

**Meeting Summary
Disability Commission
October 24, 2003**

Background

The Disability Commission meeting was called to order by Lieutenant Governor Kaine at 1:00 PM on October 24, 2003 in House Room D of the General Assembly Building. This was the third meeting of the 2003-2004 interim session. The final meeting of the Commission is scheduled for November 19, 2003 in order to review the state housing plan and finalize the Commission's Legislative Agenda for the 2004 General Assembly Session.

Meeting Attendees

Members present included: Lt. Governor Kaine, Delegates Bloxom, Van Landingham, McQuigg, Orrock, Broman, and Mayer, Senators Puller and Miller, and gubernatorial appointees, Dennis Horton, William Howell, James McDonald, Karen Michalski-Karney, and Dr. Fred Orelove. Staff in attendance included Carey Friedman (Director of Policy, Lt. Governor's Office), Heidi L. Lawyer, Director, Virginia Board for People with Disabilities, and Janet W. Hill (VCU/VBPD Research Consultant).

	Agenda Item	Discussion and Actions	Follow-up
1.	Welcome and Overview of the Agenda	<p>The Lt. Governor welcomed all in attendance and briefly reviewed the Agenda for the meeting including three (3) major items:</p> <ol style="list-style-type: none"> 1. Budget Work Session with review of several requested reports including the VACIL-Centers for Independent Living position paper on Olmstead Plan, the final Buy-In application, and a draft letter prepared by the Chairman to the Governor outlining budget recommendations for services discussed by the Commission. 2. Medicaid Buy-In – Call for questions on the Buy-In Waiver application sent to members and presentations from Business Leadership Network and other stakeholders on continued interest and needs for a Medicaid Buy-In program in VA. <p>Specialized Transportation- Refocus on transportation this year with several agency and stakeholder presentations.</p>	None
2.	Review Reports for Budget Review and Planning/	<p>Lt. Governor directed the Commission's attention to the requested reports and allowed James A. Rothrock, DRS Commissioner, to provide the Commission with a prioritized and abridged version of the Commission's</p>	None

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Commission Work Session on Budget Recommendations	<p>Community Initiatives Matrix.</p> <p>Mr. Rothrock provided additional outcome data and waiting lists estimates as previously requested. He stated that the programs prioritized are those that prevent people from going into institutions and the services they need to live in the community. He estimated that Personal Assistance Services (PAS) saves between \$40,000 and \$75, 000 per person.</p> <p>The Chairman reviewed the draft letter to the Governor, which proposed recommendations for budget planning. He asked the Commission to offer suggestions for change or additions based on the reports and Mr. Rothrock's presentation. The draft recommendations were:</p> <ul style="list-style-type: none">• Focus on immediate progress toward on core Olmstead compliance issues, rather than the broader goals of Olmstead Task force;• Preserve existing community programs;• Fund two smaller community initiatives, which when fully implemented will save dollars by allowing Virginians with disabilities greater self-sufficiency and community inclusion. These are:<ul style="list-style-type: none">• Medicaid Buy-In Waiver (\$200,000), and• Brain Injury Home and Community Based Services Waiver <p>In general, the Commission agreed with the recommendations articulated in the letter and the attachment of new revised matrix. Re: the Brain Injury Waiver, the Commission recommended including a funding request for the program in the final letter. The Commission discussed the funding needs and critical mass needed to initiate a Brain Injury Waiver. It was agreed that 100 slots would likely be the smallest appropriate program size as previously recommended by DMAS. It was recognized the other waiver programs have been started with at least 200 slots.</p>	<p>Commission agreed to request funding for 100 slots for a Brain Injury Waiver program (with a delayed start times) and to add the budget figure to the Governor's letter.</p>
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		<p>Ms. Michalski-Karney asked if the “no-cost recommendations” identified in the VACIL report could be added as recommendations in the letter to the Governor. The Chairman stated that since the Commission had not grappled with each recommendation, he could not state that the Commission recommended each item. He proposed, however, that he forward the no–cost recommendations to the Governor.</p>	<p>The Chair agreed to communicate with the Governor, referencing the VACIL no cost recommendations and forward a copy of the report summary.</p>
<p>3.</p>	<p>Preparing for the implementation of a VA Medicaid Buy In Program:</p> <p>Building understanding of current benefit programs and work incentives</p>	<p>Upcoming Employer Leadership Campaign Dana Rosenelli (for Commissioner Katherine McCary) Business Leadership Network manager / SunTrust</p> <p>Described the planning for four more Employer Leadership Forums throughout the state next spring, as a joint effort between BLN and the Commission, sponsored in part by the Medicaid (Buy-In) Infrastructure Grant (MIG)-a DMAS, DRS, and VOPA collaborative effort). She stated that the goal will be to educate employers about the changes in the law that now allow many people with disabilities to work, earn, and save money, yet retain Medicaid health care, if needed. She explained that the BLN wants more input from VA businesses on the Buy-In program being developed.</p> <p>Interagency coordination and policy clarification training needed at local levels especially with Schools Transition Hilary Malawer, VA Office of Protection and Advocacy Ms. Malawer, who is working with the Buy-In grant to address the training and coordination needs across state and local agencies, stated that she has found that teachers, students and families still think that most people with disabilities should not even attempt work because they will always lose hard-fought benefits. She has found these stakeholders know little of federal work incentives or the upcoming Buy-In. She said while the laws have changed, agencies and consumers have not caught up with the changes. She described the work her agency and the MIG Coordination</p>	

