

# 2014-16 Strategic Plan

## Department for Aging and Rehabilitative Services [262]

### Mission

The Virginia Department for Aging and Rehabilitative Services, in collaboration with community partners, provides and advocates for resources and services to improve the employment, quality of life, security, and independence of older Virginians, Virginians with disabilities, and their families.

### Vision

This service area aligns with DARS' mission to improve the employment, quality of life, security, and independence of older Virginians, Virginians with disabilities, and their families

### Values

#### Collaborative

Together everyone achieves more.

#### Passionate

Deliberate pursuit of excellence.

#### Ethical

Responsible, professional and competent in all that we do.

#### Visionary

Forward thinking that is positive, proactive and creative.

### Finance

#### Financial Overview

The Department For Aging and Rehabilitative Services' funding comes from federal funds (72%), general funds (21%) and indirect cost funds recovered from federal grants (5%). In addition, there are dedicated special revenue funds for the Commonwealth Neurotrauma Initiative Trust Fund (1%), and Special Funds (1%). The introduction of the 2015 Budget Bill (the Governors amendments) increased the 2015 General Fund appropriation by \$276,586 and \$256,586 for fiscal year 2016. The Conference Committee amendments restored some General Funds that were removed in the Governors' Budget Bill. The restored funding for fiscal year 2015 totaled \$500,000 and restored funding for fiscal year 2016 is \$1,661,243. The Committee also increased general funds for fiscal year 2016 by \$ 2,784,500.

#### Biennial Budget

	2015 General Fund	2015 Nongeneral Fund	2016 General Fund	2016 Nongeneral Fund
Initial Appropriation for the Biennium	51,186,293	167,890,169	51,223,326	167,890,169
Changes to Initial Appropriation	276,586	3,728,235	3,041,086	3,728,235

*(Changes to Initial Appropriation will be 0 when the plan is created. They will change when the plan is updated mid-biennium.)*

### Customers

#### Anticipated Changes to Customer Base

The vocational rehabilitation program remains in Order of Selection, which is required by federal law when the program has insufficient funds to serve all eligible consumers. Order of Selection creates categories of consumers to be served based on the significance of disability. Wait lists are created for consumers whose category is not open for services. DARS has been in Order of Selection since July 1, 2004. With additional funds received during the 2013 General Assembly, DARS offered services beginning in March, 2013 to 3,704 most significantly disabled consumers who were on the wait list. 3,174 of these consumers came in for services. Effective November 1, 2014, however, DARS will again need to wait list all new applicants creating a growing waiting list. The demand for services continues, but with all categories closed the number served decreases, while the wait list grows. Over 50% of VR consumers are youth at transition age (14-24). This population generally makes lower wages and stay longer in the VR program which affects our performance outcome measures.

The Social Security Administration (SSA) projects that between 2015 and 2020, more than 10 million Baby Boomers will enter their most prone disability years and, along with the increase in the retirement age, disability workloads will remain high nationally and in Virginia for several years. However, the biggest workload challenge facing the Virginia Disability Determination Services beginning in 2015 is the expected increase in the Continuing Disability Review (CDR) claims, which are periodic reevaluations to determine whether beneficiaries are still disabled. SSA estimates about \$9 to \$10 in lifetime program savings per dollar spent on CDR reviews, including Medicare and Medicaid program savings. The projected Virginia CDR workload in 2015 is 21,752 compared to the 2014 workload of just 9,958. SSA projects high CDR workloads through 2017. The Virginia budgeted workload for 2014 is 84,150, with a projected workload target around 90,150 in 2015.

The customer base for the Personal Assistance Services and Long Term Case Management programs should remain stable unless there are budget changes in these programs.

The staff size of DARs will remain stable.

The number of Virginians age 60 or older are expected to increase from the current 63,303 served by the Area Agencies on Aging. Every 25 years, the number of individuals age 65 and older doubles, while the rest of the population grows by only a third. By 2030, Virginians that reach age 65 will be a larger proportion of Virginia's population than Florida claims as "senior citizens" today.

### Current Customer List

Predefined Group	User Defined Group	Number Served Annually	Potential Number of Annual Customers	Projected Customer Trend
Chronically III	Concurrent Adult Disability Claims	20,038	22,385	Increase
Chronically III	Medicaid Claims	10,067	10,671	Increase
Chronically III	Title II Adult Disability Claims	32,428	35,269	Increase
Chronically III	Title XVI Adult and Childhood Disability Claims	31,684	33,496	Increase
Consumer	Vocational Rehabilitation Services Consumers	19,570	16,800	Stable
Consumer	Follow Along Support Services Consumers	3,181	3,181	Stable
Consumer	Farmers	120	120	Stable
Non-Profit Agency (Boards/Foundations),	Additional program contractors	20	100	Stable
Non-Profit Agency (Boards/Foundations),	Area Agencies on Aging	25	25	Stable
Physically-Disabled	Community Rehabilitation Case Management Services	285	260	Stable
Physically-Disabled	Personal Assistance Services	120	120	Stable
State Agency(s),	Classified and wage staff of the Disability Services Agencies	1,495	1,717	Stable

### Partners

Name	Description
The Wilson Workforce and Rehabilitation Center	Is a partner in working collaboratively with DARS' VR program to provide rehabilitation and training services to VR consumers referred to the Center for assistance.
Employers	Partnering to provide qualified and reliable workers with disabilities for Virginia's employers
Centers for Independent Living	Provide direct services, peer counseling, information and referral, and advocacy to Virginians with disabilities and may provide services for the DARS Personal Assistance Services Program such as assessments, annual reassessments, and orientation training.
Department of Defense and Veteran's Administration	DDS participated in a successful pilot program for accessing electronically all records maintained by military hospitals and other Department of Defense (DoD) medical facilities. All records are now held in an electronic national repository, and DDS has the capability to request and receive these records electronically. This has resulted in a significant increase in the number of records received by the DoD and a substantial decrease in the time it takes to obtain these records.
Rehabilitation Services Administration	Provides federal funding, technical assistance, policy guidance, monitoring and oversight, and training and educational materials for the VR program.
Social Security Administration	Through Maximus (the contractor for the administration of the Ticket-to-Work program), provides assistance to DARS in receiving reimbursements for Ticket-to-Work consumers.

Area Agencies on Aging	Provide an array of direct or contracted services to older Virginians.
Employment Services Organizations (ESO)	Certified as vendors to the VR program, ESOs provide work adjustment training and supported employment services to consumers with the most significant disabilities. These organizations also provide follow along supports to these consumers who have successfully left the VR program and need additional supports to remain employed.
State Rehabilitation Council	Serves as an advisory council to DARS regarding its VR and supported employment programs and other agency programs and services that support Virginians with disabilities.
Statewide Independent Living Council	Federally mandated body whose members are appointed by the Governor to develop and monitor Virginia's State Plan for Independent Living. DARS is a co-signatory on this Plan.
Virginia Public Guardian and Conservator Advisory Board	Assists in coordinating and managing local public guardianship programs.
Community Integration Advisory Commission and State Implementation Team	The Commission and the Team monitor implementation of state and federal laws and policies regarding the Commonwealth's Implementation of the Olmstead Supreme Court decision.
Commonwealth Council on Aging	Composed of citizens to help Virginia meet the needs of older Virginians.
Alzheimer's Disease and Related Disorders Commission	Advisory commission to the Secretary of Health and Human Resources to recommend funding initiatives, statutory and regulatory changes, and other issues that the Commission feels would assist people with Alzheimer's disease and their caregivers.
Employment Services Organizations (ESO) Steering Committee	As mandated by the Appropriations Act, recommends to the DARS Commissioner a mechanism to allocate the LTESS funds to ESOs. The ESO Steering Committee advises the Commissioner on ESO activities, as they relate to DARS policy and practices.
Commonwealth Neurotrauma Initiative Trust Fund Advisory Board	Assists in the administration of the Commonwealth Neurotrauma Initiative Trust Fund
Virginia Brain Injury Council	Statewide advisory group charged with providing recommendations to the DARS Commissioner regarding disbursement of new funding for brain injury services. The Council provides guidance to DARS on the needs of Virginians with brain injury and makes recommendations to the Commissioner on the development and delivery of brain injury services in the State. The Council also serves in an advisory capacity to DARS' Federal Traumatic Brain Injury Grant.
SSA Office of the Inspector General	DDS participates in the Cooperative Disability Investigation Unit with SSA and the Attorney General's Office. This unit investigates possible fraud in the Social Security disability programs and in 2012 achieved savings of \$16,083,812 for the Social Security programs and \$12,592,422 in Medicare/Medicaid savings.
Department of Medical Assistance Services	Department of Medical Assistance Services (DMAS) and DARS have a Memorandum of Understanding (MOU) which requires that DDS Disability Determination Services provide determinations on Medicaid eligibility claims in the disability category. Applications are taken by and determinations of medical eligibility are returned to the Department of Social Services who issue the decisions to applicants. DDS also has a MOU with the
Medical and psychological sources	Medical and psychological sources provide pertinent data which allows for the adjudication of disability claims. This includes local school systems, the healthcare community, Department of Corrections, Department of Veterans Affairs, and other sources which allow us to better service our consumers needs.
Department for the Deaf and Hard of Hearing	Partners with DARS on expanding interpreting services statewide, reviewing assistive technology, and serving consumers who are deaf and hard of hearing.
Department of Behavioral Health and Developmental Services	Through contract with DARS, collaborates on screening, evaluating, identifying and coordinating services for OBRA-eligible individuals with significant physical and sensory disabilities residing in nursing homes. In addition, DBHDS provides funding and positions to DRS to meet the specific OBRA requirements.
Department of Corrections	DDS is partnering with the SSA and the Department of Corrections in processing claims pre-release for inmates who meet disability criteria.
Department of Education and local public schools	Work collaboratively with DARS to serve youth with disabilities who are transitioning from secondary school to work.
Department of Health	Receives hospital reports and maintains a registry of individuals admitted to Virginia hospitals for treatment of acquired brain injury; this information is shared with DARS BISC Unit to prepare outreach mailing on monthly basis.
Department of Medical Assistance Services	Provides funding through the Individual and Family Developmental Disabilities Support Medicaid Waiver Program for consumers who are eligible for the Waiver and who receive support coordination through the Long Term Rehabilitation Case Management Program.
Department of Social Services	Through grant funding to DARS, supports the provision of VR services to Temporary Assistance to Needy Families (TANF) recipients who are at risk of losing benefits if they do not enter employment.
Department of Veterans Services	Through a Memorandum of Understanding work together to mutually enhance services to wounded warriors.

## Agency Goals

- **Provide consumer focused and cost effective services that prepare and enable Virginians with disabilities to be gainfully employed.**

### Summary and Alignment

Virginia benefits from the Department for Aging and Rehabilitative Services (DARS) vocational rehabilitation program because it enables individuals with significant disabilities to become employed or remain employed. Their employment helps businesses secure qualified workers, increases the tax base, and helps reduce dependency on public benefits. Virginians with disabilities also benefit from VR services by receiving educational and vocational training, and other services, to enhance their employment capabilities and to secure sufficient wages to provide for themselves and their families.

### Associated State Goal

Economy: Be a national leader in the preservation and enhancement of our economy.

