

2005 Annual Report of the

VIRGINIA DISABILITY COMMISSION

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



DOCUMENT NO. _____

**COMMONWEALTH OF VIRGINIA
RICHMOND
2006**

MEMBERS OF THE COMMISSION

Lieutenant Governor Timothy M. Kaine, *Chairman*¹
Delegate Michele B. McQuigg, *Vice-Chair*

Senator Yvonne B. Miller
Senator Linda T. Puller
Delegate Robert D. Orrock, Sr.
Delegate Gary A. Reese
Delegate Marian Van Landingham
Mr. Bev Fleming
Mr. William F. Howell
Thomas Mosca, III, Ph.D.
Fred P. Orelove, Ph.D.
Mr. C.W. Van Valkenburgh

Staff:

Patricia G. Davis, *Staff Attorney, Division of Legislative Services*
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Iris A. Fuentes, *Senior Operations Staff, Division of Legislative Services*

Patty Lung, *Senate Committee Operations*

¹ The Honorable Timothy M. Kaine, Lieutenant Governor, served as chair to the Disability Commission until January 14, 2006, pursuant to Va. Code § 30-233.

² Jeffrey S. Gore and Amy Marschean served as staff to the Commission until August 2005 and December 2005, respectively.

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I. EXECUTIVE SUMMARY

Background, Membership and Meetings

The Disability Commission, initially created by legislative resolution, was codified as a legislative commission during the 2004 session.³ The Commission's purpose is "to 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."⁴

The Commission is composed of six members of the General Assembly, five citizen members, and the Lieutenant Governor. The members of the Commission are: Lieutenant Governor Timothy M. Kaine, Chairman; Delegate Michele B. McQuigg, Vice-Chairman; Senator Yvonne B. Miller; Senator Linda T. Puller; Delegate Robert D. Orrock, Sr.; Delegate Gary A. Reese; Delegate Marian Van Landingham; Mr. Bev Fleming; Mr. William F. Howell; Thomas Mosca, III, Ph.D.; Fred P. Orelove, Ph.D.; and Mr. C.W. Van Valkenburgh.

The Commission met four times during the 2005 interim: July 8, 2005; September 21, 2005; November 16, 2005; and January 9, 2006. Meeting summaries are available on the Commission's website at <http://dls.state.va.us/disability.htm>. In addition to the meetings of the Commission, the Commission's housing work group, chaired by Denise Goode, met four times during the year: May 11, 2005; June 20, 2005; October 5, 2005; and November 2, 2005. Information on those meetings, and the composition of the workgroup, is also available on the website.

During the 2005 interim, the Commission received information on many topics, including transportation, housing, employment, and personal assistance services. It received a report concerning the Olmstead Initiative, as well as a recently completed study by the Joint Legislative Audit and Review Commission on Reimbursement Rates for Home and Community Based Services. In addition, the Commission was briefed on the status of programs it had previously endorsed, including the Medicaid Buy-In Waiver and the Brain Injury Waiver.

Actions

The Commission, concerned with Virginia's compliance with the *Olmstead* decision⁵, wrote a letter to Governor-elect Kaine, encouraging him to continue the Olmstead initiative, which was set to expire January 14, 2006.

In light of the passage of 2005 legislation (HB2407 – Phillips; SB1238 – Puller) that requires localities to provide for the needs of elderly and disabled people in their comprehensive plans, the housing work group is focusing on assisting localities with implementation of the legislation. The work group will join with the Transportation and

³ 2004 Acts of Assembly, cc. 992, 1015; Chapter 35, Title 30 of the Code of Virginia (§ 30-232 et seq.).

⁴ § 30-232, Code of Virginia.

⁵ Olmstead v. L.C., 527 U.S. 581 (1999).

Housing Alliance, funded by a grant from the Virginia Board for People with Disabilities, to create guidelines and assessment tools for use by localities.

The Commission endorsed the following budget amendments for the FY 2006-08 biennium at its meeting on January 9, 2006:

- | | | Total |
|--|--------------|---------------|
| • Implement a Medicaid Buy-In as part of the state plan: | \$600,000/yr | \$1.2 million |
| This includes adding budget language relating to the buy-in. | | |
| • Add funding to end order of selection for DRS programs: | \$600,000/yr | \$1.2 million |
| It is estimated that this would serve approximately 630 persons who will be on the waiting list as of June 30, 2006. | | |

The Commission also determined to support budget amendments already proposed for the following:

- | | | |
|--|--|---------------|
| • Brain injury waiver: | 75,000 FY06-07 and 7.5 million FY07-08 | 7.575 million |
| • Community services for brain injury: | 3.6 million/yr | 7.2 million |

Finally, the Commission began formulating its work plan for 2006, with emphasis on its statutory purpose as stated above. The Commission determined that its work will include the following topics: the Rehabilitative Services Incentive Fund (uses, successes, and any needed improvements or increased funding); Centers for Independent Living (with a long-term goal of establishing centers throughout the state); employment of people with disabilities within the Commonwealth (including review of the Commonwealth's own employment practices); and remaining informed of efforts taken by various agencies, with a focus on ensuring coordinated efforts across the spectrum of disability services.

