Jump-Start Funding





What is Jump-Start?

Virginians with developmental disabilities (DD) can face challenges accessing service options that support them in their own homes, apartments and other integrated community settings. Jump-Start is a funding initiative designed for individuals seeking certain integrated community service options with new and expanding DD providers. This **one-time** funding is to develop infrastructure and capacity in communitybased service organizations to support specific individuals while preparing to meet future community needs especially in geographically underserved areas. Providers must demonstrate how they will engage in targeted activities to increase and sustain capacity through a person-centered approach. Funds supplement a provider's existing resources by reimbursing providers expenditures based on the awarded fund. The funds are prioritized for individuals in areas where integrated service options are limited as identified by DBHDS or communicated to DBHDS by providers in the application process.

Who may apply?

- Provider who has joined the My Life My Community Database
- Providers of DD services willing to serve individuals in needed locations identified by DBHDS or as justified by the provider in the application
- Providers whose CEO or Administrator has signed the Jump-Start Agreement for sustainability with DBHDS
- Providers who can demonstrate they meet Jump-Start program criteria as detailed below

Who is eligible to apply?

Providers of Developmental Disability services, both small and large, are encouraged to apply.

- Have a current **annual or triennial** DBHDS License for DD services, where applicable, that is in good standing with all state and federal requirements per 12VAC-105-150.
- Providers of services requiring a DMAS Participation Agreement and/or a discipline specific license or certification
- Applicants must meet the qualification requirements for the service(s) you are applying for (see chart below):

Adopted from My Life My Community- Services & Support Qualification 1.2023	BI	FI	CL	Qualifications* *All services require a provider participation agreement with DMAS
Employment and Day	y Opti	ions		
Community Engagement	~	~	~	DBHDS Non-Center Based Day Support License. Community Engagement supports and fosters the ability of the individual to acquire, retain, or improve skills necessary to build positive social behavior, interpersonal competence, greater independence, employability, and personal choice necessary to access typical activities and functions of community life such as those chosen by the general population.
Community Coaching	 ✓ 	~	~	DBHDS Non-Center Based Day Support License. Community Coaching is a service designed for individuals who need one to one support in order build a specific skill or set of skills to address a particular barrier(s) preventing a person from participating in activities of Community Engagement.

Independent Living	√			DBHDS Supportive In-home Residential Services License. A service provided to
Supports				adults (18 and older) that offers skill building and support to secure a self- sustaining, independent living situation in the community and/or may provide
				the support necessary to maintain those skills.
In-home Support Services		~	~	DBHDS Supportive In-home Residential Services License. In-Home Support services are residential services that take place in the individual's home, family home, or community settings and typically supplement the primary care provided by the individual, family or other unpaid caregiver
Shared Living	✓ 	~	~	A DBHDS provider possessing a DBHDS license to provide DD services shall manage the administrative aspects of this service. Shared Living means an arrangement in which a roommate resides in the same household as the individual receiving waiver services and provides an agreedupon, limited amount of supports in exchange for Medicaid funding the portion of the total cost of rent, food, and utilities that can be reasonably attributed to the roommate
Supported Living		~	~	DBHDS Supervised Living Residential Services License or Supportive In-home Residential Services License. Supported living takes place in an apartment setting operated by a DBHDS licensed provider
Sponsored Residential - Children			✓	Takes place in a DBHDS licensed family home where the homeowners are the paid caregivers ("sponsors") who providers support as necessary so that he individual can reside successfully in the home and community. Sponsored residential services are services performed by the sponsor family 24-hours per day
Medical and Behavio	oral Su	ippor	't Op	tions
Private Duty Nursing		~	√	Private Duty Nursing is individual and continuous care (in contrast to part- time or intermittent care) for individuals with a medical condition and/or complex health care need, to enable the individual to remain at home.
Skilled Nursing		~	~	Skilled Nursing is part-time or intermittent care provided by an LPN or RN to address or delegate needs that require the direct support or oversight of a licensed nurse. Nursing services can occur at the same time as other waiver services.
Additional Options				
Benefits Planning	 ✓ 	~	~	Providers for this service are nationally certified Social Security Administration (SSA) Community Work Incentive Coordinators (CWIC) or Department of Aging and Rehabilitative Services (DARS) certified Work incentive Specialist Advocate (WISA) approved vendor. Benefits Planning Services is a service that assists recipients of DD Waiver and Social Security to understand their personal benefits and explore their options regarding employment.
Community Guide	✓		~	Completed Person-Centered Thinking training AND <u>General Community Guide</u> : Community Connections <u>Community Housing Guide</u> : DBHDS Independent Housing Curriculum Modules 1-3 AND one of the following: Regional Fair Housing course offered by the VA Fair Housing Office or VHDA Rental Education Coursework. Community Guide Services include direct assistance to persons navigating and utilizing community resources. Community Guides provide information and assistance that helps the person in problem solving and decision making and developing supportive community relationships and other resources that promote implementation of the person-centered plan.
Electronic Home-Based Services	✓	~	>	EHBS service provider shall be one of the following: Medicaid-enrolled licensed personal care agency; Medicaid-enrolled durable medical equipment (DME) provider; CSB or BHA; Center for Independent Living; Licensed and Medicaid-enrolled home health provider; An EHBS manufacturer that has the ability to provide electronic home-based equipment, direct services (i.e., installation, equipment maintenance, and service calls), and monitoring; or Medicaid enrolled PERS manufacturer that has the ability to provide

