



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

**MODIFICATION NO. 20 TO INTERAGENCY AGREEMENT NO. 137-09
BETWEEN THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS) AND THE DEPARTMENT
OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES (DBHDS)**

GENERAL CONDITIONS

This Modification No. 20 modifies IAG No. 137-09 signed between the parties March 28, 2007.

STAFFING SUPPORT TO INCREASE MFP TRANSITIONS FROM STATE TRAINING CENTERS TO THE COMMUNITY

DMAS Contacts: Ramona Schaeffer, MFP Project Director
Brian McCormick, DBHDS Contract Administrator

DBHDS Contacts: Dawn Travers, Office of Developmental Services
Betty Akins, Accounting Manager

Period of Performance: January 1, 2013 through September 30, 2020.

Purpose:

The purpose of this modification is continue to provide staff support to increase MFP transitions from State Training Centers to the community, in accordance with the requirements set forth in the CMS approved Public Assistance Cost Allocation Plans and the corresponding CMS approved, MFP budgets by:

- extending the Community Resource Consultant staff positions and duties, described in IAG Modification #2; and
- updating staff duties to include staff assistance with ID/DD transitions from Intermediate Care and Nursing Facilities.

DMAS, in collaboration with key partners, applied and received a Money Follows the Person (MFP) Demonstration Project on May 14, 2007, and subsequently, launched the Virginia's MFP Project on July 1, 2008. The project was extended January 1, 2012 and a sustainability plan was accepted by the Centers for Medicare and Medicaid Services (CMS) July 1, 2015.

The MFP Demonstration goals are as follows:

- Goal 1. Rebalancing Virginia’s long-term support system, giving individuals more informed choices and options about where they live and receive services;
- Goal 2. Transitioning over 1,000 individuals from institutions (Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID), nursing facilities (NF), long stay hospitals (LSH), Institutions for Mental Diseases (IMD), and Psychiatric Residential Treatment Facilities (PRTF) who want to live in the community; and
- Goal 3. Promoting quality care through long-term support services that are person centered, appropriate, and needs based, ensuring continual improvement is made through a quality management strategy for home and community-based services (HCBS) settings and institutions.

The CMS offered grantee states the opportunity to apply for a 100% administrative funding proposal to support states in their rebalancing and MFP enrollment efforts. Using the experiences from the initiation of project implementation, Virginia identified several gaps in the transition process.

Identified gaps included the need for facilitation of transitions from facilities to the community using the Intellectual and Developmental Disabilities (ID/DD) waivers. Specifically, it was found that 1) individuals’ family members presented a very significant barrier to transitioning from facilities and 2) Community Service Board (CSB) support coordinators required additional training in relation to specifics of transition supports requirements provided by MFP and the DD waivers.

I. Scope of Work:

Based on the identified barriers, Virginia applied and received approval from CMS for staffing for positions housed at the Department of Behavioral Health and Developmental Services. Virginia’s revised budget submission also included 100% grant-sponsored funding for reimbursable administrative costs. Staff description and duties are as follows:

A. Family Resource Consultants

1. *Description:* These positions assure the provision of home and community-based services to individuals living with intellectual and developmental disabilities (ID/DD) by providing training and technical support to ID/DD Medicaid providers, individuals and families regarding Transition Supports and Community Medicaid services. These positions serve statewide to meet with providers, partners, individuals and families of individuals living in institutional facilities to promote transition supports for living in community homes.
2. *Duties:* Many families are resistant to the efforts to place their loved one in a community setting. This is a statewide effort conducted by the Family Resource Consultants (FRCs) to counsel and educate families on the options for transition supports for community living and participating in the MFP Project. Additionally, these positions work closely with each of the Community Resource Consultants (CRCs) to assist with the identification of individuals interested in transitioning and potential participants in the MFP Project as well as be a resource for the CRCs as it relates to transitioning individuals to the community.

FRCs are actively engaged in the process of matching individuals living in the facilities who wish to leave using transition supports, including MFP, with potential qualified community providers of services. Specifically, the FRCs consult with planning teams, individuals and families on

available community options; conduct and assist with person-centered planning training; identify and address barriers to transition, rights restrictions and protection from harm in all plans; and collaborate with community providers/partners during the follow-along period post-discharge.

Training with partners is conducted as needed to support the identified goal for transitioning individuals to the community.

