

Virginia Disability Commission July 8, 2005 Meeting Summary

I. Review of the 2004 Commission Report and 2005 Legislative Session

The meeting began with a staff review of the recent work done by the Commission, which held three meetings in the fall of 2004, and one meeting in January of 2005, continuing its recent emphasis on employment, housing, and transportation, among other issues related to Virginians with physical and sensory disabilities. The 2004 Commission report contains summaries of presentations, testimony and discussions from those meetings as well links to the Commission's website and other agency and organizational websites where more detailed information can be obtained.

Several items that carried over from the previous year's deliberations were examined in-depth, such as the status of the Medicaid Buy-In Program and the potential of a Medicaid brain injury waiver in Virginia. The Commission also continued to monitor the work of its housing work group and the Inter-Agency Transportation Council, which was awarded a federal grant in 2004 to perform the first comprehensive inventory of Virginia's specialized transportation network.

Other issues studied include:

- the public housing assistance program;
- the accessibility of polling facilities;
- the impacts of the Governor's 2005 budget proposals on the disability community;
- the status of Virginia's Olmstead Initiative and Implementation efforts;
- access to assistive technology;
- the status of Virginia's Centers for Independent Living; and
- the increasing incidence of Autism.

Throughout the process, the Commission continued its tradition of welcoming comments from the public. And drawing from these deliberations, the Commission made several budgetary, legislative and policy recommendations, which are set forth in the report, which will soon be available on the General Assembly website.

The Commission made the following recommendations during its October, 2004 through January, 2005 deliberations:

- Absentee voting. The Commission endorsed HB1582 (2005), which had already been introduced by Delegate Reese. This legislation would allow voting through "no excuse absentee ballots" for Virginians aged 65 and older. Current law provides this option for Virginians with disabilities. *This bill did not pass.*
- Accessible housing. The Commission also supported Delegate VanLandingham's HB 2113 (2005), which would add planning for areas of accessible housing to localities' comprehensive plans. *During the legislative session, this bill was incorporated into a similar bill, HB 2407 (Delegate Phillips), which passed.*
- Brain Injury Waiver. (a) The Commission supported a budget amendment to fully fund 200 Brain Injury Waiver slots (\$4.3 million in 2005 and \$6.2 million in 2006).

This initiative was not included in the budget. (b) Commission members, Senators Puller and Miller (SB 1237), and Delegate Orrock (HB 2826) sponsored successful legislation that authorized the Department of Mental Health, Mental Retardation and Substance Abuse Services to have the authority and staffing necessary to license residential brain injury services, and to administer the waiver if and when it is funded. Pursuant to this legislation, DMHMRSAS is currently promulgating emergency regulations in order to license brain injury service providers in group homes, supervised apartments, assisted living facilities and other, mostly private-pay, residential settings.

- Autism. The Commission approved the drafting of letters to the Governor suggesting that some Olmstead resources be directed at autism, and to the respective heads of Virginia's health and human resources agencies urging that agencies take part in and direct resources towards dealing with autism, and expressing the need to find a "home" in state government for autism.
- Centers for Independent Living. And finally, the Commission supported \$475,000 in additional funding for Centers of Independent Living, for the establishment of new centers in the New River Valley and Petersburg, and satellite centers in Loudoun County and the Middle Peninsula. *No funding for new CILs was included in the budget, however, an additional \$300,000 was appropriated to aid seven existing CILs in underserved regions.*

II. Health and Human Resources Budget: Results from 2005 General Assembly Session; state and federal trends impacting the disability community

Senate Finance Committee legislative fiscal analyst, Joe Flores, presented a thorough update on Virginia's health and human resources budget. The following excerpts are drawn from Mr. Flores' presentation:

A. Mandatory and High Priority Spending

- Mandatory and high priority spending accounted for 84 percent (\$263.5 million) of the general fund increase for health and human resources.
 - \$212.2 million to fully fund projected caseload and cost growth in Medicaid;
 - \$16.6 million to implement a 34 percent increase in Medicaid rates for OB-GYN services;
 - \$6.9 million to offset shortfalls in prescription medications for individuals served by community service boards and state facilities; and
 - \$4.5 million to continue services for 4,207 infants and toddlers with developmental delays who need occupational, physical and speech therapy services.
- Discretionary spending accounted for the remaining 16 percent (\$50.3 million) of new general fund support in health and human resources.
- Additional spending in the approved budget was offset by \$36.9 million in general fund savings, exclusively related to Medicaid.

