

Virginia's Implementation of the U.S. v Virginia Consent Decree
Testimony for the Senate Finance Health and Human Resources Subcommittee
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Main Points:

- The introduced budget does not include a sufficient mechanism to address barriers to integrated services when they are identified, including by the Regional Support Team (RST) and Regional Quality Councils (RQC).
- In order for the Commonwealth to fulfill its obligations under the settlement agreement with the U.S. DOJ, broad reforms are necessary. A single agency of state government should be vested with responsibility and accountability for pursuing the agreement's broad system change goals. Cost savings associated with the provision of I/DD services should stay in the I/DD system.
- Restructure the I/DD system to expand opportunities for community integration and self-determination. Dedicate \$30 million/year in cost savings from the closure of institutional beds to ensure people with I/DD, including those with the most complex needs, have access to integrated services.

Concerns:

- People with I/DD, especially those with the most complex needs, continue to have difficulty accessing the most integrated services as defined and by the settlement agreement.
- The current budget does not provide sufficient resources to comply with the agreement. Additional resources are required to ensure safe and successful transitions from the Training Centers, to prevent institutionalization of people with I/DD who are currently living in the community and ensure access to services in the most integrated settings.
- VA must begin to shift its system to focus on the most integrated services. Today, less than 3% of all people receiving any kind of day/employment services are engaged in integrated, competitive employment. Less than 9% of all people receiving residential services are living in their own home. 272 kids with I/DD continue to reside in nursing homes- and many more are at risk of admission due to waiting lists or inadequate supports.
- The current timeline for full implementation of the restructured waiver programs has slipped to 2016. We can't afford to wait that long. Thousands of lives hang in the balance. Virginia must take action in current biennium to ensure compliance with the agreement.
- It is important that Virginia take action not only to ensure compliance, but also because future federal funds will be tied to these reforms.
- Virginia continues to be vulnerable to legal intervention if it fails to pursue the broad-scaled system change strategies contemplated in its existing settlement agreement with USDOJ.

The Core Issue: Virginia must eliminate barriers to community integration.

- A major component of the DOJ agreement was discharge planning. Discharge plans are required to include assessments of supports and services needed to live in homes of four people or fewer and in

integrated day activities. The agreement also requires personal support teams, regional support teams and regional quality councils to identify barriers to community integration if they exist.

- **The problem is- there needs to be a mechanism to address barriers once they are identified. This mechanism can't wait until 2016.**
- **The Independent Reviewer has noted that the Commonwealth is currently out of compliance with many of the discharge provisions because of its failure to identify and address barriers.**

Recommended Budget Actions:

- **Begin the restructure the I/DD system to expand opportunities for community integration and self-determination.** Support amendment (Item [306](#) #3s) that would dedicate at least \$30 million in cost savings each year to ensure that people with I/DD, including those with the most complex needs, have access to services in the most integrated setting.
- **Keep I/DD cost savings in the I/DD system.** Current budget language allows cost-savings associated with operational expenses to be “swept” back into the General Fund. Support budget amendments (Item [306](#) #3s, Item [306](#) #1s) that keep cost savings in the system. Require budget transparency and regular reports on service utilization.
- **Establish clear system change goals that emphasize community integration and person-centered support strategies.** Support amendments (Item [307](#) #5, Item [307](#) #3s) that would require the Commonwealth to increase supported employment outcomes and supported living outcomes by 5%/year for the next five years.
- **In order for the Commonwealth to fulfill its obligations under the settlement agreement with the U.S. DOJ, a single agency of state government should be vested with responsibility and accountability for pursuing the agreement's broad system change goals.** Support amendments (Item [307](#) #1s, Item [301](#) #1s) that would consolidate budget and operational authority for specialized I/DD programs at DBHDS.
- **Act on initial HSRI Recommendations put forth in the I/DD Waiver Redesign Report.** Budget actions could include elimination of restriction on general supervision, increasing access to skilled nursing, and expanding opportunities for consumer direction. Support the budget amendment ([301](#) #11s) that would create a consumer-directed option for In-Home Residential and Supported Employment.
- **Utilize the \$7.5 million in one-time funds acquired from SEVTC land sale to create a revolving, low-interest housing fund for people with I/DD.** The fund should be targeted to aid Northern Virginia initially in order to facilitate access services close to home.
- **Modify existing managed care language** to postpone folding long- term services until the system reforms are completed and responsibility for overseeing all I/DD Waiver services is worked out (Item [301](#) #16s).
- **Stay committed to reducing the I/DD Waiver waiting lists.** They have equivalent needs as current Training Center residents but have no access to supports. The agreement left many of them behind (Item [301](#) #29s, Item [307](#) #2s).