Strategic Plan
(2012-2014 Version 1)

Mission Statement

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

Vision Statement

Older Virginians and Virginians with disabilities will live in fully inclusive communities as independent, healthy and secure members of our Commonwealth.

Information Technology

Current Operational IT Investments

Please refer to the Secretary of Health and Human Resources Information Technology Strategic Plan.

Factors Impacting the Current Agency IT

Please refer to the Secretary of Health and Human Resources Information Technology Strategic Plan.

Proposed IT Solutions

Purpose:
Provide technology guidance and direction for the Disability Services Agencies (DSA) during the Fiscal Year (FY) 2012-14 biennium. Align DSA technology projects and procurements with the Secretary of Health and Human Resources (SHHR) Information Technology Strategic Plan. Identify partners and their inputs, concerns and technology goals. Describe how technology will address those issues.

Overall Strategy:
Leverage new technologies to assist the DSA to improve effective services to their customers while leveraging cost efficiencies.

Scope:
In scope to Northrop Grumman and out of scope information technology for the following agencies –

Department for the Blind and Vision Impaired (DBVI)
Department for Aging and Rehabilitative Services (DARS)
Virginia Board for People with Disabilities (VBPD)
Virginia Department for the Deaf and Hard of Hearing (VDDHH)
Virginia Rehabilitation Center for the Blind and Vision Impaired (VRCBVI)
Woodrow Wilson Rehabilitation Center (WWRC)

The former Virginia Department for the Aging (VDA) is now a part of DARS and information technology issues and projects are included in this plan. The former Department of Social Services Adult Services, Adult Protective Services and Auxillary Grant programs became a part of DARS in Juy 2013 and their information technology issues and projects are included in this plan.

Other Sources of Input / Impacts:
The technology infrastructure of VITA
The guidance of the SHHR and partnerships with Human Resources (HHR) agencies and other relevant agencies.
Local governmental and private partners serving the DSA consumers
DSA consumers' needs
DSA staff needs
DSA IT staff needs

Assumptions:
Appropriate funding is available
DSA IT staff resources are available with the appropriate abilities to accomplish the goals
DSA and the SHHR leadership support the goals
VITA continues as the lead Technology agency
Northrop Grumman continues as a partnership with VITA and provides and maintains the infrastructure
All Commonwealth of Virginia (COV) and Partnership Policies, Standards and Guidelines support the necessary technologies to accomplish the DSA goals

The SHHR shared Goals for the ITSP:

Goal 1: Increase the availability of customer self-directed service capabilities across the Commonwealth

Goal 2: Align our strategic direction to Federal strategic goals and to the direction of other key funding partners

Goal 3: Achieve enterprise-wide collaboration and standardization through the HHR-level information technology program and project management governance

Goal 4: Enable HHR agencies to streamline the delivery of and access to services to customers through common technology architectures.

Goal 5: Position information technology departments with the staff, skills, knowledge and tools to deliver effective technical solutions.

DSA Agency factors, future expectations, anticipated changes, concerns, issues, goals related to IT as discussed in the agency strategic plans.

• The amount of time required to produce Braille textbooks is lengthy and there is a shortage of Braille transcribers to transcribe books when needed. (DBVI factor)

• Information, including library materials, will become more readily available and accessible through other sources including the Internet. The DBVI Library and Resource Center will likely become more directly involved in downloading books for patrons and storing information locally. Some responsibilities presently held by the National Library Service will be shifted to the State Library. (DBVI anticipated change)

• To provide for effective performance of DBVI personnel to ensure sound business practices and agency operations. (DBVI Goal).

• Projected increases in the number of older Virginians and people with disabilities and constraints on current and future sources of funding requires better integration of home-and-community-based services and supports for older adults and people with disabilities to simplify and streamline operations and service delivery, increase coordination among similar activities, avoid duplication, increase accountability, manage costs, and make better use of information and other resources. (DARS expectation)

No Wrong Door connects public and private agencies and providers through the development of single, coordinated systems of information, referral, and access to aging and disability long-term support services. It is a collaborative partnership between many different types of service providers and agency types such as public, private, and non profit. Where feasible, implementation across public agencies and expansion to private agencies, including adult services provided by local departments of social services continues as an active strategy in promoting No Wrong Door.

VDA will work to find resources to attach to the Medicaid Information Technology Architecture (MITA) framework when available as this infrastructure should allow us at minimum to seamlessly exchange Medicaid, Medicare, Uniform Assessment Instrument (UAI), and Information and Referral records.

With an ever increasing demand for services, DARS will continue to be asked to provide more services than its resources allow. This will require DARS to expand partnerships with other state agencies and institutions of higher education to provide the programs and services needed by Virginians with disabilities and to continue to advocate for additional resources. (DARS expectation).

VITA provides IT services to the DSA and is taking an active role and responsibility for creating policies, standards, and guidelines (PSGs). Technology expense has dramatically increased over the past three years and the scope of services has narrowed. Compliance with VITA PSGs has increased expense as well. (DARS factor)

Technology advances continue to develop at a more rapid pace than agency IT resources can implement effectively. There is growing demand for use and diverse applications of video-teleconferencing and social networking for both direct services and administrative functions. This presents challenges to the DSA in adapting older technology standards to higher and more demanding new technology. (DARS factor)

Telework and more efficient use of technology have allowed staff to serve clients in larger geographic regions, reducing office space requirements. (DARS factor)

Changes in technology continue to impact consumer expectations of the agency. The use of wireless devices for basic communication among persons who are deaf continues to increase each year, as does access to and use of internet-based video relay and interpreting services. Several states have added one or more wireless devices to their equipment distribution programs and VDDHH will need to evaluate the impact of such an addition to our Technology Assistance Program. (VDDHH customer trends)

Virginia Relay Oversight - VDDHH serves as the oversight agency for the operation of telecommunications relay services in the Commonwealth. In this capacity, VDDHH solicits proposals and manages the resulting contract for telecommunications relay services in the state. Since the original Code language was written, relay-based technology has mushroomed and many new relay services are now available. These services, including, but not limited to, internet relay, video relay, Spanish relay, and remote text messaging relay are now readily available to deaf and hard of hearing citizens nationwide. These new services are often provided from national relay centers and are largely supported by a federal universal services type fund. While VDDHH retains Code authority for the oversight of basic relay services such as TTY-based and Voice Carry Over (CapTel), consumers consider the agency as a resource for information, referral, equipment and training on all types of relay services, including those provided on a national basis. (VDDHH customer trends)

Video Relay Services (VRS) represent the fastest growing segment of the relay services nationwide. While states do not currently have responsibilities for this internet-based service, VDDHH constantly receives inquiries for assistance in obtaining, using and trouble shooting the associated video devices. (VDDHH customer trends).

Advances in technology routinely and significantly impact VDDHH's products and services. Virginia Relay frequently serves as a testing ground for new forms of telecommunications access, including the captioned telephone relay service and text messaging. As Relay-related devices move from conceptual testing to full market availability, the agency will be challenged to determine which ones should appropriately be added to the agency's TAP program as essential tools for communications access. (VDDHH Factor).

VDDHH continues to work toward expansion of the Virginia Quality Assurance Screening (VQAS) Written Assessment on-line, which is expected to improve customer service and to improve the validity and reliability of the test since each test will be a different computer-generated version (VDDHH Factor).

Extensive revisions to the VDDHH website to provide a wider range of useful information in a variety of formats and with more frequent updates is expected to improve the effectiveness of this tool in meeting the VDDHH mission. Additionally, continuing with postings on Facebook will reach the younger consumers who are deaf and hard of hearing, and who rely on such social media for information.(VDDHH anticipated changes)

Emerging technologies, especially IT including social media, and the growing access to and use of technology by people with disabilities, will impact the processes and products of the VPBD. The need to ensure accessible web content and new media distribution channels will require investments of people, duties, and technological tools to deliver timely communication and raise public awareness. (VPBD factor)

By investing in technology tools to communicate with a wider audience of disability stakeholders, and as access to technology by its constituents grows, the VBPD will be able to increase the amount and precision of information it gathers and shares. The format and immediacy of its messaging will also change particularly the availability and widespread use of social media and new communication channels. (VBPD factor).

Increased use of electronic formats to reduce administrative cost and increase operational efficiency. (VBPD goal)

The growing demand for video-teleconferencing for both direct services and administrative functions will be expanded by partnership between DARS, the DSA, WWRC, Workforce investment partners, and other interested state agencies. (WWRC Future Direction and Expectation)

Conversion of the DSA financial systems to CARS first, and then to Cardinal, will present opportunities to promote common business practices, modernize WWRC technology infrastructure and provide economies of scale for software maintenance. (WWRC Future Direction and Expectation)

Improvements in data systems will add accountability and 'evidence based' strategies for direct service program improvement. (WWRC Future Direction and Expectation)

Emphasis on electronic document management beyond case management applications will affect supply chain management and personnel record keeping. (WWRC Factors Impacting Agency Products and Services).

