

Virginia's Plan to Increase Independent Living Options

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From: Department of Behavioral Health and Developmental Services

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Executive Summary

The Commonwealth of Virginia has developed this Plan to Increase Independent Living Options (Plan) to increase the availability of independent housing options for individuals with intellectual and developmental disabilities. This Plan is intended to meet the requirements of Section III.D.3 of the Settlement Agreement with the United States Department of Justice. A cornerstone principle of this Plan is the de-coupling of housing and services, such that service provision and housing decisions are separate and distinct, and individuals have choices about where they live and where they may obtain services. This will result in more individuals with intellectual and developmental disabilities and their families having more choices of where to live, with increased accessibility to affordable opportunities to live independently.

The Plan was developed by the Virginia Department of Behavioral Health and Developmental Services in consultation with an Interagency Housing Committee composed of representatives from the Office of the Secretary of Health and Human Resources, the Virginia Housing Development Authority, the Virginia Department of Housing and Community Development, the Virginia Department of Medical Assistance Services, the Virginia Department for Aging and Rehabilitative Services, and the Virginia Board for People with Disabilities, as well as stakeholder organizations.

The baseline estimate for the number of individuals with intellectual and developmental disabilities in the Commonwealth of Virginia who might choose independent living in state fiscal years 2014 and 2015 is 2,530. This baseline estimate is derived from analysis of current service utilization data, available informal survey data, anecdotal evidence of choice, and national data/trends. Virginia will collect key indicator data from case managers by March 2014. As part of this data collection, data on choice and the need for integrated independent housing will be systematically collected during an individual's annual planning process. This data will be used to provide an accurate and real time projection of housing choice and need for future years, with the first data being available in FY2015.

This Plan includes five goals. Background and rationale are provided for each goal, and each goal is followed by a detailed set of action steps. Appendix C includes a work plan with specific program start and end dates, agencies assuming lead responsibility for each, program performance measures (or outcomes), and the interagency in-kind and other resources dedicated to each task.

Goal One: Expand the Inventory of Affordable and Accessible Rental Units for Individuals with Intellectual and Developmental Disabilities.

Goal One sets in motion the development of an interagency agreement that will leverage the resources of multiple state agencies to provide additional rental units and use state agencies' resources and capacity to incentivize developers to create additional accessible and affordable housing for individuals with intellectual and developmental disabilities.

Goal One Strategies:

- Strategy 1.1: Pursue and leverage increased local, state, and federal rental subsidy opportunities.
- Strategy 1.2: Provide incentives for developers to build units for individuals with intellectual and developmental disabilities.

Goal Two: Increase Access to Rental Subsidies for Individuals with Developmental Disabilities.

Goal Two reflects efforts to increase the funding pool for subsidizing rental units for individuals with developmental disabilities through policy changes, funding requests, and partnership with local jurisdictions. A pilot rental assistance model is being explored to identify and assess the most effective way to provide affordable, accessible, and high quality rentals for individuals with intellectual and developmental disabilities now and in the future.

Goal Two Strategies:

- Strategy 2.1: Partner with state and local public agencies to prioritize rental subsidy needs of individuals with developmental disabilities.
- Strategy 2.2: Pursue and develop funding sources to expand the availability of rental assistance.

Goal Three: Build understanding and awareness of informed choices for independent living among individuals with developmental disabilities, families, public and private organizations, developers, and case managers.

Goal Three intends to generate increased awareness of, and interest and engagement in, moving from congregate homes to independent living among individuals and their families, developers, public and private referring agencies, and case managers. Communication materials, trainings, and a coordinated outreach effort by the state agencies involved and the Interagency Housing Committee members is intended to result in more individuals making an informed choice for independent living in their communities.

Goal Three Strategies:

- Strategy 3.1: Develop and Implement a communications, advocacy, outreach, and education plan.
- Strategy 3.2: Build the capacity of public and private agencies to assist individuals with disabilities and their families in making informed choices.

Goal Four: Review potential federal and state policy changes that will facilitate increased access and availability of services and supports that permit individuals to choose more independent living options.

Goal Four spells out how the Commonwealth will review potential changes to both federal and Commonwealth of Virginia Medicaid policies that could allow more individuals and their families to have the financial support to be able to choose to live in accessible and affordable independent living settings. The intent is to identify opportunities to increase the flexibility of Medicaid funding for use by individuals with intellectual and developmental disabilities who seek to live independently in the community.

Goal Four Strategy:

- Strategy 4.1: Review opportunities to facilitate increased access to independent living options.

Goal Five: Assess and advance coordinated plan implementation

Goal Five puts in place the infrastructure and leadership to implement this Plan, relying on both data and the Interagency Housing Committee. The Virginia Department of Behavioral Health and Developmental Services will establish, track, and analyze benchmarks to advance the Plan and reach identified goals in collaboration with the Interagency Housing Committee.

Goal Five Strategies:

- Strategy 5.1: Track, evaluate, and continuously improve upon Plan progress.
- Strategy 5.2: Convene State and Local partners to ensure implementation of the Plan.

The intent of this Plan is to ensure that more individuals with intellectual and developmental disabilities and their families receive the information they need to make an informed choice about where to live. Additionally, the Plan seeks to increase independent living options as a result of increased development, improvements in federal and state funding and eligibility policies, the design and assessment of a new approach to rental assistance, and increased understanding and promotion of independent living as beneficial to individuals and

communities. The success of this Plan will be measured primarily by five indicators, as well as performance outcomes for the specific actions under each of the five goals. For the first three years of the Plan, 2013-2016, these indicators are:

- An increase in the number of affordable and accessible rental units by 2016. (The increase in the number of units each year will be established by September 2013.)
- A five percent increase each year in the number of individuals who are new to the waiver requesting in-home rather than congregate services.
- An increase in the number of individuals who access rental subsidies each year. (The percent increase will be set by September 2013.)
- A ten percent increase each year in the use of Medicaid for independent living, as measured by the increase in the number of individuals receiving Medicaid ID or DD waiver services and living independently.
- Achievement of annual plan benchmarks, established by September 2013.

The implementation of this Plan's goals and strategies will be administered by the Virginia Department of Behavioral Health and Developmental Services (DBHDS), in consultation with the Interagency Housing Committee. To ensure success, members of the Interagency Housing Committee are committed to coordinating their resources, engaging local and state partners to advance the implementation of the Plan, and tracking and analyzing results for increased efficiency and impact.

I. Introduction

Nationwide and in the Commonwealth of Virginia, there is an understanding and acknowledgement that individuals with developmental disabilities want to remain in their homes and communities. Inclusion of individuals with developmental disabilities into all aspects of society -- work, school, recreation, and government – offers the Commonwealth of Virginia the opportunity to benefit from our diversity, share our experiences, and be collectively strengthened.

Individuals with developmental disabilities can live fuller, more independent lives in integrated community settings. The term “independent living” reflects the right to participate in society and share in the opportunities available to all citizens. Affordable housing and community-based support services are keys to independence for thousands of Virginians with developmental disabilities.

This Plan delineates five goals and nine strategies that will increase access to independent living options for individuals with intellectual and developmental disabilities.

Background

The Commonwealth of Virginia has developed this Plan to increase the availability of independent housing options for individuals with intellectual and developmental disabilities. The Plan is intended to meet the requirements of Section III.D.3 of the Settlement Agreement with the United States Department of Justice. The Plan also includes a provision to establish and begin distributing from a one-time fund of \$800,000 to provide and administer rental assistance to as many individuals with developmental disabilities as possible who receive Home and Community-Based Services (HCBS) Waivers, and express a desire for living in their own home or apartment, and for whom such a placement is the most integrated setting appropriate to their needs.

With the exception of the \$800,000 rental assistance fund, the Interagency Housing Committee was charged with developing this Plan as cost-neutral, using existing resources or savings generated through implementation of the Plan to support recommendations. Should additional resources become available, the Committee will incorporate these opportunities into their future planning efforts.

Charge and Method

In May 2012, an Interagency Housing Committee composed of representatives from DBHDS, the Office of the Secretary of Health and Human Resources, the Virginia Housing Development Authority (VHDA), the Virginia Department of Housing and Community Development (DHCD), the Virginia Department of Medical Assistance Services (DMAS), the Virginia Department for Aging and Rehabilitative Services (DARS), and the Virginia Board for People with Disabilities (VBPD), as well as stakeholder organizations, was formed to create this Plan. Appendix A includes the name and affiliation of members of the Interagency Housing Committee.

This Plan sets forth five major goals with nine strategies and detailed action steps to achieve those goals. The Plan also provides baseline estimates regarding the number of individuals with developmental disabilities who are projected to choose independent living options. The method of calculating and projecting the baseline estimates is detailed in the report.

Underlying Principles

The Commonwealth of Virginia supports efforts to make available housing options to individuals with intellectual and developmental disabilities. A cornerstone principle of this Plan is the de-coupling of housing and services, such that service provision and housing decisions are separate and distinct, so that an individual's choice about where they live is a separate decision from where they may obtain services. This will result in more individuals with intellectual and developmental disabilities and their families having more choices of where to live and increased accessibility to affordable opportunities to live independently. Historically, individuals with intellectual and developmental disabilities have resided in congregate housing settings in which the service and housing provider were one and the same, thereby creating a situation in which an individual's housing and services choices are inextricably linked.

While the recommendations in this Plan are inclusive of individuals who live with their families or in their own homes, this plan focuses primarily on individuals with intellectual and developmental disabilities and their families who seek to lease independent and integrated housing in the setting of their choice. The recommendations related to services, outreach, and training also affect individuals who own their own homes or live with their families.

II. Demographic Profile and Projections

Individuals with Intellectual and Development Disabilities in Virginia

Virginia ranks among the ten lowest states in average income for an individual with a disability receiving Supplemental Security Income (SSI). As of December 2011, 151,013 individuals in Virginia received SSI. Of those receiving SSI, 18,846 were classified as aged, and 132,167 were classified as blind and/or disabled.ⁱ

Total SSI Recipients	Category Aged	Category Blind/Disabled	Under Age 18	Age 18-64	= To or Older than Age 65
151,013	18,846	132,167	24,049	93,004	33,960

Virginians receiving SSI benefits are at extreme levels of poverty and are facing a housing crisis. In the twelve years since it was first published, *Priced Out in 2010: The Housing Crisis for People with Disabilities*, reports that, as a national average, the amount of monthly SSI income, adjusted for inflation, that is needed to rent a modest one-bedroom unit has risen 62 percent, from \$462 (69 percent of SSI) in 1998 to \$749 (112 percent of SSI) in 2010¹.

Data reported in *Out of Reach 2010* by the National Low Income Housing Coalition show that the annual income of a single individual receiving SSI equaled only 15.6 percent of median income in Virginia. This is almost 30 percent below the 2010 federal poverty level of \$10,830 for an individual. As a result, the housing affordability gap for individuals with developmental disabilities in the Commonwealth is significant.

Many individuals with developmental disabilities have extremely low incomes due to reliance on SSI or Social Security Disability Insurance (SSDI) as their primary source of financial support. Both SSI and SSDI are cash assistance programs that help individuals with disabilities. Individuals dependent on SSI and SSDI lack sufficient income to afford adequate housing anywhere in Virginia. Even when individuals choose to form a two-person “shared living arrangement,” their joint purchasing power is not sufficient to afford a two-bedroom unit in most metropolitan localities throughout the Commonwealth. In Virginia and nationally, citizens are being priced out of the housing market, especially individuals with developmental disabilities receiving SSI benefits, or whose income is otherwise limited.

¹ Technical Assistance Collaborative - “Priced Out in 2010” Report

Demographics:

The information and maps in Appendix B provide a visual snapshot of the geographic regions where individuals with developmental disabilities who receive ID Waiver services or are on the ID Waiver Urgent Waitlist currently reside, or, for those living in a training center, the area considered to be their Community Services Board (CSB) of origin. In order to accomplish the goals outlined in this Plan, it is necessary to support local, regional, and statewide planning to increase opportunities for housing choice. The maps assist with assessing local and regional needs and informing these short- and long-term planning efforts. These maps will be used by the Interagency Housing Committee to target outreach efforts, pinpoint areas for future education and development, and inform any applications for federal or state resources that may become available in the future².

Training Centers: As of January 24, 2013, 894 individuals resided in the five DBHDS-operated training centers. [Map 1.1](#), in Appendix B, illustrates the number of individuals residing in a training center by CSB of origin. The current use of training centers varies across the 40 CSB service areas. The majority of individuals leaving training centers will be returning to their CSB of origin, or their home CSB region of origin.

ID Waiver Urgent Waitlist: As of January 24, 2013, there were 2,538 individuals 18 years of age and older on the ID Waiver urgent waitlist. [Map 1.2](#), in Appendix B, illustrates the number of individuals on the urgent waitlist by CSB. [Map 1.3](#), in Appendix B, illustrates the ID Waiver urgent waitlist rate per each 1,000 residents by CSB.

Individuals receiving ID Waiver Services Living with their Family: As of January 24, 2013, there were 3,034 individuals age 18 years and older living with family and receiving ID Waiver services. [Map 1.4](#), in Appendix B, illustrates the geographic area by CSB where these individuals reside. [Map 1.5](#), in Appendix B, illustrates the rate of individuals age 18 years and older living with family and receiving ID Waiver services per 1,000 residents by CSB. It is anticipated that the majority of individuals living with family who might choose to move into independent housing would also choose to live in close proximity to their family.

Individuals receiving ID Waiver Congregate Residential Services: As of January 24, 2013, there were 5,152 individuals receiving ID Waiver congregate residential services. [Map 1.6](#), in Appendix B, illustrates the geographic area by CSB where these individuals reside. [Map 1.7](#), in Appendix B, illustrates the number of individuals receiving congregate residential services per 1,000 residents by CSB.

² Please note that maps using dots do not represent the exact location of a person. The location of the dot is selected at random within a zip code or Community Services Board (CSB) location.

Non-State Operated ICF/ID: As of January 24, 2013, there were 292 non-state operated Intermediate Care Facility beds for adults with intellectual disabilities (ICF/ID) beds for adults. While we do not currently collect occupancy data for these facilities, staff is confident that they are at full capacity for most of the year. The size of the facilities ranged from 3 beds to 15 beds. [Map 1.8](#), in Appendix B, illustrates the geographic areas where these facilities are located.

