



# Virginia Board for People with Disabilities

## Assessment of New Residential Services

Available in the DD waivers

# Who We Are

- We are Virginia's Developmental Disabilities Council
- We advise the Governor, state agencies, legislators, and other stakeholders on issues important to people with disabilities in the Commonwealth.
- [www.vaboard.org](http://www.vaboard.org)

# Overview

- Areas of Focus
- Data: How people use the service
- Findings: What can improve?
- Recommendations: How to make it better?

# Focus Areas



## ▣ Services

- Independent Living Supports
- Shared Living
- Supported Living
- AT/Environmental Mod/ EHBS

## ▣ Individual Empowerment



## Key Question for Assessments

Do the new services achieve the goals of 2016 waiver redesign?

# Goals of Waiver Redesign

- ***Better support individuals with I/DD to live integrated and engaged lives in their community***
  - Offer services that promote community integration and engagement,
  - Improve the capacity and quality of providers
  - Align with current research
  - Meet the 2012 DOJ Settlement Agreement requirements to create a community system of care.

# What We Considered

- Analyzed Virginia-specific data
- Conducted focus groups with people who use waiver services;
- Surveyed family members
- Interviewed stakeholders including advocacy organizations and service providers; and
- Reviewed national research on trends and best practices in HCBS waiver services.

□ *Thank you to the Arc!*

# Overall Findings

- ❑ Few individuals have benefited from the three new residential services.
- ❑ *Independent Living Supports, Supported Living, and Shared Living* only accounted for about 3% of all residential service authorizations across all the DD waivers.

# Overall Findings

- ❑ In order to be effective, the new services require:
  - ❑ strong self-advocacy,
  - ❑ tailored approaches appropriate to individual needs,
  - ❑ and more providers able to adapt to new ways of delivering supports.

