

# **Annual Report of the Disability Commission for 2001**

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



## **HOUSE DOCUMENT NO. 33**

**COMMONWEALTH OF VIRGINIA  
RICHMOND  
2002**





# COMMONWEALTH of VIRGINIA

Office of the Governor

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February 28, 2002

To: The Honorable Mark R. Warner and Members of the General Assembly of Virginia

In my capacity as Chairman of the Disability Commission for 2001, I am pleased to submit the Annual Report of the Disability Commission pursuant to House Joint Resolution 34, agreed to by the 2000 General Assembly. It was an active year with good input and support by the dedicated members of the Commission.

This report conveys the chief accomplishments and legislative recommendations resulting from the Commission's work during the 2001-2002 Commission calendar (see Appendix C Legislative Action Plan). The Commission held four meetings during the season to hear public testimony, to review quality of services and unmet needs, and to inform the budget planning of several state agencies regarding community services needs. The Commission was also dedicated this year to bring forward major advances for Virginians with disabilities in three areas: transportation, employment and housing and it focused on these areas in the meetings.

Over the past eleven years, the Commission has been singularly effective in expanding the growth and the creative use of *On-going Community Initiatives* such as the Assistive Technology Loan Fund Authority (ATLFA), the Personal Assistance Program, Consumer Services Fund, the Disability Services Boards, Centers for Independent Living, among others. This year the Commission devoted some time to reviewing the quality and remaining needs of several important initiatives such as the Developmental Disabilities Medicaid waiver, the Sign Language Interpreter Education, and the ATLFA. The Commission then worked directly with state agencies during their biennium budget planning to maximize communication and collaboration between the Commission and the state government.

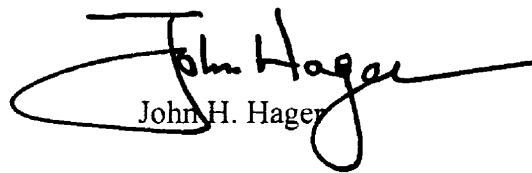
Following the release of the Governor's budget revealing current financial constraints, the Commission unanimously agreed that state funding for any new initiative or expansion, regardless of merit or expansion needs, could not be recommended during this budget cycle. As a result, the Commission requested that service needs be documented within this report with the intent that the momentum emerging from these meetings continue with alternative public/private funding partnerships and when the economy stabilizes, should be reconsidered and supported given the needs at that time.

The Commission is also particularly proud of its prioritization on three primary areas for Disability Commission efforts over the last two years, which has energized our work for the challenges of the new millennium. Transportation, employment, and housing are considered key, second-generation issues that define the quality of participation in the American dream for persons with disabilities. Progress in these outcomes areas can make the difference between surviving in the community and active citizenship for people with disabilities. This report outlines progress in these areas made this year. Highlights include:

- Efforts to reestablish the Specialized Transportation Council after a five-year hiatus and to maintain transportation resources for Virginians with disabilities;
- Furthering state planning for a Medicaid Buy-in Program for working Virginians with disabilities, which will reduce disincentives for employment for those who fear losing needed health benefits due to increased earned income; and
- Strengthening intergovernmental and interagency coordination needed to maximizing housing opportunities for people with disabilities and determining that an improved housing action plan shall be the top priority of the 2002 work session prior to the 2003 General Assembly session.

On behalf of the Disability Commission and Virginians with disabilities, I thank the Commonwealth for its on-going commitment to research and analysis of the complex disability-related issues through the Commission process. I also wish to express our gratitude for the strong staff support supplied to us through the Virginia Board for People with Disabilities, which has allowed us to thoroughly explore these important issues.

Respectfully submitted,



John H. Hager

Attachments

## 2001 Annual Report of the Disability Commission

### Introduction

Virginia's Disability Commission was formed eleven years ago under House Joint Resolution 45 (Appendix A). The Commission has allowed the opportunity for thorough research and analysis of some of the most complex issues of the day facing people with disabilities. It has been instrumental in the development of a coordinated, community-based, and consumer-driven system of services for individuals with physical and sensory disabilities in the Commonwealth. Over the last few years, the Commission has focused additional attention on other developmental disabilities such as autism and brain injuries and has facilitated the growth of services for individuals with those diagnoses. During its history, the Commission has developed and strengthened many critical programs for people with disabilities, including local Disability Services Boards, Centers for Independent Living, Personal Assistance Services, the Assistive Technology Loan Fund, and the Developmental Disabilities Medicaid Waiver. Since 1990, thousands of Virginians with disabilities have benefited from legislation and funding initiatives that have been initiated and endorsed by the Disability Commission.

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. The General Assembly in 1994 passed House Joint Resolution 274, which authorized the Commission to continue its work in developing and reviewing recommendations for service program changes and funding until the 2000 Session. HJR 274 also designated the Virginia Board for People with Disabilities as the agency to provide consultative support to the Commission. In 1998, the General Assembly passed Senate Joint Resolution 170, which required that a detailed evaluation occur and that recommendations based on the evaluation be made during the 2000 Session of the General Assembly. SJR 170 also required a review of the need to continue the Disability Commission and, if so, what its future agenda would be.

Given the positive impact documented in the findings of the SJR-170 report, the 2000 General Assembly passed the House Joint Resolution 34 (Appendix B) that continued the Commission for an additional four (4) year period and expanded it to include 12 legislators, and six (6) business/consumer representatives. HJR-34 also required that a legislator serve as Vice-Chairman. In partnership with consumers, advocates, and professionals alike, the Commission seeks to provide leadership and quality review in advancing services and supports benefiting persons with disabilities.

Last year the Commission made a strategic decision to continue the building of on-going community-based services initiatives but also to focus on actionable items in three priority areas: Transportation, Employment, and Housing. This year the Commission was determined to first review the unmet needs and quality of Commission service initiatives and second to bring forward at least one major advance in each of these three life areas for Virginians with disabilities.

## **THE 2001-2002 CALENDAR: DISABILITY COMMISSION ISSUES AND ACTIVITIES**

During the 2001-2002 interim, the Disability Commission held four meetings - August 13, 2001, October 16, 2001, November 26, 2001, and January 8, 2002. As a precursor to its meeting schedule, throughout the Spring/Summer of 2001, the Commission remained active through communication with state agencies. In this way, the Commission was able to exercise its role of facilitating communication between the Commission and the state government, which was especially important in the difficult 2001-2002 budget environment.

The report that follows presents the major activities undertaken by the Disability Commission during the 2001-2002 interim and a detailed legislative agenda of the Commission for the 2002 General Assembly Session. The Commission's efforts this year are described in the four (4) sections, which are categories of business used by the Commission:

- I. On-going Community Initiatives,
- II. Transportation,
- III. Employment, and
- IV. Housing

### **Section I: On-going Commission Community-Service Initiatives and Related Programs**

The Commission has been instrumental in the development of over 15 essential service initiatives benefiting persons with disabilities over the last eleven years. This year the Commission decided to devote time to two aspects of the Service Initiatives. Time was given to quality review of services and trying to inform the budget planning process this year. Due to the budget impasse of the previous General Assembly session, the Commission believed that it was particularly important to take proactive steps to try to impact the Governor's biennium budget planning process with data showing unmet needs within the On-going Community Initiatives and other related programs. Both of these Commission efforts will be discussed separately below.

#### Quality Reviews

Following the conclusion of the 2001 General Assembly, the Commission had agreed that the Lieutenant Governor should exercise his authority as Chairman of the Commission to communicate proactively with various agencies to alert them to important Commission priorities. The Office of the Lieutenant Governor initiated correspondence/communication with key agencies serving Virginians with disabilities. Written correspondence was forwarded to:

- VA Employment Commission (VEC)- to ensure that the Workforce Investment Act fully represents/serves all Virginians including those with disabilities;
- Department of Medical Assistance Services (DMAS)- to ensure the completion of a feasibility study of a Medicaid Buy-In for working persons with disabilities;
- Secretary of Transportation- to underscore the needs identified in the findings of the 1999 Transportation Study; and
- Local VA housing programs (23 total letters issued)- to bring about improved collaboration between the housing and the disabilities communities and to encourage the increased use of Section 8 vouchers available specifically for persons with disabilities throughout Virginia.

During the 2001 Fall meetings, certain consumer concerns were received in public testimony and ad hoc reports reviewed (e.g., the CIRCLE Report 2001). In response, the Commission agreed that the Lieutenant Governor should issue requests for service quality updates on specific programs serving persons with disabilities. Written correspondence requesting more information was forwarded to:

- Virginia Community College System- to provide a quality update on the Sign Language Education and Training System supported by the Commission;
- Health Human Resources (HHR) Secretary- to provide an update on the State's Olmstead Decision Planning;
- DMAS- to provide updates on: 1) the DD waiver and provider development issues and consumer responsiveness of Waivers; 2) the number of persons with Traumatic Brain Injury (TBI) and costs if Nursing Facilities were allowed to broaden their Admission Criteria; 3) the transportation broker system problems and resolutions of 2001; and 4) a Medicaid buy-in development update;
- The Autism Program of Virginia (TAP-VA)- to gain stakeholder consensus and report on the needs in Virginia for autism provider development and training and higher education in autism specialty areas; and
- Commission of Insurance and the Virginia Transit Liability Pool- to report to the Commission on feasible ways of reducing insurance costs for providers of specialized transportation for people with disabilities.

Portions of the October and the November 2001 Commission meetings were then devoted to hearing reports from these entities and receiving additional public comment on these topics. At the final meeting of the season on January 8, 2002, which was dedicated to preparation of the Commission's Legislative Agenda, the Commission agreed on important legislative actions to maintain initiatives and advance progress on these quality issues (Appendix C).

