide further explanations and information. In addition, the survey will request the DSBs to provide any documentation (including reports or resources developed by the Boards) which will augment their responses.

The survey procedure will be implemented in five phases: (1) development of the survey, (2) initial contact, (3) survey completion, (4) telephone follow-up, and (5) analyze information using a variety of evaluation methodologies. A draft survey instrument will be developed and sent to a committee comprised of DRS and DSB representatives for their review and comment. Once their feedback has been received and a final draft is developed, the next step in the process will be to initially contact each DSB chairperson to explain the purpose of the survey and to advise them of the approximate date that they will receive the survey. The surveys will then be mailed accompanied by a cover letter restating the purpose of the survey and requesting the return of the survey by a specified date. The survey instrument will be adapted to meet individual needs (for example, large print, audiocassette or computer disk).

Telephone follow-up will be done when clarification of information submitted by the DSBs is needed or to obtain additional information to clarify or expand upon information submitted on the written survey. Quantitative data will be aggregated and analyzed using statistical software, and additional information will be reviewed and summarized qualitatively.

Activity 3. Conduct telephone interviews to identify the characteristics of an effective Disability Services Board.

A structured telephone interview will be developed to conduct interviews with members of the Disability Services Council and a sample of individuals presently serving on local DSBs. The questions for these interviews will be developed based on input obtained through two regional focus groups of DSB members convened to explore their thoughts and perspectives on what characteristics comprise a well-performing DSB.

The focus group members will be identified by the DSBs. Letters will be sent to each of the Boards asking them to identify two of their members to participate in these regional focus groups. Meetings will be held in accessible locations and accommodations provided, such as interpreters or personal attendants, to ensure the full participation of focus group members. The responses will be used to develop a structured telephone interview to use with members of the Disability Services Council and a random sample of individuals presently serving on local DSBs.

The responses of the focus group participants will be organized into a questionnaire format that will outline the components considered important for effective Disability Services Boards. Interview items will be open-ended to enhance the richness and depth of responses. Telephone interviews will be conducted by trained professionals and with volunteer interviewers from the Disability Services Evaluation Task Force. Training will be held for all interviewers to ensure that they understand how to complete the form and how the interview should be conducted. To insure that interviewer comments are classified correctly, interrater reliability measures will be taken for a 15% sample of the completed interview forms.

Interviews will be conducted with all members of the Disability Services Council and with 60 members of the Disability Services Boards. A random sample of DSB members will be drawn to participate in the interview process. Descriptive statistics will be used to summarize survey responses. Quantitative data will be aggregated and analyzed using statistical software, and additional information will be reviewed and summarized qualitatively.

Funding Initiatives

Activity 1. Design an evaluation protocol for the review of policies and practices of identified Disability Commission funding initiatives.

Specific programs identified for review are Long-Term Rehabilitative Case Management, the Consumer Services Fund, Cognitive Rehabilitation, Personal Assistance Services, the Rehabilitative Services Incentive Fund, and Centers for Independent Living. An evaluation

protocol will be developed including a review of program documents and utilization data. A random proportional sample within each program will be drawn to conduct satisfaction surveys with individuals receiving services.

Reports and other documentation will be obtained from the Department of Rehabilitative Services. As part of this review, utilization data will also be requested. A valuative policy analytic approach will be used for reviewing available documentation wherein the information and materials will be qualitatively reviewed for potential positive or negative impacts on the programs and participants. A summary form will be completed during the documentation review phase. Form completion will include both a summary of any documentation found regarding a specific aspect of a program, or in some cases the absence of specific policies or practices, and a statement of the likely effect on the services and supports for individuals with disabilities.

Data analysis will consist of policy analysis techniques which will take into account the considerable variance in many aspects of service systems under review. Emphasis will be placed on the effects of a particular policy on the nature of the program, and the likely effects within a program if a particular policy was altered or eliminated.

Activity 2. Conduct an evaluation of the major initiatives funded through the Disability Services Commission.

The overall evaluation design will consist of: 1) interviews of consumers to obtain information about the services and supports they received, 2) review of existing evaluation data, and 3) review of program utilization data. The methods for this specific portion of the evaluation will vary depending on existing evaluation data and how funds are administered through the programs. For example, funds for services through the Consumer Services Fund are made available based on the type of request submitted by an individual's case manager. In order to obtain a more in-depth review of how this initiative works, a case study protocol will be designed to secure information about the application process for the funds and how these resources were used to meet consumer and family members needs.

The policies and practices of the Personal Assistance Services and Long-Term Rehabilitative Case Management Programs will be reviewed and consumer satisfaction will be measured. A random proportional sample will be drawn to select consumers to interview. An interview instrument will be developed and face-to-face interviews will be conducted. Interviewers will be trained professionals and volunteer interviews from the Disability Services Evaluation Task Force. Training will be held for all interviewers to ensure that they understand how to complete the form and how the interview should be conducted. To insure that interviewer comments are classified correctly, interrater reliability measures will be taken for a 10% sample of the completed interview forms.

Evaluation of the Consumer Services Fund will follow the protocol developed for reviewing programs' policies and practices. Because the Consumer Services Fund is used to meet specific service needs as described in the initial request for funds, the evaluation will include the development of case studies to provide an in-depth view of the services requested and the process used to meet these needs.

