

**ANNUAL 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**

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



HOUSE DOCUMENT NO. 76

**COMMONWEALTH OF VIRGINIA
RICHMOND
1996**



COMMONWEALTH of VIRGINIA

Donald S. Beyer, Jr.
Lieutenant Governor

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TO: The Honorable George Allen

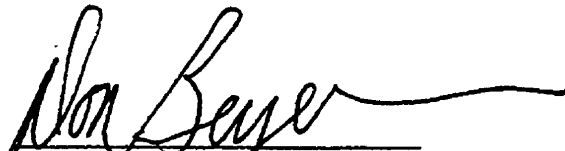
 and

 The General Assembly of Virginia

In my capacity as Chair of the Disability Commission, I am pleased to submit the 1995 Annual Report pursuant to House Joint Resolution 274, agreed to by the 1994 General Assembly.

This report conveys the findings and recommendations resulting from the Commission's work during the 1995 interim.

Respectfully Submitted,



Donald S. Beyer, Jr.
Lieutenant Governor

Introduction

The Commission on the Coordination of the Delivery of Services to Facilitate the Self-Sufficiency and Support of Persons with Physical and Sensory Disabilities was established in 1990 pursuant to House Joint Resolution 45 to assess the delivery of services to persons with physical and sensory disabilities. This legislative Commission, known as the Disability Commission, is comprised of 16 members and is chaired by the Lieutenant Governor. The 1992 Report of the Commission established a ten year plan of action which formed a system of programs and services within an infrastructure designed to be consumer- focused and community- based. In the 1994 session, the General Assembly passed House Joint Resolution 274 (HJR 274) which authorized the Commission to continue its work in developing and reviewing recommendations for service program changes and funding related to people with physical and sensory disabilities until the year 2000. HJR 274 also designated the Virginia Board for People with Disabilities as the agency to provide staff support to the Commission. Each year, the Commission examines the progress made in regard to the legislative priorities it forwards to the General Assembly. These recommendations result in study resolutions, budget amendments, and bills patroned by members of the Commission.

This report presents the major outcomes that resulted from the 1995 Disability Commission proposals to the General Assembly and the Commission's legislative agenda presented to the 1996 session.

MAJOR OUTCOMES OF THE 1995 DISABILITY COMMISSION PROPOSALS

The 1995 legislative agenda of the Disability Commission targeted issues relative to assistive technology and personal assistance services. Major outcomes were achieved as a result of the Commission's proposals submitted to the 1995 General Assembly. In addition, the evaluation of all of the recommendations made in the 1992 Report of the Disability Commission was completed pursuant to HJR 83. The following summarizes the major 1995 legislative proposals and outcomes and the major findings of the HJR 83 Report.

Assistive Technology

The Disability Commission submitted the following legislation and resolutions relative to assistive technology:

- **Senate Bill 985:** Legislation to enable the establishment of a 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.
- **Senate Joint Resolution 333:** A resolution requesting the Secretary of Health and Human Resources to establish an Assistive Technology Loan Program Task Force for the purpose of developing a plan and to seek out private businesses to provide support for the development of the Assistive Technology Loan Program.
- **House Joint Resolution 537:** A resolution requesting the Department of Medical Assistance Services to request the Health Care Financing Authority to amend Virginia's Technology Assisted Waiver for children to allow admission of persons over the age of 21, to add services in a group home setting, environmental modifications, assistive technology, and personal assistance services.

Senate Bill 985 (SB 985) and Senate Joint Resolution 333 (SJR 333) were proposed as a result of individuals with disabilities and their families having identified the need for access to a loan fund to assist in the acquisition of expensive assistive devices. National research conducted by the Virginia Assistive Technology System (VATS) indicates that a private-public sector loan guarantee and interest buy-down partnership is the model which best fits the need of potential loan fund borrowers and maximizes available resources. Public start-up funds are needed to leverage private investment dollars, buy down interest rates, and provide a portion of the loan guarantee for a targeted number of loans each year.