III. Baseline Number of Individuals Who Would Choose Independent Living Options

Independent living opportunities for individuals receiving HCBS waivers have been inconsistent, and not an identifiable choice for many individuals, family members, and professionals. Assisting individuals so that they can make informed choices is also a key component of successfully transitioning to more appropriate housing options. Individuals on the wait list or living in training centers, Intermediate Care Facilities, and nursing facilities often lack sufficient information regarding the available housing options. Additionally, as a result of long-term institutionalization, individuals may lack sufficient skills to weigh choices and may also lack confidence in their own ability to both make good choices and assert their desires.

Given the complexity of determining a baseline number of individuals who would choose independent living options, national housing experts with the Technical Assistance Collaborative (TAC), located in Boston, Massachusetts, were consulted by the Interagency Housing Committee. TAC has provided policy leadership, technical assistance, and consultation for numerous federal, state, and local government agencies, as well as for national policy and advocacy, philanthropic, and nonprofit organizations for over 20 years.

TAC surveyed the literature and spoke with experts in the field to determine if proceeding with a written or web-based survey would be a valid approach to ascertaining the housing preferences and choices of people with intellectual or developmental disabilities. Their findings concluded that the literature only supports doing face-to-face and person centered planning processes to ascertain people's preferences for housing or residential services.

There is no data reported in the literature from other surveys of people on waiting lists from which the possible preferences of people in Virginia could be extrapolated.ⁱⁱ It was determined by the Interagency Housing Committee that only currently available data described below could reasonably be used at this time to establish a conservative baseline of individuals who would likely choose integrated independent living.

The Commonwealth has determined a baseline estimate that 2,530 individuals receiving or eligible to receive services through the HCBS waivers would choose independent living options in state fiscal years 2014 and 2015.

Baseline categories include the following:

1. Individuals on the ID Waiver Urgent Waitlist;
2. Individuals on the DD Waiver Waitlist;
3. Individuals currently residing in congregate group homes receiving ID waiver who may prefer a more independent living option;
4. Adults currently residing with their families receiving in-home residential services in the ID or DD waiver who may prefer a more independent living option;
5. Individuals residing in a nursing home; and
6. Individuals currently residing in training centers or community-based ICF/ID facilities.

This baseline estimate is derived from analysis of current service utilization data, available informal survey data, anecdotal evidence of choice, and national data/trends (see Table 1 on page 15). Virginia will collect key indicator data from case managers by March 2014. As part of this data collection, data on choice and the need for integrated independent housing will be systematically collected during an individual's annual planning process. This data will be used to provide an accurate and real time projection of housing choice and need for future years, with the results being available in FY2015.

Virginia Community Services Boards' Records

Table 1 on the following page shows the number of individuals listed in the electronic data base system maintained at DBHDS for ID Waiver support services. The estimated number of individuals and families who would be interested in a more independent living setting through availability of integrated housing and Waiver-funded in-home supports by CSB is depicted in the last column. This figure is a conservative estimate derived from the above analysis and knowledge of the population currently being served.

For 2014, 10% of the population currently being served in a group home setting and 10% of the number of adults living at home with their families are estimated as likely to choose an apartment option if it were offered to them. The estimate amounts to almost 900 individuals

statewide. For 2015, an estimate of 15% of the population currently being served in a group home setting and 15% of the number of adults living at home with their families would be expected to choose an apartment option if it were offered to them. This estimate amounts to over 1,300 individuals statewide.

There is informal evidence consistent with an assumption that many adults living at home with their families are doing so due to their lack of interest in the group home model. Adding to the uncertainty in predicting whether individuals might choose a more independent model in the future is how Virginia will modify future waiver services to support more independent living options. Virginia is currently undertaking a waiver evaluation study to examine the pros and cons of making changes to the service definition of in-home supports to allow for a more flexible use of the service consistent with lifestyle choices, preferences, and needs of individuals being supported by the waiver, and to allow greater opportunities for use of technology to support individuals, and reduce their reliance on direct support staff. Any future changes to these services will have an impact on individuals' future housing options.

Table 1 on the following page provides summary information relating to the above mentioned baseline estimate for individuals with an intellectual disability. The table in Appendix D provides additional information regarding the facility censuses and waitlist totals.

Table 1 – Summary Baseline Data Table for ID Population

CSB Name	Baseline Estimate for Adults in Inst. (3%)*	Baseline Estimate for FY 2014 Waiver Recipients (10%)**	Baseline Estimate for FY 2015 Waiver Recipients (15%***	Total Baseline Estimate for FY 2014 (10%) and FY 2015 (15%) Waiver Recipients****
ALEXANDRIA CSB	1	9	13	22
ALLEGHANY HIGHLANDS CSB	0	4	6	10
ARLINGTON MENTAL HEALTH	2	9	13	23
BLUE RIDGE CSB	1	30	46	77
CENTRAL VIRGINIA CSB	2	44	67	113
CHESAPEAKE CSB	1	14	22	37
CHESTERFIELD CSB	1	55	85	141
CITY OF VA BEACH CSB MHMRAS	2	51	78	131
COLONIAL BEHAVIORAL HEALTH	0	9	14	23
CROSSROADS CSB	0	15	23	38
CUMBERLAND MTN CSB	2	11	17	30
DANVILLE-PITTSYLVANIA CSB	1	23	36	60
DICKENSON Y CSB	0	2	3	5
DISTRICT 19 CSB	1	23	35	59
EASTERN SHORE CSB	0	9	13	22
FAIRFAX FALLS CHURCH CSB	5	63	100	168
GOOCHLAND POWHATAN MENTAL HLTH	0	5	7	12
HAMPTON-NN CSB	2	40	62	104
HANOVER Y CSB	0	10	16	27
HARRISONBURG-ROCKINGHAM CSB	1	16	24	40
HENRICO CSB	1	33	51	85
HIGHLANDS CSB	1	9	14	24
LOUDOUN Y CSB	0	12	19	31
MIDDLE PENINSULA NECK CSB	0	18	27	45
MOUNT ROGERS CSB	1	21	32	54
NEW RIVER VALLEY CSB	1	17	26	44
NORFOLK CSB	2	31	48	81
NORTHWESTERN CSB	0	25	38	63
PIEDMONT CSB	1	21	32	53
PLANNING DISTRICT ONE CSB	1	13	20	34
PORTSMOUTH DEPT OF BEHAVIORAL	1	20	30	50
PRINCE WILLIAM Y CSB	1	26	40	67
RAPPAHANNOCK AREA CSB	0	36	56	92
RAPPAHANNOCK RAPIDAN CSB	1	16	25	42
REGION TEN CSB	1	24	37	63
RICHMOND BHVRL HLTH AUTHORITY	2	35	55	92
ROCKBRIDGE AREA CSB	0	6	9	15
SOUTHSIDE CSB	1	16	23	39
VALLEY CSB	1	22	34	57
WESTERN TIDEWATER CSB	1	17	27	46
GRAND TOTAL	39	856	1,323	2,218

Date: January 24, 2013

Please note: All numbers are rounded to the nearest whole number.

* Assumption: A minimum of 3 percent of the individuals over the age of 18 that are living in a Training Center, Community ICF or Nursing Home would choose an independent living option, if available.

**Assumption: A minimum of 10 percent of the individuals over the age of 18 that are receiving waiver supports that are either living with family or in a congregate setting and 10 percent of the individuals that will receive a waiver slot in FY 2013 would choose an independent living option, if available.

***Assumption: A minimum of 15 percent of the individuals over the age of 18 that are receiving waiver supports that are either living with family or in a congregate setting and 15 percent of the individuals that will receive a waiver slot in FY 2013 would choose an independent living option, if available.

**** Baseline estimate does not include individuals that are not at least 18 years of age or older, or individuals that are not receiving waiver services in an in-home or congregate setting (e.g. individuals that only receive vocational or day support services under the waiver).

DMAS derived its projections for the number of individuals receiving DD waiver services who would take advantage of independent living from a survey the DMAS conducted in 2011. The DMAS leadership recognized both the significant number of young adults currently enrolled in the DD Waiver who may naturally look toward greater housing independence in the future; and Virginia's interest in ensuring the greatest inclusiveness and community integration for individuals with developmental disabilities. No data on housing for this population had been collected prior to their survey regarding housing preferences for those enrolled in the DD Waiver. The chart below shows the results of the survey conducted by DMAS staff for individuals' age 18 years and older who received a level of care annual assessment during the period November 15, 2011 through October 31, 2012.

Table 2 – Baseline Data

DD Waiver Status over age 18 years of age	Would you choose to live in another type of housing arrangement / residential service today? (Yes Responses)	Total Baseline Estimate for FY 2014 (16%)
534 individuals enrolled	85	
441 individuals on waiting list	71	
975 Total individuals enrolled and on waiting list	156	156*

*Estimated at 16% based upon the survey responses for individuals enrolled in the DD Waiver.

The survey consisted of a one-page questionnaire developed by DMAS that asked three questions about choices of housing arrangement or residential options. As a part of the face-to-face annual level-of-care (LOC) assessment, DMAS staff completed the survey with the individual. Frequently, a family member was present during the interview. The first question asked: "If given a choice today, would you choose to live in another type of housing arrangement/residential service?". A total of 85 individuals over the age of 18 responded "yes" to this question.

If individuals indicated that they did not currently wish to live in another housing arrangement/residential services today, the DMAS staff asked a follow-up question: "Do you think that, within the next five years, you would choose another type of housing?" A total of 139 (26%) individuals indicated that they thought they would choose another type of housing in the next five years.

While there are limitations inherent in this survey, there are some lessons learned from the process. For the reasons discussed earlier in this report, the DD Waiver offers no congregate living options. The DMAS survey included congregate options (group homes and sponsored

residential) along with the more independent settings (supported living and shared living) as a means to begin a discussion with individuals and families about housing. Many variables factor into the decision regarding housing choices. Choosing a living arrangement is unique to each individual based upon their needs and preferences at a point in time.

Based on the responses to the survey indicating that 16% of individuals age 18 and older would choose another type of living arrangement today, it is estimated that 16% of individuals receiving services through DD waiver or on the DD waiver wait list would be likely to choose another type of living arrangement. Also, the survey indicates there is a significant number of individuals who anticipate needing other housing options in the next five years.

IV. Goals and Strategies

The Plan includes five goals, each followed by strategies to accomplish the goal. In this section, a background and rationale is provided for each goal, followed by a detailed set of action steps. Appendix C includes a work plan with specific program start and end dates, agencies assuming lead responsibility for each, program performance measures (or outcomes), and the interagency in-kind and other resources dedicated to each task.

Goal One: Expand Inventory of Affordable and Accessible Housing

Goal 1 sets in motion the development of an interagency agreement that will leverage the resources of multiple state agencies to provide additional rental units, and uses the resources and capacity of state agencies to incentivize developers to create additional accessible and affordable housing for individuals with intellectual and developmental disabilities.

- 1. Expand the Inventory of Affordable and Accessible Rental Units for Individuals with Intellectual and Developmental Disabilities.*

Rationale

Prior to the mid-1980s, the federal government relied heavily on project-based rental assistance programs to meet the housing needs of extremely low-income renters. These programs provided long-term public subsidy contracts as an inducement for private investment in rental housing that could serve households otherwise unable to pay the rent. In past decades, this model sustained the development of a substantial number of privately-owned, deeply-subsidized rental units in Virginia. As of 2010, nearly 39,000 of the over 106,000 federal rent subsidy units in Virginia were part of federal subsidy contracts with private landlords on properties developed through project-based subsidy programs.

Yet, in 2013, due to budget constraints, project-based subsidy programs are extremely limited in size. Furthermore, the U. S. Department of Housing and Urban Development (HUD) is no longer willing to enter into long-term subsidy contracts. Consequently, private for-profit developers and investors are reluctant to make new long-term capital investments in rental units subject to occupancy restriction to extremely low-income households.

Non-profit affordable housing developers remain willing to serve the needs of extremely low-income people. However, their ability to attract private capital investment through the federal Low Income Housing Tax Credit Program (LIHTC) is made challenging by the limited term of subsidy contracts. In addition, they may be unwilling to rent to tenants, especially individuals with developmental disabilities, if they face the prospect of having to evict such tenants in the event of the non-renewal of short-term rental subsidy contracts. Funding actions by HUD over the past decade have further restricted rents and delayed subsidy payments. These actions, along with current federal fiscal uncertainties, have heightened owner and investor wariness about assuming program risks.

Strategy and Action Steps:

Strategy 1.1: Pursue and leverage increased local, state, and federal affordable rental subsidy opportunities.

- 1.1.1. Assess the effectiveness of the LIHTC guidelines and incentives in expanding the inventory of affordable, accessible units and facilitating the use of housing subsidy funds from all available sources. Make changes as needed and appropriate.
- 1.1.2. Develop and execute a foundational interagency Memorandum of Understanding with VHDA, DHCD, DMAS, VBPD, and DARS that establishes each agency's role and responsibility in increasing access to independent living options for individuals with developmental disabilities.
- 1.1.3 DHCD will partner with VHDA, DMAS, and DBHDS to apply for future capital and other external funding opportunities that will support the creation of housing options for individuals with developmental disabilities.
- 1.1.4 Target a percentage of the Virginia Housing Trust Fund³ monies to provide secondary financing to enable further write down of rents on affordable units serving individuals with developmental disabilities.
- 1.1.5 Incentivize developers to collaborate with local entitlement jurisdictions to align both state- and locally- controlled resources to develop affordable rental housing.

³ Formerly known as the "Virginia Housing Partnership Revolving Fund" and renamed to the "Virginia Housing Trust Fund" in House Bill 2005. Please note that this is not the \$800,000 funding appropriated in connection with this Plan.

Strategy 1.2: Provide incentives for developers to create units for individuals with intellectual and developmental disabilities.

- 1.2.1 Provide incentives in the competitive LIHTC program to encourage developers to increase the share of units meeting high accessibility and Universal Design standards.
- 1.2.2. Provide incentives in the competitive LIHTC program to developers who serve very low-income populations.
- 1.2.3. Provide the highest level of LIHTC incentives to developers who provide project-based rent subsidies, or provide preferential marketing to voucher holders.
- 1.2.4. Make the needs of individuals with developmental disabilities one of the priorities in VHDA's internal REACH subsidy allocation, and use REACH subsidies to write down mortgage costs to facilitate the building of units for the lowest income populations.

Goal Two: Access to Rental Subsidies

Goal Two reflects efforts to increase the funding pool available for subsidized rental units for individuals with developmental disabilities through policy changes, funding requests and partnership with local jurisdictions. A pilot rental assistance model that supports transition costs and environmental modifications is being explored to identify and assess the most effective way to provide affordable, accessible, and high quality rentals for individuals with intellectual and developmental disabilities now and in the future.