Elimination of the HP 3000 minicomputer based financial systems and implementation of Cardinal accounts payable will demand the attention of fiscal and IT staff in the next biennium. (WWRC Factors Impacting Agency Products and Services).

SHHR Shared Infrastructure and Processes:

Several events have led to the vision supported by the SHHR and the 12 agencies under the Secretariat. The Patient Protection and Affordable Care Act (PPACA) provides federal funding for states to modernize Health Information Systems (HIT). The Medicaid and Medicaid Services (CMS) and the Center for Medicaid and State Operations (CMSO) have a joint initiative to integrate business and IT transformation across the national enterprise to administer the Medicaid program. Several existing projects provide technology innovations that can be leveraged by other state agencies.

VITA / NG are establishing an enterprise service bus that follows a service oriented architecture (SOA) Essentially there are three parts: an enterprise service bus (ESB) that handles data traffic between participating organizations, a master client index (CAS/EDM) that provides a unique identifier for all providers and consumers, and a business rules engine that controls the flow of data and enhances business process re-engineering.

An existing project is the Commonwealth's Health Information Exchange (HIE) between select HHR agencies and health care providers. For agencies that provide direct client services, particularly health care, the next step is to implement a certified electronic health record (EHR) in these agencies. The DSA has several programs that provide direct client services, some are health care and other are human services or education services. Critical to this effort is the Department of Motor Vehicle's effort to establish a single identification record for every individual in the Commonwealth, the CAS (Citizen Authentication Service)/EDM (Enterprise Data Management) project, the Commonwealth of Virginia's manifestation of the master client index. Consumer data will be available to the DSA as a part of this effort. Events like address changes can be accessed via a publish/ subscribe model that reduces individual agency efforts. Validation that a consumer is a Virginian and sharing of common data on the consumer can be accessed from the EDM, reducing the burden on each agency to collect and verify the same data multiple times.

The MITA program, a joint effort of VDH and the Department of Medical Assistance Services (DMAS), uses the SOA to automate eligibility and benefits administration for Medicaid. It is a precursor to a Health Benefits Exchange to provide medical insurance plans to consumers. The DSA provides disability based Medicaid eligibility but is out of scope to the MITA project as they are participating in a similar federal effort with the SSA. Other DSA programs rely on Medicaid eligibility and waivers, information that will be much more readily available in the near future.

The Department of Social Services (DSS) will be establishing a common portal for HHR as a part of their automation projects for the TANF and SNAP programs. Their use of the business rules engine will streamline DSS eligibility workers efforts that provide referrals to DSA programs.

We continue to exert day to day efforts at managing NG services, along with a bi-monthly status meeting that serves to surface progress at resolving issues. We have formed a team of DSA IT staff that collaborates on resolving issues that are typically related and cross over areas of responsibility of DSA IT staff. By sharing all issues with all affected IT staff, the inter-relationships are uncovered, allowing us to better articulate root cause with the VITA/NG Partnership and improve services to our customers.

Short Term IT Vision:
1. Centralization and sharing of staff, data and information over common back office applications for all DSA and other potential candidates where business functionality and processes are similar.

2. Implementation of new financial data exchange processes between CARS and DSA case management systems. The Financial Reporting and Transaction Entry (FRATE) project provides new SOA compliant technology for all of the DSA and subsequent interface with Cardinal as it becomes available and effective.

3. Total migration to open internet application architecture and elimination of all closed, proprietary applications based on the HP3000 architecture. Where feasible, expansion of PeerPlace, our No Wrong Door tool, to provide a common case management tool for agency partners providing home and community based services. Development of a data warehouse that provides complete, statewide information for management reporting and a home and community based services SOA service for eventual access via the HIE.

4. Eliminate computer processing performance issues through the scheduled PC Refresh, by providing DSA staff with new pc's and mobile devices and current operating system and VITA provided application software which are right sized for all computerized interactions with agency processes, data and information transported over the VITA / NG provided infrastructure as well as overhead background security, anti-virus scan, software distribution, and other control software .

5. Eliminate computer processing performance issues through balance of increasing bandwidth where needed and reduction of packet delivery error rates through router, switch and firewall configuration.

6. Decrease dependency on assigned office space in service delivery offices by increasing wireless access points, mobile computerized devices, and an appropriate balance of smart phones, call manager and UCaaS utilization strategies that match increased teleworking activity by agency staff.

7. Reduce costs through consolidation of servers and server storage space through right sizing storage, virtualization and centralization where appropriate and effective.

8. Implementation and increased utilization of Sharepoint 2013 features and decreased dependence on outlook for project communication.

9. Further modernization of the DSA supported Out of Scope Network by WWRC utilized by consumers at WWRC, VRCBVI, VIB and DRS Field offices and upgrade of consumer's Employment Resource Centers and Vocational Evaluation Centers.

10. Adopt principles of ITIM and ensure that DSA Management and Grant writers involve DSA IT to leverage the COV and SHHR vision.

11. Renew Virginia Relay contract. VDDHH is the Code-authorized and FCC-certified oversight agency for the Commonwealth's telecommunication relay service for persons who are deaf, hard of hearing, deaf-blind or speech-disabled. This federally-mandated service is currently provided through VITA contracts for traditional (#VA-110801-AT&T) and captioned telephone (#VA-110401-Hamilton) relay services. Expenditures for these contracts approach $14,000,000 annually. Established during calendar year 2011, both contracts are in effect for three-years with the option of four, one-year extensions. Both contracts will require further action during the third quarter of FY 2014 when VITA and VDDHH must negotiate one or more of the contract extensions or issue a new RFP.

12. Ensure that DSA IT staff has the necessary skills to accomplish the tasks to meet the vision and goals of the SHHR and the DSA.

13. Keep all applications maintained and current with technology improvements, all federal and commonwealth mandates, changes as requested by DSA management, and funding sources,.

14. Continue the expansion of electronic document management from client records to other record storage functions that increase staff effectiveness and reduce costs.

Long Term IT Vision:

1. Shared data and information with local partnerships, HHR, and other COV agencies through the ESB established for the HIE and MITA projects by migrating existing applications for authentication, background information, shared services (in /out bound health, human services, employment, education), etc.

2. Elimination of all duplicative data processes, storage, and infrastructure through sharing of data, information and architecture with appropriate COV agencies, except where redundancy is required for COOP and disaster recovery.

3. Extensive use of document imaging, less dependence on printing and hard copies, leading toward total paperless processes and procedures.

4. Robust services provided through mature internet forms and processes allowing consumers to self direct services to reduce dependence on physical contact with staff for application and other routine processes.

5. Increasing interaction with consumers via internet, video teleconferencing, social media, and other computerized conveniences to reduce need for travel by both the consumer, agency service provider and other agency staff.

6. Extensive use of enterprise hand held devices and tablets, and to a lesser extent laptops, leading toward a truly mobile workforce to reduce on the need for and square footage of single brick and mortar locations.

7. Increase use of technology that promotes telework at home, consolidated Commonwealth service centers such as one-stops and shared office space.

8. Migration to cloud computing, either the COV private cloud or SaaS, where appropriate.

General Issues / Concerns:

1. The strategies, measures and milestones as outlined in the SHHR's integrated ITSP are robust and will require extensive staff resources from the agency.

2. The impact of the agencies to meet the requirements of the Integrated SHHR ITSP will require more funding increases and increases in staff resources to the DSA IT Division and / or a reduction or elimination of specific agency IT short / long term vision items.

Financial Overview

The Department For Aging and Rehabilitative Services' funding comes from federal funds (72%), general funds (21%) and indirect cost funds recovered from federal grants (5%). In addition, there are dedicated special revenue funds for the Commonwealth Neurotrauma Initiative Trust Fund (1%), and Special Funds (1%). Although some General Funds were recently restored, since FY 2008, the General Fund appropriation has been reduced $2.7 million (after the recent restoration). This reduction has resulted in reduced services to clients, layoffs of staff, office closings and reduced funding to our employment service organizations. It has threatened our ability to meet federal Vocational Rehabilitation match requirements.

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	23,254,067	121,495,760	23,254,067	121,495,760
Changes to Base	20,869,772	52,735,024	24,033,721	52,735,024
Total	44,123,839	174,230,784	47,287,788	174,230,784

Agency Goals

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

Goal Summary and Alignment

DARS assures the quality and cost-effectiveness of services and programs delivered by Virginia's 25 Area Agencies on Aging (AAAs) and other contractors through an ongoing and collaborative process of monitoring and technical assistance to improve the delivery of services to older Virginians and their families. DARS also develops Service Standards which provide program guidance to AAAs and other contractors to ensure a level of quality for the provision of services to older Virginians and their families.

Long Term Goal

Be recognized as the best-managed state in the nation.

Societal Indicator: Government Operations

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

Goal Summary and Alignment

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

Long Term Goal

Protect the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds.

• Provide education, training, and research analysis.

Goal Summary and Alignment

DARS analyzes demographic data, state and national trends, and technological developments that will impact the future of older Virginians and the aging of the Commonwealth's population. DARS also provides information to Virginians of all ages to help them prepare for their retirement, pursue healthy lifestyles, fulfill their roles as family caregivers, and understand the choices available for preserving the independence of their older relatives.