An external evaluation of the services provided through Cognitive Rehabilitation has recently been conducted. A report summarizing the findings of these evaluations is forthcoming and based on the results of this evaluation, additional analyses will be developed to obtain further information for the Disability Commission evaluation. It is anticipated that a selected number of consumers will be interviewed to supplement the existing evaluation findings.

The evaluation of the Centers for Independent Living will include a review of existing documentation and the results of evaluation studies previously conducted. It is anticipated that interviews with service consumers will be designed to augment existing evaluation findings. Interviews will be conducted to the extent that Disability Commission funding can be linked to a specific individual.

Quantitative data obtained through the evaluation will be aggregated using spreadsheet and analytical software. Data analysis will include computation of descriptive statistics, primarily means and percentages. Responses to open-ended items will be analyzed and interpreted qualitatively, through inductive content analysis. Responses to open-ended items on surveys will be analyzed to assess any patterns, themes, or trends that emerge.

Interagency Committees

Activity 1. Review data submitted by state agencies on current interagency activities.

The first part of this evaluation will be to compile the responses provided by state agencies concerning their involvement with interagency committees or activities in response to a memorandum from the Secretary of Health and Human Resources. Information will be analyzed in such areas as: 1) the purpose of the interagency committee, 2) major accomplishments of their interagency activities, 3) participants on the committee, and 4) the benefits of the committee's work in relation to the investment of staff time and other costs.

Activity 2. Compare current information provided by state agencies with information compiled in 1991 through the Plan of Cooperation.

A descriptive analysis will be conducted to assess the impact of the Disability Commission's recommendations on interagency activities in comparison with information compiled in 1991 through the Plan of Cooperation. The analysis will examine interagency activities which have continued and seek to determine whether or not these activities have expanded, and what the focus of interagency activities have been over the three year period. Additionally, the evaluation will determine if any patterns, themes, or trends emerge.

Information and Referral

Activity 1. Review existing evaluation, utilization, and budget data on Information and Referral Systems.

Information will be requested from the state's I&R systems. Quantitative data (i.e. number of individuals using I&R systems, budget allocations, etc.) will be aggregated using spreadsheet and analytical software. Materials and documents obtained from I& R systems, along with information derived from other existing sources, will be reviewed to assess: 1) the purposes and functions of the various I&R systems, 2) current technology used by these systems, 3) the level of training provided staff, and 4) outreach efforts to inform the public about their systems. Qualitative analysis will determine whether any patterns, themes, or trends emerge from the review of materials and information.

Activity 2. Convene a group of 12 consumers from around the state to identify the issues and concerns associated with I&R systems and to serve as evaluators of these systems.

A group of 12 consumers will be asked to attend a one day meeting to identify the critical issues and concerns around the use of I&R programs. These concerns could focus on the accuracy and completeness of the information provided by these systems, the timeliness of the information, and the responsiveness of I&R personnel. The information obtained through this meeting will be used to structure specific scripts and scenarios which will be used by these 12 consumers to call various I&R systems throughout the state. The consumers will be instructed not to identify themselves as volunteer evaluators, but to use the scripts and scenarios when they call. They will be assigned specific I&R programs to contact and will call both state and local systems to ask a prescribed set of questions. Descriptive statistics will be used to summarize the information obtained through these calls. A qualitative analysis will be conducted to assess the strengths and weaknesses of these programs.

Administrative Recommendations

Activity 1. Review the administrative recommendations made by the Disability Commission to improve the delivery of services to individuals with physical and sensory disabilities.

The Disability Commission made over one hundred specific administrative recommendations. Many of these recommendations directly affected the activities, procedures, and regulations of agencies, departments, and divisions of state government. In October of 1994, the Secretary of Health and Human Resources sent a memorandum to all agencies identified in the Disability Commission's Report requesting an assessment of the progress their agency had made in implementing these recommendations. The first evaluation activity will be to catalog each of the original recommendations by agency and to determine the status of the recommendations based on the information submitted in response to the Secretary's memorandum.

Activity 2. Develop a matrix identifying the administrative recommendations and activities which agencies have implemented to address them.

A matrix will be developed summarizing the information obtained through the review. Agencies will be listed along with the recommendations they were given primary responsibility for implementing. The matrix will also contain a brief summary of the outcomes achieved as a result of implementing their agency's recommendations.

Data Analysis and Development of Recommendations

The information generated by the various evaluation activities will be compiled and organized for subsequent analysis. Data compilations will be shared with relevant state agencies to insure the accuracy and completeness of the data. The Secretary will forward the final evaluation report and recommendations to the Disability Commission.

Attachment #1
DISABILITY COMMISSION EVALUATION STUDY

Area	Evaluation Questions
Disability Services Boards & Disability Services Commission	1. What are the characteristics of a well performing disability services board? How has the DSB helped the community? 2. Has the originally intended level of support been met or exceeded by all parties involved with the boards (staff, finances, commitment, etc.) including the DSBs, DSC, Department of Rehabilitative Services, and local governments? 3. Are the boards performing their ADA resource and referral duties by advising local governments and businesses? 4. Is the DSC comprised and implemented as planned? Does it include the most appropriate members? Are there others who should be included? or excluded? 5. How effectively does the DSC transmit the recommendations/findings of the DSBs to Department of Rehabilitative Services and other state agencies? Does the DSC relate to the DSBs as planned? 6. How many of the DSBs are applying for the Rehabilitation Services Incentive Fund? Do the applications match the unmet needs of the community identified by the DSB? 7. What are the characteristics of a well performing disability services board? How has the DSB helped the community? 8. Has the originally intended level of support been met or exceeded by all parties involved with the boards (staff, finances, commitment, etc.) including the DSBs, DSC, Department of Rehabilitative Services, and local governments? 9. What activities are the boards performing in relation to basic information and referral tasks? What percentage of their activities are taken up with this function? 10. What are the primary and most effective accomplishments of each board, since its creation?
Funding Initiatives	1. What is the identified demand for the service or program? Are there waiting lists for the program? What is known about "turn-aways?" Are they from specific groups of people with disabilities? 2. What is the definition of services in the legislation and in implementation? 3. How many consumers were served? What do we know about them?