Senate Bill 985, which became law on July 1, 1995, established provisions for the Assistive Technology Loan Fund Authority, its Board of Directors, and the Assistive Technology Loan Fund. The responsibilities and powers of the Authority as stated in the legislation include 1) to "establish, administer, manage, including the creation of reserves, and make expenditures from the Fund for the sole purpose of providing loans to individuals with disabilities for the acquisition of assistive technology", 2) to "receive, hold, accept, and administer from any source gifts, grants, aid or contributions of money, property, labor or other things of value to be held, used and applied to carry out the purposes" for which the Authority was created, and "to sell, exchange, or otherwise dispose of such money, securities, or other property given or bequeathed to it"... and, 3) to enter into contracts and agreements to accomplish purposes of the Authority. The Board of Directors was appointed by the Governor and held its initial meeting in December, 1995. The role of the Authority Board includes providing personnel management of Authority staff, developing by-laws, and approving operational policies and procedures. The Authority Board is in the process of organizing and setting up the structures needed once the Loan Fund is capitalized.

In response to Senate Joint Resolution 333 (SJR 333), the Assistive Technology Loan Program Task Force was appointed through the Office of the Secretary of Health and Human Resources. Overall, the Task Force was charged with the responsibilities of developing a plan pursuant to SJR 333 and making recommendations to the Loan Authority Board of Directors. The Task Force has begun to 1) identify sources for the administration of the lending component of the Loan Fund, 2) identify private corporate and foundation resources which can be leveraged

once public dollars are allocated to the Fund, and 3) provide input in the development of a plan for the selection of the consumer support organization that will be essential for decreasing the rate of potential defaults.

House Joint Resolution 537 (HJR 537) was one of the recommendations proposed by the Subcommittee on Individual and Family Support which was formed pursuant to House Joint Resolution 272 (HJR 272) passed in the 1994 session. HJR 272 requested " 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." It was intended that the modification to the existing Technology Assisted Waiver would address a small, but urgent need in a cost-effective manner and would provide services only to persons who would otherwise require institutionalization in a specialized nursing facility.

As a result of HJR 537, the Department of Medical Assistance Services submitted a waiver amendment to Virginia's Technology Assisted Waiver to the Health Care Financing Authority (HCFA) in February, 1995. The waiver amendment included provisions to:

- Allow persons over the age of 21 residing in a nursing facility to enter the waiver, if services in the waiver will provide a cost-effective alternative to nursing facility care,
- Allow private duty nursing to be offered in a congregate setting such as a medical day care center,
- Allow the authorization of equipment which is commonly referred to as assistive technology or environmental modifications under the category of Durable Medical Equipment (DME) which can be authorized for an individual under the waiver, as long as that equipment is medically necessary for the individual's maintenance in the home and is cost-effective, and
- Add personal assistance services for individuals who are able to do without nursing care during some periods of the day, but require someone to be there to assist with activities of daily living.

HCFA approved the waiver effective July 1, 1995. The necessary revisions to state regulations were initiated in July 1994, as the waiver modifications were being drafted. The Secretary of Health and Human Resources authorized the agency to publish the Notice of Intended Regulatory Action in September, 1995. The agency anticipates the regulations will be effective no later than September, 1996.

Personal Assistance Services

The Disability Commission submitted the following resolution and appropriation request relative to personal assistance services:

- **House Joint Resolution 539:** A resolution requesting the Department of Medical Assistance Services to evaluate the feasibility and advisability of amending the Elderly and Disabled Waiver to allow individuals to hire their own personal attendants.
- **Appropriation Request:** An appropriation request for \$761,000 for personal assistance services was requested.

House Joint Resolution 539 (HJR 539) was the result of the findings and recommendations of the HJR 272 Subcommittee on Individual and Family Support previously referenced. The desire for consumer-directed services was expressed throughout the Subcommittee's months of working with consumers and state and local agencies and throughout several public hearings that were held to solicit input from consumers relative to the needs in family and support services. In a consumer-directed model, the consumer hires, trains, supervises, and, if necessary, fires their own personal attendant. It was recognized that the consumer-directed Personal Assistance Service Program (PAS), initiated through the Disability Commission and operated by the Department of Rehabilitative Services (DRS), had been favorably received by consumers and by DRS program administrators. While the Department for Medical Assistance Services (DMAS) had amended the waiver for persons with mental retardation to allow those individuals served by DRS to hire their own attendants, as approved by their case managers, current Medicaid regulations prevented DMAS from directly reimbursing consumers for personal assistance services.

