

Virginia's
Blueprint
for
Livable Communities

www.vadrs.org/vblc

Final Report

June 2011

Secretary of Health and Human Resources
Commonwealth of Virginia

Acknowledgements

This report was authored with collaborative input from the 18 members of the Blueprint for Livable Communities Citizen Advisory Group whose time, expertise, and candid advice in the drafting of this report have provided a wealth of experienced knowledge upon which to base its content. The members of the Advisory Group appear on the following page. Additional acknowledgement is owed to state agency representatives and staff who have devoted substantial time to authoring and providing feedback and input during the drafting of this report.

Blueprint for Livable Communities

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Code of Virginia § 2.2-213.4

§ 2.2-213.4. Secretary of Health and Human Resources to develop blueprint for long-term services and supports.

The Secretary shall convene, as appropriate, such other heads of executive branch secretariats, state agencies and other public and private agencies and entities to develop a blueprint for livable communities and long-term services and supports for older Virginians and people with disabilities. The blueprint shall include planning through the year 2025 and shall be comprehensive and inclusive of issues related to active, daily life in communities across the Commonwealth. The blueprint shall build upon existing plans and reports and shall focus on (i) community integration and involvement, (ii) availability and accessibility of services and supports, and (iii) integration and participation in the economic mainstream. The blueprint shall be submitted to the Governor and Chairs of the Appropriations Committee of the House of Delegates and the Finance Committee of the Senate no later than June 30, 2011.
(2010, cc. 411, 801.)

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Executive Summary

Our Commonwealth faces multiple challenges that require us to increase community living options for Virginians with disabilities and older adults. We see every day the impact of the *Age Wave*, and the evolution of protections such as the *Americans with Disabilities Act* and the *Olmstead Initiative* has shown us how individuals once dependent can successfully increase their capacity to be independent in our communities. If we are indeed to be a *Commonwealth of Opportunity*, we must support the necessary measures to ensure that all Virginians have access to the same opportunities of engagement, participation, decision-making, and independence in their own lives in the community.

A “*Blueprint*” for *Livable Communities* is needed, yet we are confronted with the hurdle of mapping out a single statewide template for livability while preserving the individual strengths of communities shaped by local perspectives. With regions as diverse as Abingdon and Arlington, it is clear that the Commonwealth must support local planning to realize its goal of a more livable Virginia. This document is the first step in a long-range state effort to support the changes urgently needed to secure all Virginians the opportunity to live and age optimally in their community. It is created in response to a legislative mandate from the 2010 Virginia General Assembly (SB 410/ HB514). Although this report is not a “one-size-fits-all” product, many of its elements are universally adaptable to any size or type of community.

This report offers diverse and useful best practices, planning resources, policy information and research that, when put together, begin to assist communities in building the comprehensive Blueprint(s) we need. It outlines an existing foundation of current opportunities for building livable communities that span the entirety of our Commonwealth; and it is composed with the confidence that Virginians are motivated to build upon this robust foundation to make their communities livable in their own way.

It is here that Virginia begins to identify and promote its resources and means for contributing to improved community livability and Age Wave preparedness across the Commonwealth. While our state agencies will continue to seek opportunities to support livable communities for all Virginians, right now the missing ingredient is you. Take advantage of this resource. Convene the local parties that must collaborate to marshal the requisite funds, plans, and services to support our neighbors in their daily lives. But first, take action to shepherd the most important element- the **will** to build the type of community that offers accessible and affordable housing, responsive and cost effective transportation, and the necessary services to support Virginians to live in and contribute their talents to our communities.

Thank you in advance for making our Commonwealth one of Opportunity for all.

Sincerely,

William A. Hazel, Jr., M.D.
Secretary of Health and Human Resources
Commonwealth of Virginia

PART 1: Overview

The basic concept behind *Virginia's Blueprint for Livable Communities* can be stated simply:

Livable communities promote opportunities for people of all ages to carry out their lives when, where, and how they choose.

As the “Commonwealth of Opportunity,” Virginia strives to be a place where all people are able to experience the dignity of decision-making in their own lives; to have a chance to engage meaningfully in social and civic activities; to participate in the economic mainstream; and to live well while challenging themselves to learn and grow through new experiences.

However, like the majority of states, the Commonwealth historically has not excelled in supporting all of its citizens- older adults and people with disabilities in particular- to reside in the community and live fulfilling lives as integrated members of our society. A vigorous effort to unlock the gates of the community to Virginians of all ages and abilities is now more urgently needed than ever before. One important approach the Commonwealth can take to address this monumental need for community living opportunities is to support livable communities. A “livable community” is a community that is designed and functions in a way that facilitates well-being for all of the people who live there, regardless of age, income, or ability. It is a holistic goal that is achieved through a long-term, open-ended, community planning process.

What is Livable Communities Planning?

Livable communities planning is the process through which a community focuses on supporting the lifelong health of its population through both the design of the spaces people use and the services that support them to do so. The breadth of activities and ideas that can be undertaken as part of building livable communities is perhaps the initiative’s greatest asset because this fluidity makes it an inherently adaptable and inclusive process. An activity aimed at improving community livability can be undertaken by any group of citizens, advocates, or leaders in a community; and the “community” itself can encompass a geographic area that is as small as a city block or neighborhood and as large- or larger than- an entire state. A project need not be comprehensive in order to have an impact: one citizen petitioning for an accessible bus stop or fundraising for a strategically-placed park bench can improve community livability in the same way as a county-wide rezoning initiative or a multi-million-dollar collaboration on an accessible housing development. In short, communities and people may differ widely in how they choose to undertake livable communities planning.

Generally, however, creating a livable community involves a focus that is two-fold:

(1) Alter community design features to make living environments more accessible so individuals are better positioned to integrate into the community.

Examples of community design elements that impact livability include:

- Location, accessibility, and affordability of housing supply,
- Land use patterns- especially those that influence development such as retail, health, and education,
- Impacts of zoning laws on caregivers’ use of residential space as well as the ease and safety of

-
- navigating around the community,
 - Accessible infrastructure – sidewalks, curb cuts, cross walks, transportation shelters – to connect housing to social and religious entities and employment centers (“walkability”),
 - Availability of space for public use (meeting spaces, recreational areas, activity centers),
 - Aesthetic features impacting residents’ perceptions of all of the above.

Though much can be done to the community living environment to improve independence, this alone will not be enough to fill the need for services and supports that enable people to live in the community. The goals on the above list can be particularly challenging for Virginia’s rural communities, where populations are dispersed over a larger geographic region and, for example, distance between destinations may reduce demand for sidewalks and raise the demand and the cost of public transportation services. In rural, suburban, and urban areas alike, design changes are not a complete solution; this is why livable communities planning must also focus on a second goal:

(2) Expand and improve the ability of in-home and community-based services to meet growing needs in the population.

Strategies for expanding the capacity and array of available services while making more efficient use of strained budgets include:

- Building new partnerships among providers to serve similar needs contiguously,
- Improving coordination and cooperation among providers in overlapping and adjacent service areas,
- Continuously reevaluating and responding to the community’s shifting service needs, and
- Accurately identifying gaps in services across and between communities and populations.
- Pursuing resources necessary to achieve community goals.

This report highlights several communities in which a surprising amount of new or expanded services have evolved as the result of new partnerships that have spanned geographic, ideological, or cultural divides. These communities demonstrate the progress that can be made with creative use of existing resources when new resources may be hard to come by.

Why is Livable Communities Planning Necessary?

Urgency in Numbers

- In 2010, **6,805** nursing home residents in Virginia indicated that they wish to return to the community.¹
- More than **5,000** Virginians with intellectual disabilities are currently on the waiting list to receive needed home- and community-based services through the Medicaid “ID Waiver” program, and more than **1,000** Virginians with developmental disabilities await opportunities to access needed supports through the Medicaid “DD Waiver” program.²

¹ Centers for Medicare and Medicaid Services, *MDS Q1a Report- Third Quarter 2010- Virginia* (2010). Retrieved May 31, 2011 from https://www.cms.gov/MDSPubQIandResRep/06_q1areport.asp?isSubmitted=q1a3&date=24&state=VA.

² Virginia Department of Medical Assistance Services, (Personal communication, April 15, 2011).

- **6,365** families in Virginia populate the waiting lists at local Public Housing Authorities to receive rental assistance through Virginia's Housing Choice Vouchers program because they do not have access to affordable, stable housing.³
- Almost **50%** of local human services agencies responding to a 2005 survey by the Department of Rail and Transportation reported that the needs of persons who use wheelchairs are unmet by transportation options in their service areas.⁴
- In the next two decades, the total population of older Virginians will double to more than **1.8 million**. Adults age 65 and older are now twice as likely (**16.1%**) to be living in poverty as they were a decade ago. This combination of an explosive shift in the age demographics coupled with higher poverty rates among older adults will place great strains on the public service delivery system that provides older adults and their family members with needed care and support.⁵

Policymakers frequently cite these numbers because they offer one way to quantify Virginia's progress in meeting demand for certain home- and community-based living supports. However, when one individual's need is unmet due to a shortfall in the supply of available supports, the opportunity cost to families, caregivers, service providers, and to communities at large demonstrates that the resulting impact is far more widespread than numbers on a waiting list can possibly indicate.

For example, Virginians spend an estimated **739 million hours** each year serving informally as caregivers to their adult family and friends, at an average lifespan cost to each caregiver of **\$635,000** in lost wages and pension. With an estimated **700,000** Virginians serving as informal caregivers at any one time, the lifetime opportunity cost to family caregivers will total at least **\$400 billion** in lost wages, pension, and Social Security in Virginia alone, not including the state tax revenue that those earnings would have produced. Furthermore, these statistics refer only to caregivers of older adults and do not include the tens of thousands of Virginians who care for children with temporary or lifelong disabilities and special needs.⁶

Like ripples in a pond, the social and economic detriment of shortfalls in community services and supports extends even further: people who need assistance to live in the community may lose the opportunity to hold a job and earn an income if they do not have adequate transportation to get to and from work. They may lose the chance to spend money as consumers if they cannot find an accessible route to local stores. Some individuals enter or remain in an institutional setting as a means to receive services and care that could be delivered in a community-based model at a lower cost. A community which does not have the support services or the infrastructure in place to facilitate access, mobility, and independent living may inadvertently deprive itself not only of an economic opportunity, but of countless vital human resources- the volunteers, civic leaders, workforce members, brilliant and creative thinkers, consumers, and advocates- found among older Virginians and Virginians living with disabilities.

The Right to a Livable Community for All Ages

The Baby Boomers will require livable communities to support them as they approach their golden years, but the need for supportive and accessible environments is already urgent. Many of the public services that older

³ Virginia Housing Development Authority, *PHA 5-Year Annual Plan*, (2008), 2. Retrieved May 30, 2011 from <http://www.vhda.com/BusinessPartners/HCVPAgents/Documents/PHAPlan2010-2014.pdf>.

⁴ Virginia Department of Rail and Public Transportation, *State Coordination Model for Human Services Transportation Final Report* (2010), A-4. Retrieved May 30, 2011 from http://www.drpt.virginia.gov/activities/files/State_Coordination_Model_for_Human_Service_Transportation.pdf.

⁵ Institute on Rehabilitation Issues, *The Aging Workforce* (University of Arkansas Currents, 2010), 27-38.

⁶ McDonnell, Robert F., *Certificate of Recognition of Family Caregivers Month* (November 2010). Retrieved May 30, 2011 from <http://www.governor.virginia.gov/OurCommonwealth/Proclamations/2010/Caregivers.cfm>.

adults must utilize to remain in their communities as they age are currently in desperate demand among Virginia's population of nonelderly adults and children with disabilities and their families as they pursue their legal right to community integration. As the numbers above indicate, the human service delivery systems are already struggling to adequately meet the needs and the rights of Virginia's current demographics.

This report is derived from the premise that livable communities are a necessary and achievable goal; and that highly valuable ideas and resources are already actively being developed by Virginians in communities across the state. The report and its accompanying web page, www.vadrs.org/vblc, serve as platforms for information and idea-sharing to facilitate the necessary human connections that will expand upon this existing foundation. Building a more livable Commonwealth is a wise long-term investment not only in the physical and mental well-being of Virginians, but in the economic stability of their families and communities. More importantly, a livable Virginia is critical to ensuring that all Virginians may enjoy the opportunity and the right to live and age well, empowered by the ability to carry out their lives when, where and how they choose.

Report Overview

Part 2 of this report is intended to spur creativity by sharing the current innovative actions of Virginians improving their communities' livability. **Sections 1-6** present a wide array of tools and best practices demonstrating how Virginia's localities and regions are putting livability planning ideas to use and are already pioneering new ways to improve opportunities for their neighbors to reside successfully in their communities.

Part 3 is intended to offer information on the state policy environment for livable communities planning. **Section 7, Section 8, and Section 9** inventory significant components of Virginia's system of state and local services and supports for older adults and people with disabilities. Though this vast and complex service network can be categorized in infinite ways, this report focuses on three heavily- intertwined broad categories of state services: **Community-Based Long-Term Services and Supports, Transportation, and Housing and Community Development.**

Virginia's Blueprint for Livable Communities is one of several products emerging out of a collaborative effort. With leadership from the Department of Rehabilitative Services and the Virginia Department for the Aging, Virginia has convened an 18-member **Citizen Advisory Group** comprised of citizens and state agency representatives with expertise and background experiences in critical fields involved in livable communities planning. The advisory group informed the creation of this document and assisted in the development of a list of **Next Steps** which appears at the end of this report. Beginning with items on this list, the Citizen Advisory Group and agency representatives will to continue their work to remove barriers and expand opportunities to institute state policies that support Virginians to participate in livable communities planning.

PART 2: Community Resources and Best Practices

Among states, Virginia has already established itself as a leading voice in the national conversation on livable communities planning through the collective actions of leaders in communities in all corners of the state. The following projects provide examples of best practices in livable communities planning undertaken by communities and organizations in Virginia.

Section 1: Planning Frameworks and Tools

To assist residents and leaders in their communities with getting involved in livable communities planning, multiple planning “toolkits” and other resources have been developed to offer detailed suggestions and even step-by-step guides to the basic planning process. These resources target wide audiences ranging from the most seasoned planning experts to those who would like to get involved but may not know where to begin.

