# 2016-18 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 appropriation for DARS is comprised of approximately 71% Federal and Special funding and 29% State funding. The introduction of the 2017 Budget Bill (the Governors amendments) decreased the 2017 General Fund appropriation by $1,539,573 due to Governor's savings strategy. The Governor's budget for fiscal year 2018 saw increases for Commonwealth Coordinated Care for Dual Ombudsman services, CCEVP, Public Guardianship and Conservator, Long Term Employment Support Services, and Brain Injury programs.  Additional increases were for state wide salaries, benefits and VITA costs.

### Biennial Budget

| | 2017 General Fund | 2017 Nongeneral Fund | 2018 General Fund | 2018 Nongeneral Fund |
|---|---|---|---|---|
| Initial Appropriation for the Biennium | 57,064,007 | 179,822,111 | 57,799,638 | 179,757,197 |
| Changes to Initial Appropriation | -1,539,573 | 0 | 661,023 | 395,124 |

*(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

- Over 50% of VR consumers are youth at transition age (1424). Over the next several years this number is expected to grow exponentially with the targeted focus of the Workforce Innovation and Opportunity Act (WIOA) on youth with disabilities.  The increased attention and resources on younger students with disabilities is an investment in the future and should in the long run result in improved VR outcomes for this population.  However, shifting funds and service requirements will impact how services are delivered to adults in need of VR services.  This in turn will impact DARS performance outcome measures With fewer VR resources to support adults with disabilities and  the typically lower wages and  longer stay associated with youth with disabilities in the VR program, we are anticipating an initial detrimental impact to our performance outcome measures.
- From FFY 2007 to FFY 2015, the VR program saw about a 364% change in the number of clients with an Autism Spectrum Disorder (ASD).  While the number of ASD clients is small 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. This population is significantly more expensive to serve

- The VR Program 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 challenges to the VR Program in assisting them in employment, requiring new service delivery approaches to address their needs.
- In cooperation with the DOE and local education agencies, DARS VR Program is participating in the implementation of 20 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.
- 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 categories periodically opening or remaining closed and an increased demand for services DARS continues to maintain a waitlist for services.
- Increased funding for brain injury services allows expansion of the availability of brain injury services statewide.
- 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 Social Security Administration (SSA) projects that disability determination workloads will remain high nationally and in Virginia for several years. The biggest workload challenge facing DARS Disability Determination Services (DDS) is the expected increase in the Continuing Disability Review (CDR) claims, which are periodic reevaluations to determine whether beneficiaries are still disabled.
- The number of Virginians age 60 and older are expected to increase from the 1,484,170 in 2013 to 2,291,842 by 2030. This represents a 54% increase in a 17 year span. By 2030, the number of individuals 60 and older in Virginia will represent 22% of the population compared to 18% of population in 2013. It also follows that as the population ages, the number of aging Virginians with physical disabilities will increase, with an accompanying increasing demand for personal assistance services.
- The increase in the aging population, the uncertainty of future federal funding, and the expansion of Managed Long Term Services and Supports (MLTSS) will continue to put pressure on DARS Virginia Division for Aging (VDA) and Area Agencies for Aging (AAAs) to target services to individuals who are more frail and socially isolated and to promote and increase the contracting of AAA services with managed long-term support health plans.
- The Public Guardian Program will expand its services in SFY 2018 to serve 193 additional individuals. This will bring the total number of individuals that can be enrolled in the program up to 1,049..
- Uncertainties in federal funding streams for Health and Human Services, Department of Labor, Department of Education, Housing and Urban Development and the Centers for Medicare and Medicaid Services will create uncertainties in funding for DARS.
- Over the past 5 years Adult Protective Services (APS) reports increased by 30% and substantiated financial exploitation cases increased 11%. This trend is expected to continue into the next biennium. For Adult Services, significant and growing backlogs in preadmission screenings for Medicaid nursing facility and waiver services are expected to continue. Growth of the service population due to the Age Wave; the transition from institutional to community long term care services and supports; and reentry of aging and disabled prisoners will continue.

## Current Customer List

| Predefined Group | User Defined Group | Number Served Annually | Potential Number of Annual Customers | Projected Customer Trend |
|---|---|---|---|---|
| Chronically Ill | Concurrent Adult Disability Claims | 20,538 | 22,385 | Stable |
| Chronically Ill | Medicaid Claims | 7,363 | 10,000 | Stable |
| Chronically Ill | Title II Adult Disability Claims | 39,508 | 40,000 | Stable |
| Chronically Ill | Title XVI Adult and Childhood Disability Claims | 42,189 | 43,496 | Stable |
| Consumer | Vocational Rehabilitation Services Consumers | 29,000 | 29,500 | Increase |
| Consumer | Follow Along Support Services Consumers | 3,633 | 3,725 | Increase |
| 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 | 461 | 461 | Stable |
| Physically-Disabled | Personal Assistance Services | 129 | 129 | 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 | Partering 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 | The Advisory Board reports to the Commissioner, Governor, and General Assembly on the public guardianship program and 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 | The Advisory Council reports to the Commissioner, the Governor and General Assembly on aging issues and aging policy to meet the needs of older individuals, their caregivers, and their families. |
| Alzheimer's Disease and Related Disorders Commission | The Advisory Commission reports to the Commissioner, the Governor, and the General Assembly recommending 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 Steering Committee (ESOSC) | 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 Initiatie 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 DDSDisability 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. |
| Claimant representatives | Authorized claimant representatives which include patient advocacy groups and attorneys. |

## 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, integrated employment.

• Collaborate with the Virginia Assistive Technology System to enhance the availability of assistive technology for VR consumers and to educate VR counselors on identifying 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.