Pursuant to HJR 539, the Department of Medical Assistance Services convened a workgroup for the purpose of evaluating the impact of offering a consumer-directed model of personal care on consumers, providers, and other agencies in the community. The findings and recommendations of this study were submitted to the Secretary of Health and Human Resources, the Governor, and the 1996 Session of the General Assembly. Overall, from their findings, the workgroup concurred that Virginia could offer consumer-directed personal assistance services, in conjunction with the agency-directed service model already in place, to the elderly and persons with disabilities age 18 years and older who have no cognitive impairments and who are able to communicate sufficiently in order to carry out the responsibilities for overseeing their personal attendant services. With this recommendation are specific provisions that would need to also be in place to implement this model. The complete report of the workgroup's findings and recommendations can be found in House Document No. 18, 1996.

A budget amendment of \$329,472 was passed in the 1995 Session. This funding will allow an additional 40 to 50 individuals with severe disabilities to receive personal assistance services through the DRS Personal Assistance Services Program (PAS). PAS is a collaborative effort between the Department of Rehabilitative Services and the Centers for Independent Living. Through the hiring of a personal assistant, the program enables individuals with very severe disabilities to work, maintain their health, attend school, and participate fully in their communities.

HJR 83 - Evaluation of The Disability Commission Recommendations

In the 1994 session, the General Assembly passed House Joint Resolution 83 which requested the Secretary of Health and Human Resources to evaluate the implementation of the recommendations made by the Disability Commission in their 1992 Report. In response to this, the Secretary of Health and Human Resources 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 Secretary requested the Virginia Board for People with Disabilities to staff the work of the task force and the evaluation.

In the summer of 1995, an evaluation of all of the recommendations made in the 1992 Report of the Disability Commission was completed. The evaluation provided an overview of accomplishments to date, as well as remaining gaps in services affecting individuals with physical and sensory disabilities. More specific, the evaluation report presented findings and conclusions in five major areas:

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

Overall, the results of the evaluation were positive, despite the evidence that problems do exist. The findings indicate that while many Disability Services Boards (DSBs) have made a positive impact on services, there is a wide variation across the state as to the development and implementation of the DSBs, reflecting a system in different stages of growth and development. The evaluation of the Commission's funding initiatives indicated that the funds appropriated for each of the respective initiatives were used in accordance with their intended purpose and that the services provided by these initiatives have positively impacted many people with disabilities. However, it was found that the funded initiatives are meeting only a portion of the identified need. Results relative to the efficiency of existing Information and Referral Programs showed that while in many instances consumers can receive excellent information from very helpful staff, variability exists in the scope of information received, the role of the person receiving the request for information, and data availability. Finally, the results indicated that significant action had been taken to implement a large number of the administrative recommendations contained in the original Disability Commission Report.

1996 DISABILITY COMMISSION PROPOSALS

The Disability Commission met twice in different regions of the state during the 1995 interim: on November 16 at the INOVA Center in Falls Church and on December 19 in the General Assembly in Richmond. The Commission met to review the status of their 1995 proposals, the HJR 83 Evaluation Report, and initial program funding recommendations, as well as to formulate their 1996 legislative agenda. Members of the Disability Commission revisited issues such as assistive technology,

personal assistance services, the educational needs of medically fragile children, and program funding initiatives. Issues targeted in the 1995 session, findings and recommendations of several legislative studies reported in 1995, and public comments received by constituents served as the basis in formulating their 1996 legislative agenda. Reports considered included: HJR 539, HJR 83, and SJR 309 on The Educational Needs of Medically Fragile Children. In addition, the Commission utilized needs-based data in considering their program appropriation requests relative to the program funding initiatives.

Based upon their review and consideration of the above issues and study findings, specific issues were identified as priority areas to target in the 1996 session. These included issue areas relative to assistive technology, consumer-driven personal assistance services, the educational needs of medically fragile children, and the training needs of disability services boards. The following provides further discussion in regard to the issues targeted as proposals by the Disability Commission and the relative legislation, resolutions, budget amendments, and appropriation requests comprising the Commission's 1996 legislative agenda that was developed at their December 19, 1995 meeting.

Assistive Technology

In considering this program, members of the Disability were interested in the responsibilities and composition of the Assistive Technology Loan Authority Board of Directors which was authorized by passage of Senate Bill 985 and its relation to the Task Force authorized by Senate Joint Resolution 333. The Commission was informed that the Board was a 10 member Board which consists of The Secretary of Health and Human Resources, the Treasurer of the Commonwealth, and the Director of the Woodrow Wilson Rehabilitation Center, or their designees, with the remaining seven being citizen members appointed by the Governor. The importance of Board members sharing of their professional background and experience was recognized as essential to its members working effectively and strategically together in overseeing the operations of the Loan Fund and the Task Force recommendations. It was indicated to the Commission that the members of the Board of Directors were requested to submit and share Vitas prior to their February, 1996 meeting. Members of the Commission felt that it would be essential to ensure that the Board had some membership that was representative of the financial/banking industry given the financial-related issues that will be need to be considered in providing the Loan Fund.

