

# Fairfax-Falls Church Community Services Board

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LOB #273:

## **SUPPORT COORDINATION SERVICES**

### **Purpose**

Support Coordination Services assist people who have an intellectual disability (ID) and their families to access and coordinate services and supports that are essential to the individual's well-being and enable them to attain maximum independence, productivity and integration into the community. The mission of Support Coordination Services is to empower and support people with ID to achieve a self-determined and valued lifestyle and to identify and develop personalized and flexible supports. Depending on the individual's needs, supports may include a home, employment or a vocational/day activity, primary health care, and a network of relationships in the community.

### **Description**

Support Coordination Services provide a continuum of case management services for people with intellectual disability (ID) and their families, engaging with them to provide a long-term, intensive level of service and support. CSB support coordinators help individuals and families identify needed services and resources through an initial and ongoing assessment and planning process. They then link the individual to services and supports, coordinate and monitor services, provide technical assistance, and advocate for the individual. These individualized services and supports may include medical, educational, employment/vocational, housing, financial, transportation, recreational, legal, and problem-solving skills development services. Support coordinators assess and monitor progress on an ongoing basis to make sure that services are delivered in accordance with the individual's wishes and regulatory standards for best practice and quality. To assess the quality of the services, support coordinators are mandated to work with individuals in various settings, including residential, institutional, and employment/vocational/day settings.

Key values and approaches of CSB Support Coordination Services include the following:

- The belief that people with intellectual and developmental disabilities are entitled to the same rights as people who do not have these disabilities.
- Person-centered planning, which involves getting to know the hopes, dreams, wants and needs of the individual.
- Principles of community inclusion and participation.

Other critical core functions performed by Support Coordination Services include the following:

- Confirm diagnostic and functional eligibility for ID services by reviewing records, obtaining a psychological evaluation and completing a Level of Functioning survey.
- Submit information to DBHDS regarding individuals to be added to the statewide waitlist and determine the urgency of need of each individual on the waitlist. Evaluate each individual's information annually or more frequently if critical needs change.
- Manage a Waiver Slot Assignment Committee process to determine, when a Waiver slot becomes available, who has the most critical need for services among all those on the waitlist who meet the "urgent need" criteria.
- Assess need so families can access funds for specialized medical equipment, supplies, devices, controls, appliances, and environmental modifications, which are not available under regular Medicaid. Such equipment and modifications can help individuals improve their ability to perform activities of daily living, as well as their ability to perceive, control and communicate within the environment in which they live.

# Fairfax-Falls Church Community Services Board

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- Notify individuals and families of their appeal rights under Medicaid Waiver and provide case information to DBHDS as part of the appeal process.

## Benefits

A collaborative approach has proven to be the most successful service delivery approach in the care of individuals with intellectual and developmental disabilities. Support coordinators ensure that service systems and community supports are responsive to the specific, multiple, and changing needs of individuals with intellectual disability and their families, and that individuals are properly connected to, and involved in, the appropriate services and supports in order to maximize opportunities for successful and long-term stable community living. Support coordinators help individuals gain access to needed homes and jobs, social service benefits and entitlement programs, therapeutic supports, social and educational resources, and other essential supports.

### Benefits and Value

Support Coordination Services benefit a diverse group of local residents who have ID and who present with a wide range of needs. Many individuals served have low incomes, many are insured through Medicaid, and many have comorbid physical disabilities, which is a common occurrence in the ID population. An increasing number of individuals and families receiving services speak languages other than English; CSB provides telephonic and face-to-face interpretation services so that these families can access services. Individuals served range in age from 3 years old to over 70. Individuals age 6 or older must have a confirmed diagnosis of intellectual disability to qualify for case management services. For a child three to six years of age, there must be confirmation of a developmental delay. Support Coordination Services are often called upon to assist other service providers such as emergency departments, human service agencies, schools, homeless shelters, and community-based nonprofit organizations when individuals with ID present at their entry portals for services. In these situations, CSB support coordinators collaborate by searching CSB records for historical data, starting the eligibility determination process, and looking at potential service options. In FY 2015, CSB shifted resources to add a part-time position to provide support coordination intake services out in the community, at schools and other settings, to provide service access for those who have difficulty traveling to CSB sites.

During FY 2015, there were up to 2,689 cases opened to ID Support Coordination Services at any given time. Approximately 875 of these individuals received targeted case management and approximately 1,800 received less intensive monitoring services.

In FY 2015 this LOB recovered 58 percent of the County's total annual expenditures for ID Support Coordination Services via Medicaid State Plan Option revenues. This enables the CSB to leverage additional Medicaid revenues that are paid directly to private providers of ID residential and day services throughout the Northern Virginia region.