• Continue to 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, integrated 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 both a network of partnerships and a technology system, working together to streamline access to long term services and supports, using person-centered practices. While the system is standardized across the state, the partners vary from community to community. CRIA (Communication, Referral, Information and Assistance) is an electronic tool within the No Wrong Door System that enables partners to make automated referrals back and forth, securely share information on the individuals they serve (with consent), track what is happening to an individual over time, run reports to review client-level, agency-level, and community-level progress. CRIA automates processes that have historically been accomplished by phone, fax or email. Beyond that, however, CRIA allows a consumer record to develop over time, with input from multiple partners, providing an up-to-the-minute dynamic view of an individual's needs, preferences, and situation. No Wrong Door is designed for public and private partners, both non-profit and for-profit. A comprehensive set of consent requirements, security documents, utilization and partnership agreements, and standardized protocols govern the use of the technology tools and access to individual-level data.

*Objective Strategies*

• Expand the use of CRIA within the No Wrong Door system tools both in number of tools as well as the number of community partners 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

» **Encourage Public and Private Sector Collaboration to provide Public Guardian and Conservator Services to Incapacitated Adults**

*Description*

The Virginia Public Guardian and Conservator Program provides guardianship services for indigent individuals in need of a surrogate decision-maker because a Virginia Circuit Court has found them to be incapacitated, provided that no alternative guardian can be found and no less restrictive alternative to guardianship can be established. Conservatorship can be provided if an individual meeting those criteria has financial assets that must be managed or sold. A guardian or conservator makes legal decisions on behalf of the incapacitated person. A guardian determines the individual's appropriate care and placement, and seeks public assistance benefits for the

incapacitated person.

*Objective Strategies*

• DARS will work with local programs to expand the guardianship program with new funding.

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 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 personal care, 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

» **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 nutritious 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 Dietary Reference Intakes and follows the Dietary Guidelines for Americans. 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 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 a nutritious meal and an opportunity for personal contact to homebound individuals.

*Description*

Home delivered meals involve the procurement, preparation, conveyance, and provision of nutritionally balanced meals that meet one third of the current Dietary Reference Intakes and follows the Dietary Guidelines for Americans. 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 and to identify other fundraising opportunities to help stabilize the program.

Measures
- ♦ Number of Meals Delivered to Home-Bound Older Virginians

## • 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 wellbeing. The program works with policy makers and partner agencies to promote improved quality in long-term care and to shape law, regulation, and practice in order to better protect the health, safety, welfare, and rights of long-term care recipients.

*Objective Strategies*

• Expand the Ombudsman program to serve Virginia's Medicaid population enrolled in the Managed Long Term Services and Supports (MLTSS).

• Work with local host agencies to develop policies and implement strategies to safeguard against conflicts of interest in operation of the statewide Ombudsman Program.

• 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 accessible ombudsman only SharePoint site with resources on multiple topics related to complaint handling and resolution strategies.

♦ 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.

• 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.

♦ 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 is comprised of specialized programs that provide services and supports to Virginians with varying and significant disabilities that assist them to live as independently as possible 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 effieciency 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*

• Improve business processes and continue to participate in Cardinal Implementation for personnel leave and time tracking and payroll processing to improve fiscal management.

• More fully implement the EVirginia procurement system to include requisition and contracts management business processes.

• Continue to implement Agency Risk Management and Internal Control Standard (ARMICS) program.

• Improve Transportation program to insure vehicles are in safe operating condition and the agency is complying with all Federal, State, and local laws and regulations governing vehicle operation.

• Comply with steadily increasing central agency and federal agency reporting and audit requirements.

• Partner with other Health and Human Resources agencies on technology initiatives that will result in enhanced data sharing between local, state and federal agencies.

• Continue to implement workflow, eforms and project collaboration software to improve systems development agility and increase participation of consumers and agency partners through web services.

• Leverage new services offered by VITA for increased efficiency and cost savings.

• DRS will implement technology infrastructure not otherwise provided by VITA to maintain continuity of direct client services.

• Continue to promote business applications that will benefit from video teleconferencing and social networking.

• Pursue Continuity of Operations and Disaster Recovery plans and leverage recent technology advances that improve disaster response and mitigation

• Complete development of the Grants Administration System.

• Continue to maintain agency web presence according to COV and accessibility standards.

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. Longterm 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.

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; homebased companion, chore and homemaker services; assessments and screenings for longterm care placements; and eligibility determination for Auxiliary Grants to lowincome 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) 2016 with 4060 consumers becoming

successfully employed.  This was a 69% increase over FFY 2015.  99 % of clients 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 2016, the employment rate was 56%.

WWRC's key performance metric is to deliver comprehensive vocational and medical rehabilitation services that lead to employment and/or re-entry to the workforce. This is measured as the percentage of WWRC Vocational Training graduates who are employed. This measure supports the Commonwealth's objective to enhance Virginia's economy by increasing employment among Virginians with disabilities. A stable trend is expected. Targeted strategies ensure a workforce driven curriculum that is responsive to industry demands, as well as shifting economic markets. WWRC has instituted actions to improve the timeliness of   its discharge reports to assist consumers in their return to their community and work. The timeliness of discharge reports is expected to improve over time.

