

**Report on the
Recommendations of the
Virginia Disability Commission
2012**

Members

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BACKGROUND

The Virginia Disability Commission is the legislative body charged with identifying and recommending legislative priorities and policies for adoption or examination by the General Assembly in order to provide ongoing support in developing and reviewing services and funding related to Virginians with physical and sensory disabilities. Section 30-236 of the Code of Virginia directs the Disability Commission to convene work groups composed of persons with expertise in the matters under consideration by the Commission to assist the Commission on issues related to (i) housing and transportation, (ii) education and employment, (iii) publicly funded services, and (iv) such other issues as the Commission may deem necessary. During the 2012 interim, the Disability Commission established three work groups: Work Group #1 (Housing and Transportation); Work Group #2 (Education and Employment); and Work Group #3 (Publicly Funded Services). During the 2012 interim, each work group met three times to receive information and prepare recommendations for submission to the full Disability Commission, and the full Disability Commission met four times to receive information and "identify and recommend legislative priorities and policies for adoption or examination by the General Assembly in order to provide ongoing support in developing and reviewing services and funding related to Virginians with physical and sensory disabilities," as required by § 30-232.

Section 30-232 of the Code of Virginia provides that the Commission shall submit its recommendations to the General Assembly and the Governor by October 1 of each year. The following recommendations were adopted by the Disability Commission at its September 19, 2012, meeting.

RECOMMENDATIONS

- 1. Section 15.2-2292.1 of the Code of Virginia, relating to zoning provisions for temporary family health care structures, should be amended to (i) include a person with only one activity of daily living, as opposed to the currently required *two* activities of daily living, in definition of "mentally or physically impaired person"; (ii) increase the occupancy restriction in the definition of "temporary family health care structure" to allow a married couple to reside in a single temporary family health structure; and (iii) increase the time within which the unit must be removed after the individual ceases to receive services from 30 days to 90 days.**

In 2010, the *Code of Virginia* was amended to add § 15.2-2292.1, relating to zoning provisions for temporary family health care structures. Section 15.2-2292.1 provides that "Zoning ordinances for all purposes shall consider temporary family health care structures (i) for use by a caregiver in providing care for a mentally or physically impaired person and (ii) on property owned or occupied by the caregiver as his residence as a permitted accessory use in any single-family residential zoning district on lots zoned for single-family detached dwellings."

For the purposes of § 15.2-2292.1, "temporary family health care structure" is defined as "a transportable residential structure, providing an environment facilitating a caregiver's provision of care for a mentally or physically impaired person, that (i) is primarily assembled at a location other than its site of installation, (ii) is limited to one occupant who shall be the mentally or physically impaired person, (iii) has no more than 300 gross square feet, and (iv) complies with applicable provisions of the Industrialized Building Safety Law (§ 36-70 et seq.) and the

Uniform Statewide Building Code (§ 36-97 et seq.)." A "caregiver" is "an adult who provides care for a mentally or physically impaired person within the Commonwealth. A caregiver shall be either related by blood, marriage, or adoption to or the legally appointed guardian of the mentally or physically impaired person for whom he is caring." A "mentally or physically impaired person" is "a person who is a resident of Virginia and who requires assistance with two or more activities of daily living, as defined in § 63.2-2200, as certified in a writing provided by a physician licensed by the Commonwealth."

Only one temporary family health care structure may be placed on a lot or parcel of land, and temporary family health care structures may not be placed on a permanent foundation. Temporary family health care structures must comply with all setback requirements that apply to the primary structure on a lot, and with any maximum floor area ratio limitations that may apply to the primary structure. Pursuant to § 15.2-2292.1, temporary family health care structures may be required to connect to water, sewer, and utilities serving the primary residence on the property, and shall comply with all applicable requirements of the Virginia Department of Health. Signage advertising or otherwise promoting the existence of the structure, including signage on the structure or elsewhere on the property, is prohibited. Localities may not require a special use permit for a temporary family health care structure and may not subject temporary family health care structures to other local requirements beyond those imposed upon other authorized accessory-use structures. A temporary health care structure installed pursuant to § 15.2-2292.1 must be removed within 30 days of the date on which the mentally or physically impaired person residing in the temporary family health care structure ceases requiring or receiving assistance from the caregiver on whose property the temporary family health care structure was placed.