2. Increase Access to Rent Subsidies for Individuals with Developmental Disabilities.

Rationale

Households with extremely low incomes depend on rent subsidy assistance to afford adequate housing. Unlike Medicaid payments, rent subsidies are not part of the national entitlement safety net; only a small share of households in need receive assistance. The most recent data available from the Census Bureau, U.S. Department of Housing and Urban Development (HUD), and the U.S. Rural Housing Services indicate that, of the over 200,000 extremely low income renter households in Virginia, less than half (approximately 40-45 percent) receive public rental assistance⁴. Those who are not able to receive rental assistance suffer severe rent burden and/or have to reside in inadequate living situations. The lack of access to rent subsidies by extremely low-income households cannot be readily resolved through reallocation of assistance to those most in need. Currently, it is estimated that 80 percent of the

⁴ U.S. Census Bureau special tabulations for HUD from the 2005-09 American Community Survey, and 2010 statewide inventory of federally assisted rental housing in Virginia compiled by VHDA from data from HUD, the U.S. Rural Housing Services, local PHAs, and VHDA.

approximately 106,000 federal rent subsidy units in Virginia are occupied by households with extremely low incomes.⁵

Wait lists for housing assistance remain very long throughout Virginia, and most remained closed in 2012 except for brief, infrequent intervals when new names were added. In accordance with federal regulations and guidelines, wait lists are maintained locally by public housing agencies and individual private landlords with federal subsidy contracts for units in their properties. This makes the process of applying for assistance confusing and difficult, and makes coordination with state-managed Medicaid wait lists challenging.

Most individuals with intellectual or developmental disabilities have never been placed on these waitlists, yet a substantial number of other people with various disabilities have been. Consequently, general disability wait list preferences are likely to have little impact on the ability of individuals with ID and DD to access rental assistance on a timely basis. HUD will consider granting a remedial Olmstead tenant selection preference to public housing agencies to provide disability-specific special admission preferences in their Housing Choice Voucher programs that can bypass wait lists. Such an action requires special HUD approval.

Over half of the federal rental assistance available in Virginia is administered directly by local public housing agencies (PHAs), mainly through the Housing Choice Voucher and Public Housing Programs. Access to another large share of rent subsidy units is controlled by private landlords with federal project-based rent subsidy contracts. VHDA administers roughly 20 percent of Housing Choice Voucher assistance, but controls access to less than 10 percent of aggregate federal rental assistance in Virginia. Consequently, local PHA capacity and willingness to administer rental assistance to individuals with developmental disabilities is critical to the success of this Plan. Unfortunately, PHA capacity has been severely strained by several decades of inadequate administrative funding from HUD, and the severe shortage of subsidy funds relative to critical unmet needs makes it difficult for PHAs to shift program priorities and preferences in order to serve individuals with developmental disabilities in a timely manner.

In addition, many individuals with developmental disabilities need housing that is physically accessible. Yet vacant, available for rent, affordable, and accessible housing units remain limited. Consequently, most individuals who need accessible housing will have to make modifications to their units – often to the kitchens, bathrooms, and unit entrances. The cost just to remove an existing bathtub, toilet, and vanity; reconfigure the plumbing; re-grade the floor; and install a new roll-in shower, accessible toilet, accessible roll-under sink, and grab bars can easily exceed \$10,000. Aside from VHDA's rental modification grant of up to \$2,000 per

⁵ This estimate is based on HUD Resident Characteristics Reports for Public Housing and Housing Choice Vouchers and residency in VHDA's Section 8 property portfolio.

year and occasional charitable or faith-based organization contributions or foundation grants, there are few sources of grant funding for accessibility improvements for individual renters.

Some individuals with developmental disabilities also need assistive technology in order to live independently, but lack sufficient income to purchase needed equipment. The Assistive Technology Loan Fund offers very low-interest loans for both environmental modifications and assistive technology; however, most individuals in the target population can neither qualify for nor afford a loan. While the ID and DD Waivers offer funding for environmental modifications and assistive technology, both services are limited to \$5,000 per year and cannot be carried over from year to year.

The Commonwealth has established an \$800,000 rental assistance fund to address these gaps and is currently exploring a pilot rental assistance project to identify and assess the most effective way to provide affordable, accessible, and high quality rentals for individuals with developmental disabilities.

Strategies and Action Steps

Strategy 2.1: Partner with state and local public agencies to prioritize rent subsidy needs of individuals with developmental disabilities.

- 2.1.1. Request HUD approval to provide special admissions preference for individuals with developmental disabilities in VHDA's Housing Choice Voucher program.
- 2.1.2 Encourage local Public Housing Agencies to adopt a "Money Follows the Person" admissions preference in their programs.

Strategy 2.2: Pursue and develop funding sources to expand the availability of rental assistance.

- 2.2.1. DHCD will partner with VHDA, DMAS, and DBHDS to apply for FY 2013 HUD Section 811 funding. DHCD will also partner with the above referenced agencies to apply for future HUD Section 811 and other rental subsidy opportunities that will support the creation of housing options for individuals with developmental disabilities.
- 2.2.2. Apply for any future incremental federal voucher assistance.
- 2.2.3. Finalize the operational details of a pilot rental assistance project and seek approval from the Secretary of Health and Human Resources for implementation using the \$800,000 rental assistance fund.
- 2.2.4. If approved, create and implement the rental demonstration project.
- 2.2.5 If approved and implemented, determine the outcomes of the rental demonstration project and explore and pursue opportunities to create a non-federally-funded rental assistance program that will provide on-going rental assistance and support transition costs and needed environmental modifications.

- 2.2.6 Encourage local Public Housing Agencies to apply for any future incremental federal Housing Choice Voucher assistance.

Goal Three: Build Understanding and Awareness of Informed Choices

Goal Three intends to generate increased interest and engagement in moving from congregate homes to independent living among individuals with developmental disabilities and their families, developers, public and private referring agencies, and case managers. Communication materials, trainings, and a coordinated outreach effort by the state agencies involved and the Interagency Housing Committee members are intended to result in more individuals with developmental disabilities making an informed choice for independent living in their communities.

3. *Build Understanding and Awareness of Informed Choices for Independent Living Among Individuals with Developmental Disabilities, Families, Public and Private Organizations, Developers, and Case Managers.*

Rationale

The Interagency Housing Committee discussed barriers and examined evidence indicating that a large number of families do not envision the group home model in their children's future. Additionally, a number of adults currently residing with their families receiving in-home supports likely reside with their families due to having few options beyond the choice to receive congregate services in a group home. Increasingly, families are embracing more fully inclusive and integrated service models that reflect the values of individual choice and self-determination. Receiving in-home supports in integrated and independent housing that is separate from services better reflects the vision and expectations families and individuals aspire for in the future. The availability of a wider array of choices would likely result in a selection of independent living more of the time.

Capacity for programs often grows as people who would be potential users of the programs become more knowledgeable about the programs and advocate for change. The demand for integrated housing is expected to rise as people become more knowledgeable about the ability to select integrated living settings. The apparent preference of people served with the ID Waiver to use congregate housing may be the result of a lack of information or availability of services in integrated housing. Individuals' and families' options may be limited to congregate housing if they cannot otherwise afford market rate housing or if they do not have Section 8 or other housing subsidies.

Case managers, who are primarily responsible for assisting people with making decisions about housing, often do not understand what housing subsidies are available and how to pursue these subsidies. The capacity of case managers to understand housing options and to assist people to obtain desired housing needs to be improved statewide.

Individuals who reside in institutions or congregate settings need to be made aware of housing subsidy programs and wait list procedures. This information should routinely be provided as part of the transition planning process, as individuals prepare to transition from either an institution or congregate setting. For example, Public Housing Agencies need to ensure that their agency plans, which are updated on an annual basis, include outreach to individuals living in nursing facilities and other institutions.

In addition, rental housing developers and investors are also reluctant to formally restrict occupancy of units to specific narrow populations for which the magnitude of ongoing, sustained demand is uncertain. This is especially true for special need populations, including individuals with developmental disabilities, for whom successful occupancy is contingent not only on the continued receipt of rent subsidy assistance, but also on access to and appropriate receipt of supportive services. The current lack of ongoing referral of tenants with developmental disabilities to restricted units contributes further to owner/investor concerns with assuming program risks.

Strategies and Action Steps

Strategy 3.1: Develop and Implement a communications, advocacy, outreach, and education plan.

- 3.1.1 Create a communications plan tailored to key audiences that delineates the “new paradigm” emphasizing independent living. Target audience to include, but not be limited to, the following: CSBs, case managers, private providers, individuals and their families, housing developers, Public Housing Agencies, local entitlement communities, private landlords, regional entities, and others.
- 3.1.2. Develop and message out the key components of the housing options desired through social and other media, including its fundamental principles, opportunities, challenges, and restrictions.
- 3.1.3. Conduct outreach, education, and communication with agencies, such as Public Housing Agencies, housing developers, and private landlords to include information about the Virginia Housing Search Tool, accessibility standards, and Universal Design.
- 3.1.4 Support efforts by Centers for Independent Living (CIL’s) to implement outreach and educational initiatives with Public Housing Agencies and entitlement communities to encourage the allocation of resources to create housing options for individuals with developmental disabilities.

- 3.1.5 Convene and coordinate appropriate agencies to maximize public outreach resources to communicate the “new paradigm” message to individuals and their families, regional staff, local agencies, transportation agencies, service providers, and other stakeholders.
- 3.1.6 Develop education and training methods to reach individuals and their families with information about available choices and opportunities for independent living.
- 3.1.7 Develop local and regional partnerships necessary to support and sustain the communication strategy and continued availability of independent living options.

Strategy 3.2: Build the capacity of public and private agencies to assist individuals with developmental disabilities and their families in making informed choices.

- 3.2.1 Provide semi-annual training sessions for individuals with developmental disabilities and their families.
- 3.2.2. Provide quarterly training opportunities for ID and DD waiver case managers to educate them about available independent living options.

Goal Four: Review Federal and State Policy to Identify Potential Changes

Goal Four spells out how the Commonwealth will review potential changes to both federal and Commonwealth of Virginia Medicaid policies that could allow more individuals and their families to have the financial support to be able to choose to live in accessible and affordable independent living settings. The intent is to identify opportunities to increase the flexibility of Medicaid funding for use by individuals with intellectual and developmental disabilities who seek to live independently in the community.

4. Review state and local policy to identify potential changes that will facilitate increased access and services and supports that permit individuals to choose more independent living options.

Rationale

Individuals who receive Medicaid Waiver funding in both metropolitan and rural Virginia jurisdictions often experience difficulties securing in-home support services because narrow billable service definitions and inadequate reimbursement rates are insufficient to cover the cost of service delivery. For example, neither the cost for a direct service worker to travel between clients’ homes, nor the cost to assist a client while he/she is hospitalized, is billable under Virginia’s current waiver programs (even if the worker may have valuable information to convey to hospital staff). If the worker takes the individual to the recreation center for swimming lessons, any time the worker does not directly assist the individual is not billable. Despite the lack of “bill-ability,” workers must be paid for the time on the clock. These issues manifest themselves differently depending on geography. Rural areas often have gaps in

coverage from community to community, particularly if there are not enough individuals to serve to achieve an economy of scale over large distances. Metropolitan areas struggle to keep pace with wages and benefits in similar fields, and low payment rates and rigid definitions of billable activities result in reimbursement insufficient to cover the cost of service delivery. When wages do not keep pace, turnover increases and qualified staff are lost to better paying positions and professions.

There is a mismatch between the current state policies and procedures for assigning available ID waiver slots to those on the “urgent needs waitlist” and local housing agency policies for selecting individuals from Housing Choice Voucher and/or Public Housing waitlists. ID waiver slots are assigned based on a scoring system that identifies the individual who scores the highest on an “urgent need” screening tool, while housing choice vouchers and public housing units are typically assigned on a first come, first served basis (based on unit size needed/available). Individuals who come up on the Housing Choice Voucher waitlist may lose their voucher if they do not already have a waiver slot, or if their case does not screen as “most urgent” for the next available waiver slot.

The DD waiver does not provide for congregate residential services. Furthermore, the ID waiver does not allow two or more individuals with disabilities to pool their in-home support or personal attendant care hours. As a result, two individuals with significant care needs who together could share their hours and live in a more independent setting are often forced to remain in a more segregated environment with a higher level of care, such as a group home or nursing facility.

Virginia’s current licensing regulations for residential services tend to emphasize congregate residential “programs” over supportive services in the ID Waiver. This programmatic approach for the ID Waiver links housing and services in ways that inhibit individuals’ choices and flexibility. For example, in DBHDS-licensed group homes and supervised living programs, individuals can select a provider that makes both the housing and the services available. However, if an individual decides to change service providers, he/she would have to move to another living situation. Likewise, if an individual wanted to live in another area or different type of housing (e.g., an apartment or mobile home), he/she may have to find a different service provider who will work in that setting.

Nationally, there is a movement toward de-coupling housing and services so that individuals are not at risk of losing their housing if they change service providers and vice versa. In Virginia, the movement to de-couple housing and services has already been established with the DD Waiver. However, limitations of in-home rates and environmental modification regulations limit individuals’ ability to live independently.

In addition to limited funding for environmental modifications through the ID and DD waivers, regulation further restricts access to these services. Medicaid regulations do not allow environmental modifications to be funded before the individual occupies the housing while the individual resides in a Medicaid-funded institution.

Strategies and Action Steps:

Strategy 4.1: Review opportunities to facilitate increased access to independent living options.

- 4.1.1. Evaluate the current ID and DD waiver programs to identify service gaps that create barriers to independent living and recommend strategies to close these gaps.
- 4.1.2. Review potential changes in the Medicaid rate structure that will reduce reliance on larger congregate housing models, community-based intermediate care facilities, and nursing facilities.
- 4.1.3. Review Medicaid in-home payments and skilled nursing rate structure to identify opportunities to enhance support for more independent living options.
- 4.1.4. Review potential modifications to the Medicaid waiver programs to match individual needs to services, and provide individuals with the ability to direct their own waiver resources toward independent living options.
- 4.1.5. Review Medicaid waiver structure to determine if there are opportunities to expand environmental modification and assistive technology provisions in the current Medicaid ID and DD waiver program to support more independent options.

Goal Five: Assess and Advance Coordinated Plan Implementation

Goal Five puts in place the infrastructure and leadership to ensure the implementation of the plan, relying on both data and the Interagency Housing Committee. The Virginia Department of Behavioral Health and Developmental Services will establish, track, and analyze benchmarks to advance the plan and reach identified goals in collaboration with the Interagency Housing Committee. Continuing with its leadership developing this Plan and setting measureable goals, the Interagency Housing Committee will shift to a coordinating and advisory role, with a particular emphasis on continuous improvement, coordinating outreach, and engaging local communities in implementing the Plan.

