

# Virginia's Olmstead Strategic Plan



***A comprehensive, cross-governmental plan to assure continued community integration of Virginians with disabilities.***

**2014**

Approved by the Community Integration Implementation Team on August 28, 2014.  
Submitted to Governor Terence McAuliffe on August 29, 2014.

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## **Importance of Olmstead in Virginia**

***Virginians with disabilities have a right to enjoy the same benefits of society and freedoms of everyday life that Virginians without disabilities enjoy. The Commonwealth has an obligation under the U.S. Supreme Court's Olmstead v. L.C. decision, the Americans with Disabilities Act, and the Virginians with Disabilities Act to provide appropriate opportunities for people with disabilities to become fully integrated into the community if they choose to do so.***

*Executive Directive 6 (2007)*

## Background

Formalized efforts organized by the Commonwealth have sought to coordinate efforts to support individuals with disabilities in the community in compliance with the Supreme Court's decision in *Olmstead v. L.C.* Since 2002 various stakeholders including, individuals with disabilities, providers, state agencies, and local partners worked to create the "One Community" report in 2004 and the "Comprehensive, Cross-Governmental Strategic Plan to Assure Continued Community Integration of Virginians with Disabilities" in 2007 and which has been annually updated.

Although in existence in various forms since 2002, Virginia's *Olmstead* stakeholder advisory group was codified in 2006 by the General Assembly with the creation of the 21 member Community Integration Advisory Commission (CIAC). (§2.2-2524-§2.2-2529) (Appendix A) The Community Integration Implementation Team (CIIT), consisting of state agencies and local partners also had its genesis soon after the creation of the stakeholder group. The Team now operates under the authority of Executive Directive 6 issued by Governor Tim Kaine in 2007 with the charge to complete and annually update a strategic plan for community integration of Virginians with disabilities with the input of the Commission. (Appendix B)

Over time, changes in services, needs, demographics, and other important factors have influenced the provision of community supports for individuals with disabilities in Virginia. In recognition of the changes, both positive and negative, and the future vision of a Commonwealth that supports all individuals with disabilities who wish to live in their communities, a new *Olmstead* strategic plan that reflects the most pressing community integration issues facing the Commonwealth is included in the following pages.

The issues are divided into three main categories; community living supports, housing, and employment and community engagement. After careful review and consideration, the most pressing issues are listed with recommendations to address the identified issues. (For some individuals other barriers to community living pose a far more significant challenge. Appendix D contains a list of additional identified barriers that the Commonwealth will also work to address.)

Like a three legged stool, if one of the components of the plan is missing, be it community living supports, housing, or employment and community engagement, then successful community integration is compromised. In addition, recognizing the dignity that comes with choice and its associated risk is imperative to moving Virginia towards a Commonwealth that provides opportunities for its citizens regardless of disability. By creating this document in consultation with the Advisory Commission, the Team hopes to provide a more accessible, usable blue-print for ensuring all Virginians with disabilities have the opportunity to be active participants in their communities.

Recognizing the recent settlement agreement between the Commonwealth and the United States Department of Justice concerning Virginia's system of services for individuals with intellectual and developmental disabilities, Virginia's Olmstead Strategic Plan supports many of the conditions laid out in the settlement. However, it is imperative that the Commonwealth harness the energy and learning opportunities provided by the agreement to expand and improve community living options to all individuals with disabilities.

## Community Living Supports

Community living supports assist individuals with disabilities to remain in or move to communities of their choice. From policy and administrative issues to allocation of resources there are a number of changes Virginia could make to address the issues listed below and further support community living. In addition, current policies and requirements that support community living and choice should be reviewed to ensure that procedures already in place are functioning correctly. (Appendix E provides specific action items to implement the recommendations below.)

1. Systemic institutional bias.
  - a. Decouple the provision of services and housing.
  - b. Support waiver services to remove current financial incentives favoring congregate settings.
  - c. Provide immediate and timely support to individuals and families throughout changes in the lifespan.
  - d. Prevent initial institutionalizations and revolving readmissions.
  - e. Ensure community services are offered and provided at numerous system points of entry from physicians' offices to hospitals.
2. Access to waiver slots and services.
  - a. Focus on the needs of the individual and not the diagnosis.
  - b. Reduce and eliminate waiver waiting lists.
  - c. Determine service caps based upon the needs of the individual.
  - d. Explore other home and community based service options outside of the 1915(c) waivers.
  - e. Ensure that access, referral, and entry points to the system are working effectively.
3. Provider choice, capacity, and training.
  - a. Reduce and eliminate conflict of interest amongst providers.
  - b. Ensure financial incentives and service program design do not limit or prohibit individual choice.
  - c. Ensure provider rates accurately reflect the cost of services provided.
  - d. Improve oversight of community living settings.

- e. Create, promote and conduct training on community-based options, accommodating specific needs, and physical and operational accessibility for providers as well as state and local agencies.
4. Lack of services for individuals not eligible for Medicaid.
- a. Educate individuals, families, providers, and communities about available options.
  - b. Secure additional funding to support unserved and underserved populations that do not meet the stringent financial, medical and functional criteria or target population of Virginia's Medicaid home and community-based services waivers and services that support community integration. Support of these services could help prevent or delay some individual's enrollment in Medicaid.
  - c. Focus on the needs of the individual and not programmatic barriers and funding silos.
5. Choice, coordination and continuity of care.
- a. Improve coordination and continuity of care to ensure the needs of the individual met from the uniform assessment instrument (UAI)/ level of functioning (LOF) and discharge planning processes to the integration of acute and long-term care models.
  - b. Ensure integrated models include person-centered planning, consumer choice, and consumer direction.
  - c. Educate providers, individuals, families and state and local agencies on UAI, LOF, community-based options, and consumer-direction.
  - d. Begin community discharge planning before institutionalization for a non-emergent situation or upon admission for a crisis situation.

## Housing

For many individuals, access to and choice of housing is the missing link for a successful transition from an institution or for those already living in the community, life in a more independent and integrated setting. For years, room and board were covered with services in institutions. As the Commonwealth moves away from a predominately institutional model to one that embraces community inclusion, the availability of affordable, safe, and accessible housing is crucial. Even with the most robust package of support services, shelter is a basic human need that must still be met for an individual to live and thrive in their community. Listed below are significant housing barriers with recommendations to address the identified issues. (Appendix F provides specific action items to implement the recommendations below.)

1. Need to decouple funding for housing and support services to support choice and options.
  - a. Reallocate room and board subsidies used to support congregate care to fund community based housing programs such as rental assistance and gap funding.
  - b. Coordinate housing and community integration efforts around housing, Medicaid, and disability service agencies to achieve desired outcomes.
  - c. Prioritize housing waitlists. (Public housing)
  - d. Educate state and local governments, individuals, families, and communities about available options.
2. Lack of coordinated housing and services planning, including transportation access.
  - a. Educate localities on the need for coordinated planning and potential opportunities for funding, collaboration, best practices, and transportation alignment.
  - b. Allocate housing resources efficiently and effectively to support individual choice.
3. Shortage of housing options fed by a growing demand and a lack of affordability and accessibility.
  - a. Encourage the use of nontraditional housing and other options such as microboards.

- b. Reinvestment of the profits from state institution land sales into community housing options and other community supports.
- 4. Inadequate compliance with fair housing practices.
  - a. Provide training to property managers and individuals while developing strategies for reaching the broader public.
  - b. Creation and support of partnerships between state agencies such as the Department of Professional and Occupational Regulation and local entities such as Centers for Independent Living, Community Services Boards, and Area Agencies on Aging.
- 5. Continued local community resistance.
  - a. Educate localities, homeowners associations, and others regarding federal and state law as well as address common misperceptions.

## **Employment and Community Engagement**

Merely residing outside of an institution does not equate to community integration. Individuals must be afforded opportunities and choices to be active participants in their communities. From employment to social engagement, it is critical that community housing options do not become institutions of a smaller size and different locale. The issues below identify several critical factors to reduce social isolation and improve employment and community engagement opportunities. (Appendix G provides specific action items to implement the recommendations below.)

1. Inadequate state agency coordination which creates a multitude of challenges ranging from the potential expansion of non-community integrated employment and non-employment waiver services, to inequitable and inaccessible services, as well as issues coordinating transition services.
  - a. The Commonwealth accepts and promotes Employment First as a statewide policy.
  - b. Support a seamless employment process that could be used for referral or eligibility.
  - c. Eliminate duplication amongst agencies.
  - d. Improve collaboration at the leadership level.
  - e. Create an education and employment system that is known nationwide for its best-practices.
2. Negative effect of waiting lists for vocational rehabilitation services.
  - a. Provide adequate funding to reduce/remove waiting list.
  - b. Ensure individuals and other stakeholders, including teachers and vocational rehabilitation staff, are educated about order of selection, what it means and other available services.
3. Financial disincentives to employment.
  - a. Promote and support Employment First.
  - b. From children to older adults, educate individuals and families about timelines for applying for services and waitlists.
  - c. Distribute information about work incentives.
  - d. Ameliorate or remove systemic issues which make non-employment options more convenient and financially viable for providers, families, and individuals.

4. Inadequate focus on career development in comparison with immediate job placement.
  - a. Encourage the attainment of transferable, “stackable” skills and ensure measures of accountability are in place.
  - b. Educate individuals on the difference between career development versus job placement and available resources, supporting individuals and families throughout the process and changes in situation.
  - c. Use person centered practices across the service spectrum to ensure options are available that address changes throughout an individual’s life.
  - d. Exploration of alternative work placements such as self-employment or teleworking.
5. Social isolation.
  - a. Assess waiver best practices for ensuring community engagement.
  - b. Ensure appropriate community safeguards.
  - c. Educate individuals, families, providers, and communities about other options and opportunities
  - d. Ensure person centered practices are employed to address the interests of the individual.
  - e. Prepare and plan for emergency situations.
  - f. Train and educate licensure, APS, human rights, eligibility, and ombudsman staff on person centered practices and ensure related regulations reflect a move to person centered practices.

## **Appendix A**

### **Community Integration Advisory Commission Code Authority**

#### **§ 2.2-2524. (Expires July 1, 2016) The Community Integration Advisory Commission; purpose.**

The Community Integration Advisory Commission (the Commission) is established as an advisory commission in the executive branch of state government. The purpose of the Commission shall be to monitor the progress of all executive branch state agencies toward community integration of Virginians with disabilities in accordance with all applicable state and federal laws in order that persons with disabilities may enjoy the benefits of society and the freedoms of daily living.