Transportation and Housing Alliance Toolkit

The Thomas Jefferson Planning District Commission (TJPDC) and the Virginia Board for People with Disabilities have partnered to develop the *Transportation and Housing Alliance Toolkit*.

The Toolkit is intended to be used as part of a planning effort for a region, community or neighborhood. It gives planners additional tools to analyze data numerically and through mapping. It also provides a checklist to assess the study area in a variety of dimensions to evaluate the livability and efficiency of its transportation systems, housing stock, and services. The Toolkit can be used:

- As a part of a locality’s Comprehensive Planning process
- As part of a community plan or transportation study
- As an element in the Needs Assessment for people with disabilities
- To help determine desirable locations for housing or services
- To evaluate proposed projects and their impact on the surrounding area

The second edition incorporates comments and lessons learned through 12 planning projects utilizing the THA Toolkit through the two-year period between July 1, 2007 and May 29, 2009 (See **Table 1.1**).⁷ The THA Toolkit is available for free online through TJPDC’s website, at <http://www.tjpd.org/housing/thatoolkit.asp>

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⁷ Thomas Jefferson Planning District Commission, *Transportation and Housing Alliance (THA) Toolkit*, 2nd Ed. (2010). Retrieved May 30, 2011 from www.tjpd.org.

Table 1.1: Transportation and Housing Alliance Toolkit Implementation Projects⁸	
Agency	Project Scope
Louisa County Virginia – Community Development	Complete the Transportation Chapter of Louisa County’s Comprehensive Plan, with considerations to persons with disabilities and those with special transportation needs.
Town of Mineral – Thomas Jefferson Planning District (TJPDC)	Conduct studies and work to revitalize the Town’s central corridor, with considerations to persons with disabilities and those with special transportation needs.
Transition Council – Thomas Jefferson Planning District (TJPDC)	Combine report with the Disability Service Board’s Needs Assessment, to develop an in depth and comprehensive needs assessment of the region regarding people with disabilities.
Locust Hill RDC, LLC	To carry out a market study for a proposed affordable housing apartment project for people with disabilities in the Madison Heights area of the Lynchburg MSA. Lakeview Commons is a proposed 22 to 24 unit apartment project, funded through an allocation of Low Income Housing Tax Credits through the Virginia Housing Development Authority (VHDA). All units will be accessible.
George Washington Regional Commission (GWRC)	Demographic analysis of the GWRC district to identify at least one community with a high concentration of people with disabilities as residents. After identifying the “hotspots” in each of the five jurisdictions, the disability Resource Center and Rappahannock Regional Disability Services Board will assess those communities to identify barriers to mobility and an improvement to address those barriers.
Rappahannock Rapidan Regional Commission (RRRC)	RRRC shall utilize the THA Toolkit to enhance the regional Coordinated Human Services Mobility (CHSM) Plan, in order to generate public policy and infrastructure changes that will improve the quality of life for people with disabilities, older adults, and low-income residents of the region.
New River Valley Planning District Commission (NRVPC)	NRVPC is using the THA Toolkit as part of the NRV – Employment Mobility Study to address rural gaps in transportation by providing semi-fixed route services.
Senior Services of Southeastern Virginia – The Center for Aging	Utilize the THA Toolkit to develop a plan leading to a pilot transportation project for Norfolk and policy recommendations on affordable housing.
Senior Services of Southeastern Virginia – The Center for Aging	To create a 10 year regional plan that defines public policy, provides practical guidelines; and promotes successful models to increase the region’s capacity to address housing, transportation and access to services in Hampton Roads for seniors and people with disabilities.
Roanoke Valley – Alleghany Regional Commission	Create a Comprehensive Plan for the City of Covington that includes consideration of persons with disabilities and their interrelated needs of transportation, housing and employment.
Central Shenandoah Planning District Commission (CSPDC)	To carry out tasks as part of a transit study to use GIS data to determine the needs and demand for transit services in the City of Waynesboro. This will identify current and projected public transit mobility needs in the city. It will also identify the range of transit options that could best meet those needs.
Junction Center for Independent Living	To encourage and facilitate the use of the THA Toolkit by localities in the LENOWISCO Planning District, to provide an understanding of housing resources to consumers and advocates, and to provide technical assistance to local housing offices, local planning authorities and local HUD offices in the LENOWISCO Planning District.

⁸ Ibid.

Jefferson Area Board for Aging: Viable Futures Toolkit

The Jefferson Area Board for Aging (JABA) in Charlottesville partnered with the Viable Futures Center in Baltimore, MD in the creation of the *Viable Futures Toolkit* to assist communities with the policies and practices that can create viable and vibrant futures for all generations. JABA's toolkit utilizes its own experiences in livable communities planning to provide a case example including:

- A background overview of the area's policy environment, demographics, and accomplishments including the issuing of the award-winning *Charlottesville 20/20 Plan: Aging in Community*;
- Analysis of the evolution of the 20/20 Plan and new projects and findings that emerged from the initiative
- A list of important "ingredients" and factors that have contributed to the success of Age Wave preparedness initiatives in the Charlottesville area as well as in other communities throughout the U.S.;
- Lessons learned and next steps for the 20/20 Plan and livable communities planning in the future.⁹

Contact: Jefferson Area Board for Aging (JABA)

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Comprehensive Plans

One of the most important existing frameworks for livable communities planning in Virginia is the comprehensive planning process that each of the state's 21 Regional Planning District Commissions (PDC's) must go through at least once every five years as mandated by Code of Virginia.¹⁰ The purpose of the comprehensive plan is to guide and accomplish "coordinated, adjusted and harmonious development of the territory which will, in accordance with present and probable future needs and resources, best promote the health, safety, morals, order, convenience, prosperity and general welfare of the inhabitants, including the elderly and persons with disabilities."¹¹

Part B Funded Activities by Centers for Independent Living (See Table 1.2)

The Transportation and Housing Alliance Toolkit, referenced above, offers assistance with the comprehensive planning process; and because comprehensive plans must address the welfare of people with disabilities and older adults, the process provides an important opportunity for parties to become involved and bring livable communities planning into focus. Recognizing this opportunity, over the past several years advocates from the disability community have utilized funding from Title VII of the Federal Rehabilitation Act to advocate for the use of the THA Toolkit and the inclusion of disability issues in comprehensive plans in localities throughout the Commonwealth. The Virginia Department of Rehabilitative Services (DRS) distributes over \$475,000 to Virginia's 15 Centers for Independent Living for systems change activities that focus particularly on the areas of transportation, housing, and personal assistance services (PAS). **Table 1.2** lists some of the local policy and planning changes that have been achieved through advocacy, coordination,

⁹ Jefferson Area Board for the Aging, *Viable Futures Toolkit* (2007). Retrieved May 30, 2011 from http://www.jabacares.org/uploads/documents/Cvile_Case_Study_FINAL_5.3.07.pdf.

¹⁰ Code of Virginia § 15.2-2230.

¹¹ Code of Virginia § 15.2-2223.

and outreach activities carried out through Part B funding services.

Table 1.2: Outcomes of Efforts by Centers for Independent Living Staff to Improve Community Integration using Part B Funding, January -September 2010¹²
149 people with disabilities trained about housing planning processes
29 community entities [Disability Services Boards (DSBs), Area Agencies on Aging (AAAs) and other groups] trained about housing planning processes
31 community entities (DSBs, AAAs and other groups) trained about Money Follows the Person (MFP)
39 people who work with the local Public Housing Authority (PHA) Plan or Consolidated Plan trained about MFP
11 people who work with the Public Housing Authority (PHA) Plan or Consolidated Plan trained about the housing needs of people with disabilities
11 community entities (DSB, AAA and other stakeholder groups) participated in providing public comment on a PHA Plan or Consolidated Plan
55 people with disabilities participated in providing public comment on a PHA Plan or Consolidated Plan
8 PHA Plans analyzed and commented on
7 Consolidated Plans analyzed and commented on
18 PHAs provided data collected about the housing needs of people with disabilities
6 Entitlement Areas provided data collected about the housing needs of people with disabilities
12 local agents that have Section 8 vouchers through Virginia Housing Development Authority (VHDA) provided data about the housing needs of people with disabilities
2 local entities not within an Entitlement Area provided data about the housing needs of people with disabilities
5 PHA Plans for Section 8 vouchers were changed to add a reference for people with disabilities
2 PHA Plans for Section 8 vouchers were changed to add a preference for people with disabilities who are transitioning from institutions
6 policies and practices expanded or improved at PHAs
5 entities used the THA Toolkit
17 PHAs or other entities educated about the 2009 competitive funding for expanded accessibility of housing
19 PHAs were provided technical assistance to improve their marketing of accessible housing
316 people provided training about the housing rights of people with disabilities

Older Dominion Partnership

The Older Dominion Partnership (ODP) is a non-profit organization that convenes Virginia business, government, academic, and non-profit organizations around the issue of Age Wave preparedness, taking a statewide focus. The ODP was established in 2007 by a cross section of community leaders involved in serving Virginia's aging population.

¹² Virginia Association of Centers for Independent Living, *Coordination Grant for Specific SPIL Goal 2 Activities Quarterly Report: January – March 2010* (2010), 3-4.

ODP's accomplishments to date include:

- Development of an online catalogue of extensive research and Age Wave resources (www.olderdominion.org);
- A statewide survey assessing the current and future needs of Baby Boomers, the first comprehensive study of this nature in more than three decades;
- Providing a framework for statewide partnership and collaboration across sectors and disciplines to bring diverse viewpoints together to focus on making Virginia better place to age well.

The overarching goals of the ODP are to 1) build awareness of the coming age wave and its potential impact on the Commonwealth; 2) broaden stakeholders who want to prepare for this demographic shift; 3) help facilitate the creation and advancement of a community-driven, overall strategy to accelerate Virginia's age wave preparedness; 4) support ODP members through strategic coordination and possible alignment of funding sources; and 5) document and report on Virginia's progress in preparing for the age wave.¹³ As a statewide forum for these issues, the ODP and the resources it has made available on its website can serve as a critical resource for livable communities planning.

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Virginia Rural Health Resource Center

To address the unique planning challenges facing rural communities, the Virginia Rural Health Resource Center (VRHRC) offers services that can be a strong resource. VRHRC is a 501(c)(3) not-for-profit organization which serves as a clearinghouse for local, state and national rural health information. VRHRC provides technical assistance, facilitates rural health research and collaborates with various public and private organizations to identify and address rural health issues in the Commonwealth, thus ensuring access to quality health care for all rural Virginians. Among the consultant services available through VRHRC are building community coalitions and partnerships, grant development, health program development, and more.¹⁴

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¹³ Older Dominion Partnership, *About the ODP*. Retrieved May 30, 2011 from <http://www.olderdominion.org/about.php>

¹⁴ Virginia Rural Health Resource Center, *Home and Services*. Retrieved on May 30, 2011 from <http://www.vrhrc.org/services.htm>.

Section 2: Local and Regional Livable Communities “Blueprints”

The aim of this report is to support grassroots livable communities planning at the local and regional levels, where blueprints can be developed to address the specific needs of the community. This section highlights examples of some of the comprehensive livable communities planning processes that have emerged in Virginia.

Rappahannock: *Aging Together Partnership*

Rappahannock Rapidan Community Services Board and Area Agency on Aging leads the Aging Together Partnership, an alliance of more than 100 organizations from Culpeper, Fauquier, Madison, Orange and Rappahannock Counties which aims to ensure that community members are able to access needed supports to successfully age in place.

A thirteen-member Core Leadership Group provides overall guidance for the partnership. Each county has a County Aging Together Team comprised of local service providers, churches, older citizens, caregivers, etc. which meets monthly to develop resources to address needs within each area. Regional Workgroups collaborate across agencies and counties to develop responses to region-wide issues such as transportation, health and wellness, workforce development, adult day care development, and caregiver supports. This structure promotes a true grassroots effort and allows participation by a large and diverse group of people, including consumers as well as decision-makers and providers, in areas that are of specific interest to them.

Through active livable communities planning involving sharing and coordinating resources, Aging Together has created a variety of new programs and expanded services:

- Regional supports for individuals with dementia and their caregivers
- Medication assistance program to get free prescriptions for low-income persons
- County-based volunteer transportation networks
- Regional transportation planning and service expansion (federal New Freedom grantee)
- Wellness initiatives (health screenings, columns in local papers on wellness issues/resources, pharmacist reviews for medication interactions, distribution of medical ID's)
- Intergenerational initiatives (e.g. computer classes for older adults taught by local students)
- Caregiver supports (training and support groups)
- Workforce development (collaborations with community colleges to train direct care staff)
- Capacity building (training for local attorneys on elder law issues, training for first responders)
- Consumer information (developing the Regional Aging and Disability Resource Connection)

