2002 Annual Report of the Disability Commission

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

HOUSE DOCUMENT NO. 28

COMMONWEALTH OF VIRGINIA
RICHMOND
2003

COMMONWEALTH of VIRGINIA

Office of the Lieutenant Governor
900 E. Main Street, Suite 1400
Richmond, VA 23219

Timothy M. Kaine
Lieutenant Governor

(804) 786-2078
FAX: (804) 786-7514
TTY/TDD: 1-800-828-1120
EMAIL: ltgov@ltgov.state.va.us

March 14, 2003

To: The Honorable Mark R. Warner, Governor and Members of the General Assembly of Virginia

As Chairman of the Disability Commission, I am pleased to submit the 2002 Annual Report of the Disability Commission pursuant to House Joint Resolution 34 (2000).

The attached report describes the chief accomplishments and legislative recommendations resulting from the Commission's work during the 2002 interim session. The Commission has worked throughout the year in close concert with my office to continue its efforts to strengthen intergovernmental and interagency coordination aimed at maximizing supports that enhance the self-sufficiency of people with disabilities. As you will see from this report, the Commission's work ensures General Assembly input and oversight of community disability services and provides an effective cooperative planning forum for the legislative and administrative branches of state government, as well as other key stakeholders, on important disability issues. This year, all Disability Commission activities were closely coordinated with the Olmstead Task Force and other primary systems change initiatives.

The Commission's top priority for 2002 was housing, which coincided well with the renewal of the Governor's State Housing Conference. I represented the Disability Commission at the Conference, giving a keynote address in order to bring statewide attention to the housing needs of people with disabilities. The Commission's Housing Work Group also arranged for several national disability speakers to present important information about maximizing federal resources. The Commission's Work Group developed an Action Plan, part of which involved working with the Virginia Housing Development Authority (VHDA) to promote a long needed change to the 2003 Low Income Housing Tax Credit (LIHTC), Qualified Allocation Plan (QAP). This change will provide incentives to developers to produce more accessible housing units and, thereby, significantly increase the availability of accessible housing for Virginians with disabilities.

The Commission also devoted much attention toward assisting agencies in the development of a Medicaid Buy-In opportunity for working Virginians with disabilities pursuant to HJR 219 and SJR 128. Due to the budget situation, the Commission endeavored to pave the way for a small Medicaid Buy-In research waiver as a pilot study. This live study will assist us in better estimating costs for an expanded program in the future.

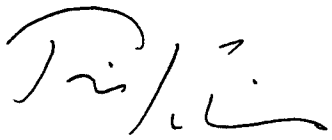
Virginia Board for People
with Disabilities

MAR 17 2003

On behalf of the Disability Commission and Virginians with disabilities, I thank you for consideration of this report and for your on-going commitment to analysis of complex disability issues through the Commission's work process. I also wish to express our gratitude for the staff support supplied to us through the Virginia Board for People with Disabilities (VBPD), which has allowed us to more thoroughly review issues.

With warm regards, I remain

Sincerely,



Timothy M. Kaine
Lieutenant Governor of Virginia

Executive Summary

The Disability Commission's first order of business this year was to use its authority to help coordinate and support the efforts of the Olmstead Task Force[1] and other primary systems change initiatives. Staff from the Lieutenant Governor's office and the Commission, joined with the Olmstead teams on Medicaid waiver, housing, employment and other issues.

The four meetings of the Commission this year included extensive public testimony and agency reports to review the quality of disability services, unmet needs and suggestions to streamline and optimize the Commonwealth's resources. The Commission provided this information to the Governor during the budget planning process in order to shed light on several critical community service programs that would be harmed through budget cuts. In the past, the Commission has focused on developing a coordinated, community-based and consumer–driven system of services for individuals with disabilities in the Commonwealth by patroning strategic budget amendments. This year the Commission made recommendations to preserve current funding for key programs.

The Commission's top action priority for 2002 was housing, which coincided with the renewal of the Governor's State Housing Conference. The Lieutenant Governor represented the Disability Commission at the State Housing Conference, giving a keynote address in order to bring statewide attention to the housing needs of people with disabilities. The Commission's work group also ensured that several national disability speakers presented important information to maximize federal resources at the conference.

The Commission also expanded its Disability Housing Work Group and appointed a new Chairman, Carey M. Friedman, Director of Policy for Lieutenant Governor Timothy M. Kaine. The Work Group immediately began collaborating on a state strategy of compliance with HB 813[2] and Olmstead Planning, as well as to continuing the Commission's interests in better maximizing federal and state housing opportunities for people with disabilities.

One of the most significant housing actions this year was the Work Group's effort, along with the Virginia Housing Development Authority (VHDA), to promote a recommended change to the 2003 Low Income Housing Tax Credit (LIHTC), Qualified Allocation Plan (QAP). The Work Group's recommendation was designed to ensure that the competitive LIHTC scoring system provides every developer of LIHTC housing with a strong incentive to include accessible units in their development plan as a way to significantly increase the availability of accessible housing for Virginians with disabilities. The VHDA Board approved this recommendation in

---

[1] State planning for Olmstead Compliance- On June 22, 1999, the United States Supreme Court held in Olmstead v. L.C. that the unnecessary segregation of individuals with disabilities in institutions may constitute discrimination based on disability. The President issued an Executive Order that directs key federal agencies to work closely with states to ensure full compliance with the Supreme Court's ruling in the Olmstead case.

[2] House Bill 813 (2002)- An Act to amend and reenact §§ 36-137 and 36-139 of the Code of Virginia, relating to the Department and Board of Housing and Community Development; affordable housing for older Virginians and Virginians with disabilities.

November 2002. The 2003 plan went into effect after the Governor's approval in December 2002.

The Commission is particularly proud of its to efforts this year to bring about intergovernmental and interagency cooperation toward the development of a Medicaid Buy-In opportunity for working Virginians with disabilities pursuant to HJR 219 and SJR 128. After careful study and close communication with stakeholders, the Department of Medical Assistance Services (DMAS), in collaboration with the Department of Rehabilitative Services (DRS) and the Virginia Office for Protection and Advocacy provided an extensive report on the development planning for a Medicaid Buy-In for the Commonwealth. Learning of the various Medicaid Buy-In design options used in other states and the requests of consumers here in Virginia, the Commission determined to continue the progress made this year by advancing an affordable a Medicaid Buy-In program as a pilot study, despite the current budget limitations. The Commission expects this pilot program to be actualized through a special 1115 Research Waiver to be requested of the Federal Centers of Medicare and Medicaid Services (CMS) for a small sample of 200 Virginians, beginning in early FY 2005. The Commission's design for a Buy-In waiver program has been developed in a collaborative process with stakeholders to carefully restrict participation within budget constraints for the start-up year.

2002 Annual Report of the Disability Commission

Introduction

Virginia's Disability Commission was formed twelve years ago under House Joint Resolution 45. In those twelve years, the Commission has provided the grounds for thorough research and review of complex issues facing people with disabilities and the communities in which they live. The Commission has served as an open forum for consumers, the agencies that serve them, and advocates. With the Commonwealth's Lieutenant Governor as the Chairman, the Commission was been instrumental in working toward the development of a coordinated, community-based, and consumer–driven system of services for individuals with disabilities throughout the State. Initially focused on Physical and sensory disabilities, over the last few years, the Commission has increased attention on other developmental disabilities such as autism and brain injury, facilitating the growth of services for individuals with those diagnoses. During its history, the Commission has developed and strengthened the following critical programs and services for people with disabilities: local Disability Services Boards, Personal Assistance Services, Rehabilitative Services Fund, Centers for Independent Living, the Assistive Technology Loan Fund, and the Developmental Disabilities Medicaid Waiver. The Commission has been successful in developing over 15 essential service initiatives benefiting persons with disabilities. Thousands of Virginians with disabilities have benefited from legislation and funding initiatives that have been initiated and endorsed by the Disability Commission since 1990.

The 1992 Report of the Commission established a ten-year plan of action, which formed a system of programs and services within an infrastructure designed to be consumer-focused and community-based. The General Assembly in 1994 passed House Joint Resolution 274, which authorized the Commission to continue its work in developing and reviewing recommendations for service program changes and funding until the 2000 Session. HJR 274 also designated the Virginia Board for People with Disabilities (VPBD) as the agency to provide consultative support to the Commission. Brian S. Parsons, Director, VBPD and research staff to the Commission (provided by VPBD through a contract with disability experts from Virginia Commonwealth University) have supported the Disability Commission since the 1994 resolution. In 1998, the General Assembly passed Senate Joint Resolution 170, which required that a detailed evaluation of the Commission occur and that recommendations based on the evaluation be made during the 2000 Session of the General Assembly. SJR 170 also required a review of the need to continue the Disability Commission and, if continued, its future agenda.

Given the positive impact documented in the findings of the SJR-170 report, the 2000 General Assembly passed the House Joint Resolution 34 (Appendix A) that continued the Commission for an additional four (4) year period (ending in January 2004) and expanded its membership to include 12 legislators, and six (6) business/consumer representatives. HJR-34 also required that a legislator serve as Vice-Chairman. Another hallmark of the Disability Commission was reinforced with HJR 34, which required the Commission work in partnership with consumers, advocates, and professionals alike, to provide leadership and quality review in advancing services and supports benefiting persons with disabilities.

The 2001 interim and the 2002 General Assembly Session resulted in numerous legislative actions and outcomes, despite budget limitations. Six (6) Commission-related resolutions were passed. Of the six (6) resolutions, four (4) were discrete resolutions, requiring the Chairman and newly constituted Disability Commission to monitor and oversee their progress. The Commission used its traditional approach to quality review by appointing key stakeholders (consumers, advocates, agency

representatives) to Work Groups to study issues and report back to the Commission. The Commission-Related Resolutions for the 2002 General Assembly session were:

- HJ218 (Action plan prescribing renewed partnerships among the Center for Innovative Technology (CIT), the Department of Information Technology (DIT) and rehabilitation agencies) —due November 30, 2002 (Appendix B);
- HJ235 (Action plan to amend admission criteria of nursing facility Traumatic Brain Injury (TBI) programs)—due July 1,2002 (Appendix C);
- HJ236/251 (Action plan to strengthen intergovernmental and interagency coordination of housing programs for persons with disabilities)—Reports needed at September and November/December Commission Meetings (Appendix D); and
- HJ219/SJ128 (Initial legislation and budgetary recommendations necessary to implement the Medicaid Buy-In for the Commonwealth)—due November 30, 2002 (Appendix E).