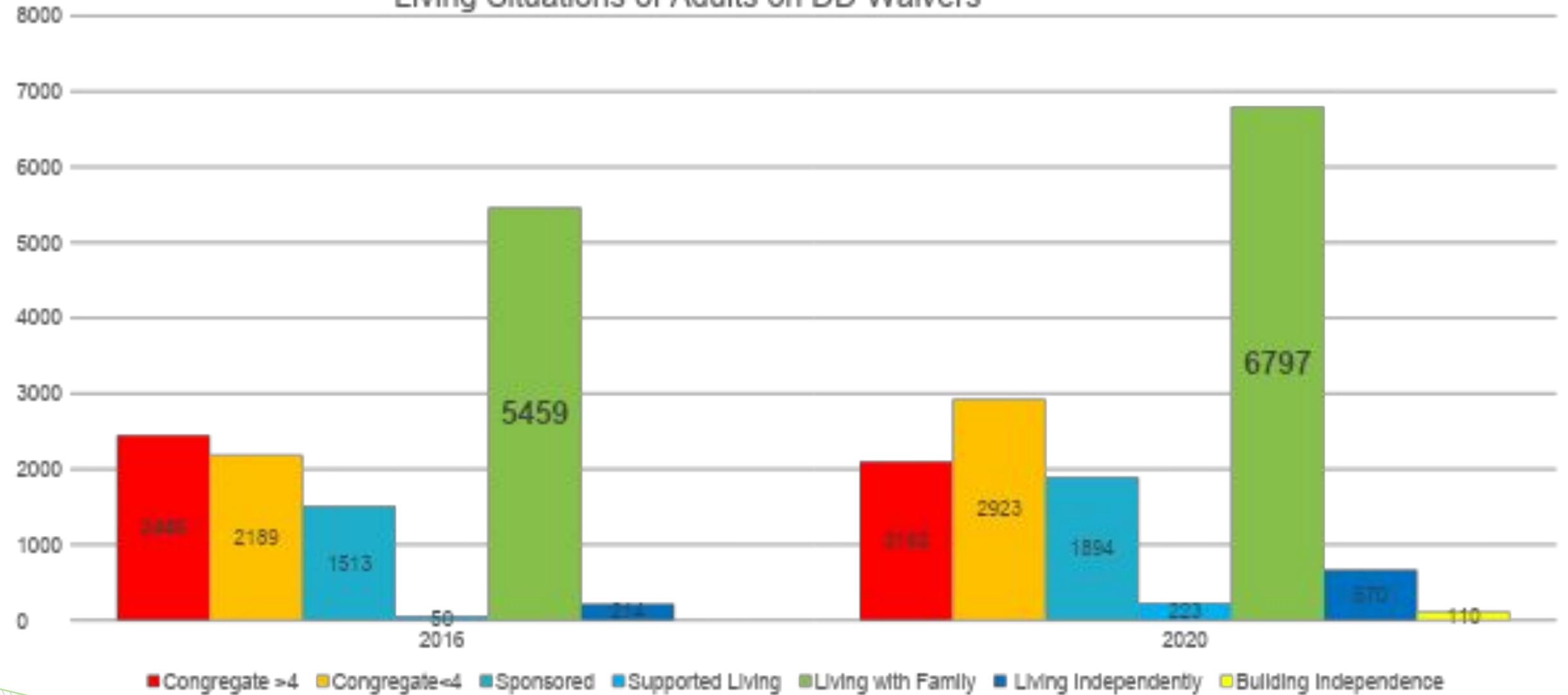


# Virginia Board for People with Disabilities

## Data Trends

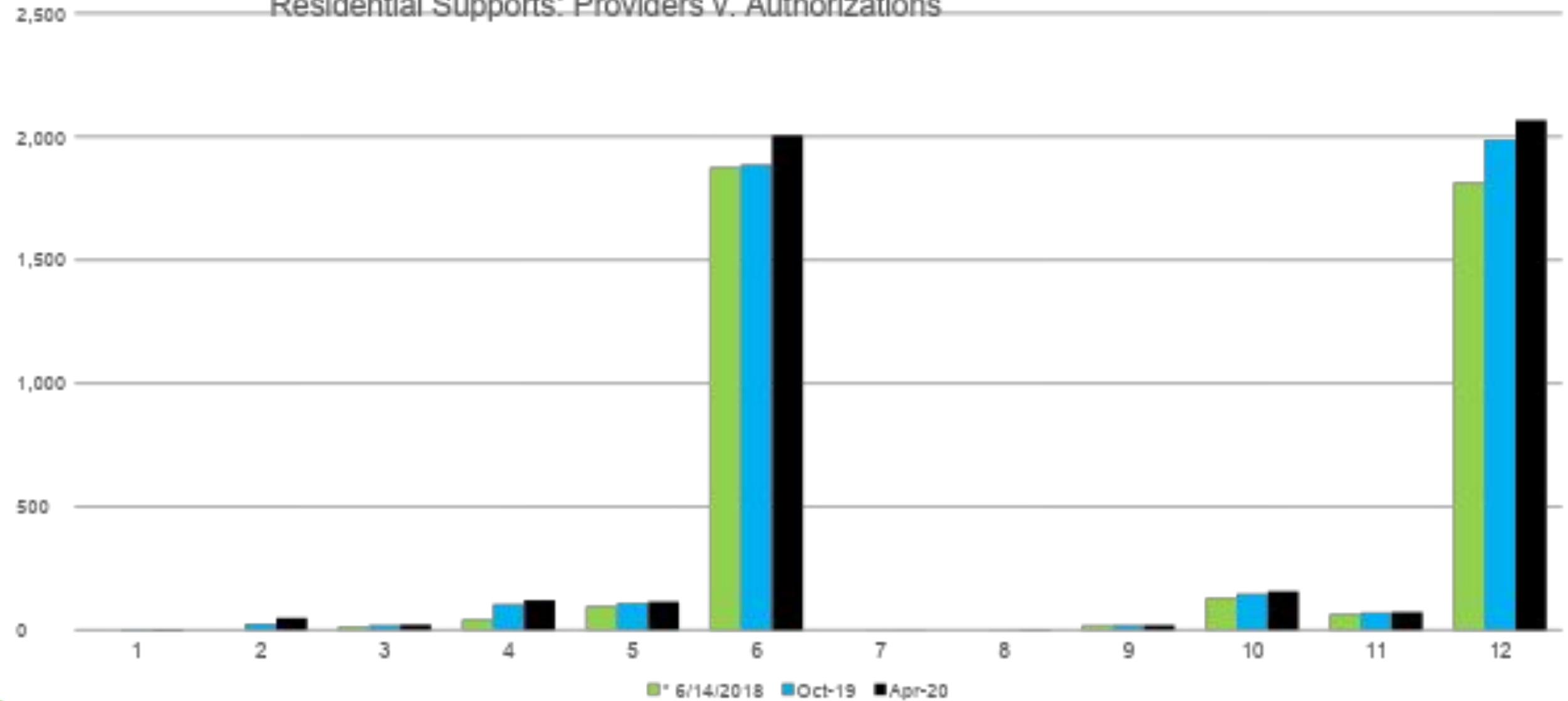
In New Residential Services