At its July 2012 meeting, the Disability Commission received information about MEDCottage, a temporary family health care structure constructed and made available to the public by MedCottage. Mr. Chris Cummins, Executive Vice President of MedCare Systems, described MEDCottage and its functions and identified the following changes that could be made to the Code of Virginia that would increase access to temporary family health care structures for caregivers of mentally or physically impaired individuals:

- Including in the definition of "mentally or physically impaired person" a person with only one activity of daily living, as opposed to the currently required *two* activities of daily living;
- Increasing the occupancy restriction in the definition of "temporary family health care structure" to allow a married couple to reside in a single temporary family health care structure; and
- Increasing the time within which the unit must be removed from 30 days to 90 days after the individual ceases to receive services.

The Disability Commission recommends that the Code of Virginia be amended to make these changes.

2. The Code of Virginia should be amended in a number of places to make changes necessary to implement the privatization of the Virginia Office for Protection and Advocacy.

During the 2012 Session, the General Assembly adopted and the Governor signed legislation providing for the privatization of the Virginia Office for Protection and Advocacy. Acts of Assembly Chapter 847 required the Director of the Virginia Office for Protection and Advocacy and the Board for Protection and Advocacy to establish a nonprofit organization to provide advocacy, legal, and ombudsman services to persons with disabilities in compliance with state and federal law no later than December 31, 2013, and eliminated the Virginia Office for Protection and Advocacy as of January 1, 2014. Chapter 847 also provided that employees of the Virginia Office for Protection and Advocacy who transition to employment with the nonprofit organization shall not be subject to the provisions of the Workforce Transition Act.

At its August 2012 meeting, the Disability Commission received information about additional changes to the Code of Virginia required to implement Chapter 847. The Disability Commission recommends that the Code of Virginia be amended to make these changes.

3. The Code of Virginia should be amended to eliminate the exception to the requirement for a Certificate of Public Need for intermediate care facilities with 12 or fewer beds.

Article 1.1 (§ 32.1-102.1 et seq.) of Chapter 4 of Title 32.1 of the Code of Virginia establishes the requirement for a Certificate of Public Need for the commencement of any project that would establish a medical care facility; increase the total number of beds or operating rooms in an existing medical care facility, relocate beds from one existing facility to another, subject to certain exceptions; introduce into an existing medical care facility any new nursing home service including intermediate care facility services, extended care facility services, or skilled nursing facility services; introduce certain types of clinical services or medical equipment into an existing medical care facility; convert beds in an existing medical care facility into medical rehabilitation beds or psychiatric beds; convert existing medical care facility psychiatric inpatient beds approved pursuant to a Request for Applications to non-psychiatric inpatient beds; or involve a capital expenditure of \$15 million or more by or on behalf of a medical care facility. For the purposes of Article 1.1, the term "medical care facility" includes "intermediate care facilities, except those intermediate care facilities established for individuals with intellectual disability (ICF/MR) that have no more than 12 beds and are in an area identified as in need of residential services for individuals with intellectual disability in any plan of the Department of Behavioral Health and Developmental Services."

At the September 2012 meeting of the Disability Commission, Work Group #1 (Housing and Transportation) recommended that the exception to the certificate of public need requirement for ICF/MR with 12 or fewer beds be eliminated so that all ICFs are required to obtain a certificate of public need for any project, as defined in § 32.1-102.1. This change would ensure that all ICF/MRs would be subject to the same requirements for demonstration of need for the project to be undertaken. Work Group #1 noted that this might also result in the controlled expansion of ICF/MRs and might promote the development of more integrated community-based services and housing options for individuals with disabilities.

The Disability Commission recommends that the Code of Virginia be amended to make these changes.