Long Term Goal

Inspire and support Virginians toward healthy lives and strong and resilient families.

• Promote resource partnership expansion.

Goal Summary and Alignment

This goal encourages private sector initiatives, consumer coalitions, collaborative relationships, and interagency agreements which expand resources for older Virginians and their families resulting in a coordinated system of services and programs which meets the needs of older citizens and assures their ability to avoid or delay institutionalization.

Long Term Goal

Be recognized as the best-managed state in the nation.

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

Goal 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.

Long Term Goal

Be a national leader in the preservation and enhancement of our economy.
Societal Indicator: Personal Income

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

Goal Summary and Alignment

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

Long Term Goal

Inspire and support Virginians toward healthy lives and strong and resilient families.
Societal Indicator: Life Expectancy

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

Goal Summary and Alignment

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

Long Term Goal

Inspire and support Virginians toward healthy lives and strong and resilient families.

Societal Indicator: Life Expectancy

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

Goal Summary and Alignment

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

Long Term Goal

Be recognized as the best-managed state in the nation.

Societal Indicator: Government Operations

Programs and Service Areas for Agency

- 45404: Vocational Rehabilitation Services
- 45406: Community Rehabilitation Programs
- 45504: Financial Assistance for Local Services to the Elderly
- 45506: Rights and Protection for the Elderly
- 45701: Meals Served in Group Settings
- 45702: Distribution of Food
- 45703: Delivery of Meals to Home-Bound Individuals
- 46102: Social Security Disability Determination
- 499: Administrative and Support Services
- 49902: Information Technology Services

Customers

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Consumer	Vocational Rehabilitation Program Consumers	29,752	30,700	Increase
Consumer	Social Security Determination Consumers	102,973	126,154	Increase
Consumer	Community Rehabilitation Program Consumers	889	889	Stable
State Agency(s),	General and Support Services Consumers	1,000	1,000	Stable

Key Risk Factors

The VR program receives about 78% of its Title I funding from the Federal government, with a required state match of about 22%. For each dollar DARS spends for VR services, it receives $3.69 in federal funding. Between 2008-2013, state general funds available for match decreased to $5.9 million. DARS plans to meet its VR match with state capital improvement funds for WWRC and is discussing this plan with the Federal government. If the discussion is not fruitful, a long-term dedicated general fund appropriation will be needed for the match requirement.

The 2012 Social Security Administration budget restraints, with a hiring freeze, resulted in DDS being limited to processing certain types of workloads. This trend, expected to continue, will likely decrease the number of claims processed and increase the backlog of claims waiting for a decision.

The demand for community rehabilitation programs and living options will grow as people with significant disabilities move from institutions into the community. Governor's Executive Orders 61 & 84 continue the State's commitment to, and compliance with, the Olmstead decision through the Olmstead Implementation Team and Community Integration Advisory Commission. Several initiatives in these Executive Orders require DARS attention.

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

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

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

Products and Services

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

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

Community Rehabilitation: Improves the employability and independence of the most severely disabled citizens through independent living, personal assistance services, long- term case management, brain injury programs, and local assessment and systems change.

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

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

Trends

Rankings & Customer Trends

The vocational rehabilitation program will remain in Order of Selection, which is required by federal law when the program has insufficient funds to serve all eligible consumers. Order of Selection creates categories of consumers to be served based on the significance of disability. Wait lists are created for consumers whose category is not open for services. DARS has been in Order of Selection since July 1, 2004. With additional funds received during the 2013 General Assembly, DARS offered services beginning in March, 2013 to 3,704 most significantly disabled consumers who were on the wait list. 3,174 of these consumers have come in for services and 37 have become successfully employed. However, there is still a waiting list of less severely disabled consumers. Over 50% of VR consumers are youth at transition age (14-24). This population generally makes lower wages and stay longer in the VR program which affects our performance outcome measures.

Due to a decrease in Social Security funding and continuation of the federal hiring freeze, the number of consumers serviced by Disability Determination Services in 2013 and 2014 is predicted to be lower.

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

The staff size of DARs will remain stable.

While not reflected in the below chart at this time, the number of Virginians age 60 or older are expected to increase from the current 63,303 served by the AAAs. Every 25 years, the number of individuals age 65 and older doubles, while the rest of the population grows by only a third. By 2030, Virginians that reach age 65 will be a larger proportion of Virginia's population than Florida claims as "senior citizens" today.

Trend Name	Trend Area
Need for VR Services	Increase
Population Age 60 Plus	Increase
Accuracy of Dis. Determination	Steady

Performance Highlights: Service Performance & Productivity Initiatives

The performance highlights in the following table do not include the Division for the Aging at this time. These will be added in a later edition of the EPR.

The VR program has consistently exceeded federal expectations regarding the competitive employment rate. Competitive employment occurs when the consumer is working in an integrated setting making at or above minimum wage. Likewise, VR has seen a steady increase in the hourly wages for our consumers. DARS productivity measure captures the average case service cost of a successful VR case closure earning at or above substantial gainful activity ($1040 per month for non-blind). This average case service cost is increasing.

The State funded Extended Employment Services (EES) and Long Term Employment Support Services (LTESS) programs are the link between the time-limited services of the basic VR program and the on-going activities necessary to support individuals in employment after they leave the VR program. EES funds provide services to persons with significant disabilities who are employed by Employment Service Organizations.

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 is an asset to DARS programmatic areas.

The number of consumers served in Personal Assistance Services and the Community Rehabilitation Case Management program is expected to remain stable.

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.

DARS typically fares well in the Quarterly Comptroller's Reports.

Future Direction, Expectations, and Priorities

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

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

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

45404: Vocational Rehabilitation Services

Description

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

Mission Alignment and Authority

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

Customers for this Service Area

Anticipated Changes to Customers Base

When the vocational rehabilitation (VR) program has insufficient funds to serve all eligible consumers, federal law requires that services be prioritized. This is what is called an order of selection. The Department for Aging and Rehabilitative Services (DARS) has been in order of selection since July 1, 2004. In Federal Fiscal Year 2012, DARS served 26,509 cases. This was accomplished, in part, because DARS was able to serve new clients for a time during the year. Effective November, 2012, however, DARS had to close all categories under its order of selection due to insufficient funds. This meant that all new clients were placed on a waiting list for services. Beginning in early 2013, DARS began addressing the waiting list. In 2014, DARS plans to open one or more of its Priority Categories with new funds received for State Fiscal Year 2014. It will take another year though to increase our caseload beyond 20,000.

In Federal Fiscal Year 2012, 2,726 employers hired our VR consumers. This should increase in Federal Fiscal Year 2013.

With the receipt of additional General Funds, 240 more consumers will be able to receive long term employment support services.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Employer/ Business Owner	Employers	2,800	4,000	Stable
Consumer	Follow Along Support Services Consumers	3,076	3,453	Stable
Consumer	Vocational Rehabilitation Field Services Consumers	26,500	20,000	Stable

Partners for this Service Area

Partner	Description
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 a cooperative agreement, supports VR services to persons with substance abuse disability and works collaboratively with DARS to improve employment outcomes for individuals with intellectual disabilities, serious mental illness, and autism spectrum disorders.
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 Medical Assistance Services	Partners with DARS on implementation of Medicaid Works.
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.
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.
Employment Services Organizations (ESO) Steering Committee	As mandated by the Appropriations Act, recommends to the DARS Commissioner a mechanism to allocate the LTESS funds to ESOs. The ESO Steering Committee advises the Commissioner on ESO activities, as they relate to DARS policy and practices.
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.
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.
The Woodrow Wilson 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.
Virginia Workforce Council, Virginia Community College System, Virginia Employment Commission & Local Workforce Investment Boards	These entities and other mandated partners are collaborative bodies in the administration and implementation of the Workforce Investment Act.

Products and Services

Factors Impacting the Products and/or Services

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

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

The VR program has a very high rate of consumers who are significantly disabled. This rate has risen thru the years. Currently, 95% 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, has been one of the programs most severely affected by budget reductions. In State Fiscal Year 2012, DARS purchased services from ESOs under the LTESS program for 2637 people with $4,809,292 million. With an additional appropriation of $240,000 received for State Fiscal Year 2014, 240 additional consumers will be served.

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.

The eligibility criteria for Medicaid Works excludes the majority of individuals receiving Social Security Disability Insurance benefits from the ability to participate in the Medicaid Works program and their choice to go to work.

DARS continues to actively pursue grant funding to supplement the federal funding and state match funding for the VR program. However, anticipated budget cuts at the Federal level may reduce the amount of grant funding available and increase the competition for available funds.