(2006, c. [894](#).)

#### **§ 2.2-2525. (Expires July 1, 2016) Membership; terms; quorum; meetings.**

The Commission shall have a total membership of 21 nonlegislative citizen members to be appointed as follows: four nonlegislative citizen members, of whom two shall be persons with disabilities, one shall be the relative of a citizen of the Commonwealth with a disability, and one shall be a provider of services to citizens of the Commonwealth with disabilities or an advocate for persons with disabilities or for services to such persons to be appointed by the Senate Committee on Rules; six nonlegislative citizen members, of whom three shall be persons with disabilities, one shall be the relative of a citizen of the Commonwealth with a disability, and two shall be providers of services to citizens of the Commonwealth with disabilities or an advocate for persons with disabilities or for services to such persons to be appointed by the Speaker of the House of Delegates; and 11 nonlegislative citizen members, of whom three shall be persons with disabilities, one shall be an individual receiving services in a state hospital operated by the Department of Behavioral Health and Developmental Services, one shall be an individual receiving services in a state training center, one shall be a resident of a nursing facility, two shall be the relatives of citizens of the Commonwealth with disabilities, and three shall be providers of services to citizens of the Commonwealth with disabilities or an advocate for persons with disabilities or for services to such persons to be appointed by the Governor. Nonlegislative citizen members of the Commission shall be citizens of the Commonwealth.

Nonlegislative citizen members shall serve a term of four years; however, no nonlegislative citizen member shall serve more than two consecutive four-year terms. Appointments to fill vacancies, other than by expiration of a term, shall be for the unexpired terms. Vacancies shall be filled in the same manner as the original appointments. All members may be reappointed. The remainder of any term to which a member is appointed to fill a vacancy shall not constitute a term in determining the member's eligibility for reappointment.

The Commission shall elect a chairman and vice-chairman from among its membership. A majority of the members shall constitute a quorum. The Commission shall meet not less than four times each year. The meetings of the Commission shall be held at the call of the chairman or whenever the majority of the members so request.

(2006, c. [894](#); 2012, cc. [476](#), [507](#).)

**§ 2.2-2526. (Expires July 1, 2016) Compensation; expenses.**

Members shall serve without compensation. However, all members shall be reimbursed for all reasonable and necessary expenses incurred in the performance of their duties as provided in §§ [2.2-2813](#) and [2.2-2825](#). Funding for the costs of expenses of the members shall be provided by such executive branch agencies as the Governor designates.

(2006, c. [894](#).)

**§ 2.2-2527. (Expires July 1, 2016) Powers and duties of the Commission.**

The Commission shall have the following powers and duties:

1. To monitor the implementation of state and federal laws pertaining to community integration of Virginians with disabilities; and
2. To make appropriate recommendations to the Governor concerning community integration of Virginians with disabilities.

(2006, c. [894](#).)

**§ 2.2-2528. (Expires July 1, 2016) Staffing.**

The Department for Aging and Rehabilitative Services, and such other executive branch agencies as the Governor may designate, shall provide staff support to the Commission. All agencies of the Commonwealth shall provide assistance to the Commission, upon request.

(2006, c. [894](#); 2010, c. [342](#); 2012, cc. [803](#), [835](#).)

**§ 2.2-2529. (Expires July 1, 2016) Sunset.**

This article shall expire on July 1, 2016.

(2006, c. [894](#); 2009, c. [548](#); 2010, c. [342](#); 2013, cc. [152](#), [245](#).)



## **Executive Directive 6 (2007)**

### **COMMUNITY INTEGRATION TEAM**

Virginians with disabilities have a right to enjoy the same benefits of society and freedoms of everyday life that Virginians without disabilities enjoy. The Commonwealth has an obligation under the U.S. Supreme Court's Olmstead v. L.C. decision, the Americans with Disabilities Act, and the Virginians with Disabilities Act to provide appropriate opportunities for people with disabilities to become fully integrated into the community if they choose to do so. This is more than a legal obligation—it is a moral imperative. State government must continue to have appropriate structures and plans in place to facilitate the integration of Virginians with disabilities into every community in the Commonwealth.

By virtue of the authority vested in me as Governor under Article V, Section 1 of the Constitution of Virginia and Sections 2.2-103 and 2.2-104 of the Code of Virginia, I hereby direct the following Cabinet Secretaries and their respective executive branch agencies and councils to continue their collaborative efforts to complete and annually update a comprehensive, cross-governmental strategic plan designed to assure continued community integration of Virginians with disabilities:

#### **Secretary of Commerce and Trade**

Department of Housing and Community Development  
Department of Professional and Occupational Regulation  
Virginia Housing Development Authority  
Virginia Employment Commission

## **Secretary of Education**

Department of Education  
State Council of Higher Education for Virginia  
Virginia Community Colleges System

## **Secretary of Health and Human Resources**

Department for the Blind and Vision Impaired  
Department of Health Professions  
Department of Medical Assistance Services  
Department of Mental Health, Mental Retardation and Substance Abuse Services  
Department of Professional and Occupational Regulation  
Department of Rehabilitative Services  
Department of Social Services  
Mental Health Planning Council  
Office of Comprehensive Services for At-Risk Youth and Families  
Statewide Independent Living Council  
Virginia Board for People with Disabilities  
Virginia Department for the Aging  
Virginia Department for the Deaf and Hard of Hearing  
Virginia Department of Health

## **Secretary of Public Safety**

Department of Veterans' Services

## **Secretary of Transportation**

Department of Rail and Public Transportation  
Virginia Department of Transportation

## **Special Advisor to the Governor for Workforce Development**

## **Strategic Plan for Individuals with Disabilities**

The goals of this strategic plan shall be to provide individuals with disabilities the opportunity to choose to move from institutions to appropriate, more integrated settings and to avoid unwanted institutionalization. The plan shall contain strategies that

comprehensively address community services and supports, housing, transportation, employment and workforce issues, and shall be accompanied by a report on statewide progress in addressing these issues. The plan shall be submitted to me for my approval no later than August 31, 2007, and shall be updated and submitted annually by August 31 of each succeeding year.

I hereby direct the Cabinet Secretaries, executive branch agencies and councils to work in close collaboration with the Community Integration Advisory Commission established pursuant to §§ 2.2-2524 – 2529 of the *Code of Virginia*, and to provide any information requested by the Commission to carry out its charge of monitoring community integration in the Commonwealth.

I further direct the Cabinet Secretaries, executive branch agencies and councils to work in close collaboration with local governments and local government agencies in the Commonwealth.

The Director of Community Integration for People with Disabilities shall coordinate and oversee this initiative and provide staff support to the Community Integration Advisory Commission.

This executive directive will remain in full force and effect unless amended or rescinded by further executive action. Given under my hand and under the Seal of the Commonwealth of Virginia, this 18th day of May, 2007.

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Timothy M. Kaine, Governor

## **Appendix C**

### **Additional Community Integration Implementation Team Members**

Other entities included in the Implementation Team but not listed in Executive Directive 6 include:

- 1) Area Agencies on Aging
- 2) Centers for Independent Living
- 3) Community Services Boards
- 4) Virginia Association of Counties
- 5) Virginia First Cities
- 6) Virginia Municipal League



## **Appendix D**

### **Identified Barriers to Community Integration**

#### **Community Living Supports**

1. Institutional bias, including institutional entitlements, of the disability services system
  - a. Children being served in NF and ICF-ID
  - b. Concern over the growth of institutions
2. Inadequate UAI process and discharge planning/case management
3. Access to waivers slots and services
  - a. existence and administration of waiting lists
  - b. service caps
4. Provider choice and capacity
  - a. conflict of interest
  - b. qualifications
  - c. reimbursement rates
  - d. oversight of community living settings
  - e. experience working with individuals with disabilities
  - f. shortages
  - g. physical and operational accessibility
5. Need for individualized budgeting and increased consumer direction
6. Low personal maintenance allowance (PMA)
7. Lack of funding stream for individuals not eligible for HCBS waivers
  - a. Inadequate funding for Centers for Independent Living (CILs), Area Agencies on Aging (AAAs), local Departments of Social Services, Brain Injury supports, etc.
8. Inadequate access to assistive technology (AT)
9. Inadequate communication access
10. Fragmentation of disability services system

- a. Lack of a developmental disabilities system
- 11. Guardianship and use of alternatives to guardianship
- 12. Education
  - a. Inadequate information provided to individuals with disabilities and their families
  - b. Erroneous perceptions regarding care and support of individuals who have complex medical needs
  - c. Persistent attitudinal and cultural barriers
- 13. Lack of health insurance and dental care
- 14. Need to improve coordination and continuity of care and ensure that integrated acute and ltc models meet the needs of individuals.
- 15. Transportation service segregation (each agency operates its own fleet of vehicles and transports only its clientele)
- 16. Inadequate rider safety, accommodations, and accessibility of related transportation infrastructure
- 17. Transportation service limitations and access, especially in rural areas
- 18. Continued challenges with the Medicaid transportation brokerage system
- 19. Lack of planning or implementation of local comprehensive plans that support community living.

