

2018-20 Strategic Plan

Department for Aging and Rehabilitative Services [262]

Mission

DARS Mission: 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 budget for fiscal years 2019 and 2020 saw increases for the Long-Term Care Ombudsman Program (including Beneficiary Support Services for Commonwealth Coordinated Care Plus), Adult Protective Services, Long Term Employment Support Services, and Brain Injury programs. Additional increases were VITA costs. The Vocational Rehabilitation program realignment was a major appropriation revision during the biennium.

Biennial Budget

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 Nongeneral Fund
Initial Appropriation for the Biennium	60,850,766	183,652,477	60,850,766	183,652,477
Changes to Initial Appropriation	0	-8,694,980	100,000	-11,301,245

(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

- DARS has realigned policies and services to meet the requirements of the Workforce Innovation and Opportunity Act (WIOA). Performance expectations and data requirements have changed with the implementation of WIOA. There is an increased emphasis on longer-term sustainable employment.
- Over 50% of VR consumers are youth at transition age. 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 changes the performance measures for the program in line with the new expectations of WIOA. s 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 DARS performance outcome measures will reflect the changing system.
- From FFY 2007 to FFY 2015, the VR program saw 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 than 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 projected Continuing Disability Review (CDR), which are periodic reevaluations to determine whether beneficiaries are still disabled, workload for 2020 is 16,516 compared to 2019, which was 18,440. This denotes an 11% decrease.
 - While Baby Boomers still represent a growing number of applicants for disability, the reduction in CDRs and the growth of the economy has resulted in a decrease in the total workload goals for the Virginia DDS. The total workload goal for 2019 was 107,752 and the expected workload goal for 2020 is 99,897.
- The number of Virginians age 60 and older are expected to increase from 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.
- We have seen a reduction in Medicaid claims with the expansion of Medicaid benefits for Virginians.
- 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 Community Living (DCL) 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 care organizations.
- The Public Guardian Program expanded its services in SFY 2018 to serve 193 additional individuals. The total number of individuals that can be enrolled in the program is 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.
- The launch of statewide Medicaid managed care has increased the volume of consumers seeking help from the Long-Term Care Ombudsman Program (LTCOP) to access services, understand their rights and benefits, and resolve problems. Concurrently, increased public awareness of the availability and value of assistance through the LTCOP's Managed Care Advocate services has heighten demands on the Program. Expansion of the Program to meet this need helps DMAS ensure quality of beneficiary services and meet the federal requirement for an independent beneficiary support system.
- Over the past 5 years Adult Protective Services (APS) reports increased by 31% and substantiated financial exploitation cases increased 38%. This trend is expected to continue into the next biennium. For Adult Services potential delays in completing screenings for Medicaid funded long-term care services and supports within 30 days may increase as the demand for this service grows. 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 III	Concurrent Adult Disability Claims	16,571	20,385	Increase
Chronically III	Medicaid Claims	6,523	6,000	Decrease
Chronically III	Title II Adult Disability Claims	43,822	44,000	Increase
Chronically III	Title XVI Adult and Childhood Disability Claims	40,686	42,299	Increase
Consumer	Vocational Rehabilitation Services Consumers	27,149	28,000	Stable
Consumer	Follow Along Support Services Consumers	3,571	3,600	Stable
Consumer	Farmers	190	200	Stable
Non-Profit Agency (Boards/Foundation),	Area Agencies on Aging	25	25	Stable

Physically-Disabled	Community Rehabilitation Case Management Services	357	357	Stable
Physically-Disabled	Personal Assistance Services	116	116	Stable
State Agency(s),	Classified and wage staff of the Disability Services Agencies	1,559	2,130	Stable

Partners

Name	Description
The Wilson Workforce and Rehabilitation Center	Is a partner in working collaboratively with DARS' VR program to provide rehabilitation and training services to VR consumers referred to the Center for assistance.
Employers	Partnering to provide qualified and reliable workers with disabilities for Virginia's employers
Centers for Independent Living	Provide direct services, peer counseling, information and referral, and advocacy to Virginians with disabilities and may provide services for the DARS Personal Assistance Services Program such as assessments, annual reassessments, and orientation training.
Department of Defense and Veteran's Administration	DDS participated in a successful pilot program for accessing electronically all records maintained by military hospitals and other Department of Defense (DoD) medical facilities. All records are now held in an electronic national repository, and DDS has the capability to request and receive these records electronically. This has resulted in a significant increase in the number of records received by the DoD and a substantial decrease in the time it takes to obtain these records.
Rehabilitation Services Administration	Provides federal funding, technical assistance, policy guidance, monitoring and oversight, and training and educational materials for the VR program.
Social Security Administration	Through Maximus (the contractor for the administration of the Ticket-to-Work program), provides assistance to DARS in receiving reimbursements for Ticket-to-Work consumers.
Area Agencies on Aging	Designated by the State Unit on Aging (DARS) to provide an array of home and community-based 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 local public guardianship services.
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 and beginning July 1, 2019 by the Code of Virginia, advises the Commissioner on the allocation of LTESS and EES funds.
Commonwealth Neurotrauma Initiative Trust Fund Advisory Board	Assists in the administration of the Commonwealth Neurotrauma Initiative Trust Fund
Virginia Brain Injury Council	Statewide advisory group charged with providing recommendations to the DARS Commissioner regarding disbursement of new funding for brain injury services. The Council provides guidance to DARS on the needs of Virginians with brain injury and makes recommendations to the Commissioner on the development and delivery of brain injury services in the State. The Council also serves in an advisory capacity to DARS' Federal Traumatic Brain Injury Grant.

SSA Office of the Inspector General	DDS participates in the Cooperative Disability Investigation (CDI) Unit with SSA and the Attorney General's Office. This unit investigates possible fraud in the Social Security disability programs and in 2016 achieved savings reached \$14,070,747 for the Social Security programs and \$17,527,618 in Medicaid savings.
Department of Medical Assistance Services	Department of Medical Assistance Services (DMAS), DARS and SSA have a Memorandum of Understanding (MOU) which requires that Disability Determination Services (DDS) 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. 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.
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 collaborating 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. Partners with local departments of social services to conduct screenings for Medicaid-funded long-term care services and supports.
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.
Local departments of social services	120 LDSS in Virginia provide services to vulnerable adults and determine eligibility for Auxiliary Grant.
Long-term care providers	Includes assisted living facilities, adult foster care home, nursing facilities, and home based services providers.
Department for the Blind and Vision Impaired	DBVI and DARS work in collaboration on the administration of the Vocational Rehabilitation state grant and back office functions of DBVI.

Agency Goals

- **Improve the financial stability and employment of people with disabilities.**

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. In addition, Disability Determination Services (DDS) works to provide accurate and timely disability decisions for Medicaid and Social Security to enhance financial stability of individuals with disabilities.

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.
- Increase activities and focus on Students with Disabilities (SWDs) to prepare them for employment and careers through the provision of Pre-Employment Transition Services (Pre-ETS).

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
- ◆ Median Wages of VR Program Participants Successfully Closed Who are Employed During the Second Quarter After Exit From the Program
- ◆ Percent of VR Program Participants Who Were Successfully Closed Who Are Employed During the Second Quarter After Exit From the Program
- ◆ Vocational Rehabilitation Consumer Competitive Employment Rate

» **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.