Anticipated Changes to the Products and/or Services

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 2012, 51.5% of the VR consumers who received services were students in transition. During that same fiscal year, 46.9% of all VR consumers who became successfully employed after receiving VR services were transition age students. Standardization of service provision across the State to this population will be a key in improving consistency and outcomes. Developments in collaborative work experience curricula, between VR and Local Education Agencies (LEA), have proven very successful in preparing students for competitive employment, particularly those who are most significantly disabled. Innovative programs (such as Project SEARCH, internships, and job shadowing) have demonstrated the employability of students who historically have not sought employment. Obtaining integrated competitive employment (above minimum wage) will be the focus of our employment readiness mission for youth in transition. This will require enhancing outreach activities to school personnel and students and their families to educate them on the availability and purpose of VR transition services, adjusting counselor caseloads to respond to the growth, and working collaboratively with the Department of Education and local secondary schools to refine the collaborative approach to transition services. Cooperative Agreements will continue to be used as local planning documents that capture specific roles and responsibilities of partnering agencies (DRS, LEA, CIL, CSB, etc.) in preparing youth for gainful employment.

From FFY 2005 to FFY 2012, the VR program saw about a 380% change in the number of clients with an Autism Spectrum Disorder (ASD). While the number of ASD clients is small (1797 in FFY 2012) in relation to other disabilities, the number is expected to increase. DARS will be implementing and expanding new service delivery systems to address the needs of this population. To assist with this, DARS is partnering with the VCU RRTC in a research project, funded through a NIDRR grant, 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. The project is also working with colleges and universities throughout the Commonwealth of Virginia. In this project we are examining:
1. a longitudinal analysis of VR service delivery and employment outcomes among DRS clients with ASD;
2. the impact of intensive community-based work experiences on the employment outcomes of youth with ASD;
3. the postsecondary school participation and ultimate employment of college students with ASD; and
4. the impact of personal digital assistants (PDAs) on the employment outcomes of individuals with ASD.

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

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

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

Utilizing the Model State Plan for Vocational Rehabilitation of Persons who are Deaf, Deaf-Blind, Hard of Hearing or Late Deafened (MSP) as a baseline, DARS' Deaf and Hard of Hearing Services Unit (DHH) and the Policy & Planning Unit are assessing the program and delivery of VR services for persons who are deaf, hard of hearing and late deafened. This initial assessment will help identify where DARS is relative to the national plan. Findings from the initial assessment and historical information on the program will be used to develop a programmatic action plan to address strengths and weaknesses. The DHH Program Specialist has expanded job duties to include oversight of the Special Populations Services Unit at Woodrow Wilson Rehabilitation Center, which will also include an assessment of the Center's programs and service delivery for this population.

With the Virginia 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 the Department of Behavioral Health and Developmental Services (DBHDS) currently provides VR services in 18 Community Services Boards (CSB). 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. DRS has provided DBHDS with a proposal to increase services to include all 40 CSBs. Expansion of this funding will allow DARS to help additional individuals with a substance abuse disability become successfully employed.

DARS is partnering with the Virginia Community College System- Workforce Services Division in implementing the Disability Employment Initiative with local Workforce Investment Boards. A new collaborative funding model will be required due to the reduction in federal funding. If federal funding opportunities are reduced, the focus of grants development may shift to include more proposals to private funding sources, including private foundations, charitable organizations, and corporate giving programs.

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

VATS is working with the Virginia Department of Education on AT services, specifically focusing on how technology follows the student from secondary to post-secondary education and or work. VATS hosts a technology room at the annual Transition Forum to improve knowledge of the benefits of AT in school and at work. Further, VATS regional sites host annual transition conferences focused on technology and the rights of individuals with disabilities transitioning from high school to work and or post secondary education.
For years, VATS has supported the VR program by purchasing AT equipment that can be lent to consumers. The purpose of the demonstrations and loans is to enable the consumer to make informed choices as to what AT is available and what AT will help to eliminate barriers in employment, education and or community living. In an effort to improve these AT services, VATS staff has been working closely with VR staff to identify program needs and clarify data collection requirements. The result has led to improved understanding of program and participant needs as well as improved documentation of AT services preformed.

In 2006, DARS received a model demonstration grant from the federal Rehabilitation Services Administration to develop an AT reuse network within Virginia to enhance the VATS service options. Since that time, VATS has expanded the reuse network considerably to meet the durable medical equipment needs of VR clients. In 2009, VATS established the Virginia Reuse Network (VRN) through a grant from the Commonwealth Neurotrauma Initiative Trust Fund. The VRN is a broad network of healthcare professionals, non-profits, state agencies, faith-based organizations and individuals working together to increase access to reused AT. VRN partners include the Foundation for Rehabilitation Equipment and Endowment (F.R.E.E.) and Woodrow Wilson Rehabilitation Center. The VRN expanded full service reuse facilities to Fishersville, Richmond, and Norfolk. In 2010, VATS initiated a VR Pilot Program for DME. The outcome of this program helped to formalize relationships among VR field offices and local reuse program partners, established a mechanism for VR clients or their families to donate gently used DME through VR field offices, and increased acquisition of primary and "back-up" DME for VR clients.

DARS will complete automation of a Ticket-to-Work tracking system and Partnership Plus implementation. In addition, DARS will implement a job retention payment to Employment Network partners to increase long term employment outcomes.

In cooperation with the Department of Education and local education agencies, DARS is participating in the implementation of ten 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.

Listing of Products and / or 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 time-limited services of the basic VR program and the on-going activities necessary to support individuals in employment after they leave the VR program. Funding for EES provides services to persons with significant disabilities who are employed by ESOs. Thru EES, the ESOs provide extraordinary supervision, training, advocacy, and other supports necessary for these individuals to learn employment skills and maintain employment.

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

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

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

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

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

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	13,551,796	61,258,083	13,551,796	61,258,083
Changes to Base	2,458,248	3,912,133	3,998,676	3,912,133
Total	16,010,044	65,170,216	17,550,472	65,170,216

Objectives for this Service Area

Objectives for this Service Area

Objective
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, Department of Social Services.
- Collaborate with the Virginia Assistive Technology System to enhance the availability of assistive technology for VR consumers and to educate VR counselors on identifies technology needs and accommodation solutions.
- Continue to collaborate with the Woodrow 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 ICE) 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, including paid student internships, hiring retired employees in hourly positions and developing a trainee counselor position to attract candidates who are not yet fully qualified, but can expect to acquire the required VR counselor credentials within brief period of time.
- In compliance with federal legislation, enhance education and outreach to school and community partners to foster a collaborative transition approach to service provision that includes involvement of transition stakeholders, including the student, family, school personnel and VR staff, leading to integration of the student's IEP and IPE and execution of services leading to employment.
- Provide VR staff with the technology and other resources they need to work more effectively in mobile work environments.
- Support training programs to enhance the knowledge and skills of VR staff and to prepare employees to successfully move into leadership roles within the agency.
- Train and support VR managers to more effectively utilize data in service delivery decision-making.

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

Measures
- Vocational Rehabilitation Consumer Competitive Employment Rate

  Measure Class | Agency Key   Measure Type | Outcome   Preferred Trend | Increase   Frequency | Quarterly

  Data Source and Calculation

  The source of this measure is data recorded in the vocational rehabilitation consumer database (known as AWARE). The calculation is: of all individuals determined to have achieved an employment outcome, the percentage who exit the vocational rehabilitation program in competitive or self-employment with earnings equivalent to at least the minimum wage.

- Vocational Rehabilitation Consumer Average Hourly Wage

  Measure Class | Other Agency   Measure Type | Outcome   Preferred Trend | Increase   Frequency | Annually

  Data Source and Calculation

The source of this measure is data recorded in the vocational rehabilitation database (known as AWARE). For each individual with an employment outcome who exited the vocational rehabilitation program during the federal fiscal year, divide earnings in the week before closure by the number of hours worked in the week before closure to obtain the hourly wage for each individual. Then, sum the hourly wages and divide the sum by the total number of individuals.

- Average case service cost of successful closures of vocational rehabilitation consumers who are employed with earnings at or substantial gainful activity.

  Measure Class `Productivity`   Preferred Trend `Stable`   Frequency `Quarterly`

  Data Source and Calculation

  The source of this measure is data recorded in the vocational rehabilitation consumer database (known as AWARE). For all vocational rehabilitation consumers whose cases are closed as successfully employed within earnings at or above Substantial Gainful Activity, determine the total case service costs associated with those case closures and divide by the number of closures that meet this criterion.

Objective
Provide ongoing supports to persons with most significant disabilities who need these supports to maintain employment following their VR case closure.

Description
On-going supports in the way of Extended Employment Services and Long Term Employment Support Services allow consumers who are most significantly disabled to maintain their employment following their VR case closure. Without these supports, consumers would be in jeopardy of losing their jobs.

Objective Strategies
- Project the utilization of funds and the reallocation of funds to ensure full utilization.
- Provide on-going technical support to the ESOs.

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

Measures
- Number of workers with disabilities served through follow along services.

  Measure Class `Other Agency`   Measure Type `Output`   Preferred Trend `Increase`   Frequency `Annually`

  Data Source and Calculation

  The data source is an internal agency database used to capture vendor payment. The calculation is the sum of the number of consumers served through Long Term Employment Support Services and Extended Employment Services during the year June 1 through May 31.

Objective
Acquire external funds to expand vocational rehabilitation services for Virginians with disabilities.