### Associated Societal Indicator

Employment Growth

### Objectives

- » **Assist eligible individuals with disabilities to become employed and maintain employment that is consistent with individual interests, abilities and informed choice.**

#### Description

Increase the employment of Virginians with disabilities who are consumers of the department's vocational rehabilitation program.

#### Objective Strategies

- Collaborate with One-Stop Career Centers, schools, and Departments of Social Services and Behavioral Health and Developmental Services in providing referrals and services leading to competitive employment.
- Collaborate with the Virginia Assistive Technology System to enhance the availability of assistive technology for VR consumers and to educate VR counselors on identifies technology needs and accommodation solutions.
- Continue to collaborate with the Wilson Workforce and Rehabilitation Center (WWRC) to ensure that WWRC's programs and services complement VR services, also resulting in increased referrals to WWRC and increased employment outcomes.
- Continue to conduct comprehensive VR case audit reviews to ensure effective and timely provision of VR services.
- Continue with initiatives (Cold Case and Intense Consumer Engagement) to further engage VR clients in their employment program.
- Develop a model of employment focused collaboration among VR staff and consumers to achieve effective communication, shared responsibility and accountability for employment outcomes.
- Develop recruitment and retention plans to address the anticipated vacancies in critical positions.
- Enhance education and outreach to school and community partners to foster a collaborative transition approach to service provision that includes involvement of transition stakeholders, including the student, family, school personnel and VR staff, leading to integration of the student's IEP and IPE and execution of services leading to employment.
- Provide VR staff with the technology and other resources they need to work more effectively in mobile work environments.
- Support training programs to enhance the knowledge and skills of VR staff and to prepare employees to successfully move into leadership roles within the agency.
- Continue to train and support VR managers to more effectively utilize data in service delivery decision-making.
- Collaborate with the Employment Service Organizations (ESO) and ESO Steering Committee to ensure utilization of long-term employment support funding for consumers to work in competitive employment.
- Enhance our Business Development Services and vocational evaluation services to prepare consumers for competitive jobs in the workforce that also fulfill the needs of employers.

#### Measures

- ◆ Employment Rate of Vocational Rehabilitation Consumers
- ◆ Follow-Along Funds Spent Serving Individuals with Disabilities Who Work in Integrated Settings Earning At or Above Minimum Wage
- ◆ Vocational Rehabilitation Consumer Competitive Employment Rate

• **Promote resource partnership expansion.**

**Summary and Alignment**

This goal encourages private sector initiatives, consumer coalitions, collaborative relationships, and interagency agreements which expand resources for older Virginians, Virginians with disabilities, and their families resulting in a coordinated system of services and programs which meets the needs of older citizens and citizens with disabilities.

**Associated State Goal**

Health & Family: Inspire and support Virginians toward healthy lives and strong and resilient families.

**Objectives**

» **Provide More Communication, Referral, Information and Assistance to Individuals Served Through the No Wrong Door (NWD) System.**

*Description*

No Wrong Door is a coordinated system of information and access for all persons seeking long-term support; that minimizes confusion; enhances individual choice; and supports informed decision-making. The program coordinates and communicates services among providers. At the federal level it is called Aging and Disability Resource Centers (ADRCs). There are four major components to becoming a No Wrong Door/ADRC site. The program coordinates and communicates services among providers. They are (1) the creation of a Local Advisory Council; (2) Adopting and using the PeerPlace Tools; (3) Sharing client information; (4) using EasyAccess. To efficiently and fully share client information, the agency needs to use the No Wrong Door system tools.

*Objective Strategies*

- Expand the No Wrong Door system tools both in number of tools as well as the number of Area Agencies on Aging that use them. This will be accomplished only with additional funding or sharing the cost with the participating agencies.

*Measures*

- ◆ Individuals Receiving Communication, Referral, Information and Assistance (CRIA) Through the No Wrong Door System

» **Expand the Virginia Public Guardian and Conservator Program Statewide.**

*Description*

The Virginia Public Guardian and Conservator program provides guardian services for those who require the same, but for whom no alternative guardian may be found. A guardian or conservator legally acts in the individuals behalf, determines an individuals appropriate care and placement, and seeks eligibility for public assistance. To qualify for guardian/conservator services the individual cannot care for themselves physically and emotionally (incapacitated), not have any financial resources (indigent), and not have any willing and responsible relative or friend to care for them.

*Objective Strategies*

- DARS will advocate for additional funding to expand the guardianship program.

*Measures*

• **Enhance the independence of older Virginians to allow them to remain at home as long as they can safely do so by coordinating programs and services to encourage self-sufficiency.**

**Summary and Alignment**

DARS is the lead agency in coordinating the work of state agencies on meeting the needs of an aging society. DARS promotes local participation in programs for older persons, evaluates and monitors the services provided for older Virginians and provides information to the general public. DARS also ensures the development of a continuum of long-term care programs and services for the impaired elderly population to enable older Virginians to remain in their own homes and communities for as long as appropriate and avoid unnecessary institutionalization. Services are targeted to older Virginians and their families, especially caregivers, to form a critical part of the Commonwealth's continuum of long-term care, including adult day care, chore, homemaker, personal care, nutrition, transportation, and other services and programs. This goal is supported through the No Wrong Door initiative and agency funded programs. DARS also provides information to Virginians of all ages to help them prepare for their retirement, pursue healthy lifestyles, fulfill their roles as family caregivers, and understand the choices available for preserving the independence of their older relatives.

**Associated State Goal**

Health & Family: Inspire and support Virginians toward healthy lives and strong and resilient families.

**Objectives**

» **Provide a nutritional meal, nutrition education and an opportunity for socialization and recreation to older Virginians.**

*Description*

Group (congregate) meals involves the procurement, preparation, conveyance, and provision of a nutritionally balanced meal that meet one-third of the current recommended dietary allowance for older persons. The provision of meals must occur at designated nutrition sites, which also provides a climate or atmosphere for socialization and opportunities to alleviate isolation and loneliness. DARS contracts with Virginia's 25 Area Agencies on Aging (AAAs) to provide the service.

*Objective Strategies*

- DARS would like to see a substantial increase in the number of meals. Unfortunately, with rising costs and only marginal increases in funding, DARS encourages the AAAs to continue to provide the same number of meals at the same cost as provided in the previous year. Nationally there is a shift away from congregate (group) meals to the home delivered meals program.

*Measures*

- ◆ Number of Meals Served to Older Virginians in Group (Congregate) Settings

» **Provide fresh fruits and vegetables to seniors while supporting local farmers through the Senior Farmers' Market Nutrition Program.**

*Description*

DARS participates in the Senior Farmers' Market Nutrition Program funded by the US Department of Agriculture. DARS issues coupons to participating AAAs to give to seniors that can be redeemed for fresh Virginia grown fruits and vegetables at local farmer's markets.

*Objective Strategies*

- Provide education and technical assistance to farmers about the Senior Farmers' Market Nutrition Program.
- Provide nutrition education and technical assistance to AAAs offering the Senior Farmers' Market Nutrition Program.

*Measures*

- ◆ Number of Older Virginians Served Through the Senior Farmer's Market Nutrition Program

» **Provide a nutritional meal and an opportunity for personal contact to home-bound individuals.**

*Description*

Home delivered meals is defined as the procurement, preparation, conveyance, and provision of nutritionally balanced meals that meet one-third of the current recommended dietary allowance for older persons. The meals must be delivered and received at the homes of the individuals. DARS contracts with Virginia's 25 Area Agencies on Aging (AAAs) to provide the service.

*Objective Strategies*

- DARS would like to see an increase in federal funds for this program. Unfortunately, with rising costs and only marginal increases in funding, DARS encourages participating AAAs to continue to provide the same number of meals as provided in the previous fiscal year.

*Measures*

- ◆ Number of Meals Delivered to Home-Bound Older Virginians

» **Provide transportation for Older Virginians to obtain needed services to remain independent in their community.**

*Description*

Transportation services are provided to older persons to travel to congregate meals, socialization and recreation activities, shopping, and other services available in the community; individual transportation to needed services that promote continued independent living.

*Objective Strategies*

- Provide transportation best practices to Area Agencies on Aging and other significant program contractors.

*Measures*

- ◆ Number of One-Way Transportation Trips Provided to Older Virginians

» **Provide temporary relief (respite) to the caregiver from the 24 hour care they provide to a frail senior.**

*Description*

Respite Care provides regular daytime supervision and care to frail, disabled, and institutionally at-risk older adults. Participants require a level of care that ensures their safety, and, with the provision of services ranging from socialization to rehabilitation, may experience an enhancement in their quality of life and level of functioning.

### *Objective Strategies*

- The Division for Aging issues a Request for Proposal every five years to encourage providers to examine their respite care programs and ensure resources are appropriately deployed.

### Measures

## • **Secure, protect, and enhance the rights of older Virginians.**

### **Summary and Alignment**

DARS provides education, legal assistance, consumer protection, crime and fraud prevention and public guardian and ombudsman services through contract in order to secure, protect, and enhance the rights of older Virginians. DARS and the AAAs provide information and legal assistance to older Virginians and their families that will allow them to avoid becoming the victims of crime, fraud, abuse, or financial exploitation.

### **Associated State Goal**

Health & Family: Inspire and support Virginians toward healthy lives and strong and resilient families.

### **Objectives**

#### » **Receive, investigate and resolve complaints provided in long-term care settings.**

#### *Description*

Through the State Ombudsman Program, Older Virginians and their families receive effective assistance in resolving conflicts and issues that occur with their care, safety and well-being.

### *Objective Strategies*

- As a part of annual training for statewide Ombudsman Program staff, provide 'skills enhancement' session(s) on "Problem-Solving and Working to Resolution" to improve local ombudsmen's competencies and confidence in this skill set.
- Provide expanded technical assistance and guidance for local ombudsmen through regularly scheduled 'roundtable' discussions (offered via conference calls) that afford the opportunity for peer-to-peer case review and problem-solving, drawing upon insights from the statewide team.
- Create an easily assessable ombudsman-only SharePoint site with resources on multiple topics related to complaint handling and resolution strategies.

### Measures

- ◆ Complaints Resolved Through the Long-Term Care Ombudsman Program

## • **Maximize the independence and self-sufficiency of Virginians with disabilities.**

### **Summary and Alignment**

Due to their age, the severe nature of their disability or the recent onset of their disability, some Virginians with disabilities may not be able to enter or return to the workforce. They, however, may need individualized services to live independently in their homes, become as self-sufficient as possible, and allow their family members and other caregivers to maintain their employment.

### **Associated State Goal**

Health & Family: Inspire and support Virginians toward healthy lives and strong and resilient families.

### **Objectives**

#### » **Provide accurate disability decisions for Title II, Title XVI and Title XIX disability claims.**

#### *Description*

Ensuring a high accuracy rate of disability decisions is paramount, in order to provide an effective level of customer services to Virginians with disabilities. These customers apply for disability benefits under Title II (Disability Insurance), Title XVI (Supplemental Security Income), and Title XIX (Medicaid disability) of the Social Security Act.

### *Objective Strategies*

- All SSA regions supporting the DDS will have access to the same proven practices to ensure the right disability decision is made at the earliest possible time. The resulting increase in staff productivity and decrease in processing time will save program dollars while enhancing customer service.
- Also referred to as "Q5" (5 dimensions of quality): maintaining high levels of accuracy, timeliness, productivity, and service while also providing cost savings to the public; SSA and DDS strives to continually improve on their goal of affording its customers the highest

quality product possible.