## Living Situations of Adults on DD Waivers

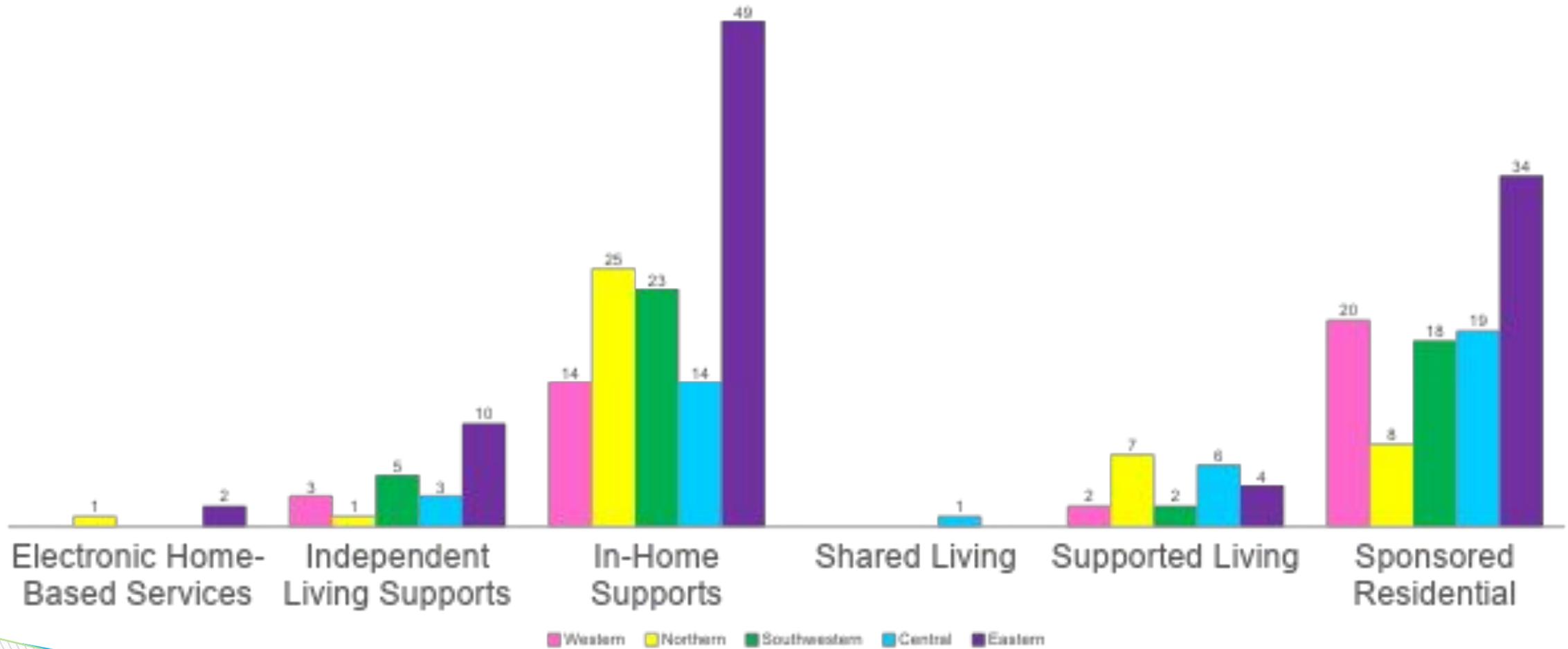


Data taken from Virginia Department of Behavioral Health & Developmental Services. (2020). Residential Settings Trend Report FY 2021, Quarter 1