### Informing Biennium Budget Planning

At the first meeting of the 2001-2002 session, the Commission agreed that attempts to impact the development of the Governor's budget was especially needed this year, given the lack of consensus on a budget from the 2001 General Assembly session. After careful review of the unmet needs of the On-going Community Services Initiatives

documented by the Department of Rehabilitative Services, the Commission voted unanimously at the August 2001 meeting that correspondence be prepared for the Lieutenant Governor's signature to provide budget recommendations to various state agencies for the upcoming biennium budget planning process. Letters were issued to the:

- Secretary of Health and Human Resources- with recommendations for budget planning for the expansion of eight Commission-related service initiatives including Personal Assistance Services, Consumer Services Fund, Long Term Case Management, the network of Centers for Independent Living, services for persons with Brain Injury, Long Term Employment Support Services, the Assistive Technology Loan Fund Authority (ATLFA), and state funding to support staff to the Disability Commission through VA Board for People with Disabilities (VBPD).
- ATLFA Board- to submit a budget request within the Governor's planning process to maximize federal grant opportunities with a 25% state match requirement to expand assistive technology;
- Department of Planning and Budget- to expedite administrative mechanisms in order that state funds could be requested and appropriated for ATLFA;
- Secretary of Transportation- with recommendations for budget planning for maintaining and enhancing the transportation incentive fund;
- Secretary of Administration- with recommendations for budget planning to complete renovations to Capital Square buildings for improved accessibility for persons with disabilities; and
- Secretary of Finance- with recommendations for budget planning to bring about an interagency council and training aimed at improving communication between housing and disability communities.

Each letter elicited an agency response acknowledging the needs and agreeing to consider the recommendations as a part of the budget planning. Later in the season, however, agencies reported that due to required cuts needed, only one of the recommendations could be incorporated in an agency's planning, i.e., the transportation incentive fund recommendation. At the final meeting of the season on January 8, 2002, when the difficult state budget situation became clear, the Commission agreed that due to the budget cuts no new programs initiatives or program expansions, regardless of merit, could be endorsed by the Commission. Several important legislative actions were undertaken by the Commission to maintain existing initiatives and document unmet need for future support (Appendix C).

### **STRATEGIC FOCUS ON THREE PRIORITY LIFE AREAS: TRANSPORTATION, EMPLOYMENT AND HOUSING.**

In addition to the budget planning and quality reviews of the On-going Community Initiatives, the Commission continued its strategic focus on three important life areas. Transportation, employment, and housing are considered timely, second-generation issues that define the quality of participation in the American dream for persons with disabilities and are, therefore, considered of primary importance in the



Commission's work plan. Portions of each of the Fall 2001 meetings were devoted to one of these three areas in order to allow more thorough review of issues.

## **Section II: Transportation**

The August 2001 meeting focused on transportation issues, with follow-up reports delivered at subsequent meetings. The Commission's primary goal related to transportation was to urge the Governor to re-establish the Virginia Specialized Transportation Council and appoint new membership. In August 2001, Lieutenant Governor Hager reported that, after a five-year hiatus, the Specialized Transportation Council had been successfully re-established and the members officially appointed. In accordance with the Lieutenant Governor's mandated role as chairman of the Council, he reported that he and his co-chair, the Secretary of Health and Human Resources, Louis Rossiter scheduled the first meeting of the Council on September 10, 2001. Lt. Governor Hager described the responsibilities of the Council and the close connection that he envisioned between the Commission and the Council.

In the transportation arena, the Commission believed that with the Specialized Transportation Council (STC) in place, maintaining and expanding the Specialized Transportation Incentive fund (\$800,000 in the past) was considered even more important this year. The fund, which is appropriated to the Department of Rail and Public Transportation, will now be administered according to the STC determinations and criteria.

Another effort in the transportation area this year has involved the Commission's efforts to reduce transportation insurance costs for providers of specialized transportation to persons with disabilities. The Commission heard a panel presentation from Alfred W. Gross, Commissioner of Insurance, Douglas C. Stolte, Deputy Commissioner, Virginia Bureau of Insurance and Richard O'Hare, Administrator, Virginia Transit Liability Pool (VTLP). The presentation addressed the withdrawn 2001 legislation on expanding the Virginia Transit Liability Pool for Private, Non-Profit Providers Serving Persons with Disabilities. The Commissioner of Insurance stated that there are other ways to reduce costs that his agency has proposed in the past to stakeholders yet no consensus was reached. The Commission asked Delegate Van Landingham to work with the stakeholders and include Jim Rothrock, as an advocate representative, to develop a plan that will reduce costs of insurance for providers of specialized transportation services. In a follow-up report, Delegate Van Landingham stated that all parties have agreed to continue to collaborate to find the most appropriate alternative to finalize a mutually agreeable plan to reduce insurance costs for specialized transportation providers. A letter was prepared from the Commission to the involved parties requesting that final recommendations be provided to the Disability Commission in the Fall 2002. This information will also be shared with the Specialized Transportation Council.

The DMAS Transportation Brokering system was also of concern to the Commission during this year. Eric Bell, Director, Department of Medical Assistance Services (DMAS) addressed the Commission regarding the problems as well as the

improvements made in the Brokering System. He provided the rationale for the recent DMAS policy change (an estimated \$15 million dollar loss each year from fraud) moving from individual providers reimbursement to the development of a statewide brokering system for transportation providers serving hundreds of persons with disabilities throughout the state. DMAS goals for the policy change were described as centralized coordination, elimination of fraud, and savings to the Commonwealth. The Commission acknowledged the extensive problems over the last six months and the improvements being made. The Commission agreed to continue monitoring the program.

### **Section III: Employment**

The Commission's primary goal related to employment this year was to provide leadership in strengthening the Commonwealth's commitment toward developing a cost effective program to allow working Virginians with disabilities to buy into Medicaid services, if needed, after earned income exceeds typical eligibility criteria. The October 2001 meeting focused on Medicaid Buy-In efforts and requested follow-up reports were delivered at the subsequent meetings. A collaborative report was received regarding the interagency efforts of three state agencies by Kathy Kotula, DMAS Director of Policy, Dr. Joseph Ashley, DRS Assistant Commissioner for Grants and Special Programs, and Hilary Malawer, Disability Rights Advocate, Department for Rights of Virginians with Disabilities (DRVD). The group discussed their success in writing and receiving three federal grants to advance planning and development of needed infrastructure for the Medicaid buy-in in Virginia and in advancing the use of the *1619b-work incentive*. They described their efforts in studying/surveying the current low use of the 1619b-work incentive. This work incentive allows persons to retain Medicaid benefits even after their earnings exceed the SSI earnings threshold if they need the Medicaid services in order to continue working. Understanding consumers' fears around 1619b use will assist the work group in developing a Medicaid buy-in program that is responsive to needs and concerns of consumers.

At a subsequent meeting, two speakers encouraged the Commission to consider the Medicaid Buy-in a major economic and workforce advantage for Virginia businesses. The speakers were Jack Hillyard, Director, Employment Policy Group, University of Iowa Center for Disabilities and Development (Re: Iowa's established Medicaid Buy-In) and Katherine McCary, Vice President for Employment at Sun Trust Bank, Chair of the Business Leadership Network, member of the Leadership Council of the Richmond Chamber of Commerce and member of the Diversity Committee of the Society for Human Resource Management. Mr. Hillyard described the development of Iowa's Medicaid Buy-In as "not another welfare program" but rather as a necessary economic development package, due to aging and workforce shortages in Iowa. Katherine McCary described her strong interest in the Buy-in as an employer in Virginia. She also cited workforce shortages in the Commonwealth and her opinion that the Buy-in will be a "win-win" arrangement especially for small and medium size companies. She believes that it will encourage people with disabilities to attain higher levels of employment in that they would be less worried about loss of benefits if and when they were promoted.

Dr. Ashley suggested that the Disability Commission, in conjunction with the Business Leadership Network, and others, host a Spring Forum on the Economic and Workforce Opportunities of the Medicaid Buy-in as a way to deepen dialogue with the business community and find Virginia business champions.

Lt. Governor Hager asked Delegate Mayer (with support from staff) to draft a Resolution to move the buy-in forward at a good pace this year and to prepare for the next legislative session. Delegate Bloxom congratulated the agencies on their collaborative work and asked that the Resolution reflect the outreach plans to the stakeholders that are planned by DMAS. Delegate Bloxom also stated that it should be the goal of the Resolution that draft legislation and budgetary considerations be finalized by late Fall 2002 in order that legislative changes to the state Medicaid plan can be made during the 2003 General Assembly session. Appendix C also summarizes the Commission's legislative actions related to employment.

#### **Section IV: Housing**

The Commission's primary goal related to housing this year was to help the Commonwealth strengthen intergovernmental and interagency coordination to better utilize available federal housing opportunities available to states, especially related to Section 8 vouchers and construction loan incentives. The November 2001 meeting focused on housing issues. Brian Parsons, Director of the Virginia Board for People with Disabilities, introduced a panel of housing experts including Robert Washington, Deputy Director, VA Housing and Development Authority (VHDA), Christina Delzingaro, Director, Arc of the Piedmont/Piedmont Housing Alliance, and Alvin Smuzynski, President and CEO, Wesley Housing. Each gave their perspective on improving housing opportunities with an emphasis on maximizing use of Section 8 vouchers. Flexibility and partnerships between state/local housing assistance programs and the disability community were identified as critical issues. Piedmont Housing Alliance suggested that Disability Services Boards (DSBs) should be the local disability community "point of contact." VHDA staff confirmed that state and local housing assistance agencies desperately need points of contact at the local disability level. A new Wesley Housing 811 congregate program was also described. Mr. Smuzynski stated that the program was actually initiated through the creative use of the Commission's Rehabilitative Services Incentive Funds for consultation/development fees. Delegate Mayer congratulated DRS staff, which administers the fund, for allowing the use of these funds for this creative purpose.

The Commission's legislative actions in the housing area detailed in Appendix C included a Resolution to (1) identify improved housing opportunities for citizens with disabilities as the Commission's top priority for 2002 and (2) facilitate collaboration among stakeholders to develop recommendations for strengthening intergovernmental and interagency coordination of housing programs for people with disabilities. The Commission also agreed to collaborate with agencies to use the State Housing Conference to focus on Section 8 vouchers, more accessible construction and disability/housing partnerships. The Commission discussed the need for on-going

technical assistance to move partnerships forward after the State Conference. The Commission also asked staff to be sure to involve the Housing Study Commission, the DSBs, and nonprofit housing organizations.

In conclusion, the work of the Disability Commission during 2001-2002 involved year-round advocacy to improve and support services for Virginians with disabilities. Even during this difficult budget year, the Commission made every effort to document unmet needs, carefully review the quality of services, and respond to the concerns of consumers and public testimony. Strong efforts were made to influence the biennium budget process before the deficit budget situation became clear. The Commission's strategic focus on three priority life areas, employment, transportation, and housing, has allowed the Commission to bring about strong advances in each area this year. These advances will in the future positively impact the quality of community life for Virginians with disabilities. These achievements are presented in detail in Appendix C- The Disability Commission 2001-2002 Legislative Action Plan.