As a result of this discussion, the Commission proposed the following legislation:

To amend the Assistive Technology Authority authorization legislation to require the Loan Fund Authority Board composition to include at least two members with financial industry expertise.

Personal Assistance Services

The Personal Assistance Services (PAS) program, initiated through the Disability Commission and managed by the Department of Rehabilitative Services (DRS), provides help with daily living activities for people with severe physical disabilities. PAS recipients select, schedule, and manage the services independently. This permits a level of flexibility and choice

that encourages greater independence and productivity. PAS is available in all areas of the state to a limited number of qualifying consumers of all ages. Recipients must meet financial criteria, but may share in the cost of services based on individual circumstances.

The findings and recommendations from the HJR 539 study of Consumer-Directed Personal Assistance Services and the HJR 83 evaluation were utilized in the Disability Commission's deliberations on this issue. In addition, the members of the Commission heard testimony from many consumers, already in receipt of personal assistance services, either through an agency-directed model or by the consumer-directed model offered through DRS, who spoke favorably for the consumer-directed model. This constituency group voiced strong support for proposing that there be an amendment to the Elderly and Disabled waiver to enable a greater percentage of consumers to utilize this model.

As previously discussed, the HJR 539 Report recommended that Virginia could offer this model in conjunction with the agency-directed model to those persons with disabilities age 18 years and older who were competent to manage this service. The report also indicated that it would be possible to provide consumer-directed services at a cost that is equal to or less than the cost of the current agency-directed model of service. The report emphasized, however, that their recommendations addressed the "feasibility and advisability" of offering such a service and did not "fully outline all the details that must be addressed" in implementing this model of service.

The HJR 83 study evaluated the effectiveness of the PAS program which has been a funding initiative of the Disability Commission. Variables examined included: program policies and practices, service utilization data, cost information, program effectiveness, and consumer satisfaction. The findings indicated that the Personal Assistance Services program served 105 individuals with disabilities during Fiscal Year 1995. There are 300 individuals who are on a waiting list to receive services.. Most recent available information indicates that the average annual cost of PAS services is \$5,580 per individual. The consumers who participate in the DRS Personal Assistance Services program have significant disabilities and are likely to have a health condition or existence of a disability other than their primary disability. PAS participants are employed at twice the rate of those on the waiting list, despite the finding that PAS recipients appeared to possess more severe disabilities. They spend more days out of the house per week and utilize preventive health care services more often than their waiting list counterparts. In addition, they express significantly higher amounts of control over such areas as recreational activities, sharing feelings, and romantic relationships than individuals on the waiting list.

Further, the PAS program also has a very positive impact on personal assistants. Personal assistants report less of a need for public assistance through such programs as food stamps, AFDC, or fuel assistance after being hired by PAS consumers.

Based on the information provided as a result of these studies and on constituent testimony, the Disability Commission proposed the following appropriation act amendment:

To direct the Department of Medical Assistance Services to request of the Health Care Financing Administration an emergency amendment to the Elderly and Disabled Waiver to initiate consumer-driven personal assistance services.

Medically Fragile Students

During its 1993 legislative session, the General Assembly adopted a study resolution (SJR 306) requesting that the Department of Education in conjunction with the Department of Health study the needs of medically fragile children in Virginia. The request was initiated in response to several concerns brought to the attention of members of the General Assembly. First, several children, considered to be medically fragile, had been placed in a nursing home outside of their parent's city or county of residence and had been denied admission to public school services. School divisions where the nursing homes are located are under no legal obligation to provide educational services to these children. Second, anecdotal evidence and limited research indicated an increased enrollment of children with chronic illnesses and ongoing medical needs in the public schools of the Commonwealth. Concerns were raised regarding the adequacy of services, the appropriateness of school personnel in conducting some of the medical or health procedures needed by the children, and the lack of training for those staff conducting these procedures.

The final report of SJR 306, "Report on the Needs of Medically Fragile Students", Senate Document No. 5, was issued in 1995. The issues raised in this report were identified by the HJR 272 Subcommittee as warranting further attention. The Subcommittee's assessment and the public commentary received by the Subcommittee verified the report findings that the educational needs of this specific population needed to be addressed.