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 2016 was 97%.

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 longterm services and supports, avoid unnecessary trips to the hospital and/or nursing home, and support individual  choice.  In State Fiscal Year 2016, 34,721 individuals received NWD CRIA services.

A review of the Quarterly Reports from the Comptroller for reports issued during the last biennium found that DARS and WWRC were mentioned four times,  twice for delinquent travel card payments and twice for late SPCC card payments.  Remaining mentions were for Status of Prior APA Audit Findings and new APA Audit Findings, all of which are either remediated or the subject of a corrective action plan for remediation.  Our goal is six mentions per year or less and the Department achieved an average of two mentions per year.

## Staffing

| | |
|---|---|
| Authorized Maximum Employment Level (MEL) | 1038 |
| Salaried Employees | 906 |
| Wage Employees | 97 |
| Contracted Employees | 31 |

## Key Risk Factors

The VR program receives about 79% of its Title I funding from the Federal government, with a required state match of about 21%.  For each dollar DARS spends for VR services, it receives $3.69 in federal funding. Between 2014 and 2016, DARS state general funds available for VR match increased by $1,000,000 (from $7,984,358  to $8,984,358). However, there is still insufficient funding to serve all individuals needing VR services, which has led to an increase in the Order of Selection waiting list.

WWRC and DRS are affected by DARS Order of Selection which impacts the number of consumers receiving services and the complexity of their disabilities. This, combined with a rapidly changing workplace along with economic factors causing shifts in types of available jobs, increases risks to successful employment outcomes for persons served. The increase in WWRC consumers with Autism Spectrum Disorders requires specialized programming to address unique barriers to employment and independence. Efficient rehabilitation team operations, flexible use of resources, and innovative programming, in collaboration with DARS, will be required for WWRC to address complex disability related challenges faced by these WWRC consumers to successfully prepare them for employment and offer a competitive edge.

Even if consumer trends increase, programs and services will continue to operate without expansion of staffing levels. This will require WWRC to critically examine its internal admissions and departmental business processes to realign and adjust existing resources, and to facilitate efficient scheduling practices and program operations. A high percentage of WWRC employees who are eligible for retirement, or who will be eligible in the near future, will likely affect the continuity of critical organizational business processes due to loss of essential "institutional knowledge" combined with potential continued delays in hiring to minimize impact of General Fund reductions.  The high percentage of employees who are eligible for retirement also poses a significant challenge for DARS, with the potential for a significant loss of institutional knowledge.

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 Virginia Division for the Aging (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 older Virginians in the greatest economic and social need.

The Public Guardian and Conservator Program has the capacity to serve 856 individuals in FY '17.  In FY'18, the number capacity will expand to 1,049 individuals.

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 preadmission 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 longterm care services and supports; and reentry 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 homebased adult services;and (6) declining number of AG assisted living beds due to inadequate provider reimbursement.

With a continued emphasis on electronic claims, DDS has instituted many changes to meet the increasing technology and claimant demands. This requires ongoing training of staff.  The continual training needs combined with a fluid workforce creates staffing challenges that DDS continues to try and address through innovative approaches.

 Uncertainty in changes to long standing federal fund sources affects many of DARS programs.

## 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 longterm 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 longterm 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.

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### Information Technology

The Information Services Division (ISD) 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), ISD provides administrative support and technical assistance to the Disability Services Agencies (DSA), which include the Woodrow Wilson Rehabilitation Center (WWRC), Department for the Blind and Vision Impaired (DBVI), the Virginia Rehabilitation Center for the Blind and Vision Impaired (VRCBVI), the Department for the Deaf and Hard of Hearing (VDDHH), and the Virginia Board for People with Disabilities (VBPD).  The MOA also describes technology support provided to the Assistive Technology Loan Fund Authority (ATLFA).  More precisely articulated services and a standard rate setting methodology has been in place for the past two years of the MOA. DPB analysts for the DSA agencies were active participants in revision of this agreement.

Data Exchanges between the agency's case management applications and agency financial systems was complete in 2014. Data exchanges between agency financial systems migrated from CARS to CARDINAL in 2016.  Changes to leave accounting, time keeping and payroll systems are scheduled to occur in 2017 and 2018, requiring significant changes in agency business processes.  Changes to the agency Chart of Accounts will change the look and coding on financial reports that will require user training.

A significant expansion of cybersecurity standards and oversight may have an impact of staff users, computer infrastructure and technology procurement.

The agency will use Microsoft tools to securely store documents and transmit links between state agencies and nonstate agency partners. Microsoft tools will allow the development of easy to operate dashboards that describe WWRC performance. By exposing these dashboards to public stakeholders, WWRC can better promote comprehensive services provided to DARS consumers.

Continued expansion of existing agency content management application will reduce paper storage and improve efficiency of retrieval. Use of E-forms will increase the agility of development and in turn, strengthen a self-service approach for consumers and their stakeholders.