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		<p>stakeholder subcommittee is doing to train personnel about the policy change. Consumers/Stakeholders: Hopes for VA's Medicaid Buy-In</p> <p>David Williams, VA Rehabilitation Association, described the hopes of his membership in eliminating this final, daunting barrier to employment, i.e., loss of Medicaid health care due to employment earnings. He reminded the Commission of the plea from employers last year to enact this change as soon as possible. He stated that he hoped the State would find the resources to initiate this program immediately.</p> <p>Maureen Hollowel, Parent, described the needs of her daughter who graduating from college yet needs to retain Medicaid health care due to significant health needs. Ms. Hollowel, stated with Buy-In her daughter's career planning will be much brighter, without it, her future could be very limited in terms of employment. She asked for rapid implementation of the Buy-in program for VA.</p> <p>The Chairman thanked all presenters for providing an "exclamation mark" for the Commission's commitment to seek implementation of this new Medicaid program even during this difficult budget year.</p>	<p>The letter to the Governor will also be forwarded to Patrick Finnerty, DMAS Director documenting the Commission's deep commitment to implementation of the Buy-In program as soon as possible.</p>
4.	<p>Specialized Transportation: Overview of issues</p>	<p>Transportation: Major Commission Priority</p> <p>The Chairman stated that the Commission has consistently viewed transportation as a critical issue for Virginians with disabilities. The design, until last year, has been for the Commission to work in tandem with a Specialized Transportation Council (A Governor-appointed stakeholder council chaired by the Lt Gov). With the elimination of the Council last year by the General Assembly to streamline efficiencies, specialized transportation will now be addressed through the Commission.</p> <p>Department of Rail and Public Transportation Overview Karen Rae, Director of Department of Rail and Public Transit (DRPT),</p>	<p>None</p>

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Ms. Rae clarified DRPT roles as:

- 1) Conduit for federal funds to public transit, and
- 2) Manager of resources for alternatives services to Public Transit
 - Serves all agencies under Secretary HHR and the TANF program
 - Federal funds (5311funds) 80%: 20% match (about 2 million)
 - VA has elected to use funds for capital expenditures. It provides resources for private nonprofit entities for capital expenditures and equipment (Note: New Freedom Initiative may provide funds to states for operational supports)
 - Also manages state "Transportation Incentive Fund"--\$800,000 with 95%: 5% match requirements to localities (also now used for capital. It could be used as incentive funds for Disability Commission priorities; however, all DRPT funding plans must be approved by Commonwealth Transportation Board)
 - Private non-profits (PNPs) apply for funds through a web-based application process
 - DRPT requires interagency coordination at the local level as a requirement to receive these funding awards
 - Recipients must also receive training in accessibility and maintenance

Primary Transportation Issues of Concern for Virginians with Disabilities are:

- In urban areas, Public Transit "regionalization" is a major problem; regional services do not connect.
- For alternative transportation services, the problem is limited capacity.