Rationale

The Interagency Housing Committee is committed to achieving the goals and indicators articulated in the Plan. As part of the development of this Plan, this Committee worked with state partners to set initial benchmarks and indicators designed to measure the progress of the Plan. The Interagency Housing Committee has volunteered to continue to convene regularly to track, monitor, and analyze the Plan progress. The members of the Interagency Housing

Committee will serve as contacts for the outreach and education components that are key to the success of this plan. They will help coordinate resources among agencies so as to maximize the impact of public education and outreach to organizations and individuals.

The reports produced by the DBHDS will be the documents used to assess and track the achievement of goals, strategies, and actions steps delineated in this Plan. Developing a process and format for an overall report, as well as a method for continuous improvement, is an important component of the first year of Plan implementation.

Strategies and Action Steps

Strategy 5.1: Track, evaluate, and continuously improve upon Plan progress.

- 5.1.1. Develop and produce a quarterly monitoring format and process.
- 5.1.2. Interagency Housing Committee meets at least quarterly to track and monitor outcomes and indicators.
- 5.1.3. Set Plan benchmarks and key indicators for 2014.
- 5.1.4. Design an evaluation and tracking system for the Plan.
- 5.1.5. Evaluate the feasibility of a long-term rental assistance program based on the outcome of the demonstration/pilot project, if approved.
- 5.1.6. Establish an annual review and revision of strategies and action steps.

Strategy 5.2: Convene State and Local partners to ensure implementation of the Plan.

- 5.2.1. DBHDS Commissioner to establish the Interagency Housing Committee as a permanent advisory body.
- 5.2.2. Conduct outreach to representatives of agencies at the local level to share the Plan.
- 5.2.3 Build, assess, and refine a strategy for building local support for the Plan.

V. Conclusion and Next Steps

The intent of this Plan is to increase access to independent living options for individuals with developmental disabilities. The Plan seeks to make available more independent living options, as a result of increased development, improvements in federal and state funding and eligibility policies, the possible design and assessment of a new approach to rental assistance, and increased understanding and promotion of independent living as beneficial to individuals and communities. To accomplish these goals, this Plan will require the leadership and coordination of multiple state agencies and the Interagency Housing Committee members. These individuals and departments are poised to work together to achieve the Plan goals.

The success of this Plan will be measured primarily by five indicators, as well as performance outcomes for the specific actions under each of the five goals. For the first three years of the Plan, 2013-2016, these indicators are:

- An increase in the number of affordable and accessible rental units by 2016. (The increase in the number of units each year will be established by September 2013.)
- A five percent increase each year in the number of individuals who are new to the waiver requesting in-home rather than congregate services.
- An increase in the number of individuals who access rental subsidies each year. (The percent increase will be set by September 2013.)
- A ten percent increase each year in the use of Medicaid for independent living, as measured by the increase in the number of individuals receiving Medicaid ID or DD waiver services and living independently.
- Achievement of annual plan benchmarks, established by September 2013.

This Plan details the goals, strategies, action steps, and departmental leadership needed to achieve the five goals.

The implementation of this Plan's goals and strategies will be administered by DBHDS in consultation with the Interagency Housing Committee. To ensure success, agency representatives are committed to coordinating their resources, engaging local and state partners to advance the implementation of the Plan, and tracking and analyzing results for increased efficiency and impact.

Terms and Acronyms

Terms

Affordable Housing - A general term applied to public- and private-sector efforts to help low- and moderate-income people purchase or lease housing. As defined by HUD, affordable housing means any housing accommodation for which a tenant household pays 30% or less of its income.

Home and Community Based Services Waivers - waivers approved by the Centers for Medicare and Medicaid Services for providing long-term care services in home and community settings rather than institutional settings to eligible individuals with developmental disabilities.

Local Entitlement Jurisdictions – cities, counties and/or a consortium of cities and counties that get a direct allocation of funding from the U. S. Department of Housing and Urban Development every year to support economic development and community-related activities.

Low Income Housing Tax Credit (LIHTC) - A congressionally-created tax credit (Internal Revenue Code Section 42) available to investors in low-income housing designed to encourage investment that helps finance construction and rehabilitation of housing for low-income renters.

Public Housing Agencies (PHAs) – agencies designated by HUD to administer HUD’s rent subsidy programs. In most cases, these agencies are Public Housing Authorities, but other public and non-profit agencies may also be designated by HUD to serve as PHAs.

Acronyms

CMS – Center for Medicaid and Medicare Services

DARS – Department for Aging and Rehabilitative Services

DBHDS – Department of Behavioral Health and Developmental Services

DHCD – Department of Housing and Community Development

DMAS – Department of Medical Assistance Services

HCBS - Home and Community Based Services

HTF – Virginia Housing Trust Fund

ICF – Intermediate Care Facility

ID/DD – Intellectual Disability/ Developmental Disability

LIHTC – Low Income Housing Tax Credit

MFP – Money Follows the Person

SILC – State Independent Living Council

SSI - Supplemental Security Income

SSDI - Social Security Disability Insurance

VACIL – Virginia Centers for Independent Living

VACSB – Virginia Association of Community Services Boards

VBPD – Virginia Board for People with Disabilities

VHDA - Virginia Housing Development Authority

VNPP – Virginia Network of Private Providers

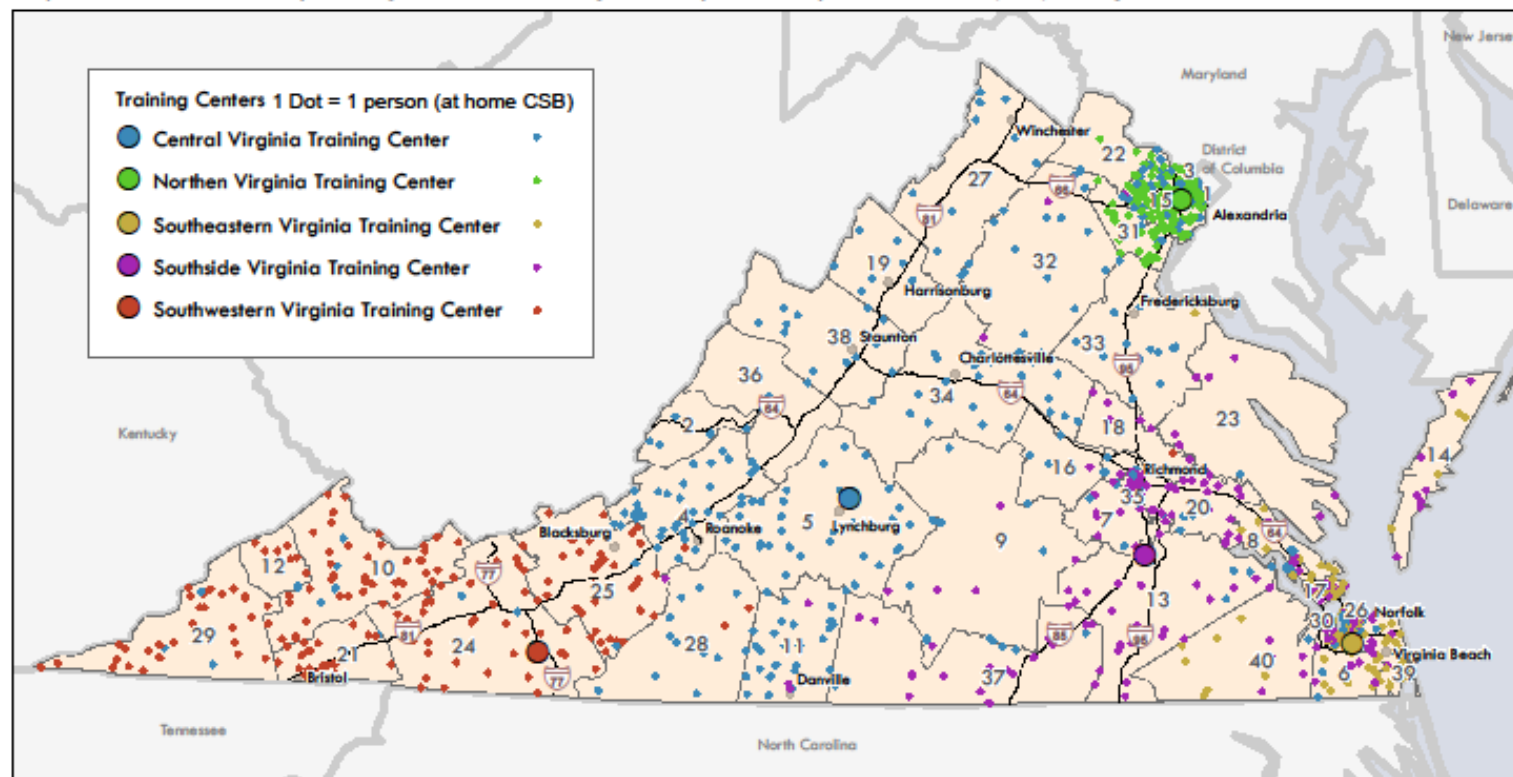
APPENDICES

APPENDIX A- List of Interagency Committee Members

Name	Agency/Organization	Title
Jim Stewart	Department of Behavioral Health & Developmental Services	Commissioner
Bill Shelton	Department of Housing and Community Development	Director
Susan Dewey	Virginia Housing Development Authority	Executive Director
Jim Rothrock	Department for Aging and Rehabilitative Services	Commissioner
Heidi Lawyer	Virginia Board for People with Disabilities	Executive Director
Keith Hare	Office of the Secretary of Health and Human Resources	Deputy Secretary
Kristin Burhop	Office of the Secretary of Health and Human Resources	Project Manager
Matt Cobb	Office of the Secretary of Health and Human Resources	Deputy Secretary
Heidi Dix	Department of Behavioral Health & Developmental Services	Assistant Commissioner
Shea Hollifield	Department of Housing and Community Development	Deputy Director of Housing
Herb Hill	Virginia Housing Development Authority	Managing Director of Policy, Planning and Communications
Bill Ernst	Department of Housing and Community Development	Policy Office Manager
Teri Barker Morgan	Virginia Board for People with Disabilities	Program Manager
Eric Leabough	Department of Behavioral Health & Developmental Services	Housing Specialist
Bruce DeSimone	Virginia Housing Development Authority	Community Housing Officer
Barry Merchant	Virginia Housing Development Authority	Senior Policy Analyst
Bill Fuller	Virginia Housing Development Authority	Senior Community Housing Officer
Lee Price	Department of Behavioral Health & Developmental Services	ID Director
Sam Pinero	Department of Medical Assistance Services	Program Manager
Helen Leonard	Department of Medical Assistance Services	Management Lead
Catherine Harrison	Department for Aging and Rehabilitative Services	Director of Community Integration
Jeannie Cummins Eisenhour	Fairfax-Falls Church CSB	Housing Specialist
Michelle Johnson	Henrico Area Mental Health and Developmental Services	Community Support Services Division Director
Maureen Hollowell	Endependence Center (VA CIL)	Director of Advocacy and Services
Jamie Liban	The ARC of Virginia	Executive Director

APPENDIX B- Maps

Map 1.1: Individuals currently residing in a DBHDS Training Center by Community Services Board (CSB) of origin



Total residents of
all training centers
by home CSB

ID	CSB Name	Residents	ID	CSB Name	Residents	ID	CSB Name	Residents	ID	CSB Name	Residents
1	Alexandria CSB	20	11	Danville-Pittsylvania CSB	29	21	Highlands CSB	19	31	Prince William Y CSB	26
2	Allegheny Highlands CSB	5	12	Dickenson Y CSB	7	22	Loudoun Y CSB	2	32	Rappahannock Rapidan CSB	17
3	Arlington Mental Health	30	13	District 19 CSB	25	23	Middle Peninsula Neck CSB	8	33	Rappahannock Area CSB	13
4	Blue Ridge CSB	32	14	Eastern Shore CSB	11	24	Mount Rogers CSB	40	34	Region Ten CSB	24
5	Horizon Behav Health	33	15	Fairfax Falls Church CSB	117	25	New River Valley CSB	36	35	Richmond Bivert Hth Authority	28
6	Chesapeake CSB	17	16	Goochland Powhatan Mental Hth	2	26	Norfolk CSB	60	36	Rockbridge Area CSB	2
7	Chesterfield CSB	9	17	Hampton-Na CSB	38	27	Northwestern CSB	11	37	Southside CSB	19
8	Colonial Behavioral Health	6	18	Hanover Y CSB	7	28	Piedmont CSB	14	38	Valley CSB	12
9	Crossroads CSB	12	19	Harrisonburg-Rockingham CSB	6	29	Planning District One CSB	31	39	Virginia Beach CSB	32
10	Cumberland Mtn CSB	43	20	Henrico CSB	23	30	Portsmouth Dept Of Behavioral	16	40	Western Tidewater CSB	12
										Virginia Total	894