Support Coordination Services staff also performs pre-screening and discharge planning for Fairfax County residents at the Northern Virginia Training Center and the other state training centers. The foundational goal of Support Coordination Services is to ensure that services are in place to support community integration for local residents with ID.

## Mandates

Support Coordination Services are mandated pursuant to the following regulations:

- Code of Virginia § 37.2-500 and 37.2.505, which outline the purpose of Community Services Boards and the services to be provided. The provision of case management is defined as a core service and the CSB is further mandated to function as a single point-of-entry into publicly funded mental health, mental retardation and substance abuse services.
- Code of Virginia § 37.2- 505, 606 and 837 which requires pre-admission screening and pre-discharge planning from state training centers or hospitals.

# Fairfax-Falls Church Community Services Board

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- Code of Virginia § 22.1-209.1 requires school boards to develop linkages with public agencies to assist special education students to acquire work skills & employment. Basis for interagency agreement between Fairfax County Public Schools, Virginia Department of Rehabilitation Services and Community Services Board.
- Medicaid State Item 341, Chapter 1, Special Session I, 1998 Virginia Acts of Assembly specifies a requirement that CSBs must participate in Medicaid covered services and meet all requirements for provider participation.
- DBHDS regulations which require that case management services must be provided to all individuals who are enrolled in Medicaid and who request Case Management. These individuals who are recipients of Medicaid benefits receive a Targeted Case Management support such as interdisciplinary team planning, coordination of services, intake and assessments, advocacy, and resource planning. Those who do not have Medicaid may also receive the same or similar service coordination based on need.
- The State Performance Contract addresses the provision of case management services.
- DOJ Settlement Agreement with the Commonwealth of Virginia. Provisions of the agreement have direct implications for service delivery for this LOB. The target population covered by the agreement includes individuals with ID who are receiving Home and Community Based Services; who reside at any of the state training centers; who meet the criteria for the waitlist for the ID waiver; or who currently reside in a nursing home or ICF. This LOB provides services to individuals in all of these categories. The Enhanced Case Management (ECM) regulation instituted by DBHDS is a direct result of the DOJ Settlement Agreement and mandates increased service delivery for individuals who meet certain risk criteria.

## Trends and Challenges

### Service Population Trends

Public policies increasingly have supported the rights of people with disabilities to live in the most integrated settings in their communities of choice and to prevent the unnecessary institutionalization of people with disabilities, which requires a corresponding increase in environmental supports to allow their full community participation. The task of securing supports and identifying integrated settings that are appropriate to their needs is a complex process involving person-centered planning, assessment, and monitoring, which is further complicated by working in a service system that is often hobbled by scarce resources. Many healthcare providers are unfamiliar with the healthcare needs of people with ID, making it extremely difficult to find community specialty care to address dental, medical and psychiatric needs. Support coordinators routinely spend a considerable amount time searching for qualified providers who understand the ID population's unique service needs and challenges and are willing to provide services.

The task of service provision becomes more challenging over the individual's life span as aging-related changes impact both the person with Intellectual/Developmental Delay and his or her supporting family members. Adults with intellectual and developmental disabilities are living longer, healthier, and more meaningful lives. Key challenges that must be addressed by communities, families, and adults aging with Intellectual/Developmental Delay (ID/DD) include improving the health and function of these adults and their families, enhancing consumer-directed and family-based care, and reducing barriers to health and community participation. The aging ID population presents unique service challenges; Support Coordination Services will be vital to coordinating care needs arising from aging and end of life issues.

# Fairfax-Falls Church Community Services Board

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## Increased Demand for Services

CSBs are mandated to assess individuals for placement on the state waiting lists. As of June 2015, the number of individuals on the Fairfax County Urgent Waitlist accounts for 18.2 percent of the individuals on the Statewide Urgent Waitlist. The DBHDS formula for distribution of Waiver slots is based on the percentage of individuals each CSB has on the Statewide Urgent Waitlist. The County will continue to receive a significant percentage of any new ID Waiver slots given its high numbers on the urgent waitlist, which creates ongoing capacity issues and increased demand for additional support coordination staff resources.

	<b>6/9/14</b>	<b>6/25/15</b>
Individuals on <b>Statewide</b> Urgent Waitlist	4,210	4,952
Individuals on <b>Fairfax County</b> Urgent Waitlist	709	905

Data from the first six months of 2015 compared to the same period in 2014 show an increase in critical service indicators, including the number of individuals receiving case management services, the amount of billable case management hours, and the total hours of direct service under the Waiver.