B. Discretionary Spending

- Discretionary general fund spending in health and human resources was directed toward improving our current infrastructure and preserving access to care.

- Provided significant Medicaid rate increases for dental care, mental retardation and developmental disabilities waiver services and hospitals (\$15.0 million).
- Expanded access to community-based care for individuals with mental disabilities including access to community-based, crisis services and services to children (\$8.1 million), and
- Increased funding for and expanded oversight of assisted living facilities (\$4.5 million).

C. Discretionary Spending for Persons with Disabilities

- General fund spending on services for persons with sensory and physical disabilities was modest.
 - Centers for Independent Living. \$300,000 to enhance the funding of seven CILs that operate in underserved regions. Current funding for CILs is \$3.9 million each year.
 - Long-term Rehabilitation Case Management. \$150,000 to reduce the waiting list for individuals who need assistance locating and accessing services. Current funding for the program is \$357,643 each year.
 - Web-based Information System (Celebrating Special Children). \$150,000 to develop an information system to help family's access information about services for children with special needs.
 - Technology Assistance Program. \$125,000 to address a shortfall in funding for a program that provides equipment for individuals who are deaf and hard of hearing.
 - Long-term Employment Support Services. \$100,000 to provide additional support for individuals needing long-term employment services.
 - Newsline Reading Services for the Blind. \$50,000 to provide access to the National Federation for the Blind's Newsline[®] reading services, allowing toll-free access to newspapers and magazines for the blind.
 - Olmstead Advisory Committee. \$20,400 for the ongoing meeting-related expenses of the Governor's Olmstead Oversight Advisory Committee.

D. Medicaid Brain Injury Waiver

- Discretionary general fund spending was not allocated toward a Medicaid Brain Injury Waiver program.
 - The 2004 General Assembly committed \$1.9 million to expand access to brain injury services.
 - Improving access to brain injury services remains a high priority of the Senate Finance Committee's Subcommittee on Health and Human Resources.
 - Any Medicaid expansions will need to be considered in the context of our current budget situation.

E. State Budget Outlook – Revenue and Spending Projections

- Recent data suggests a surplus of \$550 - \$600 million may materialize by June 30, 2005.
 - Current law commits as much as three-quarters of the projected surplus to the Rainy Day Fund and the Water Quality Improvement Fund.
- It is unclear whether the recent surge in revenue growth can be sustained in future fiscal years.

- Growth has been fueled by three, historically volatile revenue sources – real estate transactions, corporate income and individual investors.
- Healthy revenue growth will be necessary to fund the Commonwealth’s current commitments in K-12 and higher education, Medicaid, and public safety.

III. Inter-Agency Transportation Council Report

The following is taken from the presentation to the Commission by Neil Sherman, Department of Rail and Public Transportation, and chair of the inter-agency transportation council:

"United We Ride" background:

The benefits of coordinated transportation across human service agencies have been discussed with interest at federal, state, and local levels since the mid-seventies. States and localities engaged in transportation coordination report that such efforts hold promise for:

- Improved transportation to jobs, medical assistance, and life sustaining trips;
- Increased services and reduced overhead costs;
- Avoidance of duplicated services/Lower overall costs (with less cost shifting);
- Better trained drivers and staff who are able to handle all consumers – general public, aging, MH/MR, and physical disabilities; and
- Better support from all levels of government.