The outgoing Chairman, the Honorable John Hager and Vice Chairman, the Honorable Marion Van Landingham, along with the Commission members, further outlined a schematic for the 2002 Interim Work Plan for the incoming Administration in order to maintain the momentum of the Commission. The Commission recommended the following courses of action for the 2002 interim:

- Housing shall be a 2003 Commission priority,
- Employment: A Medicaid Buy-In Program for working Virginians with disabilities shall be developed;
- Transportation: Specialized transportation incentive funds and reducing insurance costs for providers serving persons with disabilities shall be advanced;
- DD Waiver provider development: Statewide case management capacity and more expansion shall be advanced;
- Continuous improvement issues for all six (6) Medicaid waivers serving people with disabilities shall be considered;
- Urgent need for training and education providers for children and adults with autism at both in-service and preservice level as determined by a consensus of statewide experts and stakeholders shall be supported;
- Accessibility issues of the General Assembly Building and Capital shall be rectified;
- Cooperation among state agencies, Virginia's technology companies, and rehabilitation agencies in advancing technology to respond to the talents and needs of persons with disabilities shall be strengthened;
- Access for persons with Traumatic Brain Injury (TBI) to either nursing home TBI programs or other intensive residential supports shall be improved; and
- Certain Ongoing Commission Community-Service Initiatives and Related Programs that were not expanded last year due to budget situation will again be prioritized.

THE 2002-03 CALENDAR: DISABILITY COMMISSION ISSUES AND ACTIVITIES

The first order of business for the new administration was to review membership of the Commission and its open seats, and determine the composition of the 2002-2003 Disability Commission. On July 10, 2002, five new members with appointed by the Governor, one (1) legislator, the Honorable Clarence E. "Bud" Phillips was appointed to replace the vacate seat of Delegate John Tate, and four (4) of the six (6) business/consumer representatives positions were reappointed. The Honorable Delegate

Robert Bloxom was nominated and confirmed as Vice-Chairman for the Commission for 2002. The newly constituted membership of the Commission is provided in Appendix F now including consumers, disability experts, service providers and business representatives as well as strong bipartisan legislative membership.

During the 2002 interim, the Disability Commission held four meetings: July 11, September 17, October 30, and December 6, 2002. Before the meeting schedule began, however, the Commission's work remained active throughout the Spring and early Summer with the continuation of several work groups pursuant to the 2002 Resolutions listed above. As is typical of Commission work groups, each group was comprised of key agencies, advocacy and other stakeholder representatives. The four work groups were a Technology Work Group, a Brain Injury Waiver Review Work Group, a Housing Work Group and the Medicaid Buy-In Work Group. Through these collaborative work groups, the Commission was able to exercise its role of facilitating communication between the Commission and teams of stakeholders.

The report that follows presents the major activities by the Disability Commission during the 2002 interim and the legislative action agenda undertaken by the Commission for the 2003 General Assembly Session. The Commission's efforts this year are described in three (3) sections, which represent three (3) of the four (4) major categories of business of the Commission[3]:

I. Ongoing Community Initiatives,
II. Housing, and
III. Employment.

Section I: Ongoing Commission Community-Service Initiatives and Related Programs

As mentioned above, the Commission has been instrumental in the development of over 15 essential service initiatives benefiting persons with disabilities over the last twelve years. This year, newly appointed Commissioner James A. Rothrock, Department of Rehabilitative Services (DRS), provided the Commission with detailed data on the resources and unmet needs related to the Ongoing Commission Community Initiatives and programs including an update on the Developmental Disabilities (DD) Waiver, for which 1,352 people have applied for the 323 existing slots. Due to ongoing budget challenges, the Commission confined its efforts in identifying key direct consumer services that are of critical import to people with disabilities and their families, with an eye toward preserving those services, or at least, safeguarding the infrastructure of those services during the current budget crisis. The Commission took proactive steps to affect the Governor's budget planning process by sharing data underscoring the essential qualities of services and showing the current unmet needs within the Commission's Ongoing Community Initiatives and other related programs. On behalf of the Commission, the Lieutenant Governor forwarded a personal letter to Governor Warner describing both the Commission's concerns for preserving certain direct consumer programs and for maintaining flexibility in budget planning for other programs under development (i.e., the Medicaid Buy-In program). The Chairman reminded the Commission that few programs would likely be held harmless this year due to the State's budgetary crisis and that more cuts might be needed in December.

---

[3] Note, the fourth major category of business for the Commission is transportation; however, due to the complexities of 2002 Resolutions and the budgetary limitations for FY 03 and 04, new transportation initiatives were deferred to the 2003 Interim Session).

Within the Ongoing Commission Community Initiatives, the Commission determined to focus on four (4) specific initiatives during this interim session:

1) **Partnerships in Technology-** Two Commission members, the Honorable Robert Bloxom and William Howell, worked with advocates last year to pass the Commission-related resolution (HJ218) that requested that the Secretaries of Technology and Health and Human Resources work with representatives of technology industries to develop an action plan prescribing renewed partnerships among the Center for Innovative Technology (CIT), the Department of Information Technology (DIT) and rehabilitation agencies, including DRS, the Department for the Blind and Vision Impaired (DBVI), the Department for the Deaf and Hard-of-Hearing (DDHH), and the Woodrow Wilson Rehabilitation Center. The intent was to rebuild previously strong relationship among the agencies, which had produced innovative assistive technology in the past and to strengthen cooperation in advancing research and new technologies to respond to the talents and needs of persons with disabilities. James A. Rothrock, DRS Commissioner, with the cooperation of Jerry Coughter, CIT Industry Director, Biotechnology and Medical Applications, has reestablished a team and revised a cooperative agreement defining partnerships, which has been reviewed and signed across Secretariats.

2) **Accessibility Renovations to the General Assembly Building:** One of the first actions of the Lieutenant Governor as he entered his role as Commission Chairman was to hasten the long awaited accessibility renovations to the General Assembly Building and the Capitol through communications with the Clerk of the Senate, Susan Schaar, and the Clerk of the House, Bruce Jamerson. Renovations to the first floor restrooms in the General Assembly Building were begun almost immediately and were completed in December 2002. In written communication the Chairman, on behalf of the Disability Commission, articulated his personal commitment toward making state government more accessible to all through continued communications with the Department of General Services and the Clerks of both Houses. As a consequence, key renovations to the first floor of the General Assembly, where most public meetings take place, were initiated in October 2002.

3) **Community services and the Olmstead Decision:**[4] The Commission's review of the compliance with the President's Executive Order related to the Olmstead Decision and the 2001 CIRCLE Report[5] outlining needed improvements to Home and Community Based (HCB) Medicaid Waiver Services was addressed. The Commission also learned of the need for provider development for underserved populations, specifically persons with autism. The Chairman nominated Dr. Fred Orelove, a newly appointed Commissioner, to head up a work group to study and make recommendations on advancing community services through more flexible HCB waiver programs. Dr. Orelove and the Lt Governor's Office worked to merge the Commission's interests in more flexible Home & Community Based Service (HCBS) Waivers with the Olmstead Waiver Issues Team efforts to ensure coordination and avoid duplication of efforts. Dr. Orelove was elected Chair of the Olmstead Waiver Issues group and is expected to bring recommendations on these areas of concern during the 2003 Interim Session. Carey Friedman, Director of Policy, Office of

---

[4] On June 22, 1999, the United States Supreme Court held in Olmstead vs. L.C. that the unnecessary segregation of individuals with disabilities in institutions may constitute discrimination based on disability. The President issued an Executive Order that directs key federal agencies to work closely with states to ensure full compliance with the Supreme Court's ruling in the Olmstead case.

[5] Virginia Statewide Independent Living Council (SILC), developed an extensive report entitled "Creating and Implementing Responsiveness in Community Living to Endependence" (CIRCLE, 2001) that outlines improvements needed in the HCB Waiver in Virginia to make them more flexible for consumers.

the Lieutenant Governor, was also appointed to serve on the Olmstead Waiver Issues to assist in merging the Commission's and the Olmstead Task Force efforts on HCB Waiver improvements for the Commonwealth. The Commission determined that it would also be effective to collaborate closely with the existing smaller Medicaid waiver work groups including DMAS' disability-specific Waiver teams.

The Commission also heard from the State Autism Planning Council regarding their efforts to develop consistent higher education and training competencies and curricula for professionals and paraprofessionals serving individuals with autism in Virginia and encouraging statewide, multi-college/university collaboration and infrastructure development to advance personnel preparation in autism. The Commission learned the Council has been awarded a small start up grant from the Department of Education (DOE) and related training resources from the Department of Medical Assistance Services (DMAS). The Commission was impressed with these efforts and agreed to find ways to support the Council this year.

4) **Brain Injury Residential Supports**- Commission-initiated HJR 235 required DMAS and Stakeholders to develop an action plan to amend the admission criteria of nursing facility Traumatic Brain Injury (TBI) programs to improve residential support options for persons with brain injury in 2002. A Work Group composed of DMAS, DRS, & Brain Injury Association of Virginia was formed at the request of the Commission. The resulting report described a team decision to defer the amendment of Nursing Facility admission criterion until the new Medicaid case mix reimbursement utilization system (RUGs) is fully implemented. The study suggested also that the development of a Home and Community Based Brain Injury Waiver would be a better option than placing people with brain injuries in nursing homes especially in view of the Olmstead Decision. At Delegate Bloxom's request, the Commission analyzed the budgetary recommendations provided by Diana Thorpe, DMAS Long Term Care Director. However, due to commitments to develop a Medicaid Buy-In program the HCB Waiver imitative was deferred until next year. While the Commission expressed a strong interest in submitting a budget amendment to the 2003 General Assembly based on the DMAS report, due to the budget crisis and the Commission's previous commitment to develop a Medicaid Buy-In program during the 2003 session, the Commission agreed to defer the new Brain Injury Waiver initiative until next year.

The Brain Injury Community honored the Disability Commission with recognition plague and a reception following its October 30, 2002 meeting.

