

IFSP State Council Meeting

August 23, 2024, 12:00 p.m. - 2:15 p.m.

Registration Link: <https://events.gcc.teams.microsoft.com/event/793c9dab-183a-4faa-99b8-30cbe2db8643@620ae5a9-4ec1-4fa0-8641-5d9f386c7309>

Attendees: Heather Hines (DBHDS, IFSP Program Manager); Rhonda Gaines (DBHDS, Community Coordination Supervisor); Rachel Vamenta (DBHDS, Communications and Program Coordinator); Lynne Fetter (DBHDS, IFSP Support Specialist); Deanna Parker (DBHDS); Amie Brittain (DBHDS), Katie Morris (DMAS); Rhonda Taylor (VA Relay); Carolyn El-Khatib (Northern), Angela Lello (Northern); Christi Stafford (Central); Donna Robel (Eastern, VCU CFI); Erika Rogers (Western); Jen Reese (Northern, VCU CFI); Jen Rockwell (Northern); Joan Brunner (Eastern, VCU CFI); Lisa Richard (Southwest, VCU CFI); Monica Mann (Central); Rebecca Stickler (Western, VCU CFI); Renee Soniat (Central, VCU CFI); Shawn Kirk (Central); Tia Webb (Western); Tammara Herbert (Eastern); LaSherron Diaz (Southwestern); Stacey Nichols (Southwestern)

Hamilton Relay link: <https://www.streamtext.net/player?event=HamiltonRelayRCC-0823-VA4251>

I. Introductions and agenda

- a. Staff introductions and welcome
- b. Icebreaker: If you were competing in the Olympics or Paralympics, what would your event be?
- c. Educational presentation: Amie Brittain, DBHDS
- d. Council updates
- e. Communications updates
- f. Funding updates
- g. IFSP State Plan progress update
- h. Wrap-up and adjourn

II. Educational presentation: HCBS 101: What You Need to Know

- a. Amie Brittain is the Policy and Compliance Manager in the Division of Developmental Services at DBHDS. She is joined by Katie Morris, Quality Services and Integrity Manager at DMAS.
- b. Amie and Katie reviewed Home and Community-Based Services (HCBS) policy & background, a brief description of the federal Center for Medicaid and Medicare Services; Virginia's approach to HCBS compliance, the impact of HCBS with waiver service compliance (BI, FIS, CL & CCC Plus waivers), the impact of HCBS before and after implementation, the six categories of HCBS requirements, and the HCBS Toolkit.
- c. Please see the attached PDF of Amie's presentation following these minutes. HCBS resource links are included.
- d. To get in touch with Amie, please email Amie.Brittain@dbhds.virginia.gov. To get in touch with Katie, please email Katie.Morris@dmass.virginia.gov.
- e. Q&A
 - i. Rhonda: When you review information, how do you determine that the person is having input in making decisions about their life?
 - Katie: Reviews are done in a few different ways: On-site reviews, meet with people and speak to them. We look for documentation in daily notes. Create a person-centered plan.

- ii. Rhonda: Sometimes providers like to have cameras in the programs (they usually state it is for safety reasons). How does HCBS apply to that? What are the agreements and permissions if that is allowed?
 - Katie: HCBS regulation does not say cameras are not allowed. It does say that individuals have the right to privacy. If providers are going to have cameras in the main areas of their program, then they have to have a camera policy that outlines the limitations: what cameras are used for, who has access to footage, how often it will be reviewed. There is currently a guidance document on cameras posted for public comment from the DBHDS Office of Human Rights. Individuals have a right to be informed about the cameras. If there is a safety/behavioral need for some kind of monitoring device in a bedroom, that is a separate discussion that requires approval and justifications.
- iii. Rhonda: How often should providers review HCBS rights with individuals?
 - Katie: Providers are required to disclose rights at the beginning of services and at least annually thereafter. Regular conversations are encouraged more often than that.
- iv. Rhonda: How often should providers extend training to staff on HCBS rules/right/regulations?
 - Katie: Staff training is important because staff need to know what expectations are of them. They are trained upon hire and annually thereafter. Conversations are encouraged more often than that.
- v. Deanna Parker: If someone has a concern that a provider is not in compliance with HCBS, how are they instructed to inform someone?
 - Katie: The easiest thing to do is to contact your advocate with the DBHDS Office of Human Rights. If it is something outside of regulations, DBHDS and DMAS quality and compliance would take over an investigation.