### Housing

- 1) Need to decouple funding for housing and support services to support choice and options
- 2) Lack of coordinated housing planning
- 3) Lack of housing options
- 4) Inadequate compliance with fair housing practices
- 5) Growing demand combined with lack of affordability/accessibility
- 6) Need for transportation to be aligned with housing
- 7) Continued community resistance
- 8) Lack of awareness of universal design and visitability

### Employment and Community Engagement

- 1) Inadequate state agency coordination
- 2) Effect of order of selection for vocational rehabilitation services
- 3) Concern over potential expansion of non-community integrated employment and non-employment waiver services
- 4) Financial disincentives to employment
- 5) Inequitable and inaccessible services
- 6) Inadequate focus on career development vs. job placement
- 7) Challenges with transition services for students with disabilities
- 8) Social isolation

## Appendix E

### Community Living Supports Action Items

Issue	Recommendation	Long-Term Action Item	Short-Term Action Item	2013-2014 Activities
1. System institutional bias	a. Decouple the provision of services and housing.		<ul style="list-style-type: none"> <li>• Explore AG portability.</li> <li>• Explore other models of support.</li> </ul>	<ul style="list-style-type: none"> <li>• HB 894 was introduced in the 2014 GA Session. It would have created a 3<sup>rd</sup> setting for AG. Although the bill was left in Appropriations, a workgroup of stakeholders plans to meet on the creation of a third setting.</li> <li>• The DOJ Housing workgroup has been discussing funding models to support separate funding for housing and services.</li> </ul>
	b. Support waiver services to remove current financial incentives favoring congregate settings.	<ul style="list-style-type: none"> <li>• Reinstitute COPN process for all ICFs.</li> </ul>	<ul style="list-style-type: none"> <li>• Examine waiver rate structure and service definitions.</li> <li>• Explore the creation and use of exceptional rates beyond congregate settings.</li> </ul>	<ul style="list-style-type: none"> <li>• The ID waiver was renewed largely as is on 7/1/14 for five years. There were some changes to the definitions of Day Support, Prevocational and Supported Employment services to better align with CMS' current expectations.</li> <li>• The Day Support Waiver was renewed on 2/3/14 and approved for five years.               <ul style="list-style-type: none"> <li>○ The exceptional rate for congregate residential support services under the ID waiver for those transitioning from training centers or at risk in community who have high medical or behavioral needs</li> </ul> </li> </ul>

				<p>was approved by CMS on 4/23/14. The regulations are currently under review by the Secretary's Office.</p> <ul style="list-style-type: none"> <li>○ Rates set and tested in DMAS MMIS.</li> <li>● Waiver Study <ul style="list-style-type: none"> <li>○ Phase 1 of a two phase process has been completed by HSRI.</li> <li>○ Final recommendations regarding possible changes to the service delivery system transmitted to DBHDS in December 2013.</li> <li>○ Phase 2 is currently underway and has involved work by five subcommittees. These subcommittees have made recommendations on waiver redesign, which will be considered by the Waiver Design Advisory Committee, DBHDS, and DMAS.: <ul style="list-style-type: none"> <li>▪ Case management</li> <li>▪ Eligibility</li> <li>▪ Waiting list</li> <li>▪ Provider advisory (related to rate setting)</li> <li>▪ Service array (recommendations TBD)</li> </ul> </li> </ul> </li> </ul>
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				<ul style="list-style-type: none"> <li>○ There was an HSRI study debriefing the week of July 14<sup>th</sup> and there was a Burns rate study debriefing in early August. Reimbursement methodology is a part of this. DMAS will place a holder in the budget for any results from both studies.</li> <li>○ Pending General Assembly approval, waiver amendments will be submitted to CMS in early 2015 for an implementation date in early 2016.</li> <li>● VBPD completed the 2014 Assessment of the Disability Services System with findings and recommendations related to DD services, waivers, housing, health and other areas.</li> </ul>
	c. Provide immediate and timely support to individuals and families throughout changes in the lifespan.		<ul style="list-style-type: none"> <li>● Review different definitions of imminent risk and how they are operationalized.</li> <li>● Promote awareness of caregiver support services available through the VA for persons caring for veterans.</li> </ul>	<ul style="list-style-type: none"> <li>● Issues being addressed with screeners in the community regarding imminent risk – guidance provided by DMAS, DSS and VDH.</li> <li>● Preadmission screening guide updated and distributed.</li> <li>● The Individual and Family Support Program (IFSP) was initiated in March, 2013, by DBHDS, and has provided funds of up to \$3,000 to individuals on the ID or DD Waiver Wait List or their families. The IFSP</li> </ul>

				<p>has funded 825 individuals/families at an average request of \$2,200 per individual for FY 2013. IFSP funded 1300 families for FY 2014 at an average request amount of \$2300 per individual. FY 15 funding will start September 15, 2014 and has been broken up into 2 application acceptance periods. September 15, 2014 and March 15, 2015. \$3 million will be divided equally between these two funding periods.</p> <ul style="list-style-type: none"> <li>• A workgroup was formed to address IFSP issues and received recommendations for improvement from stakeholders.</li> <li>• Virginia Department of Veterans Services/ Virginia Wounded Warrior Program (DVS/VWWP) is working with Virginia Navigator to create online resources for veteran caregivers. VDVS/ VWWP will be conducting community forums in 2013-14 to disburse these resources.</li> <li>• 8 CILs now trained and certified to provide Options Counseling.</li> </ul>
	d. Prevent initial institutionalizations and revolving readmissions.	<ul style="list-style-type: none"> <li>• Reinstitute COPN process for all ICFs.</li> </ul>	<ul style="list-style-type: none"> <li>• Review feasibility for establishing a quarterly review/survey for individuals in an ICF to determine if individuals are</li> </ul>	<ul style="list-style-type: none"> <li>• DMAS will include in interagency agreement requirement for posting annual training for UAI preadmission screeners.</li> <li>• DSS UAI course is being reviewed for update.</li> <li>• Care transitions coaching is being</li> </ul>

			<p>interested in transitioning to the community.</p> <ul style="list-style-type: none"> <li>• Provide current web-based training for preadmission screeners on the screening process and home and community based options for children and adults.</li> <li>• Address preadmission screening backlog issues.</li> <li>• Provide guidance and explore incentives for hospital discharge planners on home and community based options.</li> <li>• Ensure that discharge processes include links to VWWP and to VA resources for veterans and their families.</li> </ul>	<p>provided through 13 of the 25 AAAs in an effort to reduce readmission rates. Six of these sites are participating in a CMS pilot demonstration grant to determine the impact on the rate of hospital readmissions.</p> <ul style="list-style-type: none"> <li>• DMAS has encouraged enrollment in the Chronic Disease Self-Management program, a program designed to assist individuals and families with modifying their lifestyle to improve outcomes related to chronic disease. MFP is reminding Transition Coordinators that this is a community resource available for individuals transitioned to the community.</li> <li>• <b>VBPD Grant awarded :</b> <u>Empowerment to Prevent Institutionalization. Grantee VACIL.</u> <b>Amt. Approved \$ 124,688.</b> Prevent the institutionalization of people with developmental and other disabilities who experience medical interventions, behavioral stresses or changes in family dynamics that can result in risk of placement of an institutional setting by CIL teams training providers statewide. Training materials will be developed specific to each region; training</li> </ul>
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				<p>teams will include a CIL rep, PWD or family &amp; Medicaid Waiver mentor. Will conduct outreach to healthcare professionals to conduct 3 workshops in each of 10 regions, training 450. Providers will provide follow-up documentation after training.</p>
	<p>e. Ensure community services are offered and provided at numerous system points of entry from physicians' offices to hospitals.</p>		<ul style="list-style-type: none"> <li>• Work with provider associations to educate their membership on community based alternatives, (Ex: MSV, VHHA, etc.) particularly focusing on the hospital discharge process.</li> <li>• Train law enforcement and judicial officers to ensure individuals access appropriate services.</li> </ul>	<ul style="list-style-type: none"> <li>• DMAS MFP is providing training and education to Transition Coordinators and Case Managers to use community resources and supports and assist individuals in utilizing 211 and Virginia Navigator as appropriate.</li> </ul>
		<ul style="list-style-type: none"> <li>• Identify veterans who are eligible for community based services from the VA or TRICARE and make appropriate referrals.</li> </ul>	<ul style="list-style-type: none"> <li>• Work with provider associations to educate their membership on community based alternatives for veterans and support for family caregivers.</li> </ul>	<ul style="list-style-type: none"> <li>• DVS will provide educational materials.</li> </ul>

Community Living Supports

Issue	Recommendation	Long-Term Action Item	Short-Term Action Item	2013-2014 Activities
2. Access to waiver slots and services.				
	<p>a. Focus on the needs of the individual.</p>	<ul style="list-style-type: none"> <li>• Transform the ID, DD, and DS waivers into a larger waiver that focuses on needs, not diagnosis.</li> </ul>	<ul style="list-style-type: none"> <li>• DBHDS and DMAS to educate stakeholders and seek their input on waiver changes to ensure optimal outcomes.</li> <li>• Explore the provision of additional Medicaid services such as dental.</li> </ul>	<ul style="list-style-type: none"> <li>• Waiver Study – Phase 1 of a two phase process has been completed with final recommendations from Human Services Research Institute (HSRI) regarding possible changes to the service delivery system transmitted to DBHDS in December 2013. Phase 2 is currently underway and has involved work by 5 subcommittees. These subcommittees have made recommendations for waiver redesign, which will be considered by the Waiver Design Advisory Committee, DBHDS, and DMAS: <ul style="list-style-type: none"> <li>▪ Case management</li> <li>▪ Eligibility</li> <li>▪ Waiting list</li> <li>▪ Provider advisory (related to rate setting)</li> <li>▪ Service array (recommendations TBD)</li> </ul> </li> <li>• Pending General Assembly approval waiver amendments will be submitted to CMS in early 2015 for an implementation date in early 2016.</li> <li>• Additional services such as dental</li> </ul>

				and vision are available with certain Commonwealth Coordinated Care Medicare and Medicaid Plans.
	b. Reduce and eliminate waiver waiting lists.	<ul style="list-style-type: none"> <li>Annually add additional waiver slots to eliminate the waiver waiting list and address future needs. (projected 1339 ID and 254 DD waiver slots needed annually over a 10 year period)</li> </ul>		<ul style="list-style-type: none"> <li>2014 Session <ul style="list-style-type: none"> <li>15 DD waiver slots added</li> <li>25 ID waiver slots added</li> </ul> </li> <li>CMS waiver amendments to be submitted in fall of 2014. Must include a “transition plan” to demonstrate Virginia’s plan to comply with the 2014 CMS HCBS Final Rule. Transition Plan draft to be released for public comment in August 2014 prior to including in waiver amendments.</li> <li>MFP program promotes the use of reserved MFP slots for individuals living with ID and DD. As of June 2014, 723 individuals had transitioned using MFP. (464 ID waiver, 14 DD waiver)</li> </ul>