Section II: Housing (Disability Housing Work Group)

The House Joint Resolutions 236 and 251 passed in 2002 with the purpose of strengthening intergovernmental and interagency coordination of housing programs for people with disabilities. In that the Office of the Lieutenant Governor considers housing programs a major untapped resource area for the disability community, Carey Friedman, Director of Policy, Office of the Lieutenant Governor was assigned to chair and participate in the work group. It was hoped that a neutral person such as Mr. Friedman could facilitate the complex collaborations needed among agencies in this important area.

One of the first orders of business was to coordinate the efforts of the Work Group with the Olmstead Task Force and the HB 813 state strategy development.[6] The Disability Housing Work Group was also expanded this year to include key representatives from Virginia Housing Development Authority

[6] HB 813- An Act to amend and reenact §§ 36-137 and 36-139 of the Code of Virginia, relating to the Department and Board of Housing and Community Development; affordable housing for older Virginians and Virginians with disabilities, 2002.

(VHDA), Department of Housing and Community Development (DHCD), Housing Urban Development (HUD), Virginia Board for People with Disabilities (VBPD), Housing Providers, Disability Services Boards (DSBs), Department of Rehabilitative Services (DRS), Department of Mental Health, Mental Retardation, Substance Abuse Services, (DMHMRSAS), Virginia Association of Housing and Community Development Officials (VAHCDO), local Public Housing Authorities, Housing Study Commission, Community Services Broads (CSBs), Department of Medical Assistance Services (DMAS), Centers for Independent Living (CILS), and the Fannie Mae Northern Virginia Partnership Office.

The Chairman stated that the Work Group has been given a mandate for collaborative action given the Commission's resolutions HJR 236/251 and House Bill 813. He also confirmed the Administration's interest in increasing housing choices, voucher use and production of accessible housing in the Commonwealth. The Work Group was informed of the objectives the Commission outlined in HJR236/251 and began monthly meetings on June 19, 2002. The DHCD decided to work through the Commission's Disability Housing Work Group to comply with its requirements for HB 813 rather than developing a separate work group.

Participating agencies validated the need for state government level leadership to guide priorities in housing given the competing needs and the system change initiatives that are underway such as the Olmstead Task Force. The Group also agreed the leadership from the Lieutenant Governor's office and the Disability Commission will help facilitate the development of positive working relationships, which have been absent in the past due to lack of joint efforts. The Commission also recommended increasing relationships with the DSBs throughout the State.

The Group also made significant progress this year in disseminating information to bring about optimal statewide attention to the housing needs of people with disabilities through an address by the Disability Commission Chairman and the participation of national disability speakers at the Governor's annual housing conference. It was also agreed that the Disability Housing Work Group will work closely with a national disability and aging housing consultant team provided by DHCD and VHDA, to identify resources and best practices that can be used to improve housing opportunities for persons with disabilities throughout the Commonwealth. The Work Group has also gained consensus that interagency/intergovernmental planning is needed for joint training to improve understanding and communication between the housing and the disability communities and to facilitate the development of effective state and local partnerships of housing and service providers.

The Commission's Housing Work Group established a Phase I Work Plan for the next two years that focused on six (6) important action areas, which may be modified after strategic planning begins with the national consults. The Phase I Work Plan is as follows:

Action Area 1: Strengthening Intergovernmental and Interagency Coordination of Housing Programs for People with Disabilities.

Carey Friedman and Bob Washington, Managing Director, Finance & Administration, VHDA, informed the Commission that the Work Group is grateful for the Disability Commission's formation of the Disability Housing Work Group and that there was consensus that the Work Group is needed and has the appropriate membership. The Work Group recommended that the Commission maintain the Work Group for the next several years and use the resources of DHCD and VHDA to utilize a national housing consultant to help develop a strategic housing action plan for the Commonwealth over the next two years.

Action Area 2: Information Sharing: Improving Housing Information and Referral and Developing a Housing Availability Registry

Barbara Gilley, State Representative of DSBs, Anne Davis, HUD Representative, and Diana Thorpe, DMAS "Real Choice" Grant worked together to study and make recommendations to improve information sharing on housing for people with disabilities. The Commission agreed to revisit the concept of model housing registries in the future when the economy stabilizes. Housing registries are designed to advertise and maximize the use of accessible housing stock by people who actually need accessible housing.

Action Area 3: Continuous Improvements in Fair Share Section 8 Voucher and Mainstream Voucher Section 8 Voucher Utilization

Fair Share Vouchers: VHDA verified that there are 42,000 regular Fair Share Section 8 and housing choice vouchers, and only 26% of these are held by persons with disabilities. The Commission learned the State has much room to improve on use of the regular Fair Share voucher program in that some Public Housing Authorities (PHAs) in Virginia are not meeting the new HUD requirement for mandatory use of 97% vouchers awarded to each PHA. If the vouchers are not used, the PHA now loses the vouchers. The need for education on better utilization of the vouchers is illustrated by the fact that 22 of the 40 in Virginia were unable to apply for new "Fair Share" vouchers and some faced recapture of federal voucher funds. VHDA reported ways it is attempting to improve regular, Fair Share voucher utilization for people with disabilities by:

- More aggressive outreach to landlords;
- Strategies to increase supply of accessible units within HUD's rent limits;
- Additional assistance and services to voucher holders in locating, adapting and leasing units;
- Ongoing training to build administrative agents' management capacity; and
- A new VHDA "Supportive Housing Officer."

The HUD also outlined a partnership between the VHDA, HUD and the VAHCDO expressly to expand voucher opportunities for people with disabilities and to provide training opportunities to both the housing and disability communities.

Mainstream Vouchers: The Commission learned that Mainstream vouchers are given to states on a lottery basis to be used exclusively for persons with disabilities. There are only 1900 Mainstream vouchers nationwide. Mainstream vouchers are available to both PHAs and nonprofit providers. The Mainstream program is the one housing voucher program that non-profit providers can apply for on their own for a particular population (unlike the Fair Share program, which requires the involvement of PHAs). The odds of winning the vouchers are improved, however, when the non-profit provider partners with PHAs. Bill Fuller, HOME Inc., informed the Commission that the more applications that are developed by Virginia providers or partnerships, the more chances of winning vouchers through the mainstream lottery. He encouraged the Commission to ensure that there is training of Non-profit organizations to help them learn how to apply for Mainstream Vouchers. The Commission agreed challenged stakeholders to work together to provide technical assistance and training to increase partnerships between the local disability and the housing assistance agencies to apply for Mainstream vouchers for Virginians with disabilities who need housing assistance.

Action Area 4: Improving Budget Planning for Housing Services

The Commission determined this item was deferred due to lack of time and will be addressed in the 2003 Interim Session.

Action Area 5: Low Income Housing Tax Credits

At the request of advocates on the Commission's Disability Housing Work Group, Virginia Housing Development Authority (VHDA) staff prepared a recommended change to the 2003 Low Income Housing Tax Credit Qualified Allocation Plan (LIHTC QAP) to promote the development of affordable, accessible rental housing units. This proposed change was designed to ensure that the competitive LIHTC scoring system provides every developer of LIHTC housing with a strong incentive to include *accessible* units in their development plan. The Work Group agreed this approach could significantly increase the availability of accessible housing for Virginians with disabilities and submitted comments in support of the change to VHDA during the public hearing process. The VHDA Board approved this recommendation in November 2002. An additional change to the LIHTC QAP, that will create a special pool of credits for developments providing supportive housing, was also approved by VHDA's Board in November 2002 but was deferred until 2004 to give housing sponsors time to adjust their development planning to fit the newly framed priorities. The 2003 plan went into effect following the Governor's approval in December 2002.

The Disability Housing Work Group's proposed changes to the 2003 Low Income Housing Tax Credit Qualified Allocation Plan were as follows:

> (1) Any non-elderly development in which the greater of 5 or 10% of the units (not to exceed 14) (i) provide federal project-based rent subsidies or equivalent assistance in order to ensure occupancy by extremely low-income persons; (ii) conform to ADAAG requirements as set forth in the Virginia building code as BOCA Chapter 11; and (iii) are actively marketed to people with special needs in accordance with a plan submitted as part of the application for credits (if special needs includes mobility impairments, the units described above must include roll-in showers and roll under sinks and front controls for ranges). (50 points)
>
> (2) Any non-elderly development in which the greater of 5 or 10% of the units (not to exceed 14) (i) have rents within HUD's Housing Choice Voucher ("HCV") payment standard; (ii) conform to ADAAG requirements as set forth in the Virginia building code as BOCA Chapter 11; and (iii) are actively marketed to people with mobility impairments including HCV holders in accordance with a plan submitted as part of the application for credits. (30 points)
>
> (3) Any non-elderly development in which four percent (4%) of the units conform to ADAAG requirements as set forth in the Virginia building code as BOCA Chapter 11. (15 points)

Action Area 6: Accessibility and Fair Housing (Enforcing the Building Code)

This action area was also deferred until the 2003 Interim Session due to limited time and the complexity of the other action areas.

Section III. Medicaid Buy-In Program for Working Virginians with Disabilities

Lieutenant Governor Kaine commended the Disability Commission for its role in advancing a Medicaid Buy-In (MBI) program for Virginia in past years. He informed new members that the MBI program, if

implemented in Virginia, would allow working people with disabilities to pay a premium to participate in the State's Medicaid health care program, as though they were purchasing private health care coverage. In essence, if implemented, the program will allow the State to remove major disincentives for people with disabilities who are willing to work but cannot because they risk loss of health care coverage (Medicaid) if they earn too much income. The 2002 Commission-initiated House Joint Resolution 219 and Senate Joint Resolution 128 were reviewed this year by William H. Cherry, Chair, Virginia Board for People with Disabilities. At the Disability Commission meeting, Mr. Cherry stated that the Resolutions articulated key directives for DMAS to work, in collaboration with a diverse group of stakeholders, to define the steps needed to implement an effective Medicaid Buy-In Program for Virginia, with the goal of utilizing data to develop initial legislation and budgetary recommendations that will be necessary to implement the Buy-In.