II. COMMISSION BACKGROUND

The Virginia Disability Commission was formed in 1990 under House Joint Resolution 45 to identify legislative priorities that need to be examined 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. The Commission was made up of legislative members and nonlegislative citizen members, and was chaired by the Lieutenant Governor.

Two years after its inception, the Commission's 1992 report 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.

In 2000, the General Assembly continued the Commission, through House Joint Resolution 34, for a four-year period in order to continue providing evaluation and legislative recommendations to enhance the provision of services to those Virginians who have physical and sensory disabilities.

In 2004, through passage of House Bill 817 and Senate Bill 381, the General Assembly reconstituted the Commission in Title 30 of the Code of Virginia as a codified legislative commission, with the purpose of identifying and recommending legislative priorities and policies that should be adopted or examined 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.⁶

The Commission is comprised of 12 members, including six legislative members, five nonlegislative citizen members, and the Lieutenant Governor. Of the five nonlegislative members, two are consumers with disabilities, two are members of the medical, insurance, or rehabilitation professions, and one is a citizen at large. The Lieutenant Governor continued to serve as chairman until January 14, 2006. In 2006, the chairmanship of the Commission is to be assumed by a legislative member. The legislation has a sunset date of July 1, 2007. Legal, research, and policy analysis staffing for the Commission is provided by the Division of Legislative Services. Administrative staffing during 2005 was provided by the Senate clerk's office.

⁶ Virginia Code Title 30, Chapter 35 (§ 30-232 et seq.)

III. WORK OF THE COMMISSION

The Commission held four meetings during this reporting period, during which it considered a broad range of issues. The agenda for each of the Commission's meetings is contained in Appendix A. The Commission's meetings are summarized below.

A. July 8, 2005

1. 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 as 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.*

2. 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.
 - o \$212.2 million to fully fund projected caseload and cost growth in Medicaid;
 - o \$16.6 million to implement a 34 percent increase in Medicaid rates for OB-GYN services;
 - o \$6.9 million to offset shortfalls in prescription medications for individuals served by community service boards and state facilities; and
 - o \$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.
 - o Provided significant Medicaid rate increases for dental care, mental retardation and developmental disabilities waiver services and hospitals (\$15.0 million).
 - o 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
 - o 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.
 - o 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.
 - o 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.
 - o 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.
 - o 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.
 - o Long-term Employment Support Services. \$100,000 to provide additional support for individuals needing long-term employment services.
 - o 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.
 - o 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.
 - o The 2004 General Assembly committed \$1.9 million to expand access to brain injury services.
 - o 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.

3. Inter-Agency Transportation Council Report

The following is taken from the presentation to the Commission by Neil Sherman, Department of Rail and Public Transportation (DRPT), 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 DRPT received a Federal Transit Administration (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 the community including the number and type of vehicles, per program eligibility requirements, and operating policies. 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 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 inquiries 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.

4. 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.

5. 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

6. Public Hearing

7. Member discussion of work plan for future meetings

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

B. September 21, 2005

1. Call to Order/Opening Remarks

The meeting was chaired by Delegate McQuigg, vice-chair.

Delegate McQuigg called the meeting to order at 1:00 p.m. and welcomed those in attendance.

2. Medicaid Buy-In Update

Jack Quigley of the Department of Medical Assistance Services (DMAS) and Dr. Joe Ashley, Assistant Commissioner of the Department of Rehabilitative Services (DRS), presented an update on the status of the Medicaid Buy-In waiver program that has been supported by the Commission.

The § 1115 research proposal previously submitted to the Centers for Medicaid and Medicare Services (CMS) has not been approved. DMAS has taken another tack and put together a concept paper for CMS, proposing to include a Health Reimbursement Account (HRA) model into the existing waiver proposal. Similar to a health savings account, these accounts are consumer-driven and promote personal responsibility; therefore, they are strongly supported by the current federal administration. Consumer-directed plans typically refer to "account-based" plans coupled with traditional insurance and 100% coverage for preventive services. A health plan participant gets an annual HRA allocation that the individual uses to pay for 100% of all health care costs for covered services at any provider that the individual chooses. If the HRA is exhausted during the plan year, then the individual is responsible for a fixed amount of out-of-pocket costs (a deductible) before a traditional medical plan (with co-payments and deductibles) picks up coverage for the remainder of the year. DMAS is drafting the formal proposal, which will go to CMS this fall, and most likely will be ruled on within ninety days. With its current four-year grant expiring at the end of this year, DMAS filed an application with CMS for a new two-year (CY2006 -2007) Medicaid Infrastructure Grant.

DMAS has included language in its budget for the waiver or for a limited State Plan amendment should the waiver fail to receive CMS approval.

3. "New Voices" Video

Commission member Dr. Fred Orelove introduced Dana Yarbrough of the Partnership for People with Disabilities, who coordinated the New Voices project.

The twenty-minute video depicts nine Virginians with disabilities and some of their family members, who spoke about topics of concern to them, including housing, employment, social life, and accessibility. The participants were all individuals who had not previously been involved in advocacy efforts.

The video will be featured at the 2005 "Our Lives, Our Voices!" conference to be held in Richmond on October 6 and 7.