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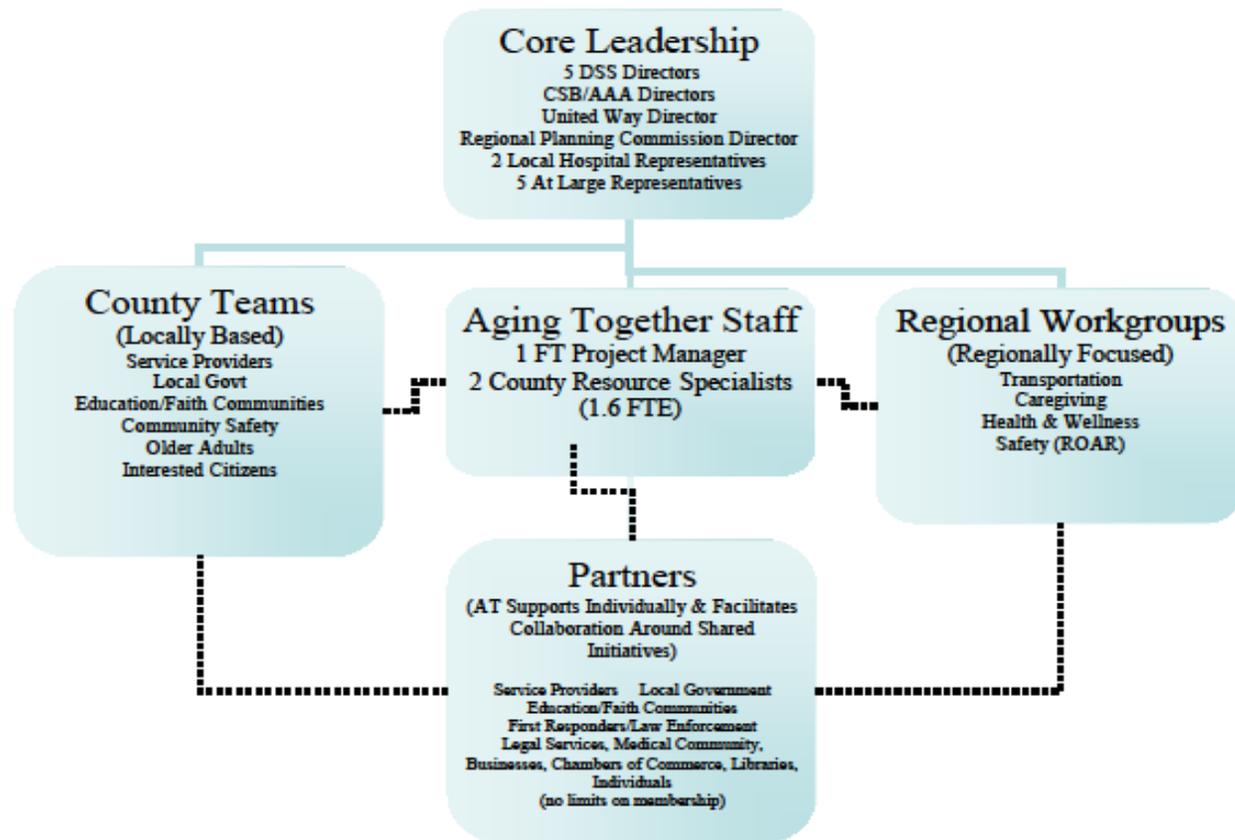
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Aging Together Partnership Structure



Charlottesville: *2020 Plan: Aging in Community*

A collaborative planning effort involving input from more than 85 organizations and 500 individuals over the course of three years, Charlottesville's 2020 Plan serves as a blueprint outlining steps that must be taken to make Virginia's Jefferson planning area more livable for all ages. The following overview is offered by the Jefferson Area Board for the Aging (JABA), which served a major force behind the development of this comprehensive plan:

In September 2003 following a three-year collaborative planning process, the steering committee for Charlottesville's 2020 Plan issued its final report. The report has six chapters focusing on top goals for the community: (1) Promoting coordinated and accessible healthcare; (2) Supporting maximum independence and lifelong health; (3) Offering choices: affordable living options for seniors and support for family caregivers; (4) Designing communities to enhance quality of life; (5) Fostering vibrant engagement in life; and (6) Strengthening caring communities through active citizenship. Three of these goals were given top priority for early implementation effort as part of the strategic implementation process.

The contents of the final report are listed as follows:

- Demographic profiles about the current and projected senior populations of Thomas Jefferson Planning District
- Six chapters of recommended goals and strategies for addressing the challenges and opportunities presented by a growing aging population
- A section outlining the next steps of the 2020 implementation phase
- A full acknowledgements section listing planning participants and other community members who contributed to the 2020 Plan
- Appendices:
 - A Special Issues section with detailed analysis, including: A summary of survey findings on senior legal and safety needs; *Strengthening Intergenerational Connections*, a beginning step in intergenerational planning developed in collaboration with Western Albemarle High School students; And an overview of the 2020 planning process leading to the recommendations in this plan.
 - Glossary of terms used in the plan.¹⁵

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Norfolk: *Hampton Roads Regional Lifelong Planning Partnership*

The Hampton Roads Regional Lifelong Planning Partnership (LLPP) is a partnership of approximately one hundred organizations including service providers in housing, transportation, healthcare, aging and disability services, public safety, workforce and education, from the private, non-profit, academic, volunteer, and public sectors. After conducting research and analysis of the available resources on livable communities planning, a following phase of the LLPP's planning strategy required five focus groups (Independent Living & Home

¹⁵ Charlottesville 2020 Planning Partners, *2020 Community Plan on Aging Final Report* (2003). Retrieved May 30, 2011 from <http://www.jabacares.org/uploads/documents/2020fullplan.pdf>.

Ownership, Accessibility and Transportation, Access to Community Based Long-Term Care Services, Long-Term Care Residential Facilities, and Long-Term Care Workforce) to each propose models for a framework for regional planning to make Hampton Roads a more cohesive region focused on lifelong livability.¹⁶

Over 18 months following its 2008 *Regional Snapshot* report, the LLPP identified four keys to making their region a livable community using a combination of surveys, focus groups and steering committee meetings:

1. Improved regional transportation services
2. Improved access to services
3. Increased workforce capacity
4. Increased stock of accessible and affordable housing

In its most recent report, the LLPP offers detailed snapshots offering the current trends and needs in areas related to each of these keys, and offers steps that must be taken in each category to achieve the stated goal.¹⁷

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Newport News: *Task Force on Aging Action Plan*

Comprised of local public and non-profit agency representatives from the community, the Newport News Task Force on Aging began work in 2004 to develop an Aging Action Plan with the vision of creating a “Community where seniors are valued, supported and empowered to attain the highest quality of life achievable.” The plan has been endorsed by the Newport News City Council.

The Task Force has identified three top goals: (1) Increase the capacity of seniors to live independently and safely in the least restrictive environment possible; (2) Increase capacity of seniors to maintain their health and wellness; and (3) Expand opportunities for seniors to remain connected and contribute their skills and abilities to the community.

To date, the accomplishments of the Task Force include:

- Partnered with Peninsula Center for Independent Living to host a housing roundtable discussion.
- Promoted Peninsula Aging and Disability Resource Network (PADRN) website.
- Awarded \$18,000 grant to enhance the transportation component of the PADRN website through Peninsula Agency on Aging as part of the Commonwealth’s participation in the federal Aging and Disability Resource Connection grant program.
- Hosted a universal Design Seminar for the first time on the Peninsula region.
- Advocated for the addition of information indicating property accessibility for seniors and people with disabilities on existing online resource directory.
- Hosted workshop, “Reinventing Your Neighborhood” to discuss the “Village Model” concept and opportunities for local development.

¹⁶ Senior Services of Southeastern Virginia, *The Hampton Roads Regional Lifelong Planning Partnership Research Paper* (2007), 8, 11-15. Retrieved May 30, 2011 from <http://www.ssseva.org/llp/researchPaper.pdf>.

¹⁷ Senior Services of Southeastern Virginia, *Regional Keys: Making the Region a Livable Community* (2010), 1-3. Retrieved May 30, 2011 from http://www.ssseva.org/llp/SSSEVA_Regional_Keys1_4_Oct2010.pdf.

- Convened a Transportation Subcommittee specifically to address transportation issues.
- Partnered with Hampton Roads Transit and Taxi Cab Companies to train drivers/bus operators and staff on the needs of seniors and disabled utilizing a grant awarded through the New Freedom Initiative.
- Conducted a study of the City’s Walkability and need for a transportation system designed specifically for seniors.¹⁸

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Fairfax: 50+ Action Plan

Fairfax County’s action plan was created by the Fairfax County Board of Supervisors’ Committee on Aging with the following overarching action steps in mind:

- Create and revitalize communities that enable us to live independently as we age. Apply lessons from the basic Reston design concept, and from other best practices nationwide, that integrate community planning elements including access to a full range of options for transportation, services, recreation, health care, technology and housing.
- Adopt county planning and development guidelines that ensure integration of key elements of community design for all ages. Provide technical assistance and incentives to individuals and developers to promote use of these guidelines. Identify and remove county restrictions that may inhibit use of the guidelines.

In addition, the Committee developed specific action steps in a number of focus areas including: Housing options, Housing affordability, Transportation options, Engagement, Diversity, Caregiver support, Technology, Health, Safety and Security and Service Capacity. To ensure accountability in implementing its 50+ Action Plan, in 2009 the Committee returned and issued a “scorecard” measuring progress in each of the stated action items.

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Section 3: Community Living Supports

This section offers examples of supportive neighborhood and housing models that enable people to live safely and independently in the community.

Village Concept (See Table 3.1)

The village model evolved out of a concept developed in the Beacon Hill neighborhood in Boston in which older adults living in the area can pay a membership fee to receive an array of services through a “concierge”-style system. Villages using this model as inspiration have developed in communities through local grassroots

¹⁸ Newport News Human Services Office of Senior Citizen Advocate, (Personal communication, April 22, 2011).

efforts nationwide, and as a result each village operates uniquely. Services frequently offered through villages include grocery delivery, information and referral, social activities, home maintenance and repair, and other supports that enable adults to continue to live healthy lives independently in their own homes. Typically members of villages are older adults who pay a membership fee; and many models include options for residents to volunteer their in-kind services to other members within the program.¹⁹ According to the national Village to Village Network, Virginia currently has eight villages either operating or in development:

Table 3.1: Villages in Virginia	
Village Name	Location
Aging in Reston	Reston
At Home in Alexandria	Alexandria
Clifton-Fairfax Station Transition in Place Service (CFS-TIPS)	Clifton
Mount Vernon At Home	Alexandria
Park View Village	Harrisonburg
The Fan Village	Richmond
The Lynchburg Area Villages	Lynchburg

Abingdon: *ElderSpirit Community at Trailview*

The ElderSpirit Community at Trailview in Abingdon is the first mixed-income, mixed ownership “Elder Co-Housing Community” in the United States. This model was developed by members of the ElderSpirit Community organization, a participatory membership organization for older adults that provides opportunities for growth through later life spiritual programs and through the formation of communities and residential centers. Residents live in the community voluntarily as part of their membership in the ElderSpirit organization, supporting one another’s day-to-day needs through volunteerism, service, and fellowship.²⁰

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Charlottesville: *Timberlake Place*

Timberlake Place is the site of proposed development in Charlottesville which will be designed specifically to create "senior-friendly" housing, at least 80% of which will be targeted for low to moderate income seniors. Approximately 20% of the units will be mixed-generation workforce housing that, to the extent permitted by funding sources will be designated for caregivers, law enforcement, and the like. All but two of the units will be constructed with Universal Design features and the entire project will be designed to meet EarthCraft Multi-Family standards.

¹⁹ Mercer, Marsha, *Villages Take Root Around Virginia*, (AARP Bulletin, October 1, 2010). Retrieved May 30, 2011 from http://www.aarp.org/home-garden/livable-communities/info-09-2010/villages_take_root_around_virginia.html.

²⁰ ElderSpirit Community, Inc., *ElderSpirit Community* (2007). Retrieved May 30, 2011 from <http://www.elderspirit.net>.

Also in Charlottesville, the Jefferson Area Board for Aging provides nursing services at a local public housing community that is home to older adults and adults with disabilities. Nurses provide monitoring of chronic health conditions, medication management, first aid and collaboration with primary care physicians. These services help reduce ER visits and hospitalizations and allow aging in community.

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Section 4: Walkability, Recreation, and Accessible Multigenerational Spaces

In May 2011, the Older Dominion Partnership described the initial findings from its statewide survey of older adults and Baby Boomers which gauged their awareness, perceptions, and involvement with livable communities planning. The ODP found that the top driver of attitudes about community livability is an individual's sense of engagement in the community: the availability of recreational, civic, volunteer, employment, and educational activities.²¹ The following descriptions are highlights of projects in Virginia that have focused on facilitating community engagement through community design features.

Richmond: *Mayor's Pedestrian, Bicycling Trail Planning Commission*

The Mayor's Pedestrian Bicycling Trails Planning Commission in Richmond was established by Mayor's Order in 2010. Over an eight-week period in summer 2010, the Commission's 30 appointees met in focus groups and conducted meetings and surveys of local residents. The following top five recommendations and proposed action steps emerged from the group's early work:

1. Create a Pedestrian, Bike, Trails Coordinator Position;
2. Implement "Complete Streets" – set policy and design standards;
3. Develop a dedicated funding stream for changing the infrastructure;
4. Establish education/safety programs for all;
 - a. Provide the permanent site for bicycling skills practice course and basic preparations of the site, including appropriate surface markings/painting
 - b. Richmond residents and school children to participate in bicycling safety classes; assist staff

²¹ Older Dominion Partnership, *2011 Statewide Age Ready Indicators Survey: Topline Report* (Presentation May 19, 2011), Slides 10, 31, 109-124. Retrieved May 31, 2011 from http://www.olderdominion.org/documents/2011_ODP_Age_Ready_Indicators_Survey_Toplevel_Report_As%20Presented_at_ODP_Summit_05_19_11.pdf.

- with survey development, administration, and analysis, and assist with crash data collection
5. Formally adopt the Mayor's Pedestrian, Bicycle and Trail Planning Commission recommendations and prioritization of greenways, blueways, trails, on-road bicycle routes, and pedestrian routes as official routes of the City of Richmond.²²

The full report and recommendations of the Commission were adopted by Richmond City Council in February 2011.

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Fairfax: Burke/West Springfield Senior Center Without Walls

The Burke/West Springfield Senior Center Without Walls is the recent recipient of the U.S. Environmental Protection Agency's (EPA) Commitment Award for smart growth in urban areas, one of only four winners nationwide. The Center is an innovative public-private partnership among the residents of Burke, West Springfield, Fairfax Station, local businesses, places of worship and Fairfax County (VA) government. It was created to promote community engagement and active aging programs for adults 55 years of age and older.

Planning for this cost-efficient model started in 2007 and operations began in 2009. The Center without Walls relies entirely on existing community resources to implement new programs for active aging. Prior to opening its virtual doors, there were few and disparate opportunities for elders living in the West Springfield/Burke area of Fairfax County. The program shifts the older-adult serving paradigm from senior center-based to community-based programs, using a shared site approach. Currently there are 10 programs serving more than 170 older adults all of whom reported increasing physical activity as a result of community programming.

The high level of individual and community-based organization engagement provides residents with a sense of ownership of the Center and the use of multiple locations exposes participants to new places and people. By using a variety of existing facilities, there wasn't a need to build a new senior center or create new public transportation routes or transportation infrastructure in an area already rampant with over development.

The same principles that make the Center a smart growth accomplishment have also led to its success in increasing physical activity among older adults. With a variety of programs, services, activities and opportunities offered at numerous locations – and unrestrained potential for expansion and growth, the Center encourages participation.²³

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²² City of Richmond Office of the Deputy Chief Administrative Officer, (Personal communication April 12, 2011).