The Chairman recognized the Commission's role in encouraging the Departments of Medical Assistance Services and Rehabilitative Services to work together on a proposal to the federal Centers of Medicare and Medicaid Services (CMS) in 2001 for a Medicaid Infrastructure Grant (MIG) offered to states to enhance employment options for people with disabilities by targeting improvements to the State's Medicaid Program. This four-year grant was awarded to DMAS effective January 2002 and is being implemented with the collaborative involvement of DRS and the Virginia Office of Protection and Advocacy (VOPA). The Commission learned that DMAS in close collaboration with DRS and VOPA used the Medicaid Infrastructure grant resources to help identify the steps needed to implement an effective Medicaid Buy-In Program for Virginia, toward the development of initial legislation and budgetary recommendations necessary to implement the Buy-In. Specifically, DMAS surveyed potential populations and completed research with other states to help delineate costs and potential financing needs for the program. DMAS also completed a "statewide listening tour" to gain local consumer input in order to make recommendations as to the effective implementation of a Medicaid Buy-In program for the Commonwealth.

DMAS sought the participation of the Department for the Blind and Vision Impaired, the Department of Mental Health, Mental Retardation and Substance Abuse Services, the Department for the Deaf and Hard-of-Hearing, the Virginia Board for People with Disabilities, and established an advisory committee of consumers, advocates, and stakeholders. DMAS also solicited the input from stakeholders, disability advocates, business employers, and others, including the Business Leadership Forum with the purpose of unveiling the Buy-In as an economic and workforce opportunity for business. DMAS submitted a report to the Disability Commission as required by the resolutions.

Highlights of the first year of the MIG grant are shown below, some of which directly involved the Chairman and Disability Commission members:

- **MBI Employer Leadership Forum:** On June 18, 2002 at Richmond's SunTrust Bank Headquarters, A. Dale Cannady, Regional President and CEO, SunTrust Bank of Central Virginia, Katherine McCary, Accessing Community Talent Program Director, SunTrust Vice President and Chair of the Virginia Business Leadership Network, along with the Honorable John Hager and Lieutenant Governor Tim Kaine welcomed a total of 30 employers from some of the State's top businesses to discuss the Medicaid Buy-In program as an economic opportunity for Virginia. They were joined by leaders from State government including the Honorable Yvonne Miller, a Disability Commission member, to learn that the MBI will allow working persons with disabilities an opportunity to achieve higher income and resource levels while continuing their Medicaid health care coverage, if needed. It was agreed this opportunity would significantly benefit businesses by expanding the available work force and reducing employee, family, and service provider concerns about "earning too much " and loss of Medicaid health care benefits. The employers participated in a discussion to define current barriers and make recommendations for program development that would be readily accommodated in a business environment. Follow-up communications were promised as the Virginia MBI program

developed over the next few years. A summary of the Employer Leadership Forum results is shown in Appendix G. Two participants of the Employer Forum later presented to the Disability Commission on October 30, 2002 and clarified the interests of business in the MBI. Katherine McCary, SunTrust VP and new Disability Commission member, and Don Wiggins, President of VA Trusses, Inc. in Yorktown, stated that they supported the immediate development of a Medicaid Buy-In.

- **Medicaid Infrastructure Grant Advisory Committee:** This Committee was formed to solicit input of stakeholders and advocates. This stakeholder group includes consumers, advocates, and public and private service providers from each region of the State, and senior staff from a number of State agencies (45 persons total). On May 28, 2002, the Honorable Jane H. Woods, Secretary of Health and Human Resources, kicked off the MIG Advisory Committee and challenged members to become actively involved in the development of this program. Three (3) Subcommittees were formed to accomplish the work: a Technical Design group, a Communication & Education Group, and a Coordination of Services group. Recommendations were developed from each group and were included in a final report to the Commission.

- **Consumer Surveys:** DMAS conducted a survey with over 3,000 individuals with disabilities enrolled as Aged, Blind, and Disabled Medicaid recipients during the 2002. With a 60 % response rate, DMAS found that only 6% reported having a paying job. Of those not working, 36% said they want to work. Job training and assistance with transportation were cited most often, as services that they thought would enable them to work. The majority of those not working indicated that they believed their disability made it impossible to work.

- **Listening Tours:** DMAS contracted with VCU to facilitate discussion groups with consumers, providers, advocates and agency representatives with two meetings per day held in five regions of the State. Approximately 150 individuals attended representing a broad array of consumers and other stakeholders. With an array of Buy-In design options discussed, stakeholders who attended the Listening Tour recommended the following design elements:
  - Income limit of 250% of Federal Poverty Limit is a reasonable amount
  - Resources - $4,000- $10,000
  - Cost-sharing – premiums – 5% of income

HJR-219/SJR-128 Report

The Chairman reported that Patrick Finnerty, Director, Department of Medical Assistance Services, forwarded the final report for HJR-219/SJR-128 on December 6, 2002, which summarized all MIG activities for the year and four (4) options for a Buy-In for the Commission consideration. An Executive Summary of the final report was distributed to each member. The Chairman accepted the report for Commission review and thanked Kathryn Kotula and Jack Quigley, lead DMAS staff who prepared the report. He also thanked the staff of the collaborating state agencies, especially DRS and VOPA, and all stakeholders participating in the Medicaid Infrastructure Grant (MIG) Advisory Committee.

From this report and previous presentations from lead MIG staff, Kathryn Kotula, Director, Division Policy and Research, DMAS and Joseph Ashley, Assistant Commissioner for Grants and Special Programs, DRS, the Disability Commission learned of the key Medicaid Buy-In design elements that may be arranged according to each state's own design. One important design feature is the program's *eligibility criteria* for participants. How these criteria are defined directly influences the cost of the program for the State. Broadly defined eligibility criteria will allow many people to participate but will

add many new enrollees to Medicaid and will be costly to the state. More restrictive eligibility will allow fewer new recipients and will be less costly to the State. The staff also explained that criteria could be changed over time. Thus, the program could be started with relatively restrictive criteria during the current budget crisis and could be broadened later when the State's economy improves.

The Commission learned that the three (3) aspects of MBI eligibility that can be differentially defined by each state are:

- Income Eligibility Levels (earned and unearned)
- Resource/Asset Allowance Levels
- Cost–Sharing /Monthly Premiums, Co-pays Levels

The Commission also learned that the federal government requires that the program:

- Be statewide and available to all people who meet criteria on an equal basis
- Must have same benefits as the State's regular Medicaid plan
- Must have a sliding scale for cost-sharing, such as premiums or co-payments

DMAS MBI Options for Consideration

In view of the fact many states have inaccurately estimated the cost of the Medicaid Buy-In program, DMAS is working to develop methods to accurately forecast enrollment and subsequent costs. Based on diverse input received from stakeholders in 2002, DMAS outlined four (4) Design Options for Disability Commission consideration for a Virginia Buy-In program. In order to restrict the program due to budget limitations, DMAS determined that by focusing on the *criterion of unearned income limits*, the State could restrict program participation as needed during the budget crisis. The options below show numbers for known potential MBI participants, that is, persons currently on Social Security Disability Income (SSDI). DMAS informed the Commission that the number of other potential MBI participants, who are not currently in the system, is unknown and is difficult to estimate at this juncture.

Option 1:

- **Unearned income limit @ 81.2% FPL** (Current unearned income limit @ 80% with the addition of the new Virginia 80% of poverty eligibility group added in 2002)
- SSDI beneficiaries $500-599 = 17,610 (possible participants)
- 1,391 projected participants who would be potentially be interested (value imputed from experience in other states)
- $4.0 mil. projected General Fund (GF) expense

Option 2:

- **Unearned income limit @ 94.7% FPL**
- SSDI beneficiaries $500-699 = 35,475
- 2,820 projected participants who would potentially be interested
- $8.1 mil. projected GF expense

Option 3:

- **Unearned income limit to 108.3% FPL**
- SSDI beneficiaries $500-799 = 50,278

- 4,004 projected participants who would potentially be interested
- $11.5 mil. projected GF expense

Option 4:
- **No unearned income limit**
- SSDI beneficiaries $500+up = 104,512
- 5,261 projected participants
- $15.1 mil. projected GF expense

Comments from Consumers/Advocates

Consumer and advocate representatives (Ray Bridge and Maureen Hollowell) from the Technical Design Subcommittee of the MIG Advisory Committee also presented to the Disability Commission to give their perceptions of the ideal Medicaid Buy-In design without the filter of budget limitations. Listed below are the Con*sumer Expectations for Virginia's Medicaid Buy-In Program* agreed upon by members throughout the Commonwealth, which provide a long-range view of a Buy-In Program for the Commonwealth:

Virginia Consumers and Advocates in 2002 have agreed that they endorse a Medicaid Buy-In Program that is/has:

- An employment incentive program for persons with disabilities, not a welfare program;
- Simple for consumers, employers, and state administration;
- Affordable co-payments and premium policies that would defray costs, yet allow people who meet eligibility criteria to retain Medicaid;
- Coordinated with employer-sponsored health plans;
- Allowances for personal savings/retirement accounts;
- Allowances for people with disabilities to purchase Medicaid at full cost; when incomes or resources exceed eligibility requirements, and no private adequate health insurance is available due to disability;
- Transitional safeguards when employment or earning capacity is interrupted or lost;
- Provisions for "easy back on" to Medicaid program, if needed, which disregards assets that were earned under the Buy-In and deposited in a retirement account or other designated savings accounts;
- Allowances to participate in Medicaid Home and Community-Based Services waivers (e.g., DD, MR, HIV) but encourages competitive employment;
- Access to Personal Assistance Services (PAS) for those who need those services to start or return to work and retain competitive employment.
- Tracking systems that document cost:benefit outcomes including taxes earned, reductions in alternative program costs, reduced employee retraining, and reduced employer paperwork costs; and
- A staggered plan for Buy-In Implementation due to the current budget crisis (i.e., the program will limit the number of participants at first, but incorporates consumer expectations for robust provisions and a long-term commitment as a future vision).