# Residential Supports: Providers v. Authorizations



## Residential Providers in Virginia Regions on April 30, 2020



Data from DBHDS Provider Data Summary, November 2020

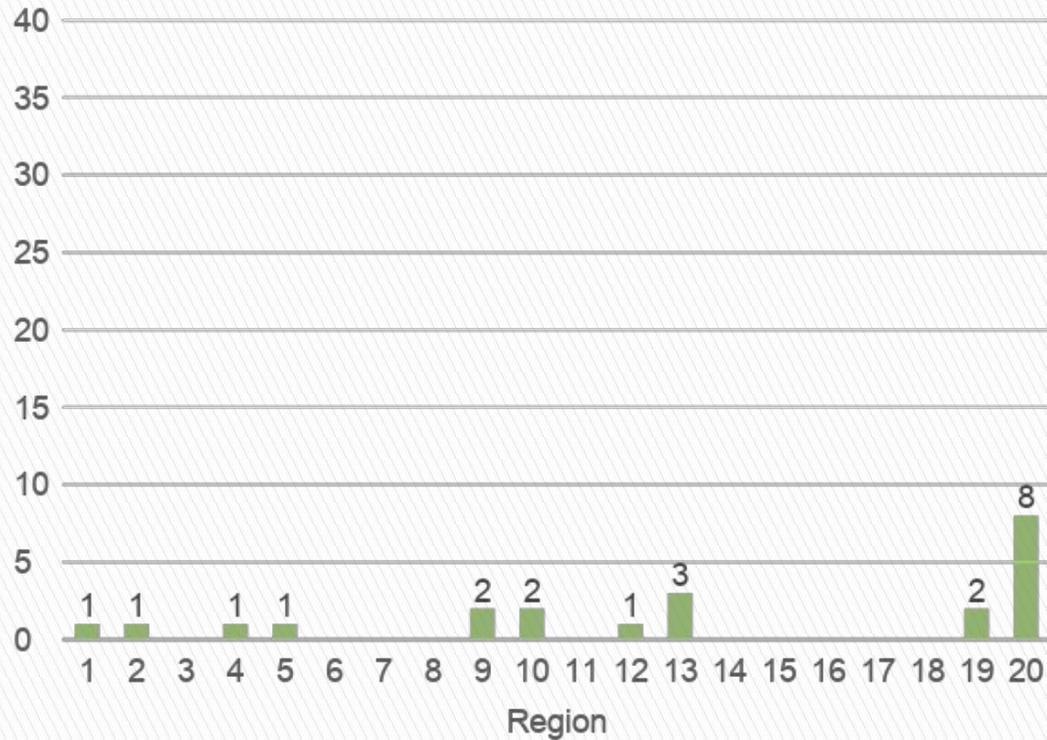
# The New Residential Services



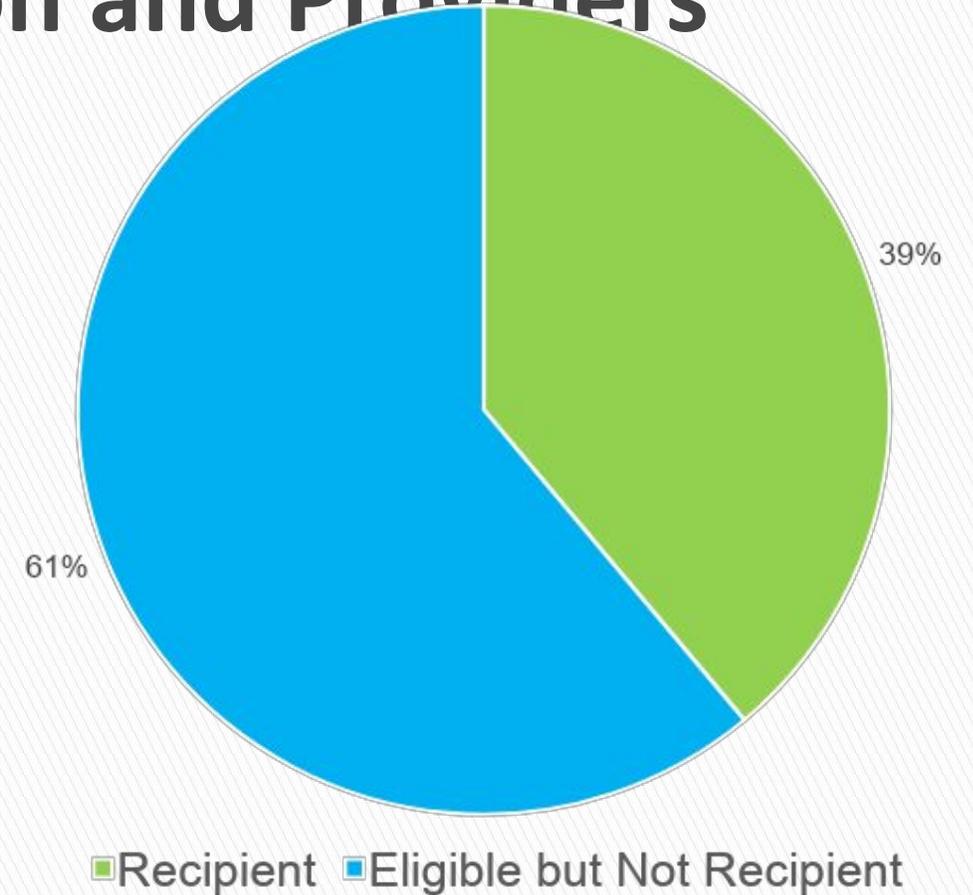
# Independent Living Supports

- ❑ Available to people on the Building Independence waiver.
- ❑ Allowable services include skill-building and supports necessary to promote the individual's stability in his or her own home and community.
- ❑ Do not include Personal Assistance services.

# Independent Living: Utilization and Providers



Independent Living Supports Providers in Virginia on April 30, 2020



Virginians Receiving Independent Living Supports Services

Data from DBHDS Provider Data Summary, November 2020

# Independent Living Supports

## Key Findings

- ❑ ILS is the only unique service available in the BI waiver
- ❑ Without personal assistance BI waiver can't meet the needs of most on the Priority One waitlist. Many turn it down and continue to wait for a CL or FIS slot.
- ❑ If no one on Priority One waitlist is willing to accept a BI waiver slot, it is offered to those on Priority 2 and 3. This practice is not consistent with assigning waiver slots based on priority of need.

# Independent Living Supports Recommendation

**Recommendation 1: (Consolidate waivers)** DMAS should add the Independent Living Supports service to the Family and Individual Supports (FIS) waiver. All individuals on the Building Independence (BI) waiver should seamlessly transition to the FIS waiver, and the BI waiver should be eliminated.

# Shared Living

- ❑ Medicaid pays a portion of the room and board for another adult who lives with the individual with a disability and provides non-paid support.
- ❑ The support person is a roommate who is not a parent, guardian or spouse to the person with a disability. Together, they live in a home or apartment owned or leased by the person with a disability.
- ❑ Supports can include fellowship, limited help with ADLs, meal preparation, light housework, and medication reminders.