²³ United States Environmental Protection Agency, *Commitment Award- Public Entity Winner* (2011). Retrieved May 30, 2011 from <http://www.epa.gov/aging/bhc/awards/2010/index.html#fcdncsv>.

Fairfax: *Clemyjontri Park*

Clemyjontri Park in Fairfax County features a unique playground where children of all abilities can play side-by-side, enabling children who use wheelchairs, walkers or braces, or who have sensory or developmental disabilities to have a parallel playground experience of fun and exploration.

Several unique features make the park accessible for people of any ability or generation:

- Ramps connect structures
- Swings have high backs, arm rests and special safety features
- Rubber surfacing allows wheelchairs to roll easily
- Lowered monkey bars provide easy access
- Equipment is designed to be sensory rich so all children can participate with peers
- Wider openings allows easy access to play structures

Other features include a carousel and a picnic pavilion. The entrance road leads to an 81-space parking area and a drop-off zone for vehicles whose passengers need close access. Future development will include other amenities in the surrounding 10 acres of space.²⁴

Location: Clemyjontri Park

6317 Georgetown Pike
McLean, Virginia 22101
(703) 388-2807 (Phone)

Virginia Beach: *JT's Grommet Island Beach Park and Playground for EveryBODY*

JT's Grommet Island Beach Park and Playground is a 100% accessible oceanfront park in the city of Virginia Beach, the first of its kind in the United States. The park includes wide sidewalks connecting play areas and shaded platforms through the sand that enable people who have disabilities or mobility impairments to enjoy all the benefits of a day at the beach.²⁵

Location: JT's Grommet Island Beach Park & Playground

100 2nd Street
Virginia Beach, Virginia 23451

Virginia Beach: *Walkability Initiative*

Virginia Beach Department of Parks & Recreation, while working on updating the City's Bikeways and Trails Plan, recognized a significant need to reevaluate the accessibility of the City's sidewalk system to people with disabilities. The City's planners are now entering a partnership with the Mayor's Committee for People with Disabilities for help finding gaps in the system and then prioritizing the repairs and improvements. The City expects that this project will have high value for citizens with and without disabilities, as well as being sensitive to the needs of those most dependent on a viable sidewalk system.

²⁴ Fairfax County Government, *Clemyjontri Park*. Retrieved May 30, 2011 from <http://www.fairfaxcounty.gov/parks/clemyjontri/>.

²⁵ JT's Grommet Island, *JT's Grommet Island Beach Park and Playground for EveryBODY*. Retrieved May 30, 2011 from <http://www.grommetisland.org/>.

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Hampton: *Fitness Trails for Everyone*

Hampton Parks & Recreation is planning the installation of 11 fitness stations with accessibility components along the outdoor walking paths at two of its local K-8 schools. These components, combined with the smooth, even natural or paved trails, will provide safe and easily accessible fitness not only for the school students and staff, but also to the entire community population.

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Section 5: Federal Sustainable Community Planning Grants

In October 2010, the Federal Partnership for Sustainable Communities, a collaboration between the U.S. Environmental Protection Agency (EPA), U.S. Department of Housing and Urban Development (HUD), and U.S. Department of Transportation (DOT), issued first-round Sustainable Communities Regional Planning Grants to assist regional livable communities planning projects. From 225 applicants, 45 finalists were selected including three Virginia communities:

Radford: New River Valley Planning District Commission

\$1,000,000 to conduct a planning process for a new regional vision and prepare a new regional plan:

The Consortium has identified nine areas of focus where regional plans will either be created or revised: Economic Development, Affordable Housing, Transportation, Energy, Arts/Culture, Water Infrastructure, Agriculture/Local Food Access, Natural Resources, and Technology Infrastructure. In order to explain its approach, the project coined the term “sustainability hubs” to describe how existing towns and communities will be used as a natural means to connect the region to affordable rural housing, local food systems, employment, community services, cultural centers, and an accessible transportation system.²⁶

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²⁶ New River Valley Planning District Commission, *New River Valley Livability Initiative*. Retrieved May 30, 2011 from <http://www.nrvpdc.org/livabilityinitiative/index.html>.

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Roanoke: Roanoke Valley Allegheny Regional Commission

\$625,000 to conduct a three-phase project:

As proposed, the plan will begin with a broad analysis of local and regional plans, including municipal comprehensive plans, neighborhood plans, energy and water plans, and others to see where gaps exist between and within plans. A robust public input effort led by the stakeholder group will follow, with a final result of both a comprehensive regional sustainability plan, as well as a sustainable planning framework for future efforts.

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Charlottesville-Albemarle: Thomas Jefferson Planning District Commission

\$999,000 to integrate strategies for land use, transportation, housing, economic development, air and water quality, and energy use and move from the planning to implementation of sustainability projects:

The project will move sustainability in the region from a regional goal to actual implementation through products resulting from this planning effort:

- Sustainability Baseline and Performance Measurement System
- Common Land Use – Transportation Vision for the Charlottesville/Albemarle Region
- Integration of Sustainability Strategies into Comprehensive Plans and the Long Range Transportation Plan
- Code and Ordinance Sustainability Recommendations
- Plan for Behavior Change Processes

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Section 6: Conferences

This section describes conferences that have been organized around livable communities theme. Events focused on building livable communities are of special value because they enable participants to gain a heightened awareness of the vast and complex network of human resources involved in the activities that make communities livable. Bringing together providers and representatives of different industries, sectors, or

geographic regions can enable new partnerships through which a community can generate new resources or leverage its existing resources to better serve its population.

Norfolk: *Aging in Place Conference*

Since 2007, the City of Norfolk and the region's Area Agency on Aging, Senior Services of Southeastern Virginia, have partnered to host the annual Aging in Place Conference each fall. Experts and leaders from the Hampton Roads region and across the state are invited to participate in workshops and panels during this all-day educational event primarily targeting Hampton Roads service providers.

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Lynchburg: *Region 2000 Aging Consortium*

In the Lynchburg area, the Consortium on Aging at Lynchburg College's Beard Center on Aging hosts more than 70 local and regional organizations at regular conferences and workshops geared toward improving the area's aging and disability network. By meeting regularly, member organizations- which include regional health care providers, foundation representatives, government agencies, non-profit and for-profit agencies, and community members- are able to network and explore ways to effectively promote healthy aging, address issues affecting the aging population, and improve community services for the aging population and their caregivers in the region.

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Older Dominion Partnership: *Age Wave Summits I & II*

In May 2009, the Older Dominion Partnership (ODP) convened a summit of leaders from across the state at Piedmont Community College for a day of presentations and discussion on the impending Age Wave to help educate and promote the idea that the Commonwealth must prepare itself to adjust to an aging demographic. Summit I was well attended by public, private, non-profit, academics, and volunteers and advocates involved in health and human service delivery. Two years later, in May 2011, the Age Wave Summit II was held in Richmond, where the primary purpose of the day was to discuss the gains that have been made in research, planning, and policy discussions that focus on lifelong health in the community. Preliminary survey findings were released from a statewide study conducted by the ODP in an effort to measure seniors' and Boomers' perceptions and awareness of individual and community Age wave preparedness.

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PART 3: Virginia’s State Policy Framework for Building Livable Communities

Section 7: Community-Based Long-Term Services and Supports

Organizational Framework

This section focuses on the delivery mechanism and availability of services to older adults and people with disabilities tied to Virginia’s Health and Human Resources agencies. See **Table 7.1** for an overview of the service offerings of state-funded local agencies. Many of the services and program areas listed under the five types of local agencies reviewed in Table 7.1 are required by state and federal law. Many, however, are optional services provided by local agencies depending on the local population’s needs and the available resources. Substantial overlap occurs in some program areas across agencies, thus encouraging if not demanding cooperation at the local, regional, and state service delivery level. Still, additional cooperation involving not only public agencies but private and nonprofit service providers must be pursued in order to improve opportunities for older adults and people of all ages with disabilities to live well in the community.

Table 7.1: Overview of Delivery System for State-Funded Community-based Support Services

Local/ Regional Agency Type	Selected Types of Services and Supports Offered					
<p>25 Area Agencies on Aging (AAAs)</p> <ul style="list-style-type: none"> • 5 Local Government • 5 Joint Exercise of Powers • 14 Private, Nonprofit • 1 Community Services Board <p>Primary consumer: Older adults and their families/ caregivers</p> <p>Lead State Agency: Virginia Department for the Aging</p>	<ul style="list-style-type: none"> • Adult Day Care • Care Coordination • Checking (Reassurance) • Chore • Congregate (Group) Nutrition • Disease Prevention • Elder Abuse Prevention • Emergency Employment Health Education & Screening 	<ul style="list-style-type: none"> • Home Delivered Nutrition • Homemaker Communication, Referral and Information & Assistance • Housing, Assisted Living, Planning, and Advocacy Services • I.D. Discount • Legal Assistance • Long-Term Care Ombudsman • Medication Management • Money Management • Options Counseling 	<ul style="list-style-type: none"> • Personal Care • Public Information /Education • Residential Repair & Renovation • Respite • Socialization & Recreation • Transportation (curb to curb) • Assisted Transportation (thru door) • Virginia Insurance Counseling & Assistance Program (VICAP) • Volunteer 			
<p>16 Centers for Independent Living (CILs)</p> <ul style="list-style-type: none"> • 16 Nonprofit • 4 Satellite Offices <p>Primary Consumer: People over age 16 with significant disabilities and their families/ caregivers</p> <p>Lead State Agency: Virginia Department of Rehabilitative Services (DRS)- Community-Based Services Division</p>	<p>4 Core Services²⁷: (1) Information & Referral Services (2) Peer Counseling Services (3) Individual Advocacy (4) Independent Living Skills Training</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 33%;"> <ul style="list-style-type: none"> • Information & Referral Services • Housing & Home Modifications • Transportation • Personal Assistance Services • Recreational Services • Assistive Technology • Vocational • Youth/Transition Services • Physical Restoration </td> <td style="vertical-align: top; width: 33%;"> <ul style="list-style-type: none"> • Preventive Services • Prostheses • Children’s Services • Communication • Counseling and Related • Family Services • Mental Restoration • Mobility Training • Orthotics and Other Appliances </td> <td style="vertical-align: top; width: 33%;"> <ul style="list-style-type: none"> • Rehabilitation Technology • Therapeutic Treatment • Counseling • Teaching • Information sharing • Benefits assistance • personal care instruction • Coping Instruction • Financial Management training • Social skills training • Household management instruction </td> </tr> </table>			<ul style="list-style-type: none"> • Information & Referral Services • Housing & Home Modifications • Transportation • Personal Assistance Services • Recreational Services • Assistive Technology • Vocational • Youth/Transition Services • Physical Restoration 	<ul style="list-style-type: none"> • Preventive Services • Prostheses • Children’s Services • Communication • Counseling and Related • Family Services • Mental Restoration • Mobility Training • Orthotics and Other Appliances 	<ul style="list-style-type: none"> • Rehabilitation Technology • Therapeutic Treatment • Counseling • Teaching • Information sharing • Benefits assistance • personal care instruction • Coping Instruction • Financial Management training • Social skills training • Household management instruction
<ul style="list-style-type: none"> • Information & Referral Services • Housing & Home Modifications • Transportation • Personal Assistance Services • Recreational Services • Assistive Technology • Vocational • Youth/Transition Services • Physical Restoration 	<ul style="list-style-type: none"> • Preventive Services • Prostheses • Children’s Services • Communication • Counseling and Related • Family Services • Mental Restoration • Mobility Training • Orthotics and Other Appliances 	<ul style="list-style-type: none"> • Rehabilitation Technology • Therapeutic Treatment • Counseling • Teaching • Information sharing • Benefits assistance • personal care instruction • Coping Instruction • Financial Management training • Social skills training • Household management instruction 				
<p>120 Local Department of Social Services (LDSS)- Adult Services, Adult Protective Services, and Auxiliary Grant Programs</p> <p>Primary Consumer: Adults 18 and older with an impairment and their</p>	<ul style="list-style-type: none"> • Advocacy • Counseling (Individual) • Case Management • Emergency Assistance • Emergency Shelter 	<ul style="list-style-type: none"> • Financial Management/ Counseling • Food Assistance • Home Delivered Meals • Social Worker Monitoring • Transportation Services 	<ul style="list-style-type: none"> • Home Repairs • Housing Services • Legal Services • Medical Services • Nutritional Supplement 			

²⁷ Virginia Association of Centers for Independent Living, *Virginia Centers for Independent Living (VACIL) Annual Report October 1, 2005 - September 30, 2006* (2006), 6. Retrieved May 30, 2011 from <http://www.vacil.org/VACIL%2005-06%20Final.pdf>.

<p>families/ caregivers</p> <p>Lead State Agency: Virginia Department of Social Services (DSS)</p>	
<p>40 Community Services Boards (CSBs)²⁸</p> <ul style="list-style-type: none"> • 28 Operating Board • 10 Administrative Policy Board • 1 Policy-Advisory Board • 1 Behavioral Health Authority²⁹ <p>Primary Consumer: People of all ages with mental health, intellectual disabilities, and substance abuse disorders and their families/ caregivers</p> <p>Lead State Agency: Virginia Department of Behavioral Health and Developmental Services (DBHDS)</p>	<p>4 Core Service Areas: (1) Mental Health Services (2) Developmental Services (3) Substance Abuse Services (4) Other</p> <ul style="list-style-type: none"> • Acute Psychiatric Inpatient Services • Outpatient Services • Assertive Community Treatment • Case Management Services • Day Treatment or Partial Hospitalization • Ambulatory Crisis Stabilization Services • Rehabilitation • Sheltered Employment • Group Supported Employment • Individual Supported Employment • Highly Intensive Residential Services • Highly Intensive Community-Based ICF/MR Services • Highly Intensive Residential Community-Based SA Detoxification Services • Residential Crisis Stabilization Services • Intensive Residential Services • Supervised Residential Services • Supportive Residential Services • Prevention Services • Habilitation • Acute Substance Abuse Inpatient Services • Community-Based SA Medical Detoxification Inpatient (Hospital) Services Medication Assisted Treatment Day Treatment or Partial Hospitalization • Ambulatory Crisis Stabilization Services • Residential Crisis Stabilization Services • Emergency Services • Motivational Treatment Services • Consumer Monitoring Services • Assessment and Evaluation Services • Early Intervention Services • Consumer-Run Services
<p>119 Local Health Departments</p> <p>Primary Consumer: Various</p> <p>Lead State Agency: Virginia Department of Health (VDH)</p>	<p>41 Service Areas in the following general categories:³⁰</p> <ul style="list-style-type: none"> • Communicable disease prevention and control • Environmental health hazards protection • Health assessment, promotion, and education • Health planning, quality oversight, and access to care • Drinking water protection • Vital records and health statistics • Medical examiner and anatomical services • Administrative and support services • Financial assistance to improve access to health care and emergency medical services

²⁸ Virginia Department of Behavioral Health and Developmental Services, *DBHDS FY2012 Community Services Performance Contract Exposure Draft, 30-32*. Retrieved April 12, 2011 from <http://www.dbhds.virginia.gov/documents/occ-2012-PerformanceContract.pdf>.