				electronic home-based equipment, direct services (i.e., installation, equipment maintenance, and service calls), and monitoring services. Goods and services based on current technology to enable a person to safely live and participate in the community while decreasing the need for support staff services.
Employment and Community Transportation	√	~	~	Not a DBHDS-licensed service, but any DBHDS-licensed provider can be the administering agency. The goal of this service is to promote the person's independence and participation in the life of his or her community.
Peer Mentor Supports	V	•	•	The administrating agency shall serve as enrolled DBHDS licensed provider of DD services or Center for Independent Living. Serve as the enrolled provider and maintain the documentation of the peer mentors' qualifications, criminal background and Child Protective Registry (if underage of 18) checks, and other required documentation. Peer Mentor Supports provide information, resources, guidance, and support from an experienced, trained peer mentor. This service is delivered to people with developmental disabilities by people with developmental disabilities who are or have received services, have shared experiences with the individual, and provide support and guidance to him/her.
Therapeutic Consultation		•	✓	Consultation with a professional designed to assist the individual's staff and/or the individual's family/caregiver, as appropriate, through assessments, development of TC supports plans, and teaching for assisting the individual enrolled in the waiver with the designated specialty area of <u>behavioral</u> <u>consultation</u> . The specialty areas are: * psychology * occupational therapy * speech and language pathology * physical therapy * behavioral consultation * rehabilitation engineering * therapeutic recreation

- Providers have at least **three years of work experience** providing any community-based service to people with developmental disabilities in Virginia or another state
- Have identified a **one to three people** (funds are distributed as individuals are identified) in a defined geographic location who request one or more Medicaid Waiver-funded DD services listed below.
- Sponsored Residential for Children funds are disbursed once an individual selects a home and continues when the individual is accepted into that home; maximum of two individuals per home.
- Behavioral Therapeutic Consultation funds are distributed for the **state required fee**, and then once one individual accepts service, and continues with service delivered. Up to a minimum of three individuals should be served for Jump-Start Funding.
- Have executed a Jump-Start Acknowledgement & Assignment of Award form with everyone identified or his/her authorized representative, if applicable.

What are the eligible services and capacity-building activities?

Focus for Service/Program Development:

Providers are expected to develop capacity to create a sustainable program design and/or service delivery model that enables them to serve a growing population. Providers approved for funding will initiate, expand, or maintain organizational structures and systems to support people with DD in community settings and in agreement with their DBHDS License and/or DMAS Participant Agreement.

