

The Arc of Virginia urges the Commonwealth to fulfill its commitment to eliminate the ID/DD Waiver waiting lists, protect and strengthen existing community based services, and end the practice of institutionalization and segregation of people with intellectual and developmental disabilities (ID/DD).

BACKGROUND

In February 2011, the Commonwealth of Virginia received a Letter of Findings from the U.S. Department of Justice (DOJ) investigation concerning its services for people with ID/DD. The report concluded that the inadequacies identified “have resulted in the needless and prolonged institutionalization of, and other harms to, individuals with disabilities at Central Virginia Training Center (CVTC) and other segregated training centers throughout the Commonwealth who could be served in the community.” The report also found that the Commonwealth violates the Americans with Disabilities Act (ADA) by placing “individuals currently in the community at risk of unnecessary institutionalization at CVTC and other training centers” by its “failure to develop a sufficient quantity of community services to address the extremely long waiting list for community services.”

IT IS TIME TO MAKE “A LIFE LIKE YOURS” A REALITY

Support funding for 1,500 new Intellectual Disability (ID) Waivers¹ and 275 Developmental Disability (DD) Waivers², to be phased in throughout FY2013. More than 7,000 Virginians with ID/DD are being denied essential community support services that help avoid institutionalization due to waiting lists. Combined, the ID and DD waiting lists are growing at a pace of more than two people per day. This budget action will reduce the waiting lists by 25 percent and puts the Commonwealth back on track to meeting its stated 2009 goal of waiting list elimination by the 2018-2020 Biennium.

Support funding to provide support services to 1,000 people with ID/DD who have been denied Medicaid ID/DD Waiver due to level of functioning criteria.³ Virginia has some of the most stringent eligibility criteria for Medicaid Waivers in the country, leaving many people with ID/DD vulnerable and at risk of institutionalization or homelessness. This funding provides necessary supports, such as in-home, nursing, environmental modification and medication management, helping these individuals to stay in the community.

Support funding and budget language to expand self-determination, improve quality outcomes and achieve ICF/DD equivalency in Medicaid Waiver services, assuring that ALL Virginians with ID/DD, can live safely and successfully in the community. The DOJ Findings Letter described how Virginia’s inadequate community-based supports put people with ID/DD at risk of institutionalization and discriminates against those with the most significant needs. Adequate reimbursement rates and flexible models of support are essential to ensuring Virginia is able to support ALL Virginians with ID/DD in integrated settings.

Support a comprehensive and effective plan to transition to an inclusive, community-based system of support for people with ID/DD. Reinvest cost savings to assure successful transitions from institutions, improve community services, and provide help to people on waiting lists.

Oppose proposal to reduce the income limit for the optional Medicaid eligibility group with income up to 300 percent of Supplemental Security Income (SSI) to 250 percent of SSI.⁴ Currently, individuals with income up to \$2094 per month may qualify for Medicaid. This action reduces the income limit to \$1,745 per month, and while the budget summary asserts that “most of the individuals impacted will still qualify for limited Medicaid benefits that provide⁵ assistance with Medicare cost-sharing”, it is unlikely this will be an option to help people with ID/DD retain critical long-term support services.

Oppose reduction in personal care hours allowed under the Elderly and Disabled Waiver with Consumer Direction (EDCD) from 56 to 48 hours per week. The EDCD Waiver provides limited community-based support to people with ID/DD on waiting lists for the more comprehensive Waivers. Reducing the number of personal care hours available cuts back on the little help they are receive.

¹ \$28.8M in SGF in FY 13 and \$53.3M in SGF in FY14 (Based on 125 new slots phased in each month of FY13)

² \$3.16M in SGF in FY 13 and \$4.2M in SGF in FY14 (Based on 138 new slots to begin 7/13, and 137 new slots to begin 1/14)

³ \$5M in SGF in FY13 and \$5M in SGF in FY14

⁴ \$18.2M in SGF in FY14

⁵ \$1M in SGF in FY13 and \$1M in SGF in FY14