²⁹ Virginia Department of Behavioral Health and Developmental Services, *2010 Overview of Community Services in Virginia* (2010), 14-15. Retrieved April 12, 2011 from <http://www.dbhds.virginia.gov/documents/OCC-CSB-Overview.pdf>.

³⁰ Virginia Performs, *Strategic Plan- Virginia Department of Health, Products and Services* (2010-2012). Retrieved May 30, 2011 from <http://vaperforms.virginia.gov/agencylevel/stratplan/spReport.cfm?AgencyCode=601>.

Overview of Selected State Resources

Information and Referral

- **2-1-1 Virginia** (**Phone:** Dial 2-1-1 **Website:** <http://www.211virginia.org>)

2-1-1 is an easy to remember phone number connecting people with free information on available community services. Dialing 2-1-1 connects the caller with a trained professional who provides information and confidential referral to services in the caller's community and statewide. Searches can also be conducted on the 2-1-1 Virginia website. Government, nonprofit, community-based agency, and business that provide health and human services to the citizens of Virginia are encouraged to list their services. 2-1-1 VIRGINIA is a service of the Virginia Department of Social Services provided in partnership with the Council of Community Services, the Family Resource and Referral Center, CrisisLink, The Planning Council, the 2-1-1 Virginia- Central Region, and the United Way of Greater Richmond & Petersburg.³¹

- **Virginia Easy Access** (**Website:** <http://www.easyaccess.virginia.gov/>)

Virginia Easy Access is the name of a website developed for seniors, adults with disabilities, their caregivers and the providers that support them. *Virginia Easy Access* is the gateway to the VirginiaNavigator provider database, designed to help people find local services and supports. The database is constantly updated in order to make sure the most comprehensive list of providers is available. *Virginia Easy Access* is supported by 2-1-1 Virginia. People can ask questions by e-mail and get a response back from the 2-1-1 call center operators. *Virginia Easy Access* also presents an electronic Medicaid Application that can be completed on-line and submitted directly to the appropriate local social services agency for processing. Virginia Easy Access is part of the *No Wrong Door* initiative.³²

- **VirginiaNavigator** (**Website:** <http://www.virginiannavigator.org/>)

VirginiaNavigator is a non-profit organization offering free information on services and supports for people with disabilities and older adults. It contains links to two web portals, SeniorNavigator and disAbilityNavigator, through which care providers can gain access to needed information and education about the health, wellness, and lifestyle considerations for older adults and people with disabilities, respectively.

Long-Term Care

According to the Virginia Department of Medical Assistance Services (DMAS), there are various options available to individuals who meet the requirements for long-term care services including home- and community-based care. [As a] *payer of last resort*, Medicaid long-term care services cannot be considered until it is determined that an appropriate plan of care must include Medicaid-funded long-term care services. For publicly-funded long-term care services (such as nursing facility (NF), assisted living facility (ALF), or home-

³¹ 2-1-1 Virginia, *About 2-1-1 Virginia*. Retrieved May 30, 2011 from <http://www.211virginia.org/about.php>.

³² EasyAccess Virginia, *About EasyAccess Virginia*. Retrieved May 30, 2011 from <http://www.easyaccess.virginia.gov/aboutus.shtml>.

and community-based waiver services), the individual must be pre-screened and deemed eligible for services. An assessment must be completed before screeners can determine service options.³³

- **Medicaid Waiver Programs (See Table 7.2)**

For elderly adults and persons with disabilities, Virginia’s Medicaid program offers seven different Waivers designed to support long-term care needs among specific qualifying populations. As the following table demonstrates, two of Virginia’s seven Waiver programs maintain waiting lists of individuals who are eligible but for whom an approved slot is not yet available. Average waits for some services can, in some instances, be several years.

- **Money Follows the Person**

The Department of Medical Assistance Services (DMAS) is participating in the federal *Money Follows the Person* (MFP) demonstration project which will deliver federal Medicaid dollars to support older adults and people with disabilities in Virginia. As stated by Centers for Medicare and Medicaid Services (CMS), “the MFP demonstration, first authorized by Congress in 2005 and then extended by the 2010 Patient Protection and Affordable Care Act (PPACA), is designed to shift Medicaid’s long-term care spending from institutional care to Home- and Community-Based Services (HCBS). Congress has now authorized up to \$4 billion in federal funds to support a twofold effort by state Medicaid programs to: (1) transition people living in nursing homes and other long-term care institutions to homes, apartments, or group homes of four or fewer residents and (2) change state policies so that Medicaid funds for long-term care services and supports can “follow the person” to the setting of his or her choice.”³⁴

To date, Virginia has 289 total MFP enrollees, including 204 who have transitioned into the community and 85 who are currently developing a transition plan.³⁵ As part of their Part B systems change activities (see Section 1 and Table 1.2), Centers for Independent Living assist with promoting MFP to potential enrollees and assisting them with advocating for and understanding their rights as a person residing or at risk of residing in an institution.

- **Section Q 3.0 Survey Instrument**

Many people have entered the Money Follows the Person program as a result of a data collection and referral process called the “MDS Section Q 3.0.” This survey instrument gauges nursing facility residents’ preferences for the type of setting in which they would like to receive their long-term care services. As part of an annual federal requirement, the Virginia Department of Health administers this survey to all residents of the state’s licensed nursing facilities. If, in responding to the survey, a nursing facility resident expresses an interest in speaking with someone about transitioning into a community setting, the nursing facility is required to make a referral to a local contact agency in order to determine the resident’s needs and interest in transitioning into a community setting. In Virginia, the area agencies on aging (AAA’s) have been designated as the local contact agencies for MDS Section Q referrals. When a person is referred, the local AAA provides

³³ Virginia Department of Medical Assistance Services, *A Guide for Long-Term Care Services in Virginia* (August 2009), 3. Retrieved May 30, 2011 from http://dmasva.dmas.virginia.gov/Content_atchs/ltc/ltc-guide_srvcs.pdf.

³⁴ U.S. Centers for Medicare and Medicaid Services, *The National Evaluation of the Money Follows the Person (MFP) Demonstration Grant Program: Reports from the Field* (May 2010), 2. Retrieved May 30, 2011 from <http://www.cms.gov/CommunityServices/Downloads/MFPfieldrpt4.pdf>.

³⁵ Department of Medical Assistance Services, *Presentation: Virginia’s Money Follows the Person Demonstration Project*, (Presented March 17, 2011), Slide 3.

the client with information about transition and links him or her to an MFP transition coordinator selected by the resident. If the resident expresses an interest in transitioning but is ineligible for MFP services, he or she is referred to the local Center for Independent Living for assistance or, if over the age of 60, this referral is made to the area agency on aging. This data and referral process is one significant way in which Area Agencies on Aging and Centers for Independent Living are working together to ensure that consumers of long-term care services have the right to choose to receive this care in the most integrated setting possible.³⁶

- Program of All-inclusive Care for the Elderly (PACE) (See Table 7.3)

The Program of All-inclusive Care for the Elderly (PACE) model involves a center where participants congregate several times a week for socialization and a complete range of health and supportive services, including primary care, thereby allowing participants to maintain independence in their homes as long as possible. Participants must be at least 55 years old, live in the PACE service area, currently live safely in the community with assistance, and be certified as eligible for nursing home level of care by the appropriate state agency. The PACE becomes the sole source of services for its Medicare and Medicaid eligible enrollees. For most participants, the comprehensive service package permits them to continue living at home while receiving services, rather than be institutionalized. An interdisciplinary team (IDT), consisting of professional and paraprofessional staff, assesses participants' needs, develops care plans, and delivers all services (including acute care services and when necessary, nursing facility services) which are integrated for a seamless provision of total care. Capitated financing allows providers to deliver all services to meet participants' needs rather than be limited to those reimbursable under the Medicare and Medicaid fee-for-service systems. PACE provides social and medical services primarily in an adult day health center, supplemented by in-home and referral services in accordance with the participant's needs.³⁷

³⁶ Virginia Department of Rehabilitative Services (Personal communication, May 31, 2011).

³⁷ Centers for Medicare and Medicaid Office of Research, Development, and Information, Report to Congress: Evaluation of the Rural PACE Provider Grant Program (2011), 8-9. Retrieved 30 May 30, 2011 from <http://www.npaonline.org/website/download.asp?id=3841>.

Table 7.2: Virginia Medicaid Waivers as of April 2011

Waiver Name	Summary Description ³⁸	Slots Approved	Current Enrollment ³⁹	Current MFP Enrollment ⁴⁰	Waiting List
VA Day Support HCBW for Persons w/MR (0430.R01.00)	Provides day support, prevocational, supported employment, consumer directed services facilitation for individuals w/Intellectual Disabilities ages 6 and over - no max age	300	273	---	---
VA Intellectual Disability (0372.R02.00)	Provides day support, personal assistance, prevocational, residential support, respite, supported employment, consumer directed services facilitation, assistive technology, companion services, crisis stabilization, crisis supervision, environmental modifications, PERS, skilled nursing, therapeutic consultation, transition for individuals w/MR ages 0 and over- no max age	8,152	8,238	129	5,393
VA Elderly or Disabled w/Consumer Direction (0321.R02.00)	Provides adult day health care, personal assistance, respite care, consumer directed services facilitation, assistive technology, environmental modifications, PERS, transition coordination, transition for aged individuals 65 yrs and over - no max age	23,090	20,307	70	---
VA Individual & Family DD Support (0358.R02.00)	Provides day support, in-home residential, personal care, prevocational, respite care, supported employment - group/individual, adult companion, assistive technology, crisis stabilization, crisis supervision, environmental modifications, family/caregiver training, PERS, skilled/private duty nursing, therapeutic consultation, transition for individuals w/ MR/DD, autism and DD ages 6 and over - no max age	595	557	1	1051
VA HIV/AIDS (4160.R03.00)	Provides case management, personal assistance, respite care, enteral nutrition, consumer directed services facilitation, assistive technology, environmental modifications, PERS, private duty nursing, transition for individuals w/HIV/AIDS ages 0 and over - no max age	65	37	1	---
VA Technology Assisted (4149.R02.00)	Provides personal care, respite, assistive technology, environmental modifications, PERS, private duty nursing, transition for aged individuals 65 yrs - no max age and disabled individuals 0 -64 yrs	413	361	3	---
VA Alzheimer's Assisted Living (40206.R01.00)	Provides assisted living to aged individuals 65 - no max age and disabled ages 18-64	200	50	---	---

³⁸ Centers for Medicare and Medicaid Services, Medicaid Waivers and Demonstration List in Virginia. Retrieved from searchable database on May 30, 2011 from <http://www.cms.gov/medicaidstwaivprogdemopgi/mwdl/list.asp?filtertype=dual&datefiltertype=-1&datefilterinterval=&filtertype=data&datafiltertype=2&datafiltervalue=Virginia&keyword=&intNumPerPage=10&cmdFilterList=Show+Items>.

³⁹ Virginia Department of Medical Assistance Services, (Personal communication, April 15, 2011).

⁴⁰ *Virginia's Money Follows the Person Demonstration Project*, Slide 3.

Program Name	Project Description	# Participants
Sentara Senior Community Care (SSCC), Virginia Beach	November 1, 2007, Virginia opened its first PACE program. SSCC provides PACE services to frail older citizens residing in the Hampton Roads area.	130
Riverside at the Peninsula, Hampton	February 1, 2008, Virginia opened its second PACE program in Hampton.	212
Mountain Empire PACE, Big Stone Gap*	March 1, 2008, Virginia opened its third PACE program in Big Stone Gap. Mountain Empire PACE was Virginia's first rural PACE program.	61
AllCare for Seniors PACE – Appalachian, Cedar Bluff*	May 1, 2008, Virginia's fourth PACE program and second rural PACE program, opened in Cedar Bluff.	36
Riverside PACE – Richmond	February 1, 2009, Virginia opened its fifth PACE program in Richmond.	212
Centra Health PACE, Lynchburg	February 1, 2009, Virginia opened its sixth PACE program in Lynchburg.	38

⁴¹ National PACE Association, Pace in the States (April 2011), 3. Retrieved May 30, 2011 from <http://www.npaonline.org/website/download.asp?id=1741>

* Rural PACE Provider Grant Program grant recipient: \$500,000 awarded to support the development of a rural PACE program for some of the most vulnerable Medicare, Medicaid and dually eligible beneficiaries within thirteen states across the country.