Upon questioning from Senator Miller, Ms. Yarbrough stated that plans have been made for video distribution at universities, and that the planning committee will continue to explore ways to distribute the film, so as to increase awareness of the concerns expressed therein.

4. Department of Rehabilitative Services Presentation

Jim Rothrock, Commissioner of the Department of Rehabilitative Services, presented information on a variety of topics.

- *Efforts relating to Hurricane Katrina*

Mr. Rothrock stated that, in preparing Virginia's response to housing displaced Gulf coast residents at Fort Pickett, Secretary Woods ensured that people with disabilities would find appropriate accommodations. DRS worked together with the Department for the Blind and Vision Impaired, the Department for the Deaf and Hard of Hearing, and the National Guard to provide items such as ramps, wheelchairs, and assistive technology. Virginia was one of few states to address the special needs community in its approach to caring for Hurricane Katrina victims.

- *Order of Selection*

Because of an anticipated budget shortfall in 2004, DRS implemented an order of selection process for vocational/rehabilitation services, whereby individuals who were applying for services would be classified depending on the number of serious limitations in functional abilities. This classification did not impact individuals who were already receiving services.

Four levels of classification were created. Individuals falling in the top two categories (with serious functional limitations in at least two functional capacities) were afforded service. Individuals in the third category (significant disabilities resulting in a serious functional limitation in one functional capacity) and the fourth category (all other individuals eligible for vocational rehabilitation programs) were put on a waiting list totaling 780 people.

In July 2005, those in the third category were notified that DRS could provide services to them. Those in the fourth category (total-360) continue on the waiting list for the time being, until federal funding is determined.

A problem caused by the waiting list is that some referral sources have stopped referring clients to DRS. However, DRS is in touch with these sources in an effort to serve potential clients.

- *Personal Assistance Services*

Mr. Rothrock gave background information on this program, which provides a safety net to allow individuals who would otherwise qualify for nursing home care to stay in their own homes. It is a consumer-directed plan that provides direct pay to caregivers. The caregivers are hired individually by the consumer, and provide basic personal care needs, such as dressing and bathing.

The program receives \$2.675 million in state general funds. The cost per consumer is \$14,541. However, nursing home care costs approximately \$48,000 per year per consumer. Thus, the PAS program is successful not only in keeping persons with disabilities in their communities; it saves the state millions of dollars. Mr. Rothrock described the program as "the most useful, utilitarian program to come out of the Department of Rehabilitative Services."

Although the program is very successful, the drawback is that the caregivers are paid low hourly wages (\$8.19 for most of the state/\$10.61 in Northern Virginia) and they have no benefits. Thus, the turnover of caregivers is high.

Senator Miller questioned whether health benefits could be provided for the caregivers. After discussion, Mr. Rothrock offered to provide the Commission with information about benefits to caregivers through similar programs in other states.

Mr. Howell suggested that the General Assembly be reminded of the success of this program, both in fulfilling the needs of persons with disabilities and in cost savings for the Commonwealth.

- *Serving Virginians with Disabilities through One Stops*

Mr. Rothrock reported that Virginia has been attempting to improve service for people with disabilities at the One Stops for Workforce Development Services. Presently, there are five program navigators,

whose primary objective is to increase employment and self-sufficiency for individuals with disabilities served through the Workforce Network. Disability Program Navigators ensure that One-Stop staff possess and demonstrate comprehensive knowledge and skills to assist jobseekers with disabilities to "navigate" through available programs and services. Disability Program Navigators are intended to complement, rather than duplicate, existing services, such as vocational rehabilitation and BPAOs [Benefit Planning Assistance and Outreach]. The Disability Program Navigators' priorities are to facilitate partner and consumer relationships, to develop one stop and partner staff knowledge and competencies, to provide assistance with

employer outreach, and to enhance program and physical accessibility of the Workforce Centers.⁷

With anticipated grant funding, the number of Program Navigators will increase to fourteen, providing services to all of Virginia's One Stops.

- *Emerging Issue – Transition of Youth from School to Work*

In addressing the needs of youth as they transition from school to work, Mr. Rothrock described the Postsecondary Education Rehabilitation Transition (PERT) program, a program that began in the mid-1980's. The program assesses students' vocational abilities and allows them to try different activities in a hands-on setting. The program is administered collaboratively by DRS and the Department of Education. It is operated at the Woodrow Wilson Rehabilitation Center (WWRC) and targets a population between 16 and 20 years of age.

Mr. Rothrock provided a summary of the students' profiles from FY 2000 through FY 2005 to date. This profile indicates that the students' rate of multiple disabilities has risen from 46.9% in 2000 to 66.8% in 2005. The rate of emotional disability in the students has risen by 5% in the same period. This change in the student profile will result in an increased cost per student and a reduced number of students who can be served on the existing budget.

Although there are 525 students served per year on average, DRS estimates that 1,593 additional students could benefit from the program. Research indicates that the students who participated in the program earned approximately \$5,000 more than other similarly disabled students by their fourth year of work. Thus, the program has a direct economic benefit to its participants.