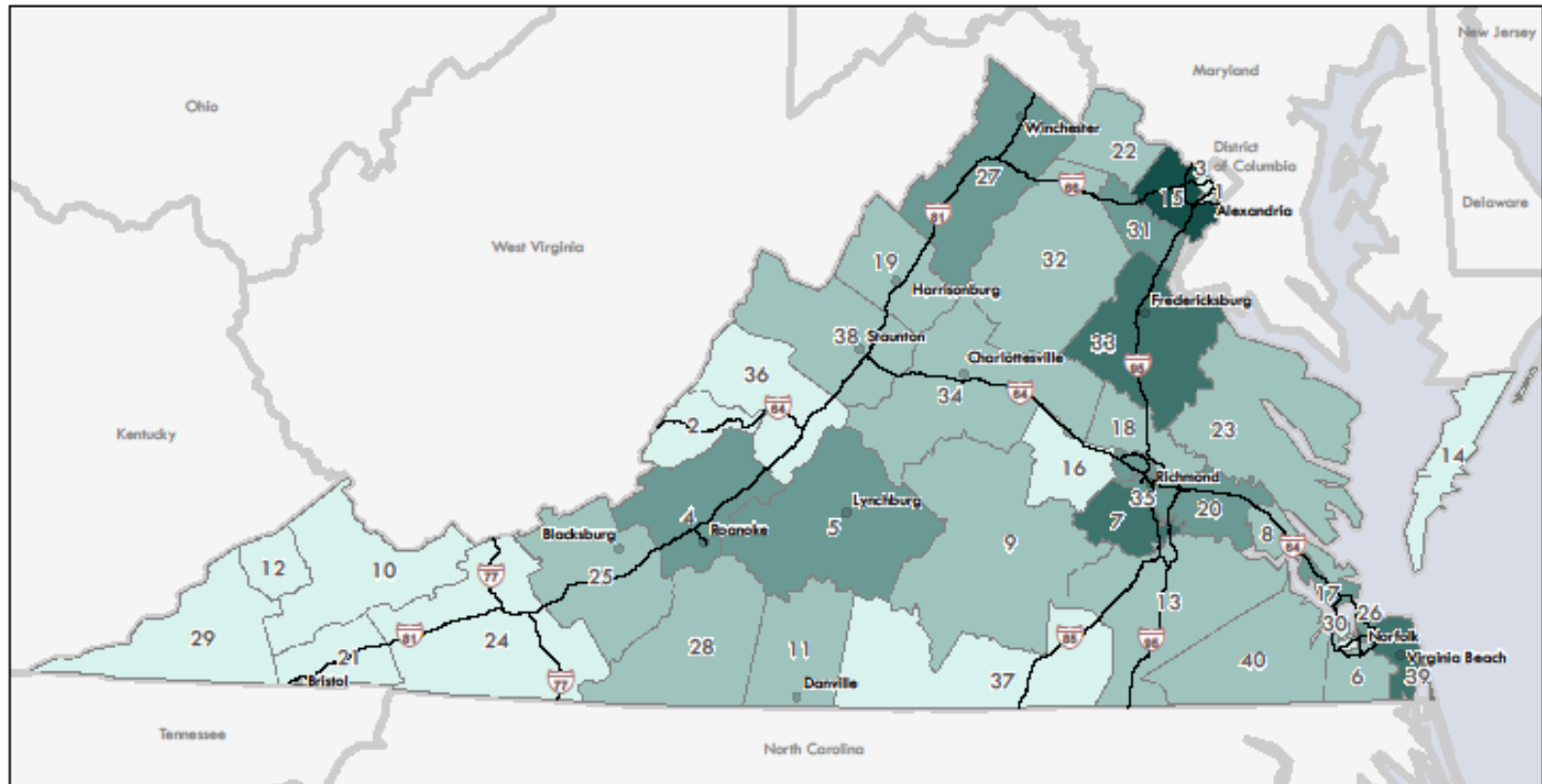
2/6/2013

Sources: Virginia Department of Behavioral Health and Developmental Service (DBHDS)

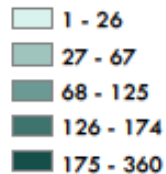
0 12.5 25 50 75 100 Miles



Map 1.2: Individuals on the ID Waiver Urgent Waitlist by Community Services Board (CSB) area

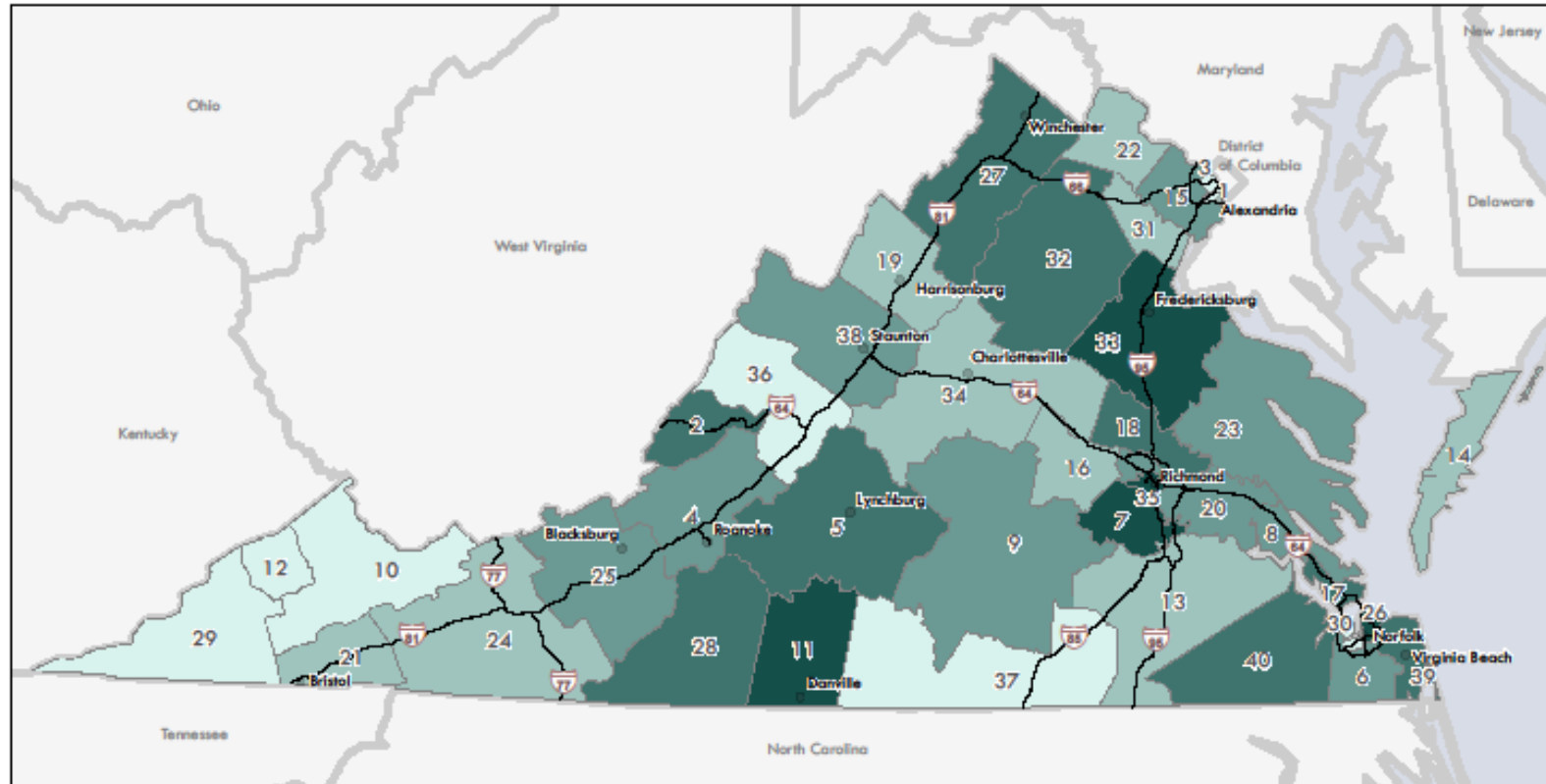


People on Waitlist



ID	CSB Name	Waitlist	ID	CSB Name	Waitlist	ID	CSB Name	Waitlist	ID	CSB Name	Waitlist
1	Alexandria CSB	12	11	Danville-Pittsylvania CSB	67	21	Highlands CSB	13	31	Prince William Y CSB	90
2	Alleghany Highlands CSB	9	12	Dickenson Y CSB	1	22	Loudoun Y CSB	55	32	Rappahannock Rapidan CSB	59
3	Arlington Mental Health	25	13	District 19 CSB	34	23	Middle Peninsula Neck CSB	42	33	Rappahannock Area CSB	174
4	Blue Ridge CSB	83	14	Eastern Shore CSB	10	24	Mount Rogers CSB	26	34	Region Ten CSB	49
5	Horizon Behav Health	89	15	Fairfax Falls Church CSB	360	25	New River Valley CSB	55	35	Richmond Bhrnl Hlth Authority	100
6	Chesapeake CSB	61	16	Goochland Powhatan Mental Hlth	8	26	Norfolk CSB	125	36	Rockbridge Area CSB	5
7	Chesterfield CSB	171	17	Hampton-Ns CSB	120	27	Northwestern CSB	78	37	Southside CSB	5
8	Colonial Behavioral Health	48	18	Hanover Y CSB	40	28	Piedmont CSB	55	38	Valley CSB	40
9	Crossroads CSB	30	19	Harrisonburg-Rockingham CSB	30	29	Planning District One CSB	12	39	Virginia Beach CSB	171
10	Cumberland Mtn CSB	13	20	Henrico CSB	107	30	Portsmouth Dept Of Behaviora	14	40	Western Tidewater CSB	52
										Virginia Total	2538

Map 1.3: Individuals on the ID Waiver Urgent Waitlist per 1,000 Population by Community Services Board (CSB) area



People on
Waitlist per
1,000
Population

- 0.06 - 0.15
- 0.16 - 0.24
- 0.25 - 0.33
- 0.34 - 0.41
- 0.42 - 0.63

ID	CSB Name	Waitlist	ID	CSB Name	Waitlist	ID	CSB Name	Waitlist	ID	CSB Name	Waitlist
1	Alexandria CSB	12	11	Danville-Pittsylvania CSB	67	21	Highlands CSB	13	31	Prince William Y CSB	90
2	Allegheny Highlands CSB	9	12	Dickenson Y CSB	1	22	Loudoun Y CSB	55	32	Rappahannock Rapidan CSB	59
3	Arlington Mental Health	25	13	District 19 CSB	34	23	Middle Peninsula Neck CSB	42	33	Rappahannock Area CSB	174
4	Blue Ridge CSB	83	14	Eastern Shore CSB	10	24	Mount Rogers CSB	26	34	Region Ten CSB	49
5	Horizon Behav Health	89	15	Fairfax Falls Church CSB	360	25	New River Valley CSB	55	35	Richmond Bthrl Hlth Authority	100
6	Chesapeake CSB	61	16	Goodland Powhatan Mental Hth	8	26	Norfolk CSB	125	36	Rockbridge Area CSB	5
7	Chesterfield CSB	171	17	Hampton-Nr CSB	120	27	Northwestern CSB	78	37	Southside CSB	5
8	Colonial Behavioral Health	48	18	Hanover Y CSB	40	28	Piedmont CSB	55	38	Valley CSB	40
9	Crossroads CSB	30	19	Harrisonburg-Rockingham CSB	30	29	Planning District One CSB	12	39	Virginia Beach CSB	171
10	Cumberland Mtn CSB	13	20	Henrico CSB	107	30	Portsmouth Dept Of Behavior	14	40	Western Tidewater CSB	52
										Virginia Total	2538

2/5/2013

Sources: Virginia Department of Behavioral Health and Developmental Service (DBHDS)

0 12.5 25 50 75 100 Miles

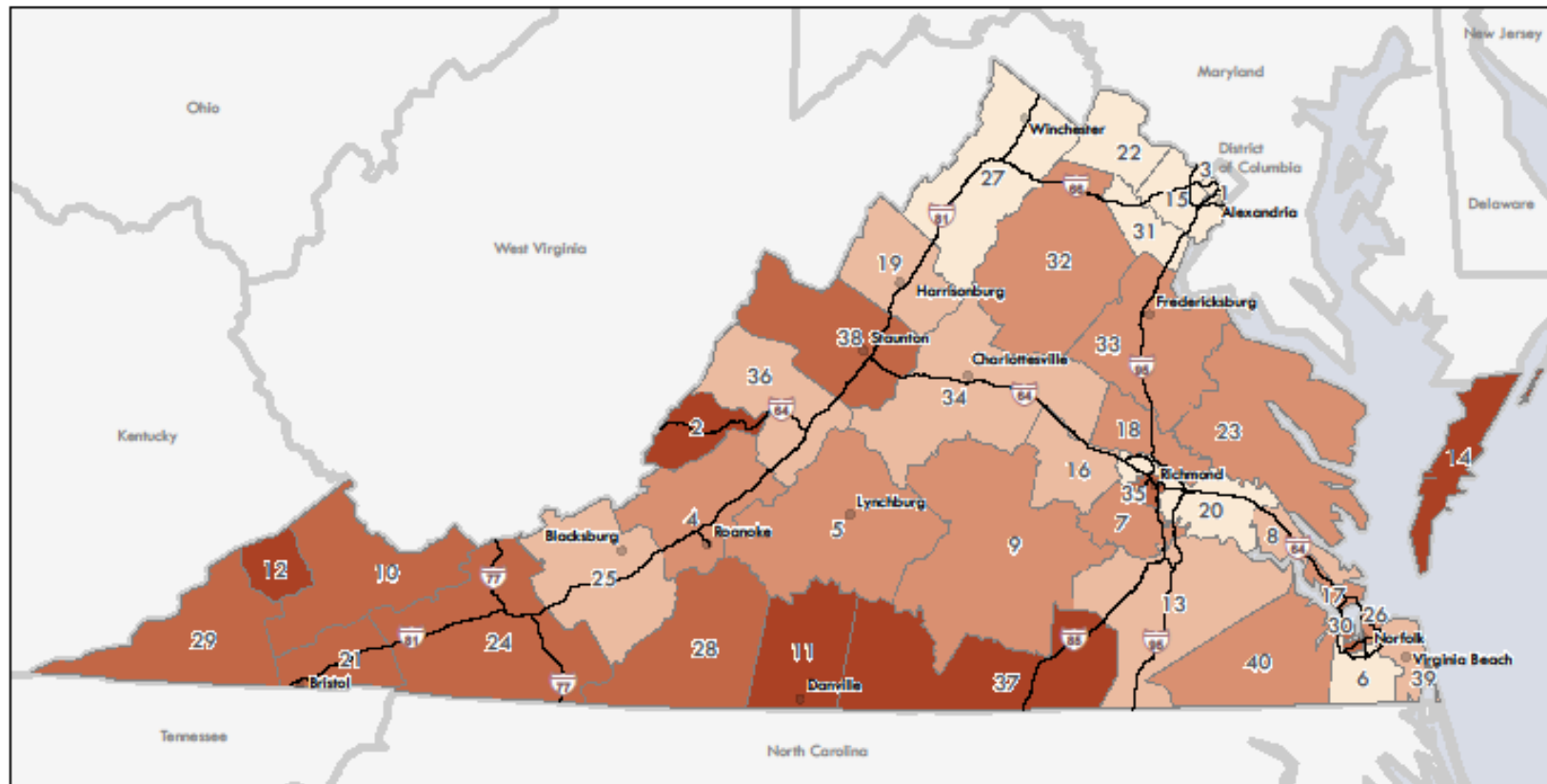


A map of Virginia divided into 40 numbered regions, each shaded in a different color (ranging from light yellow to dark brown). The map includes labels for major cities and towns, as well as neighboring states and the District of Columbia. The regions are numbered 1 through 40. Major cities labeled include Winchester, Alexandria, Harrisonburg, Staunton, Charlottesville, Fredericksburg, Richmond, Lynchburg, Blacksburg, Roanoke, Danville, Norfolk, and Virginia Beach. Neighboring states shown are Ohio, West Virginia, Kentucky, Tennessee, North Carolina, Maryland, Delaware, and New Jersey. The District of Columbia is also labeled. Major highways like I-95, I-81, I-77, I-64, I-85, and I-96 are indicated with their respective shields.