- Continuous Improvement (CI) is a standard methodology that uses data to identify areas where changes to policy or processes will provide the most benefit to SSA, the DDS, and the public we serve. Once a problem has been identified, CI seeks to identify the root cause(s), determine the best solution(s), make the necessary changes, and measure the impact.
- New Continuous Improvement (CI) initiatives supports ongoing efforts of improving overall quality of the DDS product.
- The American public depends on SSA and the DDS to make certain their benefits are accurate. The partnership also has the responsibility to protect the trust funds and general revenues against unwarranted payments. Consequently, quality checkpoints are needed to guarantee that the work performed meets or exceeds these expectations. In addition, SSA and the DDS need quality information to operate as efficiently and effectively as possible. End-of-line Quality Feedback - Reviewing work-related acti
- The federal review component in SSA has begun to randomly assign quality reviews to disability quality branches (DQBs) throughout the nation rather than assigning them to only the Philadelphia Region DQB. This is to ensure that policy is implemented the same way throughout all DDSs and will undoubtedly require greater use of the Review Policy Component to rebut assigned errors.

#### Measures

- ◆ Accuracy of Disability Decisions

### » **Provide an array of specialized, community based programs and services that improve the quality of life, support independent living, employment, and rehabilitation needs of Virginians with significant disabilities who may need long-term services.**

#### *Description*

The Community Rehabilitation Program has specialized programs that provide services and supports that assist Virginians with varying and significant disabilities to live independently in the least restrictive community setting. Two of these programs, Community Rehabilitation Case Management Services and Personal Assistance Services, provide direct services to consumers.

#### *Objective Strategies*

- Provide monitoring and oversight of programs and services to assure that funds are expended fully and appropriately in accordance with federal and state laws, regulations, and guidelines.
- Provide training and technical assistance to internal and external customers regarding the specialized needs of, and resources for, people with significant physical and sensory disabilities.
- Support an environment that promotes shared communication, responsibility, and accountability for consumer outcomes for participants served through Community Rehabilitation Programs.
- Support training programs and provide technology to enhance the knowledge, skills, and ability of Community Rehabilitation Program staff to effectively administer and manage programs and services.
- Work collaboratively with community partners and advocacy groups to assure adequate funding to meet the needs of Virginians with significant physical and sensory disabilities.

#### Measures

### • **Assure the quality and cost-effectiveness of services funded by the federal and state government.**

#### **Summary and Alignment**

DARS assures the quality and cost-effectiveness of services and programs delivered by Virginia's Area Agencies on Aging (AAAs), Centers for Independent Living, Employment Service Organizations, Brain Injury and other contractors through an ongoing and collaborative process of monitoring and technical assistance to improve the delivery of services. DARS also develops Service Standards which provide program guidance to these organizations and other contractors to ensure a level of quality for the provision of services. DARS analyzes data, state and national trends, and technological developments that will impact the future of older Virginians and the aging of the Commonwealth's population.

#### **Associated State Goal**

Government and Citizens: Be recognized as the best-managed state in the nation.

#### **Associated Societal Indicator**

Government Operations

#### **Objectives**

### » **Utilize effective quality assurance measures and provide meaningful information and technical assistance.**

#### *Description*

By utilizing effective quality assurance measures and providing meaningful information and technical assistance, DARS ensures that services and programs provided by community partners and vendors are effective, cost efficient, comply with federal and state

guidelines, and meet or exceed customer expectations.

#### *Objective Strategies*

- Continue monitoring of community partners and vendors to ensure compliance with contractual obligations and quality service provision.
- Provide data and other information to assist in planning and effective service provision.
- Provide technical assistance on federal and state laws, guidelines, and contractual and vendor agreements.

#### Measures

- **Enhance customer service delivery through effective and efficient management of fiscal processes, human resources, use of technology and current administrative processes.**

#### Summary and Alignment

DARS services are provided by knowledgeable, well-trained, creative and committed employees who support the agency's mission and vision. By maximizing their effectiveness and efficiency in partnering with older Virginians and Virginians with disabilities to meet their personal goals, Virginia benefits.

#### Associated State Goal

Government and Citizens: Be recognized as the best-managed state in the nation.

#### Objectives

- » **To ensure that resources are used efficiently and programs are managed effectively, and in a manner consistent with applicable state and federal requirements.**

#### *Description*

DARS provides administrative and support services to the Disability Services Agencies (DSA). It is imperative that these services be provided in an effective and efficient manner and in compliance with State laws, regulations and policies.

#### *Objective Strategies*

- DARS and the DSA will improve business processes and participate in Cardinal implementation to improve financial management.
- DARS will comply with central agency reporting requirements.
- DARS will continue efforts at consolidation of staffing to improve efficiencies in the provision of "back office" services for the DSA.
- DARS will expand the use of electronic document management to improve business processes related to supply chain management.
- DARS will implement an Electronic Health Record and participate in Health Information Exchange by the end of the next biennium.
- DARS will maintain all transportation vehicles in safe operating condition and complying with all Federal, State, and local laws and regulations governing vehicle operation.
- DRS will implement technology infrastructure not otherwise provided by VITA to maintain continuity of direct client services.
- Promote business applications that would benefit from video-teleconferencing and social networking for both direct services and administrative functions.

#### Measures

- ◆ Number of times the Comptroller's Quarterly Report identifies issues of compliance with State Fiscal Policy.

## Major Products and Services

**Vocational Rehabilitation:** Provides services to eligible persons with disabilities to help them remove barriers to employment and reach an employment goal. Long-term services needed by consumers for successful job placement include supported employment and extended employment services.

**Disability Determination:** Provides accurate, timely, efficient and cost-effective evaluations of medical evidence related to claims filed by citizens for benefits under the Social Security Act; and to process claims filed for Medicaid based on disability.

**Community Rehabilitation:** Improves the employability and independence of the most severely disabled citizens through independent living,

personal assistance services, long- term case management, brain injury programs, and local assessment and systems change.

**Aging Services:** Helps citizens find information and services needed to lead healthy and independent lives as they grow older. The Area Agencies on Aging (AAA) administer aging services at the community level. Common AAA services include adult day care, homemaker, communication referral and information, transportation, congregate (group) and home delivered meals, disease prevention and medication management education, legal assistance, elder abuse prevention, Ombudsman and Virginia's Insurance Counseling and Assistance Program to Medicare beneficiaries. The Public Guardian and Conservator Program serves adults age 18 and older who cannot pay for guardian services, and have no one else to provide this service. The Division of Aging has 15 local public guardianship programs funded with \$997,750 in General Funds and \$995,600 through the Department of Behavioral Health and Developmental Services.

**Adult Protective Services:** Develops, maintains, monitors and supervises the implementation of legislation, regulations and policy for the Adult Protective Services, Adult Services and Auxiliary Grant programs and provides technical assistance and training to Local Departments of Social Services that provide the services. Local services provided to eligible individuals include the receipt, investigation of reports of abuse, neglect and exploitation of vulnerable adults and provision of protective services; home-based companion, chore and homemaker services; assessments and screenings for long-term care placements; and eligibility determination for Auxiliary Grants to low-income residents of assisted living facilities or adult foster care homes.

## Performance Highlights

DARS exceeded its target of 4,000 successfully employed VR consumers in Federal Fiscal Year (FFY) 2014 with 4,087 consumers becoming successfully employed. This was a 30% increase over FFY 2013. More than 97% of them were competitively employed (working in an integrated setting making at or above minimum wage), which is one of DARS key measures. DARS productivity measure captures the employment rate of our VR consumers. This rate compares the number of consumers who exit the VR program after receiving services successfully employed versus those who are not employed. For FFY 2014, the employment rate was 61.7%, the highest in 25 years.

Ensuring a high accuracy rate of disability decisions is paramount, in order to provide an effective level of customer services to Virginians applying for disability benefits under Title II (Disability Insurance), Title XVI (Supplemental Security Income), and Title XIX (Medicaid disability) of the Social Security Act. The accuracy rate for Disability Determination Services for FFY 2014 was 98.3%.

DARS has an excellent performance management process in place to monitor the services provided by our community partners who have contractual relationships with the agency and/or receive state or federal appropriations. By monitoring and providing technical assistance, training, and guidance to these entities (Employment Service Organizations, AAAs, brain injury organizations, CILS, etc.), DARS helps ensure that their fiscal and administrative processes are in compliance with federal and state requirements and that they provide high quality services to customers.

Through our collaborative relationship with the AAAs, DARS ensures that older Virginians receive nutritional meals and transportation services to enhance their health and well being. Another key measure for DARS is the number of individuals receiving communication, information, referral and assistance (CRIA) through the No Wrong Door (NWD) system. NWD is a statewide initiative, designed to help people navigate the complex system of public and private long-term services and supports, avoid unnecessary trips to the hospital and/or nursing home, and support individual choice. In State Fiscal Year 2014, 31,493 individuals received NWD CRIA services.

## Staffing

Authorized Maximum Employment Level (MEL)	1013
Salaried Employees	883
Wage Employees	101
Contracted Employees	54

## Key Risk Factors

The VR program receives about 78% of its Title I funding from the Federal government, with a required state match of about 22%. For each dollar DARS spends for VR services, it receives \$3.69 in federal funding. Between 2008-2013, state general funds available for match decreased to \$5.9 million. DARS continues to seek for ways to fulfill its match requirement. The lack of sufficient funding to serve all individuals needing VR services also will lead to an increase in the waiting list.

The demand for community rehabilitation programs and living options will grow as people with significant disabilities move from institutions into the community. The Commonwealth continues its commitment to, and compliance with, the Olmstead decision through the Community Integration Advisory Commission.

The VDA distributes federal Older Americans Act and state general funds to the AAAs through an Intrastate Funding Formula. The Older Americans Act is not an entitlement program, so services may be curtailed due to lack of funding. Therefore, priority is given to serve the elderly in the greatest economic and social need.

The Public Guardian and Conservator program has the capacity to serve 601 indigent individuals who require service. A 2007 Virginia Tech study identified 1,441 adults in Virginia in need of guardianship.

For Adult Services, concerns are: (1) the continued rapid growth in the number and complexity of APS cases, especially financial exploitation; (2) significant and growing backlogs in pre-admission screenings for Medicaid nursing facility and waiver services; (3) lack of monitoring of Auxiliary Grant assisted living providers; (4) growth of the service population due to the Age Wave; the transition from institutional to community long-term care services and supports; and re-entry of aging and disabled prisoners; (5) absence of direct federal funding, technical assistance and standards for state APS programs and a 40 % reduction in state funding for home-based adult services; and (6) declining number of AG assisted living beds due to inadequate provider reimbursement.

## **Management Discussion**

### **General Information About Ongoing Status of Agency**

DARS' focus is on improving lives of older Virginians and Virginians with disabilities. The agency will work with its community partners to be more effective in strategic planning, budgeting, program monitoring and evaluation and training and technical support. The agency will be at the center of the Commonwealth's response to two critical emerging issues.

First, many Virginians who are often referred to as "boomers" or "seniors" are in, or are approaching, their retirement years. They rightly expect to be secure in their efforts to age in place and to have safe options for their long-term care needs. DARS will need to be there for them. Secondly, Virginia is also committed to having livable communities for those Virginians with disabilities who are transitioning from institutions to community settings or those who wish to live and work with long-term supports and services. DARS will also be there in support of their new choices.

