



Virginia Association Of  
Community Services Boards, Inc.  
— Making a Difference Together —

*premier mental health, developmental,  
and substance use disorder services  
in Virginia's*

# Opportunities to “Right” the ID Waiver

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# Presentation will cover:

- Current options for Individuals with Intellectual Disability (ID)
- What can individuals/families expect?
- What can service providers expect?
- What can expand community options?
- Needed Improvements
- Conclusions



# Current Options

- Living with family/other and no ID Waiver services
- Living with family and receiving needed ID Waiver services
- Living in a community residential service *(including group home, sponsored placement, supportive home/apartment)*
- Community ICF-ID, congregate living with medical model
- State Training Centers (ICF-ID facility)



# Living with Family-no services

- Individual has Intellectual Disability but will not be eligible for ID Waiver or does not have an ID Waiver slot
- Eligible for Medicaid services but not Waiver
- Supported by family/caregiver and whatever services CSBs can “cobble” together
- Typical needs are limited housing support and employment support in addition to transportation, medical and dental needs



# Living with family-ID Waiver

- Family provides residential support, “supervision”, and works with case manager to coordinate other services and family/consumer choice of providers
- Waiver services may include day support, employment support, transportation, environmental modifications, adaptive equipment, respite, behavioral consult, OT, PT, and other needed services allowable in Waiver



# Living with family-ID Waiver

- Dental services and others provided by family
- **Individual has ID and may have very severe physical disabilities, behavioral, medical, rehabilitative, and other specialized and complex needs- addressed by the family in conjunction with case manager and other providers of vital services.**



# Residential Services and ID Waiver

- Varying residential options allowable under current ID Waiver-residential provider coordinates services, activities, day-to-day based on the individual plan of care
- Individualized services including day support, employment support, community integration activities, transportation, behavioral consult, OT, PT, specialized services based upon acuity, complexity of disabilities and need
- **Individuals have ID and may have severe physical disabilities, behavioral challenges, medical issues/medical fragility, intensive supervision, rehabilitative, and other specialized, complex needs.**



# Residential Services and ID Waiver

- Residential rate is one flat hourly rate, regardless of severity of conditions and needs expected to be addressed by the residential provider and regardless of how large or how small the numbers of residents may be.
- Differential rate for Northern Virginia as designated by CMS locations



# Community ICF-ID

- Congregate model with wrap-around support including medical, dental, day support, activity support, OT, PT, adaptive equipment
- **Individuals have ID and may have a range of physical disabilities, medical issues/medical fragility, behavioral issues, rehabilitative and other specialized and complex needs**
- CON process to establish, certified by DOH, funded by DMAS/CM, licensed by DBHDS
- Cost-based reimbursement with annual reconciliation so cost of service provision can be accommodated based on severity and need
- Costly and time consuming to establish with high administrative attention needed.



# Training Center

- ICF-ID level of care plus many on-site services such as dental, psychiatric, medical, OT, PT, day activity, which can be community or facility-based
- Skilled nursing where appropriate
- **Individuals have ID and may have a range of physical disabilities, medical issues/medical fragility, behavioral issues, rehabilitative, and other specialized and complex needs**
- Through regional resource projects, sharing of some of the services into community
- Cost-based with annual reconciliation (CMS)



# What can consumers/families expect with ID Waiver?

- Case management support in assessment, service plan development, and monitoring of quality
- Choice of direct service providers
- Family involvement
- Health and safety as primary goals



# What can consumers/families expect with ID Waiver?

- Consumer participation and inclusion in the community
- Medical, behavioral, and day to day activities coordinated
- Specialized services and attention to individual needs
- Monitoring of quality and achieving individual goals



# What can service providers expect with ID Waiver?

- Best information about needs and conditions in order to assess adequacy of service capability and service design
- Adequate rates for individualized, quality services
- Adequate units of services authorized
- Support from case manager and DBHDS community resource consultants



# What can expand community options now?

- Variable residential rates for smaller residential settings, four persons or fewer

AND/OR

- Variable rates that will address severity and complexity of physical, medical, rehabilitative and behavioral needs
- Expanding nursing and behavioral services to include on-going training of staff and consultation



# What can expand community options now and future?

- Structure units of service that make operational sense in service provision, especially for nursing consults and residential units
- Increase provider capacity across all localities
- Design the waiver as an inclusive model instead of the current exclusive model
- Encourage the use of regional public/private partnerships to develop the housing and employment options



# Needed Improvements Now

- Person-centeredness adopted at all state and local levels, administrative, regulatory, and management, as well as point of service delivery
- Requirements for services not compensated should be re-evaluated
- Service unit structure redesign to make sense for consumers, families and providers
- Variable rates established for residential settings of 4 or fewer residents to encourage and fund quality and staffing



# Needed Improvements Now

- Variable rates or comprehensive rates established to support specialized needs and levels of intensity, including nursing needs and specialized staffing and training needs
- Family, consumer, CSB, and private provider peer review teams can best assess gaps in quality and recommend actions
- In any changes considered and made, the input and participation of providers, families, and consumers should be actively sought and input utilized



# Needed Improvements Now

- If Medallion II expansion for Waiver recipients is to be successful, health plans must consider the specialized support needs and empower case managers and residential providers in care coordination processes

Caution: Enrollment in Medallion II Managed Care for Primary and Acute Behavioral Health Needs may be successful. The VACSB would have grave concerns about plans for an MCO to manage Waiver services, especially residential and day support/employment.



# Conclusions

- Except for the addition of residential services to the DD Waiver, service array in Waivers appears to be sufficient
- The improvements listed above will likely result in individuals' choice of Waiver services for those who might otherwise seek ICF-ID level of care—more restrictive and more expensive
- Implementing these improvements will facilitate transfer from Training Centers to communities, particularly as start-up funding is made available
- Care Coordination with Medallion II MCOs for primary care should be planned and monitored carefully.



# Questions!

## Thank You!

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