Commission's MBI Plan

Responding to consumer expectations and the current budget realities, with the Commission's consent, the Lieutenant Governor met with Medicaid Infrastructure Grant Staff on November 9th to develop an alternative "pilot study" option for the Medicaid Buy-In for this General Assembly session. The Lieutenant Governor determined that based on preliminary estimates, the DMAS' lowest cost option (#1) was cost prohibitive for this year if the program was opened up to all eligible persons in the State as

required in a regular Medicaid Buy-In program. To continue the progress made this year, the Lieutenant Governor decided to advance an affordable, small pilot Medicaid Buy-In program despite current budget limitations. This would have to be accomplished through a special research waiver for a sample of 200 persons for the second half of FY 2004. Although the CMS has only approved two 1115 research waivers for the Buy-In pilot projects in other states, the Lieutenant Governor deemed that it would be appropriate for Virginia to apply and appeal to CMS for a pilot small project rather than remaining inactive in a study-mode for another year.

At the December 6th Commission Meeting, the Chairman distributed a letter, that he had forwarded on behalf of the Commission, to Governor Mark Warner requesting his support for an 1115 Research Waiver Plan with a budget request for $430,000 to support a pilot Buy-In program. The plan recommended that the Commonwealth apply to Centers of Medicare and Medicaid Services (CMS) for a Research Waiver pilot program for 200 people effective the second half of FY 2004 to begin live implementation and better study/predict costs for the future. The Chairman also stated that he would personally pursue the request with Claude Allen, Deputy Secretary of the U.S. Department of Health and Human Services behalf of the Commission. Other administrative actions were undertaken by the Commission related to the MBI are listed in the below summary of final actions this year.

Disability Commission Legislative/Administration Action Summary Plan 2003

The Disability Commission outlined the following final legislative agenda for the upcoming General Assembly Session and administrative follow-up actions based on the work of the 2002-03 interim session at the December 6, 2002 meeting.

I. Legislative Actions for 2003 Session

Composition of the Virginia Broad for People with Disabilities: In public comment, the Disability Commission was made aware of the concerns of private providers of services for Virginians with disabilities that no direct providers of services had a statutorily identified slot on the Virginia Board for People with Disabilities. The Commission agreed that a minor language change in §51.5-31 would ensure direct service provider representation as follows:

- Sponsor legislation to modify §51.5-31 to specify that at least one member of the Virginia Board for People with Disabilities be a representative of a service provider organization by replacing the term, *agency concerned with services*, with the term, *agency that provides services* in the listing of the Board's composition. Patron: Bloxom

Medicaid Buy-In Action: Subsequent to the December 6th meeting, Commission members determined that legislation was needed to ensure the development of the CMS Waiver application for a Buy-In program in FY 2004.

- Sponsor legislation to require the Department of Medical Assistance Services to apply for a Section 1115 Waiver from the federal Centers for Medicare and Medicaid Services to implement a Medicaid buy-in for those working persons with disabilities whose earnings are too high to qualify for traditional Medicaid comprehensive health care services. Eligible individuals would include those who have (i) income not in excess of 175 percent of the federal poverty level, (ii) minimum gross monthly earnings of at least $400; and (iii) maximum unearned income per month not exceeding 80 percent of the federal poverty level.
  Patrons: Puller and Van Landingham

II. Related Administrative Actions for 2003

The Commission determined numerous strategic, administrative actions related to the upcoming 2003 General Assembly Session due to the work accomplished during the Interim session. These actions are listed below in following categorical order: 1) Commission Community Program Initiatives, 2) Housing, and 3) Employment -- the Medicaid Buy-In. The Commission agreed to defer Transportation issues until next year due to the complexities of the other priorities this year.

1) Commission Actions Related to Community Program Initiatives

Monitoring Impact of Budget Cuts

- After release of the Governor's Budget, Commission members decided they would further analyze reductions in services and review impacts of the DRS plans to manage service reductions in order to determine if budget amendments to preserve basic services are needed.

Technology Partnerships

HJR-218 has encouraged the renewal of partnerships among the Center for Innovative Technology (CIT), the Department of Information Technology (DIT), and rehabilitation agencies to strengthen cooperation in advancing research. Next year, the Commission will review the revised cooperative agreement defining the partnerships that has been developed and signed by the Honorable Jane Woods and George Newstrom, Secretaries of Health and Human Resources and Technology.

- A letter for Chairman's signature will be prepared thanking the Center for Innovative Technology (CIT), the Department of Information Technology (DIT) and rehabilitation agencies for their collaborative work and encouraging ongoing efforts as outlined in the cooperative agreement.

Accessibility Renovations: General Assembly and Capitol Buildings

The Commission made progress this year in hastening accessibility renovations to the first floor restrooms in the General Assembly Building (GAB) and will continue encouraging that other accessibly recommendations in described in the Capital Access Study are completed in a timely manner.

- Upon completion of GAB renovations, a letter for Chairman's signature will be prepared to the Department of General Services and the Clerk's office praising the completion of these renovations and encouraging that other priority accessibility recommendations in Capital Access Study are also competed in a timely manner.

Personnel Development in Autism

The Commission recognizes the striking rise in autism incidence rates and the lack of Medicaid Waiver providers with expertise in autism throughout the Commonwealth. The Commission was impressed with the work of the Statewide Autism Planning Council and will revisit the needs for training resources and increased services again next year.

- A letter for Chairman's signature will be prepared to encourage the State Council of Higher Education of Virginia (SCHEV) to recognize the work of the Disability Commission's State Autism Planning Council to develop *Higher Education and Training Competencies and Curricula for Professionals and Paraprofessionals Serving Individuals with Autism in Virginia* and to encourage wider multi-cultural college/university collaboration and infrastructure development to advance personnel preparation in autism for Virginia.

Brain Injury Service Needs

The Commission considered sponsoring a budget amendment to develop a small Brain Injury Waiver (i.e., Home and Community-Based Waiver). However, with the previous prioritization of the Medicaid Buy-In program for this year, the effort was deferred until next year.

- A letter for Chairman's signature will be prepared to direct DMAS, with collaborative stakeholder input, to prepare a Brain Injury Medicaid waiver program plan, including licensing management plans, to be submitted contingent upon future funding availability.

2) Commission Actions Related to Housing

Given the accomplishments of the Disability Commission's Housing Work Group this year addressing the mandates of the HJR 251/236, the Commission elected to continue its emphasis and action plan on housing next year.

- A letter for Chairman's signature will be prepared to direct the Secretaries of Trade and Commerce and Health and Human Resources to continue the Disability Commission's Housing Work Group and Housing Action Plan development, in partnership with the Olmstead Task Force and HB 813 state strategy development. The Work Group will continue to be charged with strengthening intergovernmental and interagency coordination of housing programs for people with disabilities among state, federal and local agencies and other stakeholders and beginning collaborative training on use of Fair Share vouchers.

- A letter for Chairman's signature will be prepared congratulating the VHDA Board on the approved and pending changes to the 2003 Low Income Housing Tax Credit, Qualified Allocation Plan (QAP) developed in concert with the Disability Commission's Housing Work Group and outlining next steps in increasing accessible housing construction incentives.

3) Commission Actions Related to Employment: Medicaid Buy-In Development

To address the remaining consumer/advocate Buy-In concerns, the Commission requested that the Lieutenant Governor clarify with DMAS that the pilot model being proposed was constructed to restrict participation due to lack of resources this year and should be considered only a starting point for Virginia's Buy-In program. The Commission agreed with consumers that there was need to extend Personal Assistance Services (PAS) and Home and Community Based (HCB) Waiver Service eligibility to persons participating in the Medicaid Buy-In in the future. The Chairman gave assurances that the future Buy-In model will draw on the expectations articulated in the Technical Design Subcommittee Report and that it is the Commonwealth's intention to address those concerns through research and planning in the future.

- A letter for Chairman's signature will be prepared requesting that DMAS, in full collaboration with DRS and VOPA, work with stakeholders to examine options and submit an update for: 1) the future provision of employment-related Personal Assistance Services (PAS) for Buy-In participants by November 30, 2003; and 2) the feasibility of extending the Medicaid Buy-In option to Home and Community-Based Waiver participants by November 30, 2004.

A final note: The Lieutenant Governor recognized the departure of Brian Parsons, Director of the Virginia Board for People with Disabilities (VBPD) who accepted an appointment with the U.S. Department of Labor, Disability Employment Office in September 2002. He thanked Mr. Parsons for his outstanding contributions over the last 15 years in State service and for his deep commitment to the work of this Group as staff to the Commission since 1994.

APPENDIX A
HOUSE JOINT RESOLUTION NO. 34

Continuing the work of the Disability Commission.

Agreed to by the House of Delegates, March 10, 2000
Agreed to by the Senate, March 10, 2000

WHEREAS, in 1990 the Commission on the Coordination of the Delivery of Services to Facilitate the Self-Sufficiency and Support of Persons with Physical and Sensory Disabilities, now known formally as the Disability Commission, was established to assess the delivery of services to Virginia's citizens with physical and sensory disabilities; and

WHEREAS, the 1992 report of that Commission established a ten-year plan of action that formed a system of programs and services within an infrastructure designed to be consumer-focused and community-based; and

WHEREAS, the work of the Commission was continued by successive sessions of the General Assembly in order to provide ongoing support in developing and reviewing recommendations for service program changes and funding related to persons with physical and sensory disabilities until the year 2000 as well as designating the Virginia Board for People with Disabilities as the agency to provide staff support to the Commission; and

WHEREAS, today this Commission is comprised of 18 members and is chaired by the Lieutenant Governor; and

WHEREAS, in 1995 the Secretary of Health and Human Resources completed an evaluation of recommendations made by the Commission and provided an overview of accomplishments, as well as gaps in services, to date; and

WHEREAS, each year, the Commission continues to identify legislative priorities that need to be examined by the General Assembly and is viewed as a forum where the needs and issues of people with disabilities can be addressed through the joint cooperation of the legislature, the Lieutenant Governor, the Governor's appointees, and the agencies of the Executive branch; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Disability Commission be continued until the year 2004. Technical assistance and staff support, with additional funding, shall be provided to the Disability Commission by the Virginia Board for People with Disabilities. The first priority of the Commission shall be to develop a strategic plan in which priorities are set for subsequent Commission activities.

The membership of the Disability Commission shall consist of 18 persons to be comprised in the following manner: 6 members, in accordance with the principles of Rule 16 of the Rules of the House of Delegates, and 1 former member of the House of Delegates to be appointed by the Speaker of the House; 3 members and 1 former member of the Senate to be appointed by the Senate Committee on Privileges and Elections; the Lieutenant Governor; and 6 citizen members to be appointed by the Governor, two of whom shall be consumers with disabilities. In appointing the remaining four citizen members, the Governor should consider persons representing the medical, insurance, and rehabilitation fields. The Lieutenant Governor shall serve as chairman, and a legislative member shall serve as vice-chairman.