## Appendix A

### 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 service; 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 medial 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; (1) review and determine the measures and incentives that provide for accountability and support coordinated services for persons with physical and sensory disabilities, (ii) develop 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.

## Appendix B

### HOUSE JOINT RESOLUTION NO. 34

*Continuing the work of the Disability Commission.*

Agreed to by the House of Delegates, March 10, 2000

Agreed to by the Senate, March 10, 2000

WHEREAS, in 1990 the Commission on the Coordination of the Delivery of Services to Facilitate the Self-Sufficiency and Support of Persons with Physical and Sensory Disabilities, now known formally as the Disability Commission, was established to assess the delivery of services to Virginia's citizens with physical and sensory disabilities; and

WHEREAS, the 1992 report of that Commission established a ten-year plan of action that formed a system of programs and services within an infrastructure designed to be consumer-focused and community-based; and

WHEREAS, the work of the Commission was continued by successive sessions of the General Assembly in order to provide ongoing support in developing and reviewing recommendations for service program changes and funding related to persons with physical and sensory disabilities until the year 2000 as well as designating the Virginia Board for People with Disabilities as the agency to provide staff support to the Commission; and

WHEREAS, today this Commission is comprised of 18 members and is chaired by the Lieutenant Governor; and

WHEREAS, in 1995 the Secretary of Health and Human Resources completed an evaluation of recommendations made by the Commission and provided an overview of accomplishments, as well as gaps in services, to date; and

WHEREAS, each year, the Commission continues to identify legislative priorities that need to be examined by the General Assembly and is viewed as a forum where the needs and issues of people with disabilities can be addressed through the joint cooperation of the legislature, the Lieutenant Governor, the Governor's appointees, and the agencies of the Executive branch; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Disability Commission be continued until the year 2004. Technical assistance and staff support, with additional funding, shall be provided to the Disability Commission by the Virginia Board for People with Disabilities. The first priority of the Commission shall be to develop a strategic plan in which priorities are set for subsequent Commission activities.

The membership of the Disability Commission shall consist of 18 persons to be comprised in the following manner: 6 members, in accordance with the principles of Rule 16 of the Rules of the House of Delegates, and 1 former member of the House of Delegates to be appointed by the Speaker of the House; 3 members and 1 former member of the Senate to be appointed by the Senate Committee on Privileges and Elections; the Lieutenant Governor; and 6 citizen members to be appointed by the Governor, two of whom shall be consumers with disabilities. In appointing the remaining four citizen members, the Governor should consider persons representing the medical, insurance, and rehabilitation fields. The Lieutenant Governor shall serve as chairman, and a legislative member shall serve as vice-chairman.

All agencies of the Commonwealth shall provide assistance to the Commission for this study, upon request. The Commission shall submit regular, periodic reports of its findings and recommendations 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.



Appendix C  
Disability Commission 2001-2002  
Legislative Action Plan  
January 8, 2002

*The Commission's 2002 Legislative actions are divided into the four (4) categories of business used by the Commission: I. On-going Community Initiatives, II. Transportation, III. Employment, and IV. Housing. Legislative actions listed below are preceded by a background reference found in meeting summaries for August 13, October 16, and November 26, 2001.*

**I. Legislative Priorities for On-Going Commission Initiatives**

- 1) **Background on Sign Language Interpreter Training:** VA Community College System provided budget needs for expansion of the program and its recently completed Task Force Report, which shows the rationale for this expansion and a ten (10) year plan (See November 26, 2001 meeting summary).

**Legislative Action:**

- The Commission agreed that documented need existed to expand this program per Task Force recommendations; however, due to current deficits, they deferred expansion amendments to the next budget cycle through unanimous consent. (Attachment #1 - Task Force funding recommendations totaling \$1,365,000).**
- 2) **Background on ATLFA:** Commission expressed interest in taking advantage of opportunity to draw down significant federal resources for Assistive Technology (AT) for the Commonwealth made available through President Bush's New Freedom Initiatives and in building on the momentum in ATLFA in VA (ATLFA asked for Commission assistance in obtaining an appropriation of \$3 million over the biennium to use as 25% state match for available federal AT funds).

**Legislative Actions:**

- The Commission agreed that documented federal grant opportunities existed at 1:4 ratio (state to federal dollars) to expand Virginia's Assistive Technology Loan Fund Authority; however, due to current deficits, they deferred expansion amendments to the next budget cycle through unanimous consent.**
- The Commission agreed to endorse legislation patroned by Delegate Nixon (HHR DRS 2) to expand ATLFA's authority through a Code change to allow loans to assist individuals with disabilities to start up new businesses. (Attachment #2)**

- 3) **Background on CIT/DIT and Rehabilitation Joint Ventures:** On December 13, 2001 the Commission toured Woodrow Wilson Rehabilitation Center, focusing on the assistive technology laboratories. Jim Rothrock joined Commission members on the tour and discussed the need for an action plan to bring about a renewed, formal partnership among the Center For Innovative Technology (CIT), the Department of Information Technology (DIT) and rehabilitation agencies (Departments of Rehabilitative Services, Blind and Vision Impaired, Deaf & Hard-of-Hearing and Woodrow Wilson Rehabilitation Center) to strengthen cooperation in advancing technology to respond to the talents and needs of persons with disabilities. Delegate Bloxom agreed and asked staff to collaborate with him in developing a draft resolution to be introduced.

**Legislative Action:**

- The Commission elected to enter a resolution that Secretaries of Technology and Health and Human Resources, and representatives of technology industries, and the Commonwealth's rehabilitative agencies develop an action plan prescribing renewed, formal partnerships between CIT/DIT and Rehabilitation agencies. (Attachment #3).**

- 4) **Background on Developmental Disabilities (DD) Waiver needs:** The Commission learned of concerns with the DD waiver especially regarding the need for waiver provider development. DMAS described its success in receiving a three-year, \$1 million grant award in the Real Choice Systems Change Grant competition under President Bush's New Freedom Initiative. The DMAS report showed that some of the resources of the Real Choice grant will be used to improve provider development for support coordination and developing a statewide capacity for this service. In addition, DMAS reported that collaborative discussion is underway between the VBPD and DMAS on this topic. The DMAS also provided a written commitment to prioritize all children transitioning from the MR waiver to DD waiver services without lapses in services (Attachment #4).

Remaining DD waiver issues discussed concluded in the following Commission actions:

**Legislative Actions:**

- It was agreed that a letter from the Chairman will be issued to the Secretary of Health and Human Resources and DMAS Director to ensure the rapid prioritize resources of the Real Choice grant, other DMAS resources, and collaboration opportunities with other agencies to provide in-depth provider development training for direct service providers and support coordinators. The Commission is determined that a statewide capacity for DD waiver support coordination be developed.**

- ❑ **The Commission will endorse pre-filed legislation patroned by Senator Bolling to develop an immediate licensing capacity for DD waiver providers.**
  - ❑ **It was agreed that a letter from Chairman will be issued to the Commissioner of the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) to encourage the full support and sharing of DMHMRSAS Licensing resources in development of the new DD waiver provider licensing capacity within DRS and to avoid duplication of effort between agencies.**
- 5) **Background on the consumer concerns re: Virginia's administration of Medicaid waivers and Olmstead Compliance:** Consumers have directed the Commission's attention to the fact that the Medicaid 1915c Home and Community Based Services (HCBS) Waiver Program is a primary resource available to states to prevent and decrease dependence on nursing home and other institutions, and to provide individuals with supports to live as independently as possible within the community as required in the President's Executive Order on Olmstead compliance. The Virginia Statewide Independent Living Council's CIRCLE Report, 2001 has been presented describing key legislative considerations and particular barriers which are reported to render the Virginia's HCBS less than responsive to consumers. The Joint Legislative Audit and Review Commission of the General Assembly has also issued a report entitled "Review of the Department of Medical Assistance Services" (JLARC, 2001) regarding one of the waivers that describes improvement recommendations.

**Legislative Actions:**

- ❑ **The Commission agreed to enter a resolution recommending that the Joint Legislative Audit and Review Commission, the Secretary of Health and Human Resources and the Department of Medical Assistance Services review and make recommendations to improve Virginia's Home and Community Based Waiver program policies and procedures and the Medicaid State Plan, to make them more responsive to consumers (Attachment #5 - Medicaid Home and Community-Based Waiver Improvement Resolution).**
- 6) **Background on need for qualified autism providers:** The Autism Program of VA (TAP-VA) gave new estimates for autism as 1 in 150 and stated that Virginia's current funding for services and provider infrastructure is not sufficient. TAP-VA recommended that higher education course work and perhaps, a certification program with an autism-specialty be developed. The Commission asked TAP to obtain comprehensive input from Universities/colleges, and programs throughout the state and return in January with a proposal (See October 16, 2001 and November 26, 2001 meeting summaries and autism budget proposal).

**Legislative Action:**

- The Commission agreed that documented need existed to develop providers and expand higher education opportunities in the area of autism and that TAP-VA had done an outstanding job in developing a strong statewide consortium and consensus on needs and best practice solutions. However, due to current deficits, they deferred expansion amendments to the next budget cycle through unanimous consent. They asked the group to keep working and re-present the proposal when the economy improves. They also agreed to issue a letter from the Chairman to the Secretaries of Health and Human Resources and Education to appoint agency representatives to the current Autism Planning Council to continue such planning (Attachment #6 - State Autism Planning Council and Training Program Summary).**
  
- 7) **Background on previous Commission budget proposals for the Governor's budget:** The Commission made funding recommendations to agencies for the Governor's budget development during the fall of 2001. Funds needed to manage waiting lists or other Commission recommendations are shown below. (See August 13, 2001 and October 16, 2001 meeting summaries).