Members of the Disability Commission were particularly interested in the specific issues raised in recommendation number 7 in Senate Document No.5 regarding the provision of educational services to students in institutional facilities outside their residential school district. Recommendation 7 stated that "nursing homes in the Commonwealth that elect to establish pediatric units should be licensed under both Chapter 5 of Title 32.1 of the Code of Virginia and under Chapter 10 of Title 63.1 of the Code." This would ensure that children in nursing facilities who require special education would be considered residents of the relative school district and entitled to education services. In addition, the Commission also considered the issue regarding who is responsible for the cost of such educational services (i.e. the school district where the parent resides or the school division of the nursing facility or institution where the child is placed).

As a result of their examination of these issues and further discussion and clarification of these issues by the Superintendent of the Department of Education, the Disability Commission proposed the following legislation and appropriation act amendment, respectively:

To require institutions in the Commonwealth that elect to establish pediatric units to be licensed under both Chapter 5 of Title 32.1 of the Code of Virginia and under Chapter 10 of Title 63.1 of the Code, with the condition that the jurisdiction where the family resides will assume the cost for educational services.

To require the Disability Commission to annually review the implementation of licensure of institutions treating medically fragile children in meeting their educational needs.

Disability Services Boards

In 1992, the General Assembly established the Disability Services Council (DSC) and the Disability Services Boards (DSBs). The DSC has been meeting since September, 1992. There are currently 44 local DSBs representing all but one city and one county in the Commonwealth. The DSBs are responsible for conducting needs assessments; creating public awareness; influencing the fiscal and program planning of state agencies; and advising local governments on the Americans with Disabilities Act (ADA). The DSBs include representatives of local government, the business community, and people with disabilities, who comprise at least 30% of the membership.

The HJR 83 results of the evaluation of the Disability Services Boards (DSBs) and the Disability Services Council (DSC) provide a picture of a service coordination system still in its early stages of development. DSBs have primarily focused their activities on transportation services, accessibility issues, conducting their needs assessments, improving services for individuals with hearing impairments, and housing issues. Increasing community awareness, enhancing community services, and developing a Rehabilitative Services Incentive Fund proposal are identified most frequently as DSB accomplishments. DSC members are clearly aware of the issues and challenges facing the Disability Services Boards. They emphasize the need for Boards to find active and committed members. The Council recognizes that the Boards are at various stages in their development and believe that an organization of DSBs would further assist the Boards in providing support and technical assistance through the exchange of ideas and information.

Despite their accomplishments, needs were evidenced for (1) training of DSB members to further clarify their roles and responsibilities, as well as their relationship to the DSC and to DRS (2) increased communication and information sharing between the DSBs, the Disability Services Council, and the Department of Rehabilitative Services and (3) additional resources in the form of services and supports to enable them to more effectively perform their responsibilities. The results of the study showed that while a number of DSB members indicated that they were unclear about the role of the DSC, others were uncertain of the guidance and support they could receive from DRS. Another major concern raised by DSBs was their lack of general information about the Boards and uncertainty regarding their personal responsibilities as DSB members. Further, DSB members expressed a need for additional resources to enable them to achieve their goals and the need for ongoing communication with agencies, organizations, and groups concerned about the needs of individuals with physical and sensory disabilities. Similarly, council members also expressed the need for support services to be more organized and for further education or orientation activities for DSB members to better understand their role and the role of the Council.

In response to these expressed needs, members of the Disability Commission developed recommendations for enhancing the efforts of the DSBs and the DSC. The recommendations, categorized in the areas of communication, training, and resources, were to be included in a letter

from the Chair of the Disability Commission to the Commissioner of the Department of Rehabilitative Services. Further, Commission members discussed with representatives from the Virginia Assistive Technology System (VATS) and the Department of Rehabilitative Services the possibility of providing training to the DSB membership as part of the annual VATS conference. These representatives expressed their support for providing this training as a separate track for DSBs at the annual conference. To ensure that this training be provided to the DSBs, the Disability Commission proposed the following appropriation act amendment:

To require the Department of Rehabilitative Services to provide members of Disability Services Boards training as part of the Virginia Assistive Technology System annual conference.

