DBHDS
Virginia Department of
Behavioral Health and
Developmental Services

DOJ Implementation Update

Pursuant to
Code of Virginia §37.2-319 (HB2533/SB1486, 2011)
and Item 315.V.1. of the 2012 *Appropriation Act*

to the Governor and the Chairs of the
Senate Finance and House Appropriations Committees

July 31, 2013

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COMMONWEALTH of VIRGINIA

JAMES W. STEWART, III
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July 31, 2013

The Honorable Robert F. McDonnell
Office of the Governor
Patrick Henry Building, Third Floor
Richmond, Virginia 23219

Dear Governor McDonnell:

Pursuant to Code of Virginia §37.2-319 (HB2533/SB1486, 2011) and Item 315.V.1. of the 2012 *Appropriation Act,* enclosed is the second semi-annual report on Virginia's progress in meeting the milestones in the Settlement Agreement for the period of November 1, 2012 – June 30, 2013. This report also describes expenditures associated with the Agreement for FY12 and FY13. The next report is due on December 1, 2013.

If you have any questions, please feel free to contact me at (804) 786-3921 or via email at jim.stewart@dbhds.virginia.gov.

Sincerely,

James W. Stewart, III

Enc.
Cc: Hon. William A. Hazel Jr., M.D.
Keith Hare, Deputy Secretary, HHR
Matt Cobb, Deputy Secretary, HHR
Olivia J. Garland, Ph.D., Deputy Commissioner, DBHDS
Heidi R. Dix, Settlement Agreement Executive Advisor
Cynthia B. Jones, Director, DMAS
Allyson K. Tysinger, Senior Assistant Attorney General, OAG

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July 31, 2013

The Honorable Walter A. Stosch, Chair
Senate Finance Committee
10th Floor, General Assembly Building
910 Capitol Street
Richmond, VA 23219

Dear Senator Stosch:

Pursuant to Code of Virginia §37.2-319 (HB2533/SB1486, 2011) and Item 315.V.1. of the 2012 *Appropriation Act,* enclosed is the second semi-annual report on Virginia's progress in meeting the milestones in the Settlement Agreement for the period of November 1, 2012 – June 30, 2013. This report also describes expenditures associated with the Agreement for FY12 and FY13. The next report is due on December 1, 2013.

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Hon. Emmett W. Hanger, Jr.
Joe Flores, Legislative Analyst, Senate Finance Committee
Keith Hare, Deputy Secretary, HHR
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July 31, 2013

The Honorable Lacey E. Putney, Chair
House Appropriations Committee
General Assembly Building
P.O. Box 406
Richmond, VA 23218

Dear Delegate Putney:

Pursuant to Code of Virginia §37.2-319 (HB2533/SB1486, 2011) and Item 315.V.1. of the 2012 *Appropriation Act,* enclosed is the second semi-annual report on Virginia's progress in meeting the milestones in the Settlement Agreement for the period of November 1, 2012 – June 30, 2013. This report also describes expenditures associated with the Agreement for FY12 and FY13. The next report is due on December 1, 2013.

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Hon Riley E. Ingram
Susan E. Massart, Legislative Fiscal Analyst, House Appropriations Committee
Keith Hare, Deputy Secretary, HHR
Matt Cobb, Deputy Secretary, HHR
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TABLE OF CONTENTS

DOJ Implementation Update for General Assembly
July 31, 2013

I. Executive Summary

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> *The Department of Behavioral Health and Developmental Services shall provide updates on July 1 and December 1 of each year to the Governor and the Chairmen of the Senate Finance and House Appropriations Committees regarding expenditures and progress in meeting implementation targets established in the agreement.*

The enactment clause associated with § 37.2-319 addresses the plan to transition individuals with intellectual disability from state training centers to community-based settings, and states:

> *The Secretary shall submit reports on the development and implementation of the plan to the Governor and the Chairmen of the House Committee on Appropriations and the Senate Committee on Finance on the first of July and December of each year beginning July 1, 2011.*

This report addresses Virginia's progress in meeting the milestones in the Settlement Agreement for the period of November 1, 2012 – June 30, 2013, and describes expenditures associated with the Agreement for FY12 and FY13.

Implementation Status Update

General Assembly Actions:

- The 2011 General Assembly provided funds to begin implementation through the Behavioral Health and Developmental Services Trust Fund (the "Trust Fund," §§ 37.2-316 through 319).
- The 2012 General Assembly continued these efforts by appropriating additional funds for implementation through Item 315 V.1.
- The 2013 General Assembly provided additional funding for adult crisis services ($3.8M) and children's crisis services ($1.25M).
- Waiver slots in addition to those required by the Settlement Agreement were created for the FY13-14 biennium. A total of 75 additional community ID waivers slots were authorized for FY 2013 and 350 slots authorized for FY 2014. A total of 50 additional DD waivers slots were authorized for FY 2013 and 105 slots authorized for FY 2014.

Major Accomplishments:

- **A TOTAL OF 231 INDIVIDUALS MOVED FROM TRAINING CENTERS TO THE COMMUNITY BETWEEN NOVEMBER 2011 AND JUNE 30, 2013:**
  - In October 2011, 60 waiver slots were established out of the Behavioral Health and Developmental Services Trust Fund to move 40 individuals from Southside Virginia Training Center (SVTC) and 20 individuals from Central Virginia Training Center (CVTC) to the community. For the period November 2011 – June 30, 2012, 61 individuals moved from these two training centers to the community using enhanced discharge processes.
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  - The following table shows where individuals have moved by type of setting and geographic location since November 2011.