An efficient and effective human resource and management program is critical in supporting the agency's efforts to provide quality services leading to a higher quality of life for our consumers.

### **Information Technology**

DARS provides Information Technology services to 5 state agencies, known as the Disability Services Agencies.

Data Exchanges between agency case management and state financial systems was completed in 2014. Additional financial data exchanges for new programs will follow. Retirement of legacy hardware and software will result.

Enhanced security standards will require encryption of documents and e:mail messages containing individual information that requires protection.

DARS will use Microsoft tools to securely store documents and transmit links between state agencies and non-state agency partners.

Microsoft tools will allow the development of easy to operate dashboards that describe and compare non-state agency partner performance, quality and standards compliance. By exposing these Dashboards to public stakeholders, the agency can improve services provided to consumers.

Two new agency programs (Aging and Adult Services) and an existing program use different case management applications with substantial overlap, both in terms of target consumer populations and functions. A single Home and Community Based Services Case Management application that is a participant in the enterprise Health Information Exchange is a part of the agencies' technology vision.

Expansion of existing agency content management application will reduce paper storage and improve efficiency of retrieval. Expanded use is planned. Use of E-forms will strengthen a self service approach for consumers.

Integration of DARS IT staff with our new Aging Division and sharing of infrastructure resources will reduce VITA costs and improve services to staff.

The agency is promoting institutionalization of VITA support functions through enhanced reporting and analysis.

The agency can better manage its hardware, better detect billing issues, improve network and server performance and make better informed technology decisions to support both consumers and staff.

### **Estimate of Technology Funding Needs**

### **Workforce Development**

Currently, over 14% of DARS workforce is eligible to retire with unreduced benefits. Within the next 5 years that number will increase to 25%. A majority of those eligible for retirement are in management and/or leadership positions possessing an abundance of both technical and institutional knowledge. In addition, there are ongoing recruitment and retention challenges with vocational rehabilitation counselors within our Division of Rehabilitative Services (DRS) and Analysts working in the Disability Determination Services (DDS) division.

To address the inevitable upcoming retirements of employees in these critical positions, DARS is very active with succession planning strategies and management/supervisor training. Programs, including the DDS Leadership Program, the DRS restructuring of Lead Counselors and Unit Supervisors, and training sessions on managing people and hiring, have been implemented to prepare current staff to step into future leadership positions. DARS Human Resources also is working closely with other agencies to develop a Succession Planning Toolkit for the Health and Human Resources Secretariat.

To implement more effective recruitment and retention plans, DARS has placed a stronger emphasis on teleworking, alternate and flexible work schedules, retention and sign-on bonuses, and training opportunities, including rehiring retirees as wage employees to cover caseloads and train

new staff. In addition, DARS has expanded its student internship program and enhanced the screening process for all recruitments.

DARS has and will continue to develop and implement strategic initiatives to combat these and other important issues facing its workforce.

### Physical Plant

Strategically located, affordable, accessible and well-maintained facilities are critical to DARS ability to provide effective services. DARS administrative headquarter is located in an office park in Henrico County which is convenient to our consumers and fully accessible for individuals with disabilities.

All DARS offices are in leased space. DDS and the VR program have offices located throughout Virginia; the VR program has 36 offices where direct services are provided to VR consumers. Six of these offices are in One-Stop Centers with other State agency partners. Two of the DDS offices, in Norfolk and Roanoke, are co-located with Social Security Administration Offices.

## Supporting Documents

Title	File Type
DARS website	Link

## Vocational Rehabilitation Services [45404]

### Description of this Program / Service Area

This service area provides comprehensive vocational rehabilitation services to eligible individuals with disabilities necessary for them to prepare for or retain employment.

### Mission Alignment

This service area directly aligns with DARS' mission of empowering individuals with disabilities to maximize their independence and full inclusion into society.

### Products and Services

#### Description of Major Products and Services

**Vocational Rehabilitation (VR):** The VR Program provides services to individuals with disabilities in order that they may prepare for or retain employment. Services are individualized and are designed to assist an individual to reach an employment goal that is consistent with the individual's strengths, resources, abilities, interests and informed choice. Services that are provided to eligible consumers include: vocational evaluation, career exploration and vocational counseling, job development and placement, support for vocational training, support for physical and mental restorative services, rehabilitation engineering, and miscellaneous services required for participation in a rehabilitation program and business development services to employers. Supported employment services are provided to consumers with the most significant disabilities by Employment Service Organizations (ESO). The goal of supported employment is to maximize employment opportunities for these consumers who require support in order to work in integrated, competitive employment. Through grant funding received from the Department of Social Services, DARS provides VR services to individuals enrolled in the TANF program. With funding and positions received from the Department of Behavioral Health and Developmental Services, DARS provides VR services to individuals with a substance abuse disability.

**Follow Along Support Services:** As an extension of the VR program, DARS administers the state funded Extended Employment Services (EES) and Long Term Employment Support Services (LTISS) programs. These programs are the link between the time-limited services of the basic VR program and the on-going activities necessary to support individuals in employment after they leave the VR program. Funding for EES provides services to persons with significant disabilities who are employed by ESOs. Thru EES, the ESOs provide extraordinary supervision, training, advocacy, and other supports necessary for these individuals to learn employment skills and maintain employment.

**Grants Development and Implementation:** Development of competitive external funding proposals (primarily grants and cooperative agreements) and the development, implementation, and management of externally funded service and systems development and change projects.

**Virginia Assistive Technology System (VATS):** The mission of VATS is to ensure that Virginians of all ages and abilities can acquire the appropriate, affordable assistive and information technologies and services they need to participate in society as active citizens. This is accomplished through an array of activities to include assistive technology (AT) device recycling, demonstration and loaner programs. In addition, VATS through its network of AT Regional Sites provides device specific training, technical assistance, public awareness, and coordination and collaboration with entities responsible for policies, procedures, or funding of AT devices and services.

**Deaf and Hard of Hearing Services:** The Deaf and Hard of Hearing (DHH) program provides comprehensive community-based VR services through specialized VR counselors who are fluent in sign language. The program promotes DHH advocacy and awareness within the rehabilitation community, provides technical assistance and consultation to field staff, and develops and monitors interagency cooperative efforts on behalf of people who are deaf and hard of hearing. Program staff provide community education and technical assistance to entities involved with job training, job placement, and employment of persons who are deaf and hard of hearing. The DHH program currently includes one Program Coordinator (who also provides oversight for services provided at WWRC) and ten Rehabilitation Counselors for the Deaf. Additionally, there are five positions in the Special Populations Services Unit at the Woodrow Wilson Rehabilitation Center. There is also a Staff Audiologist at the Center, who functions as the Lead Audiology Consultant on cases related to hearing aid technology.

**Ticket-to-Work Administration:** Under the Ticket Program, the Social Security Administration provides disability beneficiaries with a ticket they may use to obtain the services they need from Employment Networks (ENs) to become employed. DARS can receive reimbursements from the Social Security Administration for the costs of services provided to either Social Security Disability Income (SSDI) or Supplemental Security Income (SSI) recipients who put their ticket in use with DRS and receive VR services leading to employment.

**Partnering in Virginia's Workforce Investment System:** Under the federal Workforce Investment Act (WIA), VR is a mandated partner and anchor in the State's Workforce Investment System. As such, there are designated VR staff who serve on the Local Workforce Investment Boards and the Youth Councils to assist in the design of the workforce development programs in the localities. DARS has a memorandum of understanding with each Board that describes the services and expectations of the various WIA partners. In some instances, VR staff are co-located in the One-Stop Career Centers, or visit the Centers on a routine basis, to provide services to individuals with disabilities looking for employment assistance. DRS also has partnered with other state agencies to assess the programmatic and physical accessibility of the One-Stop Career Centers so that they can better serve individuals with disabilities. Through a Department of Labor cooperative agreement with the Virginia Community College-Workforce Services Division and in collaboration with Local Workforce Investment Boards, DARS is developing service models (Disability Resource Coordinators) to serve individuals with disabilities through the One-Stop Career Centers.

## Anticipated Changes

On July 24, 2014, President Obama signed the Workforce Innovations and Opportunities Act, which reauthorizes the Rehabilitation Act. Over the next two years, DARS will be making changes to its VR program, regulations and policies to incorporate the amendments to the Rehabilitation Act.

Transition services for youth is one major focus area of the Rehabilitation Act amendments. DARS continues to position itself to serve a large number of students (age 14 to 24) who are transitioning from secondary school to work. In 2013, 49.6% of the VR consumers who received services were students in transition. During that same fiscal year, 43.8% of all VR consumers who became successfully employed after receiving VR services were transition age students. Innovative programs, such as Project SEARCH, internships, and job shadowing, have demonstrated the employability of students who historically have not sought employment. Pre-vocational assistance and obtaining integrated competitive (minimum wage or above) employment will be the focus of our employment readiness mission for youth in transition in collaboration with the Departments of Education (DOE) and Behavioral Health and Developmental Services (DBHDS). Cooperative Agreements will continue to be used as local planning documents that capture specific roles and responsibilities of partnering agencies in preparing youth for gainful employment.

From FFY 2005 to FFY 2013, the VR program saw about a 478% change in the number of clients with an Autism Spectrum Disorder (ASD). While the number of ASD clients is small (2263 in 2013) in relation to other disabilities, the number is expected to increase. DARS will implement and expand new service delivery systems to address the needs of this population. To assist with this, DARS is partnering with Virginia Commonwealth University in a research project regarding individuals with ASD. The project works collaboratively with four local school districts in the Richmond area and the Faison School for Autism who enroll youth with ASD into the project, as well as colleges and universities throughout the Commonwealth of Virginia.

In 2010, an estimated 293,823 persons in Virginia spoke English "less than well" as determined by the American Community Survey (ACS). In addition, the ACS national estimates for persons 18-64 years of age showed that the prevalence of disabilities was 8.3% for Hispanics and 6.6% for Asians. DARS will continue to see steady growth in the number of consumers from different ethnic backgrounds and will need to enhance its efforts to provide appropriate services to these individuals.

Individuals with disabilities who also have a criminal background are increasing and pose new challenges in assisting them in employment, requiring new service delivery systems to address the needs of this population.

The VR program is sometimes perceived as being overly bureaucratic, process oriented, and slow, which negatively impacts on consumer-focus and expedited means to assist consumers in becoming employed. Accordingly, DARS continues to examine strategies to provide more expeditious services to VR clients. Many VR counselors spend much of their work time in the public schools, in Community Services Boards, One-Stop Career Centers, and other locations to effectively work with consumers. The expansion of this "mobile work" environment requires staff to be proficient and comfortable with the use of technology and working independently. In addition, DARS implemented two new initiatives to actively engage our VR clients in their employment program. The "Cold Case" initiative locates clients who have lost contact with their VR counselor to re-engage them in their program. The Intense Consumer Engagement (ICE) initiative has all VR staff actively collaborating with clients to ensure their steady progress through their employment program. Both of these initiatives have proven quite successful.