Measures

- ◆ Accuracy of Disability Decisions

• **Sustain and increase the independence and self-sufficiency of older adults and people with disabilities.**

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 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. DARS also coordinates and collaborates with partners to provide services to support individuals with disabilities in their communities. Some individuals with disabilities may need individualized services to live independently in their homes, become as self-sufficient as possible, or allow themselves or their caregivers to maintain their employment. DARS supports these efforts through a number of programs and community partners. DARS also supports individuals seeking to retain or gain independence by providing timely and accurate information regarding a variety of programs and supports. Through the No Wrong Door Initiative, DARS 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 their independence or that of their relatives.

Associated State Goal

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

Objectives

» **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

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

Description

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

Objective Strategies

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

Measures

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

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

Description

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

Objective Strategies

- The Division for Community Living, Office of Aging Services, issues a Request for Proposal every five years to encourage providers to examine their respite care programs and ensure resources are appropriately deployed for caregivers of individuals with Alzheimer's disease and other dementias.

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 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

• **Enhance the safety and security of vulnerable adults.**

Summary and Alignment

DARS provides education, consumer protection, crime and fraud prevention and public guardian and ombudsman services through contract in order to enhance the safety and security of vulnerable adults. 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. Partners at the local level, through local departments of social services, investigate cases of abuse and neglect, including financial exploitation, of older Virginians and Virginians with disabilities.

Associated State Goal

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

Objectives

» **Receive, investigate and resolve complaints on behalf of long-term care recipients.**

Description

Through the Office of the State Long-Term Care Ombudsman long term care recipients and their families receive assistance in resolving problems with their care/services that affect their health, safety, welfare or rights. The program works with providers, policy makers, partner agencies, and consumers to promote improved quality in long-term care and to shape law, regulations, and practice in order to better protect vulnerable Virginians.

Objective Strategies

- Continue expanded Ombudsman program services to support Medicaid MLTSS recipients under Commonwealth Coordinated Care Plus.
- Monitor and strengthen protections against conflict of interest in program operations at the state and local host agency levels.
- Provide ongoing training and technical assistance to enhance knowledge and skills of Ombudsman Program representatives statewide to resolve problems and improve care for long term care recipients.
- Expand strategies to promote awareness and access of long term care recipients and their families to the Program's services.
- Support collaborative efforts with partner agencies and other stakeholder groups to promote improvements in the quality of long term care.

Measures

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

• **Promote and protect the rights of older adults and people with disabilities.**

Summary and Alignment

DARS seeks to promote and protect the rights of older adults and individuals with disabilities by providing legal assistance, public guardian and ombudsman services through and providing timely information through No Wrong Door in order to ensure individuals can make informed decisions. DARS and local partners such as the AAAs and local departments of social services provide information, legal assistance, and possible interventions to individuals with disabilities and older Virginians and their families that will allow them to avoid becoming the victims of crime, fraud, abuse, or financial exploitation. The Ombudsman Program intervenes to investigate and resolve complaints and protect the rights of long term care recipients. The Public Guardianship and Conservator Program seeks to provide person-centered services that support individuals in need of a surrogate decision maker.

Objectives

» **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 ensure person-centered practices and compliance with state regulations.

Measures

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

Description

No Wrong Door is a network of partners and technology system supporting streamlined access to long-term services and supports using person-centered options counseling. Designed as a single point of entry system, providers and individuals gain access to an array of home and community based services through a collaborative technology, integrating an individual's unique needs to a live search engine of local to statewide services and supports. The training for person-centered options counseling, partner certification and technology are standardized statewide. The technology includes a live database of over 26,600 statewide services and supports maintained and updated by VirginiaNavigator. CRIA (Communication, Referral, Information and Assistance) is the electronic tool powered real-time, within the No Wrong Door System technology, allowing partners to make automated referrals back and forth, securely share information (with consent), track progress of an individual over time, and run analytical and statistical reports of client-level, agency-level, and community-level progress. CRIA is one of a few modules available on the No Wrong Door System technology supporting fluid life transitions among community based settings, such as hospital to home, through automated processes historically accomplished by phone, fax or email. CRIA allows a client record to accurately develop over time, with input from multiple partners, providing an up-to-the-minute dynamic view of an individual's needs, preferences, and circumstances. The expanding No Wrong Door partner network currently includes 236 public and private certified providers. While some partners operate statewide, others vary from region to region based upon local to statewide partnerships developed by local Area Agencies on Aging, designated as No Wrong Door community leads.

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

» **Receive, investigate and resolve complaints on behalf of long-term care recipients.**

Description

Through the Office of the State Long-Term Care Ombudsman long term care recipients and their families receive assistance in resolving problems with their care/services that affect their health, safety, welfare or rights. The program works with providers, policy makers, partner agencies, and consumers to promote improved quality in long-term care and to shape law, regulations, and practice in order to better protect vulnerable Virginians.

Objective Strategies

- Continue expanded Ombudsman program services to support Medicaid MLTSS recipients under Commonwealth Coordinated Care Plus.
- Monitor and strengthen protections against conflict of interest in program operations at the state and local host agency levels.
- Provide ongoing training and technical assistance to enhance knowledge and skills of Ombudsman Program representatives statewide to resolve problems and improve care for long term care recipients.
- Expand strategies to promote awareness and access of long term care recipients and their families to the Program's services.
- Support collaborative efforts with partner agencies and other stakeholder groups to promote improvements in the quality of long term care.

Measures

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

Major Products and Services

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

Disability Programs: 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, personal care, communication referral and information, transportation, congregate (group) and home delivered meals, disease prevention/health promotion education, legal assistance, elder abuse prevention, Ombudsman and Virginia's Insurance Counseling and Assistance Program to Medicare beneficiaries. The Virginia Public Guardian and Conservator Program serves adults age 18 and older, who are legally incapacitated, cannot pay for guardian services, and have no one else to provide this service. The Office for Aging Services 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 long-term care placements; and eligibility determination for Auxiliary Grants to low income residents of assisted living facilities or adult foster care homes.

State Long Term Care Ombudsman: Identifies, investigates, and resolves problems and concerns on behalf of long-term care recipients in nursing homes, assisted living facilities, and in the community receiving home care supports. Working statewide on behalf of recipients to help them understand and exercise their rights, access benefits, and make informed choices, Ombudsman Program representatives at the state and local levels ensure critical protections for the health, safety, welfare, and rights of vulnerable Virginians. The Program monitors and makes recommendations regarding laws, policies, and regulations affecting long-term care recipients and works collaboratively with partner agencies to improve quality of care and quality of life for older Virginians and those with disabilities.

Performance Highlights

DARS was close to meeting its goal of 3400 successfully employed VR consumers in federal fiscal year (FFY) 2018 with 3303 individuals becoming successfully employed. All clients whose cases are successfully closed as employed must be working in competitive integrated employment (in an integrated setting in the community with wages at or above minimum wage). 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 2017, the employment rate was 55%. In addition, DARS is now measuring the percent of program participants who are employed during the fourth quarter after they successfully exited from the VR program. This is a new measure that uses data from outside entities and agencies and is not yet complete. Refinement of the data collection process will continue, as we seek to improve this important quality measure.

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 Federal Fiscal Year (FFY) 2018 was 98.2%.

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

Through our collaborative relationship with the AAAs, DARS ensures that older Virginians receive nutritional meals and transportation services to enhance their health and well-being. Another key measure for DARS is the number of individuals receiving communication, information, referral and assistance (CRIA) through the No Wrong Door (NWD) system. NWD is a statewide initiative, designed to help people navigate the complex system of public and private long-term services and supports, avoid unnecessary trips to the hospital and/or nursing home, and support individual choice. In State Fiscal Year 2018, 54,614 individuals received NWD CRIA services.