DBHDS is conducting a gap analysis to identify areas where there is unmet demand for specific services (e.g., fewer than two licensed providers currently billing for these service options in a given locality).

Providers can use this data from the Baseline Measurement Tool, in combination with data from referrals of specific individuals who need these services from CSBs, to decide whether to:

- 1. Develop and launch a new service option that they do not currently offer in geographic locations where there is unmet demand and limited provider availability
- 2. Expand a service option they currently offer in one geographic location to another geographic location where there is unmet demand and limited provider availability

Service Options:

Providers must propose to offer one or more of the following DD Medicaid Waiver services. Each service has a maximum Jump-Start funding allowance. *A Jump-Start application may not request funding for more than two service options and may not exceed a total of \$50,000.* Sponsored Residential for Children providers may apply for \$10,000 per individual up to \$50,000.

- Behavioral Therapeutic Consultation (\$15,000)
- □ Benefits Planning (\$10,000)
- □ Community Coaching (\$15,000)
- □ Community Engagement (\$15,000)
- Community Guide (\$15,000)
- □ Electronic Home-Based Services (\$10,000)
- □ Employment and Community Transportation (\$25,000)
- □ Independent Living Supports (\$25,000)
- □ In-home Supports (\$25,000)
- Peer Mentoring (\$10,000)
- Private Duty Nursing (\$25, 000)
- □ Shared Living (\$10,000)
- Skilled Nursing (\$25,000)
- □ Sponsored Residential-Children (\$10,000 per individual)
- □ Supported Living (\$25,000)

Focus of Covered Activities: <u>Providers are applying for Jump-Start funding on behalf of individuals who</u> <u>request one or more of the service options above.</u> For example, if ABC Provider is applying for Jump-Start funds on behalf of Tom, Jane and Laura all of whom want Shared Living services, then ABC may choose to focus its application on designing a Shared Living services program, developing Shared Living policies and procedures, and advertising/recruiting/hiring a part-time program director. Program expenses are related to the provider's development or expansion of services to meet individual needs.</u> Provider expenses are also provided through a fiscal agent based on a signed agreement following the application process.

Covered Activities: Providers can use Jump-Start funding to cover costs associated with the following activities. Providers must justify the cost associated with any covered activity in the budget. For example, if ABC proposes to advertise/recruit/hire a part-time director, the budget should reflect the cost to advertise in local papers and/or on a major employment website (e.g., \$300 for one week), conducting a background check (\$75 using a national screening service), performing immunizations (\$25), and offering a hiring incentive (\$250 signing bonus awarded at 3-month anniversary). **Items costing \$1000.00 or more requires three estimates.**



Examples of covered activities:

All Jump-Start Eligible DD Waiver Services All Jump-Start Eligible DD Waiver Services Sponsored Residential for Children, Shared Living, Supported Living, In-home, Independent Living Peer Mentoring Independent Living, In-home, Community Engagement, Community Coaching, Employment Community Transportation Behavior Therapeutic Consultant All Jump-Start Eligible DD Waiver Services
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Independent Living, In-home, Community Engagement, Community Coaching, Employment Community Transportation Behavior Therapeutic Consultant
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Sponsored Residential for Children, or with approval
for special request
Community Engagement, Community Coaching,
Peer Mentoring
tivity Examples
Salary
Down payments on vehicles, equipment etc.
Lease/mortgage payments
Purchase commercial property
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- Remember Jump-Start funds:
 - must be requested to develop services for specific individuals,
 - are not a continued source of funding, it is a reimbursement fund.
 - are based on a provider's plan for sustainable revenue, and

- do not supplement Medicaid funding
- All funding decisions are made based on the availability of Jump-Start funds, a program's documented ability to meet identified needs, the impact of the service option, and DBHDS approval of the provider application