Mr. Rothrock described a new program, modeled on the PERT program, but aimed at a population between 18 and 22 years of age. This Life Skills Transition Program will "assist the targeted population in reaching their employment and independent living goals through the development and refinement of pre-employment behaviors and social, interpersonal, and independent living skills over an 8 week period, with classes and behavioral intervention activities available from 8 AM – 10:30 PM daily."⁸

Mr. Rothrock stated that 120 individuals can be served without additional funding, but estimated that 1,337 could benefit from the new program.

Commission members praised the programs, and Mr. Fleming suggested that the Commission schedule one of its future meetings at WWRC.

5. Accessible Housing CD – Universal Design

Mr. Rothrock and Denise Goode, chairperson of the Commission's Housing Work Group⁹, presented the interactive CD created by VHDA, DRS, and the Board for People with

⁷ Quoted from DRS written presentation September 21, 2005.

⁸ *Id.*

⁹ Membership of the Housing Work Group is found at Appendix B.

Disabilities. The project, in which Commission member Howell appears, advises builders of universal design concepts that increase accessibility. It also identifies sources for products mentioned on the CD. It was introduced at the Governor's Housing Conference in September 2005 and will be widely distributed.

Commission members encouraged such distribution, as well as collaboration with other agencies, including the Department of Professional and Occupational Regulation, to ensure dissemination of the information.

Ms. Goode also mentioned the Granting Freedom program, administered by VHDA, which provides grants to returning disabled armed forces personnel. The grants fund alterations to make accessible the serviceperson's home.

6. Discussion of Commission's Legislative Agenda

The chair reminded the Commission that legislative initiatives need to be formulated as early as possible and noted that budget matters will be taken up at a later meeting.

7. Public Hearing

Anne McDonnell of the Brain Injury Alliance informed the Commission that the alliance is pursuing state funding for the Brain Injury Waiver, which would enable those affected by such injuries to remain in their communities. The amount sought is approximately \$50,000 for the first fiscal year (for application and planning) and \$7.5 million for the second. This amount would fund 200 slots.

C. November 16, 2005

1. Call to Order/Opening Remarks

Governor-elect Tim M. Kaine, Commission Chairman, called the meeting to order. He thanked the Commission members for their hard work, and announced that this would be his last meeting as the Commission's next meeting will involve a determination of legislative and budget initiatives, which should be discussed in his absence because of his election as governor.

2. Our Lives, Our Voices Conference

Dana Yarbrough, Community Support Specialist for the partnership for People with Disabilities, recapped the October conference, held in Richmond. Ms. Yarbrough stated that there were 175 attendees, including policy makers, agency leaders, and individuals nominated by local Community Services Boards. There were segments on subjects such as transportation, employment, adult education, housing, and personal assistance. A complete summary will be available on the Partnership's website in December 2005.

Christina Draper, one of the members of the New Voices Planning Committee, spoke to the Commission about needs shared by many people with disabilities. These needs include: (1) allowance for more personal care hours; (2) transportation to allow people with disabilities to live productively and independently; (3) employment; (4) health care for personal assistants, thereby reducing turnover; (5) accessible and affordable housing.

Ms. Draper praised the Commonwealth's progress in making polling places accessible. She voted unassisted for the first time because her polling place had implemented touch screen technology.

3. Transportation Projects through Virginia Board for People with Disabilities (VBPD)

Teri Barker-Morgan, Program Manager at VBPD, reviewed three programs funded by the Board. The first was the LINKS Unified Transportation Clearinghouse. The Peninsula Center for Independent Living received a \$45,000 grant to conduct a consumer-directed transportation survey to capture information relating to users' needs, demographic information, and satisfaction, as well as barriers to a well-coordinated transportation system. In addition to surveys, public forums were held. A final report providing data and recommendations was given to the members of the Commission. The report is available on the VBPD website.

The second program discussed was the Community Transportation Coordination Demonstration project. Four County Transit, the transportation department of the Appalachian Area Association for the Aging, received \$100,000 for a two-year project to develop a model approach for community-based transportation planning, coordination, and deployment.

In achieving coordination in this rural area, Four County Transit called upon 29 community-based organizations for input. Utilizing the VBPD funding, Four County Transit developed software to support its coordination efforts. This technology has resulted in increasing passenger trips from 2001 to 2004 by 57% while decreasing miles traveled by 71%. A complete report will be posted to the VBPD website.

The third program discussed was the Transportation and Housing Alliance. In July 2005 VBPD awarded the Thomas Jefferson Planning District Commission an 18-month, \$100,000 grant to develop a Transportation and Housing Alliance (THA) to "serve as a conduit of information, resources, technical assistance and education." In addition, the THA will make policy recommendations in the areas of transportation and housing to address these issues statewide. The THA will develop an "assessment tool kit" for planning districts across the state to use in making future planning decisions.

4. Housing Work Group

Denise Goode, Chairman of the Disability Commission's Housing Work Group, reported to the Commission that the work group is endeavoring to assist localities with implementation of 2005 legislation (HB2407 – Phillips; SB1238 – Puller) that requires localities to provide for the needs of elderly and disabled people in their comprehensive plans. The work group has created a steering committee to work with the THA in developing guidelines for use by the localities. The work group plans to make its efforts known to planners at their annual meeting.