Additional State Initiatives in the Aging and Disability Network

Secretary of Health and Human Resources' Workgroup on Long-Term Services and Supports for Older Adults and Adults with Disabilities

Interagency workgroup aiming to improve collaboration among agencies and programs in the Health and Human Resources Secretariat which provide long-term services and supports to adults over age 60 or over age 18 with a disability. Goals include:

- simplify and streamline service delivery
- avoid duplication
- improve alignment and manage costs
- increase access, and make better use of information and resources

Virginia's Four-Year Plan for Aging Services

Code of Virginia § 2.2-703.1 mandates the Virginia Department for the Aging (VDA) to establish a four-year plan for the Commonwealth's services to its aging population.⁴² VDA leads a diverse planning team of experts from state agencies, boards and councils, non-profits, community programs, service providers and advocacy groups in the ongoing planning process. The first report was submitted to the Governor and the General Assembly in November 2009, offering a comprehensive overview of Virginia's aging network and makes recommendations for future improvements. Future and ongoing plans include: soliciting public input, collecting additional relevant data, defining desired outcomes, prioritizing recommendations, developing actionable, benchmarks for measuring progress, and designing and implementing a process for evaluating effectiveness.⁴³

State Plan for Independent Living

Every three years, a State Plan for Independent Living (SPIL) is developed by the Virginia Statewide Independent Living Council (SILC), whose purpose as defined by Federal Law is to develop the SPIL and facilitate the goals and activities within the SPIL. The goals in the 2011-2013 SPIL are to ensure that: (1) State and federal funding is utilized to sustain and expand the network of the Centers for Independent Living (CILs), with continued nurturing of the consumer groups in areas that are unserved and underserved in Virginia. (2) The efforts of the CILs, in their partnership with the Virginia Olmstead Plan, are increased and supported, specifically in the areas of housing, transportation, and personal assistance services (PAS) support, as well as, other options that increase community living. (3) Virginians with disabilities have increased inclusion and greater access to their communities including State and local government through tracking of the Americans with Disabilities Act (ADA) and the Rehabilitation Act of 1973, as amended (4) The lives of Virginians with disabilities are directly or indirectly affected through collaboration with and monitoring of State agencies and other systems providing services or interfacing with persons with disabilities.⁴⁴

⁴² Code of Virginia § 2.2-703.1

⁴³ Virginia Department for the Aging, *Four-Year Plan for Aging Services* (2009), iv, 1. Retrieved May 30, 2011 from <http://www.vda.virginia.gov/pdffdocs/FourYearPlanForAgingServices-RD461-2009.pdf>.

⁴⁴ Virginia Statewide Independent Living Council, *State Plan for Independent Living, 2011-2013* (2010). Retrieved June 1, 2011 from <http://vasilc.org/>.

Community Integration Advisory Commission and Implementation Team

The *Code of Virginia* § 2.2-2524 establishes the Community Integration Advisory Commission (CIAC), a body comprised of 21 appointed nonlegislative citizen members, to “monitor the progress of all executive branch state agencies toward community integration of Virginians with disabilities in accordance with all applicable state and federal laws in order that persons with disabilities may enjoy the benefits of society and the freedoms of daily living.”⁴⁵ In 2007, the Community Integration Implementation Team, comprised of local and state agency representatives from four Secretariats, issued “Virginia’s Comprehensive Cross-Governmental Strategic Plan in response to Executive Directive. An updated plan is issued by the Team by August 31 each year. The 2008 Updated Plan lists two primary goals:

- Virginians with disabilities who currently reside in a mental health, mental retardation (now intellectual disability), nursing or assisted living facility will have the opportunity to choose to move from these facilities to an appropriate, more integrated setting and stay there.
- Virginians with disabilities who are at risk of unwanted admission to a mental health, mental retardation (now intellectual disability), nursing or assisted living facility, will have the opportunity to receive services and supports that prevent admission.⁴⁶

Creating Opportunities: A Plan for Advancing Community-Focused Services in Virginia

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) is undertaking a series of major strategic initiatives to improve the availability of services and supports in the community for individuals with intellectual disabilities, behavioral, mental health, or substance abuse disorders. The goals of the plan were initially laid out in the Department’s June 2010 “Creating Opportunities” report, and a progress update was given in a second report issued in April 2011. Several crucial goals being pursued by the Department under this initiative include:

- Build community services and supports capacity that will enable individuals who need developmental services and supports, including those with multiple disabilities, to live a life that is fully integrated in the community.
- Provide leadership and participate in interagency planning currently underway to identify responsibility at the state level for coordinating and providing services to individuals with developmental disabilities including autism spectrum disorders.
- Address housing needs for individuals with mental health and substance use disorders and those with developmental disabilities.
- Create employment opportunities for individuals with mental health and substance use disorders and those with developmental disabilities.⁴⁷

⁴⁵ *Code of Virginia* § 2.2-2524.

⁴⁶ Community Integration Implementation Team and Community Integration Advisory Commission, Virginia’s *Comprehensive Cross-Governmental Strategic to Assure Continued Community Integration of Virginians with Disabilities* (August 2008), 3. Retrieved May 30, 2011 from www.olmsteadva.com/downloads/2008PlanUpdatesProgressReports.doc.

⁴⁷ Virginia Department of Behavioral Health and Developmental Services, *Creating Opportunities: A Plan for Advancing Community-Focused Services in Virginia- Implementation Update* (April 2011). Retrieved May 31, 2011 from <http://www.dbhds.virginia.gov/documents/100625CreatingOpportunities-110413.pdf>.

No Wrong Door/ Aging and Disability Resource Connection (See Table 7.4)

The Virginia Department for the Aging (VDA) received two grants from the U.S. Administration on Aging (AoA) to develop a statewide electronic Aging and Disability Resource Connection (ADRC), with the goal of providing a virtual single point of entry for consumers of long-term supports and services in the Commonwealth. According to the AoA, ADRC programs provide information and assistance to individuals needing either public or private resources, to professionals seeking assistance on behalf of their clients and to individuals planning for their future long-term care needs. ADRC programs also serve as the entry point to publicly administered long-term supports including those funded under Medicaid, the Older Americans Act and state revenue programs.⁴⁸

Nursing Home Transition and Diversion Programs

The Virginia Department for the Aging (VDA) and the Department of Medical Assistance Services (DMAS) have established a formal partnership to enable the synergy between these two lead state agencies to enhance the implementation of the Aging and Disability Resource Connection (ADRC), Money Follows the Person (MFP) and Minimum Data Set (MDS) 3.0 Section Q projects. This initiative will be implemented through three goals: (1) expand the ADRC infrastructure statewide; (2) expand local infrastructure development of hospital discharge transition teams to also include nursing facility transitions; and (3) develop and implement a statewide education and outreach campaign to promote culture change and available community living supports.⁴⁹

⁴⁸ United States Administration on Aging, *Aging and Disability Resource Center Facts*. Retrieved May 30, 2011 from http://www.aoa.gov/AoARoot/Press_Room/Products_Materials/fact/pdf/ADRC_Factsheet.pdf.

⁴⁹ *Virginia's Money Follows the Person Demonstration Project*, Slide 12.

Table 7.4: Virginia's Aging and Disability Resource Connection Sites⁵⁰

<p>Virginia's Area Agencies on Aging (AAA's) have been the first agencies targeted to incorporate the No Wrong Door program. Each of the state's 25 AAA's serve as the lead agency on a local Community Advisory Council responsible for addressing local coordination and planning needs with the help of No Wrong Door. Increasingly, Centers for Independent Living (CIL's), whose core services include information and referral services for people with disabilities, are collaborating with AAA's to serve on the Community Advisory Councils and facilitate the expansion of No Wrong Door in order to create a statewide information exchange network.</p>	Area Agency on Aging (AAA) Name	Location
	Appalachian Agency for Senior Citizens	Cedar Bluff
	Bay Aging	Urbanna
	Crater District Area Agency on Aging	Petersburg
	District Three Senior Services	Marion
	Jefferson Area Board for Aging	Charlottesville
	LOA-Area Agency on Aging	Roanoke
	Mountain Empire Older Citizens, Inc	Big Stone Gap
	New River Valley Agency on Aging	Pulaski
	Peninsula Agency on Aging	Newport News
	Prince William Area Agency on Aging	Manassas
	Rappahannock-Rapidan Community Services Board	Culpepper
	Senior Connections, The Capital Agency on Aging	Richmond
	Senior Services of Southeastern Virginia	Norfolk
	Shenandoah Area Agency on Aging, Inc.	Front Royal
Valley Program for Aging Services	Waynesboro	

⁵⁰ Aging and Disability Resource Center Technical Assistance Exchange, *About Virginia ADRC*. Retrieved May 30, 2011 from <http://www.adrc-tae.org/tiki-index.php?page=VAProfile&stabrev=VA>.

Section 8: Transportation

Organizational Framework

The majority of the state's transportation services and supports for individuals with mobility limitations are provided in connection with the Department of Rail and Public Transportation and delivered at the state and local level with roles for many of the same Health and Human Resources agencies described in Section 7. An ongoing initiative to coordinate the activities of these state agencies, as well as the activities of local providers in the communities in which they operate, has offered important insights into the delivery framework and will be relied on heavily for the content of this Section. **Table 8.1** offers an overview of the Human Services Transportation Coordination Council's analysis of state agency roles in transportation services.

State Agency	Agency Role in Human Services Transportation	Current Regulatory Controls Mechanisms for Transportation	General Waiting List for Services
Department of Rail and Public Transportation (DRPT)	Funding support, advocacy and planning and technical support <ul style="list-style-type: none"> • Specific responsibilities ADA • SAFETEA-LU implementation requiring “cross cutting” coordination planning of human service transportation <ul style="list-style-type: none"> • S.5310, S.5311, JARC, New Freedom and Senior Transportation programs assist these populations 	Program Guidance for grantees FTA Grant Application Information and Instructions Packages	Proportion of additional requests each year compared to actual funding available across all programs
Department of Medical Assistance Services (DMAS)	Funds non-emergency transportation through statewide broker that arranges/purchases trips for Medicaid Services	Contract with Broker <ul style="list-style-type: none"> • Medicaid Provider Manual • Rate setting 	Extensive wait lists for some Medicaid Waivers
Department of Behavioral Health and Developmental Services (DBHDS)	Office of Development Services reauthorizes all individual Waiver plans including transportation Services With all state & block grant funding, transportation an eligible expense in association with allowable Core Services but not recognized as a discrete service	Performance Contracts (PCs) with each CSB <ul style="list-style-type: none"> • Licensing • Commission on Accreditation of Rehabilitation Facilities (CARF) • Local Human Rights Plans (Written agreements with subcontractors required) 	14,900 persons on CSB Waiting lists (See 2008 Comprehensive State Plan)
Department of Rehabilitative Services (DRS)	Purchases transportation for individuals to participate in a voc rehab service, if no other options and if resources available	DRS Policy/Procedure Manual <ul style="list-style-type: none"> • Counselor authorization • Vendor agreements with programs • CARF (safety regulation) 	None on waitlist at present (all categories now open due to availability of temporary stimulus funding)
Department for the Blind and Vision Impaired (DBVI)	DBVI may provide transportation when the service is required for an eligible individual to apply for or receive vocational rehabilitation services leading to gainful competitive employment	DBVI VR Policy and Procedure Manual	No waiting list
Virginia Department for the Aging (VDA)	Monitors and partially funds the local arrangements for transportation through Standards, annual contracts, and monthly reporting requirements for AAAs	VDA Transportation Services Standards (revised in 2003); Older Americans Act Reporting Requirements and State Report Definitions	No official waiting lists but only about 5% of Population of 60 now receives services
Department of Social Services (DSS)	Role in transportation funding and regulation is not uniform across all agency programs. Central office provides wide discretion to locals	Program Specific (multiple programs)	No wait lists except for companion care

⁵¹ Source: Department of Rail and Public Transportation. (Table 3, p. 17-19)
http://www.drpt.virginia.gov/activities/files/State_Coordination_Model_for_Human_Service_Transportation.pdf

Overview of Selected State Resources

New Freedom Mobility Management Grant Program (See Table 8.1)

The New Freedom Program is a new program authorized in the Safe Accountable Flexible and Efficient Transportation Equity Act, a Legacy for Users (SAFETEA-LU) to support new public transportation services and public transportation alternatives beyond those required by the Americans with Disabilities Act (ADA) of 1990 (42 U.S.C. 12101 et. seq.). Through the Department of Rail and Public Transportation (DRPT), many localities have obtained New Freedom grant funding to empower transportation consumers with improved resources and options for mobility.⁵²

Table 8.1: Virginia's New Freedom Mobility Management Grant Projects⁵³

Agency	Scope of Project
Bay Transit	A Mobility Manager is working with the counties located in the Middle Peninsula and Northern Neck PDC to coordinate transportation for people with disabilities. Agencies that will work with Bay Transit are the following: Community Services Board, Department of Rehabilitative Services, Department of Social Services, Goodwill Industries and the Brain Injury Institute. Continuation of this project is to be funded for the FY2010 New Freedom Program for \$120,000.00.
District Three Public Transit	District Three Public Transit has Mobility Manager Project that is planning and operating a service for people with disabilities in the Mount Rogers PDC to regional health care facilities along the I-88 and I-77 corridors. Continuation of this project is to be funded for the FY2010 New Freedom Program for \$165,915.00.
JAUNT	JAUNT has a Mobility Manager who is working with human service agencies in the Thomas Jefferson PDC to use resources more effectively, whether those resources are JAUNT services, or other transportation options. JAUNT is also identifying gaps in services that prevent clients from accessing services and provide solutions to provide service. Continuation of this project is to be funded for the FY2010 New Freedom Program for \$84,125.00
Rappahannock-Rapidan Regional Commission	The Mobility Manager Process is developing a one stop transportation call center for the following agencies: Rappahannock-Rapidan Community Services Board/ Area Agency on Aging, Culpeper Connector, Independent Empowerment Center, VRT and the Department of Social Services for five counties. The project will also share training resources. . Continuation of this project is to be funded for the FY2010 New Freedom Program for \$154,530.00.
Mountain Empire Older Citizens	Mountain Empire Older Citizens has a Mobility Manager who is planning service that will extend the hours and days of service; create a volunteer driver program and an escort service program for riders for the Counties of Lee, Scott and Wises. Continuation of this project is to be funded for the FY2010 New Freedom Program for \$140,042.00.
George Washington Regional Commission Fredericksburg District	George Washington Regional Commission created a Regional Mobility Coordinator position that is coordinating human service transportation develops a travel training program. The program also is providing operating funds to provide transportation for people with disabilities without service and offer a single point of contact for information on service.
Shenandoah Area Agency on Aging & Northern Shenandoah Valley Regional Commission	This Mobility Manager project is planning through Northern Shenandoah Valley Regional Commission an education program for people with disabilities on transportation options, coordinate transportation services to locations outside service areas and coordinate transportation options young adults with disabilities. It is also working very closely with Shenandoah Area Agency on their New Freedom project that is providing new door-to-door services for people with disabilities Monday thru Friday for the Counties of Clark, Frederick, Paige, Shenandoah and Warren. . Shenandoah Area Agency on Aging has been awarded a FY2010 New Freedom Program operating grant for \$220,400.

⁵² United States Federal Transit Administration, *New Freedom Program (5317)*. Retrieved May 30, 2011 from http://www.fta.dot.gov/funding/grants/grants_financing_7184.html.