The last biennium has seen a flattening in the management structure of the Information Services Division (ISD).  The WWRC IT Director has assumed responsibility for the WWRC Medical Records unit due to its heavy dependence on DocFinity, our document management system.  He handles the physical plant technology needs of a 200+ acre state owned facility.  IT operations at WWRC are more tightly integrated with other components of the ISD.  His responsibility has broadened to include technology services out of scope to VITA at both DARS and DBVI, including Employment Resource Centers (ERCs), classrooms, customer facing products such as Workworld, an email system for clients, SharePoint Services and out of scope networks.  The HCBS Systems Director is responsible for systems related to community based services including NWD, ASAPS, BI First support and data warehousing for community based services.  The System Development Director has a development unit

and a business analysis unit.  They develop and maintain AWARE, LTESS and systems that support administrative activities in the Security, HR and Fiscal Divisions.  The IT Infrastructure Manager has a webmaster unit, a data base administrator unit, and general operations staff that cover maintenance and operations (M&O) for DocFinity, VTC, our managed print services (MPS), Mobile Device Tracking, VITA Work Requests and infrastructure development.  ISD Directors report to the CCC/CIO.  He also has a delegated AITR that manages VITA services to the DSA.

To reduce any potential conflict of interest, management of the Information Security Officer (ISO) and his staff was changed in 2015.  The DSA ISO reports to the Director of Security and Internal Audit.  Responsibilities include ownership of the Resource Directory (RD), our system for governing logical access, any agency activity involving VITA CSRM, participation in quarterly ISOAG meetings, review and approvals of VITA help tickets involving application security or licensing, consulting on SEC501 and SEC525 standards for contracts, interagency data sharing agreements and business operations, BIA and Risk Assessments, the DSA IT Security program, Technology Disaster Recovery planning and maintenance of IT Policy and Procedures.

The DSA relies heavily on VITA and maintains an effective working relationship through problem solving and status meeting twice each month with our VITA CAM and NG AOM.  We meet on a regular basis with our PMO.  We interact regularly with VITA staff responsible for web accessibility policy and perform accessibility assessment for VITA on web presence of COV Executive Branch agencies.  We interact regularly with VITA staff responsible for IT security, supply chain and procurement.

VITA provides us with status reporting for bandwidth and data backups, logs for our DBMS, UAT for our work requests and blueprints of service offerings on a regular basis.  We also run server and processor status reports for our devices and receive alerts and Vitacomms.  We find these reports and dashboards valuable for assessing the health of the DARS infrastructure.

DSA technology staff are active participants in extra-agency technology planning activity.  We are represented on the ITAC, the VITA Sourcing Steering Committee, RFP teams to provide replacement services for NG in 2017 and beyond and the WebMaster group.  Select staff are invited to serve on the E-MOU group, the data stewards group and the data exchange group.  We are represented at COVITS and the biannual Project Management summits.

DSA technology staff enjoy a high level of availability of web based training.  Ten Pluralsite.com licenses are shared by interested IT and non-IT staff.  Lynda.com keeps webmasters current.  High availability of these products keeps staff professionally relevant and skilled.

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.  Efforts toward integrating case management systems with No Wrong Door expansion continue into the next biennium.

The PeerPlace version of the ASAPS system is complete, fully integrated with No Wrong Door (NWD) and ready for deployment in January 2018.Despite repeated attempts to fund ASAPS system, DARS is unable to fund about $440K in annual operations costs which will prohibit implementation.

## Estimate of Technology Funding Needs

## Workforce Development

Currently, over 13% 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.

To implement more effective recruitment and retention plans, DARS has placed a stronger emphasis on teleworking, alternate and flexible work schedules, retention and signon 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 32 offices where direct services are provided to VR consumers. Four of these offices are in One Stop Centers with other State agency partners. Two of the DDS offices, in Norfolk and Roanoke, are colocated with Social Security Administration Offices.

DARS has reduced its DRS field office presence to reduce leasing costs.  These locations have been replaced with a more mobile workforce that relies on meeting space available locally in other state agencies.

DARS has improved its transportation program, centralizing transportation services and vehicle management and established processes with DMV to insure that staff are properly licensed to operate state vehicles.

DARS has improved its facility security, beginning with enclosed reception areas.  It will continue to improve security with physical badge access, panic button availability to staff, secure printing and placement of cameras in strategic locations.  These activities will proceed as funds permit.

## 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.

The authority to operate this program comes from the Code of Virginia:

§51.5-118 Department designated as state agency for purpose of cooperation with federal government

§51.5-170 - §51.5-177 Vocational Rehabilitation

### 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 (LTESS) programs. These programs are the link between the timelimited services of the basic VR program and the ongoing 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 communitybased 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.

TickettoWork 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 colocated 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 OneStop Career

Centers so that they can better serve individuals with disabilities. Through a Department of Labor cooperative agreement with the Virginia Community CollegeWorkforce 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 OneStop Career Centers.

**<u>Anticipated Changes</u>**

On July 24, 2014, President Obama signed the Workforce Innovations and Opportunities Act, which reauthorizes the Rehabilitation Act. Since that time, DARS has been making changes to its VR program, regulations and policies to incorporate the amendments to the Rehabilitation Act.

Transition services for youth is one of the major focus areas 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 2016, 43.7%of the VR consumers who were determined eligible were students in transition. During that same fiscal year, 40.6% 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. Prevocational 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 2007 to FFY 2015, the VR program saw about a 364% change in the number of clients with an Autism Spectrum Disorder (ASD). While the number of ASD clients is small 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 2015, an estimated 435,851 persons in Virginia spoke English "less than well" as determined by the American Community Survey (ACS). In addition, the ACS national estimates for persons 1864 years of age showed that the prevalence of disabilities was 11.5%.  The prevalence rate was 6.2% for Hispanics and 6.1% 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 consumerfocus 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, OneStop 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 reengage 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.