All agencies of the Commonwealth shall provide assistance to the Commission for this study, upon request.

The Commission shall submit regular, periodic reports of its findings and recommendations to the Governor and the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

APPENDIX B
HOUSE JOINT RESOLUTION NO. 218

Requesting the Secretaries of Technology and Health and Human Resources to work with representatives of technology industries to develop an action plan prescribing renewed partnerships among the Center for Innovative Technology (CIT), the Department of Information Technology (DIT) and rehabilitation agencies, including the Department of Rehabilitative Services, the Department for the Blind and Vision Impaired, the Department for the Deaf and Hard-of-Hearing and the Woodrow Wilson Rehabilitation Center, to strengthen cooperation in advancing research and new technologies to respond to the talents and needs of persons with disabilities.

Agreed to by the House of Delegates, January 31, 2002
Agreed to by the Senate, March 5, 2002

WHEREAS, in previous years, the Center for Innovative Technology, the Department of Information Technology and the agencies for which the Secretary of Health and Human Resources is responsible worked collaboratively to explore mutual opportunities for technology development and application and made recommendations for implementing the assistive technology opportunities within the Center for Innovative Technology targeting strategy for developmental research; and

WHEREAS, the Center for Innovative Technology and the Department of Information Technology made significant strides in identifying assistive technology adaptations among the Commonwealth's inventory of technology projects and sought to apply that information to assist Virginians with disabilities; and

WHEREAS, the previous partnership allowed rehabilitation agencies to act as resources for product developers and laboratories for field testing technology; and

WHEREAS, new technological advances demand a renewed, intensified partnership between rehabilitative engineers and specialists and representatives of the Center for Innovative Technology and the Department of Information Technology for the purpose of applied research on technology development, transfer and potential commercial values of such devices and field testing opportunities with highly-motivated users; and

WHEREAS, these new partnerships should also include joint ventures through collaborative grant proposals, potential research endeavors and public awareness collaborative ventures; and

WHEREAS, the Center for Innovative Technology and the Department of Information Technology should be commended for their previous efforts in furthering and disseminating technological advances that have improved the productivity and quality of life for all Virginians; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Secretaries of Technology and Health and Human Resources be requested to work with representatives of technology industries to develop an action plan prescribing renewed partnerships among the Center for Innovative Technology (CIT), the Department of Information Technology (DIT) and rehabilitation agencies, including the Department of Rehabilitative Services, the Department for the Blind and Vision Impaired, the Department for the Deaf and Hard-of-Hearing and the Woodrow Wilson Rehabilitation Center, to strengthen cooperation in advancing research and new technologies to respond to the talents and needs of persons with disabilities. The action plan should encourage high-technology companies in Virginia to consider adapting selective technologies into assistive technology devices to expand the gifts, talent and productivity of persons with disabilities.

All agencies of the Commonwealth shall provide assistance to the Secretaries of Technology and Health and Human Resources, upon request. The Secretaries of Technology and Health and Human Resources shall submit a report on the plan development, including past achievements, current initiatives and future opportunities, to the Disability Commission prior to the 2003 Session of the General Assembly. The Secretaries of Technology and Health and Human Resources shall complete their work by November 30, 2002, and shall submit their written findings and recommendations to the Governor and the 2003 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

APPENDIX C
HOUSE JOINT RESOLUTION NO. 235

Urging the Department of Medical Assistance Services to develop a plan by July 1, 2002, in collaboration with the Department of Rehabilitative Services and the Brain Injury Association of Virginia, to consider amending the admission criteria of nursing facility Traumatic Brain Injury (TBI) programs to include persons diagnosed with nondegenerative, nontraumatic injury to the brain or otherwise develop a plan to improve access for persons with TBI.

Agreed to by the House of Delegates, January 24, 2002
Agreed to by the Senate, February 28, 2002

WHEREAS, Virginia's State Plan under Title XIX of the Social Security Act provides methods and standards for establishing payment rates for long-term care that includes an add-on reimbursement rate for nursing facility residents in specialized Traumatic Brain Injury (TBI) programs; and

WHEREAS, individuals must meet five criteria for admission to the nursing facility TBI Program, as follows:

(a) The resident meets the minimum nursing facility criteria as specified in 12 VAC 30-60-300 as well as meets the pre-admission screening requirements for nursing facility level of care;

(b) The resident has a physician's diagnosis of TBI that is also recorded on the Patient Intensity Rating System Review (DMAS-80) form by diagnosis code 85000 (trauma to the brain);

(c) Abusive, aggressive, or disruptive behavior has been documented within 30 days prior to admission and also recorded on the Patient Intensity Rating Review (DMAS-80) form by coding behavior pattern three or four. The review form must also be supported by documentation in the medical record;

(d) The resident is at least 14 years old; and

(e) The resident is appropriate for nursing facility placement and the facility is able to safeguard him such that the resident will not be a physical or emotional danger to himself or other residents of the unit; and

WHEREAS, only one nursing facility within the Commonwealth has established a specialized TBI Program since 1997, when DMAS first included a reimbursement rate add-on for specialized TBI programs in Virginia's State Plan; and

WHEREAS, it is recognized that individuals with brain injuries who have challenging behaviors may be placed inappropriately in state mental health facilities; and

WHEREAS, pursuant to Senate Document No. 16 (1991), "Action Plan for the Appropriate Treatment of Persons with Brain Injuries in the Mental Health System," the Department of Mental Health, Mental Retardation and Substance Abuse Services, recommended that the Department of Rehabilitative Services and DMAS study the use of dedicated brain injury units in nursing facilities, and explore strategies to expand these services where feasible and appropriate; and

WHEREAS, individuals with nondegenerative, nontraumatic brain injury who meet all of the other criteria for admission and continued stay in a nursing facility TBI Program (i.e., criteria a, c, d and e referenced above) have a need for, and could benefit from, the same specialized treatment and services available in a nursing home facility program for residents with TBI; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Department of Medical Assistance Services be urged to develop a plan by July 1, 2002, in collaboration with the Department of Rehabilitative Services and the Brain Injury Association of Virginia, to consider amending the admission criteria of nursing facility Traumatic Brain Injury (TBI) programs to include persons diagnosed with nondegenerative, nontraumatic injury to the brain or otherwise develop a plan to improve access for persons with Traumatic Brain Injury (TBI).

APPENDIX D
HOUSE JOINT RESOLUTION NO. 236

Encouraging the Disability Commission to make the identification of improved housing opportunities for citizens with disabilities its top priority for the 2002-2003 interim session and to facilitate collaboration among stakeholders to develop recommendations for strengthening intergovernmental and interagency coordination of housing programs for people with disabilities.

Agreed to by the House of Delegates, February 12, 2002
Agreed to by the Senate, February 28, 2002

WHEREAS, the lack of affordable and accessible housing remains a major barrier to community living and full participation in community life for many persons with disabilities; and

WHEREAS, individual efforts of the Disability Commission, the Virginia Housing Development Authority and others have identified the need for strengthened intergovernmental and interagency coordination for improved housing opportunities for persons with disabilities; and

WHEREAS, the Disability Commission has engaged a work group of key stakeholders including persons with disabilities and governmental and organizational representatives concerned about housing for people with disabilities; and

WHEREAS, in the Disability Commission's review of housing, numerous lost opportunities for affordable housing for persons with disabilities were documented related to federal Section 8 Voucher programs; and

WHEREAS, the Disability Commission found that on a national basis, only 10 percent of public housing authorities (PHAs) applied for Section 8 Vouchers, specifically designed for persons with disabilities, over the last four years and that while statistics for Virginia were better (28 percent of all PHAs), they were still disappointing, given the long Section 8 waiting lists that exist for people with disabilities within the Commonwealth; and

WHEREAS, the Disability Commission has also found that accessible housing production has in no way kept pace with identified need and that the Commonwealth's housing policies could be modified to provide incentives for greater production of accessible housing; and

WHEREAS, national housing consultation has provided the Disability Commission with action recommendations to improve access and use of Section 8 Vouchers and other federal opportunities specifically designed for persons with disabilities and the production of accessible housing stock; and

WHEREAS, housing assistance agencies have also reported a marked communication gap between state/local housing authorities and the disability community; and

WHEREAS, these findings were also documented in the 1999 Joint Legislative Audit and Review Commission study on housing; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Disability Commission be encouraged to make the identification of improved housing opportunities for citizens with disabilities its top priority for the 2002-2003 interim session and to facilitate collaboration among stakeholders to develop recommendations for strengthening intergovernmental and interagency coordination of housing programs for people with disabilities; and, be it

RESOLVED FURTHER, That the Disability Commission's work group be expanded to include the participation and involvement of all federal, state, local and community agencies, organizations and individuals concerned about housing for people with disabilities; and, be it

RESOLVED FURTHER, That the Disability Commission and its work group be encouraged to develop a Housing Action Plan that (i) identifies the mission, composition, responsibilities, and funding for an intergovernmental, interagency coordinating body on housing and disability issues, (ii) identifies actionable strategies consistent with the mission and responsibilities of state housing agencies for the maximizing use of Section 8 programs and other

federal housing and housing production programs for individuals with disabilities in Virginia, and (iii) develops a system of incentives and rewards for building accessible housing; and, be it

RESOLVED FINALLY, That the Disability Commission and work group make use of existing research and presentation opportunities, including the annual state housing conference, to bring about optimal statewide attention to the housing needs of people with disabilities and available federal opportunities.

AND

HOUSE JOINT RESOLUTION NO. 251

Encouraging the Disability Commission to make the identification of improved housing opportunities for citizens with disabilities its top priority for the 2002-2003 interim session and to facilitate collaboration among stakeholders to develop recommendations for strengthening intergovernmental and interagency coordination of housing programs for people with disabilities.