Area	Evaluation Questions
Funding Initiatives (continued)	4. What were the direct and indirect costs of providing services? How did the program spend it's funding? 5. Was the program meeting the greatest need (i.e. Was it providing services to individuals most in need of the service, regardless of where they lived, how old they were, etc.?) 6. How was the need identified? How were people made aware of the program? 7. How are the outcomes shown by a program being measured? 8. Was the program instituted appropriately? Was the program instituted by the correct agency in the most appropriate areas? 9. Was the program meeting the greatest need (i.e. Was it providing services to individuals most in need of the service, regardless of where they lived, how old they were, etc.?) 10. Did the program affect negatively or positively the population it set out to serve?
Interagency Committees	1. What are the interagency committees' defined purposes and responsibilities? Is the purpose ongoing or does it involve a defined task for a limited duration of time? Are activities of the committee consistent with its defined purpose? Is the committee mandated by state or federal law? What requirements are specified for the composition or actions of the committee? 2. Do interagency committees have appropriate representation from involved agencies? Is there consumer representation? Is there full participation by agency representatives, or is absenteeism common? How frequently is there turnover in membership of interagency committees?
Information and Referral	1. Do the I&R Systems do follow up after initial contacts? Do they evaluate the outcomes of the calls that they receive? On average, how many calls or contacts do people make before they get the service that they need? What percent of the requests for information remain unresolved? Do the I&R Systems track customer satisfaction after referral? If so, by what methods and how frequently is this information tracked? 2. What are the main purposes and functions of the I&R Systems? Is the information provided to callers appropriate, accurate, timely and disability specific? How many calls are made to the I&R Systems annually? What are the current needs identified by the I&R Systems? 3. How does the general public learn about the existence of the I&R Systems? Are special outreach efforts made to inform groups (doctors, nurses, local service agencies, special education teachers, social workers) who often assist their patients/clients in making referrals? Does the I&R System have brochures? Do they advertise?

Area	Evaluation Questions
Information and Referral (continued)	4. Do the I&R Systems do follow up after initial contacts? Do they evaluate the outcomes of the calls that they receive? On average, how many calls or contacts do people make before they get the service that they need? What percent of the requests for information remain unresolved? Do the I&R Systems track customer satisfaction after referral? If so, by what methods and how frequently is this information tracked? 5. What are the main purposes and functions of the I&R Systems? Is the information provided to callers appropriate, accurate, timely and disability specific? How many calls are made to the I&R Systems annually? What are the current needs identified by the I&R Systems?
Administrative Recommendations	1. Have the recommendations of the Disability Commission been implemented by the state agencies? 2. How many of the recommendations have resulted in General Assembly action? Legislative studies? State agency action? Policy change at the state level?

APPENDIX II

Report of the Subcommittee

of the

Disability Commission

for

House Joint Resolution 272

Individual and Family Support

January, 1995

This Subcommittee wishes to stress the importance of funding the recommended services and initiatives to further individual and family support services in Virginia and cautions against reducing revenues without careful consideration of the impact upon the citizens of the Commonwealth. The empowerment of individuals and families envisioned by the HJR 272 initiatives will assist individuals with disabilities to become tax-paying, revenue enhancers for the Commonwealth. Empowering families and individuals with disabilities with appropriate incentives could help to preserve families, reduce unnecessary institutional placement and increase employment opportunities. At a time when restrictions on revenues are being proposed, it is important to be mindful that enhancing employability and self-sufficiency are basic tools of empowerment.

Subcommittee Membership

The Honorable Jane H. Woods, Chair
The Honorable Alan E. Mayer, Vice-Chairman of the Disability Commission
The Honorable Arthur R. Giesen
The Honorable Kay C. James
Joan Gardner
Worthington G. Schenk, III, M.D.

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Sandra Reen, Caroline Mertens - Virginia Board for People with Disabilities
John Kregel, Stephen Conley - Virginia Commonwealth University Technical Assistance Project

Report of the Subcommittee of the Disability Commission for House Joint Resolution 272: Individual and Family Support

Purpose and Scope

During the 1994 Session of the Virginia General Assembly, House Joint Resolution 272 was passed...

> *Requesting the Disability Commission to establish a special Subcommittee to determine and assess additional cost-effective methods to support families who are primary care givers to children with severe disabilities and fragile health conditions as well as to adults with severe cognitive, physical and sensory disabilities in order to reduce or avoid institutional placement and increase employment opportunities.*

The resolution (ATTACHMENT #1) directed the Subcommittee to:

- Review the findings and recommendations of the Consumer/Interagency Task Force on Individual and Family Support Services that implement the blueprint of the Disability Commission and previous studies that document the needs and preferences of persons with severe disabilities and their families;

- Relate the effective use of the Disability Commission's funding proposals, structures and programs in meeting those needs;

- Analyze additional funding mechanisms for services;

- Assess methods to enhance funding and service potential, including strategies to provide stable volunteer efforts, and strengthen federal financial participation through Medicaid and other means in community based services; and

- Conduct work sessions and at least one public hearing to receive the perspectives of all interested individuals.