Description
By acquiring external grant funds, DARS will have more resources to provide needed services to VR consumers.

Objective Strategies
- Identify agency external funding priorities through review of strategic plans and input from stakeholders and agency staff.
- Perform research to identify appropriate grant opportunities.
- Utilize coalitions to develop grant proposals.

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

Measures
- Amount of external grant funding acquired.

  Measure Class `Other Agency`   Measure Type `Output`   Preferred Trend `Increase`   Frequency `Annually`

  Data Source and Calculation

  Grants and Special Programs maintains a database of funding proposals for which the Division has served as lead or as a major partner. This database includes information on the dates and amounts of funding awards to Virginia. The total amount of new funding that results from these funding proposals each year will be used as the basis for the calculation.

45406: Community Rehabilitation Programs

Description

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 and Authority

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.

Customers for this Service Area

Anticipated Changes to Customers Base

The number of customers who receive direct services is dependent on the State funding level for these programs. Therefore, there should be no changes to the customer base unless additional funds are received to support these programs or additional reductions occur.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Physically-Disabled	Community Rehabilitation Case Management Services	550	550	Stable
Physically-Disabled	Personal Assistance Services	126	150	Stable

Partners for this Service Area

Partner	Description
Brain Injury Association of Virginia and the Virginia Alliance of Brain Injury Service Providers	Advocacy groups that work closely with the DARS Brain Injury Services Coordination Unit.
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.
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.
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 Health	Receives hospital reports and maintains a registry of individuals admitted to Virginia hospitals for treatment of acquired brain injury; this information is shared with DARS BISC Unit to prepare outreach mailing on monthly basis.
Department of Medical Assistance Services	Provides funding through the Individual and Family Developmental Disabilities Support Medicaid Waiver Program for consumers who are eligible for the Waiver and who receive support coordination through the Long Term Rehabilitation Case Management Program.
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 and is a co-signatory on this Plan.
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.

Products and Services

Factors Impacting the Products and/or Services

The Centers for Disease Control estimates that more than 20,000 individuals in Virginia will be treated for a brain injury annually (incidence). Other population-based estimates are that nearly 1 million Virginians currently live with a brain injury related disability (prevalence). It is difficult to accurately estimate the demand for services to Virginians with acquired brain injuries, although the need continues to outweigh available resources. As of 2012, $3,821,000 in State funding was dedicated to services for people with brain injury statewide. In addition, the nine state-funded BIS Programs brought in approximately $2.4 million in nonstate resources during 2012. For 2014, an additional $105,000 was appropriated to address the waiting list for services. Yet, many areas of the state remain unserved and underserved. Nearly 4,000 Virginians (adult and pediatric) or family members received direct services in 2012. These services were provided by nine Brain Injury Services organizations operating 13 programs statewide. Numbers served include education, public awareness events, and consultation, but do not include information/referral or newsletter/website outreach, which is estimated at over 23,268.

The agency continues to search for a satisfactory solution to the critical need for updating the current Brain Injury Case Management Software System which is over 20 years old and nearing the end of its usefulness and functionality. Purchase of a new system had been delayed indefinitely due to the uncertain fiscal situation; however, the Commissioner authorized the immediate use of funds to provide a temporary fix for the most pressing problems. At the same time, the BIS Programs have been reviewing potential software systems such as iOnline and PeerPlace, currently used by the Division of Aging, with the hope of identifying software that is an appropriate

cost-effective option for the state-funded programs.

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

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

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

Anticipated Changes to the Products and/or Services

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.

In 2012, there was a restoration of $194,931 in state funding to restore a 5% reduction taken in 2011. The 2011 reduction was offset by a temporary allocation of funding from the Commissioner, so the BIS Programs remained at the $3,821,000 level throughout 2011-2013.   In addition, DARS is in its fifth year of administering a $375,000 a year Federal Traumatic Brain Injury Act Grant which was awarded for April, 2009 through March, 2014 ($250,000 in federal funds, matched by $125,000 in state funds). The 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. Grant deliverables are evaluated on the basis of activities conducted and products developed.

Listing of Products and / or Services

The state-funded Brain Injury Services (BIS) Program contractors comprise a statewide network that provides one or more of three "core" services in brain injury: case management, clubhouse/day programs, and resource coordination. In 2012, the BIS Programs provided direct services to an estimated 3,288 individuals, as well as approximately 650 who attended public awareness/outreach and educational training events. It does not include information/referral and consultation services provided to individuals, family members, professionals, and general public. If these numbers were included, the total number served would increase dramatically to an estimated 27,206 or more (newsletters, website, public service announcements, etc.). The Brain Injury Direct Services (BIDS) Fund provides specialized goods/services to individuals who have no other source of funding and who require and would benefit from the goods/services in their recovery and ability to live more independently. In 2012, about 35 people received specialized goods or rehabilitation services through BIDS. Personal Assistance Services for People with Brain Injury (PAS/BI) is referenced below under PAS.

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

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

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

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	8,495,004	7,988,982	8,495,004	7,988,982
Changes to Base	1,198,437	-1,370,000	1,553,437	-1,370,000
Total	9,693,441	6,618,982	10,048,441	6,618,982

Objectives for this Service Area

Objective

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

Description

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

Objective Strategies

- Participate in recruitment and retention plans to address anticipated vacancies in critical positions, including paid student internships, field placements, and mentoring as well as hiring experienced retiring staff in hourly positions.
- 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.

Alignment to Agency Goals

- Provide consumer focused and cost effective services that prepare and enable Virginians with disabilities to be gainfully employed.
- Maximize the independence and self-sufficiency of Virginians with disabilities.

Measures

- Number of consumers served in Personal Assistance Services and Community Rehabilitation Case Management

  Measure Class Other Agency   Measure Type Output   Preferred Trend Stable   Frequency Annually

  Data Source and Calculation

  Reports of the total number of consumers served through the Community Rehabilitation Case Management Services and the Personal Assistance Services Consumer-Directed and Brain Injury Programs. Numbers calculated from internal agency databases.

45504: Financial Assistance for Local Services to the Elderly

Description

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

Also included in this Service Area are the agency's directed appropriations including: Mountain Empire Older Citizens, Inc., and Senior Navigator.

Mission Alignment and Authority

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

Customers for this Service Area

Anticipated Changes to Customers Base

DARS does not anticipate any significant changes to the customer base.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Non-Profit Agency (Boards/Foundations),	Additional program contractors	10	10	Stable
Non-Profit Agency (Boards/Foundations),	Area Agencies on Aging	25	25	Stable

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Anticipated Changes to the Products and/or Services

Listing of Products and / or Services

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

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	0	0	0	0
Changes to Base	9,550,844	20,294,143	9,746,871	20,294,143
Total	9,550,844	20,294,143	9,746,871	20,294,143

Objectives for this Service Area

Objectives for this Service Area

Objective
Expand the No Wrong Door (NWD) System among the Area Agencies on Aging (AAAs) across the Commonwealth.

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

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

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

Measures
- The number of Area Agency on Aging (AAA) business processes incorporated in the No Wrong Door (NWD) system.

Measure Class	Agency Key	Measure Type	Outcome	Preferred Trend	Increase	Frequency	Quarterly

Data Source and Calculation

The No Wrong Door (NWD) system tools are a collection of webased software that allows public and private providers to share client level information. The software is hosted by PeerPlace Network.The measure is the number of No Wrong Door (NWD) system tools - business processes - that each Area Agency on Aging (AAA) adopts. As an AAA adopts the NWD system tools, they are asked how many business processes have implemented. The number of responses are totaled to arrive at the measure data for each quarter. The six business processes are: Registration; Information/Referral; Uniform Assessment Instrument (UAI); Case Management/Care Coordination; Federal; and Internal Reporting. The maximum number per AAA is six. Registration and Service Tracking is defined as recording the client services received. Information/Referral is defined as an electronic mechanism for the collection of required Information/Referral and Assistance data as defined by the Aging and Disability Resource Center grant. Uniform Assessment Information (UAI) is defined as an electronic version for the collection of client information. The amount of data collected in the UAI business process is defined by the service standard. Case Mgmt./Care Coor. is defined as a module to facilitate a client centered plan of services with progress notes. Federal Reporting represents all required federal reporting for aging services such as the State Program Report (SPR). Other Internal Reporting represents agency specific reporting capability.

Objective
Provide transportation for the elderly 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 AAAs and other significant program contractors.

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

Measures
- Number of one-way transportation trips

Measure Class	Other Agency	Measure Type	Output	Preferred Trend	Stable	Frequency	Annually

Data Source and Calculation

The AAA Monthly Reports indicating the one-way trips are summed and compared to client level database. Discrepancies are identified and the most accurate number is reported.

Objective
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 safely, and, with the provision of services ranging from socialization to rehabilitation, may experience an enhancement in their quality of life and level of functioning.

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

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

Measures
- Number of individuals served with Respite Care

Measure Class	Other Agency	Measure Type	Output	Preferred Trend	Stable	Frequency	Annually

Data Source and Calculation

The number is an "unduplicated count" of individuals served.