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 nonprofits 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 postsecondary 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 performed.

VATS provides funding and oversight to the Virginia Reuse Network (VRN). The VRN is a broad network of healthcare professionals, nonprofits, state agencies, faithbased 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 about 79% (78.7) of its Title I funding from the Federal government, with a  required state match of about 21% (21.3). For each dollar DARS spends for VR services, it receives $3.69 in federal funding. Between 2014 and 2016, DARS state general funds available for VR match increased by $1,000,000 (from $7,984,358  to $8,984,358).

DARS has been through a great many changes over the last several years, including a substantial merger with another agency, resulting in a new name and additional functional areas for the agency.  The current level of General Funds designated for VR match are $8,984,358.  Federal funding is currently at $67,689,656.  A long-term sustainable VR program requires dedicated general fund operating appropriations to meet the matching requirement of the Federal grant.

On July 1, 2016 the MSD, SD 2, and SD 1 categories were all open.  In September, SD 1 and 2 were closed, with MSD following in November 2016.  The MSD category was once again opened in mid-February 2017 to clients who had applied before December 2016 and the entire priority category was opened on March 15, 2017 with the knowledge that the category would again need to be closed.   With categories periodically opening or remaining closed  and an increased demand for services DARS continues to maintain a waitlist 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 higher paying jobs in the coming years. Staff vacancies affect the timely delivery of services to VR consumers. VR counselors are required to have a Master's 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 2016, DARS purchased services from ESOs under the LTESS program for 3633 people with $5,601,767.

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 (79%), and general funds (21%).   In SFY 17 there was a reduction of $275,000 for extended employment services provided by Didlake and the Long Term Employment Support Services (LTESS) program in addition SFY 18 saw General Fund reduction of $10,661 for LTESS administration.

Biennial Budget

|  | 2017 General Fund | 2017 Nongeneral Fund | 2018 General Fund | 2018 Nongeneral Fund |
|---|---|---|---|---|
| Initial Appropriation for the Biennium | 17,016,124 | 71,909,842 | 17,016,124 | 71,909,842 |
| Changes to Initial Appropriation | -275,000 | 0 | -10,661 | 0 |

## 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.

Authority for this program derives from the following sources:

Code of Virginia:

§ 51.5-119. Department designated as state agency for purpose of coordinating rehabilitative services.

§ 51.5-123. Community Rehabilitation Case Management System.

§ 51.5-162. Independent living services.

Budget Item 332 Brain Injury and Personal Attendant Service Program

### Products and Services

#### Description of Major Products and Services

DARS contracts with nine (9) statefunded Brain Injury Services (BIS) Programs to provide one or more of three "core" services in brain injury: case management, clubhouse/day programs, and resource coordination (outreach, information and referral). In 2016, the BIS Programs provided direct "hands on" services to an estimated 4,270 individuals. In addition, approximately 5,000 to 10,000 individuals attend public awareness/outreach and educational training events, and were reached through newsletters, websites, social media, public service announcements, etc. The Brain Injury Direct Services (BIDS) Fund is a "fund of last resort" that provides specialized goods/services to individuals who have no other source of funding and who would benefit from the goods/services in their ability to live more independently. In 2016, 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.

 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 physical disabilities and who require assistance from another person to perform nonmedical activities of daily living. These consumerdirected 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: Statefunded  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 increased by an additional $750,000, effective July 1, 2016 (SFY July 1, 2015 through June 30, 2016). These new funds were allocated by the General Assembly to expand and enhance the availability of brain injury services statewide. This brought the total amount of funding for BIS Programs in SFY 2016 to $4,776,342 + $105,770 (BIDS Funding allocated by DARS to each BIS Program) = total of $4,878,112. In addition, DARS just entered its fourth and final year   of a $250,000 / year Federal Traumatic Brain Injury Act Grant matched by $125,000 in state funding (grant ends April 30, 2017). 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.

 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 statefunded 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 statefunded 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 costeffective option for the statefunded programs and should be in place by September 2014.

There are seventeen Centers for Independent Living (CILs) and three Satellite Centers in the Commonwealth of Virginia. In federal fiscal year 2015, a total of 9,214 consumers with disabilities received services from the CILs.  The national recommended minimum funding level for a CIL is currently set at $360,000 per year. Five of the existing CILs (Grundy, Eastern Shore, Manassas, Rocky Mount, Christiansburg and Harrisonburg) are currently funded below the recommended minimum national level. The three Satellite Centers (Petersburg, Loudoun and Middle Peninsula) are also funded below the national recommended standard and should be grown into fully-fledged, "free standing" CILs.  Two of the three Satellite Centers are funded at under $12,000, making it difficult to serve all consumers requesting services. With fully adequate funding, these Centers would be able to increase their catchment area and serve additional consumers. The Satellite Centers serve areas of the State that are considered to be significantly underserved including Planning Districts 18, 19 and part of District 8. Additionally, Planning Districts 13, 14, 17, and lower part of District 9 are presently unserved by any Center for Independent Living or Satellite.  The disAbility Resource Center, using a grant from the Statewide Independent Living Council, is currently conducting a pilot project is the lower part of Planning District 9, with the goal of mentoring to a grassroots group which would possibly be interested in establishing a CIL and/or Satellite.  The project will be funded through 2019, as dRC continues to build a steady and recognizable presence in the area.