**Legislative Actions (Based on Disability Commission Initiatives and Documented Need Matrix Attachment #7):**

- The Commission agreed that documented need existed to expand the Personal Assistance Services (PAS) Program and provide MEL per updated Matrix Report; however, due to current deficits, they deferred expansion amendments to the next budget cycle through unanimous consent. (\$370,000 needed for waiting lists/\$250,000 and 1 MEL requested during the 2001 legislative session).**
  
- The Commission agreed that documented need existed to expand the Consumer Services Fund per updated Matrix Report; however, due to current deficits, they deferred expansion amendments to the next budget cycle through unanimous consent. (\$1,325,578 needed for waiting lists/\$400,000 requested during the 2001 legislative session).**
  
- The Commission agreed that documented need existed to expand the Long Term Rehabilitation Case Management Program and provide MEL per updated Matrix Report; however, due to current deficits, they deferred expansion amendments to the next budget cycle through unanimous consent. (\$150,000 and 2 MEL requested during the 2001 legislative session).**
  
- The Commission agreed that documented need existed to expand the network of Centers for Independent Living per updated Matrix Report; however, due to current deficits, they deferred expansion amendments to the**

next budget cycle through unanimous consent. (\$1,950,000 requested during the 2001 legislative session).

- The Commission agreed that documented need existed to expand services for persons with Traumatic Brain Injury per updated Matrix Report; however, due to current deficits, they deferred expansion amendments to the next budget cycle through unanimous consent. (\$1,300,000 requested during the 2001 legislative session).
- The Commission agreed that documented need existed to expand employment services for persons with disabilities and support LTESS budget request per updated Matrix Report; however, due to current deficits, they deferred expansion amendments to the next budget cycle through unanimous consent. (\$2,600,000 requested during the 2001 legislative session).
- It was agreed that a letter from the Chairman will be issued to the Secretary of Administration and the Department of General Services Director to reaffirm the need for immediate renovations to the Restrooms and Priority one areas of the State Capitol Building and the General Assembly Building to provide accessibility for persons with disabilities per the Capitol Square Access Study. The letter will suggest the use of the Governor's umbrella account for discretionary projects of high priority which can be used for "Necessary Repairs and Improvements to State Facilities"-Item C-150 in the Governor's Biennium Budget.
- The Commission agreed that documented need existed to provide the Disability Commission with state funded research consultation and staff support resources; however, due to current deficits, they deferred expansion amendments to the next budget cycle through unanimous consent. (\$75,000 requested during the 2001 legislative session).

## II. Legislative Priorities for Transportation

- 8) **Background on Specialized Transportation Fund:** With the Specialized Transportation Council (STC) established, the Commission stated that the timing is right for expansion of the Specialized Transportation Fund (See October 16 meeting summary).

### **Legislative Action:**

- The Commission agreed to endorse a budget amendment to provide funding to the Transportation Incentive Fund to be administered through the Specialized Transportation Council. (\$800,000 recommended).
- 9) **Background on efforts to reduce transportation insurance costs for specialized transportation providers:** Delegate Van Landingham organized a work group made up of key parties interested in use of the Virginia Transit

Liability Pool for transportation providers of persons with disabilities, as a way to reduce transportation insurance costs. Alternatives to the legislation were discussed and the group decided to attempt to finalize a mutually agreeable plan to reduce insurance costs for the providers through other options such as conversion to accessible mutual insurance, statutory accounting and/or Joint and Severable Liability (See October 16, 2001 and November 26, 2001 meeting summaries).

**Legislative Action:**

- It was agreed that a letter from the Chairman will be issued to the Work Group members requesting a report to the Disability Commission in the Fall 2002 on the alternatives recommended by the group to finalize a mutually agreeable plan to reduce insurance costs for specialized transportation providers. (This letter shall be shared with the Specialized Transportation Council members).**

**III. Legislative Priorities for Employment**

**10) Background on a Medicaid Buy-in for working Virginians with disabilities:**

The Commission agreed that a Medicaid Buy-in for working individuals with disabilities is needed within the Commonwealth. The Commission's Medicaid Buy-in Work Group described the detailed research that needs to be accomplished to develop a responsive, yet cost effective Buy-in. Lt. Governor Hager asked Delegate Mayer (with support from staff) to draft a Resolution to move the Buy-in forward at a good pace this year completing the needed planning and research and to prepare draft legislative and budgetary recommendations for the next legislative session. The Commission will seek to ensure continued Buy-in planning and development as a new Administration takes charge. Delegate Bloxom stated that draft legislation should be the goal task for the late fall 2002 (See November 26, 2002 meeting summary).

**Legislative Action:**

- The Commission elected to enter a resolution to advance Medicaid Buy-in development for Virginia with the goal of drafting initial legislative and budgetary recommendations before the 2003 Legislative Session (Attachment #10).**

- 11) Background of the Buy-in as an economic and workforce advantage:** The Commission discussed the development of a campaign that will generate strong business interest in the economic advantages of a Medicaid Buy-in in Virginia. Dr. Ashley suggested that the Disability Commission in conjunction with the Business Leadership Network, and other appropriate entities, host a Spring Forum on the Economic and Workforce Opportunities of the Medicaid Buy-in.

**Legislative Action:**

- It was agreed that a letter from Chairman will be issued requesting that in conjunction with the Disability Commission and others, the Business Leadership Network and the Business Roundtable Forum jointly host a Spring Forum on the Economic and Workforce Opportunities of the Medicaid Buy-in. Lt. Governor Hager as Chair to the Business Roundtable and Lt. Governor Elect Kaine as upcoming Chair of the Disability Commission will act as Co-Chairman for the conference.**

**IV. Legislative Priorities for Housing**

- 12) **Background on Maximizing Section 8 use and increasing accessible housing stock:** The Commission learned of numerous lost housing opportunities for Virginians with disabilities, especially related to the federal Section 8 Voucher programs and accessible housing construction. Data shows that only a small percentage of Virginia's public housing authorities (PHAs) apply for the Section 8 Vouchers specifically designed for persons with disabilities and VHDA reported that it is limited in its authority to require their participation. HUD informed the Commission that there is no way to force public housing authorities to apply for vouchers except through more education and incentives for communities to address the problem.

**Legislative Action:**

- The Commission elected to enter a resolution to bring about increased collaboration and interagency analysis, planning and training to improve housing opportunities especially related to the use of Section 8 vouchers for people with disabilities and accessible housing construction incentives. (Attachment #12; also note \$150,000 during the 2001 legislative session).**

**Attachment for #1**  
**Task Force funding recommendations totaling \$1,365,000**

**Attachment for Priority #1**

**VIRGINIA COMMUNITY COLLEGE SYSTEM**  
**AMERICAN SIGN LANGUAGE AND INTERPRETER EDUCATION**  
**Executive Summary**

*There is a rapidly increasing demand for ASL&IE courses and a critical need for sign language interpreters in the nation and in the Commonwealth of Virginia. By 2008 the statewide demand for Deaf Interpreters will increase by 24% (see attachment A).*

- ❖ ***Hire a full time statewide coordinator for the ASL&IE initiative.***                      **\$80,000.**
  - Coordinate the "VCCS ASL&IE Presents....." series.
  - Assume responsibility for continuing the development of AAS programs statewide.
  - Coordinate the articulation of AAS degree programs with state senior institutions.
  - Coordinate, with senior institutions, the development of ongoing faculty career tract.
  - Coordinate on-line statewide development and delivery, through compressed video and/or the Web), of ASL&IE program.
  
- ❖ ***Continue efforts to establish associate degree programs in ASL&IE at five selected community colleges.***                      **\$1,100,000.**
  - Fund one ASL faculty position and one additional ASL faculty position for each of five participating community colleges.                      \$600,000.
  - Fund purchase of ASL software.                      \$125,000.
  - Fund technology development for on-line delivery of courses.                      \$300,000.
  - Provide for ASL student scholarships at each participating institution.                      \$50,000.
  - Finance an ASL marketing campaign for each participating institution.                      \$25,000.
  
- ❖ ***Continue to provide professional development opportunities for ASL&IE instructors.***                      **\$185,000.00**
  - Fund the continuation of the "VCCS ASL&IE Presents....." series.

NCS  
11/18/01



**Attachment for #2**  
**Assistive Technology Loan Fund Authority (ATLFA)**  
**Need for Proposed Legislation**

Description: Amend the Code, §51.5-53, §51.5-59, for the Assistive Technology Loan Fund Authority (ATLFA) to allow that loans be made available to people with disabilities for entrepreneurial purposes. This will allow the ATLFA to make micro-loans to people with disabilities seeking to establish a new business.

Background: The Assistive Technology Loan Fund Authority (ATLFA) was established to provide low-cost loans to Virginians with disabilities in order to purchase specialized equipment and technology. Loans are available for making homes more accessible, purchasing equipment and technology and for the purchase and modification of vehicles. The ATLFA, in conjunction with a banking partner, makes loans with longer terms and lower interest rates to people with disabilities, and their family members. Loans that the bank approves are made without a guarantee; all applications that are turned down by the bank are reviewed by the ATLFA for a possible guarantee. Since an agreement was signed with SunTrust Bank in April 1999, over \$2 million in low-interest loans have been made to people with disabilities. Of that figure, only 40% have required a guarantee. This has become a very effective private-public partnership benefiting many Virginian families.

Objectives/purpose: The Department of Rehabilitative Services and the ATLFA have received federal grant funding which will allow the expansion of the existing program to include assisting individuals with disabilities start up new businesses. A Code change is needed to broaden the scope of the ATLFA to allow loans for this purpose.

**Department of Rehabilitative Services**  
**2002 Session of the General Assembly**

**Proposal Identifier Number HHR DRS 2**  
**Draft Legislation**

**§ 51.5-53. Definitions.**

As used in this chapter, unless the context clearly requires a different meaning:

"Assistive technology" means any item, piece of equipment or device that enables an individual with a disability to improve his or her independence and quality of life.

"Authority" means the Assistive Technology Loan Fund Authority established pursuant to this chapter.

**"Board" means the Board of Directors of the Assistive Technology Loan Fund Authority.**

"Fund" means the Assistive Technology Loan Fund established pursuant to this chapter.

"Qualifying borrower" means any person who demonstrates that a loan made pursuant to this chapter will assist one or more persons with disabilities to improve their independence or become more productive members of the community. The person must demonstrate creditworthiness and repayment abilities to the satisfaction of the Board.

**§ 51.5-54. Declaration of purpose; Assistive Technology Loan Fund Authority established.**

A. It is hereby found and determined by the General Assembly that there exists in the Commonwealth a need to provide assistance in the purchase of assistive technology equipment, ~~other equipment, or other loans~~ which is designed to enable persons with disabilities to become more independent or more productive members of the community with an improved quality of life.

B. To achieve the objectives of subsection A, the Assistive Technology Loan Fund Authority is hereby created, with such powers and duties as are set forth in this chapter, as a public body corporate and as a political subdivision of the Commonwealth.