Overview of Subcommittee Activities

The HJR 272 Subcommittee met on August 4, September 13, and December 7, 1994, and January 9, 1995. A Public Hearing was conducted in conjunction with the September meeting to hear testimony regarding individual and family support needs and options which would assist the Subcommittee in its deliberations. This report summarizes the activities and accomplishments of the Subcommittee as it worked toward fulfilling its mandate.

Review of the Findings and Recommendations of the Consumer/Interagency Task Force on Individual and Family Support Services

In July, 1992, the Department of Rehabilitative Services (DRS) was funded by the Virginia Board for People with Disabilities to develop a plan for increasing and improving individual and family support services for people with disabilities in the Commonwealth. To implement the project, DRS convened a 19 member Consumer/Interagency Task Force to identify service needs and barriers, obtain consumer input, and develop funding strategies. Following two years of data collection through focus groups, a statewide conference, national surveys and review of other efforts, the Consumer/Interagency Task Force developed a PLAN OF ACTION which provides guidance and recommendations to policy makers for implementing a consumer-focused/driven service delivery system.

The most compelling message from Virginia's consumers and their families is their belief that the Commonwealth should move from a traditional, provider driven service system to a system that empowers families to choose services that best meet their needs. Supports should be equally available across the Commonwealth, and they should build upon existing support networks and natural sources of support in the community. Many consumers view the present system as unnecessarily complex and inaccessible. With great frustration, consumers and families describe an often haphazard process for obtaining information about community resources that are potentially available to them. A "single point of contact" for information and assistance is repeatedly identified as a major need by consumers. In addition, it was emphasized that the need for support is enduring; it evolves as the family unit ages.

Virginia's approach to individual and family support services, as embodied in the Task Force report, is unique. In contrast to earlier efforts in other states to develop more narrowly defined family support programs focused on children, the Task Force report contains a vision of individual and family support programs that includes individuals with disabilities of all ages. Recommendations contained within the report that have been implemented to date through funding initiatives include expansion of the availability of personal assistance services (PAS), expansion of independent living centers, increase in long term rehabilitation case management services, and establishment of the Consumer Services Fund. The recommendations for the establishment of a low interest loan fund for assistive technology purchases and for increased funding of the DMHMRSAS family support program have not been achieved. The report calls for further study to determine:

1. the feasibility of developing of a Medicaid waiver program targeted to persons having traumatic brain injury;

2. extending the Technology waiver to those persons over the age of 21 who are ventilator dependent or are assisted by a life-sustaining device;

3. extending the option of selecting and scheduling personal attendants not affiliated with home care agencies to recipients of the Elderly and Disabled waiver;

4. piloting payment of private health insurance premiums through Medicaid funds;

5. providing tax credits and/or deductions for the purchase of disability related goods and services; and

6. increasing financial penalties for violent crimes which are increasing the demand for high cost medical and disability related services for victims.

Use of the Disability Commission's Funding Proposals

HJR 272 specifically requested the Subcommittee to look at how effectively the Disability Commission's funding proposals, structures and programs are meeting the needs identified by the Consumer/Interagency Task Force on Individual and Family Support. Funding initiatives that were studied in detail include the Consumer Service Fund, Rehabilitation Services Incentive Fund, Personal Assistance Services, Long-term Rehabilitation Case Management, and Independent Living Centers. In addition, information was reviewed regarding the Assistive Technology Low Interest Loan Fund, Supported Employment, the Cognitive Rehabilitation Project, and the Brain Injury Program Expansion at Woodrow Wilson Rehabilitation Center, and the Disability Services Boards (ATTACHMENT #2).

Analysis of Additional Funding Mechanisms for Services

A review of the most recent (FY 1992) national data indicates that 47 states (including Virginia) reported some type of special family support initiative (ATTACHMENT #3). These initiatives were generally classified into three categories: cash subsidies; respite care, and other family support (ranging from family counseling to in-home behavior therapy support). Funding for family support programs varies widely across the United States. Individual and family support services are primarily state funded efforts. In most instances, state funds account for 100% of family support funding. For the most part, other states do not take into account the broad approach to supports envisioned by Virginia's Individual and Family Support Task Force that recommends seeking funds through mechanisms which access federal monies.

Assessment of Methods to Enhance Funding and Service Potential

Related agency initiatives. During the initial meeting of the Subcommittee, representatives of the following agencies described current programs that are directly related to individual and family support:

Department of Rehabilitative Services. Previous research in the state has found that many individuals with severe disabilities, who are presently residing in nursing facilities, could reside in their home community if sufficient individual and family support services were available to them. These individuals, who possess conditions other than mental retardation, are not eligible for services under the state's MR waiver. In other states, individuals with these "related" conditions are often served under "developmental disability" waivers that are not just limited to people with the diagnosis of mental retardation. With the **OBRA Waiver** initiative, DRS has begun the evaluation of the service needs of long-term nursing home residents with conditions related to mental retardation in order to increase their opportunities for employment.

