

*Fairfax-Falls Church Community Services Board*

**106-18-Mental Retardation Residential Services**

Fund/Agency: 106	Fairfax-Falls Church Community Services Board	
Personnel Services	\$4,934,825	<p><b>CAPS Percentage of Agency Total</b></p> <p>11.8%</p> <p>88.2%</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p><span style="color: blue;">■</span> Mental Retardation Residential Services</p> <p><span style="color: yellow;">■</span> All Other Agency CAPS</p> </div>
Operating Expenses	\$7,781,145	
Recovered Costs	\$0	
Capital Equipment	\$0	
<b>Total CAPS Cost:</b>	<b>\$12,715,970</b>	
Federal Revenue	\$45,000	
State Revenue	\$225,732	
User Fee Revenue	\$1,866,953	
Other Revenue	\$220,780	
<b>Total Revenue:</b>	<b>\$2,358,465</b>	
<b>Net CAPS Cost:</b>	<b>\$10,357,505</b>	
Positions/SYE involved in the delivery of this CAPS	75/75	

**► CAPS Summary**

**Mental Retardation Residential Services** provide a continuum of services for people with mental retardation and/or autism and their families throughout our service area. The majority of residential services are provided through CSB partnerships with approved private providers. The mission of Mental Retardation Services is to empower and support people to achieve a self-determined and valued lifestyle and to identify, develop, and/or offer personalized and flexible supports, including a home, job, and a network of relationships in the community.

## *Fairfax-Falls Church Community Services Board*

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Contract management oversight is provided by the CSB for all of the residential programs - public or private - through onsite observations, clinical consultations with case managers and other professionals in the community, review of outcome measures, and coordination with quality assurance activities. Residential Services provide housing and residential support services in the community for individuals with mental retardation and/or autism. These services provide an array of residential supports designed around individual needs and desires, with an emphasis on providing opportunities for full inclusion in community life. Additionally, and in order to effectively provide residential services, individuals must receive case management to coordinate service planning and delivery. Residential programs include:

- Residential Group Homes provide small-group living arrangements for individuals located in homes that are integrated in surrounding neighborhoods. These programs may be directly operated by the CSB, operated by private providers under contract with the CSB, or by private providers not under contract with the CSB but funded through Medicaid. Approximately 75 percent of group home services are privatized. Staff support services are available on a 24-hour basis and concentrate on developing supportive relationships, independent living skills, and a network of friends and opportunities in the community.
- Intermediate Care Facilities (ICF-MR's) provide group living arrangements for four through twelve individuals located in homes that are integrated in surrounding neighborhoods. These programs are operated by private providers under contract with the CSB and are funded by Medicaid. Staff support services are available on a 24-hour basis and concentrate on developing supportive relationships, independent living skills, and a network of friends and opportunities in the community. Due to the active treatment required in these programs, support services such as doctors, nurses, pharmacists, and social workers are required.
- Residential Supported Living provides services to individuals living in their own homes or in shared living arrangements, i.e., apartments and town homes, etc. These services may be provided by the CSB or by private providers. The extent of support provided ranges from daily to drop-in and is based on individual needs and takes into account individual preference, choice, and independence. Staff supports include individual and group counseling, training and assistance in community living and personal skills, and linkage with other more natural support networks in the community. Support services to individuals living in their own homes are all privatized, and over 90 percent of the drop-in support services for people living in program-leased apartments and town homes are privatized.
- Sponsored Living Arrangements provide residential opportunities for individuals in the homes of single individuals or families through the CSB. Individuals are matched with individual providers under contract who provide assistance, training, and community inclusion.
- Respite Services provide trained respite care providers (short-term relief), available by telephone referral, who are scheduled for hourly or overnight assistance to families needing time away from caring for their family members with mental retardation and/or autism. Services are also available at a licensed 24-hour home for longer-term respite and emergency services. Respite services are provided through private providers.
- Domiciliary Care provides individualized residential placements for individuals with highly specialized needs that may not be available otherwise in the local community. The CSB contracts with private providers and individuals for these services.

# *Fairfax-Falls Church Community Services Board*

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- Family Support Services ease care-giving demands and assist in providing needed community supports or services for infants with developmental disabilities and children and adults with mental retardation and/or autism. Eligible individuals and families may apply for limited financial assistance for needed services or supplies. Support groups are offered for parents and siblings of children with autism. Information, referral to community resources, or speakers to address community groups are also available. This service is managed by the CSB.