- ❑ The person with a disability can access other services available on the waiver including in-home supports, personal assistance, and, if on the BI waiver, independent living supports.

# Shared Living: Key Findings

- Only 2 SL providers in November 2020. Without provider capacity, this service is not a viable and realistic choice for individuals.
- Confusion about who can be a roommates and how to get additional services and supports
- Lack of supports for an individual to successfully transition to their own home or apartment.

# Shared Living: Key Findings

- Requirements and expectations of the administrative provider generate risk and liability concerns.
- There is an inadequate rate to cover administrative provider costs to provide this service, which include
  - roommate matching as needed,
  - background checks,
  - training, periodic onsite monitoring,
  - disbursing funds to the individual,
  - coordinating the shared living service,
  - submitting claims directly to DMAS for reimbursement and maintaining documentation of all required activities.

# Shared Living: Recommendations

- **Recommendation 2: (Training through Vignettes)** DBHDS should develop engaging vignettes of individuals with disabilities participating in shared living. Vignettes should represent different shared living situations and the additional services and supports an individual receives. Vignettes can depict different roommate situations (e.g., sibling, friend, matched roommate), differences in how people spend their days and evenings, and the use of assistive technology and electronic-based home supports to facilitate greater independence. The vignettes should be added to the Shared Living Toolkit and shared broadly with support coordinators, providers, individuals and families.

# Shared Living: Recommendations

- **Recommendation 3: (Review rates)** DMAS and DBHDS should include the monthly reimbursement rate for the administrative provider of shared living services in the review of payment rates for services provided in the DD waivers currently required to be submitted to the General Assembly by November 1, 2021 (HB 1800, Item 320 #9C) and ensure that the rate assumptions accurately reflect service delivery design and cost.