**§ 51.5-55. Membership of Board; terms, compensation, and expenses.**

A. All powers, rights and duties conferred by this chapter or other provisions of law upon the Authority shall be exercised by the Board of Directors of the Authority. The Board shall consist of twelve members as follows: the Secretary of Health and Human Resources or his designee; an employee of the Woodrow Wilson Rehabilitation Center; an experienced consumer lender; a certified public accountant; two persons with investment finance experience; and six persons with a range of disabilities. The citizen members shall be appointed by the Governor and confirmed by the General Assembly.

The Board shall annually elect a chairman from among its members. Board members shall receive no salaries but shall be reimbursed for all reasonable and necessary expenses incurred by them in the performance of their duties on behalf of the Authority.

B. The ten citizen members of the Board shall be appointed for four-year terms, except that appointments to fill vacancies shall be made for the unexpired terms. Representatives of state agencies shall serve coincident with the term of the Governor. No member appointed by the Governor shall be eligible to serve more than two complete terms in succession.

**C. Meetings of the members of the Board shall be held at the call of the chairman or whenever six members so request. The Board may delegate to a Loan Committee the authority shall meet regularly to review and approve or deny individual loan applications and approve or deny such applications based upon information provided to or obtained by the Board, in accordance with criteria established by the Board and subject to the Board's ratification at its next regular meeting. In any event, the Board shall meet as necessary to attend to the business of the Authority.**

**§ 51.5-56. Powers of the Authority.**

The Authority is hereby granted all powers necessary or appropriate to carry out and effectuate its purposes including, but not limited to, the following powers to:

1. Have perpetual existence as a public body corporate and as a political subdivision of the Commonwealth;
2. Adopt, amend, and repeal bylaws, rules and regulations not inconsistent with this chapter, to regulate its affairs and to carry into effect the powers and the purposes of the

Authority and for the conduct of its business. All regulations of the Authority shall be promulgated in accordance with the Administrative Process Act (§ 2.2-4000 et seq.);

3. Sue and be sued in its name;

4. Have an official seal and alter it at will;

5. 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, other equipment, or other loans;

6. Administer the Fund established by this chapter and contract with the State Treasurer and other state or community-based entities or groups working with persons with disabilities for such assistance in administering the loan program as the Board may require;

7. Maintain an office at such place or places within the Commonwealth as it may designate;

8. Make and execute contracts and all other instruments necessary and convenient for the performance of its duties and the exercise of its powers under this chapter upon such terms and conditions as it deems appropriate, including contracts with appropriate state or community-based entities or groups dealing with disabled persons;

9. Employ office personnel, advisers, consultants, professionals and agents as may be necessary in its judgment, and to fix their compensation. Legal services in civil matters shall be rendered and performed by the Attorney General in accordance with Chapter 5 (§ 2.2-500 et seq.) of Title 2.2, and special counsel may only be employed with approval and appointment by the Attorney General or as may otherwise be authorized by § 2.2-510;

10. Procure insurance against any loss in connection with its property and other assets, including, but not limited to, loans in such amounts and from such insurers as it may deem advisable;

11. 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 of this chapter (subject, however, to any conditions upon which grants or contributions are made) including, but not limited to, gifts, grants, bequests of money or devises from any source, including the federal government or any of its agencies or instrumentalities for the purposes of this chapter. Unless otherwise restricted by the terms of the gift or bequest, the Board is authorized to sell, exchange, or otherwise dispose of such money, securities, or other property given or bequeathed to it in furtherance of its purposes;

12. Use any fund or funds of the Authority for any and all expenses to be paid by the Authority including, by way of example, but not by limitation, any and all expenses for administrative, legal, and other services;

13. Collect fees and charges, as the Authority determines to be reasonable, in connection with its loans, insurance, guarantees, commitments and servicing thereof;

14. Take any action necessary or convenient for the exercise of the powers granted by this chapter or reasonably implied from them; and

15. Maintain the confidentiality of financial, medical, rehabilitative and other personal information submitted to or maintained by the Authority concerning applicants for or recipients of loan funds. Such information shall not be subject to the mandatory

disclosure provisions of § 2.2-3704 or the public meeting requirements of § 2.2-3711 of the Virginia Freedom of Information Act. (1995, c. 812.)

**§ 51.5-57. Assistive Technology Loan Fund established.**

A. There is hereby established a permanent and perpetual fund to be known as the Assistive Technology Loan Fund, consisting of such moneys as may be appropriated by the General Assembly from time to time, gifts, bequests, endowments or grants from the United States government, its agencies and instrumentalities, all receipts by the Fund from loans made by it, all income from the investment of moneys held in the Fund, and any other available sources of funds, public and private. Any moneys remaining in the Fund at the end of a biennium shall not revert to the general fund but shall remain in the Fund. Interest and income earned from the investment of such funds shall remain in the Fund and be credited to it.

B. The Fund shall be used to provide loans to individuals with disabilities within the Commonwealth for the purpose of acquiring assistive technology, other equipment, or other loans designed to help such individuals become more independent. The Fund shall also be used to buy down interest rates of lending institutions making such loans and provide a loan guarantee for loans made by lending institutions for such purposes. The Fund shall be used only when, in the discretion of the Board, loan applicants have met eligibility criteria and the release of money is deemed appropriate.

C. The Fund shall be administered and managed by the Authority. The costs and expenses of maintaining, servicing and administering the Fund may be paid out of amounts in the Fund.

**§ 51.5-58. Provision of loans.**

A. The Board may enter into loan agreements with any qualifying borrower who demonstrates (i) that the loan will be used to acquire assistive technology, other equipment, or other loans designed to help one or more persons with disabilities to improve their independence or become more productive members of the community and (ii) who has the ability to repay the loan.

B. The amount and terms of any loan shall be determined by the Board.

C. All loans must be repaid on such terms and at such interest rates as the Board may, from time to time, determine to be appropriate in accordance with a procedure prescribed by regulations adopted pursuant to the Administrative Process Act (§ 2.2-4000 et seq.).

**§ 51.5-59. Annual report.**

The Board shall submit an annual statement of the receipts, disbursements, and current investments of the Fund for the preceding year to the Governor and the General Assembly. The report shall set forth a complete operating and financial statement covering the operation of the Fund during the year.

**Attachment for #3**  
**Resolution prescribing renewed, formal partnerships among**  
**CIT/DIT and Rehabilitation agencies**

**Resolution on Joint Ventures in Technology and Rehabilitation**

**Directing the Secretaries of Technology, Health and Human Resources, and representatives of technology industries to develop an action plan prescribing renewed partnerships among the Center For Innovative Technology (CIT), the Department of Information Technology (DIT) and rehabilitation agencies (Departments of Rehabilitative Services, Blind and Vision Impaired, and Deaf & Hard-of-Hearing and Woodrow Wilson Rehabilitation Center) to strengthen cooperation in advancing research and new technology to respond to the talents and needs of persons with disabilities, and to provide a report to the Disability Commission including past achievements, current initiatives and future opportunities for collaboration prior to the 2003 General Assembly session.**

Patron: Bloxom

WHEREAS, in previous years, CIT/DIT and Health and Human Resources agencies worked collaboratively to explore mutual opportunities for technology development and application and made recommendations for implementing the assistive technology opportunities into the CIT targeting strategy for developmental research; and

WHEREAS, CIT/DIT made significant strides in identifying assistive technology adaptations among the Commonwealth's inventory of technology projects and sought to apply that information to assist Virginians with disabilities; and

WHEREAS, the previous partnership allowed rehabilitation agencies to act as resources for product developers and laboratories for field testing of technology; and

WHEREAS, new technological advances demand a renewed, intensified partnership between rehabilitative engineers/specialists and CIT/DIT representatives for the purpose of applied research on technology development, transfer, and potential commercial values of such devices and field testing opportunities with highly motivated users, Virginians with disabilities; and

WHEREAS, this new partnerships should also include joint ventures through collaborative grant proposals, potential research endeavors, and public awareness collaborative ventures; and

WHEREAS, CIT/DIT shall work specifically with rehabilitative agencies to encourage high technology companies in Virginia to consider adapting select technologies into assistive technology devices to expand the gifts, talents, and productivity of persons with disabilities interested persons with disabilities; and be it

RESOLVED by the House of Delegates, the Senate concurring, That the General Assembly commend CIT/DIT for its previous and current efforts in furthering and disseminating technological advances that have improved the productivity and quality of life for all Virginians; and

RESOLVED FURTHER, That in light of recent technological advances, Secretaries of Technology, Health and Human Resources, and representatives of technology industries, shall develop an action plan prescribing renewed formal partnerships among Center For Innovative Technology (CIT), Department of Information Technology (DIT) and rehabilitation agencies to strengthen cooperation in advancing research and new technology to respond to the talents and needs of persons with disabilities, and to provide a report on the plan development to the Disability Commission prior to the 2003 General Assembly session including past achievements, current initiatives and future opportunities for collaboration.

**Attachment for #4**  
**Transition of Children from the MR to DD Waiver**

**TRANSITION OF CHILDREN FROM THE MR TO DD WAIVER**

**Provided by Diana Thorpe, DMAS**

**January 4, 2002**

The Governor's Budget includes language addressing the transition of children from the Mental Retardation (MR) Waiver to the Developmental Disabilities (DD) Waiver.