	<p>c. Provide services based upon the needs of the individual.</p>		<ul style="list-style-type: none"> <li>• Enhance services provided under the waivers to support community living.</li> <li>• Determine the feasibility of additional waiver services including but not limited to chore, homemaker, and assistive technology.</li> <li>• Explore a basic supports waiver that would reduce the intensity of future service needs.</li> <li>• Pursue allowing prior authorization of Medicaid personal care before an individual transitions to the community. (The service would not be provided while an individual is in an institution.)</li> </ul>	<ul style="list-style-type: none"> <li>• Modified ID and DD waiver billing rates from 1 hour to 15 minutes and released Medicaid Memo.</li> <li>• As waivers renew, DMAS reviewing options to revise and modify waivers to focus on needs of the individual. DMAS MFP is training and providing technical assistance to Transition Coordinators and Case Managers on developing transition service plans which are person-centered.</li> <li>• Through funding provided by DMAS MFP to DBHDS, family resource consultants have developed a peer mentoring program to work with family members regarding specific issues individuals face.</li> </ul>
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	<p>d. Explore other home and community based service options outside of the 1915(c) waivers.</p>	<ul style="list-style-type: none"> <li>• Seek state and federal authority to implement appropriate and new HCBS options.</li> </ul>	<ul style="list-style-type: none"> <li>• Review new as well as previous HCBS service support options including but not limited to Community First Choice, personal assistance (agency and consumer directed) as a state plan option, and individualized budgeting.</li> </ul>	<ul style="list-style-type: none"> <li>• Discussing feasibility of individualized budgeting pilot in redesigned waivers.</li> <li>• Review of new and current support options included in part of the DBHDS waiver study.</li> <li>• Research on other home and community based options completed, prepared and submitted to Executive Management at DMAS.</li> <li>• Commonwealth Coordinated Care (CCC), Virginia’s financial alignment duals demonstration implemented 2014.</li> </ul>
	<p>e. Ensure that access, referral, and entry points to the system are working effectively.</p>	<ul style="list-style-type: none"> <li>• Build transition coordinator network.</li> </ul>	<ul style="list-style-type: none"> <li>• Formalize the referral process to ensure individuals referred under Section Q but who do not qualify for MFP are still referred to the appropriate transition coordinators.</li> <li>• Create a formal agreement amongst the CILs to temporarily serve areas of the state not currently covered by a CIL, with funding to support the expanded service areas.</li> </ul>	<ul style="list-style-type: none"> <li>• Preadmission Screenings: <ul style="list-style-type: none"> <li>○ DMAS working on update to preadmission screening manual</li> <li>○ Interagency agreement between DMAS/DARS and DMAS/VDH under review to clarify roles for preadmission screening</li> <li>○ Data mining on preadmission screenings completed and information shared with VDH and DARS</li> <li>○ Agency head meetings held on preadmission screening process</li> <li>○ 24% of individuals on the ID waiver urgent waiting list are enrolled in the EDCD waiver (of those on the</li> </ul> </li> </ul>

				<p>waiting list for the ID waiver 22% are enrolled in the EDCD waiver)</p> <ul style="list-style-type: none"> <li>○ 26% of individuals on the DD waiver waitlist are enrolled in the EDCD waiver</li> <li>○ Children’s screenings constant at 1700 per year for last 4 years (this is for NF level care of care)</li> <li>○ Hospital screenings down 22% in last 4 years and community screenings up 20%</li> <li>○ HB 702 mandates that DMAS contract screenings in excess of 30 days – multiple workgroup meetings with various stakeholders and state agencies</li> </ul> <ul style="list-style-type: none"> <li>● DMAS working on training for local coordinating agencies and transition coordinators regarding Section Q and MFP.</li> <li>● DMAS MFP program is developing an outreach plan to encourage enrollment of additional Transition Coordination agencies.</li> <li>● DMAS MFP is providing training to Transition Coordinators and Case Managers regarding MFP and transition planning.</li> <li>● Section Q process has been updated as a result of workgroup. Training</li> </ul>
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				<p>continues to be offered on the Section Q process.</p> <ul style="list-style-type: none"><li>• Input from CILS indicates a willingness to serve areas of the state that do not have transition coordinators but CILS do not wish to be the only provider as it limits consumer choice.</li></ul>
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*Community Living Supports*

Issue	Recommendation	Long-Term Action Item	Short-Term Action Item	2013-2014 Activities
3. Provider choice, capacity, and training.				
	a. Reduce and eliminate conflict of interest amongst providers.	<ul style="list-style-type: none"> <li>Ensure no further growth of COI situations in new Medicaid programs.</li> </ul>	<ul style="list-style-type: none"> <li>Broaden public and private case management choices in the ID and DD waivers.</li> </ul>	<ul style="list-style-type: none"> <li>Addressed in VBPD's 2014 Assessment of Disability Services System.</li> </ul>
	b. Ensure financial incentives and service program design encourage individual choice.	<ul style="list-style-type: none"> <li>Restructure HCBS waivers to promote and encourage the growth of HCBS options.</li> </ul>	<ul style="list-style-type: none"> <li>Review the current service provision process from intake, screening, and case management to the services provided.</li> </ul>	<ul style="list-style-type: none"> <li>The Waiver Design Advisory Committee (WDAC) and its subcommittees have been exploring various options for Virginia.</li> </ul>
	c. Ensure provider rates accurately reflect the cost of services provided.		<ul style="list-style-type: none"> <li>Ensure that individuals who have access to case management are accessing the service.</li> </ul>	<ul style="list-style-type: none"> <li>The Waiver Design Advisory Committee (WDAC) and its subcommittees have been exploring various options for Virginia.</li> </ul>
	d. Improve oversight of community living settings.	<ul style="list-style-type: none"> <li>Create incentives for providers who meet certain quality measures.</li> </ul>	<ul style="list-style-type: none"> <li>Hire and train additional licensing and human rights staff.</li> </ul>	<ul style="list-style-type: none"> <li>2 human rights staff hired with a 3<sup>rd</sup> scheduled for 2014.</li> <li>Over 2 years the number of licensing staff has doubled to total 32 specialists statewide.</li> <li>The number of Community Resource Consultants has also doubled to 10 statewide.</li> <li>VBPD has make recommendations regarding improving licensure in its 2014 Assessment. Board served on earlier (but not current) licensure workgroup. They recently forwarded</li> </ul>

				earlier recommendations to DBHDS staff coordinating the workgroup.
	e. Create, promote and conduct training on community-based options, accommodating specific needs, and physical and operational accessibility for providers as well as state and local agencies.		<ul style="list-style-type: none"> <li>• Develop a web based core training for providers and local agencies on community based options.</li> <li>• Include information on community based services available from the VA or TRICARE for veterans.</li> </ul>	<ul style="list-style-type: none"> <li>• DMAS MFP program offers monthly technical assistance calls for MFP providers. Calls provide a community resource highlight or review of Medicaid process issues, ie. Accessing transportation.</li> <li>• Provider training workgroup established.</li> </ul>
	f. Increase access to Medicaid providers.		<ul style="list-style-type: none"> <li>• Provide a link to the statewide CD registry on relevant state websites and Virginia Navigator.</li> </ul>	

*Community Living Supports*

Issue	Recommendation	Long-Term Action Item	Short-Term Action Item	2013-2014 Activities
4. Lack of services for individuals not eligible for Medicaid.				
	a. Educate individuals, families, providers, and communities about available options.		<ul style="list-style-type: none"> <li>• Check on status and upkeep of VA Easy Access.</li> <li>• Explore marketing strategies for VA Easy Access.</li> <li>• Develop educational materials on community based alternatives for veterans including services from the VA (home based primary care, adult day healthcare, respite care, aid and attendance, medical foster home, and Veteran-Directed Home and Community Based Services) and In-Home services from TRICARE.</li> </ul>	<ul style="list-style-type: none"> <li>• There is not routine upkeep of VA Easy Access. If changes are submitted, they are incorporated.</li> <li>• VDVS and VWWP are working with Virginia Navigator to develop an on-line resource for veteran caregivers. VDVS/VWWP will be conducting community forums to disburse these resources. Although still in development, it is anticipated the project will be completed by the end of 2014.</li> <li>• Increased use of social media by agencies such as VBPD and DARS to reach, individuals, families, advocates, and policymakers.</li> </ul>
	b. Secure additional funding to support unserved and underserved populations that do not		<ul style="list-style-type: none"> <li>• Restore adult services funding at the local DSS level.</li> <li>• Provide funding to support CSB's, AAAs,</li> </ul>	<ul style="list-style-type: none"> <li>• REACH (Regional Education Assessment Crisis Services Habilitation) previously known as START (Systemic Therapeutic Assessment Respite and</li> </ul>

	<p>meet the stringent financial, medical and functional criteria or target population of Virginia’s Medicaid home and community-based services waivers and services that support community integration. Support of these services could help prevent or delay some individual’s enrollment in Medicaid.</p>		<p>CILs, and brain injury programs that serve individual not eligible for Medicaid.</p> <ul style="list-style-type: none"> <li>• Establish funding to create service microboards.</li> </ul>	<p>Treatment) service is available on a limited basis to individuals with ID/DD and mental health or behavioral issues regardless of waiver eligibility.</p> <ul style="list-style-type: none"> <li>• Children’s crisis services for individuals with ID and DD are being explored and each region is proposing ways to best meet the needs of children in their region. These services will also be provided regardless of waiver eligibility.</li> </ul>
	<p>c. Focus on the needs of the individual and not programmatic barriers and funding silos.</p>		<ul style="list-style-type: none"> <li>• Continue work on SILAS and ADRCs.</li> </ul>	<ul style="list-style-type: none"> <li>• AAAs and CILs continuing to meet although not on a routine basis. VACIL and V4A have begun coordinating their association meetings to occur at the same time and location so that interaction between the two networks can occur.</li> <li>• Person-Centered Thinking Training for providers of Medicaid Waiver services continues through DBHDS contract with The VCU Partnership for People with Disabilities.</li> </ul>

*Community Living Supports*

Issue	Recommendation	Long-Term Action Item	Short-Term Action Item	2013-2014 Activities
5. Choice, coordination, and continuity of care.				
	<p>a. Improve coordination and continuity of care to ensure the needs of the individual are met, from the uniform assessment instrument (UAI)/ level of functioning (LOF) and discharge planning process to the integration of acute and long-term care models.</p>			<ul style="list-style-type: none"> <li>• Section Q coordinator has been reaching out and working with nursing facility social workers and discharge planners to increase knowledge and use of MFP.</li> <li>• Section Q coordinator developed short one-page checklist for hospital discharge planners. This list can be used to identify community options beyond NF placement.</li> <li>• Discharge process for the training centers includes a coordinated system involving the Community Integration Managers, Community Resource Consultants, case managers, families, social work staff at the training center, individuals and providers with linkages as appropriate to REACH and other community supports as needed. Referrals to the Regional Support Teams to insure appropriate referrals and options are provided is a standard practice for all who have challenges in finding necessary community supports.</li> </ul>

