

## Recommendations - Disability Commission Work Group #2 - Services

<p><b>Personal Assistance Services (DRS)</b></p>	<p>The Personal Assistance Services (PAS) program serves individuals who have the most severe disabilities and who require assistance from another person to perform non-medical activities of daily living; services are consumer directed and caregivers are hired and employed directly by the consumer. The current waiting list for PAS program services is 94 persons; the average annual expenditure per consumer is approximately \$20,000 per person.</p> <p><b><u>Recommendation:</u></b> Budget amendment to provide \$2M to DRS to provide PAS services to all individuals on the waiting list, eliminating the waiting list for services.</p>
<p><b>Independent Living (DRS)</b></p>	<p>DRS administers state general funds for Centers for Independent Living (CILs); CILs provide services and advocacy to maximize leadership, empowerment, independence and productivity of individuals with disabilities. Currently there are 16 CILs and 4 satellite CILs in Virginia. In FY 2010, state general funds for independent living services were reduced by \$427,000 for each year of the 2010-2012 budget. While FMAP funds filled the gap left by these cuts in FY 2010, no additional funding will be available in FY 2011 and CILs will experience a \$427,000 shortfall.</p> <p><b><u>Recommendation:</u></b> Budget amendment to restore funding to previous level for FY 2011.</p>
<p><b>Medicaid Works (DRS)</b></p>	<p>Medicaid Works program provides work incentives for individuals with disabilities; qualifying individuals who participate in the program may earn up to \$44,100 per year, and maintain resources of up to \$30,600, while still remaining eligible for Medicaid.</p> <p>Issue: Cap on earnings (\$44,100 per year) means that many individuals in higher paying jobs must choose between working and remaining eligible for Medicaid. As a result, some who could and would work choose not to do so, in order to maintain Medicaid eligibility.</p> <p><b><u>Recommendation:</u></b> Legislation to increase the maximum amount of allowable earnings under the Medicaid Works program to the federally allowed maximum, \$60,000 per year.</p>
<p><b>Brain Injury Services (DRS)</b></p>	<p>In the 2010-2012 budget, funding for DRS brain injury services was cut by \$200,000 per year.</p> <p><b><u>Recommendation:</u></b> Budget amendment to restore funding to previous level for FY 2011.</p>

<p><b>Brain Injury Services - Neurobehavioral Therapy</b></p>	<p>Neurobehavioral therapies are comprehensive, holistic approaches to addressing the cognitive and behavioral problems resulting from brain injuries. Neurobehavioral cluster problems include problems with thinking, memory, attention, perception, language, impulse control, insight, mood, social behavior, and substance abuse. The system of neurobehavioral therapies should include residential programs for people with intensive behavioral and support needs, residential community-integrated group homes for people with moderate to high needs, and community-based supported living programs and services.</p> <p>Currently, there are no publicly funded neurobehavioral therapy services in Virginia. To meet the needs of persons requiring this type of service, DMAS pays for out-of-state service placements, at significant expense to the Commonwealth. According to a report developed by the Brain Injury Association of Virginia, approximately \$500,000 would be sufficient to support in-state publicly funded neurobehavioral therapy services through DMAS.</p> <p><b><u>Recommendation:</u></b> Budget amendment to provide \$500,000 to DMAS to support in-state, publicly funded neurobehavioral therapy services to persons with brain injuries.</p> <p><b><u>Recommendation:</u></b> Support development of a demonstration project to consist of a three-tiered model of neurobehavioral therapy services including intensive residential, community-integrated group home, and community-based supported living services. The Virginia Brain Injury Council estimates that a demonstration project providing intensive residential services for 10 people, community-integrated group home services for 20 people, and community-based supported living services for 70 people would cost approximately \$8 million.</p>
<p><b>Consumer Service Fund</b></p>	<p>The Consumer Service Fund (CSF) was established in 1993 to serve as a "fund of last resort" to help people with physical or sensory disabilities living in Virginia meet unique needs, including assistive technology services and devices, home accessibility modifications, and vehicle purchases and modifications by providing grants. Funds allocated for the CSF were administered by the NewWell Fund/Assistive Technology Loan Fund Authority. The CSF program's original allocation (FY03) was \$600,000 in state general funds. In FY04, the allocation was cut to \$473,394. In FY07, the program was eliminated.</p> <p>Between 2003 and 2007, the CSF received more than 1,000 applications for assistance and provided services to more than 400 individuals. In 2006, 249 applications were received and 90 were funded, with a total of \$409,447.44 disbursed. In 2007, 219 applications were received and 102 funded, with a total of \$420,440.83 disbursed. Since the program was eliminated in 2007, the NewWell Fund has continued to receive loan applications, and estimates that the need for services has doubled since 2007.</p> <p><b><u>Recommendation:</u></b> Budget amendment reestablishing the Consumer Services Fund, and allocating \$500,000 for the Consumer Services Fund program.</p>