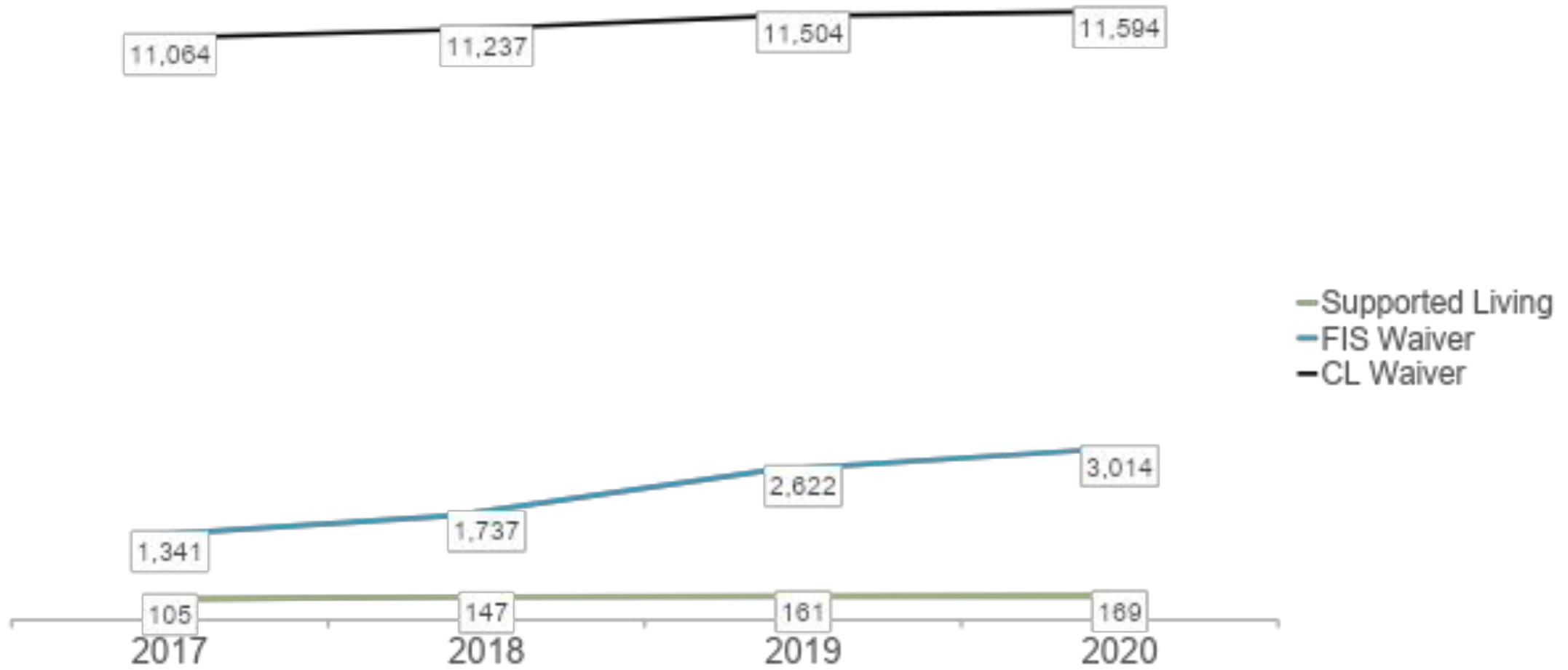
# Shared Living: Recommendations

- **Recommendation 4: (Pilot project)** DBHDS should implement a pilot project with providers interested in becoming an administrative provider of shared living services. These providers should receive training and technical assistance as they move through the process of supporting individuals to transition to shared living and providing the administrative services. There should be a strong research and evaluation component to the pilot project to: 1) identify and address barriers and 2) identify needed modifications and innovations to policy and practice to ultimately increase provider capacity and service utilization and 3) address provider concerns about their exposure to risk and liability.

# Supported Living

- This service provides residential support to individuals living in an apartment or home *operated by a licensed provider*.
- Provides skill-building and supports that enable the individual to acquire, retain, or improve self-help, socialization, and adaptive skills necessary to live a self-directed life in home and community settings.
- This service requires around-the-clock availability of paid provider staff.

# Use of Supported Living Services Compared to Service Eligibility



(Department of Medical Assistance Services)

# Supported Living: Key Findings

- As of April 2020, there were only 20 providers of this service. Ten of the twenty service areas had no providers. Only 157 people were authorized for this service during the same time period. Service has low growth in both provider capacity and service authorizations.
- The rate model for SL does not incentivize providers to add this new service.
- There is general confusion about how it operates, what it means to live in a provider-owned/operated setting, who can be supported using this service, and licensing requirements.

# Supported Living: Recommendations

- **Recommendation 5: (Incentivize Providers)** The General Assembly should support the goals of the Settlement Agreement and waiver redesign to incentivize integrated and independent living options by establishing rates for the provision of supported living services that are comparable to the rates for the provision of group home residential services.