Utilizing the Model State Plan for Vocational Rehabilitation of Persons who are Deaf, Deaf-Blind, Hard of Hearing or Late Deafened as a baseline, DARS' Deaf and Hard of Hearing Services Unit (DHH) and the Policy & Planning Unit are assessing the program and delivery of VR services for persons who are deaf, hard of hearing and late deafened. This initial assessment will help identify where DARS is relative to the national plan. Findings from the initial assessment and historical information on the program will be used to develop a programmatic action plan to address strengths and weaknesses.

With the Department for the Deaf and Hard of Hearing, the DHH unit is collaborating with the Disability Employment Initiative to expand telephone communication accessibility in the Workforce Centers for individuals who are deaf, hard of hearing and late deafened. An orientation/training program is being developed for the Workforce Centers to enhance specialized service needs and to create partnerships with the specialists who work directly with these populations. To address a gap in qualified providers of interpreting services, the DHH unit is collaborating with the Virginia Registry of Interpreters for the Deaf, Virginia Community College System, and the National Consortium of Interpreter Education Centers (RSA funded) to develop an Interpreter Mentoring Program in the State for community-based interpreting services. DARS continues to be a member of the Statewide Interagency Collaboration Team with the Virginia Departments for the Deaf and Hard of Hearing and Blind and Vision Impaired and Valley Community Services (DHH Statewide Coordinator for Community Service Boards), which includes one state level and six regional levels to address gaps in service delivery to individuals who are deaf, hard of hearing, late deafened and deafblind. The state level team also serves as members of the advisory committee to the Virginia Commonwealth University's Rehabilitation Counseling Program for Individuals who are Deaf, Hard of Hearing, or DeafBlind (RSA funded RCD training program).

DARS' contractual relationship with DBHDS provides VR services in 18 Community Services Boards targeted to individuals with substance abuse disabilities. Employment plays a key role in recovery from substance use disorders, and these specially trained VR counselors help their clients achieve higher rates of success than those who receive conventional VR counseling.

VATS leadership is working closely with the VR program to better coordinate assistive technology (AT) services across the system. The result has furthered collaboration among AT providers system-wide and ultimately improved service delivery to VR program participants. This increased focus on AT coordination within the VR program also helped further AT collaboration among other state partners and non-profits organizations in the areas of transition/training, AT loans, AT demonstrations and AT reuse.

VATS continues to work with DOE on AT services, specifically focusing on how technology follows the student from secondary to post-secondary education and or work. VATS supports the VR program by purchasing AT equipment that can be lent to consumers. The purpose of the

demonstrations and loans is to enable the consumer to make informed choices as to what AT is available and what AT will help to eliminate barriers in employment, education and or community living. In an effort to improve these AT services, VATS staff has been working closely with VR staff to identify program needs and clarify data collection requirements. The result has led to improved understanding of program and participant needs as well as improved documentation of AT services preformed.

VATS provides funding and oversight to the Virginia Reuse Network (VRN). The VRN is a broad network of healthcare professionals, non-profits, state agencies, faith-based organizations and individuals working together to increase access to reused AT. VRN partners include the Foundation for Rehabilitation Equipment and Endowment (F.R.E.E.) and Woodrow Wilson Rehabilitation Center.

In cooperation with the DOE and local education agencies, DARS is participating in the implementation of thirteen Project SEARCH programs across Virginia. These programs provide youth with significant disabilities with internship experiences in the real work world, primarily in large medical facilities. These internships often result in higher paying and more stable employment that would otherwise have been possible.

**Factors Impacting**

The VR program receives approximately 78% of its Title I funding from the Federal Rehabilitation Services Administration. The required state match for the federal funds is about 22%. For every dollar DARS spend for VR services, it receives \$3.69 in federal funding. Federal Title I funding was \$29.2 million in State Fiscal Year (SFY) 1991. Over the next twenty years, it increased 114%, to \$62.4 million in SFY 2013. State general funds available in SFY 1991 was, \$8.2 million, more than required for state match. By SFY 2008, state general funds available for match were \$9.1 million. Between SFY 2008 and SFY 2013, state general funds available for match have decreased to \$5.9 million. Currently, the agency is planning to meet its VR match requirements by using unstable state appropriations for capital outlay expenditures at WWRC. A long-term, sustainable VR program requires dedicated general fund operating appropriations to meet the matching requirement of the Federal grant.

Effective October 31, 2014, DARS will again close all categories under its Order of Selection, meaning that all new applicants will be placed on the waiting list for services. Order of Selection occurs when there are not sufficient funds to serve all individuals.

A significant number of VR employees are expected to retire or leave the agency for hiring paying jobs in the coming years. Staff vacancies affect the timely delivery of services to VR consumers. VR counselors are required to have a Masters degree in Rehabilitation Counseling or a closely related field. Therefore, these positions are difficult to recruit, especially in Southwest Virginia.

The VR program has a very high rate of consumers who are significantly disabled. This rate has risen thru the years. Currently, 97.3% of clients are significantly disabled. Successful employment of these VR consumers is dependent on their receipt of individualized and appropriate services to address their ever increasing complex needs.

The Long Term Employment Support Services (LTESS) program, which is 100% State funded, is instrumental in assuring that DARS is able to meet the employment support needs of individuals with significant disabilities following VR funding. In State Fiscal Year 2014, DARS purchased services from ESOs under the LTESS program for 3181 people with \$5,180,229.

DARS' program to provide VR services to TANF recipients with disabilities continues to be impacted by the fiscal situation at the Department of Social Services (DSS). DARS received one nine month grant from DSS for \$300,000, with two one year extensions of \$363,000. This amount covers the cost of three full time and two part time VR counselors, plus some administrative expenses. The greatest impact is the lack of funds for the purchase of VR services for these clients, who have multiple barriers to finding and retaining employment. DARS has expanded its services to the TANF population with increasing success, but the lack of funding for the purchase of services continues to place a hardship on the DRS case service budget, which is already stretched to capacity.

**Financial Overview**

The Vocational Rehabilitation Services' funding comes from federal funds (78%), and general funds (22%). The VR program received \$1 million in additional funds for 2016. This funding will be used to address the consumer waiting list and will assist in allowing DARS to match additional federal funding.

Biennial Budget

	2015 General Fund	2015 Nongeneral Fund	2016 General Fund	2016 Nongeneral Fund
Initial Appropriation for the Biennium	15,849,755	64,658,773	15,849,755	64,658,773
Changes to Initial Appropriation	0	-250,000	1,000,000	-250,000

**Supporting Documents**

Title	File Type
[DARS website information on employment services]xxxx	Link

## Community Rehabilitation Programs [45406]

### Description of this Program / Service Area

This service area encompasses an array of community-based programs and services that complement the agency's vocational rehabilitation program. These programs address the longer-term needs of individuals with significant physical and sensory disabilities to enable them to live independently in the community.

### Mission Alignment

This service area directly aligns with the Department for Aging and Rehabilitative Services' (DARS) mission to improve the employment, quality of life, security, and independence of older Virginians, Virginians with disabilities, and their families.

### Products and Services

#### Description of Major Products and Services

The state-funded Brain Injury Services (BIS) Program contractors comprise a statewide network that provides one or more of three "core" services in brain injury: case management, clubhouse/day programs, and resource coordination. In 2013, the BIS Programs provided direct services to an estimated 3,832 individuals (3,159 received direct program services, 671 survivors, family members, and general public received direct services such as information and referral and consultation). In addition, approximately 4,400 individuals attended public awareness/outreach and educational training events (this does not include the number of people who were reached through newsletters, websites, social media, etc. which is estimated to be as many as 10,000 individuals). The Brain Injury Direct Services (BIDS) Fund provides specialized goods/services to individuals who have no other source of funding and who require and would benefit from the goods/services in their recovery and ability to live more independently. In 2013, about 135 people received specialized goods or rehabilitation services through BIDS. Personal Assistance Services for People with Brain Injury (PAS/BI) is referenced below under PAS.

Community Rehabilitation Case Management Services provides case management services to individuals with significant physical and sensory disabilities and their families. Rehabilitation Specialists assist individuals and their families in developing strategies to match their rehabilitative needs with appropriate public and private service agencies, organizations, and individuals. OBRA provides specialized services to individuals with significant physical disabilities who reside in skilled nursing facilities. OBRA staff coordinate the provision of specialized goods and services that assist consumers to maximize self-determination and independence. Typically, services include community living skills training, assistive technology, specialized durable medical equipment, other needed supports and services. DRS provides these coordination services through an agreement with the Department of Behavioral Health and Developmental Services.

The Independent Living Program grants State General Funds and some Federal dollars, and provides technical assistance, program audits, oversight and compliance to Centers for Independent Living (CILs). CILs provide services and advocacy to promote the leadership, independence, and productivity of people with disabilities. CILs work with individuals, as well as the local communities, to remove barriers to independence and ensure equality of persons with disabilities.

The Personal Assistance Services (PAS) program serves individuals who have the most severe disabilities and who require assistance from another person to perform non-medical activities of daily living. These consumer-directed services might include transferring, bathing, eating, dressing, or other physical activities that the individual could perform if they did not have a physical disability. DRS manages three PAS programs: State-funded PAS, PAS for Individuals with Brain Injury, and vocational rehabilitation PAS (funded through Title I of the Rehabilitation Act) for individuals who are currently receiving or who may be eligible for vocational rehabilitation services provided through an Employment Plan.

### Anticipated Changes

Funding for brain injury services in 2013 increased by an additional \$105,000 allocated from the General Assembly to "address current wait lists" of about 280 people. This brought the total amount of funding for BIS Programs to \$3,926,000. In addition, DARS just completed the sixth and final year of a \$250,000 / year Federal Traumatic Brain Injury Act Grant matched by \$125,000 in state funding (grant ended in March 2014). The grant allowed DARS to provide ongoing training and technical assistance, as well as systems change activities, with the overall goal of enhancing the infrastructure of Virginia's brain injury services statewide. Grant deliverables are evaluated on the basis of activities conducted and products developed. DARS was awarded another Federal TBI Grant beginning June 1, 2014 and ending April 31, 2018.

The demand for community rehabilitation programs and community living options will continue to grow as people with significant disabilities move from institutional settings, such as nursing facilities, into local communities. The Supreme Court's Olmstead decision interpreted the Americans with Disabilities Act to require States to administer their services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals. The Governor's Executive Orders 61 and 84 continue the Commonwealth's commitment to, and compliance with, the Olmstead decision through the Olmstead Implementation Team and the Community Integration Advisory Commission (CIAC). Several initiatives within these Executive Orders require cooperation, facilitation, and implementation by DARS.

### Factors Impacting

The Centers for Disease Control estimates that more than 20,000 individuals in Virginia will be treated for a brain injury annually (incidence) and that nearly 85,000 Virginians currently live with a brain injury related disability (prevalence). It is difficult to accurately estimate the demand for services to Virginians with acquired brain injuries, although the need continues to outweigh available resources. As of 2013, \$3,821,466 in State funding was dedicated to services for people with brain injury statewide. In addition, the ten state-funded BIS Programs brought in \$2.4 million in nonstate resources during 2013. For 2014, an additional \$105,000 was appropriated to address the waiting list for services, about 280 people. Yet, many areas of the state remain unserved and underserved. Nearly 4,000 Virginians (adult and pediatric) or family members received direct consumer services in 2013 provided by ten Brain Injury Services organizations operating 13 programs statewide. An additional number of people were served through education, public awareness events, and newsletter/website/social media outreach, which is estimated at over 10,000.