Department of Mental Health, Mental Retardation and Substance Abuse Services. While the implementation of individual and family support programs in the state is a fairly recent activity, the state has considerable experience implementing family support programs for individuals with mental retardation. The Department of Mental Health, Mental Retardation, and Substance Abuse Service's **Family Support Initiatives** began as pilot programs in 3 Community Services Boards (CSBs) in 1986-87. The family support effort expanded to all 40 CSBs in 1991 with a continuing annual allocation of $600,000. The supports that are made available are flexible, individualized and designed to meet the different needs of families in order to maintain each family member with disabilities in their home. While this program has never served all individuals identified by CSBs as in need of this service, the Department's family support program is an important component of a comprehensive system of individual and family support services in the state.

Department of Medical Assistance Services. The Department of Medical Assistance Services administers a number of waivers to the Medicaid state plan support an array of individual and family support services. The **Elderly and Disabled Waiver** is targeted to individuals who meet pre-nursing or nursing facility level of care criteria, who are determined at risk for nursing home placement, and for whom community-based care services enable the individual to remain at home. The **Technology Dependent Waiver** provides in-home care for individuals under 21 years of age who are dependent upon technological support and require substantial, on-going nursing care and would otherwise require hospitalization. The **Home and Community Based Waiver** is available to persons with mental retardation who would otherwise require placement in an ICF/MR facility. The **AIDS Waiver** provides home and community-based care to individuals with AIDS or who are HIV+ symptomatic and who are at risk of institutionalization. Other services include home health, rehabilitative services, psychological/psychiatric services, hospice services, transportation, specialized care nursing facilities and EPSDT. In total, these waivers represent the state's current efforts to strengthen federal financial participation through Medicaid funding of community-based individual and family support services.

Department of Social Services. The Department of Social Services also operates programs which provide individual and family support services in individuals with disabilities. These programs are designed to reduce or prevent the need for costly and inappropriately restrictive institutional placements for individuals served through Department programs. Through a project funded by the Virginia Board for People with Disabilities, the Department investigated the specialized support needs of over 1,307 foster children with developmental disabilities. This total represented approximately 25% of the state's entire foster care population. Second, the Department leads the state's effort to implement the federal **Family Preservation and Support Services Act.** The Act provides federal funds for community-based preventive activities designed to alleviate stress and promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children and for services to help families alleviate crises that might lead to out of home placement of children.

Long Term Care Restructuring. A key element of the state's effort to design and implement a comprehensive system for long term care services is the inclusion of programs for people with disabilities of all ages. In response to **HJR 209**, the Secretary of Health and Human Resources, in cooperation with appropriate state and local agencies and organizations, developed a plan for the coordinated delivery of such services at the state level. On January 9, 1995 this plan was tabled for at least one year by the Joint Commission on Health Care.

Summary of Public Hearing Comments

At the second meeting of the HJR 272 Subcommittee, a public hearing was held to solicit citizen commentary on the subject of individual and family support. Approximately 50 citizens from all regions of the state provided written or oral testimony. One individual prepared a statement on video tape and it was shown to the Subcommittee during the hearing.

The public comment portion of the meeting was held from 12:00 p.m. until 4:15 p.m. to accommodate all of those who wished to provide information to the Subcommittee. The Virginia Board for People with Disabilities received additional comments by mail and fax.

Individuals with disabilities and family members shared their personal experiences and frustrations in dealing with a service system that does not meet their needs. All speakers described the need in Virginia for a more comprehensive and responsive system of individual and family supports, designed for long-term assistance. This document describes the most common themes heard throughout the afternoon of September 13, and within the subsequent written responses.

- Seven speakers complained of the difficulties encountered when specific diagnostic labels are required for eligibility for some services (such as *mental retardation*, but not *brain injured* to qualify for the MR waiver). All of those identifying the MR waiver described the necessity to expand eligibility categories and ages of those eligible. Speakers also

cautioned that using Medicaid waivers confuses the issue of medical services in relation to basic, non-medical social support services.

- Six to eight individuals called for a Medicaid waiver for those with traumatic brain injuries (TBI) to allow for rehabilitation costs outside of nursing home placement. One of the written statements was accompanied by eight other signatories in support of the testimony given by an individual with a brain injury.

- Two speakers, including the video-taped testimony, spoke to the advantages of a technology-dependent Medicaid waiver for more appropriate residential placement for individuals with those disabling conditions.

- The need for additional funding and planning emphasis on community-based services instead of institutionally-driven services was addressed by seven speakers. These discussions included the advantages of vocational placement into competitive employment instead of sheltered workshops, and group homes over residential training facilities or nursing homes.

- Eight individuals described the financial savings that can be derived by the state through the use of Medicaid waivers to fund community-based care.

- The Fairfax/Falls Church Community Services Board's family support program for children with mental retardation was hailed by two speakers who also called for additional funding and expansion of that support service.

- Backing for a customer-directed approach to the selection and supervision of personal assistance services was listed by ten speakers. Some of these individuals also called for improved training for attendants.

- Two individuals described how the Personal Assistance Services program is designed so that attendants are independent contractors. The problem of delayed payments and garnishments over disputed bills from the Medical College of Virginia Hospitals or other state facilities was described.

- The need for respite care and counselling services for care givers providing assistance in the family home was identified by seven speakers.

- Four individuals related their complaints concerning local transportation systems for individuals with disabilities that are funded to provide this essential support service within communities.