The budget item reads as follows:

**"The Department of Medical Assistance Services shall provide for the transfer from the Mental Retardation Waiver to the Individual and Family Developmental Disabilities Support Waiver for children who reach age 6, are receiving services under the Mental Retardation Waiver, and who have been determined not to have a diagnosis of mental retardation. Contingent upon approval of these changes by the Centers for Medicare and Medicaid Services, the Department shall promulgate emergency regulations to become effective within 280 days or less from the enactment date of this act. The Department shall implement these necessary changes to be consistent with federal approval of the waiver changes."**

**Attachment for #5**  
**Medicaid Home and Community-Based Waiver Improvement Resolution**

**Recommending that Joint Legislative Audit and Review Commission, Secretary of Health and Human Resources and the Department of Medical Assistance Services review and make recommendations to improve Virginia's Home and Community Based Services (HCBS) Waiver program policies, manuals, procedures and regulations, and the Virginia Medicaid State Plan, to make them more responsive to consumers by utilizing external, expert input from other effective state programs, the Virginia Statewide Independent Living Council's CIRCLE Report 2001, and the Joint Legislative Audit and Review Commission (JLARC) interim report entitled "Review of the Department of Medical Assistance Services (JLARC, 2001) and present such recommendations to the Disability Commission by November 30, 2002.**

**Patron: Puller**

**WHEREAS, the Commonwealth of Virginia in accordance with the federal New Freedom Initiative is committed to developing supports for people with significant disabilities to prevent and decrease dependence on nursing home and other institutions, and to provide individuals with supports to live as independently as possible within their own home or their choice of community residential settings; and**

WHEREAS, recognizing that under the federal Social Security Act, the Medicaid §1915(c) Home and Community Based Services (HCBS) Waiver Program is a primary resource available to states for such services; and

WHEREAS, the U.S. Supreme Court's decision under *Olmstead v. L.C.* affirms the right to provision of Medicaid funded services in the most integrated settings; and,

WHEREAS, hundreds of Virginians are now on waiting lists for services, or are adversely constrained by service limit "caps" or are receiving inadequate services which put them at risk for nursing home or other institutional placements; and

WHEREAS, the Virginia Statewide Independent Living Council (SILC), which engaged a work group of key stakeholders including consumer analysts from all regions of the Commonwealth and included a legal analysis conducted by the attorney involved with the judicial precedent for the *Olmstead* decision, has completed an extensive report entitled "Creating and Implementing Responsiveness in Community Living to Endependence" (CIRCLE, 2001), has provided an in-depth review of laws, regulations, policies and procedures related to HCB services in Virginia; and

WHEREAS, CIRCLE 2001 identified model policies and practices employed by other states, including additions to, or revisions of Medicaid State Plans that promote independence, self-sufficiency and consumer-directed, consumer choice consistent with the Supreme Court's *Olmstead* decision and the federal New Freedom Initiative, and

WHEREAS, Virginia Statewide Independent Living Council's CIRCLE Report, 2001 described key legislative considerations and particular barriers which render the Virginia's HCBS program less than responsive to consumers, particularly in areas where Virginia is not using the federal latitude made available within its HCBS waiver program, and provided manageable

recommendations for Medicaid systems change that could address these HCBS programmatic and policy issues in Virginia; and

WHEREAS, pursuant to SJR 441 (2001), the Joint Legislative Audit and Review Commission of the General Assembly has also issued an interim report entitled "Review of the Department of Medical Assistance Services (JLARC, 2001) and found that in at least one of the State's Medicaid Waiver programs, numerous communication and administrative barriers exist, the waiver management is contrary to legislative intent and the number of available program "slots" was found to be inadequate; and

WHEREAS, JLARC recommends that DMAS provide a status report to the General Assembly on several programs and describe how it has implemented the JLARC recommendations prior to the 2003 session; and therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Joint Legislative Audit and Review Commission, the Secretary of Health and Human Resources and the Department of Medical Assistance Services shall review and make recommendations to improve Virginia's Home and Community Based Waiver program policies, manuals, procedures and regulations, and the state Medicaid Plan, to make them more responsive to consumers needs by utilizing external, expert input from other effective state programs, the Virginia Statewide Independent Living Council's CIRCLE Report 2001, and the Joint Legislative Audit and Review Commission (JLARC) interim report entitled "Review of the Department of Medical Assistance Services (JLARC, 2001) and present such recommendations to the Disability Commission by November - 30, 2002.

RESOLVED FURTHER, That Secretary of Health and Human Resources and the Department of Medical Assistance Services articulate a mission for Virginia's Medicaid program and any waiver program revision or consumer-directed enhancements that reflects independent living values enunciated in the CIRCLE, 2001 Vision Statement and the New Freedom Initiative as articulated recently by President Bush.



**Attachment #6**  
**State Autism Planning Council and Training Program Summary**

**Final Follow-up Report for Disability Commission**  
**The Autism Program of VA (TAP-VA)**  
**January 8, 2002**

At the request of the Disability Commission, TAP-VA organized a statewide work group to meet on December 20, 2001 at Virginia Union University to outline a proposal specifically focused on improving and expanding personnel training and education on services/supports in autism and other related developmental disabilities. The two primary autism community programs in the Commonwealth were represented (i.e., the Virginia Autism Resource Center (VARC) and The Autism Program of VA (TAP-VA), as well as representatives from colleges and universities throughout the State committed to furthering higher education in autism and other related developmental disabilities. Representatives from the Virginia Board for People with Disabilities and staff to the Disability Commission were also present (See work group below).

With extensive collaboration before, during, and after the meeting, the Group has outlined the attached proposal in the form of a budget appropriation for the convenience of the Commission. The proposal establishes an on-going State Autism Services Planning Council and a systematic approach to develop formal recommendations for an Intra-State Training and Certification of personnel qualified to support persons with autism and related developmental disabilities and their families.

If approved, Council members shall be appointed from the work group below and other representatives will be sought to include colleges/universities and expert community providers from all regions of the state and appropriate state agencies. The current participating work group that collaborated on this document includes:

Leigh Butler, PhD, Director, Teacher Education Services, Old Dominion University  
Jane Carlson, PhD, Director, Autism Center of Virginia (ACV), Department of Psychiatry, Virginia Commonwealth University  
Robert Cohen, PhD, Director, Commonwealth Institute for Child & Family Studies, VCU  
Mark Diorio, PhD, Director, Northern Virginia Training Center  
Elin Doval, Parent Advocate, Virginia Autism Resource Center & board member, Virginia Board for People with Disabilities.  
Erika Drescher, Director, Virginia Institute of Autism, associated with University of Virginia  
*William F. Johnson, Coordinator of Exceptional Education, School of Education and Interdisciplinary Studies, Virginia Union University*  
Patty Hawkins, PhD, Director, Southeastern Cooperative Educational Programs (SECEP), Norfolk, VA  
Janet W. Hill, Research Consultant to Disability Commission, Department of Psychiatry, VCU  
Theodore Hoch, EdD, Director of Psychology, Northern VA Training Center and Assistant Professor George Mason University  
Jane Kroboth, Parent advocate and Acting Director, The Autism Program of Virginia (TAP-VA)  
Miriam Liss, PhD, Associate Professor of Psychology, Mary Washington College  
Carol Morris, PhD, Chair, Department of Special Education, Norfolk State University  
Fred Orelove, PhD, Director, Virginia Institute on Developmental Disabilities (VIDD), VCU  
Donald Oswald, PhD, Virginia Treatment Center for Children, VCU/MCV

Johannes Rojahn, PhD., Center for Cognitive Development, Department of Psychology, George Mason University

Carol Schall, Director, VA Autism Resource Center, and associated with Grafton School

Marti Snell, PhD, Professor, Special Education, Department of Curriculum, Instruction and Special Education, Curry School of Education, University of Virginia

Rick Turner, Parent and Chair, Board of Directors, The Autism Program of Virginia (TAP-VA)

Noel Woolard, M.Ed, Program Director, The Autism Program of Virginia (TAP-VA)

Susan Yamamoto, Outreach Program Coordinator, Graduate School of Education, George Mason University

### **Proposal to Establish an On-going State Autism Services Planning Council**

This proposal requests that the General Assembly of Virginia establish an on-going State Autism Services Planning Council to be organized and managed by a partnership between the two primary, General Assembly-developed autism concerns for the Commonwealth, the Virginia Autism Resource Center (VARC) and The Autism Program of VA. (TAP-VA). The Council will also include representatives from other existing community resource programs with expertise in autism and related developmental disabilities, colleges and universities throughout the State committed to furthering higher education in autism and other related developmental disabilities, Virginia Board for People with Disabilities, Department of Medical Assistance Services, Department of Education, Department of Rehabilitative Services, the Department of Mental Health, Mental Retardation and Substance Abuse Services, Disability Services Boards, Centers for Independent Living, Community Services Boards, and persons with autism and their families. The Virginia Autism Resource Center (VARC) and The Autism Program of VA (TAP-VA) will appoint co-chairs and staff for the Council and will administer the funds. The council shall be given the following specific charges:

1. Review available personnel and training needs assessment data from recent studies and analyses (i.e., HJR 228/528 related to school age needs and DMAS data related to DD and MR Medicaid waiver needs for children and adults with autism and other related developmental disabilities).
2. Identify personnel roles for paraprofessionals and professionals needed to meet the support needs of Virginians with autism and other related developmental disabilities and their families in culturally appropriate ways and the multiple levels of expertise required for these roles within schools and community systems (especially the DD and MR Medicaid waiver).
3. Identify and outline competencies for typical roles and the multiple levels of expertise needed for those roles.
4. Identify the evidence-based information and instructional methods needed to teach individuals with autism and the collaborative teaming approaches that enable appropriate service-delivery and support for individuals with autism and are culturally sensitive to the diversity within the Commonwealth.
5. Outline the evidence-based personnel preparation models and methods deemed most promising for the Commonwealth's approach to autism and other related developmental disabilities.

6. Identify and review all currently available community/facility-based training and college level course work specific to autism and other related developmental disabilities in all regions of the state.
7. Begin systematic process to coordinate and expand existing Virginia autism-related training and course work into a comprehensive curriculum process that is culturally sensitive and will build all needed levels of personnel for this population including direct service workers, community/employment and residential supporters, service coordinators, teachers' aides, teachers, psychologists, behavioral consultants, supervising psychologists, direct and supervising levels of Certified Applied Behavior Analysts.
8. Monitor use of appropriated funds to: 1) establish student stipends for currently existing, but under-utilized autism-related training and course work; and 2) support statewide multi-college/university collaboration and infrastructure development to advance coordinated personnel preparation in autism and other related developmental disabilities for Virginia.
9. Develop formal recommendations for Intra-state Training and Certification of personnel qualified to support persons with autism and related developmental disabilities and their families including (i) recommendations on training: roles, competencies, rates of reimbursement, etc.; (ii) recommendations for culturally diverse provider development: incentives, ethics, best practices, overlap qualifications with other specialty services; and (iii) recommendations on outcome monitoring and quality assurance; and (iv) an outcome accountability system for this appropriation.
10. This amendment includes \$150,000 from the general fund for the first year (FY 2003) for three purposes: 1) state planning council organization coordination activities and report/draft curriculum development (15%), 2) to support student stipends to invite student interest in autism-related training and higher education programs\* (55%), and 3) to support multi-college/university collaboration and infrastructure development to advance coordinated personnel preparation in autism for Virginia (30%). This amendment also includes \$150,000 for the second year (FY 2004) to be used in the purposes listed above in identical proportions.  
\*Proactive steps shall be taken to direct stipend opportunities to students from culturally diverse backgrounds.
11. Prepare an annual report to the Governor, the Disability Commission, and the General Assembly on progress made and legislative actions required.