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- The following reflects the current and historical census in all five training centers:

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- **IMPLEMENTATION OF CASE MANAGEMENT STANDARDS:** The Settlement Agreement requires enhanced case management for individuals receiving Home and Community Based (HCBS) waiver services under the Agreement who meet certain criteria (Section V.F.3.a-f). DBHDS issued guidance in early December to CSB case managers and DD case managers regarding these criteria and their implementation. The enhanced case management standards took effect on March 6, 2013. CSBs began reporting on the number, type, and frequency of case management visits that month.

- **ISSUING CASE MANAGEMENT CORE COMPETENCY-BASED TRAINING CURRICULUM:** Six core competency based training modules were completed and released for case managers across Virginia to complete on-line. Module 7 on Accountability was added on February 15, 2013. As of May 30, 2013 over 4,100 have completed Modules 1-6 and 3,200 have completed Module 7. The Settlement Agreement required Virginia to develop a core-competency based curriculum for case managers by March 6, 2013.

- **IMPLEMENTATION OF THE INDIVIDUAL AND FAMILY SUPPORT PROGRAM:** On March 11, 2013, DBHDS launched the Individual and Family Support Program (IFSP) for individuals on the ID and DD waiver wait lists. These individuals can apply annually to receive up to $3,000 in support for services that will prevent institutionalization or removal from their home. Examples include respite care, assistive technology, and environmental modifications. Over $1.4M have been distributed to over 650 applicants in FY13 to-date. In FY14 the program is expected to provide up to 1,000 individuals and families with these supports.

- **VIRGINIA'S PLAN TO INCREASE INDEPENDENT LIVING OPTIONS ISSUED:** On March 6, 2013, Virginia published this plan in accordance with the requirements in Section III.D.3 of the Settlement Agreement. This plan, referred to as the Housing Plan, outlines goals and recommended action items to address issues related to integrated housing for individuals in the target population. The Housing Plan also describes a rental assistance demonstration pilot that will begin in September 2013 using $800,000 in one-time funds to support up to 20 individuals in the Northern Virginia and Hampton Roads areas in independent apartments for up to a three year period (see Appendix B).

- **GRANT FOR PEER TO PEER EDUCATION PROJECT AWARDED:** On June 10, 2013, DBHDS received $52,000 in grant funds from the Virginia Board for People with Disabilities (VBPD) to establish a peer education project in partnership with The Arc of Virginia, Hope House Foundation, and VAULT (Virginia Advocates United in Leadership Together). The project will develop a peer mentor training curriculum, train 15 peer mentors (3 in each of the 5 regions of the state), and pair the mentors with 2 individuals living in the training centers and soon to leave or who have left the training centers and are now living in the community each over the course of the 18 months to learn about ways to increase their level of independence and to advocate for themselves**.**

- **IMPLEMENTATION OF REGIONAL SUPPORT TEAMS:** The Settlement Agreement requires the operation of Regional Support Teams to work with personal support teams and community integration managers to identify and resolve barriers to community placement. The Regional Support Teams were established in January 2013 in all five regions and are meeting at least monthly. As of June 25, 2013, 112 referrals have been received by the Regional Support Teams.

The body of the report describes in detail these and other activities that DBHDS and its partner agencies are undertaking to implement the Settlement Agreement.

Barriers to Implementation:

The following items are either delayed in implementation or will require additional attention to address:

- **CRISIS PROGRAM:** The Independent Reviewer has made several recommendations related to Virginia's crisis program, called START. They can be reviewed in "Report of the Independent Reviewer on Compliance with the Settlement Agreement" for the period October 7, 2012 – April 6, 2013, located at http://www.dbhds.virginia.gov/Settlement.htm. DBHDS is examining the current crisis program and the recommendations of the Independent Reviewer to determine action steps required to address the concerns described below and ensure adequate crisis response.

    - **CRISIS SERVICES FOR CHILDREN WITH ID/DD IN THE TARGET POPULATION:** Virginia is required to implement a "statewide crisis system for individuals with intellectual and developmental disabilities." This system should include children. DBHDS is currently implementing the START program for adults with ID/DD. The 2013 General Assembly approved $1.25M to provide crisis services for children in the target population. DBHDS will be working with stakeholders to distribute these funds in FY14.

    - **CRISIS STABILIZATION PROGRAMS:** The crisis stabilization programs as designed in the Settlement Agreement were to be established on or before June 30, 2012. The crisis stabilization programs, which are dependent on the construction or renovation of homes in each of the five regions, have been delayed. Three programs have been operating since February 2013. Two programs, Regions IV and Region V, are delayed due to zoning and construction issues. Both regions will be establishing temporary programs within their regions by September 2013.

    - **MOBILE CRISIS RESPONSE:** The Independent Reviewer has noted concerns with the adequacy of the crisis program's ability to respond to individuals in crisis on-site, regardless of type of setting.

- **CHILDREN IN NURSING FACILITIES (NFs) AND INTERMEDIATE CARE FACILITIES (ICFs):** The Settlement Agreement requires DBHDS and DMAS to target waiver slots for children younger than 22 years old who reside in NFs or ICFs and would like to transition to the community. The Agreement requires 25 children to transition using the ID waiver in FY13 and 15 children using the DD waiver. At the time of this report, only 11 children have transitioned this fiscal year. DBHDS and DMAS are meeting with NFs and ICFs that serve children in order to discuss these transitions and learn how the agencies can work directly with families to discuss moves to the community. A workgroup including Centers for Independent Living (CILs), The Arc, and VBPD is assisting in these efforts.

