

# Senate Finance

## HHR Sub-committee

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January 26, 2009

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# Basic Principles

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- ❖ We support all efforts to expand and strengthen the community supports for individuals with intellectual disabilities in Virginia
  - ❖ We feel strongly that the state has and will continue to have a role to play in providing the “safety net”
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# Options for supports

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- ❖ Community ICFs-MR
    - ✓ Can be public or private
    - ✓ Can operate efficiently at six or more beds
    - ✓ Are cost-based, not fee-for-service
    - ✓ Allow for the inclusion of all services, and room and board
    - ✓ Are licensed by DMHMRSAS, certified by DOH Survey and Certification, funded by DMAS
    - ✓ Are best suited for individuals who are medically fragile and/or physically impaired
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# Options for supports

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- ❖ MR/ID Waiver Residential
    - ✓ Can be public or private
    - ✓ Can be in-home, congregate (group home with 24 hour staffing) or sponsored placement (in a family home)
    - ✓ Are fee-for-service programs that do not include room and board which must be covered by SSI/SSA
    - ✓ Are licensed by DMHMRSAS and funded by DMAS
    - ✓ Requires that a "slot" be available; in this case either "facility slots" (17 available) or Money Follows the Person (MFP)
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# MFP Conditions and Advantages

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- ❖ Placement must be in sites that are four beds or less
  - ❖ Enhanced match (75/25) lasts for one year
  - ❖ Services are available with the same limitations as in the MR/ID Waiver
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# MFP Conditions and Advantages

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- ❖ Service planning is “person centered”
  - ❖ Waivers are more flexible than ICFs-MR and can be “tweaked” to respond to the presenting needs
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# Community Capacity

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- ❖ There are ICFs-MR in the HPR V area, but they are at or near capacity
  - ❖ Developing new ICFs-MR is a time consuming process
  - ❖ There is limited capacity in congregate residential sites with four beds or less; the exact numbers are not available data
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# Community Capacity

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- ❖ Capacity (number of beds) must be balanced with the capability and experience of the provider
  - ❖ There are varying estimates of the expected distribution of placements for the individuals at SEVTC among the several support options
  - ❖ Generally the same individuals served in the Training Centers can be supported in the community
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# Community Capacity

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- ❖ Individual/family choice must be paramount in our consideration; some will choose to move out of the area, some will choose an option different than that suggested by an assessment
  - ❖ Supports need to be flexible enough to follow the person and adapt to their needs
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# Community Concerns

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- ❖ Process for developing an ICF-MR must be streamlined
  - ❖ Small congregate residential sites will be both appropriate and necessary (to accommodate MFP slots); the proposed rate cut of 1.6% is counterproductive
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# Community Concerns

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- ❖ The enhancements in skilled nursing, behavioral supports and for smaller group homes which are currently being discussed by DMHMRSAS and DMAS for inclusion in a Regional Waiver are of limited value if they are inadequately funded
  - ❖ Utilizing capital funding to build additional community housing is fine; but do not mistake this as the answer! Capital funding is not operational funding
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# Community Concerns

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- ❖ ICFs-MR are cost based, but rates for Waiver services are dependent upon targeted allocations by this body – some years are better than others!

Thank you!

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