Explanation:

This amendment allows the General Assembly to establish an on-going State Autism Services Planning Council to be organized and managed by a partnership between the two primary, General Assembly-developed autism concerns for the Commonwealth, the Virginia Autism Resource Center (VARC) and The Autism Program of VA. (TAP-VA). The purpose of the Council will be specifically focused on improving and expanding

personnel training and education on services/supports in autism and other related developmental disabilities.

<b>Va. Commonwealth University</b>	<b>Year 1</b>	<b>Year</b>
<b>II</b> <b>(Medical College of VA/Department of Psychiatry)</b> \$150,000 GF (Fiscal Agent for VARC and TAP-VA)	\$150,000	

**Attachment #7 - Disability Commission Initiatives and Documented Need Information - July 27, 2001**

Program	Original Disability Commission Recommendation	Commission Initiated Appropriations through FY 2001	2001 General Assembly Session program increases	Documented Need and Program Updates
Personal Assistance Services (PAS)	\$1,500,000	\$2,612,937	\$0  (2001 DC requested \$250,000 and 1 MEL)	191 people were served in FY 2001 using state funds; 58 people were served using federal vocational rehabilitation funds (\$759,695) for individuals in school and job training. 13 people were served using state funds (\$80,000) for individuals receiving PAS for Individuals Brain Injury (PAS/BI) with the state-funded program supplementing PAS/BI by \$105,088 for a total of \$185,088. 26 people were added to the state-funded program in FY 2001. Average annual cost per consumer is \$12,346. The program currently has 30 people on a waiting list.
Consumer Service Fund (CSF)	\$2,900,000	\$600,000	\$0  (2001 DC requested \$400,000)	This "fund of last resort" served 78 individuals in FY2001. Funds were used to purchase assistive technology devices and services, home accessibility modifications, vehicle modifications and vehicle purchases. 198 applications were received, with funds available to serve 39% of the requests. Unmet requests totaled \$1,324,578.
Long-Term Rehabilitative Case Management Program (LTRCM)	\$669,900	\$500,000	\$0  (2001 DC requested \$150,000 and 2 MEL)	Each of nine case managers provides intensive service coordination to 35-40 persons who have neurological and other severe physical disabilities. The newest addition to the program is a casemanager in the Lynchburg area. The program served 304 individuals in an active status in FY2001. Additionally, case mangers provided technical assistance to additional 355 individuals and families not currently served by the program. There are currently 133 individuals waiting for case management services, as follows: Central      38 Eastern      3 Southwest   24 Northern     20 Tidewater   48 LTRCM extended its services during this fiscal year to include Support Coordination for recipients deemed eligible under the Medicaid funded Developmental Disability Waiver. The program provided service coordination to 20 individuals under the home and community based waiver program.

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Program	Original Disability Commission Recommendation	Commission Initiated Appropriations through FY 2001	2001 General Assembly Session program increases	Documented Need and Program Updates
Disability Services Boards (DSBs)	\$354,960	\$550,000	\$0	State general funds support the activities of 41 local disability serves boards. These boards administer the Rehabilitative Services Incentive Fund (RSIF), provide information and referral sources to the local governments on the <i>Americans with Disabilities Act</i> , conduct needs assessments and serve as catalysts for the development of public and private funding. The appropriation for DSBs includes \$450,000 for local governments to hire staff for their boards and \$100,000 to cover administrative and board member expenses and DRS administrative costs. DSB activities have increased as a result of having funds for local governments to hire support staff. In FY 2001, 3 inactive boards have been re-energized and are having a positive impact on their communities.
Rehabilitative Services Incentive Fund (RSIF)	\$3,000,000	\$912,500	\$0	The current appropriation to this grant program is divided across the 41 DSBs based on the population of people with disabilities in their locality. Individual board allocations ranged from a low of \$5,000 to a high of \$130,000 in FY2001. Funds are used to meet needs identified by the local DSBs. In FY 2001, 66 grants were awarded and 15 multi-year grants were carried over to 34 DSBs, to meet needs in such areas as housing, transportation, interpreter training, assistive technology, and individual consumer needs and public awareness.
Centers for Independent Living (CILS)	\$479,000	New CILs \$770,000  Youth Transition \$625,000  (Total State funds appropriated for the 16 CILs is \$4,561,488)	\$0  (2001 DC requested \$1,950,000)	The Disability Commission has impacted the establishment of seven new centers for independent living in Fredericksburg, Manassas, Eastern Shore, Danville, Grundy, Lynchburg and most recently in Harrisonburg. During FY 2001, the seven newest CILs provided services to 1,684 consumers. Disability Commission initiated funding for services targeted toward youth has expanded services to that population for the 12 CILs who received those funds

**Attachment #7 - Disability Commission Initiatives and Documented Need Information - July 27, 2001**

Program	Original Disability Commission Recommendation	Commission Initiated Appropriations through FY 2001	2001 General Assembly Session program increases	Documented Need and Program Updates
Cognitive Rehabilitation	\$200,000	\$200,000	<p align="center">\$0</p> <p>(2001 DC endorsed \$1,300,00 to support expanded brain injury services)</p>	<p>\$150,000 of Cognitive Rehabilitation Funds was used to serve twenty-five (25) individuals with brain injuries during FY2001. Services continue to focus on community-based life skills training (LST) and ad hoc services or purchases (e.g., neuropsychological assessment; counseling; emergency medication purchase; communication devices). Three (3) individuals received residential rehabilitation/treatment services. This is the only fund available specifically for services to people with brain injuries.</p> <p>CRP funds (\$50,000 per year for two years) and DRS vocational rehabilitation funds were used to support the second year of operation of The Mill House, a model clubhouse program in the Richmond area. The Mill House is the first clubhouse for people with brain injuries in VA. Clubhouse "members" work toward achieving personal life goals in a supportive atmosphere. The Mill House currently serves 24 people who attend on a varying schedule. The Mill House continues to seek long term funds to continue this program.</p>
Supported Employment for people w/ Physical and Sensory Disabilities (SEPD)	<p align="center">\$122,400</p> <p>(GF appropriation for the program is \$387,000)</p>	<p align="center">\$0</p>	<p align="center">\$0</p> <p>(DC endorsed \$2,600,000 for long term employment support services)</p>	<p>SEPD is a dedicated fund to provide supported employment services to persons with physical and sensory disabilities. 274 consumers were served through the program in FY2001, an increase of 13% over FY2000. This reflects both directly provided SE follow-along services through 6 DRS employment specialists and services purchased through private organizations. Department for the Blind and Vision Impaired receives \$37,152 of the GF allocation to provide services for people with visual disabilities. 142 people received purchased services through DRS vendors, with an average case cost of \$1,640. The program capacity is at a standstill as all case service funds are obligated.</p>

**Attachment #7 - Disability Commission Initiatives and Documented Need Information - July 27, 2001**

Program	Original Disability Commission Recommendation	Commission Initiated Appropriations through FY 2001	2001 General Assembly Session program increases	Documented Need and Program Updates
Assistive Technology Loan Fund Authority (ATLFA)	\$1,500,000	Two one-time appropriations to capitalize the loan fund, totaling \$900,000	\$0	<p>The General Assembly appropriated \$500,000 in 1996 and \$400,000 in 2000. SunTrust provides loans to qualifying borrowers with longer terms and a lower interest rate; the ATLFA buys down the rate by 4 percentage points. Persons with fixed incomes or disability related credit problems might be eligible for a low-interest guaranteed loan. The ATLFA also makes loans directly to consumers for up to \$4,000 at Prime Rate less 4% (currently 3.5%).</p> <p>This program has approved over 250 loans, for \$4,000,000 with nearly \$2,000,000 in loans currently on the books. Since 1997, the ATLFA has provided information &amp; referral services, financial counseling and applications to 1,485 individuals. The ATLFA has become one of the premier AT loan programs in the country, serving as a model that has been replicated in many other states.</p> <p>President Bush's New Freedom Initiative makes \$40 million available for AT loan funds, requiring a 25% match in new state appropriations to draw down the federal dollars.</p>
Independent Living Services for the Blind Elderly - DBVI	\$323,000	\$125,000	\$0	<p>DBVI staff provides independent living services for approximately 2700 people who are blind and elderly per year. The current federal grant for "Independent Living Services for Older Individuals Who Are Blind" is \$383,687. Dollars are used to purchase goods and services.</p>
Interpreter Services and Captioning Equipment - VDDHH	\$656,750	\$0	\$0	<p>Although the passage of the Americans with Disabilities Act shifted primary responsibility for payment of interpreters to the private sector, VDDHH continues to provide compensation for interpreter services in those situations not covered under the ADA. These situations may include AA 12-step programs; job interviews and on-the-job training not covered by the Rehab Act, the costs of commitment hearings if not paid by courts, and other critical legal and medical situations on a case-by-case basis. Requests for interpreter services provided by VDDHH continue to exceed the program's budget. The Commission has provided no funding to this program.</p>



**Attachment #7 - Disability Commission Initiatives and Documented Need Information - July 27, 2001**

Program	Original Disability Commission Recommendation	Commission Initiated Appropriations through FY 2001	2001 General Assembly Session program increases	Documented Need and Program Updates
Sign Language Interpreter Training	\$80,000 plus 1 MEL 1997 Commission Recommendation	\$185,000 2 MEL appropriated	\$0	Funds were first appropriated in 1997, increased in 1999 and renewed in 2000 to the Virginia Community College System for increasing the number of qualified interpreters statewide and improving the overall quality of qualified interpreters. The Chancellor's appointed Task Force produced a report entitled the <u>Virginia Community College System Vision for American Sign Language and Interpreter Education Programs in the Commonwealth</u> . In response to the report, the VCCS selected four community colleges to develop associate degree programs thereby increasing program availability to Virginia citizens. The colleges are Tidewater CC, New River CC, Thomas Nelson CC, Northern Virginia CC and J. Sargeant Reynolds CC. These new programs will utilize current technologies and collaborate with Galludet University. Training courses to sign language instructors continue to be provided. Over 200 instructors have benefited from the training.
Disability Consortium	\$150,000	\$0	\$0	There has been no change to the status of this initiative.
Woodrow Wilson Brain Injury Services Program	\$979,479	\$175,000	\$0	WWRC Brain Injury Services (BIS) Program used the 1995 General Assembly appropriation to develop a Community Support Program. In July 1996, two Community Support Coordinators were hired to focus on developing community-based linkages and partnerships for people with brain injuries going home from WWRC. Since services are more coordinated and efficient through this initiative, WWRC customers have achieved more stable independent living and vocational outcomes. In FY 2001, the WWRC Brain Injury Services program provided services to 151 persons. With the additional funds from the Disability Commission, WWRC has set up a small pool of case service funds to assist individuals transition back into their home communities.