Staffing

Authorized Maximum Employment Level (MEL)	964.02
Salaried Employees	851
Wage Employees	55

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 and increased periods of time with categories closed. This has been exacerbated by changes in the reallocation of federal dollars and WIOA programmatic changes.

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.

In addition, the Workforce Innovation and Opportunity Act (WIOA) requires that 15% of VR funds be used to provide pre-employment transition services (Pre-ETS) for students with disabilities. This is a positive investment in youth who are potential clients and those who are DARS clients now. Pre-ETS are distinct services that must meet prescribed criteria and are designed to help prepare students for work. However, this shift in the allocation of funds results in a reduction of available resources for traditional VR clients.

Even if consumer trends increase, programs and services will continue to operate without expansion of staffing levels. In fact, staffing levels were reduced in 2018 to address the need to realign operational activities with available funds.

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 Office for Aging Services 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 had the capacity to serve 856 individuals in FY '17. In FY'18, the number expanded 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 long-term 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 the lives of older Virginians and Virginians with disabilities. The agency will work with its community partners to be more effective in strategic planning, budgeting, program monitoring and evaluation and training and technical support. The agency will be at the center of the Commonwealth's response to two critical emerging issues.

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

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

Information Technology

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, ISD provides administrative support and technical assistance to the Disability Services Agencies (DSA), which includes the Wilson Workforce and 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).

Data Exchanges between the agency's case management applications and agency financial systems were 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 were complete in 2017 and 2018, requiring significant changes in agency business processes. Changes to the agency Chart of Accounts changed the look and coding on financial reports and user training was provided. In 2018 and 2019, migration from CIPPS and PMIS to equivalent Cardinal software will again change business processes and reporting.

A significant accomplishment was the migration of the DSS ASAP system to DARS PeerPlace. It began in summer 2015 with a grant to customize PeerPlace software. Operations funding for SFY 2019 has allowed implementation to begin in summer 2018 and is planned for completion in early 2019. Other significant accomplishments included the HCBS data warehouse for improved management reporting and an application to track Auxiliary Grant recipients.

The continued expansion of cybersecurity standards and oversight may have an impact of staff users, computer infrastructure and technology procurement. The additional cyber-security associated with cloud-based systems is resource intensive both in staff time and cost.

Migration from Microsoft Outlook to Google e-mail occupied several months in mid-2018. The fallout from this change still affects browser compatibility and changes in application software that produce automated e-mail messages. In particular, the adoption of Vault as message encryption software has created problems with mobile devices and mail archiving services.

Microsoft tools are used to create and maintain easy to operate dashboards that describe WWRC and DARS performance metrics. By exposing these dashboards to public stakeholders, WWRC and DARS can better promote comprehensive services provided to their consumers.

Continued expansion of the existing agency content management application will reduce paper storage and improve efficiency of retrieval. Expansion into HR records and DARS case services occurred in 2017 and 2018. E-forms has increased the agility of development and in turn, strengthened a self-service approach for consumers and their stakeholders. Use in aging services to collect data for federal reports and self-service referrals for our older consumers was accomplishments in 2018. An initiative for E-forms for personnel transactions will improve operational efficiency via standardized approval workflows and automated financial coding.

A grant funded project to improve training for our APS Division will increase the integration of DHRM's learning management system and DARS developed training, resulting in training to LDSS staff providing Adult Protective services, which is scheduled for completion in 2020.

The signature technology initiative for the next biennium is the migration to cloud platforms for VR case management. The migration will both improve security and substantially reduce costs. It is scheduled for completion in 2019 and will decrease total cost of ownership beginning in 2020.

A recent reduction in workforce has had an impact of the organizational structure of the Information Services Division (ISD). WWRC Medical Records was eliminated and remaining staff were realigned to quality assurance activities for DARS' document management system and technical support for the VR case management system, AWARE. Use of data base management and systems engineering staff, formerly limited to out of scope networks was expanded to include in scope. In addition, the use of cloud technology and retirements allowed for the elimination of additional positions.

New demands related to HCBS include the continued implementation of PeerPlace for the APS Division, migration of LTRCM and Ombudsman case management software to PeerPlace and the integration of IL First and BI First, case management software for Independent Living and Brain Injury services provided by DARS. The DSA relies heavily on VITA and maintains an effective working relationship through problem solving and status meetings 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 were represented on the RFP teams to provide replacement services for NG in 2017 and beyond and the WebMaster 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.

Another staffing impact related to a reduction in force was the elimination of the Internal Audit Director and the Information Security Officer. Duties have been temporarily reassigned.

Estimate of Technology Funding Needs

Workforce Development

Nearly 12% of DARS workforce is eligible to retire with unreduced benefits. Within the next 5 years that number will increase to 22%. 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 Skills for Leadership, and training sessions on managing strategically, have been implemented to develop current staff to step into future leadership positions.

To implement more effective recruitment and retention plans, DARS places a strong emphasis on teleworking, alternate and flexible work schedules, retention increases, and employee development. In addition, DARS has expanded its student internship program and streamlined the screening process for all recruitments.

DARS 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 30 offices where direct services are provided to VR consumers. Two 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

The Rehabilitation Act of 1973 as amended

34 CFR Part 361, 363, 397

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. Individuals who choose not to pursue competitive integrated employment through the VR program may also be able to access LTESS and EES services. Funding for EES provides services to persons with significant disabilities who are employed by ESOs. Through EES, the ESOs provide extraordinary supervision, training, advocacy, and other supports necessary for these individuals to learn employment skills and maintain employment.

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

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

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

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

Partnering in Virginia's Workforce Investment System: Under the federal Workforce Investment Act (WIA), VR is a mandated partner and anchor

in the State's Workforce Investment System. As such, there are designated VR staff who serve on the Local Workforce Investment Boards and the Youth Councils to assist in the design of the workforce development programs in the localities. DARS has a memorandum of understanding with each Board that describes the services and expectations of the various WIA partners. In some instances, VR staff are 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 College Workforce Services Division and in collaboration with Local Workforce Investment Boards, DARS is developing service models (Disability Resource Coordinators) to serve individuals with disabilities through the OneStop Career Centers.

Products / Services					
Product / Service	Statutory Authority	Regulatory Authority	Required Or Discretionary	GF	NGF
Vocational Rehabilitation Services	29 USC §701-751; Code of Virginia §51.5-118	34 CFR Part 361 et seq; 22VAC30-20 et seq	Required	18,337,390	63,088,614
Supported Employment	29USCS795g-m: Code of Virginia §51.5-118, §51.5-173	34 CFR Part 363;22VAC30-20 et seq.	Required	42,181	997,729

Anticipated Changes

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, performance metrics, 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 consumer focus and expedited means to assist consumers in becoming employed. Accordingly, DARS continues to examine strategies to provide more expeditious services to VR clients. Many VR counselors spend much of their work time in the public schools, in Community Services Boards, 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. In addition, implementation of the Workforce Innovation and Opportunity Act (WIOA) has had significant impacts on the agency. This includes the requirement that 15% of VR funds be reserved for the provision of Pre-Employment Transition Services (Pre-ETS) for students with disabilities.

Virginia continues to operate under an Order of Selection. 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%), general funds (20%) and Indirect Costs (1%). In SFY 19 and 20 there was a \$250,000 GF increase each year for Long Term Employment Support Services (LTESS). There was revenue reduction in the FFY

2018 reallocation funding that was addressed as a component of the Vocational Rehabilitation program realignment.