5. Personal Assistance Services

Jim Rothrock, Commissioner of the Department of Rehabilitative Services (DRS), reported on compensation to personal assistants (PAs) paid through DRS. This is a consumer-driven program, as the PAs are individuals hired by individuals. The PAs are paid an hourly wage for assisting with daily living activities such as bathing, dressing, and eating.

A concern has been the turnover created by low wages, lack of health benefits, insufficient training, and limited opportunities for advancement. At the September Disability Commission meeting, Senator Miller asked whether it might be possible to provide health benefits to PAs. Mr. Rothrock reported that there are several barriers to providing these benefits within the framework of this program. The employer is the consumer, not the agency; PAs work inconsistent hours from week to week; the individual consumer may employ several PAs; the cost of administration is burdensome; and there is not a large enough group of PAs to create a sufficient pool for economical insurance rates.

Mr. Rothrock noted that Virginia's rate of pay is relatively low. To increase the pool of qualified assistants, Mr. Rothrock submitted three options: (1) increase base hourly pay, (2) provide monthly stipends for PAs working at least 30 hours per week on a regular basis, and (3) offer incentive payments to PAs for skill development or longevity.

6. JLARC Study on Medicaid Reimbursement Rates for Home and Community-Based Care Services

Kimberly Sarte, Project Leader for the study, directed under the 2005 Appropriation Act, reported on the study's findings and recommendations. Pursuant to this mandate, JLARC studied both the adequacy of Medicaid reimbursement rates for home and community-based care services (HCBs) and the impact of reimbursement rates on access to care for Medicaid recipients.

Among the findings related by Ms. Sarte are the following:

- Virginia ranks 48th in terms of total Medicaid long-term care expenditures per capita
- An above-average proportion of the long-term spending goes to institutional services versus HCB services
- While overall Medicaid spending has increased, reimbursement rates have increased little over the last decade
- Rates do not appear to enable providers of certain services to pay their employees a competitive or living wage
- A rate adjustment for Northern Virginia appears appropriate
- Concerns over reduced access to services in certain areas of the state were unwarranted

Members of the Commission asked follow-up questions, including discussion about the effect of moving recipients out of institutional settings, which are more costly, into community-based settings, thus allowing increase in rates without additional overall expenditures.

7. Report Regarding Virginia's Olmstead Initiative

Joan Manley, chair of the Oversight Advisory Committee, and Julie Stanley, Director of Community Integration for People with Disabilities, jointly presented a report summarizing the progress made and priorities for future action adopted by the Oversight Advisory Committee, which was created by executive order that expires January 14, 2006. (EO 61 (2004); EO 84 (2005)).

Among the achievements are the full implementation of 34 task force recommendations, including newborn screening, housing registry, and education of builders and architects on

accessibility and universal design principles. In addition, there has been substantial progress on many other recommendations, including new waiver slots and additional waivers in existing programs.

Ms. Manley informed the Commission of the Oversight Advisory Committee's top six priorities:

1. Increase Medicaid reimbursement rates
2. Increase personal maintenance allowance (relating to Medicaid benefits)
3. Increase the number of Medicaid waiver slots to enable faster transition out of residential programs
4. Address state mental health facility discharge waiting lists
5. Create incentives to attract and retain qualified candidates to disability care occupations
6. Increase eligibility for Medicaid services

In addition, eight other priorities were discussed, as were housing needs.

Governor-elect Kaine excused himself from the remainder of the meeting.

Finally, Ms. Stanley advised the Commission of the Oversight Advisory Committee's recommended "next step," legislative creation of a permanent advisory board, team, and director. This legislation would create an executive branch team with membership from multiple agencies and secretaries, with the duty to develop a cross-governmental strategy for community integration of people with disabilities. In addition, the proposed legislation would create an advisory board of citizens to monitor implementation and advise the implementation team.

After extensive discussion, the Commission members determined that they would write a letter to Governor-elect Kaine, encouraging him to issue an executive order continuing the Olmstead initiative in the current manner.

8. Public Hearing

Jason Young, representing the Virginia Alliance of Brain Injury Service Providers, advised the Commission that they had found patrons in both houses to support budget requests for funding of the brain injury waiver and for funding to maintain and expand program infrastructure for services to people with brain injury. The brain injury waiver funding requested is \$75,000 for FY 06-07 and \$7.5 million for FY 07-08. This would fund 200 slots. The infrastructure amount requested is \$3.6 million for FY 06-07 and \$3.6 million for FY 07-08.

9. Next meeting

The Commission determined that a December meeting will not be necessary. It will take up budget recommendations when it meets in January; date to be determined.

D. January 9, 2006

1. Call to Order/Opening Remarks

Delegate McQuigg, acting chair, called the meeting to order and reviewed the proposed agenda.

The Commission received a copy of the letter Delegate McQuigg wrote to then-Governor-elect Kaine, encouraging him to continue the work of the Olmstead Initiative through executive order.

2. Report on Governor's Proposed Budget

Susan Massart, Legislative Fiscal Analyst for the House Appropriations Committee, presented an overview of the Governor's proposed budget for Health & Human Resources (HHR). Of the total \$7,619 million, approximately 65% was allotted to the Department of Medical Assistance Services (DMAS), which administers Virginia's Medicaid program. Approximately 1% of the budget was for "disability agencies," such as the Department of Rehabilitative Services (DRS), the Department for the Blind and Vision Impaired (DBVI) and the Department for the Deaf and Hard of Hearing (VDDHH).