⁵³ Department of Rail and Public Transportation, 17-19 (Table 3).

Job Access and Reverse Commute (JARC) Program

The goal of the JARC program is to improve access to transportation services to employment and employment related activities for welfare recipients and eligible low-income individuals throughout the country. Toward this goal, FTA provides financial assistance for transportation services planned, designed, and carried out to meet the transportation needs of eligible low-income individuals in all areas – urbanized, small urban, and rural. The program requires coordination of federally assisted programs and services in order to make the most efficient use of Federal resources. Eligible entities include private non-profit organizations, state or local governmental authorities, and operators of public transportation services. DRPT is required by FTA to ensure that recipients of JARC and other FTA assistance comply with federal requirements. Eligible projects may include, but are not limited to capital, planning, and operating assistance to support activities such as: Late-night and weekend service; guaranteed ride home service; shuttle service; expanding fixed-route public transit routes; demand-responsive van service; ridesharing and carpooling activities; transit related aspects of bicycling (adding bicycle racks to vehicles to support individuals that bicycle a portion of their commute or providing bicycle storage at transit stations); etc.⁵⁴

Section 5310

The *Elderly Persons and Persons with Disabilities Program (Section 5310)*, administered by the Federal Transit Administration, reauthorized under the Safe, Accountable, Flexible, Efficient Transportation Equity Act (SAFETEA-LU), makes funds available to meet the special transportation needs of elderly persons and persons with disabilities. “Capital assistance is provided on an 80 percent federal, 20 percent local matching basis. Those eligible to receive Section 5310 funding include private nonprofit agencies, public bodies approved by the state to coordinate services for elderly persons and persons with disabilities, or public bodies which certify to the Governor that no nonprofit corporations or associations are readily available in an area to provide the service. In FY08, DRPT received \$2,605,065 in federal funding for the Section 5310 program, and DRPT awarded grants to 34 recipients to purchase 64 vehicles for the transportation of elderly person or persons with disabilities. From FY02 to FY07, the Section 5310 program purchased over 312 vehicles for human service agencies that provided an estimated 3,500,000 passenger trips for elderly persons and persons with disabilities over the five-year period. In FY08, all passenger vehicles purchased under the Section 5310 program for human service transportation are accessible for persons with disabilities.”⁵⁵

Related Ongoing State Initiatives

Walkability Task Force

The Virginia Department of Health (VDH) convened the Commissioner’s Work Group on Obesity Prevention and Control released its CHAMPION report in 2006. This Plan identifies recommendations for action for communities and promotes effective interventions targeting behavioral, environmental and policy

⁵⁴ Virginia Department of Rail and Public Transportation, *FTA Section 5316: Job Access and Reverse Commute (JARC)FY 2009 Program Information and Instructions Package* (2008). Retrieved May 30, 2011 from <http://www.drpt.virginia.gov/activities/files/FINAL%20JARC%20-%20PROGRAM%20INFO%20AND%20INSTRUCTIONS%2010-8-07.pdf>.

⁵⁵ Virginia Department for the Aging, *Summary of State Agency Reports Pursuant to HB2624 (2007): Department of Rail and Public Transportation* (2008), 3. Retrieved May 30, 2011 from <http://www.vda.virginia.gov/pdfdocs/2624-DeptofRail&PublicTransportation.pdf>.

change strategies. Recommendations included in the report as a result of the Work Group's extensive outreach and data collection include improving opportunities for community involvement and advocating for the need for parks, walking trails, bike trails, community gardens and use of school facilities for community health programs.⁵⁶

Interagency Transportation Coordination Council

Lead by the Department of Rail and Public Transportation (DRPT), the Interagency Transportation Coordinating Council enables seven state agencies to actively work together to identify and recommend state policy changes needed to eliminate duplication and to improve transportation coordination and services to key populations. In addition to DRPT, the Council includes representatives from the Department of Medical Assistance Services, Department of Behavioral Health and Developmental Services, Department of Rehabilitative Services, Department for the Blind and Vision Impaired, Virginia Department for the Aging, and Department of Social Services. In April 2010, DRPT released the Final Report of the State Coordination Model for Human Services Transportation, offering a comprehensive summary of the status of the Commonwealth's human services transportation activities, including barriers and opportunities for improvements to the delivery system.⁵⁷

Coordinated Human Service Mobility Plans

In 2008, the Department of Rail and Public Transportation (DRPT) undertook the development of Coordinated Human Service Mobility (CHSM) Plans in order to help meet new requirements issued by the U.S. Federal Transit Administration, but with an overarching goal to develop a local vision for meeting the transportation needs of older adults, and people with disabilities, and people with lower incomes in Virginia.⁵⁸ The 21 regional CHSM Plans include recommendations for an ongoing regional structure to serve as the foundation for future coordinated transportation planning efforts. In addition, DRPT's application for the FY09 New Freedom and Senior Transportation programs included as an eligible project (strongly supported by DRPT) a pilot project for a Regional Mobility Coordinator (RMC). As a result, several regions applied for and have implemented mobility manager projects that include some of the RMC features.⁵⁹

Governor's Multimodal Strategic Plan

In 2010 the Commonwealth's transportation agencies released the *Governor's Multimodal Strategic Plan for the Commonwealth of Virginia*, offering an update and guidance on achieving the statewide multimodal transportation plan, *VTrans2035*. This strategic initiative in transportation aims to improve access to a variety of transportation modes throughout the Commonwealth and create better linkages between the various modes. Among the goals examined in the *Multimodal Strategic Plan* is "Improve accessibility to [transportation] modes and activity centers." The plan recommends developing benchmarks utilizing data such as: Population within a given distance of activity centers; percentage of industrial employment within a given number of miles of interstate interchange; population within a given distance of transit service; and number of airports served by transit.⁶⁰

⁵⁶ Ibid., 27-28.

⁵⁷ DRPT State Coordination Model for Human Service Transportation, 1-3.

⁵⁸ Ibid., 3.

⁵⁹ Ibid., 30-31.

⁶⁰ Virginia Multimodal Strategic Planning Transportation Team, Governor's Multimodal Strategic Plan for the Commonwealth of Virginia (December 2010), 18-19. Retrieved May 30, 2011 from http://vtrans.org/resources/Strategic_Plan_12_01_10%20FINAL.pdf.

Section 9: Housing and Community Development

Organizational Framework

The Virginia Department of Housing and Community Development (DHCD), the Virginia Housing Development Authority (VHDA), and the 44 public housing agencies (PHAs) comprise a major component of the state policy infrastructure through which housing services and supports are secured for older adults and Virginians with disabilities- often in partnership with the state and local offices of Virginia’s Health and Human Resources agencies discussed in Section 7.

Consolidated Plan

Code of Virginia § 36-139 charges DHCD with “developing a Consolidated Plan to guide the development and implementation of housing programs and community development in the Commonwealth for the purpose of meeting the housing and community development needs of the Commonwealth and, in particular, those of low-income and moderate-income persons, families and communities.”⁶¹ DHCD develops its Consolidated Plan every 5 years with a public input process that includes community forums and soliciting feedback from local agencies including Centers for Independent Living (CILs) and Area Agencies on Aging (AAAs). The Consolidated Plans address funding available through four federally funded programs: Community Development Block Grant; Housing Opportunities Made Equate (HOME) Investment Partnership; Housing Opportunities for People with AIDS; and Emergency Shelter Grants Programs. Policy work by these agencies and advocates has resulted in more accessible communities, plans for increasing access, and improved awareness about the need for local governments and community agencies to continue improving access.⁶²

Overview of Selected State and Federal Housing and Community Development Resources

Virginia Department of Housing and Community Development states in its 2008-2012 *5-Year Consolidated Plan* that “Increased federal priority on community integration for disabled persons has highlighted a severe shortage in subsidized, affordable, and accessible housing”⁶³ Though programs such as the Money Follows the Person (MFP) demonstration project provide support for individuals to transition or remain in the community rather than in an institutional environment (**See Section 7**), one of the chief barriers to success for MFP enrollees is a shortage of adequate housing and housing supports. For example, in 2011, Virginia did not receive any Category 2 Housing Choice Vouchers from the U.S. Department of Housing and Urban Development that would provide rental assistance for non-elderly individuals with disabilities transitioning from nursing facilities.⁶⁴

⁶¹ *Code of Virginia* § 36-139.

⁶² Virginia Department of Housing and Community Development, *5-Year Strategic Plan: 2008-2012 Consolidated Plan-Virginia State Program* (2008), 1, 8-12. Retrieved May 30, 2011 from http://www.dhcd.virginia.gov/ConPlan/Con_Plan2008-2012.pdf.

⁶³ *Ibid*, 8.

⁶⁴ *Virginia’s Money Follows the Person Demonstration Project*, Slide 10.

Virginia Community Development Block Grant

The Virginia Community Development Block Grant (VCDBG) is a federally-funded grant administered by the Virginia Department of Housing and Community Development (DHCD). DHCD provides funding to eligible units of local government for projects that address critical community needs including housing, infrastructure, and economic development. DHCD receives up to \$19 million annually for this "small cities" Community Development Block Grant (CDBG) program. Each VCDBG funded project or activity must meet one of three national objectives:

- Activities benefiting low- and moderate-income persons;
- Activities which aid in the prevention or elimination of slums or blight; and
- Activities designed to meet community needs having a particular urgency.⁶⁵

Section 811 Supportive Housing for Persons with Disabilities

The U.S. Department of Housing and Urban Development (HUD) provides funding to nonprofit organizations to develop rental housing with the availability of supportive services for very low-income adults with disabilities, and provides rent subsidies for the projects to help make them affordable. Section 811 funding allows persons with disabilities to live as independently as possible in the community by increasing the supply of rental housing with the availability of supportive services. The program is similar to Supportive Housing for the Elderly (Section 202- see below). For both the Section 811 and Section 202 programs, HUD provides interest-free capital advances to nonprofit sponsors to help them finance the development of rental housing such as independent living projects, condominium units and small group homes with the availability of supportive services for persons with disabilities. In order to live in Section 811 housing, a household which may consist of a single qualified person must be very low-income (within 50 percent of the median income for the area) and at least one member must be 18 years old or older and have a disability, such as a physical or developmental disability or chronic mental illness.⁶⁶

Section 202 Supportive Housing for the Elderly Program

Similar to the Section 811, Section 202 is a federal program that provides capital advances to finance the construction, rehabilitation or acquisition with or without rehabilitation of structures that will serve as supportive housing for very low-income elderly persons, including the frail elderly, and provides rent subsidies for the projects to help make them affordable. The Section 202 program helps expand the supply of affordable housing with supportive services for the elderly. It provides very low-income elderly with options that allow them to live independently but in an environment that provides support activities such as cleaning, cooking, transportation, etc.⁶⁷

⁶⁵ Virginia Department of Housing and Community Development, *Community Development Block Grant*. Retrieved May 30, 2011 from http://www.dhcd.virginia.gov/CommunityDevelopmentRevitalization/Community_Development_Block_Grant_Program.htm.

⁶⁶ United States Department of Housing and Urban Development, *Section 811 Supportive Housing for Persons with Disabilities*. Retrieved May 30, 2011 from http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/disab811.

⁶⁷ United States Department of Housing and Urban Development, *Section 202 Supportive Housing for the Elderly Program*. Retrieved May 30, 2011 from http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/progdesc/eld202.

VirginiaHousingSearch.com (<http://www.virginiahousingsearch.com/>)

Sponsored by the Virginia Housing Development Authority, this web database enables prospective tenants to search for free for:

- Housing with accessibility features
- Affordable rental housing
- Age-restricted rental housing
- Market-rate rental housing
- Housing located on public transportation routes

VirginiaHousingSearch.com and other web resources made available through VHDA, the Virginia Board for People with Disabilities, and the Department of Housing and Community Development.⁶⁸

Accessibility Resources

▪ Rental Unit Accessibility Modification program

The Virginia Housing Development Authority Rental Unit Accessibility Modification program provides financial assistance in amounts of up to \$1,800 for specific tenants to make modifications to the rental units of elders, adults with disabilities, and families with children with disabilities. These modifications allow people to remain in their homes and live independently in their communities. Anyone who has a disability, pays rent or has a household member who has a disability and pays rent is eligible to apply for this program. Typical modifications through the program include installation of ramps, lifts, widening of doorways, and alteration of kitchens and bathrooms.⁶⁹ Depending upon the location, 80% the qualifying income threshold for Virginians ranges from \$36,100 to \$57,500 for a family of four. Applications are made through accepted agents, which include Centers for independent living (CILs), local housing authorities, rehab hospitals (for patients who require modification work to their living quarters before discharge), and landlords in need of accessibility modifications for a specific tenant.⁷⁰

▪ EasyLiving Homes

Easy Living Homes feature a zero step entrance, ample room for maneuvering, and a master bedroom and bath on the main floor. These features enable individuals to “Age in Place,” remaining mobile within the main floor of their home even as they encounter new and different needs over the course of their lifetime. In addition, an EasyLiving Home is a “visitable” home, meaning that visitors of any age or ability can easily navigate the home’s main floor and have access to the necessary amenities. The EasyLiving Homes certification process guarantees that a home has been built to exacting specifications and meets the necessary

⁶⁸ Virginia Housing Development Authority, *VirginiaHousingSearch*. Retrieved May 30, 2011 from <http://www.virginiahousingsearch.com/>.

⁶⁹ Virginia Housing Development Authority, *Rental Unit Modification Assistance*. Retrieved May 30, 2011 from <http://www.vhda.com/Renters/Documents/Home%20Modification%20Assistance%20FAQ.pdf>.

⁷⁰ Virginia Housing Development Authority, *Accessible Rental Housing*. Retrieved May 30, 2011 from <http://www.vhda.com/Renters/Pages/AccessibleRentalHousing.aspx>.

criteria to qualify the home as EasyLiving. Virginia Accessible Housing Solutions, Inc. (VAHS) is a non-profit corporation licensed to certify Easy Living Homes in Virginia.⁷¹

■ Livable Homes Tax Credit (LHTC)-Update

The Virginia Livable Home Tax Credit (LHTC) program is designed to improve accessibility and universal “visitability” in Virginia’s residential units by providing state tax credits for the purchase of new units or the retrofitting of existing housing units. Tax credits are available for up to \$5,000 for the purchase of a new accessible residence and up to 50 percent for the cost of retrofitting existing units, not to exceed \$5,000.