4. The Appropriation Act should include funding to encourage localities to reestablish Disability Services Boards.

In 2011, Acts of Assembly Chapters 41 and 51 repealed language in the Code of Virginia requiring each county and city in the Commonwealth to establish a disability services board. This change was made in response to the elimination of funding for disability services boards (DSBs) in 2009. Funding was eliminated at that time due to budget cuts for the Department of Rehabilitative Services. Prior to their elimination, DSBs were charged with providing input to state agencies on service needs and priorities of persons with physical and sensory disabilities, providing information and resource referral to local governments regarding the Americans with Disabilities Act, and providing such other assistance and advice to local governments as may be requested. Guidelines for the establishment of local DSBs were developed by the Disability Services Council.

At the September 2012 meeting of the Disability Commission, Work Group #1 (Housing and Transportation) described the important role DSBs previously played in identifying local and statewide needs related to housing, transportation, employment, and services for individuals with a range of disabilities and noted that since funding and the requirement for DSBs was eliminated, many boards have ceased functioning or function in a limited manner. Work group members reported that reestablishing DSBs and providing funding to encourage the more effective and efficient operation of DSBs would improve the quality of information available to local and state governments and lead to better coordination and implementation of plans to address issues affecting and the needs of people with disabilities. As a result, the work group members recommended that funding be made available to localities to encourage the development and operation of DSBs. After some discussion, the work group recommended that funds be made available in an amount equal to one-half of the total amount of the last year's allocation for DSBs prior to the termination of all funding, and that a local 50 percent match be required for each locality seeking funds.

The Disability Commission recommends that funds be made available for this purpose.

5. The Disability Commission should convene a special work group of stakeholders to discuss options for improving access to higher education for students with significant disabilities.

A growing number of students with significant disabilities are seeking higher education options, and those students still struggle for access to postsecondary education. Research has shown that individuals with significant disabilities that have access to postsecondary education are better equipped to obtain and maintain employment, to earn more over the course of their careers, and to create pathways for lifelong independence.

The Higher Education Opportunity Act of 2008 initiated funding for projects in the United States. The Act requires integration of students with significant disabilities into postsecondary education facilities and provides support services for those students. In 2010 Virginia Commonwealth University got a grant to pilot such a program. There are 169 programs nationwide, the majority of which are housed in four-year colleges.

At the August 2012 Disability Commission meeting, the Commission received information from Virginia Commonwealth University's Collaborative for College on VCU's pilot program and on expanding college and career readiness options for individuals with significant disabilities. The Collaborative for College representatives requested that the Disability Commission convene a special work group of stakeholders to discuss options for improving access to higher education for students with significant disabilities. The Commission referred this request to Work Group #2 (Education and Employment).

At the September 2012 meeting of the Disability Commission, Work Group #2 (Education and Employment) recommended that the Disability Commission convene a special work group of stakeholders to discuss options for improving access to higher education for students with significant disabilities.

The Disability Commission adopted this recommendation.

6. The Board of Education should promulgate regulations defining "intervener" as an individual with knowledge and skill in the mode of communication of a student who is deaf-blind and who can communicate to the student what is occurring in the educational setting.

Interveners are trained paraprofessionals with specialized skill in deaf-blindness. They work consistently, one-on-one, with a child who is deaf-blind. They provide the child access to the information typically gained through vision and hearing and they communicate to the child using his preferred mode, such as touch cues, sign language, or verbal speech.

Interveners are not recognized or defined by the Regulations Governing Special Education Programs for Children with Disabilities in Virginia. The federal Individuals with Disabilities Education Act (IDEA) does not recognize interveners as a related service. Three states—Indiana, Utah, and Minnesota— recognize interveners.

At the September 2012 meeting of the Disability Commission, Work Group #2 (Education and Employment) recommended that the Board of Education promulgate regulations defining an intervener as an individual with knowledge and skill in the mode of communication of a student who is deaf-blind and who can communicate to the student what is occurring in the educational setting. This definition is modeled after the Indiana definition (511 IAC 7-32-54).

The Disability Commission adopted this recommendation.

7. The Disability Commission should continue to monitor the Board of Education's recommendations regarding including "blind and vision impaired" in the Standards of Quality and seek input from the Department for the Blind and Vision Impaired regarding those recommendations.