45506: Rights and Protection for the Elderly

Description

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. These services include: the Virginia Public Guardian and Conservator Program, Legal Assistance and the local Long-Term Care Ombudsman Program.

Mission Alignment and Authority

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

Customers for this Service Area

Anticipated Changes to Customers Base

DARs does not expect any significant changes to the customer base.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Non-Profit Agency (Boards/Foundations),	Additional program contractors	12	12	Stable
Non-Profit Agency (Boards/Foundations),	Area Agencies on Aging	25	25	Stable

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

None at this time.

Anticipated Changes to the Products and/or Services

None at this time.

Listing of Products and / or Services

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

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	0	0	0	0
Changes to Base	1,359,939	497,763	1,359,939	497,763
Total	1,359,939	497,763	1,359,939	497,763

Objectives for this Service Area

Objectives for this Service Area

Objective
Expand the Virginia Public Guardian and Conservator Program Statewide.

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

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

Alignment to Agency Goals
- Secure, protect, and enhance the rights of older Virginians.

Measures
- Percent of jurisdictions served by the Virginia Public Guardian and Conservator Program

  Measure Class Other Agency   Measure Type Output   Preferred Trend Increase   Frequency Annually

  Data Source and Calculation

  The measure is calculated by summing the number of Virginia Public Guardian and Conservator served by jurisdictions and converting it to a percentage basis.

45701: Meals Served in Group Settings

Description

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. The congregate meal centers provide socialization, education, and recreation programs that allow older persons the opportunity to get out of the house and participate in a variety of activities which help them stay mentally alert and physically active.

Mission Alignment and Authority

The Older American's Act focuses heavily on the nutritional needs of the elderly. The strength of this program is to promote proper nutritional needs to maintain a healthy aging population. Unfortunately the elderly in poverty struggle to balance paying for shelter, food, and medical needs - including prescription drugs. Often nutrition is neglected because of the cost or inability of the elderly to care for their own needs due to physical frailty or mental well being such as depression.

Customers for this Service Area

Anticipated Changes to Customers Base

There are no expected changes to this customer base.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Non-Profit Agency (Boards/Foundations),	Area Agencies on Aging	25	25	

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

There are no factors impacting this service at this time.

Anticipated Changes to the Products and/or Services

There are no anticipated changes to this service at this time.

Listing of Products and / or Services

This service provides a meal at a nutrition site, senior center or some other congregate setting, a meal which complies with the Dietary Guidelines for Americans. Each meal must provide a minimum of 33 1/3% of the daily Recommended Dietary Allowance (RDA) / Adequate Intake (AI), 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.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	0	0	0	0
Changes to Base	374,720	8,236,359	374,720	8,236,359
Total	374,720	8,236,359	374,720	8,236,359

Objectives for this Service Area

Objectives for this Service Area

Objective

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

Description

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

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

Measures
- Number of meals served in group (congregate) settings

  Measure Class Other Agency   Measure Type Output   Preferred Trend Stable   Frequency Annually

  Data Source and Calculation

  Each Area Agency on Aging (AAA) submits a monthly report (AMR) indicating the number of meals served. All 25 AAAs are summed and reported.

45702: Distribution of Food

Description

The Department for Aging and Rehabilitative Services' Division of Aging works with several Area Agencies on Aging (AAAs) to provide coupons to seniors to redeem through the Senior Farmers' Market Nutrition Program.

The Seniors Farmers' Market Nutrition Program has several goals. Foremost, it provides access to low income-older individuals to fresh Virginia grown fruits and vegetables when in season. The senior receives nutrition education. Local farmers benefit because purchases are made at their fruit and vegetable stands.

Mission Alignment and Authority

The Older American's Act focuses heavily on the nutritional needs of the elderly. The strength of this program is to promote proper nutritional needs to maintain a healthy aging population. Unfortunately, the elderly in poverty struggle to balance paying for shelter, food, and medical needs - including prescription drugs. Often nutrition is neglected because of the cost or inability of the elderly to care for their own needs due to physical frailty or mental well being such as depression.

Customers for this Service Area

Anticipated Changes to Customers Base

The Senior Farmers' Market Nutrition Program is a new program. The need for it has increased in recent years as other areas of the Commonwealth have expressed and interest in it. Consumers (seniors) demand for the service is likely to increase as the availability of the program continues to grow.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Consumer	Farmers	230	350	Increase

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

None at this time.

Anticipated Changes to the Products and/or Services

None at this time.

Listing of Products and / or Services

The Virginai Division for Aging (VDA) participates in the Senior Farmers' Market Nutrition Program funded by the US Department of Agriculture. VDA issues coupons to participating AAAs to give to seniors that can be redeemed for fresh Virginia grown fruits and vegetables at local farmer's markets. Seniors benefit from eating fresh fruits and vegetables. Local farmer benefit from the purchases made by seniors.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	0	0	0	0
Changes to Base	0	418,042	0	418,042
Total	0	418,042	0	418,042

Objectives for this Service Area

Objectives for this Service Area

Objective

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

- Participating Area Agencies on Aging provide one coupon book per eligible senior. If two seniors reside together they one may be eligible for a coupon book. Each coupon book has eight $5 checks totaling $40 per coupon book. The Senior Farmers' Market Nutrition Program operates through November of each year. Data for the current/previous year will be available in February of the following year.

- 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.

Alignment to Agency Goals

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

Measures

- Number of seniors served.

    Measure Class Other Agency   Measure Type Output   Preferred Trend Increase   Frequency Annually

    Data Source and Calculation

    The number of farmer identification numbers issued. The number of farmers are identified at the beginning of the program through a registration and certification process.

45703: Delivery of Meals to Home-Bound Individuals

Description

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

Mission Alignment and Authority

The Older American's Act focuses heavily on the nutritional needs of the elderly. The strength of this program is to promote proper nutritional needs to maintain a healthy aging population. Unfortunately, the elderly in poverty struggle to balance paying for shelter, food, and medical needs - including prescription drugs. Often nutrition is neglected because of the cost or the inability of the elderly to care for their own needs due to physical frailty or mental well being such as depression.

Customers for this Service Area

Anticipated Changes to Customers Base

None are anticipated at this time.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Non-Profit Agency (Boards/Foundations),	Area Agencies on Aging	25	25	Stable

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

None at this time.

Anticipated Changes to the Products and/or Services

None at this time.

Listing of Products and / or Services

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

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	0	0	0	0
Changes to Base	4,993,260	7,080,254	4,993,260	7,080,254
Total	4,993,260	7,080,254	4,993,260	7,080,254

Objectives for this Service Area

Objectives for this Service Area

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

Description
Home delivered meals is defined as the procurement, preparation, conveyance, and provision of nutritionally balanced meals that meet one-third of the current recommended dietary allowance for older persons. The meals must be delivered and received at the homes of the individuals. DARS contracts with Virginia's 25 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.

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

Measures
- Number of meals delivered to home-bound individuals

  Measure Class Other Agency   Measure Type Output   Preferred Trend Stable   Frequency Annually

  Data Source and Calculation

  The AAA Monthly Reports indicating the number of meals served are summed and compared to client level database. Discrepancies are identified and the most accurate number is reported.

46102: Social Security Disability Determination

Description

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 and Authority

This service area aligns with DRS' 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.

Customers for this Service Area

Anticipated Changes to Customers Base

Health Care Reform: Health care reform implemented in its present form, will result in the potential number of concurrent adult disability claims decreasing because of the change in the income and resources requirements for Medicaid.

Pre-release Prisoner Population: Ongoing outreach programs continue between the prison system and DDS to assist prisoners who have disabling medical conditions and are pending release from prison to apply for Medicaid and Social Security Income benefits. The memorandum of understanding between DDS, SSA and the Virginia Department of Corrections to expedite delivery of these services remains active and dynamic. This initiative is expected to continue to increase the volume of incoming Medicaid and Title XVI claims.

Military Casualties: The Military Casualties initiative is a commitment by SSA to provide expedited disability claims services to wounded service members and their families. In an effort to facilitate payment to disabled service members, DDS and SSA are working with the Department of Veterans Affairs and the Department of Defense to streamline the disability process. DDS staff continue to provide outreach in order to educate military personnel and their families on applying for disability benefits. This and the ongoing military involvement in the Middle East will continue to increase the number of disability claims processed by the DDS.

Homeless Population: Outreach programs are underway to assist in making the Social Security Disability application process more readily available to homeless individuals and for third party advocacy groups to help assist them in their application process. The SSI/SSDI Outreach and Recovery (SOAR) initiative has been expanded to all four Virginia DDS regions. It is a joint effort of the Department of Behavioral Health and Developmental Services, SSA and DDS to maintain a process to assist the homeless in obtaining SSA disability benefits – specifically targeting the homeless who suffer from mental illnesses. A steady rise in the number of Title XIX and XVI disability claims is expected as the initiative continues to operate throughout the Commonwealth.