Program Funding Initiatives

Historically, the Disability Commission has based their determination of appropriation requests by considering the amount of additional funding that would be needed to fulfill the Commission's initial goals relative to program funding initiatives. This was done by subtracting amounts appropriated up to that period from the original goal amount. However, given the number of years that have passed since setting their initial goals, members of the Commission believed that it would be more useful to utilize current needs-based information per program area in determining funding amounts required in meeting unmet needs. In response to this, staff from the Virginia Board for People with Disabilities and from the Department of Rehabilitative Services compiled needs-based data by utilizing waiting list information and calculating the projected dollars that would be required to meet those that were unserved. In programs where it was not possible to determine needs-based data, the Commission utilized data regarding the amounts of additional funding that would be required to fulfill their original goals. In their meetings, the Commission reviewed data for the full array of their initial program funding initiatives. Based on this review, members of the Commission prioritized program areas to target for funding in the 1996 session. The following presents the appropriation requests for the targeted program areas with the corresponding needs-based data and rationales for the amounts requested.

Program	Waiting List Info. - Projected Dollars Required to Meet Need	Amount Requested	Rationale
Assistive Technology Loan Fund	Recent research completed through the VATS shows that \$1,500,000 in public funding is necessary to initiate the Loan Authority and solicit private funding	\$1,500,000	Appropriation request representing the minimum necessary to initiate the Assistive Technology Fund.

Personal Assistance Services	There are currently 286 people on the waiting list. It would cost \$1,859,000 to serve all 286.	\$431,528	Appropriation request representing the amount of additional funding required to fulfill the original goal.
Consumer Services Fund	There are 180 applications to this fund annually, with funds available to serve 50%.	\$425,000	Appropriation request toward meeting the documented unmet need.
Rehabilitative Services Incentive Fund	The current appropriation is divided by the 44 DSBs based on the population of people with disabilities in their locality. 1995 RSIF funds will be fully expended. Allocations to the DSBs range from \$1,000 to \$71,000.	\$500,000	Appropriation request toward meeting the documented unmet need.
Centers for Independent Living	The total General Fund appropriation for CIL operations is \$2,209,806	\$329,000	Appropriation request representing the amount of additional funding required to fulfill the Commission's original goal.
Long-Term Rehabilitative Case Management	Consistently there is a waiting list of between 30 and 60 people. There are 58 people on the waiting list for LTRCM, with an additional 20 waiting to be screened. There are currently 160 people being served by 5 case managers with case loads ranging from 20-40 per.	\$100,000	Appropriation request toward meeting the documented unmet need.
Supported Employment for People with physical and sensory disabilities	There are currently 75 people on a waiting list. It would cost \$134,000 to serve these people today.	\$67,000	Appropriation request toward meeting the documented unmet need.

Woodrow Wilson Brain Injury Services Program	There are 20 people on the waiting list, about a 4 month wait. This will increase as people with acquired brain injury begin to also be served.	Amount to be determined	Appropriation request toward meeting the documented unmet need.
TOTAL		\$3,352,528 (plus WW Brain Injury Services)	

SUMMARY OF THE DISABILITY COMMISSION'S 1996 LEGISLATIVE AGENDA

The Disability Commission developed the following legislative agenda on December 19, 1995 to present to the 1996 General Assembly.

LEGISLATION

To amend the Assistive Technology Authority authorization legislation to require the Loan Fund Authority Board composition to include at least two members with financial industry expertise.

To require institutions in the Commonwealth that elect to establish pediatric units to be licensed under both Chapter 5 of Title 32.1 the Code of Virginia and under Chapter 10 of Title 63.1 of the Code, with the condition that the jurisdiction where the family resides will assume the cost for educational services.

APPROPRIATION ACT AMENDMENTS

To direct the Department of Medical Assistance Services to request of the Health Care Financing Administration an emergency amendment to the Elderly and Disabled Waiver to initiate consumer-driven personal assistance services.

To require the Disability Commission to annually review the implementation of licensure of institutions treating medically fragile children in meeting their educational needs.

To require the Department of Rehabilitative Services to provide members of Disability Services Boards training as part of the Virginia Assistive Technology System annual conference.