State funds for teachers of students who are blind and vision impaired are appropriated to the Department for the Blind and Vision Impaired (DBVI). The state appropriation for these teachers is approximately \$509,000 annually. The appropriation has been level funded for many years. The \$509,000 is prorated among 166 teachers who work with 618 students in 115 school divisions.

"Blind and visually impaired" is the only disability category that is not part of the Standards of Quality (SOQ) funding to school divisions. Adding this category to the SOQ would

generate dollars for "funded teaching positions" based on individual student data reported, consistent with other disability categories already in the SOQ. The estimated state share to include this SOQ is \$4.4 million in 2013 and \$4.9 million in 2014. The state share would have to be matched by each locality according to its composite index of local ability-to-pay. This amount will vary by locality. The estimated total for all localities is \$3.6 million in 2013 and \$4.2 million in 2014. The Board of Education reviews the SOQ every two years, as required by § 22.1-18.1 of the Code of Virginia.

The Board first recommended including teachers of students who are blind and visually impaired in the SOQ 2006, but the recommendation has not been funded. The Board is in the process of its biennial review and will have public meetings this fall prior to giving its recommendations to the 2013 General Assembly.

At the September 2012 meeting of the Disability Commission, Work Group #2 (Education and Employment) recommended that the Commission should continue to monitor the Board of Education's recommendations regarding including "blind and vision impaired" in the Standards of Quality and seek input from the Department for the Blind and Vision Impaired regarding those recommendations.

The Disability Commission adopted this recommendation.

8. The Appropriation Act should include funding to recapitalize the Consumer Service Fund and should include language changing the name of the Consumer Service Fund to the Consumer Services Grant Program to more accurately reflect the purpose and function of the program.

The Consumer Service Fund (CSF) was established in 1992, following a recommendation from the Virginia Disability Commission, and was originally administered by the Department of Rehabilitative Services. In 2003, the Assistive Technology Loan Fund Authority assumed program administration and provided staffing and overall program delivery. From initial funding in 1993 through 2007, the CSF helped Virginians with physical or sensory disabilities who needed assistive technology devices but were unable to afford those devices and were unable to obtain assistance through other public or private programs. Individuals seeking assistance from the CSF were required to demonstrate that they had exhausted all other possible sources of funding. Funds granted to recipients were used to purchase diverse assistive technology devices including home accessibility modifications, vehicle modifications, hearing aids, and other devices to assist in employment, education, and community integration outcomes. Rules governing awards of CSF funds established no minimum for the amount of grants. However, the rules did establish a \$20,000 maximum for home modifications and a \$15,000 maximum for vehicle modifications. In many cases, funds received from the CSF allowed individuals with physical and sensory disabilities to fully access and utilize assistive technology secured through other sources.

Between 1993 and 2003, the CSF received \$600,000 in general funds annually from the Commonwealth. In 2004, the CSF appropriation was reduced to \$473,394. In 2007, the General Assembly cut all funding to the CSF. During the final two years of the CSF, the program received 468 applications for assistance (249 in 2006 and 219 in 2007), approved 192 applications (90 in 2006 and 102 in 2007), and awarded a total of \$829,888.27 (\$409,447.44 in 2006 and \$420,440.83 in 2007) in grants to individuals with physical and sensory disabilities for

assistive technology devices. With the elimination of the CSF in 2007, many individuals who might have qualified for grants have sought assistance elsewhere. Centers for Independent Living, which provide assistance and advocacy for individuals with disabilities, report that more than 1,600 consumers have contacted their offices, requesting approximately \$3.5 million in assistance to help them acquire assistive technology devices. During the same period, the Assistive Technology Loan Fund Authority, which provides loans to qualifying individuals in need of assistance with the purchase of assistive technology devices, declined to provide loans for approximately 100 individuals who failed to qualify due to high debt-to-income ratios. Individuals seeking assistance from Centers for Independent Living and individuals denied assistance from the Assistive Technology Loan Fund are individuals who may have qualified for assistance from the CSF, had the CSF been available.