Biennial Budget

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 Nongeneral Fund
Initial Appropriation for the Biennium	18,379,571	74,621,029	18,379,571	74,503,179
Changes to Initial Appropriation	0	-7,934,653	0	-10,416,836

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 329 Brain Injury and Personal Attendant Service Program

Products and Services

Description of Major Products and Services

DARS’ Brain Injury Services Coordination (BISC) Unit contracts with nine (9) state-funded Brain Injury Services (BIS) Programs to operate 14 programs statewide that provide one or more of three identified “core” services in brain injury: adult / pediatric case management, clubhouse / day program, and resource coordination (outreach, information and referral). The BIS contractors received a little over \$5 million in state funding during 2017; the Programs privately raised an additional \$5 million in non-state funding (revenue such as program service fees, donations, fundraisers, and grant awards) during that same fiscal year. BIS Program staff provided direct “hands on” services to nearly 5,000 consumers / family members. In addition, an estimated 10,000+ Virginians were reached through public awareness/outreach and educational activities, as well as through newsletters, websites, social media, public service announcements, etc. BISC Unit manages the Brain Injury Direct Services (BIDS) Fund, which 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 this assistance to live more independently. In 2017, an estimated 250 people received specialized goods or rehabilitation services through this fund. Personal Assistance Services for People with Brain Injury (PAS/BI) referenced below under PAS.

The Long Term Rehabilitation Case Management Program formerly (Community Rehabilitation Case Management Program) 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

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 consumer-directed services might include transferring, bathing, eating, dressing, or other physical activities that the individual could perform if they did not have a physical disability. DARS manages three PAS programs: State funded PAS, PAS for Individuals with Brain Injury, and vocational rehabilitation PAS (funded through Title I of the Rehabilitation Act) for individuals who are currently receiving or who may be eligible for vocational rehabilitation services provided through an Employment Plan.

Products / Services					
Product / Service	Statutory Authority	Regulatory Authority	Required Or Discretionary	GF	NGF
Department designated as state agency for purpose of coordinating rehabilitative services	Code of Virginia § 51.5-119		Required	0	0

Community Rehabilitation Case Management System	Code of Virginia § 51.5-123	n/a	Required	475,980	70,410
Independent living services	29USC§796-t seq.; Code of Virginia § 51.5-162	45 CFR1329 et seq.;22VAC30-30 et seq.	Required	5,685,422	5,045,690
Brain Injury and Personal Attendant Service Program	Budget Item 329	n/a	Required	8,349,906	1,242,955

Anticipated Changes

In May 2018, DARS completed work on a four-year federal Traumatic Brain Injury (TBI) Grant from the Administration for Community Living (ACL), and was subsequently awarded a three-year grant for June 1, 2018 through May 31, 2021. DARS' federal grant includes a variety of projects, including developing a State Data Plan for BI in Virginia (data coordination / analysis at the state level); screening for brain injury in community settings; opioid mis/use among Virginians with brain injury; ongoing workforce development for Virginia's brain injury infrastructure; and enhanced survivor / family member engagement. The grant is funded at \$250,000 per year, matched with \$150,000 per year in grant projects funded through the Commonwealth Neurotrauma Initiative (CNI) Trust Fund. The federal grant allows 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.

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 25,000 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). The demand for services to Virginians with acquired brain injuries is difficult to estimate. However, the need continues to outweigh available resources. In 2017, \$5,151,432 in state funding was allocated for services to Virginians with brain injury and their family members. In addition, the state-funded BIS Programs brought in \$5 million in non-state revenue during 2017. The demand for community-based rehabilitation programs and community living options will continue to grow as people with significant disabilities seek to live independently in the community with supports.

The Independent Living (IL) Program, Division for Community Living, oversees the state general funds and some federal dollars granted to the Centers for Independent Living (CILs). The IL Program provides technical assistance, program audits, monitoring and evaluation to CILs to verify their compliance with state and federal laws. CILs provide services and resources that promote the leadership, independence, and productivity of people with disabilities. CILs work with individuals, as well as their local communities, to remove barriers to independence and advocate for the equal rights and community integration of persons with disabilities.

There are seventeen Centers for Independent Living and three satellite centers in the Commonwealth of Virginia. In federal fiscal year 2017, 10,514 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 (consisting of permanent state and federal funds). Seven of the existing CILs (located in Grundy, Fredericksburg, Rocky Mount, Eastern Shore, Manassas, Christiansburg and Harrisonburg) are currently funded below the recommended minimum national level. The three satellite centers (located in Petersburg, Loudoun County and the 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 \$13,000, making it difficult to serve all consumers requesting services. With adequate funding, these satellites would be able to increase their catchment areas and serve additional consumers. The satellite centers currently serve areas of the state that are considered significantly underserved, e.g., 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 funds allocated by the Statewide Independent Living Council, is currently conducting a pilot project in the lower part of Planning District 9, with the goal of mentoring to a grassroots group which could possibly be interested in establishing a CIL and/or satellite. The project will be funded through the fall of 2019, as dRC continues to build community partnerships and a visible CIL presence in the area.

PAS serves 86 consumers with State funding. Eight (8) individuals are served with state brain injury funds and 20 consumers with federal Vocational Rehabilitation funds. PAS/BI has been level funded for many years, but will receive an increase of \$25,000 in SFY 2019, bringing the total amount of PAS/BI funding to \$ 109,756. There is currently a small waiting list for individuals desiring BI/PAS services (4). The state funded program has experienced 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, four are attending colleges or universities, 2-4 are in job development, approximately 50 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 benefits/services. The challenge continues to be the low pay rate, driven by funding for Personal Assistants, which negatively influences the ability of PAS consumers to attract, hire, and retain qualified personal assistants, especially in Northern Virginia. There is a waiting/applicant list of about 70 individuals. The program continues to work with applicants to ensure they are not eligible for comparable benefits and works with individuals who may be eligible to

re-apply. Changes in the current eligibility structure for comparable benefits has resulted in individuals coming Medicaid eligible. On average, there are 40 individuals in the screening/application process.

The Long Term Rehabilitation Case Management Program formerly Community Rehabilitation Case Management program lost two Rehabilitation Specialist positions in the Lynchburg and Southwest Regions. Changes in the programs funding has affected hiring options. There is a small waiting list of 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.

Biennial Budget

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 Nongeneral Fund
Initial Appropriation for the Biennium	14,800,667	2,483,849	14,800,667	2,483,849
Changes to Initial Appropriation	0	0	-292,359	-665,915

Supporting Documents

Title **File Type**

Financial Assistance for Local Services to the Elderly [45504]

Description of this Program / Service Area

The Office for Aging Services (OAS) of the Division for Community Living 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 and Assistance, Adult Day Care, Options Counseling, Personal Care, Homemaker, Care Coordination, Checking (Reassurance), Chore, Disease Prevention & Health Promotion, Emergency, Employment, Senior Cool Care, Legal Assistance, Money Management, Outreach and Public Information / Education, Residential Repair & Renovation, Respite Care, Socialization & Recreation, Transportation, the Virginia Insurance Counseling & Assistance Program (VICAP), Virginia GrandDriver, and Volunteer Services.

