In June 2013, the Department of Behavioral Health and Developmental Services (DBHDS) contracted with the national consulting group, Human Services Research Institute (HSRI) and their subcontractor, Burns and Associates, to conduct a study of our system of supports for people with intellectual and developmental disabilities in Virginia. DBHDS intends to transform the current system so that people with intellectual and developmental disabilities have the supports they need to live full lives in the community. The work being undertaken to achieve this goal, entitled *My Life, My Community*, is divided into two phases. The first phase required DBHDS and the Department of Medical Assistance Services (DMAS) to review much of what is already being done, including the overall framework for funding, delivering services and assessing individual support needs. A major component of this phase was gathering input from self-advocates, family members, community services boards and private providers. This past fall, more than 1,000 stakeholders attended public forums across the state to share their thoughts and ideas about our system. Phase One of the HSRI work is now complete.

HSRI provided the results of the Phase One study to DBHDS on December 20, 2013. The report contains a number of recommendations for our system transformation, based on information gathered at stakeholder forums in the fall and national best practices. You can review the report at: [http://www.dbhds.virginia.gov/mlmc.htm](http://www.dbhds.virginia.gov/mlmc.htm).

DBHDS will carefully review each of these recommendations over the next several months and gather feedback from stakeholders. Our main goal is to use this information to propose policy and regulatory changes that strive to streamline the current waivers and offer service options consistent with achieving full lives in our communities. It is also important for any proposed changes to accomplish the following:
• **Address the increasing demand for services in the state.** DBHDS is planning to expand its service capacity over the next several years, but it will also seek to revise the means for managing requests for services and assuring that as many individuals as possible can receive needed supports.

• **Establish and implement a uniform infrastructure for screening and determining eligibility.** DBHDS seeks to establish single points of entry for all people who use ID/DD waiver services where individuals can have access to information on available services, and where eligibility for waiver services is determined using uniformly administered, accurate instruments.

• **Offer a flexible array of services that allow for choice, control, and creativity to meet individual needs and preferences.** DBHDS understands that increased choice and control in waiver services were noted as major priorities by the stakeholders. Individuals and families want to have more authority over the waiver services they receive, and for these services to be flexible enough to address their varied needs. We also understand that the community service system needs to be made sufficiently robust so as to address the needs of all individuals, including those who need significant and complex medical and behavioral supports.

• **Assure that waiver rates are commensurate with the costs of providing services.** DBHDS appreciates the difficulties associated with service reimbursement rates expressed by so many. The rates of service reimbursement must be sufficient to meet the cost of providing needed supports.

In January 2014, the second phase of the *My Life, My Community* work will begin. This will involve a cost study to review service reimbursement rates and result, most likely, in a revised rate schedule. Phase Two will involve very detailed work and we anticipate it will take a significant amount of time to complete this phase and finalize the changes. We are hopeful that a new waiver system will be implemented in January 2016.

Please be aware that we are in the early stages of the *My Life, My Community* study. Any policy or regulatory changes that are proposed must be presented to the Governor and the General Assembly next year for consideration. If they are approved, they must also be approved by the Centers for Medicare and Medicaid Services (CMS), the federal agency that works with states to administer waiver programs.

We want to hear your feedback. Please visit DBHDS’s website at [http://www.dbhds.virginia.gov/mlmc.htm](http://www.dbhds.virginia.gov/mlmc.htm) to learn more about the *My Life, My Community* plans and find links to reports prepared by HSRI pertaining to Phase One activities and findings. Comments about the report can be e-mailed to MyLifeMyCommunity@dbhds.virginia.gov.
As always, quality service on all levels is a vital goal. DBHDS is committed to being a good listener, a good partner and a good steward of the public resources entrusted to the agency. As we meet the challenges that lie ahead, we are dedicated to a system redesign that provides opportunities for citizens to receive the supports they need to live full lives in the community.

James W. Stewart, III
Commissioner
Department of Behavioral Health and Developmental Services