VIRGINIA ACTS OF ASSEMBLY -- 2014 SESSION

CHAPTER 289

An Act to amend and reenact §§ 51.5-116, 51.5-119, 51.5-123, and 51.5-124 of the Code of Virginia, relating to individuals with disabilities; terminology.

[H 1076]

Approved March 24, 2014

Be it enacted by the General Assembly of Virginia:

1. That §§ 51.5-116, 51.5-119, 51.5-123, and 51.5-124 of the Code of Virginia are amended and reenacted as follows:

§ 51.5-116. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Case management" means a dynamic collaborative process that utilizes and builds on the strengths and resources of consumers to assist them in identifying their needs, accessing and coordinating services, and achieving their goals. The major collaborative components of case management services include advocacy, assessment, planning, facilitation, coordination, and monitoring.

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"Case management system" means a central point of contact linking a wide variety of evolving services and supports that are (i) available in a timely, coordinated manner; (ii) physically and programmatically accessible; and (iii) consumer-directed with procedural safeguards to ensure responsiveness and accountability.

"Client" means any person receiving a service provided by the personnel or facilities of a public or private agency, whether referred to as a client, participant, patient, resident, or other term.

"Commissioner" means the Commissioner for Aging and Rehabilitative Services.

"Consumer" means, with respect to case management services, a person with a disability or his designee, guardian, conservator, or committee.

"Department" means the Department for Aging and Rehabilitative Services.

"Functional and central nervous system disabilities" means a disability resulting in functional impairment or impairment of the central nervous system, which may include but is not limited to traumatic brain injury, spinal cord injury, cerebral palsy, arthritis, muscular dystrophy, multiple sclerosis, Prader-Willi syndrome, and systemic lupus erythematosus (lupus).

"Local board" means a local board of social services established pursuant to Article 1 (§ 63.2-300 et seq.) of Chapter 3 of Title 63.2.

"Local department" means a local department of social services established pursuant to Article 2 (§ 63.2-324 et seq.) of Chapter 3 of Title 63.2.

"Local director" means a local director of social services appointed pursuant to § 63.2-325.

"Older person" or "older Virginian" means a person who is age 60 years or older.

"Physical or sensory disability" means a disability resulting in functional impairment or impairment of the central nervous system, which may include but is not limited to brain injury, spinal cord injury, cerebral palsy, arthritis, muscular dystrophy, multiple sclerosis, Prader-Willi syndrome, and systemic lupus erythematosus (lupus).

"Prader-Willi syndrome" means a specific disorder that is usually caused by chromosomal change,

resulting in lifelong functional and cognitive impairments and life-threatening obesity.

"Rehabilitation technology" means the systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of and address the barriers confronted by individuals with disabilities in areas that include education, rehabilitation, employment, transportation, independent living, and recreation.

§ 51.5-119. Department designated as state agency for purpose of coordinating rehabilitative services.

The Department is designated as the state agency for coordinating rehabilitative services to persons with functional and central nervous system significant physical or sensory disabilities. The Department shall provide for the comprehensive assessment of the need for rehabilitative and support services of such persons, identify gaps in services, promote interagency coordination, develop models for case management, and advise the Secretary of Health and Human Resources, the Governor, and the General Assembly on programmatic and fiscal policies and the delivery of services to such persons.

§ 51.5-123. Community Rehabilitation Case Management System.

The Department shall develop and pilot a model for the initiation of a Long-Term Rehabilitative Case Management System and implement a community rehabilitation case management system. Such system shall provide for the coordination of medical, psychosocial, vocational, rehabilitative, long-term care, and family and community support services for persons with functional and central nervous system significant physical or sensory disabilities.

The Department shall facilitate the provision of such services by the Department and any other state, local, public, or private nonprofit agency, organization, or facility to such persons.

§ 51.5-124. Eligibility for community rehabilitation case management.

A person shall be eligible to receive long-term rehabilitative community rehabilitation case management services pursuant to § 51.5-123 if the Department determines such person is disabled indefinitely and requires a combination and sequence of special interdisciplinary or generic care, treatment, or other services which are lifelong or for an extended duration and are individually planned and coordinated, or such person's disability results in substantive functional limitations in three or more of the following areas of major life activity: (i) self-care, (ii) receptive and expressive language, (iii) learning, (iv) mobility, (v) self-direction, (vi) capacity for independent living, and (vii) economic sufficiency. Rehabilitative case management shall not be provided to any person who is eligible for Medicaid targeted case management or other publicly funded case management or Medicaid transition coordination.