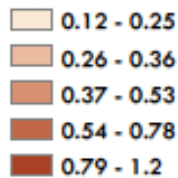
12 - 32
 33 - 66
 67 - 106
 107 - 168
 169 - 273

2/5/2013

Map 1.5: Individuals 18 years and older living with family receiving ID Waiver Services per 1,000 population by Community Services Board (CSB) area



People with
Waivers per
1,000
Population



ID	CSB Name	Waivers	ID	CSB Name	Waivers	ID	CSB Name	Waivers	ID	CSB Name	Waivers
1	Alexandria CSB	32	11	Danville-Pittsylvania CSB	115	21	Highlands CSB	57	31	Prince William Y CSB	91
2	Alleghany Highlands CSB	26	12	Dickenson Y CSB	14	22	Loudoun Y CSB	49	32	Rappahannock Rapidan CSB	69
3	Arlington Mental Health	25	13	District 19 CSB	45	23	Middle Peninsula Neck CSB	66	33	Rappahannock Area CSB	161
4	Blue Ridge CSB	106	14	Eastern Shore CSB	40	24	Mount Rogers CSB	84	34	Region Ten CSB	68
5	Horizon Behav Health	106	15	Fairfax Falls Church CSB	273	25	New River Valley CSB	54	35	Richmond Bivari Hth Authority	118
6	Chesapeake CSB	50	16	Goochland Powhatan Mental Hth	17	26	Norfolk CSB	99	36	Rockbridge Area CSB	12
7	Chesterfield CSB	168	17	Hampton-Nn CSB	122	27	Northwestern CSB	50	37	Southside CSB	87
8	Colonial Behavioral Health	43	18	Hanover Y CSB	46	28	Piedmont CSB	91	38	Valley CSB	68
9	Crossroads CSB	51	19	Harrisonburg-Rockingham CSB	45	29	Planning District One CSB	64	39	Virginia Beach CSB	135
10	Cumberland Mtn CSB	58	20	Henrico CSB	83	30	Portsmouth Dept Of Behavioral	70	40	Western Tidewater CSB	76
										Virginia Total	3034

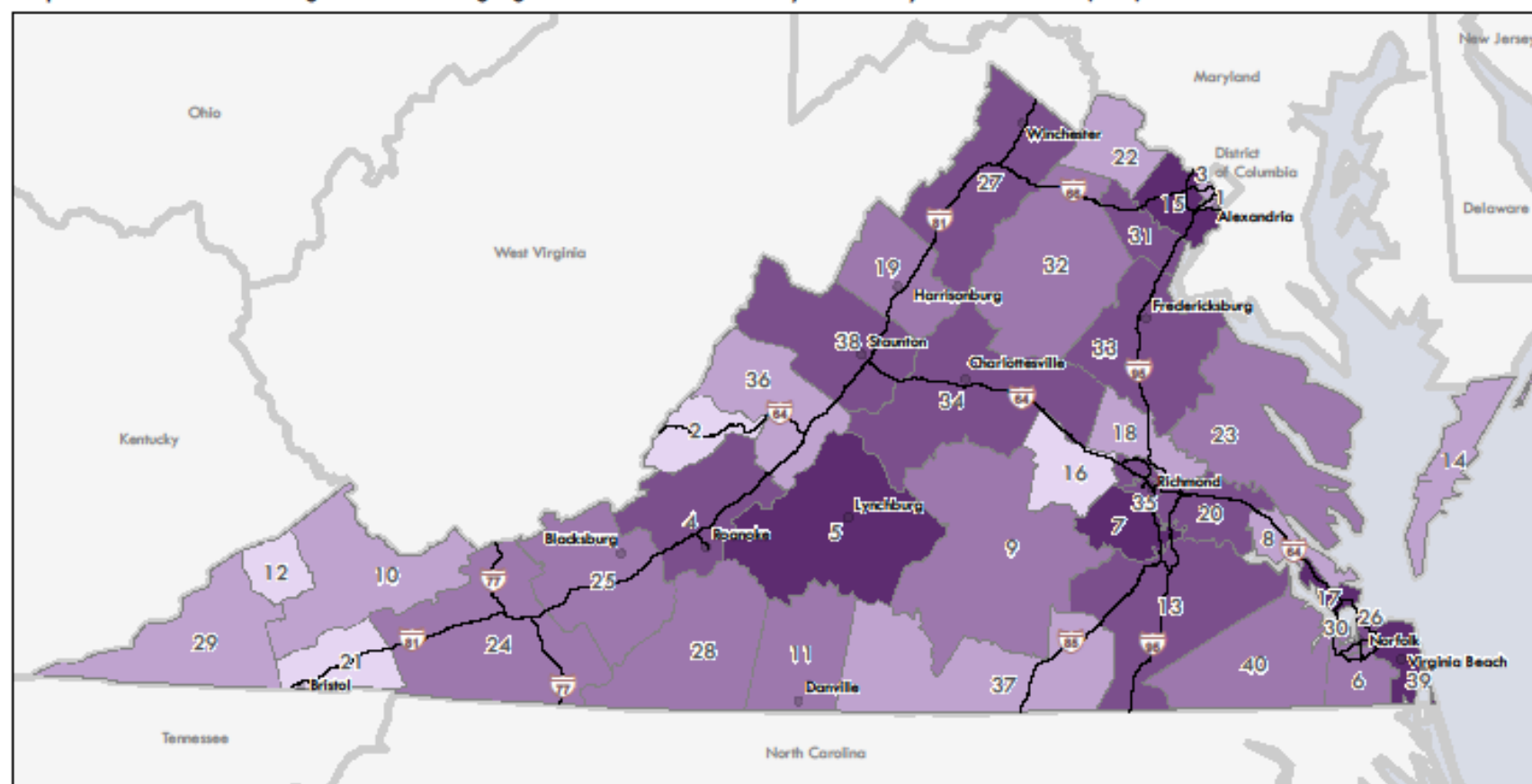
2/5/2013

Sources: Virginia Department of Behavioral Health and Developmental Service (DBHDS)

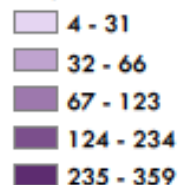
0 12.5 25 50 75 100 Miles



Map 1.6: Individuals receiving ID Waiver Congregate Residential Services by Community Services Board (CSB) area



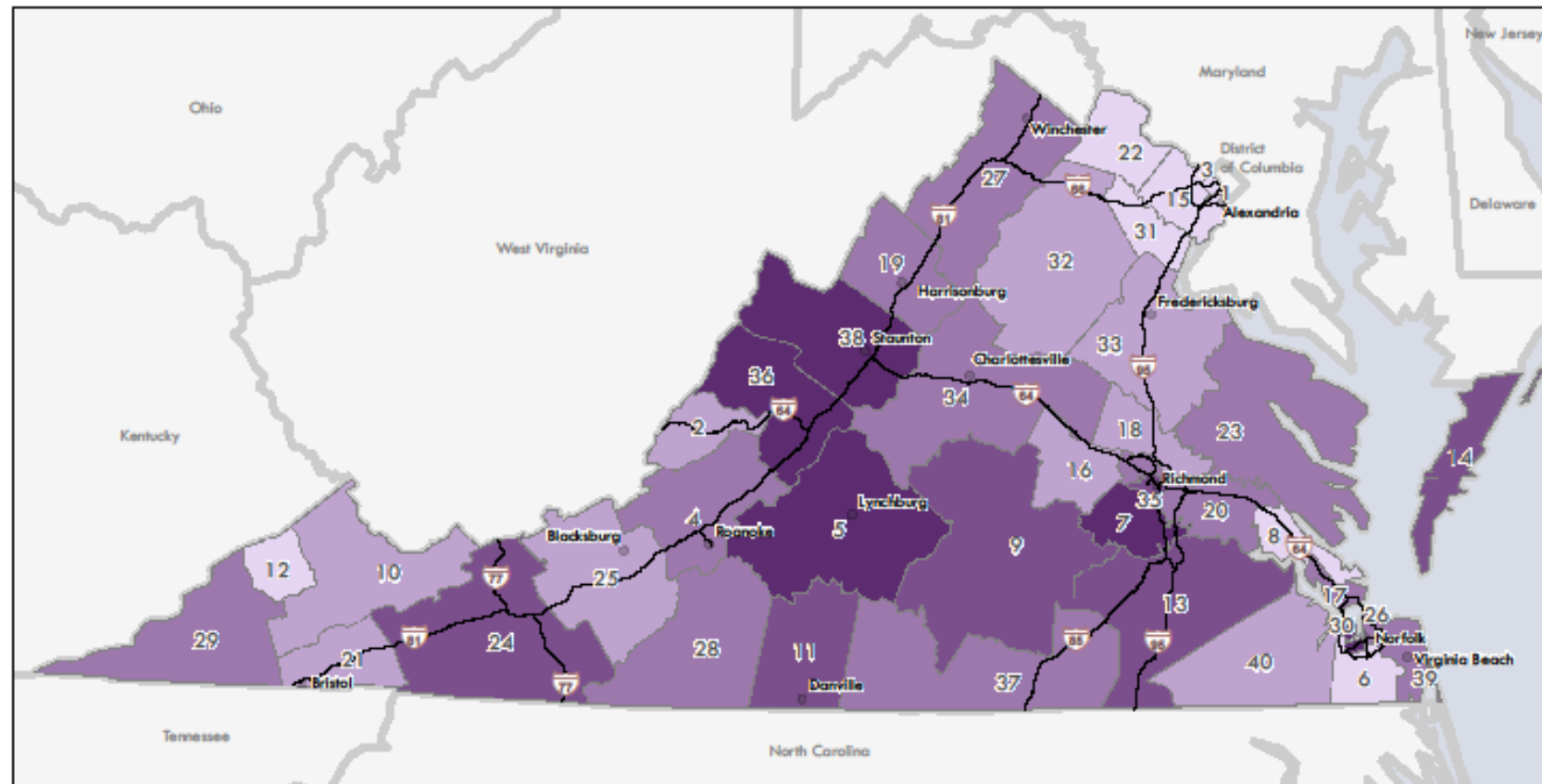
People with Waivers



ID	CSB Name	Waivers	ID	CSB Name	Waivers	ID	CSB Name	Waivers	ID	CSB Name	Waivers
1	Alexandria CSB	32	11	Danville-Pittsylvania CSB	115	21	Highlands CSB	57	31	Prince William Y CSB	91
2	Allegheny Highlands CSB	26	12	Dickenson Y CSB	14	22	Loudoun Y CSB	49	32	Rappahannock Rapidan CSB	69
3	Arlington Mental Health	25	13	District 19 CSB	45	23	Middle Peninsula Neck CSB	66	33	Rappahannock Area CSB	161
4	Blue Ridge CSB	106	14	Eastern Shore CSB	40	24	Mount Rogers CSB	84	34	Region Ten CSB	68
5	Horton Behav Health	106	15	Fairfax Falls Church CSB	273	25	New River Valley CSB	54	35	Richmond Blvm Hth Authority	118
6	Chesapeake CSB	50	16	Goochland Powhatan Mental Hth	17	26	Norfolk CSB	99	36	Rodbridge Area CSB	12
7	Chesterfield CSB	168	17	Hampton-Nh CSB	122	27	Northwestern CSB	50	37	Southside CSB	87
8	Colonial Behavioral Health	43	18	Hanover Y CSB	46	28	Piedmont CSB	91	38	Valley CSB	68
9	Crossroads CSB	51	19	Harrisonburg-Rodkingham CSB	45	29	Planning District One CSB	64	39	Virginia Beach CSB	135
10	Cumberland Mtn CSB	58	20	Henrico CSB	83	30	Portsmouth Dept Of Behavior	70	40	Western Tidewater CSB	76
										Virginia Total	3034



Map 1.7: Individuals receiving ID Waiver Congregate Residential Services per 1,000 population by Community Services Board (CSB) area



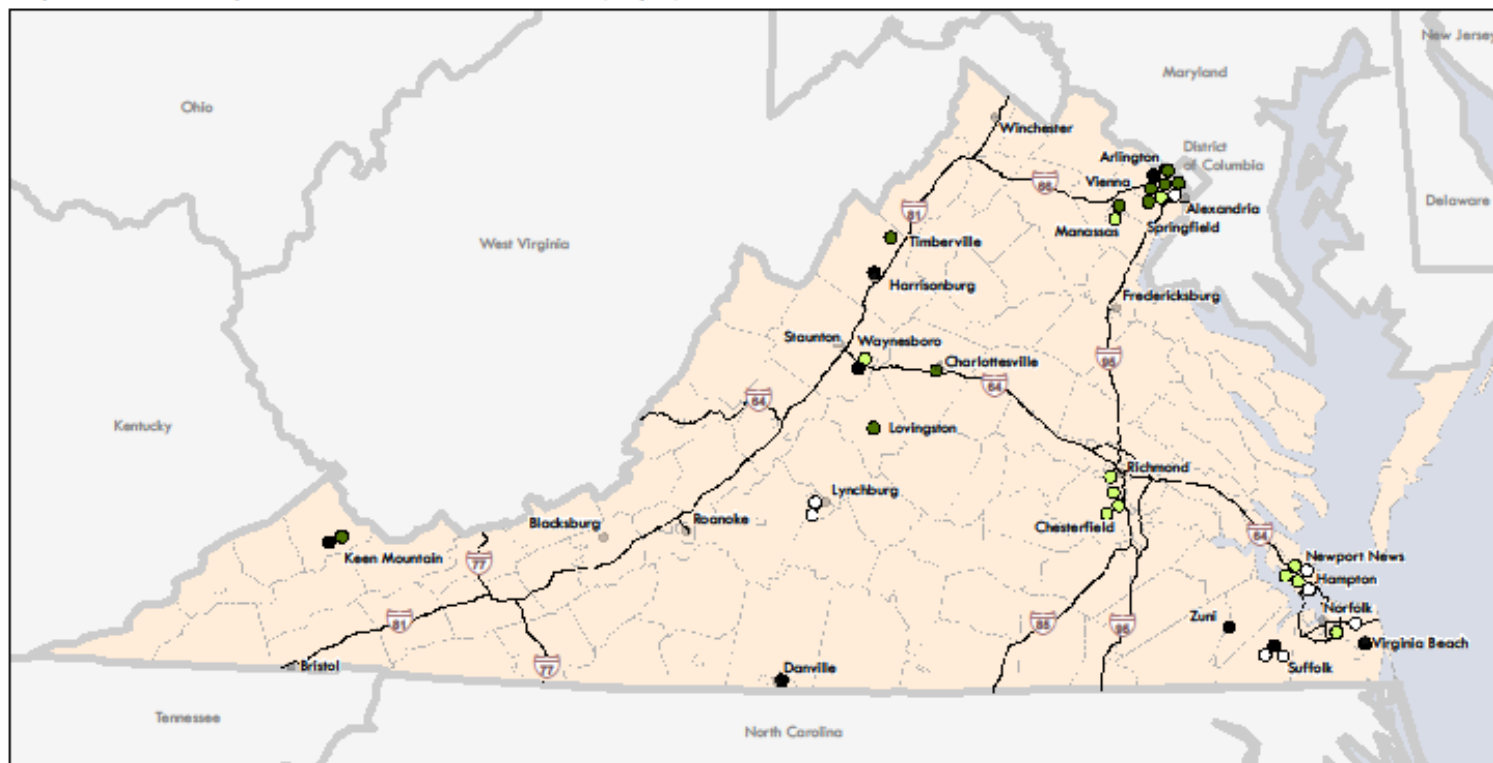
People with
Waivers per
1,000
Population