- The need for additional funding (i.e. low cost loans) for assistive technology was identified by three speakers.

- One speaker described the difficulties of expecting home health care agencies to provide effective case management services.

- Two individuals decried the limited service availability and transitioning for young adults after they age-out of public school services.

Other issues raised by individual speakers included the following:

The problems of aging care givers and the need for additional group home or assisted living apartment options with shared personal attendant care services for young adults with physical disabilities.

The attitudinal barriers for individuals with sensory impairments and the meager numbers of qualified interpreters for the deaf were described by a deaf presenter.

One parent of a child with severe physical problems indicated that the child could not attend school, since she can't get the skilled nursing care she needs in the local educational setting.

One speaker came to offer her appreciation to the state for allowing her additional nursing assistance hours so she could continue her education.

Recommendations

At its meeting of January 9, 1995, the Subcommittee approved the following recommendations, which were subsequently accepted by the Disability Commission with unanimous consent. These recommendations for resolutions, legislation and budget amendments are presented below.

The following **resolutions** are presented for the 1995 General Assembly:

1. **Requesting the Department of Medical Assistance Services to proceed with amending Virginia's Technology Assisted Waiver to expand the age criteria to allow admission of persons over the age of 21, to add services in a group home setting and for environmental modifications, assistive technology and personal assistance.**

Rationale: This modification to an existing waiver addresses a small, but urgent, need in a cost-effective manner. The waiver amendment should not result in additional expenditures for the state, since services would be provided only to persons who would otherwise require institutionalization in a specialized nursing facility. The cost of the community service will be no more than the cost of their care in that institution. DMAS has identified 49 persons in specialized nursing facilities who are ventilator dependent. There is no diagnosis code which allows the identification of other types of technology assistance, so the number of adults who may have other types of technology assistance cannot be determined.

2. **Requesting the Department of Medical Assistance Services to pursue strategies that will enable consumers served by the Elderly and Disabled Waiver to have the option of hiring their personal attendants and report findings on this initiative to the Disability Commission prior to the next General Assembly.**

Rationale: DRS presently operates a Personal Attendant Service program in which the consumer hires their own attendant and is reimbursed by DRS for the cost of the care rendered. This administrative approach has been received favorably by both consumers and DRS program administrators. DMAS recently amended the waiver for persons with mental retardation to allow those individuals served by DRS to hire their own personal care attendant, when approved by their case manager as able to manage the performance/supervision of that assistant. Current Medicaid regulations, however, prevent DMAS from directly reimbursing consumers for personal assistant services. Numerous administrative and quality of care considerations must be addressed prior to incorporating this funding approach within all the state's personal assistance services programs.

3. **Request the Secretary of Health and Human Resources to seek out private businesses to serve as partners in establishing and financing an Assistive Technology Loan Fund.**

Rationale: The Virginia Assistive Technology Loan Fund could provide low-cost loans for individuals with disabilities to purchase their own assistive technology equipment through a public/private partnership. Making loans with low interest rates available will enable individuals with disabilities to exercise personal responsibility to acquire the technology needed to improve their independence and productivity.

4. **Commending the concepts for the demonstration of effective methods of providing individual and family support services at the community level as advanced by the Virginia Board for People with Disabilities through its funding targets for the 1995 Developmental Disabilities Grants Program.**

Rationale: In its current State Plan, the Virginia Board for People with Disabilities has set a priority for serving as a catalyst for the development and implementation of a comprehensive system of individual and family support services that enable individuals to live independently in community settings of their choice and assist families in maintaining children with developmental disabilities in the natural family environment. Through its competitive grant process, the Board has chosen to allocate a portion of its federal Developmental Disabilities allotment over the next three years for this purpose. Two, three-year demonstration projects will be funded to create comprehensive systems of individual and family support services within two target communities. Each project will be eligible to apply for up to $165,000 in FY 1995, $125,000 in FY 1996, and $125,000 in FY 1997.

5. **Continuing the Subcommittee on Individual and Family Support Services with the addition of issues reported in Senate Document # 5, *Report on the Needs of Medically Fragile Students.***

Rationale: The Subcommittee was appointed in July, 1994, and began its work in August. The issues it has investigated and the public commentary it has received verify that Virginia has a distance to go to establish the necessary individual and family support system to meet the needs of this important sector of the Commonwealth. The work reported under SJR 306 is an area that needs additional attention by the Subcommittee in relation to its impact upon families and individuals with disabilities. The report found medically disabled students placed in nursing homes outside of their legal residencies who were denied educational services by the localities where the nursing homes were located.

The following **legislation** is proposed:

6. **Enabling the establishment of the Virginia Assistive Technology Loan Fund Authority to accomplish a private/public partnership for providing low interest loans for the purchase of assistive technology needed by individuals with disabilities.**

Rationale: The loan fund will enable Virginia to access federal monies when they become available for assistive technology for citizens of the Commonwealth with physical and sensory disabilities. Assistive devices provide measures of independence, but are often too expensive for individuals with disabilities on limited incomes to purchase without assistance.

The following **budget amendments** are presented for the 1995 General Assembly:

7. **$1,528,800** in General Funds to be matched with a like amount of federal funds to raise the maintenance allowance to 300% of the SSI payment amount for individuals receiving services through the Elderly and Disabled Waiver administered by the Department of Medical Assistance Services.