	<p>b. Ensure integrated models include person-centered planning, consumer choice, and consumer direction.</p>		<ul style="list-style-type: none"> <li>• Explore the use of consumer-directed services within the PACE and MCO models and determine the satisfaction of services and supports.</li> </ul>	<ul style="list-style-type: none"> <li>• DMAS, PACE providers, and the fiscal agent are discussing the use of consumer direction in PACE.</li> <li>• DMAS MFP program includes options and choices throughout the planning, transition and community living phases.</li> <li>• DMAS, PACE, DBHDS and NPA working on development of a PACE model for ID.</li> <li>• Commonwealth Coordinated Care (duals demonstration project) began in 2014.</li> </ul>
	<p>c. Educate providers, individuals, families, and state and local agencies on UAI, LOF, community-based options, and consumer-direction.</p>		<ul style="list-style-type: none"> <li>• Target hospitals to ensure UAIs are performed.</li> <li>• Review options for ensuring hospitals complete the UAI.</li> <li>• Distribute educational materials on community based alternatives for veterans including services from the VA (home based primary care, adult day healthcare, respite care, aid and attendance, medical foster home, and Veteran-Directed Home and Community Based Services) and In-</li> </ul>	<ul style="list-style-type: none"> <li>• DMAS LTC Helpline records and forwards all concerns with hospitals failure to perform UAI, submits to Supervisor and a personal contact is made.</li> <li>• Work group coordinated by DBHDS has begun that includes representatives from several nursing homes and ICFs serving children to help educate families with children in these facilities about the waiver and community options.</li> <li>• DBHDS Peer to Peer mentoring grant funded by VBPD is concluding its training of 15 self advocates and their partners in developing peer mentoring skills. Mentors will be matched in summer/fall of 2014 with 30 individuals to help provide</li> </ul>

			Home services from TRICARE.	<p>education on community possibilities and encouragement to pursue those options.</p> <ul style="list-style-type: none"> <li>• VDVS/VWWP are working with Virginia Navigator to develop an on-line resource for veteran caregivers. VDVS/VWWP will be conducting community forums in to disburse these resources. Although still in development, it is anticipated the project will be completed by the end of 2014.</li> <li>• 8 Centers for Independent Living are now trained and certified to provide Options Counseling.</li> <li>• A new CIL, Disability Rights and Resource Center, will open in September 2014 to serve planning district 12. CIL offices will be located in Martinsville and Rocky Mount.</li> </ul>
	d. Begin community discharge planning before institutionalization for a non-emergent situation or upon admission for a crisis situation.		<ul style="list-style-type: none"> <li>• Investigate the use of other community based screeners.</li> </ul>	<ul style="list-style-type: none"> <li>• DMAS is investigating the use of alternative community based screeners for the DD waiver.</li> <li>• DMAS has held meetings with vendors to review products which may meet screening needs .</li> <li>• HB 702 passed 2014 GA Session permitting DMAS to contract with 3<sup>rd</sup> party screeners in addition to or in lieu of current PAS teams when a screening is not completed by current PAS team within 30 days of</li> </ul>

				<p>an individual's request. DMAS is working on identifying a 3<sup>rd</sup> party screener.</p> <ul style="list-style-type: none"><li>• DMAS pre-admission screening manual being revised.</li><li>• HB 702 also require a PAS team to screen anyone applying for PACE regardless of payment source.</li></ul>
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**Appendix F**  
**Housing Action Items**

Issue	Recommendation	Long-Term Action Item	Short-Term Action Item	2013-2014 Activities
<p>1. Need to separate funding for housing and support services to support choice and options.</p>				
	<p>a. Reallocate room and board costs used to support congregate care to fund community based housing programs such as rental assistance and gap funding.</p>	<ul style="list-style-type: none"> <li>• Develop programs to support various community housing options.               <ul style="list-style-type: none"> <li>○ rental subsidy</li> <li>○ environmental modifications throughout the lifespan</li> <li>○ portability</li> <li>○ more accessible units</li> </ul> </li> <li>• Auxiliary Grant (AG) portability</li> </ul>	<ul style="list-style-type: none"> <li>• Explore the feasibility of AG portability, including needed changes and what other states have done.</li> </ul>	<ul style="list-style-type: none"> <li>• Rental assistance pilot under the DOJ housing plan is looking at what is spent on institutional housing now and what is spent on community room and board in the future.</li> <li>• DBHDS is currently working with DMAS to obtain pre and post transition Medicaid waiver cost data for individuals that are currently living independently. The goal is to determine if some individuals can be served in their own homes at or below the cost of a congregate setting.</li> </ul>
	<p>b. Coordinate housing and community integration efforts around housing, Medicaid, and disability service agencies to</p>	<ul style="list-style-type: none"> <li>• Creation of successful applications for additional housing funding.</li> <li>• Creation of an MOU</li> </ul>	<ul style="list-style-type: none"> <li>• Establish a core team of interagency and other stakeholders.</li> <li>• Prepare state and local groundwork for future</li> </ul>	<ul style="list-style-type: none"> <li>• Housing workgroup established under CIIT.</li> <li>• Inter-agency MOU developed and executed to implement DOJ Housing Plan. Partnership</li> </ul>

	<p>achieve desired outcomes.</p>	<p>between various housing and human services agencies that outlines each entities responsibilities.</p>	<p>funding opportunities including development of local regional structures.</p> <ul style="list-style-type: none"> <li>• Conduct meetings between state and local housing and human services agencies.</li> <li>• Address programmatic and systemic agency barriers to ensure successful applications and future endeavors.</li> <li>• Develop a mechanism to better utilize EDCD waiver MFP and DHCD environmental modification dollars.</li> <li>• Expand MFP housing opportunities and improve transition process and services including providing environmental modifications before an individual leaves an institution.</li> <li>• Improve Section Q process and procedures to better facilitate effective transitions.</li> </ul>	<p>Agreement executed for the HUD Section 811 application.</p> <ul style="list-style-type: none"> <li>• Section 811 application submitted to HUD by DHCD and VHDA in partnership with DBHDS and DMAS.</li> <li>• DMAS and CMS exploring issues with environmental modifications prior to enrollment in waiver.</li> <li>• VHDA increased its Accessibility Modification Grant award amount to allow low income renters to make more needed accessibility modifications to their rental units.</li> <li>• DMAS collaborated with stakeholders to enhance the Section Q process and developed a training webinar which has been uploaded to the DMAS knowledge center for use by LCAs, NFs and TCPs .</li> <li>• General Assembly made \$11,000 available for first months housing costs. <ul style="list-style-type: none"> <li>○ Final exempt regulations are being promulgated.</li> </ul> </li> </ul>
	<p>c. Prioritize housing</p>		<ul style="list-style-type: none"> <li>• Provide opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• VHDA received waiver approval</li> </ul>

	waitlists. (Public housing)		<p>to share best practices between public housing authorities (PHAs). (Ex: using HOME funds for vouchers)</p> <ul style="list-style-type: none"> <li>• Continue education efforts at the local level.</li> <li>• Encourage collaboration between service providers and PHAs.</li> </ul>	<p>from HUD headquarters to provide special admission preferences for the DOJ target population in the Housing Choice Voucher (HCV) program and is awaiting programmatic approval from HUD's Richmond Office. A pool of 32 vouchers will be set-up for the DOJ target population pursuant to this authority, if granted.</p> <ul style="list-style-type: none"> <li>• VHDA is committed to using existing and any future incremental rental assistance to increase living opportunities for people with disabilities in mainstream rental housing.</li> </ul>
	d. Educate state and local governments, individuals, families, and communities about available options.		<ul style="list-style-type: none"> <li>• Begin discussions with private developers about the need for integrated housing. (Ex: not all units should be allocated for individuals with disabilities)</li> </ul>	<ul style="list-style-type: none"> <li>• CILs doing.</li> <li>• The SILC provided funding to CILs to raise awareness about the housing needs of people with disabilities. CILs provided comment on local PHA plans and consolidated plans, including the use of HOME and CDBG funds. Several plans have been improved by incorporating recommendations and priority projects that will increase accessibility and availability of housing for people with disabilities.</li> <li>• DBHDS is presenting across the Commonwealth on integrated housing.</li> <li>• VHDA's REACH Team actively</li> </ul>

				<p>engages with local government housing and planning staff, non-profit developers and other stakeholder groups to provide capacity building assistance and promote best practices. Provision of capacity building assistance to facilitate increased integrated affordable and accessible housing options for people with disabilities in one the REACH Team’s ongoing priorities.</p> <ul style="list-style-type: none"> <li>• VHDA is prioritizing the use of limited federal Low-Income Housing Tax Credits and internally generated REACH capital subsidies to increase affordable and accessible units in mainstream housing developments.</li> <li>• VHDA has established a policy that, in the current fiscal/economic environment, segregated congregate housing setting will receive financing/assistance only to the extent that such assistance does not draw on resources needed to support the development of more integrated housing options.</li> </ul>
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Housing

Issue	Recommendation	Long-Term Action Item	Short-Term Action Item	2013-2014 Activities
<p>2. Lack of coordinated housing planning, including transportation access.</p>				
	<p>a. Educate localities on the need for coordinated planning and potential opportunities for funding, collaboration, best practices, and transportation</p>			<ul style="list-style-type: none"> <li>• The SILC provided funding to CILs to raise awareness about the housing needs of people with disabilities. CILs provided comment on local PHA plans and consolidated plans, including the use of HOME and CDBG funds. Several plans have been improved by incorporating recommendations and priority for projects that will increase accessibility and availability of housing and transportation for people with disabilities.</li> <li>• VHDA's REACH Team actively engages with local government housing and planning staff, non-profit developers and other stakeholder groups to provide capacity building assistance and promote best practices. Provision of capacity building assistance to facilitate increased integrated affordable and accessible housing</li> </ul>