- 0.20 - 0.36
- 0.37 - 0.61
- 0.62 - 0.85
- 0.86 - 1.09
- 1.10 - 1.28

ID	CSB Name	Waivers	ID	CSB Name	Waivers	ID	CSB Name	Waivers	ID	CSB Name	Waivers
1	Alexandria CSB	50	11	Danville-Pittsylvania CSB	105	21	Highlands CSB	31	31	Prince William Y CSB	152
2	Alleghany Highlands CSB	11	12	Dickenson Y CSB	4	22	Loudoun Y CSB	63	32	Rappahannock Rapids CSB	86
3	Arlington Mental Health	57	13	District 19 CSB	182	23	Middle Peninsula Neck CSB	104	33	Rappahannock Area CSB	173
4	Blue Ridge CSB	181	14	Eastern Shore CSB	43	24	Mount Rogers CSB	123	34	Region Ten CSB	167
5	Horizon Behav Health	320	15	Fairfax Falls Church CSB	308	25	New River Valley CSB	103	35	Richmond Bhrl Hth Authority	222
6	Chesapeake CSB	81	16	Goochland Powhatan Mental Hth	27	26	Norfolk CSB	193	36	Rockbridge Area CSB	46
7	Chesterfield CSB	359	17	Hampton-Nr CSB	260	27	Northwestern CSB	185	37	Southside CSB	66
8	Colonial Behavioral Health	41	18	Hanover Y CSB	51	28	Piedmont CSB	109	38	Valley CSB	146
9	Crossroads CSB	92	19	Harrisonburg-Rockingham CSB	107	29	Planning District One CSB	63	39	Virginia Beach CSB	346
10	Cumberland Mtn CSB	49	20	Henrico CSB	234	30	Portsmouth Dept Of Behaviora	122	40	Western Tidewater CSB	90
										Virginia Total	5152



Map 1.8: Non-State Operated Intermediate Care Facilities (ICF/ID)



Number of Beds

- ☐ 3 - 4
☐ 5 - 6
☒ 7 - 10
☐ 11 - 15

2/6/2013

Sources: Virginia Department of Medical Assistance Services (DMAS)



APPENDIX C - Goals, Strategies, and Action Items

Virginia's Plan to Increase Independent Living Options, 2013 – 2015

Goals, Strategies, and Action Items

Primary Goal—Affordability

Goal #1: *Enable people with intellectual and developmental disabilities to afford quality, accessible, independent community living options of their choice*

Long-Term Outcome: *Increased ability to afford independent community living options by extremely low-income members of the target population including those depending mainly on SSI income*

Indicators:

- *Increased access by the target population to rental assistance*

Strategy 1.1: *Partner with Public Housing Agencies to prioritize the rent subsidy needs of people with intellectual and developmental disabilities*

Lead Agency(s)	Recommended Actions(s)	Other Agencies/Orgs Involved	Projected Start Date	Projected Completion Date	Program Outcomes	Resources \$ \$ \$
VHDA	1.1.1. Subject to Fair Housing approval by HUD, Administer a special admissions preference for the target population through a state-wide set-aside of units within VHDA's Housing Choice Voucher Program.	DBHDS (referrals to VHDA)	1/2013—Request HUD approval 9/2014—Start program	Final HUD approval pending Ongoing	Provision of tenant-based rent subsidies to 32 members of the target population	Federal Housing Choice Voucher Program
DBHDS and SILC	1.1.2. Encourage local Public Housing Agencies to adopt a "Money Follows the Person" and I/DD admissions preferences in their rental assistance programs.	VBPD, CILs and CSBs	3/2013	Ongoing	Local PHAs create MFP and I/DD admin. preferences	Existing state administrative resources to conduct outreach

Strategy 1.2: Pursue and develop funding sources to expand availability of rental assistance for the target population.

Lead Agency(s)	Recommended Actions(s)	Other Agencies/Orgs Involved	Projected Start Date	Projected Completion Date	Program Outcomes	Resources \$ \$ \$
DHCD and VHDA	1.2.1 Apply to HUD for a Section 811 grant under Round II of the state demonstration to provide project-based rental assistance in new and existing housing developments in Northern Virginia and Hampton Roads linked with access to Waiver support services	DBHDS and DMAS	5/2014— Application submitted to HUD for 130 units	TBD based on receipt of grant from HUD	130 rent subsidized units in Northern VA and Hampton Roads preferentially set aside for the target population	New federal HUD Section 811 rent subsidy resources, new and existing state administrative resources, and new state resources for subsidy reserve
DBHDS	1.2.2 Develop and implement a three-year pilot state rental assistance program targeted to Fairfax County and Virginia Beach	Development of pilot: VHDA, DHCD, CSBs and other local partners	Jun 2013	Nov 2013	Provision of tenant-based rent subsidies to 18 members of the target population	Existing state resources (\$800,000 committed in Settlement Agreement)
		Implementation of pilot: CSBs and other local partners	Jan 2014	Ongoing through June 2016		
VHDA and DHCD	1.2.3 Provide program incentives (e.g., additional points in scoring criteria for program applications for the Federal Low-income Housing Tax Credit, HOME and CDBG programs etc.) for PHAs and private developers to partner in using federal project-based rent subsidies to serve the target population. Refine incentives as appropriate to enhance their effectiveness and to provide assistance in the most integrated settings.		Ongoing	Ongoing	Increased use of available federal project-based rental assistance for units serving the target population	Federal Low-income Housing Tax Credit, HOME, CDBG and etc. Programs

VHDA	1.2.4 Apply to HUD for any future incremental federal rent voucher assistance		Upon release of HUD NOFAs		Additional rental assistance funds to assist the target population	New federal Housing Choice Voucher resources
DBHDS and SILC	1.2.5 Encourage local Public Housing Agencies to apply to HUD for any future incremental federal voucher assistance	VBPD, CILs and CSBs	Upon release of HUD NOFAs		Additional rental assistance funds to assist the target population	New federal Housing Choice Voucher resources
DBHDS	1.2.6 Submit a budget request to the Governor requesting ongoing rental assistance for individuals with I/DD	DHCD and VHDA	10/2014	1/2015	Additional rental assistance funds to assist the target population	State General Fund dollars

Supporting Goals—Expand Choices of Living Environments

Goal #2: Expand quality, accessible, independent community living options for people with intellectual and developmental disabilities in a manner that provides an array of housing choices in a variety of integrated neighborhood settings

Long-Term Outcome: Increased ability of members of the target population to obtain quality, accessible, integrated community housing in locations of their choice

Indicators:

- ***Expanded inventory of quality, accessible housing in diverse locations that is available to recipients of tenant-based rental assistance***
- ***Expanded share of housing with project-based rental assistance that meets accessibility and Universal Design standards***

Strategy 2.1: Provide incentives and resources for developers to increase the share of newly constructed and rehabilitated rental units available to rent subsidy recipients and to reduce the ongoing subsidy cost of rental assistance

Lead Agency(s)	Recommended Actions(s)	Other Agencies/Orgs Involved	Projected Start Date	Projected Completion Date	Program Outcomes	Resources \$ \$ \$
VHDA and DHCD	2.1.1. Provide program incentives and resources to encourage and enable developers to reduce rents below normal program standards. Refine state incentives and capital subsidies as appropriate to enhance their effectiveness in lowering rents and to ensure the availability of lower rent units in integrated settings. VHDA and DHCD will fully utilize available capital resources and subsidies, including new funding opportunities, and will provide program incentives for developers to leverage any available federal, local and private capital subsidies. <i>Must be paired with a rental assistance program for the I/DD population.</i>		1/2014	Ongoing	Increased number of units available to rent subsidy recipients and with rents below normal program limits. <i>Units are not dedicated to I/DD population specifically but the goal of this action item is to increase and maintain an adequate supply of quality rental housing that must accept rental</i>	Existing federal and state capital resources and any new federal, state or private capital funding opportunities

					<i>assistance, which in turn provides additional options for individuals in the target population.</i>	
VHDA	2.1.2 Increase the amount of credits available under VHDA's LIHTC non-competitive disability pool to 10% of the current year's per capita credit amount.		1/2015	Ongoing	Additional units developed for individuals with disabilities	LIHTC Program
VHDA	2.1.3 Under the LIHTC Program in the competitive credit pool, modify the Qualified Allocation Plan to provide an adjustment to the eligible basis for projects that provide a minimum percentage of Permanent Supportive Housing (PSH) units (so projects can have more market units and internally subsidize rents without needing as many project-based subsidies)		1/2015	Ongoing	Additional units developed for individuals with disabilities	LIHTC Program
VHDA	2.1.4 Under the LIHTC Program in the competitive credit pool, modify the QAP to provide major "bonus points" for projects providing a certain percentage of PSH units with project-based subsidies (e.g., 10%) and agreements with CSBs and/or nonprofits to coordinate access to services (e.g., 50 points)		1/2015	Ongoing	Additional units developed for individuals with disabilities	LIHTC Program
DHCD	Explore potential funding opportunities made available via the Weinberg Foundation.	VHDA	Ongoing		Additional units developed for individuals with disabilities	Private Foundation Funding
Strategy 2.2: Provide incentives for developers to increase the share of newly constructed and rehabilitated rental units available to rental subsidy recipients that meet accessibility and Universal Design standards						
Lead Agency(s)	Recommended Actions(s)	Other Agencies/Orgs Involved	Projected Start Date	Projected Completion Date	Program Outcomes	Resources \$ \$ \$

VHDA and DHCD	2.2.1 Provide program incentives (i.e., additional points on their competitive Low-Income Housing Tax Credit Application) for developers to provide increased numbers of rental units meeting accessibility and Universal Design standards. Refine incentives as appropriate to enhance their effectiveness and to provide assistance in the most integrated settings. Provide ongoing training to developers on accessibility and Universal Design standards.		1/2015	Ongoing	At least 10 percent of newly financed assisted units meet accessibility standards, and increased use of Universal Design standards throughout new developments. <i>Units are not dedicated to I/DD population specifically, but is the goal of this action item is to increase and maintain an adequate supply of accessible rental housing that must accept rental assistance, which in turn provides additional options for individuals in the target population.</i>	Existing federal and state capital resources
DBHDS	2.2.2 Submit a decision brief to the Governor requesting approval to use \$4.7 M in taxable bonds to subsidize development costs associated with the creation of rental housing for individuals with I/DD	DHCD and VHDA	6/2014	8/2014	Capital funds to bring down rents in developments serving the target population	VPBA Bonds

Supporting Goals—Building Awareness of Independent Living Options

Goal #3: Build awareness and understanding of informed choices for independent living among individuals with intellectual and developmental disabilities, families, public and private service organizations, developers, and case managers

Long-Term Outcome: Increased awareness and understanding of community living options with housing decisions made on the basis of informed choice

Indicators:

- ***One percent increase each year in the number of individuals with I/DD waivers who would choose to live independently with supports***
- ***Transition of increased numbers of current waiver recipients to independent living***
- ***Increased number of individuals reporting, during Quality Service Reviews, that they are aware of more integrated or independent housing option***

Strategy 3.1: Develop and Implement a Communications, Advocacy, Outreach, and Education plan

Lead Agency(s)	Recommended Actions(s)	Other Agencies/Orgs Involved	Projected Start Date	Projected Completion Date	Program Outcomes	Resources \$ \$ \$
DBHDS, DMAS, VBPD, and DARS	3.1.1. Develop a multi-phased communications plan tailored to key audiences that delineates what independent living is and how it can be achieved. Target audience to include, but not be limited to, the following: CSBs, case managers/support coordinators, service providers, individuals in the target population and their families, housing developers, Public Housing Agencies, local entitlement communities, private landlords, regional entities, and others.	VHDA ARC VNPP VACIL VACSB	9/1/14	12/31/14	Plan complete and implementation under way	Existing DBHDS resources
VHDA, DHCD,	3.1.2. Develop a multi-phased communications plan tailored to key audiences that informs key stakeholders relating to the need for affordable housing	DBHDS, VBPD	9/1/14	12/31/14	Plan complete and implementation under way	Existing VHDA and DHCD resources

	resources including the production of quality affordable housing options and for rental assistance. Target audience to include, but not be limited to, the following: housing developers/owners, Public Housing Agencies, local entitlement communities, private landlords, regional entities, and others.					
DBHDS	3.1.5 Convene and coordinate appropriate agencies to maximize public outreach resources to communicate the “new paradigm” message to individuals and their families, regional staff, local agencies, transportation agencies, service providers, and other stakeholders.		8/2013	4/30/2015	Increased awareness of housing choices and options for individuals with developmental disabilities	Existing VHDA DHCD DBHDS VBPD resources
DBHDS	3.1.6 Establish baseline of the number of individuals with I/DD waivers who would choose to live independently with supports rather than in a congregate setting		12/2012	3/2013	Baseline established	Existing DBHDS and CSB resources
DBHDS	3.1.7 Review and revise if needed, the baseline of the number of individuals with I/DD waivers who would choose to live independently with supports rather than in a congregate setting		3/2015	6/2015	Baseline updated	Existing DBHDS and CSB resources