Rationale: Federal regulations allow the state to establish the maintenance allowance in any amount up to 300% of SSI payments. The state's current Elderly and Disabled waiver allows the client to retain 100% of the SSI payment level (a maximum of $446 a month). In waivers which have been approved subsequent to the Elderly and Disabled waiver, a higher maintenance allowance has been allowed, based on the perceived needs of the recipients of those waiver programs. For example, in the MR waiver, a maintenance income of 133% is allowed to permit income from supported employment. In this waiver, persons most often live in a residential group home or at home with parents and thus have very little costs associated with personal maintenance. In the AIDS waiver, the recipient is allowed to retain up to 300% of their income, since these persons often live alone in the community and must pay rent, utilities, etc.

Currently 29.4% of the persons in the Elderly and Disabled waiver (2,361 persons in FY 1993) have a co-payment. A change in the maintenance allowance will result in an increase to the Medicaid budget for Personal Care, Respite Care and Adult Day Health Care services. The amount of co-payments made for Elderly and Disabled waiver services in FY 1993 was $1,979,497. This represents 4.2% of the Medicaid budget for these services. It is projected that the impact of raising the maintenance allowance to 300% of SSI would require an additional $3,057,600 ($1,528,800 in General Funds).

8. **$426,390** in General Funds to provide Cognitive Rehabilitation Services in the Medicaid State Plan to be reimbursed through both the Department of Medical Assistance Services (Title XIX) and the Department of Rehabilitative Services (Title I).

Rationale: Cognitive rehabilitation services have proven to be cost effective in assisting individuals with severe injuries to achieve competitive employment and improved community integration. Structuring the funds for the services as proposed allows the services to reach a broader group on individuals with disabilities.

9. **$725,000** in General Funds to provide a public contribution for the establishment of a Virginia Assistive Technology Loan Fund as a public/private partnership in providing low cost financing for Technology needed by people with disabilities.

Rationale: As described above the loan fund will enable Virginia to access federal monies when they become available for assistive technology for citizens of the Commonwealth with physical and sensory disabilities.

ATTACHMENTS

Attachment #1 - HJR 272 Resolution

Attachment #2 - Disability Commission Funding Initiatives

Attachment #3 - National Studies of Family Support Services

LD5521344

HOUSE JOINT RESOLUTION NO. 272

Offered January 25, 1994

Requesting the Disability Commission to establish a special subcommittee to determine and assess additional cost-effective methods to support families who are primary care givers to children with severe disabilities and fragile health conditions as well as to adults with severe cognitive, physical and sensory disabilities in order to reduce or avoid institutional placement and increase employment opportunities.

Patrons—Mayer, Albo, Almand, Fisher, Hull, Plum and Scott; Senators: Woods, Barry, Calhoun, Gartlan, Howell and Lambert

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Referred to Committee on Health, Welfare and Institutions

WHEREAS, the Commission on the Coordination of the Delivery of Services to Facilitate the Self-Sufficiency and Support of Persons with Physical and Sensory Disabilities has established a 10-year blueprint for services that invest in people and has developed new structures, programs and funding sources that are critical to meeting individual and family needs; and

WHEREAS, a Consumer/Interagency Task Force has been working to develop strategies to support the funding proposals and the blueprint of the Disability Commission and also to address cross-disability individual and family support needs, including those of frail children and people with cognitive, physical and sensory disabilities, by identifying cost-effective resource options for existing and new services; and

WHEREAS, care of children with severe disabilities and fragile health conditions is often best provided by families with adequate support services in home environments as opposed to institutional settings; and

WHEREAS, adults with severe disabilities can often, with adequate support services, become independent citizens instead of persons who are institutionalized, require more costly services, or are unable to seek employment; and

WHEREAS, families of children and adults with severe disabilities often have great difficulty becoming and remaining productively employed without adequate support services, resulting in increased costs for health and welfare services and lost tax revenue for the Commonwealth; and

WHEREAS, the Consumer/Interagency Task Force on Individual and Family Support Services has identified guiding principles and core services which enhance the ability of families to care for children with severe disabilities and fragile health conditions at home and which encourage independence and productivity of adults with severe disabilities; and

WHEREAS, the services that comprise an effective family and individual support system, including those services provided by community and volunteer organizations, are neither uniformly available in all areas of the Commonwealth nor available to all disability types and age groups; and

WHEREAS, the task force has developed preliminary strategies to better use existing state resources and to expand participation from other public and private sources to establish an integrated, cost-effective and accountable array of individual and family support services; and

WHEREAS, it is appropriate that the goals, responsibilities and projected outcomes for the resources available to achieve an improved array of individual and family support services receive legislative review; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That a subcommittee the Disability Commission composed of legislative commission members to be appointed by the chairman and supplemented by staff members of the Department of Rehabilitative Services assess and determine cost-effective methods to secure the resources necessary for a coordinated system of family and individual support services in order to avoid or reduce unnecessary institutional placement and to encourage employment of persons with severe

disabilities and their families.

Technical assistance shall be provided by continuing and expanding the Consumer/Interagency Task Force on Individual and Family Support Services formed by the Department of Rehabilitative Services and comprised of persons with severe disabilities and their representatives, including family members of persons with severe disabilities, representatives of Disability Services Boards and Centers for Independent Living, and staff representatives from the Departments of Rehabilitative Services; Medical Assistance Services; Social Services; Mental Health, Mental Retardation and Substance Abuse Services; Health; Education; Planning and Budget; the Departments for the Aging, the Deaf and Hard-of-Hearing, and the Visually Handicapped; and the Virginia Board for People with Disabilities. All agencies of the Commonwealth shall provide assistance to the subcommittee upon request.