Agreed to by the House of Delegates, January 31, 2002
Agreed to by the Senate, February 28, 2002

WHEREAS, the lack of affordable and accessible housing remains a major barrier to community living and full participation in community life for many persons with disabilities; and

WHEREAS, individual efforts of the Disability Commission, the Virginia Housing Development Authority and others have identified the need for strengthened intergovernmental and interagency coordination for improved housing opportunities for persons with disabilities; and

WHEREAS, the Disability Commission has engaged a work group of key stakeholders including persons with disabilities and governmental and organizational representatives concerned about housing for people with disabilities; and

WHEREAS, in the Disability Commission review of housing numerous lost opportunities for affordable housing for persons with disabilities were documented related to the federal Section 8 Voucher programs; and

WHEREAS, the Disability Commission found that on a national basis, only 10 percent of public housing authorities (PHAs) applied for the Section 8 Vouchers, specifically designed for persons with disabilities, over the last four years and that while statistics for Virginia were better (28 percent of all PHAs), they were still disappointing, given the long Section 8 waiting lists that exist for people with disabilities within the Commonwealth; and

WHEREAS, the Disability Commission has also found that accessible housing production has in no way kept pace with identified need and that the Commonwealth's housing policies could be modified to provide incentives for greater production of accessible housing; and

WHEREAS, national housing consultation has provided the Disability Commission with action recommendations to improve access and use of Section 8 Vouchers and other federal opportunities specifically designed for persons with disabilities and the production of accessible housing stock; and

WHEREAS, housing assistance agencies have also reported a marked communication gap between state/local housing authorities and the disability community; and

WHEREAS, these findings were also documented in the 1999 Joint Legislative Audit and Review Commission study on housing; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Disability Commission be encouraged to make the identification of improved housing opportunities for citizens with disabilities its top priority for the 2002-2003 interim session and to facilitate collaboration among stakeholders to develop recommendations for strengthening intergovernmental and interagency coordination of housing programs for people with disabilities; and, be it

RESOLVED FURTHER, That the Disability Commission's work group be expanded to include the participation and involvement of all federal, state, local and community agencies, organizations and individuals concerned about housing for people with disabilities; and, be it

RESOLVED FURTHER, That the Disability Commission and its work group be encouraged to develop a Housing Action Plan that (i) identifies the mission, composition, responsibilities, and funding for an intergovernmental, interagency coordinating body on housing and disability issues, (ii) identifies actionable strategies consistent with the mission and responsibilities of state housing agencies for the maximizing use of Section 8 programs and other federal housing and housing production programs for individuals with disabilities in Virginia, and (iii) develops a system of incentives and rewards for building accessible housing; and, be it

RESOLVED FINALLY, That the Disability Commission and work group make use of existing research and presentation opportunities, including the annual state housing conference, to bring about optimal statewide attention to the housing needs of people with disabilities and available federal opportunities.

APPENDIX E
HOUSE JOINT RESOLUTION NO. 219

Requesting the Department of Medical Assistance Services, in collaboration with the Department of Rehabilitative Services and the Department for Rights of Virginians with Disabilities, or its successor in interest, to proceed with the development of a Medicaid Buy-In opportunity for working Virginians with disabilities.

Agreed to by the House of Delegates, March 6, 2002
Agreed to by the Senate, March 5, 2002

WHEREAS, the Department of Medical Assistance Services has recently been awarded a Medicaid Infrastructure Grant from the Centers for Medicare and Medicaid Services for $2,000,000 ($500,000 over the next four years) to provide resources to the Commonwealth to identify the barriers to employment for individuals with disabilities; and

WHEREAS, health care is important to all Americans, but particularly so to individuals with disabilities who have special health care needs who often cannot afford insurance available to them through the private market, are uninsurable by the plans available in the private sector and are at risk of incurring high and economically devastating health care costs; and

WHEREAS, health care services allow Americans with significant disabilities to live independently and rejoin the workforce; and

WHEREAS, coverage for many of these services, as well as for prescription drugs and durable medical equipment, enables persons with disabilities to obtain and retain employment; and

WHEREAS, the fear of losing health care and related services is one of the greatest barriers keeping individuals with disabilities from maximizing their employment, earning potential and independence; and

WHEREAS, despite the many opportunities for employment made possible by the Americans with Disabilities Act and innovations in technology, medical treatment, and rehabilitation, fewer than one-half of one percent of Social Security Disability Insurance and Supplemental Security Income beneficiaries leave the disability rolls and return to work; and

WHEREAS, Congress enacted the "Ticket to Work and Work Incentives Improvement Act of 1999" to amend the Social Security Act to, among other things, expand the availability of health care coverage for working individuals with disabilities and to provide such individuals with meaningful opportunities to work; and

WHEREAS, the purposes of the Act are to (i) provide health care and employment preparation and placement services to individuals with disabilities that will enable those individuals to reduce their dependency on cash benefit programs; (ii) encourage states to adopt the option of allowing individuals with disabilities to purchase Medicaid coverage that is necessary to enable such individuals to maintain employment; (iii) provide individuals with disabilities the option of maintaining Medicare coverage while working; and (iv) establish a return to work ticket program that will allow individuals with disabilities to seek the services necessary to obtain and retain employment and reduce their dependency; and

WHEREAS, in order to evaluate the feasibility of implementation of a Medicaid Buy-In program that supports working persons with disabilities within the Commonwealth, it is imperative that certain research be conducted to survey potential recipients, educate stakeholders, and assess employment barriers; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Department of Medical Assistance Services, in collaboration with the Department of Rehabilitative Services and the Department for Rights of Virginians with Disabilities, or its successor in interest, be requested to proceed with the development of a Medicaid Buy-In opportunity for working Virginians with disabilities.

In developing the opportunity, the Department of Medical Assistance Services shall utilize the Medicaid Infrastructure grant to identify the steps needed to implement an effective Medicaid Buy-In Program for Virginia, with the goal of utilizing data to develop initial legislation and budgetary recommendations that will be necessary to implement the Buy-In. Specifically, the Department shall use the Medicaid Infrastructure grant to survey potential

population, delineate financing for the program, and assess the cost-effectiveness, availability of funding, and economic benefits, in order to make recommendations as to the effective implementation of a Medicaid Buy-In program for the Commonwealth under the federal "Ticket to Work and Work Incentives Improvement Act of 1999."

The Department of Medical Assistance Services shall seek the participation of the Department for the Blind and Vision Impaired, the Department of Mental Health, Mental Retardation and Substance Abuse Services, the Department for the Deaf and Hard-of-Hearing, the Virginia Board for People with Disabilities, and establish an advisory committee of consumers, advocates, and stakeholders. During its examination, the Department of Medical Assistance Services shall solicit the input from stakeholders, disability advocates, business employers, and others deemed to have valuable information for the benefit of the study, including the Business Leadership Forum with the purpose of unveiling the Buy-In as an economic and workforce opportunity for business.

All agencies of the Commonwealth shall provide assistance to the Department for this study, upon request. The Department shall complete its work by November 30, 2002, and shall submit its written findings and recommendations to the Disability Commission, the Governor and the 2003 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

AND

SENATE JOINT RESOLUTION NO. 128

Requesting the Department of Medical Assistance Services, in collaboration with the Department of Rehabilitative Services and the Department for the Rights of Virginians with Disabilities, to proceed with the development of Medicaid Buy-In opportunity for working Virginians with disabilities.

Agreed to by the Senate, February 4, 2002
Agreed to by the House of Delegates, March 5, 2002

WHEREAS, the Department of Medical Assistance Services has recently been awarded a Medicaid Infrastructure Grant from the Centers for Medicare and Medicaid Services for $2,000,000 ($500,000 over the next four years) to provide resources to the Commonwealth to identify the barriers to employment for individuals with disabilities; and

WHEREAS, health care is important to all Americans, but particularly so to individuals with disabilities who have special health care needs who often cannot afford insurance available to them through the private market, are uninsurable by the plans available in the private sector and are at risk of incurring high and economically devastating health care costs; and

WHEREAS, health care services allow Americans with significant disabilities to live independently and rejoin the workforce; and

WHEREAS, coverage for many of these services, as well as for prescription drugs and durable medical equipment, enables persons with disabilities to obtain and retain employment; and

WHEREAS, the fear of losing health care and related services is one of the greatest barriers keeping individuals with disabilities from maximizing their employment, earning potential and independence; and

WHEREAS, despite the many opportunities for employment made possible by the Americans with Disabilities Act and innovations in technology, medical treatment, and rehabilitation, fewer than one-half of one percent of Social Security Disability Insurance and Supplemental Security Income beneficiaries leave the disability rolls and return to work; and

WHEREAS, Congress enacted the "Ticket to Work and Work Incentives Improvement Act of 1999" to amend the Social Security Act to, among other things, expand the availability of health care coverage for working individuals with disabilities and to provide such individuals with meaningful opportunities to work; and

WHEREAS, the purposes of the Act are to (i) provide health care and employment preparation and placement services to individuals with disabilities that will enable those individuals to reduce their dependency on cash benefit programs; (ii) encourage states to adopt the option of allowing individuals with disabilities to purchase Medicaid coverage that is necessary to enable such individuals to maintain employment; (iii) provide individuals with disabilities the option of maintaining Medicare coverage while working; and (iv) establish a return to work ticket program that will allow individuals with disabilities to seek the services necessary to obtain and retain employment and reduce their dependency; and

WHEREAS, in order to evaluate the feasibility of implementation of a Medicaid Buy-In program that supports working persons with disabilities within the Commonwealth, it is imperative that certain research be conducted to survey potential recipients, educate stakeholders, and assess employment barriers; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Department of Medical Assistance Services, in collaboration with the Department of Rehabilitative Services and the Department for the Rights of Virginians with Disabilities be requested to proceed with the development of Medicaid Buy-In opportunity for working Virginians with disabilities.

In developing the opportunity, the Department of Medical Assistance Services shall utilize the Medicaid Infrastructure grant to identify the steps needed to implement an effective Medicaid Buy-In Program for Virginia, with the goal of utilizing data to develop initial legislation and budgetary recommendations that will be necessary to implement the Buy-In. Specifically, the Department shall use the Medicaid Infrastructure grant to survey potential population, delineate financing for the program, and assess the cost-effectiveness, availability of funding, and economic benefits, in order to make recommendations as to the effective implementation of a Medicaid Buy-In program for the Commonwealth under the federal "Ticket to Work and Work Incentives Improvement Act of 1999."