Re: Alternative Services- Present capacity operated by Private Nonprofits throughout state tends to be for:

- Rural areas and back up in urban areas
- About 12 hours a day, business weekdays
- Limited services on evenings and weekends

Ms. Rae also stated that state of the art specialized transportation

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	<p>services included making services available to all who need them, making the services a win-win situation for the entire community. The partnering efforts improve cost consciousness and, in essence, expand services. She gave the example of the Bay Transportation System in the Delegate Bloxom's jurisdiction in the Eastern Shore, VA.</p> <p>Ms. Rae stated that the agency is now involved in a Six Year Planning for Public Transit Process and an interagency committee has been developed to improve collaboration and planning across agencies for public and specialized transportation.</p> <p>Ms. Rae stated that the goal of the system is to improve the accessibility of all transportation systems so that all people can utilize regular transportation systems. She suggested this council could be helpful in moving the Commission's agenda forward.</p> <p>Delegate Van Landingham asked questions regarding the flexibility of alternative specialized systems, "route deviation" needed by some customers with disabilities. Ms. Rae stated the agency supported the local providers to use their judgment in providing what is necessary. The Commission determined they wanted to learn more about promoting such services.</p> <p>Public Transit: A user's perspective Charley Brown, Federation for the Blind</p> <p>Mr. Brown addressed the Commission and described the difficulties people with disabilities have in using public transportation, especially across jurisdictional lines. He gave the example of the difficulty people with visual impairments have in Richmond getting to the Department for the Blind and Visual Impairments, which housing the Library and services and resources. While a large number of people who are blind live within the City of Richmond, the DBVH office is just across the Henrico County line. He distributed draft legislation that he wanted the Commission to consider.</p>	<p>Staff will seek to arrange additional information on model options in this vein.</p>
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		<p>James Taylor, Deputy Commissioner, DBVH, asked to address the Commission at that juncture. He described talks his agency is now involved in with GRTC to improve transportation. He stated that the service may be implemented next August if funding is available.</p> <p>Delegate Van Landingham suggested that Commission should consider legislation for public transportation for fixed route. The Chairman agreed but stated he would like to review the VA Code as an advance step.</p>	<p>The Chairman asked Ms. Rae to forward the code section to his office prohibited route deviation in another locality without permission from that locality.</p>
5.	<p>Update on Medicaid Transportation Broker</p>	<p>Status Report on Medicaid Non-Emergency Transportation Program (NET) DMAS Brokered Transportation System Bob Knox, Transportation Manager, DMAS</p> <p>Mr. Knox reminded the Commission that, in 1999-2000, in order to increase efficiencies and better monitor Medicaid funded transportation providers, DMAS developed a contract to use a statewide broker to manage the hundreds of Medicaid transportation providers and payments throughout the state. Medicaid Non-Emergency Transportation Program (NET) provides transportation services for fee-for-service Medicaid clients to/from covered services (e.g., doctor visits, hospital services, outpatient treatment, MH/MR services, etc.) –taxi, wheelchair van, stretcher van, ambulance, public transit</p> <p>He stated that NET services are managed through a transportation “broker” –brokerage model was adopted in 2001 due to spiraling transportation costs and excessive fraud in the prior system</p> <p>The transition to a brokered system has been challenging in the first years of the project for both users and providers in that it amounted to a new way of doing business. He gave an update on the broker system,</p>	<p>None</p>

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provided now by Logisticare as it is today and reported improved customer satisfaction feedback.