DOJ Implementation Update for General Assembly
July 31, 2013

II. Introduction

This report was developed to meet the requirements set forth in both *Virginia Code* § 37.2-319 (HB2533/SB1486, 2011) and Item 315.V.1. of the 2012 *Appropriation Act*. Specifically, Item 315.V.1 addresses the management of the general fund appropriation for the expansion of community-based services in accordance with the Settlement Agreement with the U.S. Department of Justice (DOJ), and states:

> *The Department of Behavioral Health and Developmental Services shall provide updates on July 1 and December 1 of each year to the Governor and the Chairmen of the Senate Finance and House Appropriations Committees regarding expenditures and progress in meeting implementation targets established in the agreement.*

The enactment clause associated with §37.2-319 addresses the plan to transition individuals with intellectual disability from state training centers to community-based settings, and states:

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This report addresses Virginia's progress in meeting the milestones in the Settlement Agreement for the period of November 1, 2012 – June 30, 2013, and describes expenditures associated with the Agreement for FY12 and FY13.

Overview of the Settlement Agreement

This section provides a brief overview of the many elements of the Settlement Agreement. Items with parentheses indicate specific elements that tie to the expenditure table in Item 315.V.1. of the 2012 *Appropriation Act*. The full Settlement Agreement is attached in Appendix A or it can be accessed online at www.dbhds.virginia.gov

Serving Individuals in the Most Integrated Settings:
The Agreement is based on the following purpose, which was mutually agreed to by DOJ and Virginia:

"To prevent the unnecessary institutionalization of individuals with ID/DD and to provide them opportunities to live in the most integrated settings appropriate to their needs consistent with their informed choice, the Commonwealth shall develop and provide the community services described in this [Agreement]."

The language regarding integrated settings and informed choice is used throughout the Agreement as a principle for implementation. DBHDS and partner agencies implementing the Agreement for the Commonwealth must develop policies, guidelines, and regulations that reinforce these principles.

Target Population:
The target population of the Agreement includes individuals with ID/DD who meet any of the following additional criteria:

1. Are currently residing at any of the Training Centers;
2. Who meet the criteria for the ID waiver or Individual and Family Developmental Disabilities Support Waiver (IFDDS) wait lists; or
3. Currently reside in a nursing home or ICF.

Medicaid Waiver Slots (Facility Transition and Community Waiver Slots):
The Commonwealth will provide 4,170 waiver slots for the target population under the Agreement. The waiver slots are available to several distinct populations as itemized in the Agreement. Table 1 below shows the slots for each population for years FY12, FY13, and FY14.

- **TRAINING CENTER RESIDENT SLOTS:** A minimum of 805 waiver slots are provided from FY12 to FY2020 to transition individuals from training centers to community placements.
- **COMMUNITY ID WAIVER SLOTS:** A minimum of 2,915 waiver slots are provided from FY12 to FY2021 for individuals who are on the urgent ID waiver wait list. Twenty-five slots each in FY13 and FY14 are prioritized for youth with ID ages 22 and under who reside in nursing facilities or large ICFs.
- **INDIVIDUAL AND FAMILY DEVELOPMENTAL DISABILITES SUPPORT (DD) WAIVER SLOTS:** A minimum of 450 waiver slots are provided from FY12 to FY2021 for individuals on the DD waiver wait list. Fifteen slots each in FY13 and FY14 are prioritized for youth with DD ages 22 and under who reside in nursing facilities or large ICFs.

Table 1: Waiver Slots Available under Agreement, FY12-14

Fiscal Year	Training Center Resident Slots	Community ID Waiver Slots	IFDDS Waiver Slots
2012	60	275	150
2013	160	225	25
2014	160	225	25
Total (FY12-14)	**380**	**725**	**200**

Family Supports (Individual and Family Supports Program):
The Agreement requires implementation of an individual and family support program for individuals with ID/DD that the Commonwealth determines are most at risk of institutionalization. In FY13, a minimum of 700 individuals will be supported. In FY14 through FY21 a minimum of 1,000 individuals will be supported each year.

Family supports provide a minimal level of support to individuals who do not have alternative services through a waiver; typically these are individuals on the waiver wait lists. Family supports can include respite services, environmental modifications, dental services, professional consultative services, or other supports that enable individuals to remain in their own home or their family's home.

Crisis Services (Crisis Stabilization):
The Agreement requires implementation of a statewide crisis system for individuals with ID/DD. The system must provide 24/7 support to individuals experiencing crisis and their families through in-home

supports and community-based crisis services. It must also provide crisis prevention and proactive planning to avoid potential crises.

The Commonwealth must establish mobile crisis teams to be available 24/7 and respond to an on-site crisis within three hours in FY12, within two hours by the end of FY13, and within one hour (urban)/two hours (rural) in FY14. It must also establish crisis stabilization programs as short-term alternatives to hospitalization for individuals in crisis. These programs were required to be developed by June 30, 2012, and additional programs are required to ensure adequate supports are available by the end of FY13 and beyond.

Employment:

The Commonwealth is required to provide individuals in the target population who are receiving services under the Agreement with integrated day opportunities, including supported employment. Under the Agreement, Virginia must establish a state Employment First policy. Such a policy requires case managers and training center personal support teams to discuss employment in integrated work settings as the first and priority service option with individuals. If individuals choose this option, the Commonwealth must seek options to provide these supports to the individual.

The Commonwealth must also develop a plan to increase integrated day opportunities, including supported employment within 180 days of the Agreement. The plan must use Employment First principles and establish baseline information regarding those individuals receiving supported employment, the length of time they are employed, and the amount they earn. The plan must then establish targets to increase the number of individuals in supported employment each year and increase the number of individuals who remain employed in integrated work settings for at least 12 months. This plan must be developed in concert with members of the Virginia chapter of the State Employment Leadership Network (SELN).

Community Living Options (Rental Assistance):

The Commonwealth is required to develop a plan to increase access to independent living options such as individuals' own homes or apartments. The plan must be developed under the direct supervision of a dedicated housing coordinator at DBHDS in concert with representatives from the Department of Medical Assistance Services (DMAS), the Virginia Board for People with Disabilities (VBPD), the Virginia Housing Development Authority (VHDA), the Department of Housing and Community Development (DHCD), and others. The plan must establish baseline information regarding the number of individuals who would choose independent living options and make recommendations to provide access to these settings. A one-time fund of $800,000 has been established to provide and administer rental assistance in accordance with recommendations in this plan.