PAS serves 83 consumers with State funding.  Seven (7) individuals are served with state brain injury funds, and 13 consumers with federal Vocational Rehabilitation funds. PAS/BI has been level funded for many years, but received a slight increase of $30,000 in SFY 2016, bringing the total amount of PAS/BI funding to $107,639. There is currently a small waiting list for individuals desiring BI/PAS services (4).   The state funded program has experienced budget reductions and has experience an increase in administrative costs over the past year.  There continues to be an increase in the need for additional assistant hours for individuals currently served due to the progression of disability and aging.  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 approximately $18,000. PAS serves persons who are not eligible for Medicaid Waiver services or other comparable services. The challenge continues to be the low pay rate for Personal Assistants which negatively impacts 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/applicant list of about 53 individuals.  On average there are 40 individuals in the  screening/application process.

Due to budget reductions, the Community Rehabilitation Case Management program lost two Rehabilitation Specialist positions in the Northern Virginia 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 (Community Based Services) funding came from federal funds (8%), general funds (87%), Special Funds (1%), and dedicated special revenue funds for the CNI Trust Fund from fees paid by citizens to regain suspended driver's licenses (4%).  The federal funding is primarily represented by SSA PI funding supporting the CIL and Traumatic Brain Injury Demonstration grant.  SFY 18 General Fund was reduced by 15% due to Governor's saving strategy by reducing administrative cost in Community Based Services programs.

Biennial Budget

| | 2017 General Fund | 2017 Nongeneral Fund | 2018 General Fund | 2018 Nongeneral Fund |
|---|---|---|---|---|
| Initial Appropriation for the Biennium | 15,426,623 | 2,460,746 | 15,426,623 | 2,460,746 |
| Changes to Initial Appropriation | 0 | 0 | -234,496 | 0 |

## Supporting Documents

| Title | File Type |
|---|---|

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

### Description of this Program / Service Area

The Division for the Aging of 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., Jewish Social Service Agency, Birmingham Green, 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.

Authority

Code of Virginia §51.5-134-§51.5-143 Services for Older Virginians

### Products and Services

#### Description of Major Products and Services

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

#### Anticipated Changes

There are three major changes that will impact the aging programs in the near future.  They include the increase in the aging population , the uncertainty of future federal funding, and the expansion of Managed Long Term Services and Supports (MLTSS).  These changes will continue to put pressure on the AAAs to target services to individuals who are more frail and socially isolated and to promote and increase the contracting of AAA services with managed long-term support health plans.

#### Factors Impacting

The federal and state funding for aging programs has remained relatively level over the past several years.

### Financial Overview

Federal funding is received through the Older Americans Act and grant awards. State general funds are provided through ongoing appropriations. The SFY 17 General Fund budget was reduced by the Governor's savings strategies. The SFY 18 General Fund budget was increased by restoring funding to the CCEVP program and providing and additional $490,000.  The other component that increased the General Fund budget was a transfer of $250,00 funding from the Department of Social Services for the administration of the Birmingham Green residential services center.

Biennial Budget

| | 2017 General Fund | 2017 Nongeneral Fund | 2018 General Fund | 2018 Nongeneral Fund |
|---|---|---|---|---|
| Initial Appropriation for the Biennium | 10,601,037 | 19,299,250 | 10,351,037 | 19,299,250 |
| Changes to Initial Appropriation | -1,039,819 | 0 | 740,000 | 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, and the State and Local LongTerm Care Ombudsman Program, and Elder Abuse Prevention.

### Mission Alignment

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

Authority

Code of Virginia §51.5-134-§51.5-143 Services for Older Virginians

### Products and Services

#### Description of Major Products and Services

Services include the Public Guardian and Conservator Program, State and Local LongTerm Care Ombudsman and Elder Abuse Prevention.

#### Anticipated Changes

The Public Guardian Program will expand its services in FY'18 to serve 193 additional individuals.  This will bring the total number of individuals that can be enrolled in the program up to 1,049.

#### Factors Impacting

The advent of MLTSS in Virginia is new.  The impact on the Ombudsman program will likely increase overtime as the availability of its services become known.

 DARS will be working with the Department of Behavioral Health and Developmental Services to place into guardianship services individuals discharged into the community from state mental health facilities.

### Financial Overview

Federal funding is received through the Older Americans Act and grant awards.  The SFY 17 General Fund budget was reduced by $50,000 due to the Governor's saving strategy to reduce funding to the Jewish Social Services Agency that provides assistance to low-income seniors who have experienced trauma.

The Public Guardian and Conservator Program is a State General Funded Program.  In FY'18 and additional $1,061,000 was appropriated by the FY'17 General Assembly to expand the Public Guardian and Conservator Program.

Biennial Budget

|  | 2017 General Fund | 2017 Nongeneral Fund | 2018 General Fund | 2018 Nongeneral Fund |
|---|---|---|---|---|
| Initial Appropriation for the Biennium | 3,651,366 | 456,565 | 4,712,366 | 456,565 |
| Changes to Initial Appropriation | -50,000 | 0 | 0 | 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.

Authority

Code of Virginia §51.5-134-§51.5-143 Services for Older Virginians

### 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 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

There are two anticipated changes that will impact the aging programs in the near future.  They include the increase in the aging population and the uncertainty of future federal funding.  These changes will continue to put pressure on the AAAs to change service delivery or enhance the targeting of consumers.