III. Council update: Led by the IFSP Community Coordination Supervisor

- a. Recruitment: The IFSP Support Specialist discussed 2025 Council recruitment efforts that took place at the 2024 Arc Convention and the August 22nd ALLY Alliance meeting. The IFSP is especially focusing on increasing the number of self-advocates on the councils. If anyone on the council would like to be involved in application review and interviewing, they should let IFSP know. If numbers are not reached by the deadline of September 5th, the deadline for applications will be extended. The IFSP Program Manager shared that if any Council members know someone who is going to apply or has applied, they should let IFSP know so that IFSP can ensure that a complete application was submitted.
- b. Council Charter updates, including IFSP proposals for updates and revisions and solicit Council recommendations:
 - i. The IFSP is proposing updates to the following sections:
 - Recruitment activities
 - Regional Council composition
 - Regional Council responsibilities
 - Regional workplans
 - Communication & interaction
 - Attendance

- Conduct expectations
- ii. Council feedback:
 - Renee: As RNCs follow the recruitment process and find that applicants indicate that they are applying for Regional or State, would they potentially be considered for the other if they are a good fit?
 - a. Rhonda: if they complete the application for one or the other, if they want to later change their council or the IFSP recommends that, then that can be explored after the interview with clear communication to RNCs and the applicant. The lock-in occurs when appointment letters are extended.
- c. September 26 Assistive Technology expo at Blue Ridge Community College in Weyers Cave:
 - i. The IFSP has secured 9 council members to attend and assist with the event.
 - ii. The presenter is the Assistive Technology Network.
 - iii. There is a webpage on My Life, My Community for the expo: <https://mylifemycommunityvirginia.org/2024-expo>
- d. Council members from each region updated the State Council on their Regional Work Plans.

IV. Communications update: Led by the IFSP Communications and Program Coordinator

- a. Updates on the Annual Notification to all individuals and families on the Waitlist and the My Life, My Community website. The Annual Notification will go out in early September.
- b. Please send Facebook post and IFSP Digest suggestions to IFSPCom@dbhds.virginia.gov.
- c. Questions:
 - i. Tia: Is there any way to give feedback on the IFSP First Steps document in the Annual Survey? What if someone changes their email address and doesn't get the survey? Are there ways for families to give feedback throughout the year?
 - Rachel: The Annual Satisfaction Survey is the IFSP's official mechanism for getting feedback on the program. It happens once a year, and the IFSP makes every effort to email the survey to people via the email address they put in WaMS as well as our email list. Because the mailer is only one time a year, we are asking constituents to think back over the past year when they fill out the survey.
 - Program Manager: Mechanisms for year-round feedback is something the IFSP team has been considering. My Life, My Community has a feedback box for their website.

V. IFSP-Funding Updates: Led by the IFSP Program Manager

- a. The IFSP Emergency Regulations are now permanent. They became effective on July 17th, 2024.
- b. The IFSP Funding Guidelines are out for Public Comment through Sept. 11th at 11:59 p.m.
- c. IFSP-Funding application enhancements were discussed.
- d. The official Funding Announcement is coming soon.

VI. IFSP State Plan progress updates: Led by the IFSP Program Manager

- a. Annual Progress Report for the State Plan is complete. That will be located in the DOJ library: <https://dojsettlementagreement.virginia.gov/dojapplication/provisionreporting/iii.c.2/>

b. Highlights

- i. Funding was provided to 1,257 people on priority 1 Waitlist and 2,508 people on priorities 2 and 3.
- ii. Out of about 15,000 people on the Waitlist, the IFSP ensured that 14,793 people received that annual mailer.
- iii. The IFSP Regional Councils developed their work plans.
- iv. The IFSP met our goals to have self-advocates on each Council.
- v. The IFSP followed through on Communications Plan activities.
- vi. The IFSP completed 2 mailer campaigns to our targeted stakeholder groups, medical and education professionals.
- vii. All of the IFSP's Regional communications representatives have posted at least two times to their regional Facebook pages each month.
- viii. 78 percent of My Life, My Community website users were new users.
- ix. The IFSP wanted 300 people to access Family to Family Network for support. 7,744 people accessed Family to Family.
- x. The IFSP wanted at least 40 referrals for peer mentoring and received 81 referrals.

VII. Wrap-up and adjourn

- a. In-person event: Assistive Technology expo on Thursday, Sept. 26th from 12 to 4 p.m. at Blue Ridge Community College in Weyers Cave, VA
- b. Reminder: 2025 Council recruitment runs through Thursday, Sept. 5th.
- c. Please take the Annual Satisfaction Survey and encourage others to take it!



Home and Community Based Services (HCBS) 101

Amie Brittain, DBHDS; Katie Morris, DMAS



Agenda

- Policy Background
- HCBS Background
- HCBS Impacts
- HCBS Requirements
- Modifications
- Virginia's Approach to HCBS Compliance
- HCBS Impacts
- Resources
- Questions and Answers



DD (Developmental Disabilities) Policy and Deinstitutionalization

Rehabilitation Act of 1973

Section 504 prohibits organizations and employers from excluding or denying individuals with disabilities an equal opportunity to receive federal program benefits and services.

Defines the rights of individuals with disabilities to participate in, and have access to, federal program benefits and services

American with Disabilities Act of 1990

Guarantees that *people with disabilities have the same opportunities as everyone else to participate in the mainstream of American life.*

Olmstead V.L.C. 1999

Supreme Court affirmed the right to state-funded supports/services in the community rather than institutions when:

- ✓ *Community supports are appropriate;*
- ✓ *The person does not object /chooses to live in the community;* and
- ✓ *Providing services in the community would be a reasonable accommodation when balanced with other similarly situated individuals with DD.*

Why was the HCBS (Home & Community Based Services) Settings Rule drafted?