The HHR budget reflected a net increase of \$886.0 million General Fund (GF) and \$399.8 million Nongeneral Fund (NGF). Of this amount, however, 78% was attributable to federal and state mandates, caseload and cost increases in existing programs, and critical needs. Spending initiatives included major mental health and mental retardation restructuring and rate increases for selected service providers under Medicaid.

Ms. Massart also listed requested funding by agencies versus funding included in the proposed budget. Of the total \$84.9 million GF requested, the proposed budget includes approximately \$15.7 million GF. The budget includes \$25,000 to fund the Disability Commission.¹⁰

3. State Rehabilitation Council – Summary of Budget Priorities

Hiawatha Nicely, Vice-Chair of the Virginia State Rehabilitation Council, the advisory council to DRS, thanked the Commission for its past support of disability programs and presented the Commission with information on budget initiatives the Council requested that the Commission consider.

These items were:

- **Funding to end Order of Selection**

In 2004, DRS began using Order of Selection, mandated by the federal Rehabilitation Act when funds are not sufficient to serve all eligible individuals. The Council estimated that, by adding \$600,000 per year for FY 2007 and 2008, DRS would be able to serve the estimated 630 people who will be on the waiting list

¹⁰ Pursuant to the second enactment clause in Chapters 992 and 1015 of the Acts of Assembly of 2004, the chapter creating the Commission "shall expire on July 1 of the fiscal year in which the Commission fails to receive such funding."

as of June 30, 2006. This budget increase would lead to increased numbers of Virginians with disabilities who could become gainfully employed.

- **Funding to expand the Postsecondary Education Rehabilitation Transition (PERT) Program**

The Council sought \$490,000 per year to address increased demand for PERT services offered at the Woodrow Wilson Rehabilitation Center (WWRC). The PERT program is a 9-10 day residential assessment program directed at high school students age 16-20. It is designed to provide a continuum of services to these young people as they transition from high school to adulthood.

- **Funding to expand and improve the Life Skills Transition Program**

The Life Skills Transition Program at WWRC is an eight-week program for young adults, age 18-22, with severe or complex disabilities, whether they are still in high school or have dropped out of high school. The program encompasses pre-employment, social, interpersonal, and independent living skills, with a goal of allowing these young people to reach their employment and independent living goals. Without increased funding, approximately 120 youths would be served; with an additional \$490,000 per year, the total number served could be increased to 270.

4. Department of Medical Assistance Services – Report on Medicaid Buy-In Waiver

Jack Quigley of the Department of Medical Assistance Services (DMAS), joined by Raymond Bridge on behalf of the advisory committee, reported on developments related to the Medicaid Buy-In waiver program that DMAS has been developing, an effort the Commission has supported. After working since 2002 on various proposals, the advisory committee working with DMAS is concerned that a waiver will not be approved, and they suggest implementing a buy-in arrangement as a part of the state Medicaid plan.

Support of a budget amendment to include a buy-in is encouraged because employed people with disabilities who currently receive and need Medicaid benefits are discouraged from working to their abilities as a result of the possibility of losing their benefits while not earning enough to pay for needed care on their own.

5. Public Comment

- **Rehabilitative Services Incentive Fund**

Chet Avery, member of the Alexandria Commission on Persons with Disabilities, requested the Commission to consider a budget amendment that would restore the Rehabilitative Services Incentive Fund (RSIF) to \$912,500 per year -- the level of funding in existence in 2002. Because of budget cuts in FY2003 and FY2004, the amount expended has dropped to only \$180,000 appropriated in the Governor's proposed budget.

Mr. Avery recounted the development of the RSIF, through which Disability Services Boards in the Commonwealth identify unmet or unserved local needs and, more importantly, are able to create model programs, coordinated services systems

and other innovations. The RSIF consists of reimbursement grants to localities. In 2002 there were 69 grants awarded. In FY2004 there were 13 grants and in FY2006 only 12 grants.

Mr. Avery discussed innovations within Alexandria that were made possible through RSIF funding, and cited other DSBs that would support increased funding.

- **Brain Injury Services**

Jason Young of the Virginia Alliance of Brain Injury Services Providers requested Commission support for two budget amendments for which the Alliance had previously found patrons:

First, funding for a Brain Injury Waiver. The proposed waiver would provide 200 slots statewide, and would support individuals already in nursing homes or other institutions and would also provide funding for community-based services. The amount requested is \$75,000 for the first year to complete the waiver application and \$7.5 million GF in FY2008 for service delivery.

Second, funding to maintain and expand state services. This would build upon the system already in place by ensuring that core services are available to the approximately 147,000 brain injury survivors statewide. The budget request is \$3.6 million GF per year.

6. Commission Discussion of Budget Amendments

After much discussion of the needs expressed, the Commission determined to endorse a budget amendment to fund the Medicaid Buy-In in the amount stated above, and to support the budget amendments related to brain injury waiver and services.

The Commission also endorsed a budget amendment to provide funding to end order of selection for DRS services, in the amount recommended by the State Rehabilitation Council.