#### Factors Impacting

Two factors have impacted the nutrition program over the past few years.  They include revisions to the service standards to promote nutrition counseling and clarification from the Administration for Community Living on the use of nutrition supplements.  These factors have resulted in clarifying service delivery and improving the quality of the program

### Financial Overview

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

Biennial Budget

|  | 2017 General Fund | 2017 Nongeneral Fund | 2018 General Fund | 2018 Nongeneral Fund |
|---|---|---|---|---|
| Initial Appropriation for the Biennium | 1,285,388 | 8,236,359 | 1,285,388 | 8,236,359 |
| Changes to Initial Appropriation | 0 | 0 | 0 | 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 wellbeing of older Virginians and supports their caregivers.

Authority

Code of Virginia §51.5-134-§51.5-143 Services for Older Virginians

### Products and Services

#### Description of Major Products and Services

Older adults living 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 these individuals to care for their own needs due to physical frailty, health issues, such as depression, or cognitive impairments.  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 Farmers' 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 freshfarmgrown fruits and vegetables.

#### Factors Impacting

There are several factors that can significantly impact the program.  This includes the amount of funding through the U.S. Department of Agriculture, the 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

|  | 2017 General Fund | 2017 Nongeneral Fund | 2018 General Fund | 2018 Nongeneral Fund |
|---|---|---|---|---|
| Initial Appropriation for the Biennium | 0 | 424,342 | 0 | 424,342 |
| 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 older adults in their homes. These meals include hot and cold meals, as well as nutrition education, to older individuals. The delivered meal also provides an opportunity for someone to check on the well-being of the individual.

### Mission Alignment

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

Authority

Code of Virginia §51.5-134-§51.5-143 Services for Older Virginians

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### 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 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

There are two anticipated changes that will impact the aging programs in the near future, the increase in the aging population and the uncertainty of future federal funding.  These changes will continue to put pressure on the consumers the AAAs target for services.

#### Factors Impacting

Two factors have impacted the nutrition program over the past few years.  They include revisions to the service standards to promote nutrition counseling and clarification from the Administration for Community Living on the use of nutrition supplements.  These factors have resulted in clarifying service delivery and improving the quality of the program.

### Financial Overview

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

Biennial Budget

|  | 2017 General Fund | 2017 Nongeneral Fund | 2018 General Fund | 2018 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.

 Authority

Social Security Act - Sections 221(a) and 1633

20 C.F.R. Subpart P, Sec. 404.1502 and 404.1503 and Subpart Q, and Subpart I, Sec. 416.902, 416.903 and Subpart J

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 2017 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

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 for 2017 is 18,258 compared to the 2016 workload of 19,076. The slight decrease in 2017 is due to budget constraints, but projected to increase in 2018. The Virginia budgeted workload in 2016 was 102,235. The projected workload target in 2017 is around 99,447. Again, the decrease for 2017 is due to budget constraints and expected to increase in 2018.

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 standardsbased 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, Northern Virginia though Kaiser Permanente facilities in 2013. Carilion in 2015, Innovation Health and Veterans Administration in 2016 and now provides fast electronic records from hundreds of medical providers in the state.

The Benefit Bank of Virginia (TBB) is an online service designed to help people with disabilities access online information and filing for SSI and SSDI benefits as well as many other types of benefits and services. TBB will start providing SSA disability services in 2017. The Virginia DDS has provided SSA program policy training to TBB staff and worked with SSA to develop a process to identify and track TBB cases for management information.

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

As more healthcare providers move to store their records electronically, DDS will continue its efforts to expand the use of ERE across the state to improve the efficiency of obtaining medical evidence to help made disability decisions more timely.

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 and is currently using VTC almost exclusively for all training.

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 was an 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 and DDS now has 13 field offices sharing. This increased use of  video hearings  results 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 has contributed to the development of the SSA national Disability Case Processing System (DCPS)  by providing subject matter experts (SMEs) for vendor file, fiscal processes, management information reporting, and systems changes. . In 2017 the Virginia DDS will join five other state DDS' in processing claims in DCPS to assist in further testing and development.

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. The reduction in SFY 17 General Fund was due to administrative reductions included in the Governor's savings strategy.

Biennial Budget

|  | 2017 General Fund | 2017 Nongeneral Fund | 2018 General Fund | 2018 Nongeneral Fund |
|---|---|---|---|---|
| Initial Appropriation for the Biennium | 1,545,498 | 52,268,179 | 1,465,118 | 52,187,799 |

| Changes to Initial Appropriation | -80,380 | 0 | 0 | 0 |
|---|---|---|---|---|

| 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.

Authority

Code of Virginia § 51.5-117 Declaration of purpose; Department for Aging and Rehabilitative Services created

## 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, employee service awards, and administers benefits programs. Changes to leave accounting, timekeeping, and attendance and leave tracking systems will occur in 2016-18.

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.

Financial Management Services provides financial services including budget, grants management, general accounting, financial reports, cash management, asset and lease tracking/management, purchasing and contracts, mail distribution services, and motor fleet and central supply management. Central payroll systems and the chart of accounts will undergo major changes in 2016-2018.

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.

Increased reliance on servers at the Commonwealth Enterprise Service Center (CESC), 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 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 have decreased technology costs resulting in more efficient use of technology. Changes to the VITA NG Partnership contract will have a substantial impact on agency computer infrastructure and associated services in 2016-2018. DARS is involved with VITA efforts to re-negotiate these contracts representing the interests of agencies.