CMS (Centers for Medicare & Medicaid Services – Federal agency) answered this question with the following [response](#):

*Section 1915(c) of the Social Security Act was established in 1981 to allow states opportunities to provide optional Medicaid services to individuals with chronic illness and disabilities as alternatives to institutional care. Over time, a variety of settings were developed to serve individuals in need of long-term services and supports and questions arose as to whether certain settings presented **true alternatives to institutions**.*

It became clear that CMS needed to develop rules that distinguish home and community-based settings from institutional settings. CMS is committed to ensuring that individuals served in Medicaid home and community-based programs have access to the benefits of community living and have full opportunity to be integrated in their communities.

Who does HCBS impact?

- CMS has the authority to apply the final rule for all individuals who receive 1915 (C, I and K) services. In Virginia, this impacts individuals who receive services from the Community Living (CL), Family and Individual Supports (FIS), Building Independence (BI) and CCC+ (Commonwealth Coordinated Care) Waivers.

Human Rights Regulations covering
ALL DBHDS licensed services

HCBS Services

Applicable HCBS Settings in VA

5 Affected **DD Waiver settings** include:

- Group Homes
- Sponsored Residential Homes
- Supported Living
- Group Day
- Group Supported Employment



Overview: CMS HCBS Requirements

Is integrated in and supports access to the greater community

Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources

Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS

Is selected by the individual from among setting options including non-disability specific settings

Ensures an individual's rights of privacy, respect, and freedom from coercion and restraint

Optimizes individual initiative, autonomy, and independence in making life choices

Facilitates individual choice regarding services and supports and who provides them

Additional requirements for provider owned and operated settings

Overview: CMS HCBS Requirements

Additional Requirements for Provider-Controlled/Operated Residential Settings

- The **unit/dwelling** is a physical place that can be owned, rented, or occupied **under a legally enforceable agreement with eviction protections**. Must have a lease.
- **Choice of roommate** (if sharing a bedroom)
- **Privacy in his/her sleeping or living unit** (with a key locked door)
- Freedom to **furnish or decorate unit**
- Individuals have the freedom and support to **control their own schedules and activities** and have **access to food at any time**.
- Individuals are able to have **visitors** of their choosing **at any time**.
- The setting is **physically accessible** to the individual. This includes all common areas of the home.

Overview: CMS HCBS Requirements

ANY modification to any of these conditions must be supported by a specific assessed need (Health & Safety), documented and justified in the person-centered plan.

(Accessibility can **NOT** be modified)

The Individual has to AGREE to the modification.

Virginia's Path to Full Compliance

- Step 1: Organizational Compliance & Development of HCBS Policies
- Step 2: Setting Level Reviews
- Step 3: Ongoing Monitoring



We are Here

HCBS Impacts – Rick's Story

- Rick lived for many years in an ICF (Intermediate Care Facility). He transitioned into a residential setting a few years ago and the home made accommodations to the entrances, exits, bathrooms and all living areas to accommodate Rick and his equipment.
- With the accommodations, Rick can access his home independently (all living areas and his bedroom). He does not need to ask staff to help him move from one area to another (a freedom he did not have in the ICF). He goes into the community often and has formed a friendly bond with a local barber. He also enjoys going to cookouts, parks and shopping weekly. Rick reports being the happiest he has ever been, and he has even had general health improvements since leaving the ICF.



HCBS Impacts – Susan's Story

- **Before HCBS Implementation:** Susan has lived in a residential group home for the past 10 years. Susan's staff planned the meals and did the grocery shopping. Susan went to a day program but would regularly yell and scream every morning when she arrived. Susan had a hard time maintaining friendships because she only met people at her day program. Susan went to the same church that her roommates attended.
- **After HCBS Implementation:** Susan is more involved in her services and making decisions. Susan plans her own meals and goes grocery shopping weekly to purchase items needed. Susan now has a job working in the evenings, which she prefers because she doesn't like to get up early. Susan has made new friends at her job and at a church that she just started going to. Susan has a friend that takes her to and from church each Sunday and she has joined a young adult group at church.



HCBS Impacts – Dean's Story

- Dean is a young man who has lived in several different group homes. He was regularly asked to find other residential providers due to aggressive behaviors towards the staff. Dean moved into a sponsored residential setting and was able to develop a great rapport with his staff person who focused on building independent living skills to Dean.

Since learning these skills Dean can now:

- ❖ Stay home without support for up to 3 hours
- ❖ Use Uber independently
- ❖ Access his neighborhood and nearby stores alone
- ❖ Lastly, Dean no longer has aggressive behaviors as his quality of life has improved.

HCBS Resources

Statewide Waiver Transition Plan for review:

- http://www.dmas.virginia.gov/Content_pgs/HCBS.aspx

HCBS Toolkit

- The Toolkit can be located on the DMAS Website:
- <https://www.dmas.virginia.gov/for-providers/long-term-care/waivers/home-and-community-based-services-toolkit/>
- You may also reach out directly to DMAS
- hcbscomments@dmas.virginia.gov



HCBS Contacts

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Any Questions?