Discharge Planning and Transition from Training Center:

The Agreement requires changes to Virginia's discharge processes at each of its training centers. Every individual residing at a training center has a person-centered discharge plan based on the individual's strengths, preferences, and clinical needs. The plans document barriers to discharge and are done by the individual's Personal Support Team. The Personal Support Team is a group of clinical professionals at the training center who knows the individual best, the individual, the authorized representative, and the CSB case manager. All discharge plans are developed with the informed choice of the individual, and individuals and authorized representatives are offered a choice of community providers, if available, prior to discharge. Once an individual is discharged, post-move monitoring must occur to ensure his health and safety during the critical time after discharge.

The Agreement also calls for the establishment of Community Integration Managers at each training center to oversee discharge processes and requires the creation of Regional Support Teams to review specific situations where barriers to discharge are identified.

Quality and Risk Management:

The Settlement Agreement requires several enhancements to Virginia's system of quality oversight and improvement:

- **RISK MANAGEMENT:** Virginia shall require that all training centers, CSBs, and other community providers of residential and day services implement risk management processes. Virginia must implement a real-time, web-based incident reporting system and reporting protocol to monitor and investigate serious incidents and deaths and establish a mortality review committee. Training must be offered to providers on how to reduce risks.
- **DATA:** Virginia must collect and analyze reliable data from many different sources to identify trends, patterns, and problems at the state, regional, and provider level and develop preventive or corrective actions. This data must be used to enhance training and outreach to providers. Data must be collected on safety, freedom from harm, physical, mental, and behavioral health, avoiding crises, stability, choice, self-determination, community inclusion, access to services, and provider capacity. DBHDS must also establish Regional Quality Councils to examine data at the regional level.
- **PROVIDERS:** All providers will be required to develop and implement a quality improvement program and report key indicators from these programs to DBHDS. DBHDS must assess the adequacy of providers' quality improvement strategies.
- **CASE MANAGEMENT:** Case managers are required to meet with an individual on a regular basis and face-to-face every 30 days if they meet certain high-risk categories. At least one of these visits every other month must occur in the individual's place of residence. High-risk categories include those who:
    - Receive services from providers having conditional or provisional licenses;
    - Have more intensive behavioral or medical needs;
    - Have an interruption in service of greater than 30 days;
    - Encounter the crisis system for a serious crisis or for multiple less serious crises in a three-month period;
    - Have transitioned from a training center within the previous 12 months; or
    - Reside in congregate settings with 5 or more individuals.

  Virginia must also establish a case management training program.
- **LICENSING:** DBHDS will continue to conduct regular, unannounced licensing inspections of community providers. DBHDS will conduct more frequent licensure inspections of providers that serve individuals meeting the criteria for enhanced case management. . DBHDS will ensure licensure processes assess the adequacy of the individualized supports and services provided to persons receiving services under the Agreement.
- **TRAINING:** Virginia must establish a statewide core-competency-based training program for all staff that provides services under the Agreement.
- **QUALITY SERVICE REVIEWS:** Virginia must use Quality Service Reviews (QSRs), which are face-to-face interviews with individuals receiving services, to evaluate the quality of services at the individual, provider, and statewide level.

Independent Reviewer:
The Independent Reviewer is required to provide reports to the Court on Virginia's compliance with the Settlement Agreement twice per year. These reports will be publicly available.

II. Implementation Status Update

Table 2 below shows the milestones in the Agreement between March 6, 2012 and June 30, 2012, the date by which compliance must be shown, and a brief description of Virginia's progress in implementation compared to the last update report on December 1, 2012. Table 3 shows the milestones in the Agreement between July 1, 2012 – June 30, 2013, the date by which compliance must be shown, and a brief description of Virginia's progress in implementation.

General Assembly Actions:

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Major Accomplishments:

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    - In October 2011, 60 waiver slots were established out of the Behavioral Health and Developmental Services Trust Fund to move 40 individuals from Southside Virginia Training Center (SVTC) and 20 individuals from Central Virginia Training Center (CVTC) to the community. For the period November 2011 – June 30, 2012, 61 individuals moved from these two training centers to the community using enhanced discharge processes.
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- **VIRGINIA'S PLAN TO INCREASE INDEPENDENT LIVING OPTIONS ISSUED:** On March 6, 2013, Virginia published this plan in accordance with the requirements in Section III.D.3 of the Settlement Agreement. This plan, referred to as the Housing Plan, outlines goals and recommended action items to address issues related to integrated housing for individuals in the target population. The Housing Plan also describes a rental assistance demonstration pilot that will begin in September 2013 using $800,000 in one-time funds to support up to 20 individuals in the Northern Virginia and Hampton Roads areas in independent apartments for up to a three year period (see Appendix B).

- **GRANT FOR PEER TO PEER EDUCATION PROJECT AWARDED:** On June 10th, DBHDS received $52,000 in grant funds from the Virginia Board for People with Disabilities (VBPD) to establish a peer education project in partnership with The Arc of Virginia, Hope House Foundation, and VAULT (Virginia Advocates United in Leadership Together). The project will develop a peer mentor training curriculum, train 15 peer mentors (3 in each of the 5 regions of the state), and pair the mentors with 2 individuals living in the training centers and soon to leave or who have left the training centers and are now living in the community each over the course of the 18 months to learn about ways to increase their level of independence and to advocate for themselves**.**

- **IMPLEMENTATION OF REGIONAL SUPPORT TEAMS:** The Settlement Agreement requires the operation of Regional Support Teams to work with personal support teams and community integration managers to identify and resolve barriers to community placement. The Regional Support Teams were established in January 2013 in all five regions and are meeting at least monthly. As of June 25, 2013, 112 referrals have been received by the Regional Support Teams.