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. Agency Risk Managers also collaborate on computer disaster recovery planning.

The Policy and Legislative Affairs Division provides legislative support, policy and regulatory development and coordinates efforts around Olmstead implementation and Livable Communities.

The DRS Division's Program and Analytics unit provides management analysis and reporting including SHHR Dashboards Agency Website Dashboards, program evaluation, consumer satisfaction, 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 subrecipients 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.

Changes to the VITA/NG Partnership contract with VITA will present both challenges and opportunities for DARS and change computer infrastructure and computer infrastructure services to DARS.

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.

Legislative changes to data sharing regulations among SHHR agencies will present opportunities to expand data sharing for increased efficiencies in internal business processes and improved analytics.

Uncertainties in federal funding streams for Health and Human Services, Department of Labor, Department of Education, Housing and Urban Development and the Centers for Medicare and Medicaid Services will create uncertainties in funding for DARS.

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 videoteleconferencing (VTC) for both direct services and administrative functions will be expanded by partnerships 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, and allow personal computer participation.  The cost and degree of oversight will be reduced due to improved technology.

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

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 subrecipients for our Division for the Aging and Brain Injury programs will automate duplicative processes, reduce redundant reporting efforts and improve financial management.

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

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

Expansion of 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.

Implementation of the Career Index automated assistant within the AWARE system will improve case notes and improve efficiency for the vocational rehabilitation counselor.

Use of the ASAPS case management system as a series of modules of No Wrong Door will improve Adult Services Case Management, Adult Protective Service Investigation Management, Long term Care Screenings and Assessments for service eligibility and Guardianship management. Reporting of Adult Protective Services investigations to DARS federal partners will be more accurate.  The system will replace the Department of Social Services Adult Services Adult Protective Services system in 2018.

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 Home and Community Based Services case management systems, an improved consent process, improved access for consumers and lead to referrals across case management systems.

Modernization 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 ecommerce features of the system and ultimately, provide more employment opportunity for blind   Virginians.

The maintenance agreement for AWARE, our Vocational Rehabilitation case management system, requires the vendor to modify AWARE to keep it compliant with changes to federal law.  Upcoming changes include compliance with WIOA, the Workforce Innovation and Opportunity Act that

replaces the Workforce Investment Act (WIA).  Support for reporting of pre employment transition services (PETS) is another set of changes.  Compliance with the person information record layout (PIRL) to support a common intake form across VEC and VCCS workforce programs is another set of changes.

 VDH and DMAS launched an application  associated with the  Uniform Assessment Instruments (UAIs) used for determining Medicaid eligibility for certain home and community based service waivers and nursing facility placement.  ePAS is used by VDH and LDSS staff pairs, a nurse and a social worker.  When this system came on line the UAI data formerly stored in the VDSS ASAPS system was no longer readily available to NWD users.  This is a problem in that UAIs need annual recertifications for nursing home and assisted living placements and service eligibility for many of DARS Aging programs.  DARS hopes to accept UAI data from DMAS through their data warehouse.  We hope this project will start in late 2016 and be complete during the next biennium.

We anticipate significant effort to support end user computing changes resulting from a new VITA infrastructure services agreement.  We expect that we will be well into this effort in FY18.  In preparation, we are piloting WaaS and looking testing tablets and hybrid laptop tablet options.  Virus other security mitigation tools will require evaluation.  Once contracts are awarded, an analysis of alternatives for our current PC population will determine the optimal and cost effective solutions for each of our computing environments.  We suspect that dual authentication (perhaps a security badge function) fobs or soft tokens on mobile devices will be additional expense.

**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.

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.

Due to the DOJ emphasis on local community placements of ID and DD clients, the Ombudsman program is partnering with DBHDS to expand the program to include these populations.  This change will increase the size and scope of the OmbudsManager system.

Recent terrorist attacks on government facilities suggests the need for prudence in managing physical access security of DARS owned or leased facilities.  It is being addressed by internet capable badge systems, security cameras, and more secure physical access

The increasing codependence between health and medical services and home and community based services has resulted in several joint projects between DARS, DMAS, VDSS and DBHDS.  One of these efforts is implementation of a three year project that expands NWD and improves access to services to the elderly and people with disabilities.  Among the proposals is the development of a Virtual Provider Directory (VPD) and improvement of a citizen facing web service for use by consumers.

The VITA / NG Partnership ends in FY19.  VITA identified a three wave replacement effort beginning in FY17.  Changes to infrastructure support will increase the need for internal IT staff to manage the transition.

**Financial Overview**

The Administrative and Support Services' funding comes from federal funds (32%), general funds (12%), indirect cost funds recovered from federal grants (50%), and special funds (6%).  SFY 17 and 18 General Fund saw reductions in administrative budgets that reduced administrative staff due to Governor's savings strategies.

Biennial Budget

|  | 2017 General Fund | 2017 Nongeneral Fund | 2018 General Fund | 2018 Nongeneral Fund |
|---|---|---|---|---|
| Initial Appropriation for the Biennium | 2,544,711 | 17,686,574 | 2,549,722 | 17,702,040 |
| Changes to Initial Appropriation | -94,374 | 0 | 166,180 | 395,124 |

**Supporting Documents**

**Title**                                                                                           **File Type**