# Supported Living: Recommendations

- **Recommendation 6: (Clarify Licensing Requirements)** DBHDS should resolve inconsistent practices among licensing specialists when licensing Supported Living to ensure it is the provider that requires licensure, rather than the apartment/home being a DBHDS licensed setting.
- **Recommendation 7: (Clarify Licensing Requirements)** DMAS should clarify and resolve conflicting information in the waiver regulations located at 12VAC30-122-540, which states that the supported living “provider shall be licensed” but also describes supported living services being provided in a “DBHDS licensed settings.”

# Supported Living: Recommendations

- ▣ **Recommendation 8: (Improve SC Training)** DBHDS and Community Services Boards should ensure that support coordinators have a comprehensive understanding of supported living services, including the differences between supported living and in-home supports. Support coordinators must be knowledgeable and accurate when explaining to individuals and families the various service options and opportunities available in the DD waivers, including supported living services.

# Assistive Technology, Environmental Modifications and Electronic Home-Based Supports

- In peer-to-peer interviews, self-advocates shared information about innovative uses of various technologies and supports that add to their independence, sense of security, and overall well-being.

# Other Services: Key Findings

- Hard to use because of complexities of service authorization and access, lack of provider capacity, and in some cases, service funding caps that do not cover the cost of a specific technology or home modification.
- These services are sometimes provided by a private provider that can reduce the actual benefit to the individual through provider fees.

# Other Services: Recommendations

- **Recommendation 9: (Consumer Directed)** DMAS should explore options to provide Assistive Technology, Environmental Modifications and Electronic Home Based Supports as a Consumer-Directed Service.
- **Recommendation 10: (Pool Funding)** The Department of Medical Assistance Service should allow the \$5,000 cap on Assistive Technology, the \$5,000 cap on Environmental Modifications, and the \$5,000 cap on Electronic Home-Based Supports to be a combined \$15,000 cap across all of these services. DMAS should seek the approval of the General Assembly if needed.
- **Recommendation 11: (Financial Literacy)** DMAS should make financial literacy training an allowable activity for transition planning services or as part of the benefits planning service.

# Individual Empowerment: Key Findings

- There is *a lack of creativity and flexibility* in developing support plans that reflect the array of service options designed to better support meaningful inclusion in all aspects of community life.
- The experience and expertise of self-advocates, are often missing from critical decision-making.
- Budgeting was one of the most important skills people said they needed needed to learn to successfully live on their own.

# Individual Empowerment: Recommendations

- **Recommendation A: (Pilot project)** DBHDS should incentivize CSBs, possibly through a pilot project, to incorporate self-advocates in paid positions to bring perspective and experience to the training of support coordinators, including adding a self-advocate-led module in the required support coordinator training modules. The self-advocates can provide guidance through lived experience on the education of individuals and families about services and supports and advise on the principles of person centered planning and individualized supports.
- **Recommendation B: (New waiver service)** DMAS should consider establishing and seeking General Assembly approval of person-centered facilitation as a distinct, non-duplicative waiver service that would provide more support and expertise to tailor service options to an individual's needs and goals.

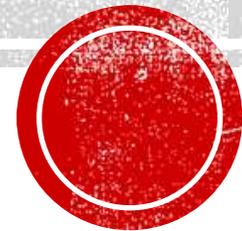
**Assessments available at  
[www.vaboard.org](http://www.vaboard.org)**

**Questions?  
[clare.huerta@vbpd.virginia.gov](mailto:clare.huerta@vbpd.virginia.gov)**

# A Home of My own—With Supports

Linda Booth, Karina Freilich, Erin Thompson & Nancy Mercer

**Interdependent Living: Learning How to Use My Supports  
to make “Independent Living” Work**



# Examples of Supports Used for Independent Living

## Housing

### **State Rental Assistance Program-SRAP:**

Helps pay rent each month. Tenant pays 30-40% of income—rest paid by State.

**Housing Accommodations:** Special actions that can make it possible for person to use SRAP.

Examples of Accommodations Include:

- Live-in Aide,
- companion animal,
- 'higher rent cap'
- Identified parking place.

**Flex Funds:** Money from State to help move and set up apartment. Pays for application fees, security deposit, even things to help you set up your home—from furniture to silverware.

## Services and Supports

**Housing Guide:** An agency/person who can help you find apartment and navigate using SRAP.

**Special Needs Trust/ABLE Account:** Programs designed to help you have money to pay for needs that are not covered by your benefits.

**Representative Payee:** Someone to help you pay bills and oversee budget management.

**Self Directed Services:** Funding that can pay for someone to help you navigate the community, take classes, build social network.