  The body of the report describes in detail these and other activities that DBHDS and its partner agencies are undertaking to implement the Settlement Agreement.

Barriers to Implementation:

The following items are either delayed in implementation or will require additional attention to address:

- **CRISIS PROGRAM:** The Independent Reviewer has made several recommendations related to Virginia's crisis program, called START. They can be reviewed in "Report of the Independent Reviewer on Compliance with the Settlement Agreement" for the period October 7, 2012 – April 6, 2013, located at http://www.dbhds.virginia.gov/Settlement.htm. DBHDS is examining the current crisis program and the recommendations of the Independent Reviewer to determine action steps required to address the concerns described below and ensure adequate crisis response.

  - **CRISIS SERVICES FOR CHILDREN WITH ID/DD IN THE TARGET POPULATION:** Virginia is required to implement a "statewide crisis system for individuals with intellectual and developmental disabilities." This system should include children. DBHDS is currently implementing the START program for adults with ID/DD. The 2013 General Assembly

approved $1.25M to provide crisis services for children in the target population. DBHDS will be working with stakeholders to distribute these funds in FY14.

- **CRISIS STABILIZATION PROGRAMS:** The crisis stabilization programs as designed in the Settlement Agreement were to be established on or before June 30, 2012. The crisis stabilization programs, which are dependent on the construction or renovation of homes in each of the five regions, have been delayed. Three programs have been operating since February 2013. Two programs, Regions IV and Region V, are delayed due to zoning and construction issues. Both regions will be establishing temporary programs within their regions by September 2013.

- **MOBILE CRISIS RESPONSE:** The Independent Reviewer has noted concerns with the adequacy of the crisis program's ability to respond to individuals in crisis on-site, regardless of type of setting.

- **CHILDREN IN NURSING FACILITIES (NFs) AND INTERMEDIATE CARE FACILITIES (ICFs):** The Settlement Agreement requires DBHDS and DMAS to target waiver slots for children younger than 22 years old who reside in NFs or ICFs and would like to transition to the community. The Agreement requires 25 children to transition using the ID waiver in FY13 and 15 children using the DD waiver. At the time of this report, only 11 children have transitioned this fiscal year. DBHDS and DMAS are meeting with NFs and ICFs that serve children in order to discuss these transitions and learn how the agencies can work directly with families to discuss moves to the community. A workgroup including Centers for Independent Living (CILs), The Arc, and VBPD is assisting in these efforts.

Table 2: March 6, 2012 – June 30, 2012 Milestones in DOJ Settlement Agreement

DOJ Milestone	Compliance Date	Summary of Activity (Mar 6, 2012 – June 30, 2012)	Summary of Activity (Jul 1, 2012 – Oct 31, 2012)	Summary of Activity (Nov 1, 2012 – Jun 15, 2013)
C.1.a. The Commonwealth shall create a minimum of 805 slots to enable individuals in the target population in the Training Centers to transition to the community according to the following schedule: i. In State FY 2012, 60 waiver slots	By June 30, 2012	In November 2012, 60 waiver slots were established out of the DBHDS Trust Fund to move 40 individuals from SVTC and 20 individuals from NVTC to the community. Funding was also approved for one-time start-up funds and CSB case management for these 60 individuals. As of June 30, 2012, 61 individuals have moved from these two training centers to the community. 22 of the 60 waiver slots were used for these moves. 34 individuals moved using Money Follows the Person (MFP) waiver slots and the remaining individuals moved to a community-based ICF or had an existing slot. DBHDS will work with DPB, DMAS, and the Office of the Secretary of Health and Human Resources (OSHHR) to determine how the unexpended balances associated with the unused slots will be used to move forward with implementation of the Settlement Agreement.	Slots distributed	No action required
C.1.b. The Commonwealth shall create a minimum of 2,915 waiver slots to prevent the institutionalization of individuals with intellectual disabilities in the target population who are on the urgent wait list for a waiver… i. In State FY 2012, 275 waiver slots	By June 30, 2012	DBHDS uses a CMS-approved slot allocation methodology to distribute community ID waiver slots to CSBs. The CSBs then distribute these slots to individuals on their urgent needs wait list. In June 2011, DBHDS notified CSBs of their slot allocation and the slots were distributed.	Slots distributed	No action required

DOJ Milestone	Compliance Date	Summary of Activity (Mar 6, 2012 – June 30, 2012)	Summary of Activity (Jul 1, 2012 – Oct 31, 2012)	Summary of Activity (Nov 1, 2012 – Jun 15, 2013)
C.1.c. The Commonwealth shall create a minimum of 450 waiver slots to prevent the institutionalization of individuals with developmental disabilities other than ID in the target population who are on the waitlist for a waiver… i. In State FY 2012, 150 waiver slots	By June 30, 2012	DMAS uses a CMS-approved slot allocation methodology to distribute DD waiver slots to individuals on the DD waiver wait list. In July 2011, DMAS notified individuals on the DD waiver wait list that they had received a slot.	Slots distributed	No action required
C.6.b.i.B. By June 30, 2012, the Commonwealth shall train CSB Emergency Services personnel in each Health Planning Region ("Region") on the new crisis response system it is establishing, how to make referrals, and the resources that are available.	By June 30, 2012	DBHDS is actively working on implementation of the Systemic Therapeutic Assessment Respite and Treatment (START) program to provide crisis services to individuals with ID/DD in Virginia. At the state level, training and information has been provided to the VACSB Emergency Services Council in January 2012 and May 2012. At the regional level, each region has been with CSB emergency services staff to introduce them to the START program and establish memorandum of understanding with each emergency services team in that region to coordinate referrals to the START program.	<u>Region I</u> 10% trained <u>Region II</u> 15% trained. <u>Region III</u> 50% trained. <u>Region IV</u> 10-20% trained <u>Region V</u> 30-50% trained.	17 CSBs (100%) 21 CSBs (<75% staff trained)