				<p>options for people with disabilities in one the REACH Team’s ongoing priorities.</p> <ul style="list-style-type: none"> <li>Local stakeholder groups and DRPT completed comprehensive updates to 21 regional Coordinated Human Service Mobility (CHSM) Plans. These plans promote regional coordination, assess available transportation services and resources, assess unmet transportation needs, and identify strategies for action.</li> </ul>
	<p>b. Allocate housing resources efficiently and effectively to be commensurate with community needs.</p>	<ul style="list-style-type: none"> <li>Explore best practices to coordinate housing and transportation resources.</li> <li>Develop a long-term memorandum of understanding (MOU) that provides strategic and policy guidance to Virginia’s housing agencies from human services agencies and other relevant state agencies and local partners, for purposes of housing planning, creating a more structured collaboration</li> <li>Develop more cohesive local transportation</li> </ul>	<ul style="list-style-type: none"> <li>Build upon the DOJ housing workgroup and plan to create a more expansive group that includes a broader range of stakeholders that would assist in the creation of principles and guidance for future housing development in the Commonwealth.</li> <li>Continued distribution of the Transportation and Housing Alliance (THA) Toolkit.</li> <li>Develop a sustainability plan for the THA Toolkit.</li> <li>Develop strategies for door to door transportation service.</li> </ul>	<ul style="list-style-type: none"> <li>Local stakeholder groups and DRPT completed comprehensive updates to 21 regional Coordinated Human Service Mobility (CHSM) Plans. These plans promote regional coordination, assess available</li> </ul>

		systems that allows for travel across localities that is affordable and efficient.	<ul style="list-style-type: none"><li>• Review incentives for consolidation/cooperation among localities to address regional transportation barriers.</li></ul>	transportation services and resources, assess unmet transportation needs, and identify strategies for action.
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Housing

Issue	Recommendation	Long-Term Action Item	Short-Term Action Item	2013-2014 Activities
<p>3. Shortage of housing options fed by a growing demand and a lack of affordability and accessibility.</p>				
	<p>a. Encourage the use of nontraditional housing and other options such as housing microboards.</p>		<ul style="list-style-type: none"> <li>• Develop an information dissemination strategy including a basic packet of information.</li> <li>• Locate new partners to share information with.</li> <li>• Provide education and promotion of microboards and other housing opportunities such as co-housing, ensuring that information is posted on currently available resources such as websites.</li> <li>• Educate state and local agencies about microboards and other housing options.</li> </ul>	<ul style="list-style-type: none"> <li>• The Virginia Microboard Association received their 501(c)3 status effective March 2014.</li> <li>• VBPD recommendations related to housing in its Assessment include reference to microboards.</li> </ul>
	<p>b. Reinvest the profits from state institution</p>			

	land sales into community housing options and other community supports for individuals with disabilities.			
	c. Broadly expand affordable, accessible housing stock		<ul style="list-style-type: none"> <li>• Training activities involving the Toolkit.</li> </ul>	<ul style="list-style-type: none"> <li>• VHDA has established a priority on increasing the number of affordable and accessible units in the mainstream rental housing developments it assists by using its capital and subsidy resources in tandem to incentivize developers to: <ul style="list-style-type: none"> <li>○ Provide units that are Section 504 compliant or incorporate Universal Design features.</li> <li>○ Provide units at the lowest feasible rents through use of development subsidies and any available rental assistance funds.</li> </ul> </li> </ul>
	d. Identify sources of funding to make homes accessible for persons with disabilities		<ul style="list-style-type: none"> <li>• Distribute information about VA home modification grants .(Specially Adapted Housing, Special Home Adaptation, and Home Improvements and Structural Alternatives)</li> </ul>	<ul style="list-style-type: none"> <li>• The DOJ Housing Workgroup worked across agencies to develop and submit an application for Section 811 funding . The group is awaiting the funding award decision by HUD.</li> </ul>

Housing

Issue	Recommendation	Long-Term Action Item	Short-Term Action Item	2013-2014 Activities
4. Inadequate compliance with fair housing practices.				
	a. Provide training to property managers and individuals while developing strategies for reaching the broader public.		<ul style="list-style-type: none"> <li>• DPOR to continue educational efforts.</li> </ul>	<ul style="list-style-type: none"> <li>• Virginia Fair Housing Office staff at DPOR provided and participated in over 75 training seminars and outreach/education events around the state in FY 14.</li> <li>• VBPD Grant: ABLE: Advocates Building Livable Environments. Grantee: VACIL. Amt. Approved: \$ 171,409. To significantly increase the knowledge, skill and expertise of builders, building inspectors/officials, engineers, architects and design professionals in the area of ADA Accessibility Guidelines and Fair Housing laws by CIL advocates implementing initiative to focus on local builders in 134 jurisdictions of VA. At least 3 in-person training sessions will be provided to 120 building professionals. Video training module will be produced and available on 15 CIL websites.</li> </ul>
	b. Create and support partnerships between			<ul style="list-style-type: none"> <li>• DPOR's Fair Housing Office received a HUD partnership grant for \$49,300 to</li> </ul>

	state agencies such as DPOR and local entities like CILS, CSBs, and AAAs.			partner with the Equal Rights Center to conduct 10 accessible design and construction surveys of multi-family properties, 10 accessible parking surveys, 10 blind/rental telephone tests, 10 deaf/rental telephone tests, and 10 disability/rental in-person (wheelchair) tests. The partnership period is from March 1, 2014 – February 28, 2015.
	c. Ensure accessibility and fair housing laws are enforced.			<ul style="list-style-type: none"> <li>• DPR’s Fair Housing Office partnership with the Equal Rights Center includes 10 accessible design and construction surveys and 10 accessible parking surveys. (see above)</li> <li>• HUD released new regulations regarding “disparate impact” that require housing agencies to consider any undue disparate impact of program decisions on protected classes defined in the Fair Housing Law. This rule both helps and hurts efforts to better serve the needs of people with disabilities. While it enhances the regulatory focus on meeting the unique needs of protected classes, it also limits the ability to provide preferences where doing so will have an undue adverse impact on the ability of other protected classes—e.g., families with children—to receive assistance. This will challenge Virginia’s ability to target needed subsidy resources to</li> </ul>

				<p>the DOJ Settlement Agreement target population as well as to increase assistance in an environment of severely constrained resources in which current deep subsidy assistance is already serving mainly protected classes.</p> <ul style="list-style-type: none"><li>• The SILC supported efforts of CILS to provide training about Fair Housing and Section 504 related to housing for people with disabilities, to other advocates and housing entities.</li></ul>
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Housing

<p>5. Continued local community resistance.</p>				
	<p>a. Educate localities, homeowners associations, and others regarding federal and state law as well as address common misperceptions.</p>		<ul style="list-style-type: none"> <li>• Explore and develop the most effective strategy for responding to local issues.</li> </ul>	<ul style="list-style-type: none"> <li>• Virginia Housing Advisory Board working on NIMBY issues.</li> <li>• In light of HUD’s new “disparate impact” Fair Housing regulations and ongoing local NIMBY barriers, VHDA took steps in the Low Income Housing Tax Credit application scoring process for 2014 to ensure that local government input is being appropriately and fairly provided and is not unduly restricting certain types of development, including developments serving people with disabilities and people with low incomes.</li> </ul>

## Appendix G

### Employment and Community Engagement Action Items

Issue	Recommendation	Long-Term Action Item	Short-Term Action Item	2013-2014 Activities
<p>1. Inadequate state agency coordination which creates a multitude of challenges ranging from the potential expansion of non-community integrated employment and non-employment waiver services, to inequitable and inaccessible services, as well as issues coordinating transition services. (Integrated employment is defined as working alongside individuals without</p>				<ul style="list-style-type: none"> <li>• Interagency Employment Workgroup continued to meet and developed a common definition of Employment First, agreed upon talking points and a list of questions for each agency to ask itself to determine their focus on integrated employment.</li> <li>• DARS, DBHDS, DOE, and RRTC working together to develop a school to work best practice pilot.</li> <li>• DARS collaborated with DBHDS to develop training for DARS counselors regarding working with clients who also receive Medicaid waiver services. Training has been expanded and community partners (ESOs and CSBs) have also been invited.</li> <li>• VBPD grant to the Arc of Southside to help transform their sheltered workshop into an integrated employment program. Plans are for this to serve as a model project for larger statewide duplication.</li> </ul>

disabilities at a competitive wage.)				
	<p>a. The Commonwealth accepts and promotes as a statewide policy Employment First, making integrated community-based competitive employment the first option explored when discussing service options.</p>		<ul style="list-style-type: none"> <li>Educate local agencies, schools, providers, individuals, families, and advocates on Employment First.</li> </ul>	<ul style="list-style-type: none"> <li>DBHDS has conducted 55 presentations across the state.</li> <li>The Virginia State Employment Leadership Network Advisory Group has created two sub committees. One is developing a training module for case managers to learn how best to educate individuals and families about employment options, a second is developing a standard format for regional summits on Employment First.</li> <li>Executive Order 55 activities continued in the second half of 2013. A summary report was completed and presented to the incoming Governor's office. A follow-up meeting will be held in late summer 2014 to review recommendations and determine implementation steps.</li> </ul>
	<p>b. Support a seamless employment process that could be used for referral or eligibility.</p>	<ul style="list-style-type: none"> <li>Ensure data collection efforts are not duplicative and where feasible allow for the exchange of information.</li> <li>Assess the interoperability of agency databases.</li> </ul>	<ul style="list-style-type: none"> <li>To provide temporary assistance, create a model form that can be used by an individual as they move from agency to agency that provides basic information.</li> </ul>	
	<p>c. Eliminate duplication amongst agencies.</p>	<ul style="list-style-type: none"> <li>Review current data collection efforts and collaborate amongst</li> </ul>	<ul style="list-style-type: none"> <li>Education amongst and within state agencies on various</li> </ul>	<ul style="list-style-type: none"> <li>Project Teams working within DBHDS have identified critical data necessary for the Settlement Agreement, and most</li> </ul>