Products / Services					
Product / Service	Statutory Authority	Regulatory Authority	Required Or Discretionary	GF	NGF
Services for Older Virginians	.42USC3001 et seq.;Code of Virginia §51.5-134-§51.5-143	45CFR1321 et seq.; 22VAC30-60-et seq	Required	11,591,037	19,299,250

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 care organizations.

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. Statefunding remained stable.

Biennial Budget

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 Nongeneral Fund
Initial Appropriation for the Biennium	11,591,037	19,299,250	11,591,037	19,299,250
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

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

Service Area Plan

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 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 and Elder Abuse Prevention.

Products / Services					
Product / Service	Statutory Authority	Regulatory Authority	Required Or Discretionary	GF	NGF
Services for Older Virginians	42USC 3001 et seq; Code of Virginia §51.5-134-§51.5-143	45CFR1324 et seq; 22VAC30-60 et seq; 22VAC30-70 et seq.	Required	4,712,366	456,565

Anticipated Changes

The Public Guardian Program now has the expanded capacity to serve a total of 1049 individuals.

Factors Impacting

DARS is currently working with the Department of Behavioral Health and Developmental Services to place individuals discharged into the community from state mental health facilities into guardianship services if appropriate

Financial Overview

Federal funding is received through the Older Americans Act and grant awards. State funding remained stable.

Biennial Budget

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 Nongeneral Fund
Initial Appropriation for the Biennium	4,712,366	456,565	4,712,366	456,565
Changes to Initial Appropriation	0	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

Products / Services					
Product / Service	Statutory Authority	Regulatory Authority	Required Or Discretionary	GF	NGF
Services for Older Virginians	42USC3001 et seq.; Code of Virginia §51.5-134-§51.5-143	45CFR1321 et seq.; 22VAC30-60-et seq.	Required	1,285,388	8,236,359

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

The revision of service standards to require nutrition counseling be offered to individuals at high risk for malnutrition has had a major impact on the program. This factor will result in improved 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

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 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

Service Area Plan

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 and the WIC 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. Office of Aging Services (OAS) 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.

Products / Services					
Product / Service	Statutory Authority	Regulatory Authority	Required Or Discretionary	GF	NGF
Services for Older Virginians	42USC3001 et seq.; Code of Virginia §51.5-134-§51.5-143	45CFR1321 et seq.; 22VAC30-60-et seq	Required	0	424,342

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. Lack of additional funding has prevented expansion of the program into additional jurisdictions.

Financial Overview

Federal funds are received through a grant from the U.S. Department of Agriculture Food Nutrition Service program to support Seniors Farmer's and WIC Farmer's market programs

Biennial Budget

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 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

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 homebound and unable to leave home to attend regular social activities such as a senior center or congregate nutrition site.

Products / Services					
Product / Service	Statutory Authority	Regulatory Authority	Required Or Discretionary	GF	NGF
Services for Older Virginians	42USC3001 et seq.;Code of Virginia §51.5-134-§51.5-143	45CFR1321 et seq.; 22VAC30-60-et seq	Required	4,993,260	7,080,254

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

The revision of service standards to require nutrition counseling has had a major impact on the program. This factor will result in improved 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

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 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.

Products / Services					
Product / Service	Statutory Authority	Regulatory Authority	Required Or Discretionary	GF	NGF
TITLE II AND TITLE XVI DISABILITY DETERMINATIONS	42 U.S.C. 403, 405(a), 416(j), and 902(a)(5) and 48 U.S.C. 1801.; 42 U.S.C. 902(a)(5) and 1381-1383d; 42 U.S.C. 1382 note; 48 U.S.C. 1681 note	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	Required	0	50,987,172
TITLE XIX MEDICAID DISABILITY DETERMINATIONS	U.S.C. 403, 405(a), 416(j), and 902(a)(5)) and 48 U.S.C. 1801.; 42 U.S.C. 902(a)(5) and 1381-1383d; 42 U.S.C. 1382 note; 48 U.S.C. 1681 note	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	Required	1,465,118	1,617,376

TRAINING DEVELOPMENT	U.S.C. 403, 405(a), 416(j), and 902(a)(5)) and 48 U.S.C. 1801.; 42 U.S.C. 902(a)(5) and 1381-1383d; 42 U.S.C. 1382 note; 48 U.S.C. 1681 note	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	Required	0	793,957
CONSTITUENT CONCERNS	U.S.C. 403, 405(a), 416(j), and 902(a)(5)) and 48 U.S.C. 1801.; 42 U.S.C. 902(a)(5) and 1381-1383d; 42 U.S.C. 1382 note; 48 U.S.C. 1681 note	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	Required	0	0

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. The projected Continuing Disability Review (CDR), which are periodic reevaluations to determine whether beneficiaries are still disabled, workload for 2020 is 16,516 compared to 2019, which was 18,440. This denotes an 11% decrease. While Baby Boomers still represent a growing number of applicants for disability, the reduction in CDRs and the growth of the economy has resulted in a decrease in the total workload goals for the Virginia DDS. The total workload goal for 2019 was 107,752 and the expected workload goal for 2020 is 99,897.

Medical Evidence Gathering and Analysis through Health Information Technology (MEGAHIT) is a "point to point" systems transaction to request and receive medical evidence through a standards based electronic exchange of data through the Nationwide Health Information Network. Upon transfer of a disability claim from a SSA field office to the DDS, the system sends an electronic standardized medical request to MEGA HIT medical providers. MEGA HIT 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 MEGA HIT for SSA in 2008 through MED VA, a health information exchange, and Richmond Bon Secours medical facilities. Since the successful pilot, MEGA HIT has expanded in Virginia to additional hospitals in Lynchburg and Farmville in 2011, Bon Secours facilities in the Norfolk area in 2012, Northern Virginia through 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 most recent addition to MEGA HIT is Nemours Children's Health System.

As a nonprofit children's health organization, Nemours Children's Health System has grown to become one of the nation's largest integrated pediatric health systems, providing hospital- and clinic-based specialty care, primary care, prevention and health information services, and research and medical education programs aimed at improving the lives of children and families throughout the Delaware Valley and in Florida.

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 Conferencing (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 Conferencing 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 14 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 joined 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 (2.7%) and less than half a percent from indirect cost funds recovered from federal grants. The general funds are allocated to Medicaid eligibility determinations and comprise 50% of Medicaid's funding.

Biennial Budget

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 Nongeneral Fund
Initial Appropriation for the Biennium	1,465,118	53,446,247	1,465,118	53,446,247
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title **File Type**

Management and Quality Assurance of Aging Services [46811]

Description of this Program / Service Area

The Office for Aging Services (OAS) of the Division for Community Living 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.

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

Products / Services					
Product / Service	Statutory Authority	Regulatory Authority	Required Or Discretionary	GF	NGF
Aging Management and Quality Assurance	42USC3001 et seq.;Code of Virginia §51.5-134-§51.5-143	45CFR1321 et seq.; 22VAC30-60-et seq	Required	907,128	2,311,780

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 care organizations.

Factors Impacting

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

Financial Overview

Federal funding is primarily provided by the Administration for Community Living grants, through the Administration on Aging, and other federal funding grants. State funding remains stable, with a slight increase due internal reorganization of divisional responsibilities. The nongeneral fund change is due to administrative transfer with no impact on overall funding.

Biennial Budget

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 Nongeneral Fund
Initial Appropriation for the Biennium	837,735	2,911,780	837,735	2,911,780
Changes to Initial Appropriation	0	0	69,393	-600,000

Supporting Documents

Title File Type

Central Oversight and Quality Assurance for Adult Protective Services [46812]

Description of this Program / Service Area

This service area prioritizes efforts to protect older adults and persons with disabilities from abuse, neglect, and exploitation. This area also provides services to support independence and self-determination and to avoid or delay placement in more restrictive and costly institutional care.

