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VOR Calls on Federal Commission on Long-Term Care 8/16/2013 **to Support Uniform Staffing Standards**

VOR is a national organization advocating for all people with intellectual and developmental disabilities (I/DD), including individuals who experience severe and profound developmental disabilities, have multiple physical disabilities, and are medically fragile or experience dangerous behaviors.

In furtherance of the Commission's statutory charge to consider workforce development strategies¹, **VOR respectfully requests the Commission's support for uniform staffing standards, including national background checks and minimum staff licensing, certification and training requirements, to ensure the consistent delivery of quality of care in community-based settings serving people with I/DD.**

The rate of expansion of decentralized, largely unchecked community-based services for people with I/DD, without adequate oversight and attention to quality is alarming:

- ✓ Between 1977 and 2010 the number of residential settings serving people with I/DD increased by **1,598%**, with most of those new settings being small and privately operated².
- ✓ In 2010, non-state agencies served **98.5%** of people living in places with 6 or fewer residents. The number of Home and Community-Based Services (HCBS) waiver recipients (592,070) was **676.1%** of the number of people (87,560) receiving specialized Medicaid licensed Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)³.

The aggressive push toward total deinstitutionalization⁴ has greatly outpaced attention to community capacity, oversight and quality. There is growing awareness of the inability of many community-based

¹ American Taxpayer Relief Act of 2012 (Section 643(a)2C.

² "Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2010," University of Minnesota (2012).

³ Id.

⁴ **This is the second set of comments submitted by VOR.** In our first submission (July 31, 2013), VOR cautioned the Committee *against* a "less for more" approach to financing Medicaid long-term care services for people with I/DD. With 80% of long-term care resources being spent in community-based settings on 80% of the I/DD population in a

service providers to safely accommodate the influx of very disabled, often medically fragile or behaviorally challenged, I/DD consumers: “Deinstitutionalization advocates are focused to a greater extent than ever on the goal of building up a robust community-based treatment system” and “promoting high-quality community services” (Bagenstos, S., “Past and Future of Deinstitutionalization Litigation.” *Cardoza Law Review*, Vol. 34:1 (2012); and the Administration on Community Living (ACL) recently released its Strategic Plan which includes an objective to “Promote the development and adoption of national standards for home and community-based services, including quality standards that reflect consumer experience with long-term services and supports programs” ([ACL 2013-2018 Strategic Plan](#) (Objective 4.4)⁵).

Awareness, however, has not translated into systemic reform. At present, quality is “hit or miss” with best practices intermingled alongside of human tragedies. VOR respectfully requests the Commission’s support for the following reform:

A. Support mandatory national background checks to ensure that perpetrators in one state cannot be hired in another state (only a handful of states mandate national background checks).

B. Mandate staff licensing and certification requirements, subject to yearly renewal and ongoing training, including clinical nursing training. Basic nursing is critical to proper care, first aid, and medication administration. Certification or licensure should be specialized relating to the level of need and type of disability. States require that hair dressers, tax preparers, veterinary technicians and tattoo artists be state-regulated, -trained and, -licensed. Are hair, pets, taxes and tattoos more important than our nation’s most vulnerable citizens, many of whom are totally dependent on their caregivers?

Thank you for your consideration. For additional information, please contact Tamie Hopp, VOR’s Director of Government Relations & Advocacy, at 605-399-1624 or thopp@vor.net.

vast majority of the states, there is **not**, we submit, any “institutional bias.” While we acknowledge that more funds should be dedicated to moving people off the waiting list and into appropriate settings according to individual needs and choice, we feel strongly that closing specialized care facilities, such as Medicaid Intermediate Care Facilities for Individuals with Intellectual Disabilities [ICFs/IID], has not and will not reduce the waiting list or result in additional funding for quality community-based options.

⁵ See also, "[Widespread Abuse, Neglect and Death in Small Settings Serving People with Intellectual Disabilities: Media coverage highlighting the increasing need for more effective federal and state protections in the ever expanding community system of care for people with intellectual disabilities](#)," VOR (April 2013)