The agency continues to move forward in its efforts to implement a satisfactory solution to the critical need for updating the current Brain Injury Case Management Software System which is over 20 years old and nearing the end of its usefulness and functionality. A work group consisting of representatives from all of the state-funded BIS Programs and DARS staff worked for a year to refine the requirements for a system that was agreeable to all parties: Adage Software, Inc. is developing Brain Injury (BI) First, a software system to be used by all BIS programs statewide. This is an appropriate and cost-effective option for the state-funded programs and should be in place by September 2014.

There are 15 CILs and 5 Satellite Centers in the Commonwealth of Virginia. The national recommended minimum funding level for a CIL is \$250,000 per year. Two of the existing CILS (Fredericksburg and the Eastern Shore) are currently funded below the recommended minimum national level. With increased funding, these Centers would be able to increase their catchment area and serve additional consumers. The 5 Satellite Centers also are funded below the national recommended standard that would be required to have them become a "free standing" CIL. New CILs serve an average of 150 individuals and provide up to 2,000 hours of community outreach and education per year. There are 5 areas of the State considered to be significantly underserved including Planning Districts 4, 12, 18, 19 and part of District 8. These areas are currently served by a Satellite CIL, which are located in Christiansburg, Danville, Petersburg, Loudoun and Middle Peninsula. Planning Districts 13, 14, 17, and part of District 9 are presently unserved. Two Satellite Centers, in Christiansburg and Petersburg, have been funded as Satellite Centers for over 10 years and should be grown into full free-standing Centers. The other two Satellite Centers are funded at under \$10,000, making it difficult to serve all consumers requesting services.

PAS serves 108 consumers with State funds, 5 consumers with state brain injury funds, and 15 consumers with federal Vocational Rehabilitation funds. Brain Injury PAS has been level funded for 10 years. The state-funded program has experienced two recent budget reductions, totaling almost \$300,000. However, an appropriation of \$250,000 was received for 2014. This will shorten the wait list by 13 individuals. Of the individuals served in the PAS program, 5 are attending colleges or universities, 2 are in job development, and 64 are employed. The average annual expenditure per consumer is about \$18,000. PAS serves persons who are not eligible for Medicaid Waiver services or other comparable services. The low pay rate for Personal Assistants has a serious negative impact on the ability of PAS consumers to attract, hire, and retain qualified personal assistants, especially in Northern Virginia. The pay rate is driven by funding issues. There is a waiting list of 23 consumers.

Due to budget reductions, CRCMS lost two case management positions in Northern and Central Regions, which have the largest wait list of consumers. There is a waiting list of 45 consumers.

## Financial Overview

The Community Rehabilitation Program funding comes from federal funds (24%), general funds (60%), indirect costs recovered from federal grants (4%), and dedicated special revenue funds for the CNI Trust Fund from fees paid by citizens to regain suspended driver's licenses (12%). \$750,000 was added in the second year of the biennium to increase support for programs providing brain injury services. In addition, the \$580,000 budget reduction in the introduced budget for Centers for Independent Living was restored along with \$300,000 for each year for the Personal Assistance Services program, which provides personal care services to individuals with disabilities. The Long-Term Employment Support Services (LTESS) program, which supports the VR program, received \$500,000 for the second year of the biennium and restored \$364,943 from the general fund for the second year.

### Biennial Budget

	2015 General Fund	2015 Nongeneral Fund	2016 General Fund	2016 Nongeneral Fund
Initial Appropriation for the Biennium	13,156,421	3,945,292	13,156,421	3,945,292
Changes to Initial Appropriation	0	0	1,230,000	0

## Supporting Documents

**Title** **File Type**

**Financial Assistance for Local Services to the Elderly [45504]**

**Description of this Program / Service Area**

The Department for Aging and Rehabilitative Services (DARS) contracts with 25 Area Agencies on Aging (AAAs) and other service providers throughout the Commonwealth to provide an array of services to support older Virginians and their caregivers. Also included in this Service Area are the agency's directed appropriations including: Mountain Empire Older Citizens, Inc., and Senior Navigator.

**Mission Alignment**

This service area aligns with DARS' mission to improve the employment, quality of life, security, and independence of older Virginians, Virginians with disabilities, and their families

**Products and Services**

**Description of Major Products and Services**

Services include: Adult Day Care, Care Coordination, Checking (Reassurance), Chore, Disease Prevention & Health Promotion, Emergency, Employment, Fan Care, Health Education & Screening, Homemaker, I.D. Discount, Communication Referral and Information Assistance, Money Management, Options Counseling, Personal Care, Public Information / Education, Residential Repair & Renovation, Respite Care, Socialization & Recreation, Transportation, the Virginia Insurance Counseling & Assistance Program (VICAP), and Volunteer Services.

**Anticipated Changes**

The aging population coupled with the decrease in federal funding due to the sequestration reductions continues to put pressure on the AAAs. As a result, several AAAs have curtailed services and all will continue to examine how programs administered to ensure the maximum effect on the population they serve.

**Factors Impacting**

The federal sequestration reduction has reduced funding by 8.1% compared to Fiscal Year 2012.

**Financial Overview**

Federal funding is received through the Older Americans Act and grant awards. State general funds are provided through ongoing appropriations. The Pharmacy Connect Program, administered by Mountain Empire Older Citizens, Inc, received \$34,500 for the second year of the biennium. In addition, a companion amendment in Item 471.10 eliminated the central account reduction of \$215,500 for this program in the second year.

Biennial Budget

	2015 General Fund	2015 Nongeneral Fund	2016 General Fund	2016 Nongeneral Fund
Initial Appropriation for the Biennium	9,746,871	20,394,143	9,746,871	20,394,143
Changes to Initial Appropriation	320,470	0	354,970	0

**Supporting Documents**

Title	File Type
[DARS website information on aging services]xxxx	Link

**Rights and Protection for the Elderly [45506]**

**Description of this Program / Service Area**

The Department for Aging and Rehabilitative Services contracts with 25 Area Agencies on Aging (AAAs) and other service providers throughout the Commonwealth to provide an array of services, which includes: the Virginia Public Guardian and Conservator Program, Legal Assistance and the local Long-Term Care Ombudsman Program.

**Mission Alignment**

This service area directly aligns with DARS' mission to foster the independence and well-being of older Virginians and supports their caregivers.

**Products and Services**

**Description of Major Products and Services**

Services include Elder Abuse Prevention, Guardianship, Legal Assistance, and Long-Term Care Ombudsman.

**Anticipated Changes**

It is anticipated that 50% or more of the current experienced Program Directors will retire or otherwise leave the Program within the next five to ten years. When older Public Guardian Program Directors (who were “grandfathered” into the 2009 effective Public Guardian Regulations) leave the program, the organization is required to meet regulatory requirements for replacement Program Directors. This will lead to higher operating costs in attracting and retaining qualified staff.

**Factors Impacting**

The current Public Guardian and Conservator Program is functioning at capacity. Without an increase in funding, growth of the Program to serve additional individuals or expand geographical service area statewide is not feasible. Of the \$409,000 needed to stabilize existing programs, only about \$99,000 was received in the current budget. And, of the \$3,020,687 needed to serve 580 individuals on waiting lists for Public Guardianship, \$-0- was received. The waiting list as of March, 2014 was 961 individuals.

**Financial Overview**

Federal funding is received through the Older Americans Act and grant awards. State general funds are provided through ongoing appropriations. Because of the transfer of the former Department for the Aging to DARS in 2013, all funding is shown under Changes to Base Budget. The Public Guardianship and Conservator Program received \$500,000 for the second year of the biennium. This funding will allow 100 individuals to be served across 16 counties not currently served. Public guardians are the guardians of last resort.

Biennial Budget

	2015 General Fund	2015 Nongeneral Fund	2016 General Fund	2016 Nongeneral Fund
Initial Appropriation for the Biennium	2,455,312	497,763	2,455,312	497,763
Changes to Initial Appropriation	-4,750	0	495,250	0

**Supporting Documents**

Title	File Type
[DARS website information on aging services]xxxx	Link

**Meals Served in Group Settings [45701]**

**Description of this Program / Service Area**

The Department for Aging and Rehabilitative Services (DARS) contracts with 25 Area Agencies on Aging (AAAs) to provide meal and nutrition services throughout the Commonwealth in congregate (group) settings. These settings provide hot and cold meals, as well as nutrition education, to older persons.

**Mission Alignment**

This service area aligns with DARS' mission improve the employment, quality of life, security, and independence of older Virginians, Virginians with disabilities, and their families.

**Products and Services**

**Description of Major Products and Services**

This service provides a meal, at a nutrition site, senior center or some other congregate setting. Each meal, which complies with the Dietary Guidelines for Americans, must provide a minimum of 33 1/3% of the daily Recommended Dietary Reference Intakes as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. The congregate nutrition site also provides opportunities for socialization and recreation that may alleviate isolation and loneliness

**Anticipated Changes**

The Governor requested and the 2014 General Assembly approved additional funding of \$1,231,138 to be used in the nutrition program. DARS has provided the AAAs with the flexibility to use the funds in either for meals served in group settings or for meals to home-bound individuals. In addition the increased funding, DARS has identified areas for the AAAs to improve the quality of the meal and improve nutrition counseling and education.

**Factors Impacting**

The Governor requested and the 2014 General Assembly approved additional funding of \$1,231,138 to be used in the nutrition program. DARS has provided the AAAs with the flexibility to use the funds in either for meals served in group settings or for meals to home-bound individuals. In addition the increased funding, DARS has identified areas for the AAAs to improve the quality of the meal and improve nutrition counseling and education.

**Financial Overview**

Federal funding is received through the Older Americans Act. State general funds are provided through ongoing appropriations.

Biennial Budget

	2015 General Fund	2015 Nongeneral Fund	2016 General Fund	2016 Nongeneral Fund
Initial Appropriation for the Biennium	1,605,858	8,236,359	1,605,858	8,236,359
Changes to Initial Appropriation	-320,470	0	-320,470	0

**Supporting Documents**

**Title** **File Type**

**Distribution of Food [45702]**

**Description of this Program / Service Area**

The Department for Aging and Rehabilitative Services (DARS), through a grant funded by the United States Department of Agriculture, works with several Area Agencies on Aging (AAAs) to administer the Senior Farmers' Market Nutrition Program.

**Mission Alignment**

This service area aligns with DARS' mission to foster the independence and well-being of older Virginians and supports their caregivers.

**Products and Services**

**Description of Major Products and Services**

The elderly in poverty often struggle to balance paying for shelter, food, and medical needs - including prescription drugs. Often nutrition is neglected because of the cost or inability of the elderly to care for their own needs due to physical frailty or mental well being such as depression. The Seniors Farmers' Market Nutrition Program provides access to low income-older individuals to fresh Virginia grown fruits and vegetables when in season. VDA issues coupons to participating AAAs to give to seniors that can be redeemed for fresh Virginia grown fruits and vegetables at local farmer's markets. Seniors benefit from eating fresh fruits and vegetables and nutrition education. Local farmers benefit from the purchases made by seniors.

**Anticipated Changes**

DARS has developed a Farmer Handbook and application. In cooperation with the Virginia Department of Agriculture and Consumer Services the program has been strengthened to ensure the farmers' markets are providing fresh-farm-grown fruits and vegetables.