Strategy 3.2: Build the Capacity of Public and Private Agencies to Assist Individuals with Disabilities and their Families in Making Informed Choices

Lead Agency(s)	Recommended Actions(s)	Other Agencies/Orgs Involved	Projected Start Date	Projected Completion Date	Program Outcomes	Resources \$ \$ \$
DBHDS	3.2.1 Provide annual training sessions for I/DD support coordinators to educate them about independent living options and to share information relating to housing resources currently available.		1/31/15	Ongoing	Increase in % reporting new knowledge	Existing DBHDS resources

Supporting Goals—Review Potential Waiver Changes to Increase Independent Living Options

Goal #4: Review state and local policies to identify potential changes that will facilitate increased access and services and supports that permit Individuals to choose more independent and integrated living options

Long-Term Outcome: Increased Use of Medicaid funding for Independent Living

Indicators:

- ***10% increase each year in the use of Medicaid funding for community living waiver services in independent housing (source: Annual DMAS Aggregate Report)***
- ***Five percent increase each year in the number of people who are new to the waiver requesting services other than congregate services***

Strategy 4.1: Review opportunities to facilitate increased access to independent living options

Lead Agency(s)	Recommended Actions(s)	Other Agencies/Orgs Involved	Projected Start Date	Projected Completion Date	Program Outcomes	Resources \$ \$ \$
DBHDS	4.1.1 Evaluate the current ID and DD waiver programs to identify service gaps that create barriers to independent living and recommend strategies to close these gaps.	DMAS, VBPD, DARS, ARC, VA CSB, VNPP, CILS	9/2014	12/2014	Recommendations provided to HSRI and WDAC	Existing DBHDS and DMAS resources
DBHDS	4.1.2. Review potential changes in the Medicaid rate structure, preauthorization process, the allowable activities, the service delivery methodology (e.g., ability to pool hours and/or share a single staff person), etc.; that will reduce reliance on larger congregate housing models, community-based intermediate care facilities, and nursing facilities.	DMAS, VBPD, DARS, ARC, VA CSB, VNPP, CILS	9/2014	12/2014	Recommendations provided to HSRI and WDAC	Existing DBHDS and DMAS resources
Lead Agency(s)	Recommended Actions(s)	Other Agencies/Orgs Involved	Projected Start Date	Projected Completion Date	Program Outcomes	Resources \$ \$ \$

DBHDS	4.1.3. Review Medicaid in-home payments and skilled nursing rate structure to identify opportunities to enhance support for more independent living options.	DMAS, VBPD, DARS, ARC, VA CSB, VNPP, CILS	9/2014	12/2014	Recommendations provided to HSRI and WDAC	Existing DBHDS and DMAS resources
DBHDS	4.1.4. Review potential modifications to the Medicaid waiver programs to match individual needs to services, and provide individuals with the ability to direct their own waiver resources toward independent living options.	DMAS, VBPD, DARS, ARC, VA CSB, VNPP, CILS	9/2014	12/2014	Recommendations provided to HSRI and WDAC	Existing DBHDS and DMAS resources
DBHDS	4.1.5. Review Medicaid waiver structure to determine if there are opportunities to expand transition supports, environmental modification, and assistive technology provisions in the current Medicaid ID and DD waiver program to support more independent living options.	DMAS, VBPD, DARS, ARC, VA CSB, VNPP, CILS	9/2014	12/2014	Recommendations provided to HSRI and WDAC	Existing DBHDS and DMAS resources
DBHDS	4.1.6 Recommend that HSRI explore the potential to fund a housing locator/community guide service under the waiver, which will essentially help individuals access all resources needed to transition into independent living. This would include assistance with connecting the individual with rent assistance and an affordable accessible unit.	DMAS, VBPD, DARS, ARC, VA CSB, VNPP, CILS	9/2014	12/2014	Recommendations provided to HSRI and WDAC	Existing DBHDS and DMAS resources

Supporting Goal—Coordinated Plan Implementation

Goal #5: *Assess and update the plan, as needed, on an annual basis*

Indicator:

- *Plan reviewed and updated by Interagency Committee*

Strategy 5.1: *Track, evaluate, and continuously improve upon plan progress*

Lead Agency(s)	Recommended Actions(s)	Other Agencies/Orgs Involved	Projected Start Date	Projected Completion Date	Program Outcomes	Resources \$ \$ \$
DBHDS	5.1.1 Design evaluation and tracking system for Plan.	Interagency Housing Committee	12/2013	6/2014	Evaluation plan in place	Existing DBHDS resources
DBHDS	5.1.2. Interagency Housing Committee meets at least quarterly to track and monitor outcomes and indicators.	Interagency Housing Committee	7/2014	6/2015	Quarterly meetings held	Existing State Resources
DBHDS	5.1.3. Review plan and determine if updating is needed	Interagency Housing Committee	4/2015	5/2015	Report card format developed	Existing DBHDS resources
DBHDS	5.1.4. Make needed updates to the Plan	Interagency Housing Committee	5/2015	6/2015	Report card format developed	Existing DBHDS resources

Lead Agency(s)	Recommended Actions(s)	Other Agencies/Orgs Involved	Projected Start Date	Projected Completion Date	Program Outcomes	Resources \$ \$ \$
DBHDS	5.1.5. Evaluate feasibility of long-term rental assistance program based on the outcome of demonstration/pilot project, if approved.	Interagency Housing Committee	12/2013	6/2014	Propose any necessary budget or legislative changes to implement	Existing State Resources
DBHDS	5.1.6. Establish annual review and revision of strategies and action steps.	Interagency Housing Committee		Annually in September	Annual Plan Complete	Existing DBHDS Resources

Strategy 5.2: Convene state and local partners to ensure implementation of plan

DBHDS	5.2.1. DBHDS Commissioner to establish Interagency Housing Committee as Permanent Advisory Body.	Interagency Housing Committee	5/2013	12/2013	Committee Reconvened	
DBHDS	5.2.2. Conduct outreach to representatives of agencies at the local level to share the Plan.	Interagency Housing Committee	3/2013	Ongoing	100% of localities reached each year of the Plan	Existing DBHDS Resources
DBHDS	5.2.3 Build, assess, and refine strategy for building local support for the Plan.	Interagency Housing Committee	12/2013	Ongoing	Strategy in place	Existing DBHDS Resources

APPENDIX D – Baseline Data for ID Population

CSB Name	Training Center Census by CSB	ICF's in Comm. Census by CSB	Adults in Nursing Homes on OBRA	Total Adults in Institutions	Baseline Estimate for Adults in Inst. (3%)*	ID Waivers >= 18 Years Of Age Living With Family	ID Waivers Currently Receiving Congregate Residential Services	# of Urgent Need Wait List Individuals >= 18 Years Of Age	Potential Dist. Of FY 2013 Waiver Slots	Total # of Individuals receiving waiver services plus FY 2013 Waiver Slot Distribution****	Baseline Estimate for FY 2014 Waiver Recipients (10%)**	Total # of Individuals receiving waiver services plus FY 2014 Waiver Slot Distribution****	Baseline Estimate for FY 2015 Waiver Recipients (15%***)	Total Baseline Estimate for FY 2014 and FY 2015 Waiver Recipients
ALEXANDRIA CSB	20	12	0	32	1	32	50	12	3	85	9	87	13	22
ALLEGHANY HIGHLANDS CSB	5	0	0	5	0	26	11	9	2	39	4	41	6	10
ARLINGTON MENTAL HEALTH	30	24	0	54	2	25	57	25	4	86	9	89	13	23
BLUE RIDGE CSB	32	0	4	36	1	106	181	83	12	299	30	308	46	77
CENTRAL VIRGINIA CSB	33	21	5	59	2	106	320	89	13	439	44	448	67	113
CHESAPEAKE CSB	17	0	2	19	1	50	81	61	9	140	14	147	22	37
CHESTERFIELD CSB	9	11	1	21	1	168	359	171	24	551	55	568	85	141
CITY OF VA BEACH CSB MHMRSAS	32	37	5	74	2	135	346	171	24	505	51	522	78	131
COLONIAL BEHAVIORAL HEALTH	6	0	0	6	0	43	41	48	7	91	9	96	14	23
CROSSROADS CSB	12	0	4	16	0	51	92	30	5	148	15	152	23	38
CUMBERLAND MTN CSB	43	20	7	70	2	58	49	13	3	110	11	112	17	30
DANVILLE-PITTSYLVANIA CSB	29	12	2	43	1	115	105	67	10	230	23	237	36	60
DICKENSON Y CSB	7	0	2	9	0	14	4	1	1	19	2	20	3	5
DISTRICT 19 CSB	25	0	4	29	1	45	182	34	5	232	23	236	35	59
EASTERN SHORE CSB	11	0	0	11	0	40	43	10	2	85	9	87	13	22
FAIRFAX FALLS CHURCH CSB	117	31	3	151	5	273	308	360	49	630	63	665	100	168
GOOCHLAND POWHATAN MENTAL HLTH	2	0	0	2	0	17	27	8	2	46	5	48	7	12
HAMPTON-NN CSB	38	25	6	69	2	122	260	120	17	399	40	411	62	104
HANOVER Y CSB	7	0	0	7	0	46	51	40	6	103	10	108	16	27
HARRISONBURG-ROCKINGHAM CSB	6	15	0	21	1	45	107	30	5	157	16	161	24	40
HENRICO CSB	23	0	1	24	1	83	234	107	15	332	33	343	51	85
HIGHLANDS CSB	19	0	1	20	1	57	31	13	3	91	9	93	14	24
LOUDOUN Y CSB	2	0	1	3	0	49	63	55	8	120	12	126	19	31
MIDDLE PENINSULA NECK CSB	8	0	3	11	0	66	104	42	7	177	18	182	27	45
MOUNT ROGERS CSB	40	0	5	45	1	84	123	26	4	211	21	214	32	54
NEW RIVER VALLEY CSB	36	0	1	37	1	54	103	55	8	165	17	171	26	44
NORFOLK CSB	60	0	10	70	2	99	193	125	17	309	31	322	48	81
NORTHWESTERN CSB	11	0	0	11	0	50	185	78	11	246	25	254	38	63
PIEDMONT CSB	14	0	5	19	1	91	109	55	8	208	21	214	32	53
PLANNING DISTRICT ONE CSB	31	0	0	31	1	64	63	12	3	130	13	132	20	34
PORTSMOUTH DEPT OF BEHAVIORAL	16	0	1	17	1	70	122	14	3	195	20	197	30	50
PRINCE WILLIAM Y CSB	26	8	4	38	1	91	152	90	13	256	26	265	40	67
RAPPAHANNOCK AREA CSB	13	0	3	16	0	161	173	174	24	358	36	375	56	92
RAPPAHANNOCK RAPIDAN CSB	17	0	0	17	1	69	86	59	9	164	16	170	25	42
REGION TEN CSB	24	16	5	45	1	68	167	49	7	242	24	248	37	63
RICHMOND BHVRL HLTH AUTHORITY	28	12	19	59	2	118	222	100	14	354	35	364	55	92
ROCKBRIDGE AREA CSB	2	0	2	4	0	12	46	5	2	60	6	61	9	15
SOUTHSIDE CSB	19	0	7	26	1	87	66	5	2	155	16	156	23	39
VALLEY CSB	12	20	3	35	1	68	146	40	6	220	22	225	34	57
WESTERN TIDEWATER CSB	12	28	6	46	1	76	90	52	8	174	17	181	27	46
GRAND TOTAL	894	292	122	1,308	39	3,034	5,152	2,538	375	8,561	856	8,836	1,323	2,218

Date: January 24, 2013

Please note: All numbers are rounded to the nearest whole number.

* Assumption: A minimum of 3 percent of the individuals over the age of 18 that are living in a Training Center, Community ICF or Nursing Home would choose an independent living option, if available.

**Assumption: A minimum of 10 percent of the individuals over the age of 18 that are receiving waiver supports that are either living with family or in a congregate setting and 10 percent of the individuals that will receive a waiver slot in FY 2013; would choose an independent living option, if available.

***Assumption: A minimum of 15 percent of the individuals over the age of 18 that are receiving waiver supports that are either living with family or in a congregate setting and 15 percent of the individuals that will receive a waiver slot in FY 2013; would choose an independent living option, if available.

**** Baseline estimate does not include individuals that are not at least 18 years of age or older or individuals that are not receiving waiver services in an in-home or congregate setting (e.g. individuals that only receive vocational or day support services under the waiver).

Endnotes

ⁱ The unreduced SSI benefit as of January 1, 2012, is \$698 for an individual and \$1,048 for a couple. SSI benefit increases have not kept up with rising housing costs. Under current federal guidelines, housing is considered to be affordable for low-income households when the cost of monthly rent, including tenant-paid utilities, does not exceed 30 percent of monthly household income. People with disabilities receiving SSI can only afford to pay 30 percent of their income in housing costs, which as of January 1, 2012 is \$207 per month or \$2,484 per year.

ⁱⁱ The following is a summary of consensus opinion from leaders in the field with whom TAC spoke about obtaining a baseline number of individuals who would choose this option:

1. The response options with written or web-based surveys, and even with telephone or focus group surveys, typically reflect what a state offers. For example, people may say they need “respite” because that is the service listed, but what they really want is for the person to have a place to go with her/his friends.
2. People tend to report in a survey that they need more of what they already know about. It is not surprising that people request a “group home” over “shared living” because that is what has been the most available service option over the past 25 years. The response is not a valid indicator that states should provide more group homes or that a group home is what people really want. Because they have experienced it first hand, it is frequently easier for families and other caregivers to envision a facility as a basis for service delivery as opposed to an independent living arrangement with flexible and mobile community services and supports.
3. The people responding to these surveys are often family members. The preferences of family members should not necessarily be taken as equivalent to the preferences of individuals with ID/DD. A parent may want a group home and day center for his son. Meanwhile, his son may want an apartment with friends and a job.
4. Experts report that mail or web-based response rates are notoriously low, and thus the information gleaned from surveys typically cannot be extrapolated to the entire population at interest.

There was unanimous consensus among professionals with whom TAC spoke that the best way to obtain accurate information on needs and choices is to do person-centered planning accompanied by informed “visioning” of what life in the community, as opposed to a congregate setting could be like. This visioning frequently includes actual visits to a variety of different independent and small-scale community-based living arrangements, and discussions

with the families and other caregivers of people living in such settings. While this is occurring within the established discharge process for Training Center residents, this approach could not be carried out with all individuals (or even a majority of individuals in the target population) due to time and resource constraints in developing the plan. Thus, implementing a survey approach to establishing an accurate baseline to develop the plan was problematic in many ways.