The Department for Aging and Rehabilitative Services (DARS), Adult Protective Services (APS) Division provides oversight to three programs: APS; Adult Services (AS), which includes home-based services, screenings for long-term care services and supports, annual guardianship report reviews, and assessments for assisted living facility (ALF), adult foster care (AFC), or supportive housing (SH); and eligibility determination for Auxiliary Grant (AG). One hundred twenty (120) local departments of social services (LDSS) are responsible for eligibility determination and service provision of these programs.

Mission Alignment

DARS helps sustain and increase independence and self-sufficiency of older adults and people with disabilities and enhance the safety and security of vulnerable adults by:

- preventing and intervening to stop abuse, neglect, and exploitation of vulnerable adults
- supporting adults who wish to remain in their home setting for as long as possible; and
- ensuring certain aged, blind, and disabled, low-income adults have financial support to live in ALFs, AFC, or SH.

Code of Virginia:

- § 51.5-145 – Responsibility of the Department for adult services.
- § 51.5-146 – Adult Services.
- § 51.5-148 -- Establishment of the Adult Protective Service Unit; powers and duties.
- § 63.2-1605 -- Protective services for adults by local departments.
- § 51.5-160 - Auxiliary grants program; administration of program.

Products and Services

Description of Major Products and Services

Products / Services					
Product / Service	Statutory Authority	Regulatory Authority	Required Or Discretionary	GF	NGF
Central oversight of APS, AG, and adult services	Code of Virginia § 51.5-145, § 51.5-160, § 51.5-148	22VAC30-80 et seq., 22VAC30-100 et seq., 22VAC30-110 et seq., 22VAC30-120 et seq	Required	1,709,632	0

Anticipated Changes

- More complex and challenging APS cases that require a longer time and greater resources to investigate.
- Rationing of limited preventative home-bases services and protective services funding to support vulnerable adults.
- Growth in the number of individuals with AG who transition from an ALF setting to the SH setting.

Factors Impacting

This area serves a fast-growing service population. Factors that may impact the products and/or services of this service area are:

- Lack of direct federal funding for APS programs.
- State and/or local budget reductions.
- Limited training opportunities for workers.
- High worker turnover in some localities.
- Lack of long-term care providers willing to accept AG or Medicaid recipients or adults with challenging behaviors, criminal histories, or mental health diagnoses.
- Low AG rate.

Financial Overview

Funding provided by state appropriations with an increase for state fiscal year 2020 for additional policy support to address ongoing needs of vulnerable adults.

Biennial Budget

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 Nongeneral Fund
Initial Appropriation for the Biennium	1,609,632	0	1,609,632	0
Changes to Initial Appropriation	0	0	100,000	0

Supporting Documents

Title **File Type**

State Long-Term Care Ombudsman Services [46813]

Description of this Program / Service Area

The Long-Term Care Ombudsman Program identifies, investigates, and resolves problems and concerns on behalf of long-term care recipients in nursing homes, assisted living facilities, and in the community. Working statewide on behalf of recipients to help them understand and exercise their rights, access benefits, and make informed choices, the Office of the State Long-Term Care Ombudsman staff and its representatives at the local level ensure critical protections for the health, safety, welfare, and rights of vulnerable Virginians. The Program monitors and makes recommendations regarding laws, policies, and regulations affecting long-term care recipients and works collaboratively with partner agencies to improve quality of care and quality of life for older Virginians and those with disabilities. In recent years, the Program has expanded its role to serve as the beneficiary support system for Medicaid managed care (CCC Plus).

Mission Alignment

This service area aligns with DARS mission to foster the independence and well-being of older Virginians and persons with disabilities. It provides critical services that align with the agency’s strategic goals of enhancing the safety and security of vulnerable adults, and promoting and protecting the rights of older adults and people with disabilities.

Authority

Older Americans Act - Title VII, Chapter 2, Sections 711-712

45 CFR Parts 1321 and 1324

Code of Virginia §51.5-139-142

Products and Services

Description of Major Products and Services

Investigation, advocacy, education, and program oversight

COMPLAINT INVESTIGATION and RESOLUTION

The primary mission of the Ombudsman Program is to investigate and resolve complaints on behalf of long-term care recipients that reside in nursing homes, assisted living facilities, or the community with the help of long-term services and supports. A specific component under this role is the Program’s work in providing the beneficiaries support system under Medicaid managed care (CCC Plus). The Program must ensure timely access to its services for all long-term care recipients and provides extensive information counseling/support to consumers to help them understand and exercise their rights and access benefits, make informed decisions about long-term care, and resolve problems.

EDUCATION

Program staff/representatives provide significant education and outreach, including community education (regarding long-term care options, regulatory protections and residents’ rights) and facility staff training on such topics as elder abuse and neglect, person-centered care principles, residents’ rights. In addition, program representatives provide training/support for resident and family councils, community groups, and partner agencies.

ACCESS

The program’s local representatives regularly visit long-term care facilities to promote access for residents to the program’s services and to provide consultations with residents, families, and facility staff with regard to resolving problems and improving care.

PROGRAM OVERSIGHT AND TRAINING

The Office of the State Long-Term Care Ombudsman provides training, technical assistance, monitoring, and support to designated representatives of the program who work out of host agencies across the state. Delivery of ongoing high quality training is critical to ensuring program consistency and integrity.

SYSTEMS ADVOCACY

Per its federal and state mandates, the Office monitors and makes recommendations regarding laws, policies, and regulations that affect long-term care recipients. Program staff participate in committees, task forces, and work groups to provide input, recommendations regarding long-term care issues. The Program works with a wide array of stakeholder groups, resident and family councils, and partner agencies to raise awareness of long-term care issues, support residents’ rights, and promote improved care and services.

Products / Services					
Product / Service	Statutory Authority	Regulatory Authority	Required Or Discretionary	GF	NGF

Investigation, advocacy, education, and program oversight	Older Americans Act - Title VII, Chapter 2, Sections 711-712; 42USC 3001 et seq.; Code of Virginia §51.5-139 through 142	45CFR1324 et seq.	Required	745,124	474,721
---	--	-------------------	----------	---------	---------

Anticipated Changes

Tremendous continued growth in Virginia's older population means more individuals at greater risk for chronic illness and need for long-term care. Demographic projections of the growth in Virginia's age 85+ population (the age group most likely to need long-term care services) have placed Va. among the top 10 states in growth of this population segment. Shifts in public policy and consumer preferences mean there will continue to be rapid expansion of service needs and service growth in the HCBS (home and community-based services) sector. Minimal consumer protections and regulatory oversight with regard to this rapid business expansion to capitalize on consumer demand for HCBS options will create an increased need for ombudsman services to identify, monitor, and resolve problems and prevent harm.

In the rapidly changing health and long-term care landscape, ombudsman representatives are called upon to respond to increasingly complex problems/issues. To ensure effective advocacy for all recipients (including the significant addition of all MLTSS recipients under statewide Medicaid managed care (CCC Plus) the program must continue to expand and enhance training for ombudsman representatives at all levels. To meet these needs, staff will focus on curriculum development making use of ever-increasing technology, the development of which is anticipated to be fairly labor-intensive.

