



VIRGINIA

House Bill 30, signed by the governor on May 7, 2002, directed the Department of Mental Health, Mental Retardation and Substance Abuse Services to convene a task force to develop a plan for serving people with disabilities that is consistent with the *Olmstead* decision. Its 70 members included consumers, family members, advocates, legislators, providers, and representatives of 15 state agencies that are responsible for providing services to individuals with disabilities in the Commonwealth.

Planning

The task force set up eight issue teams to develop areas of Virginia's plan targeted towards specific major topics. The teams addressed accountability, education of consumers and families, housing, prevention and transition services, qualified providers, transportation, and waivers. State agency representatives on the Task Force convened the teams, but were barred from chairing a team. Team chairs were drawn from non-agency Task Force members. To broaden participation beyond Task Force members, teams included people not on the task force but who had expertise or an interest in the issue area.

In April 2003, the task force issued an interim report based on the work of the issue teams followed in June by a final draft report. Following a public comment period, the task force adopted its final report on August 28, 2003. The report, *One Community-Final Report of the Task Force to Develop and Olmstead Plan for Virginia*, was submitted on September 15, 2003 to the governor, the chairmen of the House Appropriations and Senate Finance committees, and the chairman of the Joint Commission on Health Care.

The plan sets forth a vision and goals designed to support the preference and rights of people with disabilities to live in the community with other citizens. The "One Community" vision emphasizes self-determination and consumer control, provision of appropriate services, and a move away from institutional bias in service delivery. The final report, previous reports, meeting minutes and other information are available at the task force's Web site, www.olmsteadva.com. The task force became inactive following the submission of the final report.

The report presents recommendations in 10 issue areas: Consumer Choice; Consumer and Family Member Involvement; Consumer Rights: Health and Safety; Educating Consumers, Family Members and Providers; Educating the Public; Employment; Housing; Research and New Knowledge; Transportation; and Workforce and Quality of Providers. The report divides recommendations according to the "primary responsible entity" and the time frame for implementation. Primary entities include the General Assembly, the Disability Commission, the governor and cabinet, state agencies, and the Joint Commission on Health Care. The implementation timeline is divided into immediate (FY 2004), short-term (FY 2005-2006), medium-term (FY 2007-2008) and long-term (FY 2009+) recommendations. Although, the plan calls for implementation in phases, no population is specifically targeted as a priority. All recommendations further designate secondary responsible or affected entities and whether the advised action will directly affect citizens with disabilities or serve as a systems change.

The planning process was a risk because it essentially was a grassroots effort that allowed all interested parties to participate, no attempt was made to control content or team organization. The task Force's diverse composition allowed advocates to educate each other about their respective issues and challenges.

A key challenge facing implementation of the "One Community" plan is the request for funding priority. Many immediate-term recommendations are administrative and budget-neutral. However, those that require additional funding could find resources scarce in light of the current fiscal situation.

Legislation

The General Assembly enacted House Bill 1400 to develop appropriate, fiscally responsible methods for addressing the issues related to the cost and funding of long-term care. It was the intent of the General Assembly to promote home-based and community-based care for individuals who are determined to be in need of nursing facility care.

The General Assembly also directed the Department of Medical Assistance Services through Senate Bill 1008, to prepare and seek approval for an application for 1) a revision of the consumer-directed personal care services waiver to allow spouses, parents, adult children, and guardians to direct care on behalf of the waiver recipient, when such recipient is incapable of directing such care on his own behalf; and 2) a new waiver for home- and community-based services, as soon as such waiver template becomes available.

Grants and Projects

Virginia received a \$1.025 million Real Choice Systems Change grant from the federal government in 2001, with a supplement of \$360,000 in 2002. This money is being used to fund the Consumer Choices for Independence Program. All Systems Change grants are handled through the state Medicaid agency.

Next Steps

An advisory group will monitor plan implementation and advise the governor as the state meets and approaches each benchmark specified in the final report.

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