The Department of Medical Assistance Services shall seek the participation of the Department for the Blind and Vision Impaired, the Department of Mental Health, Mental Retardation and Substance Abuse Services, the Department for the Deaf and Hard-of-Hearing, the Virginia Board for People with Disabilities, and establish an advisory committee of consumers, advocates, and stakeholders. During its examination, the Department of Medical Assistance Services shall solicit the input from stakeholders, disability advocates, business employers, and others deemed to have valuable information for the benefit of the study, including the Business Leadership Forum with the purpose of unveiling the Buy-In as an economic and workforce opportunity for business. All agencies of the Commonwealth shall provide assistance to the Department for this study, upon request. The Department shall complete its work by November 30, 2002, and shall submit its written findings and recommendations to the Disability Commission, the Governor and the 2003 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

APPENDIX F
2002-2003 Disability Commission Roster

Members

The Honorable Timothy M. Kaine
Lieutenant Governor
Commonwealth of Virginia
P. O. Box 1475
Richmond, VA 23219

The Honorable Alan E. Mayer
6423 Fairland Street
Lincolnia, VA 22312

The Honorable Stephen Newman
Senate District 23
P.O. Box 2209
Lynchburg, VA 24501

The Honorable Robert S. Bloxom
P.O. Box 27
Mappsville, VA 23407

Katherine O. McCary
SunTrust Bank
Vice President, Human Resources
919 East Main Street
Richmond, VA 23261

The Honorable Frank W. Nolen
P.O. Box 13
New Hope, VA 24469

The Honorable George E. Broman, Jr.
206 S Main Street
Culpeper, VA 22701

Karen Michalsi-Karney
Blue Ridge Independent Living Center
1502B Williamson Road , NE
Roanoke, VA 24012

Dr. Fred Orelove
Executive Director, Partnership for People with Disabilities, VCU
P. O. Box 843020
Richmond, VA 23284-3020

Elwood Dennis Horton, Director
Mountain Empire Older Citizens Inc.
P. O. Box 888
Big Stone Gap, VA 24219

James McDonald
757 Hecate Drive
Virginia Beach, VA 23451

The Honorable Robert D. Orrock, Sr.
P.O. Box 458
Thornburg, VA 22565

William F. Howell
25 Bel Plains Drive
Fredericksburg, VA 22405

The Honorable Michele B. McQuigg
2241-R Tackett's Mill Drive
Woodbridge, VA 22192

The Honorable Clarence E. Phillips
P. O. Box 36
Castlewood, VA 24224

The Honorable Marian Van Landingham
House District 45
301 King Street
Alexandria, VA 22314

The Honorable Yvonne B. Miller
2816 Gate House Road
Norfolk, VA 23504

The Honorable Linda T. Puller
P.O. Box 73
Mt. Vernon, VA 22121

Staff

Carey M. Friedman
Office of the Lieutenant Governor
900 East Main Street, Suite 1400
Richmond, VA 23219

Heidi L. Lawyer
Virginia Board for People With Disabilities
202 North 9th Street, 9th Fl.
Richmond, VA 23219

Janet W. Hill
Commonwealth Institute for Child & Family Studies
Virginia Commonwealth University
P.O. Box 980489
Richmond, VA 23298-0489

Appendix G
Employer Leadership Forum Recommendations
Medicaid Infrastructure Grant

Recommendations for Business Collaboration and Training Needed Related to the Medicaid Buy-In Implementation in VA

Background

Prominent employers throughout the State of Virginia were invited to Richmond on June 18, 2002 to plan for the 2002 General Assembly mandate for the Commonwealth to proceed with the development of *Medicaid Buy-In* opportunity for working Virginians with disabilities. Employers learned that the Medicaid Buy-In program would allow working people with disabilities to pay a premium to participate in their State's Medicaid health care program, as though they were purchasing private health care coverage. They were enthused to learn that a Medicaid Buy-In Program can remove major disincentives for Virginians with disabilities who are willing to work but cannot because they risk loss of health care coverage (Medicaid) if they earn too much income. They learned that a Medicaid Buy-In can particularly assist persons who need high cost prescriptions, medical equipment or personal assistance services to help them manage home health needs. In that, private health care insurance often does not cover such services, in the past, these persons have been forced to choose between essential health care coverage and employment or they have limited their earnings to poverty levels.

The Employer Leadership Forum was a direct result of General Assembly action that recommended Virginia state agencies solicit the input from stakeholders deemed to have valuable information for the benefit of the study, including the **Business Leadership Forum** with the purpose of unveiling the Buy-In as an economic and workforce opportunity for business. Over twenty-five employers from some of Virginia's top businesses, along with leaders from government and Senator Yvonne Miller (Norfolk) representing the Disability Commission and the General Assembly, participated in the Employer Leadership Forum to begin the Commonwealth's planning toward the development of a Medicaid Buy-In.

The Forum was sponsored and held at SunTrust Corporate Offices in collaboration with Lieutenant Governor Tim Kaine and the Honorable John Hager, Assistant to the Governor for Commonwealth Preparedness and chair of the VCU Charter Business Roundtable. The Goodwill Coalition and the VCU Charter Business Roundtable also assisted in organizing and sponsoring this forum.

The Forum featured remarks from A. Dale Cannady, Regional President and CEO, SunTrust Bank, Central Virginia and Katherine McCary, Accessing Community Talent, SunTrust and Chair of the Virginia Business Leadership Network who agreed that the Medicaid Buy-In program will be a positive economic development opportunity for the Commonwealth and may meaningfully address VA's workforce shortages.

Effects of Work Disincentives on Virginia Businesses

Lieutenant Governor Tim Kaine reminded participants that statistics over the next 3 to 5 year period clearly show a tightening labor market and he asked employers present to identify the how the existing employment disincentives affect their businesses. Most employers agreed that:

- Many of their current employees with disabilities limit their work hours to minimize wages, avoid promotions and/or to terminate jobs when they think they may lose Medicaid health care due to earnings.
- Work disincentives increase turnover and employee orientation and training costs.
- Businesses in Virginia have learned how to accommodate employees with disabilities by direct assistance and monitoring of employee hours in order to ensure they stay at part time levels
- The monitoring of hours of employees with disabilities is time consuming and expensive.

Employer comments illustrate the most salient points:

- " Medicaid policies reduce my company's productivity and are a poor use of state revenue." VA Trusses in Yorktown
- "As the second largest employer in the State, our company is often also doing case management-type work to ensure that employees with disabilities do not work too many hours and lose their Medicaid coverage." Manpower, Inc.
- Wrap-around health care services while employees are awaiting full coverage from their employers are needed especially when people need to build up stamina though gradually increasing the number of work hours over time. Phillip Morris
- "These policies encourage employees to remain a burden to society rather than enabling them to become more productive employees." Seven Eleven Franchise Association
- "We have a strong need for seasonal employees but the paperwork for these employees is burdensome." Lillian Vernon Company
- "Some of our best workers are persons with disabilities but managing the paperwork to help them keep their benefits is costly." Boddie Nowell (Hardy's)
- "In manufacturing, with 24-hour shifts, full-time employees are traditionally needed but any people with disabilities have been unwilling to work 40-hour weeks." Nabisco/Kraft

Employer Recommendations for Virginia's Buy-In Program

The Honorable John Hager explained that each State can define its own eligibility for a Medicaid Buy-In program by increasing:

- Allowed income limits to receive Medicaid;
- Allowed assets and resources/savings limits; and
- Premiums/cost sharing for Medicaid coverage.

Participating employers gave the following recommendations for the design of Virginia's Medicaid Buy-In Program:

- Flexibility and reduced paperwork appeared to be the most common recommendations from employer input.

- Wrap-around health care services are needed for employees who are awaiting full coverage from their employers as a safety net to return to work. Phillip Morris
- Small businesses now pay exorbitant insurance costs and care must be taken not to worsen the situation with this program; the State should be careful not to shift the burden of health care provision to small business. Supply Room Company and Databound, Inc.
- A shared data network needs to be available that employers can access to assist employers in finding out about eligibility for the Medicaid Buy-In for employees with disabilities. Databound, Inc.
- A sliding scale for premiums would be needed. SunTrust
- A "cafeteria-type" health care plan would probably be more affordable and offer greater flexibility to the employees. VA Farm Bureau
- Transitional Medicaid health care while awaiting enrollment in a company's regular health care plan after the first 3 or 6 months of employment is needed, especially for people with mental illness/depression type issues---their medications are so costly that working without health care cost coverage of medications, even for a few months, tends to discourage attempts to get employment. Phillip Morris and the Department of Rehabilitative Services
- The State should work closely with insurance experts for "product design" as it develops the plan and should also contact the Bureau of Insurance for assistance. Trigon
- Make sure employers do not have to go to unreasonable lengths to ensure that all employees in need, consistently have the critical health care coverage they require. The Honorable John H. Hager
- Seek Co-Funding from Private Sector: The State should help find creative ways to use donation programs such as "Energy Share" to help people pay for their insurance premiums/donation seeking is very costly to the employers. Colonial Metal Products and the Central VA Workforce Investment Board
- Employer Training Will Be Needed: Use the Business Leadership Network (BLN) and Workforce One to assist in marketing and training needed for employers. Katherine McCary, SunTrust
  Use the Chambers of Commerce to assist businesses and employers understand and help employees use the Medicaid Buy-In Program. Lt Governor Kaine

VIRGINIA BUSINESSES PARTICIPATING IN THE MEDICAID BUY-IN EMPLOYER LEADERSHIP FORUM / JUNE 2002

- UKROP'S STORES
- TRIGON
- SUNTRUST
- KRAFT
- GOODWILL COALITION
- PHILLIP MORRIS USA
- VA CHAMBER of COMMERCE
- CIRCUIT CITY
- DATA CENTER LABS
- VA FARM BUREAU
- COLONIAL METAL PRODUCTS
- INFINEON TECHNOLOGIES
- GREATER RICHMOND CHAMBER WORKFORCE
- SUPPLY ROOM COMPANY

PEOPLE's INCOME TAX
VA SEVEN-ELEVEN FRANCHISEES
BODDIE-NOELL (HARDY'S)
LILLIAN VERNON
VERIZON
VA TRUSSES
MANPOWER