Rare Diseases and Terminal Illnesses: Social Security has an obligation to provide benefits quickly to applicants whose medical conditions are so serious that their conditions obviously meet disability standards. SSA is working to develop ways to identify these cases and expedite them through the adjudicatory process. The Compassionate Allowance (CAL) and Quick Disability Determinations (QDD) initiatives are designed to quickly identify diseases and other medical conditions that almost invariably qualify under the Listings of Impairments based on minimal objective medical information. CAL and QDD allow SSA and DDS to quickly target the most obviously disabled individuals for allowances based on objective medical information that can be quickly obtained. SSA is conducting public outreach hearings to identify these conditions. This initiative is expected to help DDS quickly identify and adjudicate claims for those with the most serious medical conditions. SSA continues to expand the QDD and CAL impairments identified by the predictive models.

Continuing Disability Reviews (CDRs): CDRs are reviews of persons receiving disability benefits who may no longer be disabled. SSA has not been current in conducting CDRs for the last few years, but in light of recent budget concerns, there is a renewed emphasize in conducting these reviews to reduce individuals on the disability rolls. DDS expects a substantial increase in this workload during 2012 – 2014.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Chronically Ill	Concurrent Adult Disability Claims	25,072	21,446	Decrease
Chronically Ill	Medicaid Claims	9,337	9,634	Increase
Chronically Ill	Title II Adult Disability Claims	33,698	28,836	Decrease
Chronically Ill	Title XVI Adult and Childhood Disability Claims	35,060	30,041	Decrease

Partners for this Service Area

Partner	Description
Claimant representatives	Authorized claimant representatives which include patient advocacy groups and attorneys.
Department of Behavioral Health and Developmental Services	DDS is partnering with SSA and the Department of Behavioral Health and Developmental Services and advocates for the homeless mentally ill, in assisting the homeless mentally ill in accessing SSA or SSI disability benefits.
Department of Corrections	DDS is partnering with the SSA and the Department of Corrections in processing claims pre-release for inmates who meet disability criteria.
Department of 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.
Departments of Medical	Department of Medical Assistance Services (DMAS) and Department for Aging and of Rehabilitative Services (DARS) have a Memorandum of Understanding

Assistance Services and Social Services	(MOU) which requires that DDSDisability Determination Services provide determinations on Medicaid eligibility claims in the disability category. Applications are taken by and determinations of medical eligibility are returned to the Department of Social Services who issue the decisions to applicants. DDS also has a MOU with the
Medical and psychological sources	Medical and psychological sources provide pertinent data which allows for the adjudication of disability claims. This includes local school systems, the healthcare community, Department of Corrections, Department of Veterans Affairs, and other sources which allow us to better service our consumers needs.
Social Security Administration	Numerous components of the SSA to include: 33 Field Offices, ODAR, Philadelphia Regional Office, SSA Central Office in Baltimore, Maryland.
SSA Office of the Inspector General	DDS participates in the Cooperative Disability Investigation Unit with SSA and the Attorney General's Office. This unit investigates possible fraud in the Social Security disability programs and in 2012 achieved savings of $16,083,812 for the Social Security programs and $12,592,422 in Medicare/Medicaid savings.

Products and Services

Factors Impacting the Products and/or Services

Disability claims have increased throughout the Commonwealth due to a higher unemployment rate caused by the recession and economic downturn. In addition, there is an increase in applications due to the "baby boomer" population entering the disability prone years and the increase in the retirement age. Improved outreach efforts through special initiatives have also contributed to an increase in applications. This has caused a need for additional DDS staff nationwide to handle the increasing pending workloads. Due to its exemplary service and ability to respond quickly (with outstanding assistance from the Department of General Services), the Virginia DDS was chosen to establish an Extended Service Team. These are facilities in 4 state DDSs that function as a DDS but process disability claims for DDSs throughout the nation experiencing unmanageable workloads. This required significantly more staff and has resulted in a significantly larger workload.

Expansion of the use of Electronic Records Express (ERE) by Virginia's healthcare providers will continue to improve the efficiency of obtaining medical evidence used to make disability decisions. This plays a significant role in the federal government's desire for expansion of Health Information Technology (HIT).Ongoing initiatives by the Professional Relations staff continue to support this initiative and require a substantial amount of time for travel and outreach with medical and community resources.

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

In addition, DDS has implemented the use of Video Teleconferencing equipment in 2013 for our Hearing Officers to conduct hearings, which will result in decreased travel costs and provide more timely hearing for our claimants.

SSA has actively encouraged applicants to file their applications and appeals electronically and has expanded the types of cases that may be filed online. The electronic claims 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 recently 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 so that SSA and DDS can begin to process the claim without the delay of waiting for paper copies of release forms to be signed by claimants and returned 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 and where evidence of the person's allegations can be quickly and easily obtained. This claim is identified upon transfer from the field office and is immediately assigned to an analyst. These claims are adjudicated in less than seven days. A recent development is SSA allowing fully favorable determinations without requiring that a physician or psychologist approve the determination.

Compassionate Allowances (CAL) allow SSA and DDS to quickly target the most obviously disabled individuals for allowances based on objective medical information that can be quickly obtained. SSA is conducting public outreach hearings to identify these conditions. This initiative is expected to help DDS quickly identify and adjudicate claims for those with the most serious medical conditions. CAL claims are immediately assigned upon receipt and they are also expedited. New impairments will continue to be added to the predictive model for these cases.

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 totally electronically.

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

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

The Request for Program Consultation (RPC) process was developed to resolve differences of opinions between analysts and quality reviewers concerning disability determinations. It is a collaborative effort between SSA, DDSs and Regional Quality staff. The process shifts the focus from "errors" to identifying policy issues that are misunderstood, unclear or difficult to follow. The RPC process has provided policy guidance which helps analysts make better documented and more accurate decisions. Unfortunately, SSA does not have the resources necessary to maintain this process as originally intended and it is no longer as helpful.

Anticipated Changes to the Products and/or Services

The national disability workload in 2011 was higher than SSA projected, and this increase in workload is expected nationally and in Virginia through 2014. Current SSA budget restraints, including a hiring freeze, has resulted in a very budget driven environment more so than in past years only allowing DDS to process certain types of workloads to the budgeted number regardless of actual receipts. This trend has continued in 2013, which will likely decrease the number of claims processed and increase the backlog of claims waiting for a decision. The Virginia budgeted workload for 2013 is 83,735. Early input from SSA is to expect a 2014 budget for Virginia to process about the same number of claims as in 2013.

SSA is in the process of developing a single source Disability Case Processing System (DCPS) for all DDSs and other Social Security components. Currently, there is one high level model which documents the business processes of all components that process disability determinations. This will require all DDSs to change their case processing software and it will require extensive training. The initial rollout to Virginia will have a definite impact on production until all staff becomes proficient with the new process. Extensive training will be needed for all staff to learn the new system.

The Medical Evidence Gathering and Analysis through Health Information Technology (MEGAHIT) application was successfully piloted in the Richmond DDS in 2008 and has now been rolled out to all of the DDS regional offices. The MEGAHIT process is a "point to point" systems transaction to request and receive medical evidence of record (MER) through a standards-based electronic exchange of data with MED VA through the Nationwide Health Information Network (NHIN). A standardized medical request transaction will automatically be sent to the identified providers upon transfer of a case from the field office to the DDS. When the provider returns the industry standard response, it is analyzed, formatted and stored in the electronic folder. The system generates an alert/message that HIT information indicates the case should be considered under one or more medical listings. Information transfer can take only minutes and leads to the possibility of a very quick disability determination. MEGAHIT expanded to additional hospitals in Lynchburg and Farmville in 2011 and has expanded to Bon Secours facilities in the Norfolk area in 2012. The Virginia DDS participated in a pilot project to expand the ability to utilize this "point to point" system transaction to DDS staff so that any subsequent requests for medical records from the participating facilities could be generated at the DDS. This successful pilot resulted in the expansion of "User Triggered" HIT capability in all Virginia DDS offices.

DDS is participating in a pilot program for accessing electronically all records maintained by military hospitals, VA hospitals and other Department of Defense medical facilities. All records will go into an electronic national repository and DDS will request and receive these records electronically.

Listing of Products and / or 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 better serve citizens of the Commonwealth of Virginia.

COMPUTER SYSTEM UPGRADES: Implementing ongoing and continuous enhancements to the SSA's electronic case processing system to allow the DDS to more quickly and efficiently adjudicate disability claims in an electronic environment. 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 being developed. Rollout is planned for 2016.

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.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	1,136,250	39,460,384	1,136,250	39,460,384
Changes to Base	0	0	0	0
Total	1,136,250	39,460,384	1,136,250	39,460,384

Objectives for this Service Area

Objectives for this Service Area

Objective
Provide accurate disability decisions for Title II, Title XVI and Title XIX disability claims.