The Disability Commission believes that providing funding to reestablish the CSF will meet a serious and currently unmet need among citizens of the Commonwealth and will help citizens who receive grants maximize their participation in education, employment, and community activities. Moreover, the CSF offers the opportunity for the Commonwealth to leverage dollars spent to assist individuals with physical and sensory disabilities by allowing for the blending of funds provided by public and private entities. In many cases, small grants provided by the CSF allow individuals to access and fully utilize funds and technologies made available by other sources.

At the September 2012 meeting of the Disability Commission, Work Group #3 (Publicly Funded Services) recommended that funds be made available to recapitalize the Consumer Service Fund and that the name of the Consumer Service Fund be changed to the Consumer Services Grant Program, to more accurately represent the purpose of the program. The work group recommended a total allocation of at least \$400,000, which would include at least \$75,000 to provide funding to individuals who have secured blended funding and require assistance to leverage funds from other sources and at least \$325,000 to allow the program to serve others who require assistance to access assistive technology.

The Disability Commission recommends that funds be made available for this purpose.

9. The Appropriation Act should include an additional \$750,000 to eliminate the waiting list for services through the Department for Aging and Rehabilitative Services' Personal Assistance Services programs.

The Department for Aging and Rehabilitative Services' Personal Assistance Services (PAS) programs serve individuals who have the most severe disabilities and who require assistance from another person to perform nonmedical activities of daily living in order to continue to live independently in their homes. These programs include the state-funded PAS program, the PAS program for individuals with Brain Injury (Brain Injury PAS), and the Vocational Rehabilitation PAS program for individuals who are receiving vocational rehabilitation services for employment. In many cases, the provision of PAS services enables another member of the disabled person's family to continue to be employed. Services that a consumer may purchase through the PAS program include assistance with transferring, bathing, eating, dressing, or other activities that the individual might perform himself but for his physical disability. The Department reports that the average annual expenditure per consumer receiving services through one of the Department's PAS programs is \$17,920.

In Fiscal Year 2012, the Department of Rehabilitative Services served 110 consumers through the state-funded PAS program, six consumers through the Brain Injury PAS program, and 33 consumers through the Vocational Rehabilitative PAS program. In total, the PAS programs provided over 200,000 hours of personal assistance to individuals with severe disabilities. These services enabled 15 consumers to attend colleges and universities and 64 consumers to remain employed.

Currently, the Department of Rehabilitative Services is not accepting new clients for PAS services. This freeze on admissions to the PAS programs is a result of a lack of funding for services. As of September 2012, 42 persons were on the waiting list for PAS programs. However, the Department and the Directors of the Centers for Independent Living report that there may be many other individuals who need services but have not yet applied due to the current freeze on admissions to these programs.

At the September 2012 meeting of the Disability Commission, Work Group #3 (Publicly Funded Services) recommended that funds in the amount of \$750,000 in each year of the biennium be made available to eliminate the waiting list for personal assistance services through the Department for Aging and Rehabilitative Services' Personal Assistance Services programs.

The Disability Commission recommends that funds be made available for this purpose.

10. The Appropriation Act should include language directing the Department of Medical Assistance Services and the Department of Social Services to work together with the Department for Aging and Rehabilitative Services (DARS) to identify and collect information necessary to determine the number of persons actually waiting for services through the DARS Personal Assistance Services programs.

During the 2012 interim, Work Group #3 (Publicly Funded Services) received information regarding the waiting list for personal assistance services provided through the Department for Aging and Rehabilitative Services' Personal Assistance Services programs. Work group members noted that while DARS currently reports 42 individuals waiting for services, the actual number of individuals who are eligible for and in need of services might be significantly higher because the current length of the wait for services discourages eligible individuals from adding their names to the waiting list. As a result, the DARS cannot know the true scope of need for these services.