Criteria for allotment of Jump-start Funding

Jump-Start funds are allotted based on size and scope of the request. Applications will be reviewed and prioritized based on the following criteria:

- Number of individuals identified to be served per agency, per program
- Individuals seeking support have less than two options of the identified service in the locality of their residence
- Request fulfills an identified need as communicated in the semi-annual DBHDS Provider Data Summary Baseline Measurement Tool updates or as justified in the application process.
- Financial budget and service description in the application process are related to either staff development, program development, or related expenses in preparing the program to meet the need(s) of individuals to be served.
- Ability to share program accomplishments upon request through various means such as: presenting accomplishments at roundtables, contributing to print or online resources, on stakeholder calls, etc. for a period of up to two years following project completion
- Provider meets qualification requirements for the service(s) to be provided
- Commitment to innovation in service delivery

Only applications that propose to make a service option(s) available in geographic locations where there is both unmet demand and a shortage of providers will be funded. At least three individuals must be progressively identified for an application to be funded.

JumpStart Funding shall be awarded to applicants that:

- Justify the need for the service option in the selected geographic location (based on DBHDS gap analysis, CSB referral data, provider data)
- Commit to serve a minimum of three individuals per service
- Have documented how the service option start-up /expansion funds will be used, and how activities are organized, implemented, completed, and sustained.
- Have the management/staffing patterns that are connected to the service design and the roles/responsibilities of key program staff.
- Submit a project budget that clearly describes and justifies all costs for the covered activities. The budget includes detailed computations of each budget line item. All items costing \$1000.00 or more requires three estimates.

Jump-Start awardees will be required to:

- Sign a Jump-Start Agreement Letter with DBHDS
- Submit progress reports on major tasks and outcome reports related to initiating service options for individuals on whose behalf Jump-Start funding was awarded with each request for funds
- Submit invoices and receipts for disbursement of Jump-Start funding following an initial request to advance up to 25% of the providers approved amount; additional funding will be

released on a reimbursement basis through the fiscal agent following the submission of an invoice and receipts

- Share program accomplishments upon DBHDS' request
- Participate in a physical site visit and programmatic policies and procedures review completed by DBHDS staff

Steps to access Jump-Start funding:

- A. Attend or view the semiannual Provider Data Summary webinar to learn about statewide services opportunities
- B. Complete all sections on the application to include describing provider's history with serving the DD population.
- C. Submit a completed application with supporting documents to DBHDS at jumpstart@dbhds.virginia.gov.
- D. Receive response to application
 - 1. Applications will be approved or pended based on regional needs
 - 2. Approved or pend
 - i. Application will be marked "pended ", if there are missing required items; after six months, the provider must submit a new application
 - ii. Approvals will be based on program criteria and committee review
- E. **If approved,** the provider signs the Jump-Start Funding Agreement Form sent from DBHDS, the agency's W-9 form, and complete the Individual Acknowledgement & Assignment of Award Funding forms for one to three or more individuals and returns it to DBHDS to begin accessing approved funds
- F. The provider submits an Initial Jump-Start Funding Invoice <u>and</u> the Initial 25% Funding Narrative form requesting 25% of approved funding to <u>Jumpstart@dbhds.virginia.gov</u>. Send invoices and receipts for future fund distribution; reimbursement shall be based on a submission of receipts
- G. Funds are disbursed by the fiscal agent following invoice submission
 - Funds will be distributed following the receipt of an invoice and may not exceed the amount listed in the Jump-Start Application, Jump-Start Funding Agreement or have items not previously approved on the documents. Request may not exceed one agreement with up to two services per agency per fiscal year.
- H. Provider begins implementation of service(s) within three months, and reports to DBHDS with each subsequent request for remaining funds on the invoice forms. Approved providers agree to remain available to accept programmatic review and share their experience in the Jump-Start program.
- I. Provider receives program review from DBHDS representative as requested.

Determinations and disbursements of Jump-Start Funds are the sole discretion of DBHDS.