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

Objective Strategies
- All SSA regions supporting the DDS will have access to the same proven practices to ensure the right disability decision is made at the earliest possible time. The resulting increase in staff productivity and decrease in processing time will save program dollars while enhancing customer service.
- Also referred to as "Q5" (5 dimensions of quality): maintaining high levels of accuracy, timeliness, productivity, and service while also providing cost savings to the public; SSA and DDS strives to continually improve on their goal of affording its customers the highest quality product possible.
- Continuous Improvement (CI) is a standard methodology that uses data to identify areas where changes to policy or processes will provide the most benefit to SSA, the DDS, and the public we serve. Once a problem has been identified, CI seeks to identify the root cause(s), determine the best solution(s), make the necessary changes, and measure the impact.
- New Continuous Improvement (CI) initiatives supports ongoing efforts of improving overall quality of the DDS product.
- The American public depends on SSA and the DDS to make certain their benefits are accurate. The partnership also has the responsibility to protect the trust funds and general revenues against unwarranted payments. Consequently, quality checkpoints are needed to guarantee that the work performed meets or exceeds these

expectations. In addition, SSA and the DDS need quality information to operate as efficiently and effectively as possible. End-of-line Quality Feedback - Reviewing work-related acti

- The federal review component in SSA has begun to randomly assign quality reviews to disability quality branches (DQBs) throughout the nation rather than assigning them to only the Philadelphia Region DQB. This is to ensure that policy is implemented the same way throughout all DDSs and will undoubtedly require greater use of the Review Policy Component to rebut assigned errors.

Alignment to Agency Goals

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

Measures

- Accuracy of Disability Decisions

  Measure Class Other Agency   Measure Type Outcome   Preferred Trend Stable   Frequency Annually

  Data Source and Calculation

  This measure is the percent of Analysts' cases reviewed with 0 errors. Typically, a minimum of 50 cases per Analyst are reviewed on an annual basis. The measure is calculated using information from the Disability Determination Services' Quality Assurance Branch.

499: Administrative and Support Services

Description

This service area provides management, administrative support and technical assistance to functional programs of the Department for Agin and Rehabilitative Services (DARS). In addition, via memoranda of agreement, much of this service area provides administrative support and technical assistance to the Disability Services Agencies (DSA), which include the Woodrow Wilson 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.

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Mission Alignment and Authority

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 to the program areas that provides and advocates for resources and services to improve the employment, quality of life, security, and independence of older Virginians, Virginians with disabilities, and their families.

Customers for this Service Area

Anticipated Changes to Customers Base

Effective July 1, 2013, nine staff from the Department of Social Services' Adult Services and Adult Protective Services Division will transfer to DARS. Other than this, staffing levels are expected to be reasonably stable.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
State Agency(s),	Classified and wage staff of the Disability Services Agencies	1,976	1,976	Stable

Partners for this Service Area

Partner	Description
Other State Agencies and the Rehabilitation Services Administration	The partners for this service area include the many state agencies and the federal Rehabilitation Services Administration, which interpret the laws and regulations and develop the policies and procedures that this service area operates under. These agencies also provide administrative oversight of the functions. The state agencies include, but are not limited to, the Departments of General Services, Planning and Budget, Accounts, Human Resource Management, VITA and the Auditor of Public Accounts.

Products and Services

Factors Impacting the Products and/or Services

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

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

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

Emphasis on electronic document management beyond case management applications will affect supply chain management and personnel record keeping.

Elimination of our HP 3000 minicomputer based financial systems and implementation of Cardinal accounts payable, the new statewide financial system, will demand the attention of fiscal and IT staff in the next biennium.

VITA provides information technology services to DARS and is taking an active role and responsibility for creating standards, policies, and guidelines. This has increased technology expense by 50% in the last year and the scope of services has narrowed. Standards compliance has increased staff time devoted to administrative issues.

Technology advances continue to develop at a more rapid pace than agency information technology resources can implement effectively. There is growing demand for use and diverse applications of video-teleconferencing and social networking for both direct services and administrative functions. Integration of older in-scope technology with newer out-of-scope technology is challenging and time consuming.

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.

A comprehensive, case management computer system provides a single management tool for use by DARS, DBVI and WWRC. Support effort is being consolidated across these DSA agencies.

A web based facilities management system provides enhanced case management services and automated billing to DARS Employment Services Organizations (ESOs). It

improves billing efficiency for ESOs and more accurate and timely management information.

Following a failed effort to implement a third party accounting system for DSA agencies, a conversion to CARS and development of data exchange processes is scheduled to go live in 2013. Supporting at least six agencies, it will have interfaces to multiple agency case management systems and eventually, the Cardinal Enterprise financial system. These financial system changes will present opportunities to promote common business practices, encourage collaboration and consolidation of job functions and reduce our reliance on antiquated and obsolete computer hardware.

The imminent implementation of Health Information Exchange (HIE) and matching Electronic Health Records (EHR) will streamline the collection of integrated health information, improve efficiencies in vocational rehabilitation and reduce duplication of efforts in health and human services. Changes to medical billing are the first step in this evolution.

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

Anticipated Changes to the Products and/or Services

Additional opportunities to consolidate administrative functions involving other entities are being reviewed which would expand the role of these administrative functions.

The Commonwealth of Virginia Knowledge Center,augmented by Training Finder Real-time Affiliate Integrated Network (TRAIN) software, is used by all of the agencies in the Health and Human Resources Secretariat. It promotes the retention of institutional knowledge of agency staff and improve the operation of critical agency functions.

The agency will manage the provision of VITA/NG partnership services to comply with Commonwealth standards. Fine tuning of business processes and better cooperation and consolidation of infrastructure between in-scope and out-of-scope components of the DSA Technology program will continue into the next biennium. Implementation of Investment Portfolio Management (ITIM) processes will extend into maintenance and operations activities of the DARS IS Division. The result may be better value across statewide programs, but standards compliance will increase cost.

The growing demand video-teleconferencing for both direct services and administrative functions will be expanded by partnership between DARS, the Disability Services Agencies, our Workforce investment partners and other interested state agencies.

Conversion of our financial systems first to CARS and then to Cardinal will present opportunities to promote common business practices, modernize our technology infrastructure and provide economies of scale for software maintenance.

Improvements in data systems will add accountability and 'evidence based' strategies for direct service program improvement.

Listing of Products and / or 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 and administers benefits programs.

Information Technology Services (IS) provides computer applications development and support, web services, and computer operations, both for WWRC and DARS. Both in partnership with Virginia Information Technologies Agency (VITA) and Northrop Grumman VITA/NG and independently for education, video teleconferencing and client related technology services, IS provides systems engineering services including voice and data communications networks, and hardware and computer support services. IS also collaborates with other agencies where possible to maximize staff, computer and financial resources.

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 HR with the Workman's Compensation and Return to Work programs. WWRC staff coordinates emergency response planning and COOP statewide.

This service area also includes Policy and Planning which is responsible for management analysis, legislation, program evaluation, policy and regulatory development, consumer satisfaction, human subjects research, and quality assurance

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	71,017	12,788,311	71,017	12,788,311
Changes to Base	934,324	3,566,330	2,006,818	3,566,330
Total	1,005,341	16,354,641	2,077,835	16,354,641

Objectives for this Service Area

Objectives for this Service Area

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

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

Objective Strategies
- DARS and the DSA will improve business processes and participate in Cardinal implementation to improve financial management.

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

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

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

    Measure Class | Other Agency   Measure Type | Outcome   Preferred Trend | Decrease   Frequency | Annually

    Data Source and Calculation

    The Comptroller's Quarterly Report, (http://www.doa.virginia.gov/General_Accounting/Quarterly_Report/2011/March_2011.pdf), identifies instances of non-compliance with state fiscal policy and includes issues related to Auditor of Public Accounts audits which also cover information technology policy and procurement policy. As a result, this is a good overall measure of the essential functions of the Administration Service Area. For any instances of non-compliance, the Department of Accounts requests a corrective action plan. We believe that any score of 5 instances or less is satisfactory.

- The percentage of frail older Virginians receivng in-home services that remain in the community one year later.

    Measure Class | Productivity   Preferred Trend | Increase   Frequency | Quarterly

    Data Source and Calculation

    Definitions: Activities of daily living (ADL): involve bathing, dressing, eating, toileting, transferring, bowel and bladder continence. Frail: Functionally impaired unable to perform at least two activities of daily livng without mechanical or human assistance. In-Home Services: Include Adult Day Care, Checking, Chore, Home Delivered Meals, Homemaker, and Personal Care. Older Virginians (clients): Age 60 adn over. Quarters: June-August, September-November, December-February, March-May. Input Factors: 1) Number of frail cleints that received in-home services during the last quarter and also received in-home services during the same quarter on year ago. 2) Number of frail clients that received in-home services the quarter one year ago. Factor 1 divided by Factor 2.

49902: Information Technology Services

Description

See Service Program Area 499 Administrative and Support Services.

Mission Alignment and Authority

See Service Program Area 499 Administrative and Support Services.

Customers for this Service Area

Anticipated Changes to Customers Base

See Service Program Area 499 Administrative and Support Services.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

See Service Program Area 499 Administrative and Support Services.

Anticipated Changes to the Products and/or Services

Listing of Products and / or Services

See Service Program Area 499 Administrative and Support Services.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	0	6,830,444	0	6,830,444
Changes to Base	0	0	0	0
Total	0	6,830,444	0	6,830,444

Objectives for this Service Area