APPROPRIATION REQUESTS

Program	Amount Requested
Assistive Technology Loan Fund	\$1,500,000
Personal Assistance Services	\$431,528
Consumer Services Fund	\$425,000
Rehabilitative Services Incentive Fund	\$500,000
Centers for Independent Living	\$329,000
Long-Term Rehabilitative Case Management	\$100,000
Supported Employment for People with physical and sensory disabilities	\$67,000
Woodrow Wilson Brain Injury Services Program	Amount to be determined
TOTAL	\$3,352,528 (plus WW Brain Injury Services)

ATTACHMENTS

Attachment #1 - HJR 45

Attachment #2 - HJR 274

Attachment #3 - Members of the Disability Commission

GENERAL ASSEMBLY OF VIRGINIA--1990 SESSION

HOUSE JOINT RESOLUTION NO. 45

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

Agreed to by the House of Delegates, March 9, 1990

Agreed to by the Senate, March 7, 1990

WHEREAS, 350,961 citizens in the Commonwealth are affected by physically disabling conditions; and

WHEREAS, it is appropriate that the goals, responsibilities, and desired outcomes of the public and private sector regarding persons with disabilities receive legislative review to facilitate the availability, accessibility, and coordination of essential services and to ensure the participation of the consumers of such services in the review process; and

WHEREAS, categorical funding sources and current performance standards often circumscribe interagency coordination in meeting the needs of such persons for individualized services; and

WHEREAS, identification and implementation of a regionalized service continuum throughout the Commonwealth requires the development of a meaningful system for the coordination and delivery of services and consistent interpretation of the concept, "least restrictive environment"; and

WHEREAS, goals and processes are required to ensure persons with physical and sensory disabilities access to appropriate levels of care and opportunities for optimum self-sufficiency and employment; and

WHEREAS, the needs of persons with physical and sensory disabilities frequently exceed the program, services, and resources configuration of public agencies; and

WHEREAS, eligibility criteria, exclusions, waiting periods, and gaps in benefits and services in public and private third-party health insurance coverage leave many such persons without resources to pay for medical and rehabilitative services; and

WHEREAS, there is the need to better integrate the role and responsibilities of public education in providing special education as required under P. L. 94-142, as amended, and Article 2 (§ 22.1-213 et seq.) of Chapter 13 of Title 22.1 of the Code of Virginia, with human service and economic development agencies to enhance special education programs and to facilitate transition programs for handicapped and disabled children and youth; and

WHEREAS, fragmentation and perceived inadequacies in public programs and involvement of the private sector in selected service areas can result in competitive, duplicative, and expensive public services; and

WHEREAS, an accountable and integrated service delivery system for persons with physical and sensory disabilities should be established congruently with the development and enhancement of public and private rehabilitative agencies and programs, these issues requiring immediate attention; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That a Commission on the Coordination of the Delivery of Services to Facilitate the Self-Sufficiency and Support for Persons with Physical and Sensory Disabilities in the Commonwealth be created. The Commission shall be composed of sixteen members to be appointed as follows: two members each of the House Committees on Health, Welfare and Institutions and on Appropriations, one member of the House Committee on Education, and one member of the House of Delegates at large to be appointed by the Speaker of the House; one member each of the Senate Committees on Education and Health, on Rehabilitation and Social Services, and on Finance to be appointed by the Senate Committee on Privileges and Elections; and one member each of the business community, the health insurance industry, and the health care industry, one educator certified in special education, one licensed practicing physician who shall have expertise in emergency medicine and trauma care or neurosurgery, the Lieutenant Governor, and one citizen at-large to be appointed by the Governor.

For the purposes of this study, physical and sensory disability shall include temporary and permanent motoric impairment sustained by disease of or injury to the central nervous system, traumatic brain injury, and disabilities resulting from disease or injury to the sensory system. The Commission shall review and consider the findings and recommendations referred to it for action in the report 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. The Commission shall, among other activities: (i) review and determine the measures and incentives that provide for accountability and

strategies for optimum use of public and private fiscal resources and insurance, (iii) determine methods to address the gaps in eligibility criteria for services and the service delivery system that inhibit access to needed services and employment opportunities, (iv) develop human resource models to facilitate rehabilitation-oriented case management and other professional support for persons with physical and sensory disabilities, (v) evaluate the need for and recommend strategies for research and a system to provide post-acute and long-term rehabilitation for traumatic injury and specified disability groups, (vi) identify and develop service delivery models to address the multifaceted and long-term needs for treatment, community support, transportation, housing, employment, job training, vocational and career counseling, and job placement services, and (vii) determine ways to promote coordination and cost-sharing of programs and services between public and private rehabilitative and educational entities.

The Secretary of Health and Human Resources shall ensure that the Commission is appropriately staffed. All agencies shall provide assistance upon request in the manner deemed appropriate by the Commission.