**Attachment #7 - Disability Commission Initiatives and Documented Need Information - July 27, 2001**

Program	Original Disability Commission Recommendation	Commission Initiated Appropriations through FY 2001	2001 General Assembly Session program increases	Documented Need and Program Updates
Specialized Transportation Fund	\$500,000	\$0	\$0 (2001 DC requested \$800,000 for Spec. Transportation Council)	In FY 2000, \$800,000 was directed from the Department Rail and Public Transportation (DRPT) resources for grants in the area of specialized transportation.
Capitol Square Access	\$500,000	\$0	\$0 (2001 DC requested \$500,000)	The Disability Commission in 1999 considered Capitol Square Access Study Recommendations. The Commission proposed a budget amendment to the 2000 and 2001 General Assembly to fund priority 1 under the study and restrooms in GAB and the Capitol Building; the \$500,000 budget amendment was not approved by the General Assembly either year.
Disability Commission Staff Support	\$150,000	\$0	\$0 (2001 DC requested \$75,000 and 1 MEL)	The Disability Commission proposed budget amendments in 2000 and 2001 for staff support for the Commission for policy research and administrative support through the VA Board for People with Disabilities; the budget amendments were not approved.
Housing	\$150,000	\$0	\$0 (2001 DC requested \$150,000)	2001 DC requested \$150,000) to support <i>Interagency Coordinating Council on Housing for the Disabled</i> and provide cross-training on local levels throughout the state to bring about disability provider/housing partnerships aimed at maximizing use of HUD Sections 8 vouchers for people with disabilities in need of housing.
<b>TOTAL</b>	<b>\$14,215,489</b>	<b>\$8,155,437</b>	<b>\$0</b>	

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**Attachments for #8 and #9 - No attachments**

**Attachment for #10**

**Resolution on a Medicaid Buy-In for Working Virginians with Disabilities**

**Requesting DMAS with the assistance of DRS and DRVD proceed with development of Medicaid Buy-In Opportunity Supporting Working Virginians with Disabilities**

Patron: Bloxom

WHEREAS the Department of Medical Assistance Services has recently been awarded a Medicaid Infrastructure grant from the Centers for Medicare and Medicaid Services for \$2,000,000 (\$500,000 over the next four years) to provide resources to the Commonwealth to identify the barriers to employment for individuals with disabilities; and

WHEREAS, health care is important to all Americans, but particularly so to individuals with disabilities who have special health care needs who often cannot afford insurance available to them through the private market, are uninsurable by the plans available in the private sector, and are at risk of incurring high and economically devastating health care costs; and

WHEREAS, health care services, allow Americans with significant disabilities to live independently and rejoin the workforce; and

WHEREAS, coverage for many of these services, as well as for prescription drugs and durable medical equipment, enables persons with disabilities to obtain and retain employment; and

WHEREAS, the fear of losing health care and related services is one of the greatest barriers keeping individuals with disabilities from maximizing their employment, earning potential, and independence; and

WHEREAS, despite the many opportunities for employment made possible by the Americans with Disabilities Act and innovations in technology, medical treatment, and rehabilitation, fewer than one-half of one percent of Social Security Disability Insurance and Supplemental Security Income beneficiaries leave the disability rolls and return to work; and

WHEREAS, Congress enacted the "Ticket to Work and Work Incentives Improvement Act of 1999" to amend the Social Security Act to, among other things, expand the availability of health care coverage for working individuals with disabilities and to provide such individuals with meaningful opportunities to work; and

WHEREAS, the purposes of the Act are to (i) provide health care and employment preparation and placement services to individuals with disabilities that will enable those individuals to reduce their dependency on cash benefit programs; (ii) encourage states to adopt the option of allowing individuals with disabilities to purchase Medicaid coverage that is necessary to enable such individuals to maintain employment; (iii) provide individuals with disabilities the option of maintaining Medicare coverage while working; and (iv) establish a return to work ticket program that will allow individuals with disabilities to seek the services necessary to obtain and retain employment and reduce their dependency; and

WHEREAS, in order to evaluate the feasibility of implementation of a Medicaid Buy-In program that supports working persons with disabilities in the Commonwealth, it is imperative that certain research be conducted to survey potential recipients, educate stakeholders, and assess employment barriers, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Department of Medical Assistance Services, serving as the lead agency in collaboration with the Departments of Rehabilitative Services and Rights of Virginians with Disabilities and with the participation of the Department of the Blind and Vision Impaired, the Department of Mental Health/Mental Retardation and Substance Abuse Services, the Department of Deaf and Hard of Hearing, Virginia Board for People with Disabilities, and with an advisory committee of consumers, advocates and stakeholders, shall, with all due hast, utilize the Medicaid Infrastructure grant to identify the steps needed to implement an effective Medicaid Buy-in program for Virginia, with the goal of utilizing these data to develop initial legislation and budgetary recommendations that will be necessary to implement the Buy-in. The Departments shall develop their recommendations to the Governor and the Commission by December 1, 2002 in advance of the Commission's December 2002 meeting on the topic.

In conducting the study, the Medicaid Infrastructure grant shall be used to survey potential populations, delineate financing for the program, and assess the cost effectiveness, availability of funding, and economic benefits, in order to make recommendations as to the effective implementation of a Medicaid Buy-In program for the Commonwealth under the federal "Ticket to Work and Work Incentives Improvement Act of 1999." The Departments, in the study, shall solicit input from stakeholders, disability advocates, business employers, and others deemed to have valuable information for the benefit of this study, including a Business Leadership Forum with the purpose of unveiling the Buy-in as an economic and workforce opportunity for business.

**Attachment for #11 - No attachment**

**Attachment for #12**

**Resolution on Specialized Housing for Persons with Disabilities**

**Recommending that the Virginia Disability Commission identify improved housing opportunities for citizens with disabilities as its top priority for 2002-2003 session and that it facilitate collaboration among stakeholders to develop recommendations for strengthening intergovernmental and interagency coordination of housing programs for people with disabilities and a presentation to the Commission by December 1, 2002.**

**Patrons: Bloxom**

WHEREAS, the lack of affordable and accessible housing remains a major barrier to community living and full participation in community life for many persons with disabilities; and

WHEREAS, individual efforts of the Disability Commission, Virginia Housing Development Authority and others have identified the need for strengthened intergovernmental and interagency coordination for improved housing opportunities for persons with disabilities; and

WHEREAS, the Disability Commission has engaged a work group of key stakeholders including representatives of Virginia Housing Development Authority, Department of Rehabilitative Services,

Virginia Board for People with Disabilities, Department of Mental Health, Mental Retardation and Substance Abuse Services, Centers for Independent Living, persons with disabilities, nonprofit housing providers, and local redevelopment and housing authorities; and

WHEREAS, in the Disability Commission's review of housing, numerous lost opportunities for affordable housing for persons with disabilities were documented related to the federal Section 8 Voucher programs; and

WHEREAS, the Commission found that on a national basis, only 10% of public housing authorities (PHAs) applied for the Section 8 Vouchers specifically designed for persons with disabilities over the last four years and that while statistics for Virginia were better (28% of all PHAs), they were still disappointing, given the long Section 8 waiting lists that exist for people with disabilities in the Commonwealth; and

WHEREAS, the Commission has also found that accessible housing production has in no way kept pace with identified need and that the Commonwealth's housing policies could be modified to provide incentives for greater production of accessible housing production; and

WHEREAS, national housing consultation has provided to the Disability Commission with action recommendations to improve access and use of Section 8 vouchers and other federal opportunities specifically designed for persons with disabilities and the production of accessible housing stock; and

WHEREAS, housing assistance agencies have also reported a marked communication gap between state/local housing authorities and the disability community; and

WHEREAS, these findings were also documented in the 2001 JLARC study, House Document No. 02, entitled Review of the Virginia Housing Development Authority and the 2000 study completed by VHDA, DHCD, and DMHMRSAS, entitled Funding for Housing Serving People with Disabilities - Final Report on SJR 159 and SJR 456; and be it, therefore

RESOLVED by the House of Delegates, the Senate concurring, That the Disability Commission has determined that improving housing opportunities for persons with disabilities shall be the top priority of its 2002 work session prior to the 2003 General Assembly session and a collaborative action plan to improve housing opportunities for persons with disabilities will be established; and

RESOLVED FURTHER that the Disability Commission housing work group will be expanded to include representatives from the Housing Study Commission, Department of Housing and Community Development, Rural Development Office/Department of Agriculture, Richmond HUD Office, Northern Virginia HUD office (located in the District of Columbia), VA Association of Housing and Community Development Officials (VaHCDO), Association of Public Housing Agency Directors, Disability Services Board Council, Community Services Boards, Veterans Administration, as well as the current group including Virginia Housing Development Authority, Department of Rehabilitative Services, Virginia Board for People with Disabilities, Department of Mental Health, Mental Retardation and Substance Abuse Services, Centers for Independent Living, nonprofit housing providers, and local redevelopment and housing authorities and other key housing stakeholders, advocates, and consumers; and

RESOLVED FURTHER, the Commission and the work group will develop a Housing Action Plan that (i) identifies the mission, composition, responsibilities and funding for an intergovernmental,

interagency coordinating body on housing and disability issues and (ii) identifies actionable strategies for the maximizing use of Section 8 programs and other federal housing and housing production programs for individuals with disabilities in Virginia. The action plan shall explore the role of the local Disability Services Boards may play as a mechanism for connecting and coordinating housing assistance agencies and disability interests. The Commission and work group shall also make use of existing research and presentation opportunities including the annual state housing conference to bring about the optimal statewide focus on the housing needs of people with disabilities and federal opportunities. The action plan shall be developed as part of the 2002 work priorities of both Commissions and shall be completed by December 1, 2002.

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