In 2004, the VA Department for Rail and Public Transit received a FTA *United We Ride* (UWR) State Coordination Grant to assist in development of an Action Plan for Coordinating Human Service Transportation for Virginia. Based upon the lack of comprehensive information on human service transportation needs, the Interagency Transportation Council determined that the UWR project should be used to establish a clear baseline of the Commonwealth’s human service transportation resources, the unmet needs, and current level of coordination, or lack thereof, in communities across the state. DRPT has collaborated with the VCU Commonwealth Institute for Child and Family Studies to assist in the inventory development, analyses, and final report development.

Method: The availability of human service transportation services in VA is dependent not only on the number and type of vehicles and service providers operating within the state but also on the amount of “funded” human service transportation. The DRPT inventory will determine the availability of *funded transportation services* within each community and the capacity of community including the number and type of vehicles, per program eligibility requirements, and operating polices. Primary destinations of funded transportation within each service area will be identified and mapped by type of human service agency. Opportunities for agencies to better coordinate transportation to their primary destinations will be examined. Each community’s current coordination efforts, the barriers and factors which contribute to successful coordination will be identified and summarized.

The DRPT inventory will also analyze and compare expenses and revenue collection efforts within each system and across agencies which may assist in coordination planning and maximizing equitable in the distribution of resources in the future.

Next Steps: The DRPT Inventory, developed with review and input from agencies and stakeholders, will be distributed to the following community service agencies throughout the state in August 2005 (with introductory letters from agency heads asking for the maximum cooperation):

- All Community Services Boards (CSBs)
- All Area Associations on Aging (AAAs)
- All non-profits or for profit programs serving human service system populations not identified by the above two entities (e.g., Employment Support Organizations, private schools, etc.)
- Department of Social Services and Department of Medical Assistance Services
- Public Transit systems

** At the request of the Commission, public school systems will be surveyed as well.*

Results: Data will be verified, analyzed, and summarized during the Fall 2005. A final report will be prepared including tables and graphic displays of data (bar charts, pie charts, mapping of services provided by CSBs vs. AAAs vs. other transportation services during like time frames per service area). Other inquires of interest will attempt to identify the impact of coordination activities, if any, on the costs and availability of services. It is anticipated that the report will provide recommendations that seek to limit duplicative services which could produce a more robust transportation system than now exists.

The final report will be used by the Interagency Council and other stakeholders in the future development of an Action Plan for Coordinating Human Service Transportation for Virginia. DRPT will share preliminary results with state and local agencies through forums throughout the fall 2005 and winter 2006 in preparation of state action planning.

IV. Virginians with Disabilities Act 20th Anniversary

The Commissioner of the Department of Rehabilitative Services, Jim Rothrock, spoke on the recent event sponsored by the Department in recognition of the 20th anniversary of the Virginians with Disabilities Act ("Act")....

V. Housing Work Group Report

- Update on Secretary of Health and Human Resources Housing Study
Jim Rothrock, Commissioner, Department of Rehabilitative Services
- Accessible Housing: "Easy Living Home" program in Georgia
Teri Barker-Morgan, Virginia Board for People with Disabilities
Bill Fuller, Ph.D., Virginia Housing Development Authority
- Local Comprehensive Plans: Affordable and Accessible Housing
Ted Koebel, Ph.D., Director, Virginia Tech Center for Housing Research

VI. Public Hearing

VII. Member discussion of work plan for future meetings

Future meetings: September 21 at 1 p.m. and Nov. 16 at 1 p.m.

Members:

Lt. Governor Tim M. Kaine, Chairman
The Honorable Yvonne Miller
The Honorable Linda T. Puller
The Honorable Michele McQuigg
The Honorable Robert Orrock
The Honorable Gary Reese
The Honorable Marian Van Landingham

Dr. Fred Orelove
Mr. Bev Fleming
Dr. Thomas Mosca
Mr. Billy Howell
Mr. C. W. Van Valkenburgh
DLS Staff
Jeff Gore
Amy Marschean