The subcommittee shall (1) review the findings and recommendations of the Consumer/Interagency Task Force on Individual and Family Support Services that implement the blueprint of the Disability Commission and previous studies that document the needs and preferences of persons with severe disabilities and their families; (2) relate the effective use of the Disability Commission's funding proposals, structures and programs to meeting those needs; (3) analyze additional funding mechanisms for services; (4) assess methods to enhance funding and service potential, including strategies to provide stable general fund support through fees, fines, or penalties, increase private community and volunteer efforts, and strengthen federal financial participation through Medicaid and other means in community based services; and (5) conduct work sessions and at least one public hearing to receive the perspectives of all interested individuals.

The subcommittee shall develop findings and recommendations for consideration by the Disability Commission. The Commission's proposals shall be submitted to the Governor and the 1995 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for processing legislative documents.

The direct costs of this study shall be paid from such funds as may be provided for continuation of the Disability Commission.

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

Official Use By Clerks

Agreed to By The House of Delegates		Agreed to By The Senate	
without amendment	☐	without amendment	☐
with amendment	☐	with amendment	☐
substitute	☐	substitute	☐
substitute w/amdt	☐	substitute w/amdt	☐
Date: _____		Date: _____	
_____		_____	
Clerk of the House of Delegates		Clerk of the Senate	

Disability Commission Initiatives

Program	Original Budget Proposal	Base Funding	FY 1993		FY 1994		FY 1995		FY 1996	
			Incremental Addendum Increase	New Total	Incremental Addendum Increase	New Total	Incremental Addendum Increase	New Total	Incremental Addendum Increase	New Total
Personal Assistance Services (PAS)	1,768,000	$50,000	$218,000	$268,000	$282,000	$550,000	$189,000	$739,000	$0	$739,000
Consumer Service Fund	4,300,000	0	0	0	375,000	375,000	50,000	425,000	0	425,000
Rehabilitative Services Incentive Fund	3,000,000	0	0	0	0	0	0	0	500,000	500,000
Assistive Technology	3,150,000	0	0	0	0	0	0	0	0	0
Centers for Independent Living	479,000	1,507,453[2]	0	$1,507,453	0	1,507,453	150,000	$1,657,453	0	1,657,453
Disability Services Board	354,960	0	100,000	100,000	0	100,000	0	100,000	0	100,000
Long-Term Rehabilitative Case Management	669,900	244,988	0	$244,988	50,000	294,988	0	294,988	0	294,988
Supported Employment	244,800	377,000	0	$377,000	0	377,000	0	377,000	0	377,000
Cognitive Rehabilitation Project	200,000	0	0	0	200,000	200,000	0	200,000	0	200,000
WWRC Brain Injury Program Expansion	979,479	0	0	0	0	0	150,000	150,000	0	150,000
Disability Consortium	150,000	0	0	0	0	0	0	0	0	0
Total	15,296,139	$2,179,441	$318,000	$2,497,441	$907,000	$3,404,441	$539,000	$3,943,441	$500,000	$4,443,441

[1] Increase in funding required to complete the phase-in of the Commission's recommendations.

[2] Although the Commission's recommendation was cross-disability in scope, this base funding reflects DRS' supported employment program for individuals with physical disabilities. Also, addendum figures for FY 95 do not reflect $375,000 appropriated for long-term employment supports (i.e., both supported employment and "extended employment services").

Source: Department of Rehabilitative Services

National Trends in Individual and Family Support

Individual & Family Support in Selected States 1992 data				
State	**Program**	**Legislative Mandate?**	**Total Annual Budget**	**Percent of Budget from State Funds**
Connecticut	Respite Care	YES	$1,273,384	100%
	DMR Family Support Grants	NO	$687,200	100%
	Family & In-Home Services	NO	$296,484	100%
	Parent Subsidy Aid	YES	$80,400	100%
	DHR Family Support Grants	NO	$58,000	0%
Delaware	Statewide Respite	NO	$90,000	100%
	Family Support	NO	$20,000	100%
Georgia	Family Support	NO	$665,597	100%
Illinois	Family Assistance & Home-Based Services	YES	$4,168,300	100%
	Respite Care	NO	$6,400,000	100%
	Family Assistance	YES	$1,454,000	100%
Kansas	Family Subsidies	NO	$615,800	97%
Louisiana	Respite Services	YES	$1,270,948	100%
	In-Home & Family Support	YES	$997,087	100%
Maryland	Family & Individual Support	YES	$10,000,000	100%
Michigan	Family Support	NO	?	?
	Family Subsidies	YES	$11,100,000	100%
Minnesota	Family Support Grant	YES	$1,410,000	100%

Individual & Family Support in Selected States 1992 data				
State	**Program**	**Legislative Mandate?**	**Total Annual Budget**	**Percent of Budget from State Funds**
North Carolina	Respite Care	NO	1,000,000	84%
Pennsylvania	Family Support	NO	$14,451,972	90%
Tennessee	Family Support	NO	$477,700	100%
Virginia	DMHMRSAS Family Support Program	No	$600,000	100%
Wisconsin	Family Support	NO	$2,983,339	100%