Information about the number of individuals who may be eligible for and in need of services through the Department for Aging and Rehabilitative Services' Personal Assistance Services programs is difficult to obtain. However, work group members noted that various state agencies, including the Department of Medical Assistance Services, the Department of Social Services, and the Department for Aging and Rehabilitative Services might be sufficient to more accurately determine the scope of need. Therefore, at the September 2012 meeting of the Disability Commission, Work Group #3 (Publicly Funded Services) recommended that the Disability Commission request the Department of Medical Assistance Services and the Department of Social Services work together with the Department for Aging and Rehabilitative Services to identify and collect information necessary to determine the number of persons actually waiting for services through the DARS' Personal Assistance Services programs.

The Disability Commission adopted this recommendation.

11. The Appropriation Act should include an additional \$4.5 million for expansion of brain injury services provided by the Department for Aging and Rehabilitative Services.

During the 2012 interim, Work Group #3 (Publicly Funded Services) received information about gaps in services for individuals with brain injuries and long waiting lists for existing services. According to the Brain Injury Association of Virginia, 28,000 Virginians have brain injuries each year and more than 88,000 are disabled as a result of traumatic brain injury. More than 93,000 Virginians are disabled as a result of stroke each year. Work group members identified a need for funding to (i) eliminate waiting lists and add core services including adult and pediatric case management, clubhouses/day programs, and regional resource coordination in underserved areas; (ii) secure infrastructure and workforce of existing programs; (iii) streamline and modernize outcome data collection systems; (iv) conduct brain injury surveillance, outreach, and consultation services; (v) enhance the Personal Assistance Services for people with Brain Injury program and expand the Brain Injury Direct Services Fund; and (vi) create a discharge assistance fund for consumers who transfer from institutional to community-based settings. At the September 2012 meeting of the Disability Commission, Work Group #3 recommended that \$4.5 million be made available in each year of the biennium to the Department for Aging and Rehabilitative Services for these purposes.

The Disability Commission recommends that funds be made available for this purpose.

12. The Appropriation Act should include language directing the Department of Medical Assistance Services to complete an application for a Brain Injury Waiver Program.

For many individuals with brain injury, lack of access to community-based services results in institutional care. According to the Brain Injury Association of Virginia, more than 500 Virginians who are currently living in nursing facilities, jails, and state mental institutions cannot be discharged due to lack of funding; thousands more are at significant risk of institutionalization without community-based supports and services. Establishing a brain injury waiver would allow access to services for individuals with brain injury. The Brain Injury Association of Virginia estimates that creation of 200 brain injury waiver slots would cost approximately \$7 million. Given the current cost of annual nursing care (between \$67,500 and \$71,000 per person), estimated cost savings from transitioning 200 individuals with brain injury from institutional to community-based care through a waiver program would save between \$6.5 and \$7.2 million per year.

At the September 2012 meeting of the Disability Commission, Work Group #3 (Publicly Funded Services) recommended that the Department of Medical Assistance Services be requested to complete the application for establishment of a Brain Injury Waiver Program in the Commonwealth.

The Disability Commission adopted this recommendation.

13. The Appropriation Act should include \$2.5 million to fund a 20-bed neurobehavioral treatment unit pilot program in the Commonwealth.

Individuals with neurobehavioral issues require 24-hour support and supervision, access to onsite nursing and medical services, ongoing behavioral analysis and intervention, neuropsychological and neuropsychiatric services, medicine management, and behavioral analysis and planning, in addition to the traditional services associated with brain injury. At this time, however, no publicly funded in-state neurobehavioral treatment services are available in the Commonwealth. Instead, the approximately 20 individuals requiring neurobehavioral treatment are served out-of-state at an average cost of \$101,480 per year per person. The total cost of out-of-state neurobehavioral treatment services for Virginians with brain injury is more than \$2 million.

At the September 2012 meeting of the Disability Commission, Work Group #3 (Publicly Funded Services) recommended that \$2.5 million be provided in each year of the biennium to establish a 20-bed publicly funded in-state neurobehavioral treatment unit in the Commonwealth. The Work Group recommended that the Department of Medical Assistance Services be directed to issue a Request for Proposals for establishment of the pilot program in a residential treatment center, and that the Department establish a Medicaid payment rate through the RFP process that will allow the development and sustain the operation of the successful RFP applicant's neurobehavioral residential treatment program.

The Disability Commission adopted this recommendation and recommends that funds be made available for this purpose.