DOJ Milestone	Compliance Date	Summary of Activity (Mar 6, 2012 – June 30, 2012)	Summary of Activity (Jul 1, 2012 – Oct 31, 2012)	Summary of Activity (Nov 1, 2012 – Jun 15, 2013)
C.6.b.ii.F. By June 30, 2012, the Commonwealth shall have at least one mobile crisis team in each Region that shall respond to on-site crises within three hours.	By June 30, 2012	All five regional START programs are recruiting and hiring staff. Two regions will operate using a private provider, UCP/Easter Seals, and three regions will operate CSB programs. Regional START teams are providing some consultation to individuals and professionals in each region. Operations of mobile crisis teams will begin according to the schedule below with modified hours of operation. All programs will be fully operational with 24/7 support by January 2013. Region I (Central Virginia): October 2012 Region II (Northern Virginia): October 2012 Region III (Southwest Virginia): August 2012 Region IV (Greater Richmond/Petersburg Area): September 2012 Region V (Hampton Roads): October 2012	All Mobile Crisis Teams are in place and responding to crisis in Regions 3, 4, and 5. Regions 1 and 2 will be operating in December 2012. A reporting system is being implemented to track response time and other operational variables. The system is still being implemented at the regional level and data is not yet available. DBHDS will monitor data to measure response time. Data regarding response time will be available for the July 1, 2013 update.	Each Region has mobile crisis teams in place and fully operational. The average response time as of June 18, 2013 was one hour and 52 minutes with 46% of emergency responses within 2 hours. Data will continue to be collected on response times and the size and location of the additional mobile crisis teams will be developed accordingly. DBHDS received $3.8M in START funding from the General Assembly for FY14. These resources will be used to add staff to teams as needed to meet the 2 hour response time and 1 hour response time in FY14. $1.25M was also received for children's crisis services. These will address children in the target population. DBHDS is working to develop a plan to distribute these funds.

DOJ Milestone	Compliance Date	Summary of Activity (Mar 6, 2012 – June 30, 2012)	Summary of Activity (Jul 1, 2012 – Oct 31, 2012)	Summary of Activity (Nov 1, 2012 – Jun 15, 2013)
C.6.b.iii.E. By June 30, 2012, the Commonwealth shall develop one crisis stabilization program in each Region.	By June 30, 2012	START crisis respite homes are under renovation or construction in each of the five regions. They will begin operations according to the schedule below, with full operations by January 2013. Region I (Central Virginia): October 1 Region II (Northern Virginia): October 1 Region III (Southwest Virginia): January 1 Region IV (Greater Richmond/Petersburg Area): November 1 Region V (Hampton Roads): January 1 Regions have partnership agreements with each other so that those homes coming online earlier can admit individuals from other regions, when beds are available. This will ensure individuals receive some crisis respite supports while the homes are completed.	START crisis respite homes are under renovation or construction in all five regions. The Regions will begin operations according to the schedule below. Region I (Central Virginia): December 1, 2012 Region II (Northern Virginia): December 1 2012 Region III (Southwest Virginia): November 1, 2012 Region IV (Greater Richmond/Petersburg Area): March 1, 2013 Region V (Hampton Roads): June 30 2013 In Region V, the rehabilitation costs for the original house that was purchased for crisis stabilization were deemed prohibitive, and instead, following START specifications, they have designed and will build a new house. Regions have partnership agreements with each other, so that programs coming online earlier can admit individuals from other regions, when beds are available. Additionally, all regions will be providing In-home Crisis Services by December 31, 2012. This will ensure that individuals receive some crisis respite supports while the homes are being completed.	Regions I, II, and III have operational crisis respite homes as of February 2013. Regions IV and V are actively engaging temporary sites due to delays in permanent site development and will be operational by September 30, 2013.

DOJ Milestone	Compliance Date	Summary of Activity (Mar 6, 2012 – June 30, 2012)	Summary of Activity (Jul 1, 2012 – Oct 31, 2012)	Summary of Activity (Nov 1, 2012 – Jun 15, 2013)
IV. By July 2012, the Commonwealth will have implemented Discharge and Transition Planning processes at all Training Centers consistent with the terms of this Section, excluding other dates agreed upon, and listed separately in this section.	By June 30, 2012	Discharge process standardization began prior to completion of the Settlement Agreement. – All individuals residing at the training center have a discharge plan – All training center staff involved with discharges have been trained – All five Community Integration Managers have been hired (December 2011) – Internal DBHDS guidelines finalized and issued to training centers – Regional meetings with CSBs to learn about process began in May 2012 and will conclude in July 2012 – Information regarding barriers to discharge are collected and aggregated for training center, regional, and statewide analysis – Post-move monitoring process in place – All discharge plans updated within 30 days of discharge – Monthly reports to Central Office regarding individuals moved and types of placements Other items that are under development include: – Develop training center education and training plan for Person-Centered Thinking (PCT), and terms of the Agreement, discharge process, and community options – Establishment of Regional Support Teams	Regional Provider Forums regarding the discharge process were offered in each Region the weeks of September 24 and October 1. All new training center employees trained in Person-Centered Thinking (PCT) Virginia. All training center employees receive annual training each January. DBHDS Director of Community Integration and Discharges provided training to all key training center department heads regarding the Settlement Agreement during the reporting period. Regional Support Teams will be established in January 2013 to assist with training center discharges, transitions from nursing facilities and community ICFs, and those coming off the waiver wait lists.	Provider forums held with residential providers in March and employment/day support providers in May. These were providers interested in supporting individuals with the most complex needs. Exceptional rates were approved by the 2013 General Assembly to permit individuals with complex needs to receive additional support. These rates will enable DBHDS to more easily meet the discharge process requirements in the Settlement Agreement. DMAS and DBHDS have submitted a draft waiver amendment to the federal Centers for Medicare and Medicaid Services (CMS) for review. It is anticipated the exceptional rates will be available in December 2013. Regional Support Teams established in January 2013. Teams are meeting monthly. 112 referrals have been made to the RSTs as of June 25, 2013. DBHDS, in partnership with The Arc of Virginia, Hope House Foundation, and VAULT, received a grant to establish an 18 month peer to peer education project to assist individuals making transitions from training centers.

