

Integrated Community Supports (ICS) Overview & Updates Senate Human Services Policy & Finance Committee February 21, 2024

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Integrated Community Supports (ICS)

- Developed as an alternative to Customized Living
 - Part of the HCBS Settings Transition Plan
- Provides support and training/habilitation in community living service categories to adults
- Supports people in multi-family housing units (waivers do not pay for housing)
- Services delivered in a provider-controlled setting (not defined as own home)
- Available across all disability waivers (2021 for CADI and BI/2023 for CAC and DD)

HCBS Transition Plan Background

- 2014: CMS changed the definition of home and community-based settings
- The HCBS settings rule requires that people receiving HCBS services have full access to the greater community and receive services to the same degree of access as people who do not receive HCBS
- Additionally, people that live in provider-controlled residential settings must have a lease or residency agreement and specific rights protected (e.g. visitors at any time, choice of roommates, privacy)
- States given until March 2023 to comply

Settings for people with disabilities; Past and Present

Institutional Settings

- Limited opportunities for interaction with the community,
- Schedules are controlled by the institution,
- Setting restricts rights



Past Emphasis of HCBS Settings

- Focus on protection of people's health, welfare and rights
- May have had limited person-centered supports
- The norm for support is in group settings



Present/Future Direction of HCBS Settings

- People choose services based on informed options (including where to live and work),
- Person-centered practices are at the forefront of service delivery
- People have full access to the community

2/20/2024

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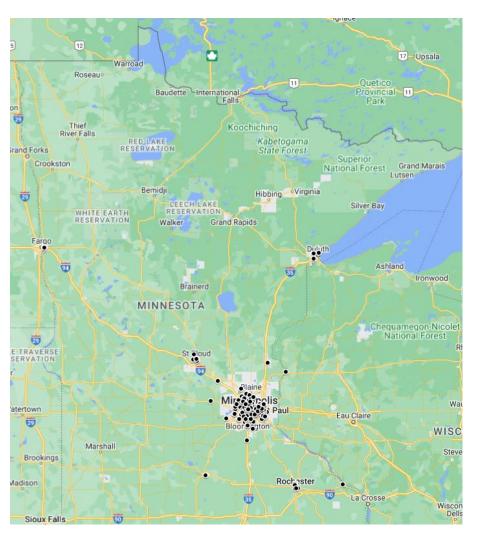
How to create an ICS setting

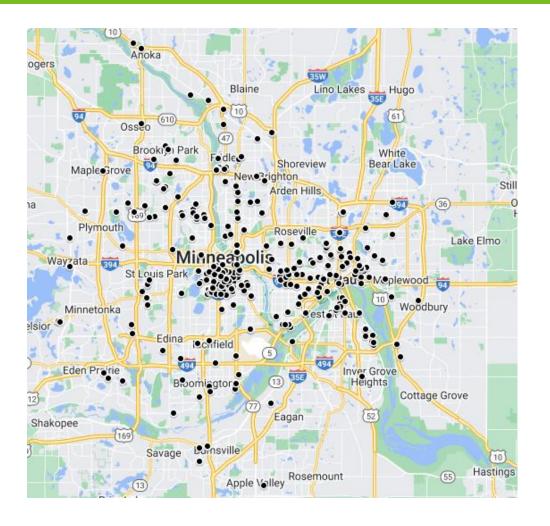
- Providers submit a setting capacity report for DHS review
 - Minnesota Statutes, section <u>245D.12 Integrated community supports</u>; <u>setting capacity report</u>.
- DHS reviews each setting to assure compliance with the federal HCBS settings rule
 - On average DHS receives 70 applications per month
 - Setting capacity reports are approved or denied
 - Some settings require a site-specific review, if the number of people they plan to support reach a specific threshold. DHS must conduct additional review to assure providers are supporting people to access and engage in the community.
- Every ICS provider must have a 245D license to provide ICS services and enroll the setting with Minnesota Health Care Programs (MHCP)

ICS settings outpacing utilization

Data – January 31, 2024	
People receiving ICS	1084
People receiving ICS in Anoka, Dakota, Hennepin, Ramsey and Washington counties	986
People receiving ICS outside five-county metro	98
Approved ICS Settings	430
Approved ICS Units	2,510
ICS unit utilization five-county metro	42.6%
ICS unit utilization outside of five-county metro	40.1%

ICS: Concentration in the metro





Assessing ICS growth

- DHS is holding a public comment period from 2/9/24-3/11/24 to seek input on strategies to manage ICS growth
- DHS will continue to accept completed applications. Limited resources are available to process the high-number of applications received per month, which will result in long lead times
- The Disability Services Division will prioritize staff resources to focus on outcomes for people that align with:
 - Minnesota's Olmstead Plan
 - Federal HCBS rule requirements
 - Independent living first policy under MN Statutes Chapter 256B.4905, subd. 8
 - DHS will also prioritize staff resources to assure existing ICS providers are providing quality care.

ICS Management possibilities

- Consider development of needs determination process
- Provide state authority to manage unused capacity