**Building Independence Waiver:** Funding that pays for supports in home, work and community. From everyday living to crisis supports.

Examples of Services under the Waiver:

- Housing Guide
- Drop-In Services to help with routine development.
- "Smart Home" technology to provide supports and someone to talk to when no one else is around.
- Work Assistance: Supports to help get and maintain employment.
- Benefits Management: Supports to make sure your work income does not negatively impact your benefits.

**EACH OTHER and Friends:** Using other folks who are in the SRAP program and community to make decisions and problem solve.



# Linda's Home



# Camden at Fairfax Corners

Linda lives in the Camden at Fairfax Corners with her fur babies Tokyo, Suki and Toshi.

Supports Linda has used or TRIED to use include:

- Friends
- In-home services
- Electronic Home-Based Monitoring
- Community Engagement (waiting for start up)
- State Rental Assistance Program
- Companion Dog
- Flex Funds
- Metro Access (In process)
- Private Pay Supports
- Lawyers and Trust



# Living with Roommates

Erin has been sharing a home with two roommates and one Resident Assistant.

The women support each other in skill building, being safe and social activities.

Services Used:

- SRAP and Flex Funds
- Parents and Friends
- Live In Aide
- Self Directed Services
- Private Therapy
- Employment
- Familiar with Public Transportation

Erin maintains a very busy schedule. In addition to working she sits on Board of Directors and participates in Special Olympics.



Welcome Home

# The Ladies of the Residences At the Government Center





# Residences at Government Center

[www.residencesgovernmentcenter.com](http://www.residencesgovernmentcenter.com)

<b>Karina</b>
Friends and Parents
SRAP and Flex Funds
Building Independence Waiver: In Home Supports
Wegmans: Karina loves her job that is right down the street from her home!
Health and Mental Health Supports
Support Coordinator
Companion dog
SSDI, Medicare, Medicaid



- No Staff –especially during COVID-19
- Lots of Staff Turnover
- Restrictive Schedules—residents feel like they must “be home” to get services.
- Staff are not trained and as a result:
  - Do not know how to listen.
  - Can become bossy rather than supportive.
  - Can be difficult to understand, and in turn do not understand resident.
- Staff do not always act professionally, there are often boundary issues between resident and staff.

## Some Problems with Waiver Services

*“It can be hard enough to ask for help and then learn to accept that help. BUT if there is no help and there is supposed to be...”*



***“Because I don’t know what I don’t know...  
independent living feels very hard and impossible at times.”***

**Current Services are not designed to help many residents with what they really need:**

- ✓ **Budgeting—learning how to live off a very limited income.**
- ✓ **Managing all my services, everyday, even on the weekends and holidays.**
- ✓ **Real time Problem Solving.**
- ✓ **Ongoing Benefit Management.**
- ✓ **Nutrition and health supports.**
- ✓ **Maintaining a healthy social network, in person and online.**
- ✓ **Handling Emergencies BEFORE they become emergencies.**



# How to Make Waiver Services Better

## **Pay staff higher salaries:**

*“Many staff work two or three jobs and by the time they get to “In Home” job they are tired and not motivated to listen, support and work with me. If you pay staff a living wage, they can have one job and will feel committed to learning how to do it well. We all win!”*



# How to Make Waiver Services Better

## **Relationships Matter—teach people boundaries:**

*“It is important for a resident to “trust” the people they turn to for help. If that person keeps changing due to staff turn over or they are too busy to answer my phone calls or emails...I will never feel safe with their “support.”*



# How to Make Waiver Services Better

## **Train Staff and Resident—In the Field:**

*“It is one thing to pass a test in a classroom, but another thing to work with people in our own home...Staff and residents need to be trained how best to work and support one another before it happens without supervision from Support Coordinator, Agency or Family.”*



# How to Make Waiver Services Better

**Communication is IMPORTANT and everyone**

**Does it differently...**

“Staff need to be trained to understand who they are working with...one size does not fit all.”



# How to Make Waiver Services Better

## **Bundle Services or Individualized Budgets:**

*“Sometimes we feel trapped by our services. They are not flexible. When I need in home supports versus community engagement or even crisis—I must make sure my support coordinator knows, and work with multiple agencies and people--If we could have ONE SUPPORTS waiver that could provide an array of services and ensure staff have tools and flexibility to provide what is needed at the time versus what is “prescribed” by the service—it would be more person centered.”*