II. Responsibilities:

DMAS and DBHDS agree to the following:

- A. DBHDS shall assume responsibility for the supervision, monitoring and evaluating the Family Resource Consultants (FRCs).
- B. DBHDS shall provide DMAS with monthly reports regarding:
 - 1. The individuals enrolled in MFP by name, Medicaid number, date and location.
 - 2. The individuals transitioned through MFP by name, Medicaid number, date and location.
 - 3. Change in the total number of individuals transitioned into a qualified home and community based setting (non-MFP).
- C. DBHDS shall provide DMAS with quarterly and annual reports on the performance of the FRCs by tracking the:
 - 1. Number of individuals/individuals' families who change from choosing to not pursue community placement to agreeing to community options or agreeing to placement based on FRCs interventions.
 - 2. Results of activities that promote transitioning, sustaining or even increasing transitions from institutional settings to the community.
- D. DBHDS shall provide DMAS with information for the CMS MFP Semi-Annual Report.

III. Payment and Responsibilities:

- A. Program/Financial Relationship
DBHDS will operate and invoice DMAS as a Sub-recipient for the MFP project costs.
- B. Authority & Policies
The *relationship* is established in accordance with the provisions of 2 CFR Title 2, Subtitle A, Chapter II, Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance) including Subpart D -Post Federal Award Requirements §200.330 Sub-recipient Monitoring and Management.
- C. DMAS agrees to reimburse DBHDS the applicable federal share of the cost allocated to Medicaid at 100% federal financial participation, in accordance with their DCA-submitted Public Assistance Cost Allocation Plan (PACAP). (Reference IAG 137-09 Modification No. 17 for PACAP amendment requirements.)
- D. Invoicing

1. All invoices submitted by DBHDS shall:
 - a) be in accordance with terms and conditions specified in IAG137-09 Modification No. 17; and
 - b) include segregated, line-item expenditures in accordance with CMS approved, MFP budgets submitted by DMAS.
2. DBHDS shall submit quarterly electronic invoices to: BCMInvoices@dmass.virginia.gov.
3. All invoices shall include DMAS Project #70127.
4. All invoices, submitted by DBHDS, shall include adequate supporting documentation that clearly indicates and supports confirmation of goods purchased or services provided. If sufficient documentation does not accompany the invoice(s), DMAS will return the invoice(s) to DBHDS.

E. Payment

1. Payment shall be in accordance with the terms and conditions in IAG137-09 Modification No. 17.
2. Payment will be 30 days after receipt of an accurate and complete, DMAS-approved invoice.

F. Audit and Documentation:

1. In accordance with CFR Title 2, Subtitle A, Chapter II, Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance) including Subpart D—Post Federal Award Requirements and Subpart F – Audit Requirements, DBHDS shall collect, record, and maintain documentation, and an audit trail that supports expenses related to carrying out the provision of this amendment. If auditing agents (e.g. Auditor of Public Accounts or Centers for Medicare and Medicaid) question costs associated with this activity, they will be directed to contact DBHDS directly for additional backup and verification.
2. DBHDS shall also maintain cost documentation in compliance with regulations stipulated by the Library of Virginia governing the retention and disposition of state and local public records.
3. DBHDS must provide supporting documentation and verification upon request.
4. DBHDS shall reimburse DMAS for any unsupported or disallowed costs

G. State Reporting:

Prior to June 15 of each fiscal year, DBHDS will report to the DMAS Grants Manager in the DMAS Fiscal and Procurement Division, the total amount of funds received from DMAS through a **Subrecipient relationship only** activity during the fiscal year. If there are any discrepancies between DMAS and DBHDS calculations, the DMAS calculation will be used for final filing of the Schedule of Federal Assistance.

IV. Terms and Conditions:

- A. Authorities. Nothing in this agreement shall be construed as authority for either party to make commitments that will bind the other party beyond the Scope of Services contained herein. This modification is subject to DMAS' continued receipt of Grant funding from CMS.
- B. Confidentiality. DBHDS and DMAS agree that information and data obtained as to personal facts and circumstances related to patients or clients will be collected and held confidential in accordance with state and federal requirements. Any information to be disclosed to external individuals and/or entities, not a party to this agreement, must be in summary, statistical, or other form, which does not identify particular individuals.
- C. Performances. All services provided by DBHDS, pursuant to the provision of this agreement, shall be performed to the satisfaction of DMAS and in accordance with all applicable federal, state and local laws, ordinances, rules and regulations. Any work found by DMAS and DBHDS to be unsatisfactory, or performed in violation of federal, state or local laws, ordinances, rules or regulations, shall not be reimbursable.
- D. Modification of Agreement. DBHDS may, upon mutual agreement with DMAS, issue written modifications to this agreement, including the Scope of Services, budget, compensation, or duration. Any and all modifications to this agreement shall be in writing and signed by the parties herein, or their official designee.

Except as provided herein, all terms and conditions of Interagency Agreement No. 137-09, as heretofore amended, remain unchanged and in full force and effect.

For: Department of Behavioral Health
and Developmental Services

BY: _____
Jack Barber, M.D., Interim Commissioner

Date: _____

For: Dept. of Medical Assistance Services

BY: _____
Cynthia B. Jones, Director

Date: _____