		<p>agencies when possible.</p> <ul style="list-style-type: none"> <li>Align definitions, policies, and procedures where feasible.</li> <li>Assess current funding streams and their source.</li> </ul>	<p>programs.</p> <ul style="list-style-type: none"> <li>Assess current services to discover gaps and overlaps in services to identify how to better serve individuals.</li> </ul>	<p>importantly necessary to monitor the progress of the Employment First Initiative.</p> <ul style="list-style-type: none"> <li>Extensive work has been done to identify potential sources and reporters of the data. Employment Service Organizations (ESOs) have been identified as the best reporter of the data. VA SELN AG created a spreadsheet system for collecting this data.</li> <li>Collection to start late in 2014.</li> <li>Working with internal IT staff at DBHDS to develop a more robust data collection and storage system.</li> </ul>
	d. Improve collaboration at the state agency head leadership level.	<ul style="list-style-type: none"> <li>Collaborative work to become a standard part of an agency heads' job profile.</li> </ul>	<ul style="list-style-type: none"> <li>Schedule initial meeting with cross Secretariat agency heads and key staff.</li> </ul>	<ul style="list-style-type: none"> <li>Assistant Commissioners from DBHDS, DARS, and DOE are meeting on a regular basis to discuss collaborative efforts.</li> </ul>
	e. Create an education and employment system that is known nationwide for its best-practices.	<ul style="list-style-type: none"> <li>Use data to identify and support evidence based practices.</li> <li>Address quality disparity across the state and within localities.</li> </ul>	<ul style="list-style-type: none"> <li>Encourage collaboration amongst local agencies including providing supporting evidence of best practices from around the state.</li> </ul>	<ul style="list-style-type: none"> <li>DARS collaborated with DBHDS to develop training for DARS counselors regarding working with clients who also receive Medicaid waiver services. Training has been expanded and community partners (ESOs and CSBs) have also been invited.</li> <li>Ongoing participation in National Institute on Disability and Rehabilitation Research (NIDRR) funded VCU ASD Career Links Project SEARCH replication study.</li> </ul>

*Employment and Community Engagement*

Issue	Recommendation	Long-Term Action Item	Short-Term Action Item	2013-2014 Activities
2. Negative effect of waiting lists for vocational rehabilitation services.				
	a. Provide adequate funding to reduce/remove waiting list.		<ul style="list-style-type: none"> <li>• Eliminate vocational rehabilitation current waiting list of 1500.</li> </ul>	<ul style="list-style-type: none"> <li>• Effective July 1, DARS began bringing all eligible Most Significantly Disabled (MSD) individuals off of the waiting list. In addition, DARS will begin to serve all new applicants determined to be eligible and MSD.</li> <li>• DARS began to serve individuals in Category 2 in Spring 2014. The category remains open. Currently there are less than 200 people on the waiting list.</li> </ul>
	b. Ensure individuals and other stakeholders, including teachers, case managers, and vocational rehabilitation staff, are educated about order of selection, what it means and other available services.	<ul style="list-style-type: none"> <li>• Ensure that individuals under the age of 22 are encouraged to be screened for vocational rehabilitation services and if eligible placed on the waiting list for order of selection while still receiving educational services.</li> </ul>		<ul style="list-style-type: none"> <li>• DARS continues to support 13 Project SEARCH programs. In September 2013 two additional sites were added through a partnership with VCU-RRTC, DOE, and DARS. These sites are targeted towards students with autism.</li> <li>• DARS staff have a presence in schools across the Commonwealth. Additionally, they attend provider forums, school events, and IEP meetings to educate families and other providers.</li> <li>• Developing DARS Autism subject matter experts to work directly with individuals and provide technical assistance to agency staff, vendor agency providers, and community partners.</li> <li>• DARS Division of Rehabilitative Services</li> </ul>

				<p>developed a short video orientation, nine page transition guide, and flyer that describes VR services and its place in a student's transition timeline.</p> <ul style="list-style-type: none"> <li>• Some local best practices: <ul style="list-style-type: none"> <li>○ Norfolk City and Richmond City are urban examples of areas showing best practices in the area of collaboration among schools, agencies, organizations, and businesses <ul style="list-style-type: none"> <li>-Project SEARCH, programs at VCU and ODU are example programs</li> </ul> </li> <li>○ Montgomery County and Tazwell are rural communities with examples of collaborative efforts to improve outcomes for youth <ul style="list-style-type: none"> <li>-Project SEARCH, college programs at Radford and VT Local school divisions, VDOE, DARS- state and local community organizations, Chamber of Commerce, WIBs are involved to ensure positive outcomes.</li> </ul> </li> </ul> </li> </ul>
		<ul style="list-style-type: none"> <li>• Refer veterans who are eligible for vocational rehabilitation services to the VA.</li> </ul>	<ul style="list-style-type: none"> <li>• Educate providers about vocational rehabilitation and employment services from the VA and the referral process.</li> </ul>	

*Employment and Community Engagement*

3. Financial disincentives to employment.				
	a. Promote and support Employment First.			<ul style="list-style-type: none"> <li>• CSB adult case managers will have a performance measure regarding presenting employment as the first option every time a plan is reviewed.</li> </ul>
	b. From children to older adults, educate individuals and families about timelines for applying for services and waitlists.	<ul style="list-style-type: none"> <li>• Ensure that individuals under the age of 22 are encouraged to be screened for vocational rehabilitation services and if eligible placed on the waiting list for order of selection while still receiving educational services.</li> </ul>	<ul style="list-style-type: none"> <li>• Create, access, and update concise documents regarding work incentives for individuals across the age spectrum</li> <li>• Encourage the use of Work World.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing DARS efforts to increase the WISA providers in the Commonwealth.</li> <li>• Virginia Intercommunity Transition Council (VITC) developed a Work Incentive and Benefit Planning Fact Sheet housed on the Dept. of Education’s website for public use.</li> <li>• VBPD grant to VAIL and Richmond CIL to work with students, schools and case managers starting in the 4<sup>th</sup> grade on educational opportunities and work incentives – lasts for 3 years but will be tracked for 5 years.</li> </ul>
	c. Distribute information about work incentives.		<ul style="list-style-type: none"> <li>• Create and conduct targeted education efforts around incentives to employment at both the state and local agency level.</li> <li>• Work with the Virginia Values Veterans (V3) program to educate employers about tax</li> </ul>	<ul style="list-style-type: none"> <li>• The Virginia Values Veterans program was involved in Executive Order 55 activities.</li> <li>• Webinar based staff training offered to VR transition counselors to encourage better understanding of work incentives.</li> <li>• Four regional Transition Practitioner Council (TPC) meetings provided with an agenda focused on work incentives. Subject matter experts presented the content and answered audience questions.</li> </ul>

			incentives available to companies that hire veterans.	
	d. Ameliorate or remove systemic issues to better support employment options.	<ul style="list-style-type: none"> <li>Restructure the ID, DS, and DD waivers to support employment options.</li> </ul>		<ul style="list-style-type: none"> <li>DBHDS awarded RFP to study restructuring Medicaid waivers.</li> <li>DBHDS will be looking at the waiver structure and work incentives with ODEP (federal agency, Office of Disability Employment Policy).</li> <li>DARS piloting a comprehensive autism service model that integrates best practices from two National Institute on Disability and Rehabilitation Research (NIDRR) funded VCU ASD Career Links research studies in nine field office communities (and more in development).</li> <li>DARS expanding access to qualified positive behavioral supports providers and services in two regions with planned expansion into other DARS service regions.</li> </ul>

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Issue	Recommendation	Long-Term Action Item	Short-Term Action Item	2013-2014 Activities
4. Inadequate focus on career development in comparison with immediate job placement.				
	a. Encourage the attainment of transferable, “stackable” skills and ensure measures of accountability are in place.		<ul style="list-style-type: none"> <li>• Educate individuals and promote post high school educational opportunities.</li> <li>• High school requirements regarding technical or vocational credit.</li> </ul>	<ul style="list-style-type: none"> <li>• VR counselors trained to advocate for employment credentials such as the Career Readiness Certificate (CRC) as well as link them to resources for CRC preparation.</li> <li>• Opportunities are available in certain localities. For example Montgomery County schools partner with VT and Radford so that post high is an option, VCU –ACE It in College program; programs at TNCC, CVCC, VT, RU, ODU, GMU, Blue Ridge CC, and more.</li> <li>• Credit Accommodations as pathways to a standard diploma; Beginning with first time 9<sup>th</sup> graders in 2013-14 SY and beyond a CTE credential is required for graduating with a Standard Diploma. These students will also take/show mastery of competencies for Econ and Personal Finance to graduate.</li> <li>• Developing competencies( Employment, Education, Training, Independent Living, Community Participation) for students who will earn a special diploma.</li> <li>• Continue to support Project SEARCH,</li> </ul>

				<p>Customized Employment, DISCOVERY, and Start on Success Pilot in Norfolk.</p> <ul style="list-style-type: none"> <li>• Provide tutorials for students taking WorkKeys to earn the CRC.</li> <li>• Developed a VA Work Readiness Skills Assessment.</li> </ul>
	<p>b. Educate individuals on the difference between career development versus job placement and available resources, supporting individuals and families throughout the process and changes in situation.</p>		<ul style="list-style-type: none"> <li>• All students in middle school to develop career plans.</li> </ul>	<ul style="list-style-type: none"> <li>• Beginning in 2013-14 SY and beyond students will develop Academic and Career Plans beginning in middle school. The plans will be completed prior to the student starting high school. Plans are updated.</li> <li>• VDOE support for Richmond’s transition charter school- Richmond Career Education and Employment Academy.</li> <li>• Opening of a Best Practice transition Center.</li> <li>• Center on Transition Innovations, a statewide transition resource collaboratively run by RRTC at VCU and VDOE; provides knowledge transfer through online courses, white papers, webinars, and newsletters via the web site. CTI also provides demonstration projects that are research based/ evidence based programs that can be replicated (program of one, Project SEARCH, Customized Employment, Start on Success, ACE-IT in College are examples)</li> <li>• Online Transition course for middle school teachers in rural areas.</li> <li>• Inclusion Day Manual for disability awareness information; piloted in</li> </ul>

				elementary, middle, and high school during FY 14-15.
	c. Use person centered practices across the service spectrum to ensure options are available that address changes throughout an individual's life.			<ul style="list-style-type: none"> <li>• DOE "I'm Determined" project-a self-determination project and promotes youth development.</li> <li>• MOVE Youth Institute is a specialized program developed to work with young African American men and their families promoting college and career readiness by graduation.</li> <li>• Middle School summer Youth Engagement programs designed to provide career awareness, community awareness and self determination skills.</li> <li>• Parent Summit-provides parents with current information on transition.</li> <li>• Annual state conference on transition supported by multiple agencies and organizations.</li> <li>• Continue to support transition councils at the local level.</li> <li>• DBHDS training trainers on person centered practices primarily for developmental services.</li> <li>• DBHDS hired additional resource consultants to promote person centered practices at CSBs.</li> <li>• VBPD Youth Leadership Forum</li> <li>• Provided additional training and resources to DVOPs in VEC and One-Stop case managers working with veterans with disabilities.</li> </ul>
	d. Exploration of alternative work placements such as			<ul style="list-style-type: none"> <li>• DOE pilot sites with customized employment: Montgomery added to</li> </ul>

	self-employment or teleworking.			<p>Loudon and York counties with and additional site for FY 14-15.</p> <ul style="list-style-type: none"><li>• DARS has the Self Employment Enterprise (SEE) program available to individuals with disabilities who are being served in voc. rehab.: <a href="http://www.vadars.org/essp/see.htm">http://www.vadars.org/essp/see.htm</a> .</li></ul>
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*Employment and Community Engagement*