Current Broker Functions are:

- Operates call center
- Recruits and maintains transportation provider network
- Assesses/authorizes transportation service
- Schedules trips and assigns appropriate transportation provider
- Assures compliance with DMAS driver/vehicle requirements
- Monitors quality and timeliness of service
- Reimburses transportation providers
- Provides administrative oversight
- Produces management reports for DMAS

Re: previous problems: Service problems and late/no payments to transportation providers caused DMAS to revamp system and change contracting to a sole contractor effective December 15, 2002: LogistiCare assumed responsibility for all regions on December 16, 2002

- LogistiCare had only 5 days to prepare for transition
- Despite some start-up issues, the transition went relatively smoothly

DMAS Quality Assurance Efforts

- DMAS has implemented internal organizational/ administrative changes to manage the program more closely
- Medicaid Transportation Advisory Committee
- Transportation Program Manager/additional staff
- Field visits/additional monitoring
- Revised reporting requirements

LogistiCare has established 7 Regional Offices throughout the state.

Regional staff are:

- More knowledgeable of local issues (clients, roads, facilities/health care providers, and transportation providers)

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		<ul style="list-style-type: none"> ▪ “On the ground” to respond to problems ▪ Responsible for “where’s my ride” calls <p>In summary, Mr. Knox report NET program is “stabilizing” and DMAS/LogistiCare are working with various provider/advocacy associations to respond to “group-specific” issues. Mr. Knox reported massive cost savings from the transportation broker system</p> <p>Senator Puller described the needs expressed by her constituents for door-to-door services when mobility is an issue. Mr. Knox stated that DMAS is reviewing those costs and may issue an RFP to supply such services in a year or two.</p> <p>Virginia Medicaid Brokerage Process: Analysis & Recommendations Steve Yaffe, FASTRAN, Transportation Planner & CTAV member, steven.yaffe@fairfaxcounty.gov: Provider’s perspective</p> <p>Mr. Yaffe, a Medicaid Transportation Provider in No VA, stated that many improvements are still needed in improving the communications between the providers and the broker system. He outlined some of the problems and solutions.</p> <p>Mr. Yaffee also mentioned miscellaneous issues concern: need for Attendants, Livery for Hire, and Indemnification.</p>	<p>The Lt. Gov. thanked Mr. Yaffe and asked him to document these excellent suggestions in a formal way to DMAS and to Logisticare.</p>
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6.	Special Session on Specialized Transportation Issues	<p>Commissioner Karen Michalski-Karney gave testimony as a transportation provider. She described findings from a Harris poll conducted on specialized transportation needs and survey data form VA Board for People with Disabilities. She stated that national trends show that fixed routes are being cut to pay for required Para- transit and many issues involve increased costs and demand and shrinking resources.</p> <p>The Lt. Governor asked that the Commission work closely with the Interagency Transportation council being formed either through a Commissioner or staff involvement.</p>	The Lt. Governor asked DRPT to provide his office with some input for representation from the Commission on the interagency council and its schedule.
7.	Extended Public Comment	<p>Public comment was received on the following topics:</p> <ul style="list-style-type: none"> • Consumer commendations of supports received from VA DRS staff especially the Annandale office and Woodrow Wilson Rehabilitation Center. • Commendations of the services of High Street and Mill Clubhouses for persons with Brain Injuries and pleas for funding needed to sustain the programs. • Brain Injury professional of the state also asked that the Commission support a budget request to be brought forward this year to continue programs, which provide the infrastructure for BI services previously funded by the Commonwealth Neuro-Trauma Initiative Grants (Initiated by the late Delegate Emily Curic) • Private Providers Network representative thanked the Commission for their work and asked the Commission to realize as they continued to look at specialized transportation that although the DMAS reports massive cost savings from the transportation broker system that costs have been shifted to private providers and service programs. She also was reminded the Commission that no increases in Medicaid rates to service providers have been provider in over a decade and wondered if savings could be applied to rate increases. 	At the request of Senator Miller, the DRS Commissioner will look into updating the “Curic” legislation that previously provided BI programs with funding to see if it can be extended.
8.	Adjourn	<p>The Lt. Governor excused himself to depart for a meeting at about 4:45 p.m. and the meeting was adjourned upon completion of public comment by the Vice Chairman Bloxom and Carey Friedman at 5:00 p.m.</p>	