■ Micro-boards

In order to meet the needs of individuals with severe disabilities who may have difficulty obtaining home ownership independently, a program is available to through VHDA. VHDA allows a person’s trusted friends and family to form a “micro-board.” Each micro-board is created around the individual with a disability and usually includes family members and friends who form a non-stock corporation to act in the interests of the person. This corporation applies for a low-interest loan to purchase or build housing for the individual with a disability. This model allows the individual to enjoy the benefits of home ownership and obtain community based services and supports in their own home rather than having to move to a congregated setting.

Affordability Resources

■ Mortgage Programs

The Virginia Housing Development Authority (VHDA) is a self-supporting, not-for-profit organization created by the Commonwealth of Virginia in 1972, to help Virginians attain quality, affordable housing. VHDA does not receive any state taxpayer dollars. Rather, VHDA issues bonds and uses the proceeds to fund mortgages primarily to first-time homebuyers and developers of quality rental housing. VHDA works with lenders, developers, state agencies, local governments, community service organizations and others in pursuing this quality, affordable housing mission.⁷²

○ Low-Income Housing Tax Credit (LIHTC)

LIHTC is a Federal tax credit available to private sector developers and is administered by the Virginia Housing Development Authority. The credit is designed to encourage new construction and rehabilitation of existing rental housing for low-income households and to increase the amount of affordable rental housing for households whose income is at or below specified income levels.⁷³ A property must have at least 20% of its units rented to households with incomes of 50% or less than the area median income (AMI), OR at least 40% of the units rented to households with incomes of 60% or less than the AMI. Rents on qualified tax credit units are restricted, and the maximum allowable rent is based on the number of bedrooms and AMI as established annually by the U.S. department of Housing and Urban Development (HUD).

⁷¹ Virginia Accessible Housing Solutions, Inc. Retrieved May 30, 2011 from <http://www.elhomes.org/homes.html>.

⁷² Virginia Housing Development Authority. Retrieved May 30, 2011 from <http://www.vhda.com/Pages/Home.aspx>.

⁷³ U.S. Department of the Treasury, *IRS Market Segment Specialization Program: Low-Income Housing Credit*, 1. Retrieved May 30, 2011 from <http://unclefed.com/SurviveIRS/MSSP/lihc.pdf>.

○ Section 8 Housing Choice Vouchers

Funded by the U.S. Department of Housing and Urban Development (HUD), the Housing Choice Voucher (HCV) program is the federal government's major program for assisting very low-income families, the elderly, and persons with disabilities to afford decent, safe, and sanitary housing in the private market. Rather than having rental assistance tied to specific subsidized housing projects, the HCV program places the choice of housing in the hands of the individual or family who is then responsible for finding rental housing that is suitable to their needs, including a single-family home, townhouse or apartment. The owner must agree to rent the unit at a reasonable cost under the HCV program and the housing unit must meet minimum health and safety standards. The housing subsidy is paid directly to the landlord and the voucher holder pays the difference between the actual rent charged and the amount subsidized by the HCV program. HUD distributes the federal HCV funds to local public housing agencies (PHAs) to administer in their communities. The PHA is responsible for recruiting landlords, rental unit health and safety inspections, determining voucher holder eligibility, and paying landlords.⁷⁴

PHAs receive HCV program funding directly from HUD for their localities. In Virginia communities where no HUD directly-paid HCV program administrators exist, the Virginia Housing Development Authority receives HCV program funds from HUD and subcontracts with locally-selected administrative agents or agencies which run the day-to-day operations under VHDA's direction. However, some areas of Virginia are unserved by either VHDA or a local agency.⁷⁵

■ Homelessness Prevention and Rapid Re-Housing Program (HPRP)

This program provides temporary financial assistance and housing relocation and stabilization services to individuals and families who are homeless or would be homeless without this assistance. The funds under this program are intended to target two populations of persons facing housing instability: individuals and families who are currently in housing but are at risk of becoming homeless; and individuals and families experiencing homelessness.⁷⁶

Related Ongoing State Initiatives

Governor's Housing Policy Framework

The Governor's Housing Policy Advisory Committee was established in 2010 in response to Executive Order #10, representing the first time in Virginia's history that Executive leadership has convened with a specific focus on comprehensive housing issues. An Interim Report to the Governor was issued by the group in November 2010. The recommendations included in the report extensively capture the needs of older Virginians, people with disabilities, and others experiencing barriers to adequate and appropriate housing. Related recommendations from the report include:

⁷⁴ U.S. Dept of Housing and Urban Development, *Housing Choice Vouchers Fact Sheet*. Retrieved May 30, 2011 from http://portal.hud.gov/hudportal/HUD?src=/topics/housing_choice_voucher_program_section_8.

⁷⁵ Virginia Housing Development Authority, (Personal communication May 17, 2011).

⁷⁶ Virginia Department of Housing and Community Development, *Homelessness and Rapid Re-Housing Program (HPRP)*. Retrieved May 30, 2011 from <http://www.dhcd.virginia.gov/HomelessnessToHomeownership/HPRP.htm>.

- Address the integral linkage of housing, employment and transportation through establishment and alignment of land use priorities and incentives
- Enhance the ability of state and local agencies to offer consistent incentives for housing developments that incorporate “visitability” and Universal Design standards
- Establish and align state priorities and incentives to promote expanded housing options
- Create a structure authorizing a state housing trust fund to enable a consistent source of “gap” financing for affordable housing development
- Establish and align state priorities and program resources to promote a continuum of quality housing options for special needs and at-risk populations
- Maintain and enhance administrative structures that support inter-agency and inter-secretariat collaboration in addressing special housing needs
- Reform existing state assisted-living funding programs to expand access to non-institutional, community housing options
- Address local barriers to affordable housing
- Address ongoing concerns regarding rental housing non-compliance with federal fair housing accessibility requirements⁷⁷

Universal Building Code Study (HJ 648, 2011)

The General Assembly directs the Department of Housing and Community Development and the Department of Rehabilitative Services “to study the feasibility and appropriateness of amendments to the Uniform Statewide Building Code to provide accessible routes for persons with disabilities into public and private buildings and facilities and promote universal features in dwelling units.” The Departments will report on their progress by November 30, 2011 and submit their findings and recommendations to the House and Senate by November 30, 2012.⁷⁸

⁷⁷ Housing Policy Framework for the Commonwealth of Virginia, *Interim Report to the Governor* (November 2010). Retrieved May 30, 2011 from

<http://www.virginiahousingpolicy.com/pdf/2010%20Nov%2018%20Interim%20Housing%20Policy%20Framework%20Report.pdf>

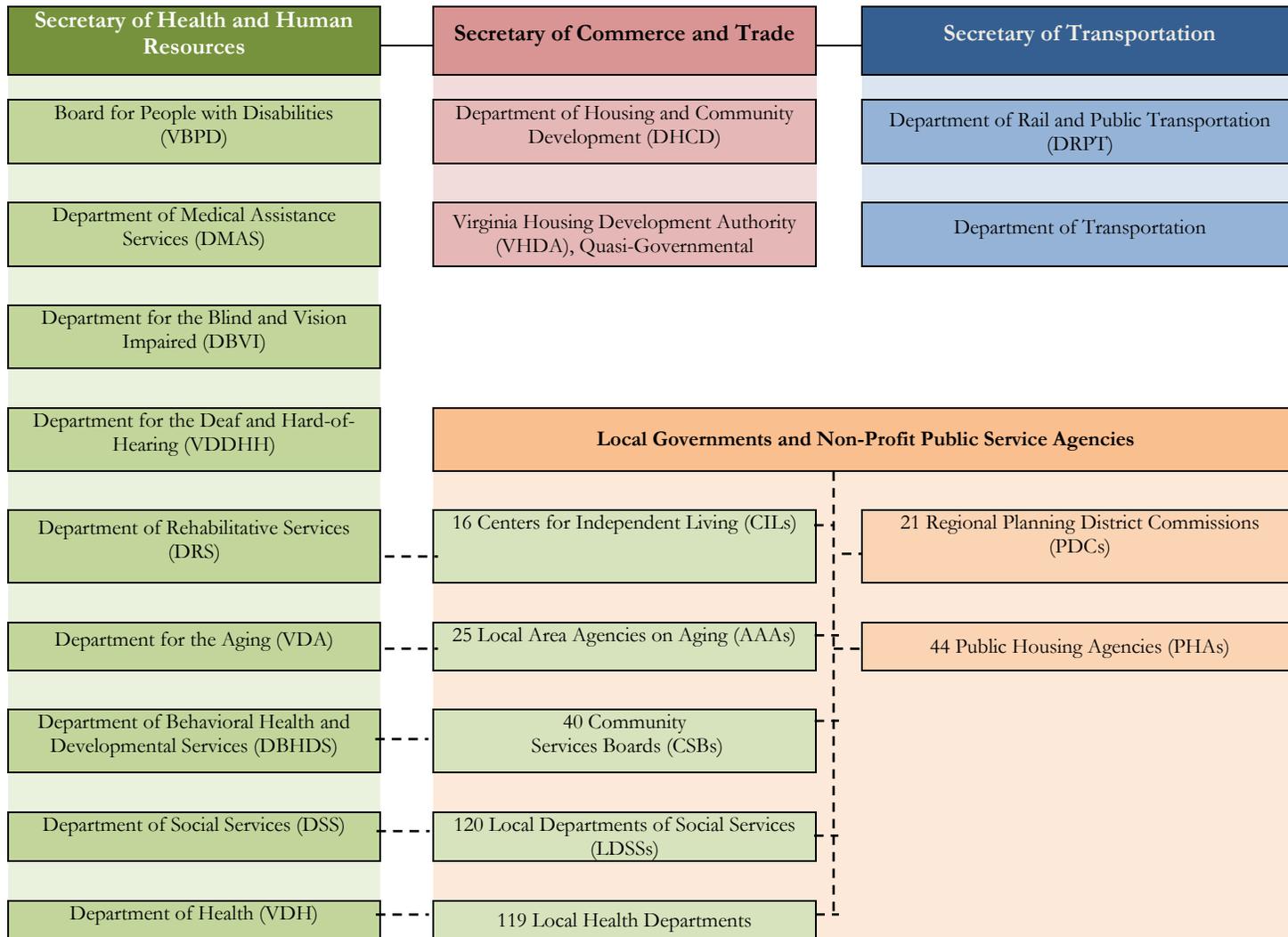
⁷⁸ The Virginia General Assembly, *House Joint Resolution No. 648* (2011). Retrieved May 30, 2011 from <http://lis.virginia.gov/cgi-bin/legp604.exe?111+ful+HJ648H1>.

Next Steps

From the best practices and compilation of state initiatives included in this report, we see real-life examples of communities in Virginia that are already improving the ability of all Virginians to enjoy the benefits of an integral life in the community environment. However, providing this information is only an initial foray into a livable communities initiative. State, regional, and local leaders must look for additional opportunities to “incentivize” and support livable communities planning. With input from Virginia’s Blueprint for Livable Communities Citizen Advisory Group, the Secretary of Health and Human Resources makes the following long-term commitments. The Virginia Department for the Aging and Department of Rehabilitative Services will convene the Blueprint for Livable Communities Citizen Advisory Group twice annually to ensure accountability for these steps and to develop and implement new planning priorities.

1. Expand cross-Secretariat and interagency coordination activities between the Secretary of Health and Human Resources, the Secretary of Transportation, and the Secretary of Commerce and Trade to improve links between housing, transportation, and human services to support older Virginians and Virginians with disabilities.
2. Support additional collaboration between Virginia’s aging and disability service network providers at the local, regional, and state levels.
3. Remove procedural barriers and disincentives to mixed-use, mixed income neighborhood design. Propose changes to the *Code of Virginia* to improve enforcement and clarification of existing regulations as needed.
4. Maintain a Virginia’s Livable Communities website (www.vadrs.org/vblc) as a regularly updated forum for sharing resources, promoting awareness, and offer updates on Virginia’s livable communities initiative.
5. Develop a strategy to ensure the continuation of the livable communities conversation at statewide and regional forums including the annual Governor’s Housing Conference; and assess the future feasibility of a statewide Livable Communities conference.
6. With the help of the Citizen Advisory Group and in conjunction with Virginia’s Four-Year Plan for Aging Services, prioritize and address additional key issues, which may include: job creation and employment supports for people with disabilities or people re-entering the workforce; geriatric mental health services; support for caregivers; and workforce development.

Appendix A: Organizational Model for State and Local Agencies Addressed in this Report



Appendix B: Frequently Used Acronyms

Acronym	Name
AAA	Area Agency on Aging
ADRC	Aging and Disability Resource Connection
AoA	U.S. Administration on Aging
AT	Assistive Technology
CBS	Community-Based Services
CIAC	Community Integration Advisory Council
CIL	Center for Independent Living
CMS	U.S. Centers for Medicare and Medicaid Services
CSB	Community Services Board
DBHDS	Virginia Department of Behavioral Health and Developmental Services
DBVI	Virginia Department for the Blind and Vision Impaired
DD	Developmental Disability (Waiver)
DHCD	Virginia Department of Housing and Community Development
DMAS	Virginia Department of Medical Assistance Services
DOT	U.S. Department of Transportation
DRPT	Virginia Department of Rail and Public Transportation
DRS	Virginia Department of Rehabilitative Services
DSS	Virginia Department of Social Services
EDCD	Elderly and Disabled with Consumer Direction (Waiver)
EPA	U.S. Environmental Protection Agency
HCBS	Home- and Community-Based Services
HHR	Virginia Health and Human Resources
HHS	U.S. Health and Human Services
HUD	U.S. Department of Housing and Urban Development
ID	Intellectual Disability (Waiver)
LTC	Long-Term Care
MFP	Money Follows the Person Demonstration Project
NWD	No Wrong Door
OAA	Older Americans Act
PACE	Program of All-Inclusive Care for the Elderly
PDC	Planning District Commission
PHA	Public Housing Agency
PWD	Person with a Disability
VBPD	Virginia Board for People with Disabilities
VDA	Virginia Department for the Aging
VDDHH	Virginia Department for the Deaf and Hard of Hearing
VDH	Virginia Department of Health
VHDA	Virginia Housing Development Authority
VDOT	Virginia Department of Transportation

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