DOJ Milestone	Compliance Date	Summary of Activity (Mar 6, 2012 – June 30, 2012)	Summary of Activity (Jul 1, 2012 – Oct 31, 2012)	Summary of Activity (Nov 1, 2012 – Jun 15, 2013)
IV.B.8. For individuals admitted to a Training Center after the date this Agreement is signed by both parties, the Commonwealth shall ensure that a discharge plan is developed as described herein within 30 days of admission. For all individuals residing in a Training Center on the date that this Agreement is signed by both parties, the Commonwealth shall ensure that a discharge plan is developed as described herein within six months of the effective date of this Agreement.	By June 30, 2012	All individuals residing at training centers have a discharge plan.	All individuals residing in training centers have a discharge plan.	All individuals residing in training centers have a discharge plan.
V.D.3. The Commonwealth shall begin collecting and analyzing reliable data about individuals receiving services under this Agreement selected from the following areas in State Fiscal year 2012 and will ensure reliable data is collected and analyzed from each these areas by June 30, 2014… a. Safety and freedom from harm b. Physical, mental, and behavioral health and well being c. Avoiding crises d. Stability e. Choice and self-determination f. Community inclusion g. Access to services h. Provider capacity	Some data collected by June 30, 2012	This section of the Agreement requires Virginia to begin collection of some data in FY12 and to expand to include measures in each of the domains (a-h) by June 30, 2014. DBHDS collects data through its Office of Human Rights and the Office of Licensing regarding deaths, serious incidents, and allegations of abuse and neglect. This data addresses domain (a) and satisfies the requirement to collect data in selected areas for FY12. DBHDS will be working with providers and CSBs to identify additional measures that will be collected by June 30, 2014 in each of the domains. DBHDS will also work with providers and CSBs to determine the most efficient methodology to collect this data and how it will provide regular reports on the measures to providers, CSBs, and the public.	A tracking process has been established for serious incidents and deaths specifying the status of the internal review process and the number of incidents in each category. A number of Project Teams have been established to address new licensure, human rights, risk management, and data analysis requirements in this area. Project Team activities will include working with providers and CSBs to identify additional measures that will be collected in each of the domains by June 30, 2014. DBHDS also will work with providers and CSBs to determine the most efficient methodology to collect this data and how it will provide regular reports on the measures to providers, CSBs, and the public.	Electronic reporting of serious incidents for all providers through CHRIS began June 1, 2013. The serious incident data is reported to the DBHDS Quality Improvement Committee. The mortality review committee reviews all unexplained and unexpected deaths. A series of safety alerts has been posted and sent to all licensed providers on choking/aspiration and bowel obstruction based on the work of these two committees. Other alerts are in development. Data being collected on case management visits (see Table 3 V.F.4)

Table 3: July 1, 2012 – June 30, 2013 Milestones in DOJ Settlement Agreement

DOJ Milestone	Compliance Date	Summary of Activity (July 1, 2012 – October 31, 2012)	Summary of Activity (Nov 1, 2012 – June 15, 2013)
C.1.a. The Commonwealth shall create a minimum of 805 slots to enable individuals in the target population in the Training Centers to transition to the community according to the following schedule: ii. In State FY 2013, 160 waiver slots	By June 30, 2013	DBHDS has had 41 discharges between July 1, 2012 and October 31, 2012. 32 have used waiver slots 7 have moved to an ICF 2 have moved to nursing facility	116 slots created
C.1.b. The Commonwealth shall create a minimum of 2,915 waiver slots to prevent the institutionalization of individuals with intellectual disabilities in the target population who are on the urgent wait list for a waiver… ii. In State FY 2013, 225 waiver slots, including 25 slots prioritized for individuals under 22 years of age residing in nursing homes and the largest ICFs	By June 30, 2013	DBHDS uses a CMS-approved slot allocation methodology to distribute community ID waiver slots to CSBs. The CSBs then distribute these slots to individuals on their urgent needs wait list. DBHDS and DMAS are working with Centers for Independent Living and the Virginia Board for People with Disabilities to determine how to identify individuals in nursing facilities or community ICFs who would choose waiver slots.	225 slots created 11 children residing in NFs and ICFs have transitioned to the community using ID waiver slots in FY13. DBHDS has met with families at three NFs/ICFs serving children to discuss opportunities to move using waiver services. These meetings will continue throughout June and July.