Factors Impacting

The current climate favoring weakening of federal regulations for nursing home care may create significant challenges for Ombudsman representatives in fulfilling their mandate to protect the health, safety, welfare, and rights of long-term care recipients. At the same time, constraints on state resources for regulatory oversight and enforcement translate into increased reliance upon our Program representatives to address consumer complaints in a timely manner. Also, as Virginia continues its efforts to ensure compliance with the HCBS settings rule the Ombudsman Program will continue to play an important role in promoting integrated, person-centered services across these settings through consumer education and advocacy as well as facility staff education and consultation/support.

Financial Overview

Funding for this program increased in state fiscal year 2019 to support Ombudsman programs. State funding has remained stable through the biennium.

Biennial Budget

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 Nongeneral Fund
Initial Appropriation for the Biennium	745,124	474,721	745,124	474,721
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title **File Type**

No Wrong Door Initiative [46814]**Description of this Program / Service Area**

No Wrong Door (NWD) is a statewide initiative, designed to help people navigate the complex system of public and private long-term services and supports. As a network of public and private partners, NWD helps streamline access to long-term services and supports using person-centered practices. The System allows providers and individuals to gain access to an array of home and community based services through a collaborative web-based platform, integrating an individual's unique needs to a live search engine of local to statewide services and supports. The training for person-centered options counseling, partner certification and technology are standardized statewide while local partners vary. CRIA (Communication, Referral, Information and Assistance) is the electronic tool powered real-time, within the No Wrong Door System, allowing partners to make automated referrals back and forth, securely share information (with consent), track progress of an individual over time, and run analytical and statistical reports of client-level, agency-level, and community-level progress. The CRIA tool supports fluid life transitions among community based settings, such as hospital to home, through automated processes historically accomplished by phone, fax or email. CRIA allows a client record to accurately develop over time, with input from multiple partners, providing an up-to-the-minute dynamic view of an individual's needs, preferences, and circumstances. A comprehensive set of consent requirements, security documents, utilization and partnership agreements, and standardized protocols govern use of the technology tools and access to individual-level data.

Mission Alignment

This service area aligns with DARS mission to collaborate with community partners, provides and advocates for resources and services to improve quality of life and independence of older Virginians, Virginians with disabilities, and their families. NWD Virginia works to provide a high-quality, sustainable, person-centered, single statewide NWD system of long-term services and supports. No Wrong Door works to support individuals of all ages and disabilities in achieving their unique goals for community living; streamline access to community supports; and promote efficiencies.

Pursuant to Section 51.5-135(6), the Area Agency on Aging is designated as the Lead Agency in each respective service area for No Wrong Door, and responsible for leading its community toward achievement of the NWD Four Elements, as defined in the Contract Section 4.1 and in the Administration for Community Living Resource, *Key Elements of a NWD System of Access to LTSS for All Populations and Payers*.

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

The four primary functions of a NWD statewide System include the following four elements: <https://nwd.acl.gov/pdf/NWD-National-Elements.pdf>

- State Governance and Administration
- Public Outreach and Coordination with Key Referral Sources
- Person-Centered Options Counseling (PC OC); and
- Streamlined Eligibility for Public Programs

State Governance and Administration

- Uses a process for ensuring ongoing and meaningful involvement of key stakeholders, including consumers and their families in implementation of NWD System
- Responsible for overseeing agencies and organizations playing role in carrying out local NWD functions, including Person-Centered Options Counseling and Streamlined Eligibility
- Uses defined measures and business process for collecting information needed by entities in the NWD System to effectively manage, evaluate and continually improve performance of NWD System

Public Outreach and Coordination with Key Referral Sources

- Proactively engages in education to ensure individuals are aware of NWD System as a visible and trusted source of information and supports for LTSS

Person Centered Options Counseling

- Uses NWD System to implement person-centered planning statewide as part of a strategy for making its overall LTSS system more consumer-driven
- Uses NWD System to implement person-centered planning statewide as part of a strategy for making its overall LTSS system more consumer-driven
- Person Centered Options Counseling includes follow-up to ensure individuals are receiving services and supports needed

Streamlined Eligibility

- Leverages NWD Person-Centered Options Counseling staff and information to facilitate streamline access to LTSS
- Maintains statewide website(s) to ensure information is accurate, timely and accessible.

Products / Services					
Product / Service	Statutory Authority	Regulatory Authority	Required Or Discretionary	GF	NGF
State Governance and Administration	Older Americans Act – Title III, Part A §§ 301- 306;	45 CFR 1321.7	Required	330,868	0
Public Outreach and Coordination with Key Referral Sources	Older Americans Act – Title III, Part A §§ 301- 306; Code of Virginia §51.5-131	45 CFR 1321.7	Required	0	422,428
Person-Centered Options Counseling (PC OC)	Older Americans Act – Title III, Part A §§ 301- 306; Code of Virginia §51.5-131	45 CFR 1321.7	Required	0	188,186

Anticipated Changes

While finding and accessing the right long term services and supports (LTSS) presents a daunting task for many individuals and their families, the Administration for Community Living (ACL), the Centers for Medicare and Medicaid (CMS), and the Veterans Health Administration (VHA) have partnered for many years to support states' in the development of a coordinated system, called No Wrong Door, for consumers to learn about and access LTSS. No Wrong Door Systems exist in all 56 states and U.S. territories at varying capacities with the intent of shaping a single statewide system available to all populations and payers who need or may later need LTSS. The ACL has developed a set of common elements and characteristics for statewide NWD Systems which the Commonwealth continues to implement and move forward across its statewide network of local lead NWD agencies in an effort to innovate and optimize consumer choice while maintaining a common technology platform for Communications, Referrals, Information and Assistance (CRIA). Virginia is among ten state grantees working alongside the ACL to develop business cases and standardized Return on Investment calculator(s) quantifying the work, benefits and cost savings of a coordinated statewide System through delivery of key interventions of person-centered options counseling and care transitions. Over the next few years, we anticipate each state lead NWD System will have a set of standard federal guidelines and common core elements, as well as replicate models, which Virginia is currently working closely to develop alongside the ACL. This work means our statewide efforts will continue to tap into new models of coordinated service delivery, reviewing promising practices in other states, with consumer directed services and technology, to enhance streamlined access for Virginia's growing population of older adults, individuals with disabilities and caregivers.

Factors Impacting

With the expansion of Medicaid statewide, there is an increased reliance on a statewide system to provide individuals with access to long term services and supports and which helps individuals understand their options as a single point of entry system. No Wrong Door plays an important role in promoting and supporting integrated, person-centered services across the community and points of key life transitions such as from hospital to home settings through public outreach, education and advocacy as well as organizational and staff training.

Financial Overview

Funding is primarily made up of federal grants from Administration for Community Living and state funding has remained. The nongeneral fund increase in state fiscal year 2020 is an administrative adjustment with no impact on funding.

Biennial Budget

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 Nongeneral Fund
Initial Appropriation for the Biennium	330,868	10,614	330,868	10,614
Changes to Initial Appropriation	0	0	0	600,000

Supporting Documents

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

Administrative and Support Services [499]

Description of this Program / Service Area

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

Mission Alignment

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

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 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 the new vendor SAIC 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. An IT strategic plan for DARS and the DSA is developed about every 2 years.

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. We are now in the transitional infrastructure phase.

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 the work of the State Rehabilitation Council. The Division's Program and Analytics unit provides management analysis and reporting including 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 sub recipients when requested by the Office of the State Inspector General or by Agency Management.