**Factors Impacting**

There are several factors that can significantly impact the program. This includes amount of funding through the Department of Agriculture, the number of Farmers' Markets that participate, and the seasonal harvest.

**Financial Overview**

Federal funds are received through a grant from the U.S. Department of Agriculture Food Nutrition Service program.

Biennial Budget

	2015 General Fund	2015 Nongeneral Fund	2016 General Fund	2016 Nongeneral Fund
Initial Appropriation for the Biennium	0	418,042	0	418,042
Changes to Initial Appropriation	0	0	0	0

**Supporting Documents**

**Title** **File Type**

**Delivery of Meals to Home-Bound Individuals [45703]**

**Description of this Program / Service Area**

The Department for Aging and Rehabilitative Services (DARS) contracts with 25 Area Agencies on Aging (AAAs) to provide meal and nutrition services throughout the Commonwealth to the elderly in their homes. These meals include hot and cold meals, as well as nutrition education, to older individuals. The delivered meal also provides and opportunity for someone to check on the wellbeing of the individual.

**Mission Alignment**

This service area aligns with DARS' mission to foster the independence and well-being of older Virginians and supports their caregivers.

**Products and Services**

**Description of Major Products and Services**

This service provides a meal at the individual's place of residence. The meal must comply with the Dietary Guidelines for Americans, providing a minimum of 33 1/3% of the daily Recommended Dietary Reference Intakes, as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. The individual must be someone unable to leave home to attend regular social activities such as a senior center or congregate nutrition site.

**Anticipated Changes**

The Governor requested and the 2014 General Assembly approved additional funding of \$1,231,138 to be used in the nutrition program. DARS has provided the AAAs with the flexibility to use the funds in either for meals served in group settings or for meals to home-bound individuals. In addition the increased funding, DARS has identified areas for the AAAs to improve the quality of the meal and improve nutrition counseling and education.

**Factors Impacting**

Over the past several years, the AAAs have curtailed their nutritional programs due to budget reductions. With the additional funds the AAAs will be able to expand the number individuals served and the number of meals provided. The restoration of the federal sequestration reductions and the Fiscal Year 2015 increase in state general funds has restored the program close to Fiscal Year 2011 funding

**Financial Overview**

Federal funding is received through the Older Americans Act. State general funds are provided through ongoing appropriations.

**Biennial Budget**

	2015 General Fund	2015 Nongeneral Fund	2016 General Fund	2016 Nongeneral Fund
Initial Appropriation for the Biennium	4,993,260	7,080,254	4,993,260	7,080,254
Changes to Initial Appropriation	0	0	0	0

**Supporting Documents**

**Title** **File Type**

## Social Security Disability Determination [46102]

### Description of this Program / Service Area

This service area, in partnership with the Social Security Administration (SSA), processes claims filed by citizens of the Commonwealth of Virginia who have applied for disability benefits under Title II (Disability Insurance), Title XVI (Supplemental Security Income), and Title XIX (Medicaid disability) of the Social Security Act. These evaluations result in the adjudication or "determination" of claims at the initial claims stage, at the continuing disability review stage, and at other appellate points in the disability adjudicative process.

### Mission Alignment

This service area aligns with DARS' mission of providing services to individuals with disabilities to help them live independently by ensuring accurate, timely, and efficient determinations of eligibility for disability benefits.

### Products and Services

#### Description of Major Products and Services

**TITLE II AND TITLE XVI DISABILITY DETERMINATIONS:** The primary mission of the DDS is to provide residents of the Commonwealth of Virginia with accurate and timely disability determinations. Citizens of the Commonwealth applying for Title II and Title XVI disability benefits under the Social Security Act have a right to expect an accurate decision on their claim.

**TITLE XIX MEDICAID DISABILITY DETERMINATIONS:** Accurate and timely disability determinations for Medicaid applicants in the Commonwealth of Virginia are also critical. Citizens of the Commonwealth applying for Title XIX disability benefits under Medicaid have a right to expect an accurate decision on their claim.

**TRAINING DEVELOPMENT:** Outreach efforts throughout the local communities to educate citizens and advocates about the disability program. Incorporate new training technology into the training program to use with staff and external customers. A major segment of this initiative includes outreach and training within the medical/psychological/educational community about DDS informational needs. These efforts provide sources in the community with the tools necessary to correspond and submit information to the DDS electronically. A more efficient process facilitates increased accuracy and timeliness- to serve the citizens of the Commonwealth of Virginia.

**COMPUTER SYSTEM UPGRADES:** Implementing continuous enhancements to the SSA's electronic case processing system allowing the DDS to enhance adjudicating disability claims in an electronic environment more quickly and efficiently. SSA is currently in the process of developing innovative ways to meet the challenge of increasing workloads. A single source Disability Case Processing System (DCPS) for all DDSs and other Social Security components is currently under development. This will require all DDSs to change their case processing software and it will require extensive training. The initial rollout to Virginia in 2016 will have a definite impact on production until all staff becomes proficient with the new process.

**CONSTITUENT CONCERNS:** Provide information and direction to individuals seeking assistance as it relates to the Social Security Disability Program. Act as a liaison for constituents with various governmental agencies to assist them in getting answers to their inquiries. Conduct outreach programs to inform and aid residents of Virginia of their rights as they relate to the Social Security Disability Program.

### Anticipated Changes

From 2007 to 2013, there was about a 20 % increase in SSA initial disability claims filed nationally. SSA projects that between 2015 and 2020, more than 10 million Baby Boomers will enter their most prone disability years and, along with the increase in the retirement age, disability workloads will remain high nationally and in Virginia for several years. However, the biggest workload challenge facing the Virginia DDS beginning in 2015 is the expected increase in the Continuing Disability Review (CDR) claims, which are periodic reevaluations to determine whether beneficiaries are still disabled. SSA estimates about \$9 to \$10 in lifetime program savings per dollar spent on CDR reviews, including Medicare and Medicaid program savings. The projected Virginia CDR workload in 2015 is 21,752 compared to the 2014 workload of just 9,958. SSA projects high CDR workloads through 2017. The Virginia budgeted workload for 2014 is 84,150, with a projected workload target around 90,150 in 2015.

Medical Evidence Gathering and Analysis through Health Information Technology (MEGAHIT) is a "point to point" systems transaction to request and receive medical evidence through a standards-based electronic exchange of data through the Nationwide Health Information Network. Upon transfer of a disability claim from a SSA field office to the DDS, the system sends an electronic standardized medical request to MEGAHit medical providers. MEGAHit formats, analyzes, and stores responses in an electronic folder and will provide indicators when the medical evidence received is likely to be sufficient to make a favorable decision on a disability claim.

The Richmond DDS piloted MEGAHit for SSA in 2008 through MED VA, a health information exchange, and Richmond Bon Secours medical facilities. Since the successful pilot, MEGAHit has expanded in Virginia to additional hospitals in Lynchburg and Farmville in 2011, Bon Secours facilities in the Norfolk area in 2012, and in Northern Virginia through Kaiser Permanente facilities in 2013.

SSA believes the expansion of MEGAHit is a critical component to reduce the wait time for receiving medical records and reducing the time to

adjudicate disability claims. Beginning in 2014 SSA will expand its efforts to increase partnerships with medical networks and providers, which will involve additional efforts of the Virginia DDS Professional Relations Officers to promote the program.

The Virginia DDS electronically requests all records maintained by military hospitals, VA hospitals (VAMC) and other Department of Defense (DoD) medical facilities. All VAMCs in Virginia are now utilizing SSA's Electronic Records Express (ERE) system to provide medical records. When the DDS needs records from any of the VAMCs, DDS sends the request to SSA's secure website; the VAMC staff retrieves the electronic request and uploads the veteran's records to the website, which transmits directly into the veteran's electronic claim folder. All DoD medical records are now electronically stored in a single national repository. The DDS requests and receives these records electronically through the ERE system as well.

### **Factors Impacting**

Federal law will mandate all healthcare providers to have electronic records by January, 2015. Most providers have already complied with this requirement, with hospitals and medical facilities as well as physician's offices using computerized systems to input and store all medical treatment. Most hospitals and clinics also now send their x-ray and lab reports to DDS via auto fax with electronic signatures. With this mandate, the expanded use of Electronic Records Express (ERE) by Virginia's healthcare providers will continue, and the DDS hopes to see continued improvement in the efficiency of obtaining medical evidence used to make disability decisions. Ongoing initiatives by the DDS Professional Relations staff continue to support this initiative and require a substantial amount of time for travel and outreach with medical and community resources.

Expansion of technology used in the training programs will allow DDS to reach more individuals in less time and require less traveling to accomplish this goal. The use of Video Teleconferencing (VTC) equipment will definitely reduce travel and can increase the number of training attendees. DDS created a new VTC training program in 2013 for new analyst training. In 2014, the use of VTC training will expand to all training needs.

In 2013, DDS implemented the use of Video Teleconferencing for our Hearing Officers to conduct hearings mostly in the Richmond and Norfolk areas. As expanding the use of video hearings has been a key 2014 initiative for SSA, additional SSA field office are now sharing time of their teleconferencing equipment with DDS to allow our hearing officers to conduct hearings statewide. This increased use of video hearings will result in decreased travel costs for DDS staff and claimants and provide more timely hearing decisions.

SSA is actively encouraging applicants to file their applications and appeals electronically and has expanded the types of cases available for online filing. The electronic claims filed on line that are forwarded to DDS from the Social Security field offices have not had the level of review and completeness of applications filed in person. It requires more time of DDS staff to gather missing information or correct inaccuracies.

SSA has initiated an electronic signature process for authorization to disclose information to SSA. Claimants who file for disability benefits on line may now electronically sign releases of information allowing SSA and DDS to process the claim without the delay of waiting for signed paper copies of release forms from claimants to mail back to SSA.

Quick Disability Determinations (QDD) use a predictive model that analyzes specific elements of data within the electronic claims file to identify claims where there is a high potential that the claimant is disabled. The QDD model identifies these claims upon transfer from the SSA field office and assigned immediately to DDS analysts for processing. A QDD claim can often result in a decision in less than seven days and if the decision is fully favorable do not require the additional time for review and sign off by a physician or psychologist.

Compassionate Allowances (CAL) allow SSA and DDS to - target the most obviously disabled individuals for allowances based on objective medical information that can be quickly obtained. Like QDD, the CAL model is an additional tool to help DDS identify and expedite claims for those with the most serious medical conditions. SSA will continue to add new impairments to this predictive model.

The Electronic Disability Claims Processing System (EDCS) has ongoing upgrades, which require staff training. EDCS has allowed us to process the vast majority of Title II and Title XVI claims electronically.

The Virginia DDS is currently contributing to the development of the SSA national Disability Case Processing System that all state DDS' will use by the close of 2016. We are providing subject matter experts (SMEs) for vendor file, fiscal processes, management information reporting, and systems changes. The SME on the vendor file is representing the entire Philadelphia region in developing the national vendor file that will replace state specific vendor files. We also have a SME on the Service Level agreements negotiated between SSA and the DDSs.

The Electronic Claims Analysis Tool (eCAT) is a policy compliant web based application designed to assist the analyst throughout the sequential evaluation process. Ongoing upgrades occur to the tool based on feedback from new and older users and the expansion of additional claim types. This requires ongoing training.