14. The Appropriation Act should include \$980,000 to expand access to Centers for Independent Living throughout the Commonwealth.

Section 51.5-161 of the Code of Virginia authorizes the Department of Rehabilitative Services to make grants or enter into contracts for the purpose of promoting a philosophy of independent living for persons with disabilities that is characterized by consumer control, peer support, self-help, self-determination, equal access, and individual and systemic advocacy in order to maximize leadership, empowerment, independence, and productivity for individuals with disabilities and the integration and full inclusion of individuals with disabilities into the mainstream of society. Services provided through these grants or contracts include advocacy, peer counseling, independent living skills training, and information and referral as well as other services deemed necessary by the local consumer base. Services are provided through Centers for Independent Living, which are funded in whole or in part by grants from or payments pursuant to contracts with the Department of Rehabilitative Services. Currently there are 16 Centers for Independent Living in the Commonwealth and four satellite Centers for Independent Living. However, coverage in many areas of the Commonwealth is limited or nonexistent, so that individuals in need of services are not able to access services.

During the 2012 interim, Work Group # 3 (Publicly Funded Services) received information regarding the need to expand access to Centers for Independent Living throughout the Commonwealth. As a result, the work group recommended, at the September 2012 meeting of the Disability Commission, that funds in the amount of \$980,000 in each year of the biennium be made available to expand access to Centers for Independent Living throughout the Commonwealth. This amount would include \$500,000 in each year to allow for the

establishment of two new Centers for Independent Living in Petersburg and the New River Valley; \$160,000 in each year to maintain funding for two satellite Centers for Independent Living in Loudoun County and the Middle Peninsula to facilitate the assist these facilities in achieving readiness to become full Centers for Independent Living; and \$320,000 in each year of the biennium to establish new satellite Centers for Independent Living in the Northern Neck, Southside, Planning District 14, and Lower Planning District 9 regions.

The Disability Commission recommends that funds be made available for this purpose.

15. The Appropriation Act should include \$ 307,000 to restore funding for Centers for Independent Living to FY2009 levels.

In Fiscal Year 2012, state funding for Centers for Independent Living was cut by 7.5 percent. As a result, Centers for Independent Living were forced to cut services and reduce the number of individuals served. According to the Virginia Association of Centers for Independent Living, budget cuts and cuts in services substantially impact individuals who require independent living services to remain in their homes rather than residing in nursing homes or other institutions. Budget cuts also negatively affect the ability of Centers for Independent Living to provide technical assistance to local governments and other entities that are working to comply with the Americans with Disabilities Act and other disability rights requirements.

During the 2012 interim, Work Group # 3 (Publicly Funded Services) received information regarding the need to restore funding for Centers for Independent Living in order to ensure adequate access to services throughout the Commonwealth. The work group recommended, at the September 2012 meeting of the Disability Commission, that \$307,000 be made available in each year of the biennium to restore funding for Centers for Independent Living to FY2009 levels.

The Disability Commission recommends that funds be made available for this purpose.

16. The Code of Virginia should be amended to extend the sunset provision for the Community Integration Advisory Commission to 2016.

At its September 2012 meeting, the Disability Commission received information about the Community Integration Advisory Commission, its activities, and its recommendations adopted during the 2012 interim. The Community Integration Advisory Commission is established pursuant to § 2.2-2524, which provides that the Community Integration Advisory Commission shall serve "as an advisory commission in the executive branch of state government ... to monitor the progress of all executive branch state agencies toward community integration of Virginians with disabilities in accordance with all applicable state and federal laws in order that persons with disabilities may enjoy the benefits of society and the freedoms of daily living." Among the recommendations presented to the Disability Commission was the repeal of the sunset provision set forth in § 2.2-2529, providing that Article 7.1 (§ 2.2-2524 et seq.) of Chapter 25 of Title 2.2 of the Code of Virginia, establishing the Community Integration Advisory Commission, shall expire on July 1, 2014. Following discussion, the Disability Commission adopted a recommendation that the sunset provision set forth in § 2.2-2529 be extended by two years, to July 1, 2016.