## **Quality Assurance and Staff Development**

For information on CSB's comprehensive Quality Improvement (QI) Plan, Risk Management Plan, and CSB-wide training and staff development initiatives, please refer to the Overview section.

## **Community Outreach**

Community outreach activities are described in the MR Services Case Management CAPS.

## **Accomplishments**

During FY 2001, Residential Services served 666 individuals. Of these, 309 were served in group homes, 196 were served in supported programs, 9 were served in sponsored living arrangements, 146 were served in respite, and 6 were served in domiciliary care. In addition, 189 individuals were served in family support. (These numbers may be duplicated since individuals may participate in more than one program.)

## **Funding Sources**

Funding sources include Fairfax County; the Cities of Fairfax and Falls Church; DMHMRSAS; Federal Child Care and Development Block Grant (CCDBG); Medicaid Waiver; and fees from individuals receiving services.

## **► Trends/Issues**

People with mental retardation are now living longer and as a result, many of the individuals we serve experience the same health and aging related issues as our general population. This trend presents unique challenges in residential service provision. There is an increasing trend of individuals seeking residential services who are medically fragile. These individuals may be brittle diabetics receiving insulin injections, on oxygen, or require gastrointestinal tubes for feeding. In coordination with the individual's personal physician, residential direct care workers are required to monitor and provide the necessary supports and treatment for individuals in their programs.

Increasingly, our community has become multi-cultural and multi-linguistic, requiring specialized training for residential staff.

There is a very serious work force problem exacerbated by a high cost of living, low wages, and low unemployment rates. Increasingly, residential programs, both directly operated and contractual, are experiencing seriously high vacancy rates and high turnover rates among both direct care and management staff.

In addition, the waiting list is increasing and as of July 1, 2001, there are 634 individuals waiting for residential services.

## Fairfax-Falls Church Community Services Board

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Finally, there is a trend toward increasing external documentation requirements, which necessitates increased quality assurance, training, and specialized administrative and managerial supports.

### Participant Characteristics

Individuals served in respite and family support may be as young as infants and toddlers, while residential services are provided to adults, some of whom are over age 65. All must have mental retardation and/or autism to be determined eligible for residential services. Many cultures and languages are represented among the individuals served.

### ► Method of Service Provision

Residential Services programs are directly operated residential programs, private residential programs under contract to the CSB, and private residential programs that are licensed by DMHMRSAS and funded through Medicaid.

Hours of Operation: Hours for residential services are flexible to meet the needs of families and individuals served. Hours are typically in the evenings and on weekends. Residential group homes and Intermediate Care Facilities are operated 24 hours a day, seven days a week. For supported living and respite, services are individually arranged by the family or individual. Family support assistance is available during normal business hours Monday through Friday from 8:00 a.m. to 4:30 p.m.

### ► Performance/Workload Related Data

Title	FY 1998 Actual	FY 1999 Actual	FY 2000 Actual	FY 2001 Actual	FY 2002 Estimate
Persons Served (group homes)	242	260	285	309	296
Percent satisfied with support services-CSB % satisfied - private	84%	84%	86%	83%	83%
Percent of individual residential service plan objectives met by consumers-CSB % obj. met - private	51%	48%	48%	50%	50%

The above represents the numbers for directly-operated and contracted group homes.

## Fairfax-Falls Church Community Services Board

### ► User Fee Information

Subobject Code	Fee Title	FY 2002 ABP Fee Total
N/A	FY 2002 CSB Schedule of Fees. The current fee schedule is available in the Agency Overview.	\$1,866,953
<b>Current Fee</b>		<b>Maximum Allowable Fee Amount</b>
Once the treatment plan is determined, the fees for services will be set according to the FY 2002 CSB Fee Schedule.		N/A
<b>Purpose of Fee:</b> Fees are charged to offset the cost of providing treatment services.		
Levy Authority	Requirements to Change the Fee	Year Fee Was Last Adjusted
CSB Policy on Reimbursement  <u>Code of Virginia</u> Chapter 10, 37.1-197(7)	The CSB Schedule of Fees is reviewed and established annually by the CSB Board and submitted to the Board of Supervisors.  The client or other legally responsible party is responsible for paying the full fee for services. A client or other legally responsible party who is unable to pay the full fee may request a subsidy, supplemental subsidy and an extended payment plan.	2001
<b>Other Remarks:</b>		