7. Proposals for 2006 Work Plan

The Commission members discussed possible avenues of inquiry for 2006, with a focus on meeting the Commission's mission as stated in Code § 30-232: "to 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."

The Commission determined that its work for the 2006 interim will include the following topics: the Rehabilitative Services Incentive Fund (uses, successes, and any needed improvements or increased funding); Centers for Independent Living (with a long-term goal of establishing centers throughout the state); employment of people with disabilities within the Commonwealth (including review of the Commonwealth's own employment practices); and remaining informed of efforts taken by various agencies, with a focus on ensuring coordinated efforts across the spectrum of disability services.

IV. COMMISSION RECOMMENDATIONS/ACTIONS

- *Community Integration:* The Commission fully supports the efforts undertaken by Governor Warner's administration to ensure Virginia's compliance with the U.S. Supreme Court decision in *Olmstead* by implementing policies and practices that support community integration of people with disabilities. To that end, Delegate McQuigg, acting chair, wrote to Governor-elect Kaine on behalf of the Commission, encouraging him to continue the Olmstead initiative by executive order. (Appendix C).
- *Housing:* In light of the passage of 2005 legislation (HB2407 – Phillips; SB1238 – Puller) that requires localities to provide for the needs of elderly and disabled people in their comprehensive plans, the housing work group is focusing on assisting localities with implementation of the legislation. The work group will join with the Transportation and Housing Alliance, funded by a grant from the Virginia Board for People with Disabilities, to create guidelines and assessment tools for use by localities.
- *Medicaid:* Recognizing that Medicaid services are essential to many Virginians with disabilities, and that people with disabilities can become more fully employed if they are allowed to participate in a buy-in program, the Commission endorsed the implementation of a Medicaid Buy-In option as part of the state plan. The Commission did not recommend that DMAS continue to seek a waiver in light of the improbability that such a waiver would be granted. The budget amendment called for \$600,000 per year, for a total of \$1.2 million.
- *Rehabilitative Services:* In order to end order of selection waiting lists for DRS services, the Commission endorsed a budget amendment of \$600,000 per year, or a total of \$1.2 million. This amount was estimated to serve approximately 630 persons who would be on waiting lists as of June 30, 2006.
- *Brain injury services:* Brain injuries affect approximately 147,000 Virginians. The Commission has previously supported development of a Medicaid waiver to cover brain injury services, and determined to support a proposed budget amendment totaling \$7.575 million for FY 2006-2008 for the implementation of such a waiver.

The Commission also supported a proposed budget amendment that would add \$3.6 million per year (\$7.2 million total) to community services for people with brain injury.

V. MATERIALS

To access presentations and other materials from the July 2005-January 2006 meetings of the Virginia Disability Commission, please visit the website at:
<http://dls.state.va.us/disability.htm>

VI. APPENDICES

Appendix A

July 8, 2005 – Senate Room A, General Assembly Building

- I. Call to Order/Chairman's Opening Remarks**
Lt. Governor Tim Kaine
- II. Review of the 2005 Legislative Session and 2004 Commission Report**
Jeff Gore, Staff Attorney
- III. Health and Human Resources Budget: Results from 2005 General Assembly Session; state and federal trends impacting the disability community**
Joe Flores, Senate Finance Committee legislative fiscal analyst
- IV. Inter-Agency Transportation Council Report**
 - United We Ride Grant
Neil Sherman, Department of Rail and Public Transportation
- V. Virginians with Disabilities Act 20th Anniversary**
Jim Rothrock, Commissioner, Department of Rehabilitative Services
- VI. 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
- VII. Public Hearing**
- VIII. Member discussion/future meetings**
- IX. Adjourn**

September 21, 2005 – Senate Room A, General Assembly Building

I. Call to Order/Vice-Chairman's Opening Remarks

Delegate Michele McQuigg

II. Medicaid Buy-In Update

Jack V. Quigley, Department of Medical Assistance Services

III. Video: "New Voices"

Dr. Fred Orelove, Executive Director, and Dana Yarbrough, Community Support Specialist, Partnership for People with Disabilities

IV. Department of Rehabilitative Services Programs

- Order of Selection issues
- Personal Assistance Services (PAS) program
- Better serving people with disabilities through "one-stops"
- Emerging Issue: training for youth with disabilities

James Rothrock, Commissioner, Department of Rehabilitative Services

V. Accessible Housing CD – Universal Design

Billy Howell, Commission Member

Bill Fuller, Ph.D., Virginia Housing Development Authority

Denise Goode, Department of Rehabilitative Services

VI. Discussion of Commission's Legislative Initiatives for 2006

VII. Public Hearing

VIII. Adjourn

November 16, 2005 – Senate Room B, General Assembly Building

I. Call to Order/Chairman's Opening Remarks

Lt. Governor Tim Kaine

II. Our Lives, Our Voices Conference

Post-conference review

*Dr. Fred Orelove, Executive Director, and Dana Yarbrough,
Community Support Specialist, Partnership for People with Disabilities*

III. Transportation Projects through Virginia Board for People with Disabilities

LINKS Transportation Clearinghouse Project,
Coordinated Transportation System Demonstration Project and
Transportation and Housing Alliance

*Teri Barker-Morgan, Programs Manager, Virginia Board for
People with Disabilities*

IV. Housing Work Group

Assisting local governments with implementation of 2005 legislation regarding
changes to comprehensive plans.