	<b>Jan 2015</b>	<b>Feb 2015</b>	<b>March 2015</b>	<b>April 2015</b>	<b>May 2015</b>	<b>June 2015</b>
Individuals who received case management billable services	791	803	816	802	805	810
Case management billable hours delivered by Support Coordination Services	1,481	1,540	1,763	1,796	1,628	1,837
Direct service hours (case management billable and non-billable services under Waiver)	3,060	3,219	3,619	3,563	3,371	3,869
	<b>Jan 2014</b>	<b>Feb 2014</b>	<b>March 2014</b>	<b>April 2014</b>	<b>May 2014</b>	<b>June 2014</b>
Individuals who received case management billable services	771	762	771	783	787	791
Case management billable hours delivered by Support Coordination Services	1,267	1,067	1,274	1,391	1,507	1,546
Direct service hours (case management billable and non-billable services under Waiver)	2,807	2,470	2,804	3,036	3,255	3,357

June 2015 service data support the anecdotal reports from staff that they are spending more time completing the newly instituted Individual Service Plan (ISP) required by DBHDS. In June 2015, support coordinators recorded 418 hours on activities related to the ISP for 67 individuals. By comparison, the total hours recorded for the PCP in March 2015 was 148 for 65 individuals. CSB will continue to monitor the data to see if the increase in hours proves to be a long-term factor.

The fastest growing segment of the service population is being served in Youth and Adult Monitoring, where individuals receive non-targeted case management services provided on a short-term, as needed basis. On average, the number of individuals entering Youth and Adult Monitoring increases every year. Youth Monitoring, the number of individuals served has increased by 300 individuals in the past two years. Currently, six staff members are serving approximately 1,800 individuals in Youth and Adult Monitoring.

# Fairfax-Falls Church Community Services Board

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## **Waiver Reform**

Medicaid Waiver redesign in Virginia will result in redefined services, rates, and eligibility criteria. CSB continues to wait for final action from DBHDS and the General Assembly regarding the reforms. With a major focus on inclusion, community integration, choice, and least restrictive settings, this effort will tax the system to provide community-based services and supports. The role of Support Coordination Services is crucial in coordinating care in alignment with the core principles of Waiver reform. The target date for implementation of the first phase of new waivers is July 2016. Significant training and modification of policies and practices will have to occur for community-based service providers and CSBs to be ready to serve individuals under the new guidelines. Through Waiver Reform, DBHDS is planning for a combined ID/DD service delivery system with CSBs acting as the single point-of-entry to the service delivery system. While localities await a more detailed outline of expectations, it is already clear that CSBs will have a new role in serving the DD population. Currently, such services for individuals with DD are managed by other County agencies and private case management in the community.

In Virginia, the demand for Home and Community-Based Services for individuals with intellectual disability (commonly referred to as ID Waiver) far exceeds the current allocation of resources to satisfy the need for these services. For example, over the last four years the Fairfax area has received 168 new waiver slots, but in the last year alone the number of Fairfax individuals on the urgent waitlist increased by 112. As of June 25, 2015, there were 905 individuals on the Fairfax Urgent Waitlist for ID Waivers.

## **Impact of Department of Justice Settlement Agreement:**

Successfully implementing the DOJ Settlement Agreement is the Commonwealth's responsibility and obligation, not that of the local government. However, CSBs have the responsibility for transitioning all persons at training centers into community-based residential and day support services. Unfortunately, these services are already operating at capacity, and expansion has been impeded by high real estate and service delivery costs paired with insufficient waiver rates.

A condition of the DOJ Settlement Agreement is the elimination of the waiver waitlist by 2020. If this is to be achieved, then an influx of additional waivers will be distributed to the County. This will require increased CSB staff resources for support coordination and impact an already taxed community-based service system.

Of the 45 Fairfax residents who have already left Northern Virginia Training Center (NVTC) as a result of the settlement agreement, only 20 found residence within Health Planning Region II (which includes Fairfax), and 25 are being served outside of Region II. As of December 3, 2015, there are 28 Fairfax residents at NVTC in need of a community placement before its closure scheduled for March 2016. The individuals leaving NVTC are competing with the individuals on the community waitlist for Medicaid Waiver Services for the same limited community placements and support resources. As a result of the DOJ Settlement Agreement, DBHDS instituted Enhanced Case Management (ECM) for individuals meeting certain risk criteria to be monitored through a face-to-face visit once every 30 days instead of the previous requirement of once every 90 days. As of December 17, 2015, there were 358 individuals on ECM status out of total of 818 who were receiving targeted case management services. Meeting the ECM service mandate is a significant workforce issue that impacts case load complexity and requires increased monitoring, planning and documentation on the part of the support coordinators.