Products / Services					
Product / Service	Statutory Authority	Regulatory Authority	Required Or Discretionary	GF	NGF
General Administration and Management	Code of Virginia § 51.5-117; Code of Virginia §51.5-131		Required	322,966	14,106,823

Anticipated Changes

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. (reference to SAIC and multivendor infrastructure support in the near future).

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 Community Living 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.

A series of modules within the No Wrong Door system replaced the Department of Social Services Adult Services Adult Protective Services (ASAPS) system in 2018. This change 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.

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 (Pre-ETS) 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 along with other reporting requirements such as the WIOA Annual Performance Report.

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.

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 (15%), general funds (2%), indirect cost funds recovered from federal grants (71%), and special funds (12%).

Biennial Budget

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 Nongeneral Fund
Initial Appropriation for the Biennium	100,000	14,207,467	100,000	14,207,467
Changes to Initial Appropriation	0	-760,327	222,966	-100,644

Supporting Documents

Title **File Type**

General Management and Direction [49901]

Description of this Program / Service Area

Administrative Support Services coordinates and provides oversight for the 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 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

Mission Alignment

General Management and Direction Services are necessary for the administrative functions of the agency. Without these services other core functions of the agency would not be able to be completed.

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

Products and Services

Description of Major Products and Services

Essential services such as administrative support, financial management and human resources are included.

Products / Services					
Product / Service	Statutory Authority	Regulatory Authority	Required Or Discretionary	GF	NGF
General Administration	Code of Virginia § 51.5-117; Code of Virginia §51.5-131		Required	322,966	7,261,188

Anticipated Changes

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.

Financial Overview

Funding derived primarily from indirect cost recoveries on federal grants, memorandum of understanding revenue for back office responsibilities of the Disability Service Agencies and general fund revenue supporting statewide technology systems.

Biennial Budget

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 Nongeneral Fund
Initial Appropriation for the Biennium	100,000	7,061,832	100,000	7,061,832
Changes to Initial Appropriation	0	-460,327	222,966	199,356

Supporting Documents

Title File Type

Information Technology Services [49902]

Description of this Program / Service Area

The service area provides Information Technology (IT) development, IT security, IT operations and IT infrastructure support services to functional programs of the Department for Aging and Rehabilitative Services (DARS). In addition, via a memoranda of agreement (MOA), the service area provides Information Technology development security and infrastructure support services to the Disability Services Agencies (DSA), which include the Wilson Workforce and 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).

Mission Alignment

This service area directly aligns with DARS' mission by providing Information Technology (IT) development, IT security, IT operations and IT infrastructure support services to the functional 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

Products / Services					
Product / Service	Statutory Authority	Regulatory Authority	Required Or Discretionary	GF	NGF
IT operations and support	Code of Virginia § 51.5-117; Code of Virginia §51.5-131		Required	0	6,092,808

Anticipated Changes

Our systems development and web development teams maintain and support over 100 applications that provide technical solutions to our functional program areas which serve our clients as well as our business and administrative offices. Many of these systems need modifications throughout their lifecycles in order to keep current with federal and state funding requirements and technological enhancements which improve functionality. See also below for the impact of Executive Order (EO) 19

As needs of our functional programs grow or are added to our agencies responsibilities by federal and commonwealth authorities, new applications are developed.

Not all applications are developed in-house. For common functions such as fiscal management, document management, case tracking, etc – private sector solutions exist and have been purchased by our agencies. These solutions are analyzed and modified to meet our specific requirements. Several of these systems will be updated over the next few years such as:

- AWARE – vocational rehabilitation case tracking and management
- Peer Place – aging population issues case tracking and management
- DocFinity – document management
- Macola – Inventory and parts tracking and management.

For the past 14 years, The Commonwealth of Virginia (COV) has a common infrastructure plan which serves all agencies. The overall structure of it is designated and managed by the Virginia Information technology Agency (VITA). The following changes are designated for completion over the next few years.

- PC refresh – every quarter, a number of COV computers are retired and replaced by new models according to a schedule where laptops and tablets are replaced every 3 years and desktops are replaced every 4 years.
- Managed Print – for the past several years, the DSA has utilized a vendor supported print service rather than ownership of the printers. The printers are maintained and replaced by the vendor as needed. This year, VITA has designated a new vendor to replace our existing vendor.
- Network Hardware Refresh – Per the new MSI contract, the COV is replacing 20% of the network switches, routers, etc that support our data and voice networks, each year over the next 5 years for a final 100% replacement of the Network hardware. Priority is set by the age

of the equipment. Oldest will be replaced first.

- Executive Order (EO) 19 states that all COV applications must move to the internet cloud. This move was the selected alternative to extract all COV resources from the former infrastructure support vendor's facility. Many of the COV's applications reside at that facility. Not only does this require the DSA to transfer all applications residing at that facility to the cloud. Modifications of the applications may be required to operate on a different platform.
- Due to the number of and increasing demand of more complexed applications delivering information to our offices over the network, more bandwidth and larger circuits are required to provide acceptable performance levels. As larger circuits are implemented, other network hardware such as switches, routers, gateways, etc will be upgraded that support a larger bandwidth throughput.

Factors Impacting

This year, the single vendor model that supports the common infrastructure was replaced by a Multi-Source infrastructure (MSI) model, where there are multiple vendors supplying parts to the common plan. As anticipated, there are a number of challenges that need to be worked through at several levels. Until these issues are resolved, there may be many changes until the right combination is implemented.

Federal, State, and independent grants may change their requirements for any number of functional programs supported by the DSA. These requirement changes will need to be reflected in the applications that support the functional program.

Federal, State and independent grant funding which support our agencies and functional programs are impacted by the national and world economic factors. Any negative change in those factors may cause an inability to provide a necessary technological modification until funding is alleviated.

Our IT section personnel has been stable over many years. Recently, many of those staff which have maintained institutional knowledge, as well as technology support have retired. Over the next few years, it is anticipated that several more staff (7) in senior positions will retire with close to 280 years of combined agency and COV service. Although these positions will likely be filled by staff trained in newer technology, loss of institutional knowledge and current functionality of applications knowledge may be of some issue. It is an unknown if newer staff will continue the same level of stability.

Financial Overview

Funding derived primarily from indirect cost recoveries on federal grants and memorandum of understanding revenue for back office responsibilities of the Disability Service.

Biennial Budget

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 Nongeneral Fund
Initial Appropriation for the Biennium	0	6,392,808	0	6,392,808
Changes to Initial Appropriation	0	-300,000	0	-300,000

Supporting Documents

Title **File Type**

Planning and Evaluation Services [49916]

Description of this Program / Service Area

Planning and evaluation services, including 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 and are complying or meeting recognized standards and benchmarks. In addition, Internal Audit investigates potential fraud, waste, and abuse at the Agency and at grant sub recipients when requested by the Office of the State Inspector General or by Agency Management.

Mission Alignment

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

Products and Services

Description of Major Products and Services

Products / Services					
Product / Service	Statutory Authority	Regulatory Authority	Required Or Discretionary	GF	NGF
Auditing Services	Code of Virginia § 51.5-117; Code of Virginia §51.5-131		Required	0	752,827

Anticipated Changes

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.

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

Increased focus on analytics and changes to federal guidance from federal agencies related to various agency programs.

Factors Impacting

Financial Overview

Funding derived primarily from indirect cost recoveries on federal grants.

Biennial Budget

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 Nongeneral Fund
Initial Appropriation for the Biennium	0	752,827	0	752,827
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title **File Type**