Denise Goode, DRS, Chairman, Housing Work Group

V. Personal Assistance Services – Department of Rehabilitative Services

Compensation of Personal Assistance Services Providers

James A. Rothrock, Commissioner, DRS

VI. JLARC Study

Summary of JLARC Study on Medicaid Reimbursement Rates for Home and
Community-Based Care Services

Kimberly A. Sarte, Project Leader, JLARC

VII. Olmstead Report

Summary of Olmstead Community Integration and Oversight Advisory Committee
report/ Legislative initiatives

*Joan Manley, Chairman, Oversight Committee, and
Julie Stanley, Director, Community Integration for People with Disabilities*

VIII. Public Hearing

IX. Adjourn

January 9, 2006 – Senate Room A, General Assembly Building

I. Call to Order/Vice-Chairman's Opening Remarks

Delegate Michele B. McQuigg

II. Report on Governor's Proposed Budget

Susan E. Massart, House Appropriations Committee staff

III. State Rehabilitation Council – Summary of Budget Priorities

Hiawatha Nicely, Vice-Chair, State Rehabilitation Council

IV. Department of Medical Assistance Services – Report on Medicaid Buy-in Waiver

Jack Quigley, DMAS

V. Commission Discussion of Budget Amendments

The following individuals will be available for questions:

James Rothrock, Commissioner, DRS

Terry Smith, Steve Ankiel, Scott Crawford, and Michael Jay, DMAS

Julie Stanley, Director, Community Integration for People with Disabilities

VI. Proposals for 2006 Work Plan

VII. Public Comment

VIII. Adjourn

Appendix B

Housing Work Group Members - 2005

Denise Goode, Chair
Special Assistant to the Commissioner, Department of
Rehabilitative Services

Jim Chandler
Virginia Housing Development Authority

John P. Cancellari
Fair Housing Administrator, Department of Professional
and Occupational Regulation

Tyrone Curtis
State Representative
VA Association of Housing and Community Development
Officials

Christina Delzingaro,
Director, The Arc of Piedmont

Bill Ernst,
Policy Office Manager, Department of Housing and
Community Development

Sharon Fairburn
Director, Housing Choice Voucher Program, Virginia
Housing Development Authority

Willie Fobbs
Department of Housing and Community Development

Bill Fuller, Ph.D.
Virginia Housing Development Authority

Pam Gannon
Fairfax Community Services Board, State Community
Services Board Representative

Basil I. Gooden, Ph.D., Principal Deputy Director
Department of Housing and Community Development,

Liz Hayes
Fair Housing - DPOR

Pamela Kestner-Chappelear
Executive Director, Council of Community Services

Teri Barker-Morgan
Sponsored Programs Manager, Virginia Board for People
with Disabilities

Rose Marshall
Marshall & Associates Realty, LLC

Barry Merchant
Policy Analyst, Virginia Housing Development Authority

Toni D. Schmiegelow
Operations Specialist
US Department of Housing and Urban Development

Michael Shank, State Director for Community Services,
Department of Mental Health, Mental Retardation,
Substance Abuse Services

Al Smuzynski

President, Wesley Housing Development Corporation

Skip Stanley
Chesterfield Community Services Board, State
Community Services Board Representative

Teja Stokes
Long Term Care Policy Analyst, Department of Medical
Assistance Services

Appendix C



MICHELE B. MCQUIGG
POST OFFICE BOX 8
OCCOQUAN, VIRGINIA 22125
FIFTY-FIRST DISTRICT

COMMONWEALTH OF VIRGINIA
HOUSE OF DELEGATES
RICHMOND

COMMITTEE ASSIGNMENTS:
GENERAL LAWS (VICE CHAIRMAN)
COURTS OF JUSTICE
COUNTIES, CITIES AND TOWNS
SCIENCE AND TECHNOLOGY

The Honorable Timothy D. Kaine
Governor-Elect of Virginia
PO Box 2485
Richmond, VA 23218

Re: Olmstead Initiative

Dear Governor-Elect Kaine:

I am writing on behalf of the Virginia Disability Commission to encourage you to continue the Olmstead initiative through executive order, as the initiative will expire January 14, 2006, without further action.

Following the report of the Olmstead Task Force in 2003, Governor Warner issued Executive Order 61 (2004), creating the Community Integration Oversight Advisory Committee and Implementation Team, as well as the office of the Director of Community Integration for People with Disabilities. Executive Order 61 was continued through Executive Order 84 (2005). Since their creation, the Advisory Committee and the Implementation Team, working with the Director of Community Integration, have made great strides in ensuring community integration for people with disabilities. The Disability Commission applauds their successes and encourages continued efforts in this direction.

Please feel free to contact my office or Pat Davis at the Division of Legislative Services if you have any questions about this recommendation.

Sincerely,

Michele B. McQuigg,
Vice-Chairman, Virginia Disability Commission

cc: Julie A. Stanley, Director, Community Integration for People with Disabilities