Issue	Recommendation	Long-Term Action Item	Short-Term Action Item	2013-2014 Activities
5. Social isolation.				
	<p>a. Ensure appropriate community safeguards are in place.</p>	<ul style="list-style-type: none"> <li>• Prepare and plan for emergency situations.</li> </ul>	<ul style="list-style-type: none"> <li>• Train and educate licensure, APS, human rights, eligibility, guardians, public safety, and ombudsman staff on person centered practices and ensure related regulations reflect a move to person centered practices.</li> </ul>	<ul style="list-style-type: none"> <li>• NOIRA out on changes to the public guardianship program regarding person centered planning.</li> <li>• Public Guardianship program providers have received training in person-centered thinking and practices. The Values History Form used to interview individuals has been revised and standardized to better capture their preferences and desires.</li> <li>• CILs and AAAs participating in Dept. of Emergency Management trainings.</li> <li>• The SHHR has an Emergency Management workgroup. Multiple agencies that provide services for individuals with disabilities participate.</li> <li>• CILs and AAAs working on training first responders.</li> <li>• DBHDS licensure division working on safeguards for measuring providers.</li> <li>• VDEM first responder training.</li> <li>• DMAS MFP transition planning process includes a 4-Tier Backup Plan. DMAS financially supports 1/3 of 211 services offered in Virginia.</li> <li>• DMAS MFP training and technical assistance includes a focus on community safeguards and assuring support for individuals transitioned to the community.</li> <li>• VBPD Grant <u>Leadership for</u></li> </ul>

				<p><u>Empowerment and Abuse Prevention (LEAP)</u>. Grantee: VCU PPD. Grant Award: \$ 178,125. To teach people with developmental and other disabilities about healthy relationships and how to better protect themselves from assault, abuse, neglect and violence. PPD will develop curriculum to be piloted at a state training center and ultimately will train 250 PWD in central VA. Training will be delivered by training teams, using a train-the-trainer format; the 2-member training teams will include a PWD. 15-20 training sessions will take place, each training small groups of 10-15 PWD.</p>
	<p>b. Educate individuals, families, providers, employers, and communities about other options and opportunities.</p>	<ul style="list-style-type: none"> <li>Reach out to employers and the business community around social isolation issues in the workplace. (Ex: break room isolation)</li> </ul>	<ul style="list-style-type: none"> <li>Assess best practices for ensuring community engagement.</li> </ul>	<ul style="list-style-type: none"> <li>DOE currently surveying individual after graduation who are not employed or attending school to identify barriers.</li> </ul>
	<p>c. Ensure person centered practices are employed to address the interests of the individual.</p>			<ul style="list-style-type: none"> <li>DBHDS case managers and support coordinators required to complete person centered training at various intervals.</li> <li>MFP transition coordinators develop person-centered transition plans which include community integration (social supports) for transitioning individuals.</li> </ul>
	<p>d. Ensure access to accessible, affordable,</p>		<ul style="list-style-type: none"> <li>Follow up on current grant opportunities</li> </ul>	<ul style="list-style-type: none"> <li>VBPD Grant: <u>Affordable Transportation Options in Rural and/or</u></li> </ul>

	reliable transportation.		and current committee work surrounding transportation.	<p><u>Underserved Areas.</u> Grantee: Dept. for Aging and Rehabilitative Services. Grant Award: \$200,000. DARS contracted with three Area Agencies on Aging, Senior Services of Southeastern Virginia (SSSEVA), Mountain Empire Older Citizens, Inc. (MEOC), and Rappahannock Area Agency on Aging (RAAA), to expand transportation services for individuals with developmental and other disabilities. Under the SSEVA project, 1,000 rides will be provided to 32 individuals with developmental and other disabilities. The MEOC project will expand its existing weekday services for 100 individuals with developmental and other disabilities to include service on Saturday that allows for greater flexibility of personalized services, such as recreational or shopping activities. Under the RAAA project, 10 individuals with developmental and other disabilities will be provided regular transportation to education and/or employment sites. SSSEVA and RAAA have completed their grant activities and have sustainability plans in place and are continuing to provide serves. MEOC is still operating under the grant.</p> <ul style="list-style-type: none"> <li>• DARS is assisting VDOT with a survey to assess both curb cut repair and the need for additional curb cuts.</li> <li>• In FY 2014, 36 nonprofit or local</li> </ul>
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				<p>government authorities utilized the DRPT Section 5310 grant program through which DRPT purchased 76 vehicles supporting human service transportation.</p> <ul style="list-style-type: none"><li>• The SILC provided funding to CILs to raise awareness about the transportation needs of people with disabilities and to advocate for increased transportation options.</li></ul>
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## Appendix H

### Glossary of Acronyms

<b>AAAs</b>	<b>Area Agencies on Aging</b>
<b>ADRC</b>	<b>Aging and Disability Resource Center</b>
<b>AG</b>	<b>Auxiliary Grant</b>
<b>ALF</b>	<b>Assisted Living Facility</b>
<b>ARRA</b>	<b>American Recovery and Reinvestment Act</b>
<b>CILs</b>	<b>Centers for Independent Living</b>
<b>COPN</b>	<b>Certificate of Public Need</b>
<b>CSBs</b>	<b>Community Services Boards</b>
<b>DARS</b>	<b>Department for Aging and Rehabilitative Services</b>
<b>DBHDS</b>	<b>Department of Behavioral Health and Developmental Services</b>
<b>DBVI</b>	<b>Department for the Blind and Vision Impaired</b>
<b>DD</b>	<b>Developmental Disability</b>
<b>DHCD</b>	<b>Department of Housing and Community Development</b>
<b>DHP</b>	<b>Department of Health Professions</b>
<b>DMAS</b>	<b>Department of Medical Assistance Services</b>
<b>DPOR</b>	<b>Department of Professional and Occupational Regulation</b>
<b>DRPT</b>	<b>Department of Rail and Public Transportation</b>
<b>DRS</b>	<b>Division of Rehabilitative Services</b>
<b>DS</b>	<b>Day Support</b>
<b>DSS</b>	<b>Department of Social Services</b>
<b>DVS</b>	<b>Department of Veterans Services</b>
<b>EDCD</b>	<b>Elderly or Disabled with Consumer Direction (Medicaid Waiver)</b>

<b>ESO</b>	<b>Employment Services Organization</b>
<b>FTA</b>	<b>Federal Transit Administration</b>
<b>GA</b>	<b>General Assembly</b>
<b>GF</b>	<b>State General Funds</b>
<b>HUD</b>	<b>U.S. Department of Housing and Urban Development</b>
<b>IHE</b>	<b>Institutions of Higher Education</b>
<b>ID</b>	<b>Intellectual Disability</b>
<b>ICF/ID</b>	<b>Intermediate Care Facility for Individuals with Intellectual Disabilities</b>
<b>IT</b>	<b>Implementation Team</b>
<b>MFP</b>	<b>Money Follows the Person</b>
<b>MH</b>	<b>Mental Health</b>
<b>MHSS</b>	<b>Mental Health Support Services</b>
<b>MOU</b>	<b>Memorandum of Understanding</b>
<b>MSV</b>	<b>Medical Society of Virginia</b>
<b>NPA</b>	<b>National PACE Association</b>
<b>OCI</b>	<b>Office of Community Integration</b>
<b>OSHHR</b>	<b>Office of the Secretary of Health and Human Resources</b>
<b>PACE</b>	<b>Program of all Inclusive Care of the Elderly</b>
<b>PAS</b>	<b>Personal Assistance Services</b>
<b>PCP</b>	<b>Person-Centered Practices</b>
<b>PHA</b>	<b>Public Housing Agency</b>
<b>QAP</b>	<b>Qualified Allocation Plan</b>
<b>REACH</b>	<b>Resources enabling Affordable Community Housing</b>
<b>RFP</b>	<b>Request for Proposals</b>
<b>SCHEV</b>	<b>State Council of Higher Education for Virginia</b>

<b>SILAS</b>	<b>Strengthening Independent Living and Aging Services</b>
<b>SILC</b>	<b>Statewide Independent Living Council</b>
<b>STG</b>	<b>Systems Transformation Grant</b>
<b>TBD</b>	<b>To Be Determined</b>
<b>THA</b>	<b>Transportation and Housing Alliance</b>
<b>UAI</b>	<b>Uniform Assessment Instrument</b>
<b>VACIL</b>	<b>Virginia Association of Centers for Independent Living</b>
<b>VACO</b>	<b>Virginia Association of Counties</b>
<b>VBPD</b>	<b>Virginia Board for People with Disabilities</b>
<b>VCCS</b>	<b>Virginia Community Colleges System</b>
<b>VDA</b>	<b>Virginia Division for the Aging</b>
<b>VDDHH</b>	<b>Virginia Department for the Deaf and Hard of Hearing</b>
<b>VDH</b>	<b>Virginia Department of Health</b>
<b>VDOE</b>	<b>Virginia Department of Education</b>
<b>VDOT</b>	<b>Virginia Department of Transportation</b>
<b>VEC</b>	<b>Virginia Employment Commission</b>
<b>VHDA</b>	<b>Virginia Housing Development Authority</b>
<b>VHHA</b>	<b>Virginia Hospital and Healthcare Association</b>
<b>VML</b>	<b>Virginia Municipal League</b>
<b>VWWP</b>	<b>Virginia Wounded Warrior Program</b>
<b>WIB</b>	<b>Workforce Investment Boards</b>