### **Financial Overview**

Social Security Disability Determination's funding comes from federal funds (97%) and general funds (2%) and less than half a percent from indirect cost funds recovered from federal grants. The general funds are allocated to Medicaid eligibility determinations and comprise 50% of Medicaid's funding.

Biennial Budget

	<b>2015 General Fund</b>	<b>2015 Nongeneral Fund</b>	<b>2016 General Fund</b>	<b>2016 Nongeneral Fund</b>
Initial Appropriation for the Biennium	1,136,250	44,624,369	1,136,250	44,624,369
Changes to Initial Appropriation	228,235	3,728,235	228,235	3,728,235

**Supporting Documents**

**Title** **File Type**

## **Administrative and Support Services [499]**

### **Description of this Program / Service Area**

This service area provides management, administrative support and technical assistance to functional programs of the Department for Aging and Rehabilitative Services (DARS). In addition, via memoranda of agreement (MOA), much of this service area provides administrative support and technical assistance to the Disability Services Agencies (DSA), which include the Wilson Workforce and Rehabilitation Center, Department for the Blind and Vision Impaired, the Virginia Rehabilitation Center for the Blind and Vision Impaired, the Department for the Deaf and Hard of Hearing, and the Virginia Board for People with Disabilities. The MOA also describes technology support provided to the Assistive Technology Loan Fund Authority (ATLFA).

### **Mission Alignment**

This service area directly aligns with DARS' mission by providing management, administrative support and technical assistance for policy, personnel, technology, financial management, program evaluation and research and internal audit efforts to the program areas that provide and advocate for resources and services to improve the employment, quality of life, security, and independence of older Virginians, Virginians with disabilities, and their families.

### **Products and Services**

#### **Description of Major Products and Services**

Administrative Support Services coordinates and provides oversight for integration of activities and initiatives across all divisions and service areas as well as other state and local partners.

Human Resource Management Services interprets and communicates human resource policy, provides workforce development programs, employee relations, staff recruitment, payroll, compensation and classification, workers compensation and return to work, leave accounting, CVC, Service Awards, Commuter Choice, and administers benefits programs.

Financial Management Services provides budget administration, grants management, general accounting, financial reporting, payroll, purchasing and contracts, asset and lease tracking/management, mail services, motor fleet and central supply management.

Information Technology Services (IS) provides computer applications development and support, web services, and computer operations. Both in partnership with Virginia Information Technologies Agency (VITA) and Northrop Grumman VITA/NG and independently for education, video teleconferencing and client related technology services, IS provides systems engineering services including voice and data communications networks, and hardware and computer support services. IS also collaborates with other agencies where possible to maximize staff, computer and financial resources. They participate in planning and implementation of the Secretary of Health and Human Resources (SHHR) Information Technology Strategic Plan.

Risk Management provides health and safety information to staff and consumers, tracks accidents, manages emergency response planning and continuity of operations planning (COOP), and assists Human Resources (HR) with the Workman's Compensation and Return to Work programs. WWRC staff coordinates emergency response planning and COOP statewide.

Policy and Planning provides management analysis and reporting including SHHR Dashboards Agency Website Dashboards, legislation, program evaluation, policy and regulatory development, consumer satisfaction, human subjects research review, and quality assurance.

Internal Audit helps business units ensure their operational, financial, and IT (Security) processes are sound by providing an indication of whether business units comply with relevant standards and / or regulations. In addition, Internal Audit investigates potential fraud, waste, and abuse at the Agency and at grant sub-recipients when requested by the Office of the State Inspector General or by Agency Management.

### **Anticipated Changes**

Consolidation of administrative functions for the Aging and the Adult Protective Services Divisions, both newly created during the last biennium, will continue to expand the scope and complexity of administrative services.

Increasingly stringent cybersecurity and information technology project management standards will continue to require increased resources and increased costs. This includes better aligned DSA technology policies, standards and guidelines, formal technology Continuity of Operations Plans (COOP) and improved Disaster Recovery Planning. It will also drive software maintenance to comply with security standards, improved change management practices, and implementation of improved server and email access and encryption software.

Implementation of an Americans with Disabilities Act (ADA) accessible curriculum for mandatory training of Information Security, Health Insurance Portability and Accountability Act (HIPAA), consumer privacy, and confidentiality will promote these programs and better protect consumers and

Commonwealth of Virginia data assets.

Improvement in the effectiveness and new services offered by VITA will provide opportunities for cost savings. Fine tuning of business processes and better cooperation and consolidation of infrastructure between in-scope and out-of-scope components of the DSA Technology program will continue into the next biennium. Efforts include increased reliance on servers at the Commonwealth Enterprise Service Center (CESC) along with more frequent updates to current technology, implementation of Managed Print Services, expansion of the use of document and content management software, improved records archiving for compliance with Library of Virginia (LVA) standards, implementation of Voice over IP phone networks statewide, increased use of wireless networks, implementation of the Bring Your Own Device (BYOD), tablet and smart phone technologies, and replacement of file/print services with network assisted storage solutions.

Expansion of VITA Program Management standards will extend Secretary of Health and Human Resources (SHHR) and Commonwealth of Virginia oversight from major projects to maintenance and operations activities of the DARS IS Division. The result may be better value across statewide programs, but compliance to Standards will increase cost.

Partnerships with other SHHR Agency technology initiatives will result in opportunities for shared technology services including use of the Connect Virginia Health Information Exchange (HIE), shared Centers for Excellence and collaborative opportunities for professional development.

Implementation of workflow and "eforms" development software will improve systems development agility, promote common business processes and increase participation of consumers in delivering state services through web services.

The growing demand video-teleconferencing (VTC) for both direct services and administrative functions will be expanded by partnership between DARS, the DSA, our Workforce Investment partners, twenty five Area Agencies for Aging and other interested state agencies. VTC sessions will be recordable, use High Definition display, allow personal computer participation, and be available to 98 sites across the Commonwealth.

Expansion of SharePoint services will expedite web services development, increase non-Virginia participation in collaborative projects and expedite information sharing.

Retirement of the HP 3000 minicomputer, 30+ year old technology, will allow the DSA to standardize our technology infrastructure, reduce operations efforts and costs.

Frequent newsletters to DSA employees published via email and the web will improve communication between administration and functional programs within the DSA and support technology security and **Agency Risk Management and Internal Control Standard (ARMICS)** programs. Continued expansion of the DSA financial system improves data exchanges with our major case management systems and CARS.

Implementation of grants management software for management of grant sub-recipients for our Division for the Aging and Brain Injury programs will automate duplicative processes, reduce redundant reporting efforts and improve financial management.

Improvement to the Department of General Services E-Virginia procurement system will eliminate agency application for procurement support and contract management, improve workflow, increase application functionality and leverage E-Virginia integration to the COV Cardinal financial system.

Migration efforts of the DSA to the Commonwealth's Cardinal financial system will increase workload during the next biennium resulting in Cardinal implementation in 2016.

The increased frequency of regulatory agency monitoring by Departments of Accounts and General Services has isolated areas in need of better internal controls and redesigned 'best practice' business processes.

Expansion of the use of the Department of Human Resources Management Time, Attendance and Leave system will improve accuracy and decrease efforts for maintenance of employee leave records. It will also improve the accuracy and reduce the accounting efforts associated with timesheet based, cost allocation of split-grant funded positions

Use of the Client Authentication System and Enterprise Data Management applications in ConnectVirginia HIE will decrease fraud and abuse, expedite informed consent, decrease data collection efforts for case management and provide real time information that in turn will improve services to consumers.

DARS participation in the Virginia Longitudinal Data System (VLDS) will provide opportunities for improved data analytics for employment services and outcomes.

Expand the use of the Tracker system which allows for better management of Social Security Administration (SSA) cost reimbursement for the expenses associated with employed people with disabilities. The system reduces time to produce claims reports, increases accuracy, and better utilizes wage data available from SSA and the Virginia Employment Commission.

Implement the Career Index automated assistant within the AWARE system to improve case notes and improve efficiency for the vocational rehabilitation counselor.

Implementation of a DARS owned SSA datahub will enhance access to SSA wage data for both vocational rehabilitation counselors and SSA Cost Reimbursement activity.

Development of a Consumer Needs Management System for Home and Community Based Services (HCBS) partners of DARS includes Adult

Services Case Management, Adult Protective Service Investigation Management, Long term Care Screenings and Assessments for service eligibility and Guardianship management. The system will replace the Department of Social Services Adult Services Adult Protective Services system by 2018.

Support of a unified case management system for Brain Injury, Independent Living and Long Term Case Management programs will provide increased accountability via standardized service reporting, data exchange with the DARS HCBS Data Warehouse and eventual use of the ConnectVirginia HIE.

DARS HCBS Data Warehouse will expand from Adult Services reporting to 119 Local Departments of Social Services (LDSS) to include data from Aging, Adult Services, Brain Injury and Independent Living programs. It will provide a source for a Community Needs Document for distribution across the ConnectVirginia HIE, improved HCBS data analytics, and a source for data that maintains HCBS data integrity while transitioning LDSS from DSS ASAPs to the DARS Community Needs Management System.

Improvement of reporting on Auxiliary Grant funding for Supplemental Security Income recipients in Assisted Living Facilities (ALF) will reduce ALF fraud and abuse, expedite re-certifications and enhance monitoring efforts.

A project to standardize Virginia 211 and Virginia Navigator HCBS service catalogs, in coordination with Health Information Technology Standards Advisory Committee (HITSAC), will allow integration with case management systems, an improved consent process and the creation of an HCBS consumer needs document for use on ConnectVirginia HIE.

Implementation of an electronic health record for use by health professionals at WWRC will replace an obsolete Medical Charge Capture system, expedite medical billing and allow use of the ConnectVirginia HIE.

Expansion of the manufacturing accounting systems at the DBVI Virginia Industries for the Blind will support the growth of the business, expand the use of the e-commerce features of the system and ultimately, provide more employment opportunity for blind Virginians.

### **Factors Impacting**

Long term employees, many of whom are reaching retirement age, will result in increased use of employee benefits, family and medical leave, increased use of disability benefits, requests for reasonable accommodation of a disability, and workers' compensation claims. These actions challenge the available staff and financial resources of the Human Resources Division.

Federal grant funding for employee training and development has decreased, providing an opportunity to leverage technology to enhance professional development opportunities for staff.

Collaboration and consolidation of work effort across DARS and WWRC will increase given the challenging economic circumstances likely over the next biennium.

Telework and more efficient use of technology allows staff to serve clients in larger geographic regions, reducing office space requirements and promotion of DSA wide services.

The implementation of Health Information Exchange (HIE) and matching Electronic Health Records (EHR) will streamline the collection of integrated health information, improve efficiencies in vocational rehabilitation and reduce duplication of efforts in health and human services.

New initiatives of central state agencies have increased performance reporting requirements which will add at least transitional expense and effort in documenting agency operations. Of note is the increased emphasis on cyber security.

### **Financial Overview**

The Administrative and Support Services' funding comes from federal funds (43%), general funds (7%), indirect cost funds recovered from federal grants (45%), and special funds (5%).

#### Biennial Budget

	2015 General Fund	2015 Nongeneral Fund	2016 General Fund	2016 Nongeneral Fund
Initial Appropriation for the Biennium	2,242,566	18,035,174	2,279,599	18,035,174
Changes to Initial Appropriation	53,101	250,000	53,101	250,000

### **Supporting Documents**

Title	File Type
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