# Fairfax-Falls Church Community Services Board

## Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
<b>LOB #273: Support Coordination Services</b>			
<b>FUNDING</b>			
<u>Expenditures:</u>			
Compensation	\$3,552,513	\$3,676,317	\$4,112,785
Benefits	1,392,094	1,584,156	1,828,204
Operating Expenses	230,375	213,721	268,000
<b>Total Expenditures</b>	<b>\$5,174,982</b>	<b>\$5,474,194</b>	<b>\$6,208,989</b>
<b>Total Revenue</b>	<b>\$3,044,119</b>	<b>\$3,344,116</b>	<b>\$3,419,327</b>
<u>Transfers In:</u>			
Transfer In from General Fund	\$2,130,863	\$2,130,078	\$2,789,662
<b>Total Transfers In</b>	<b>\$2,130,863</b>	<b>\$2,130,078</b>	<b>\$2,789,662</b>
<b>POSITIONS</b>			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	66 / 66	66 / 66	66 / 66
<b>Total Positions</b>	<b>66 / 66</b>	<b>66 / 66</b>	<b>66 / 66</b>

## Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of individuals receiving assessment, case coordination or Targeted Support Coordination services	1,455	1,294	3,012	3,012	3,012
Number of individuals receiving Targeted Support Coordination services	902	853	875	875	875
Average cost per individual receiving Targeted Support Coordination services	\$4,580	\$5,068	\$5,068	\$5,748	\$5,748
Number of face-to-face contacts per year	5,773	7,976	7,146	7,146	7,146
Percent of Person Centered Plan objectives met for individuals served in Targeted Support Coordination	94%	94%	91%	95%	95%

During the past fiscal year, 3,012 individuals received case coordination or Target Support Coordination Services, more than double that in FY 2014. This is primarily due to a change in data collection that has allowed for more accurate reporting, reflecting the total number of individuals receiving assessment and case coordination. Prior to FY 2015, the number served did not capture individuals who received at least one contact per year. Of those 3,012 individuals, 875 received Targeted Support Coordination Services, which consists of at least monthly contacts. In addition, 560 individuals received assessment services; 323 received assessment only and 237 received additional Support Coordination services. The cost to serve each individual receiving Targeted Support Coordination services was \$5,068, reflecting the majority of the work in this service area.

# Fairfax-Falls Church Community Services Board

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In FY 2013, the recently signed DOJ Settlement Agreement with the Commonwealth began to greatly impact CSBs across the state. CSBs must provide Medicaid reimbursable targeted case management (support coordination) for individuals with Intellectual Disability Waivers, as well as many on the waiver waitlists. To comply with the DOJ Settlement Agreement, DBHDS issued mandates related to the agreement, as well as extensive changes related to case management service delivery and reporting requirements. DBHDS also instituted discharge teams at the training centers, resulting in an extensive increase in discharge-related duties for CSB case managers. To effectively support individuals in the community, the DOJ Settlement Agreement also required CSBs to provide Enhanced Case Management (ECM) to individuals with Medicaid Waivers. ECM includes extensive documentation, increased monitoring and face-to-face observation visits in the community once every 30 days, rather than once every 90 days as required for those do not receive ECM.

To comply with the additional requirements of the DOJ Settlement Agreement, meet service priorities and maximize staff resources to serve individuals with the highest level of need, emphasis has been placed on closely monitoring caseload size and frequently evaluating each individual's need for ECM to create capacity as appropriate. Since the addition of ECM, both the number of face-to-face visits and the amount of time spent on these visits has increased. While 27 fewer individuals received Targeted Case Management services from FY 2013 to FY 2015, the number of face-to-face visits increased by 38 percent. In FY 2015, there was a slight drop-off as a result of an easing of the ECM requirements at the beginning of the fiscal year, however there was still a 24 percent increase in face-to-face visits despite a 3 percent decrease in individuals served. Several other important factors impacting Support Coordination including ongoing staff vacancies, increased demands for transitioning the remaining individuals out of Northern Virginia Training Center, and preparation for waiver reform changes scheduled for July 2016.

Despite these changes, 97 percent of individuals receiving targeted support coordination reported satisfaction with services, consistent with prior years. Ninety-one percent of Person Centered Plan objectives were met for individuals served in targeted support. This outcome represents the Person-Centered Plan objectives developed by CSB Support Coordinators, with active participation from the person, as well as family members and those closest to the people who know him/her best. By asking questions and gathering input from the group, an effective plan can be developed, incorporating how the person's needs can be met and goals for the future obtained. The result is an individualized plan that supports personal life choices.

## Grant Support

**FY 2016 Grant Total Funding:** State funding of \$253,000 supports the Support Coordination Services LOB. There are no positions or Local Cash Match associated with this grant. The Department of Behavioral Health and Developmental Services provides funding for safe, affordable rental housing for individuals with intellectual or developmental disabilities who currently live in group homes, intermediate care or nursing facilities, or with their parents and receive Medicaid Intellectual Disability or Developmental Disability Waiver services.