The Commission shall submit an interim report on the actions taken in 1990 to the 1991 Session of the General Assembly, and pursuant to procedures of the Division of Legislative Automated Systems for the processing of legislative documents, shall submit a final report by October 31, 1991, in order to provide data for the preparation of the Governor's 1992-94 budget recommendations to the General Assembly.

The direct costs of this study shall not exceed \$17,280.

GENERAL ASSEMBLY OF VIRGINIA -- 1994 SESSION

HOUSE JOINT RESOLUTION NO. 274

Continuing the Commission on the Coordination of the Delivery of Services to Facilitate the Self-Sufficiency and Support of Persons with Physical and Sensory Disabilities, hereafter to be known as the Disability Commission.

Agreed to by the House of Delegates, February 11, 1994

Agreed to by the Senate, February 28, 1994

WHEREAS, in 1990, the Commission on the Coordination of the Delivery of Services to Facilitate the Self-Sufficiency and Support for Persons with Physical and Sensory Disabilities, hereafter to be known as the Disability Commission, was established to assess the delivery of services to persons with physical and sensory disabilities; and

WHEREAS, the Disability Commission issued its final report to the Governor and the 1992 Session of the General Assembly, including its comprehensive 10-year plan for addressing the identified service needs, legislative initiatives and budget amendments in response to its findings and recommendations; and

WHEREAS, in its 1994 Report to the Governor and General Assembly, the Disability Commission continues to assess service needs and barriers to service delivery and has proposed a number of service initiatives; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Disability Commission be continued to provide review and oversight of the implementation of its recommendations, including those that have not been funded, and any recommendations that may arise during the course of implementing its 10-year plan. In addition, the Disability Commission shall receive, evaluate and make recommendations based upon the report by the Consumer/Interagency Task Force on Individual and Family Support Services.

Disability Commission members appointed pursuant to House Joint Resolution No. 257 of 1992 shall continue to serve as members with full voting privileges. Vacancies in the membership of the Commission shall be filled in the manner provided in the original resolution. The membership of the Disability Commission shall be expanded by one member who shall be from the Senate to be appointed by the Senate Committee on Privileges and Elections.

The direct costs of this study shall not exceed \$7,350 each year. An estimated \$3,400 is allocated for the printing of documents and such expenses shall be funded from the operational budget of the Clerk of the House of Delegates.

The Virginia Board for People with Disabilities shall provide staff support for the study. All agencies of the Commonwealth shall provide assistance to the Commission, upon request.

The Disability Commission shall submit its findings and recommendations annually to the Governor and the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents. The Disability Commission shall complete its study and submit a comprehensive report on the status of services for persons with physical and sensory disabilities to the Governor and the 2000 Session of the General Assembly.

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

HOUSE JOINT RESOLUTION 274

Total Membership: 17

Patron: Mayer (Beyer)

Reporting Date: 2000 Session

CONTINUING the Commission on the Coordination of the Delivery of Services to Facilitate the Self-Sufficiency and Support of Persons with Physical and Sensory Disabilities, hereafter to be known as the DISABILITY COMMISSION.

Lieutenant Governor (1):	DONALD S. BEYER, JR.
House Of Delegates (Speaker - 5):	
Health, Welfare & Institutions:	ALAN E. MAYER
Appropriations:	ALAN A. DIAMONSTEIN
	GEORGE H. HEILIG, JR.
Education:	JOYCE K. CROUCH
House at Large:	ARTHUR R. GIESEN, JR.
Senate (Senate Privileges & Elections - 4):	
Rehabilitation & Social Services:	YVONNE B. MILLER
Education & Health:	RICHARD L. SASLAW
Finance:	JOSEPH V. GARTLAN, JR.
At Large:	JANE H. WOODS
Citizen Members (Governor - 5):	
Health Care Industry:	RICHARD C. CRAVEN
Health Insurance Industry:	JOAN M. GARDNER
Educator Certified in Special Educ.:	BRENDA T. WILLIAMS
Physician with Expertise in Emergency Medicine and Trauma Care:	WORTHINGTON G. SCHENK, III, M.D.
Citizen at Large:	CHARLES H. BONNER, M.D.
Senator from 25th Senatorial District from Jan. 1980 to Dec. 1991 (1):	THOMAS J. MICHIE, JR.
Delegate from 76th House District from Jan., 1970 to Dec. 1991 and Former Chairman of Com. on Health, Welfare and Institutions (1):	J. SAMUEL GLASSCOCK