DOJ Milestone	Compliance Date	Summary of Activity (July 1, 2012 – October 31, 2012)	Summary of Activity (Nov 1, 2012 – June 15, 2013)
C.1.c. The Commonwealth shall create a minimum of 450 waiver slots to prevent the institutionalization of individuals with developmental disabilities other than ID in the target population who are on the waitlist for a waiver… In State FY 2013, 25 waiver slots, including 15 slots prioritized for individuals under 22 years of age residing in nursing homes and the largest ICFs	By June 30, 2013	DMAS uses a CMS-approved slot allocation methodology to distribute community DD waiver slots. DBHDS and DMAS are working with Centers for Independent Living and the Virginia Board for People with Disabilities to determine how to identify individuals in nursing facilities or community ICFs who would choose waiver slots.	25 slots were created. DBHDS has met with families at three NFs/ICFs serving children to discuss opportunities to move using waiver services. These meetings will continue throughout June and July. DMAS has participated in these efforts.
C.2.a. The Commonwealth shall create an individual and family support program for individuals with ID/DD whom the Commonwealth determines to be most at risk of institutionalization, according to the following schedule: a. In State Fiscal Year 2013, a minimum of 700 individuals supported	By June 30, 2013	DBHDS has draft regulations that have been approved by its Board and are currently undergoing review in Town Hall. DBHDS developed the draft regulations and a draft application with a workgroup comprised of stakeholders. The workgroup is currently working with DBHDS to develop outreach strategies. DBHDS has designated an existing staff person to serve as the program manager. DBHDS will be recruiting and hiring two staff to assist in the operation of the program. It is anticipated the program will begin operation in March 2013.	Emergency regulations became effective January 15, 2013. The program began March 11, 2013. Applications are reviewed on a first come first serve basis. As of May 31, 2013—656 approved applications totaling $1.4M; 232 applications pending totaling $618,423; total approved and pending $2.1M. Individuals whose applications were received after April 10, 2013 were sent a denial letter due to lack of funds.

DOJ Milestone	Compliance Date	Summary of Activity (July 1, 2012 – October 31, 2012)	Summary of Activity (Nov 1, 2012 – June 15, 2013)
C.6.b.ii.G. By June 30, 2013, the Commonwealth shall have at least two mobile crisis teams in each Region that shall respond to on-site crises within two hours.	By June 30, 2013	Each Region continues development of the initial mobile crisis teams. During the remainder of FY13, data will be collected on response times and the size and location of the additional mobile crisis teams will developed accordingly.	Each Region has mobile crisis teams in place and fully operational. The average response time as of June 18, 2013 was one hour and 52 minutes with 46% of emergency responses within 2 hours. Data will continue to be collected on response times and the size and location of the additional mobile crisis teams will be developed accordingly. DBHDS received $3.8M in START funding from the General Assembly for FY14. These resources will be used to add staff to teams as needed to meet the 2 hour response time and 1 hour response time in FY14. $1.25M was also received for children's crisis services. These will address children in the target population. DBHDS is working to develop a plan to distribute these funds.

DOJ Milestone	Compliance Date	Summary of Activity (July 1, 2012 – October 31, 2012)	Summary of Activity (Nov 1, 2012 – June 15, 2013)
C.6.b.iii.F. By June 30, 2013, the Commonwealth shall develop an additional crisis stabilization program in each Region as determined necessary by the Commonwealth to meet the needs of the target population in that Region.	By June 30, 2013	DBHDS, along with its five regional START Programs, will continue to assess the need for additional crisis stabilization programs throughout the state once they are operational. Should the data collected on crisis requests and admissions demonstrate the need for increased capacity, additional program(s) will need to be developed.	Regions I, II, and III have operational crisis respite homes as of February 2013. Regions IV and V are actively engaging temporary sites due to delays in permanent site development and will be operational by September 30, 2013. DBHDS, along with its five regional START Programs, will continue to assess the need for additional crisis stabilization programs throughout the state once they are operational. Should the data collected on crisis requests and admissions demonstrate the need for increased capacity, additional program(s) will need to be developed.

DOJ Milestone	Compliance Date	Summary of Activity (July 1, 2012 – October 31, 2012)	Summary of Activity (Nov 1, 2012 – June 15, 2013)
C.7.b.i. Within 180 days of this Agreement, the Commonwealth shall develop, as part of its Employment First policy, an implementation plan to increase integrated day opportunities for individuals in the target population, including supported employment, community volunteer activities, community recreational opportunities, and other integrated day activities.	September 6, 2012	The DBHDS Strategic Plan for Employment First was published on November 8, 2012.	The DBHDS Strategic Plan for Employment First targets were provided to the Independent Reviewer on March 30, 2013. These were developed with the SELN Advisory Group (AG). Interagency Workgroup consisting of DBHDS, DARS, DMAS, DOE, DBVI, and VBPD was convened to address Strategic Plan goals related to interagency collaboration. The SELN AG has met twice to discuss the targets and setting competency standards and standardized training for ESO staff The 2013 General Assembly approved language to permit DMAS to make changes to the waiver Individual Supported Employment (ISE) service description in order to align waiver ISE services with DARS ISE services.
C.9. …the Commonwealth will provide to the General Assembly within one year of the effective date of this Agreement, a plan, developed in consultation with the Chairman of Virginia's House of Delegates Appropriations and Senate Finance Committees, to cease residential operations at four of the five training centers by the end of the State Fiscal Year 2021.	March 6, 2013	DBHDS is working with the Office of the Secretary of Health and Human Resources to update the original closure plan submitted February 13, 2012, 'Plan to Transform the System of Care for Individuals with Intellectual Disability in the Commonwealth of Virginia' (Report Document 86). The Office of the Secretary of Health and Human Resources is in consultation with House Appropriations and Senate Finance staff about gathering input for the development of this plan.	The 2013 Appropriations Act, Item 314 L and O.1-4, require the Commissioner to submit a closure plan by August 23, 2013 and provide quarterly updates on implementation of this plan starting October 1, 2013.

DOJ Milestone	Compliance Date	Summary of Activity (July 1, 2012 – October 31, 2012)	Summary of Activity (Nov 1, 2012 – June 15, 2013)
D.3. Within 365 days of this Agreement, the Commonwealth shall develop a plan to increase access to independent living options such as individuals' own homes or apartments.	March 6, 2013	DBHDS' Housing Coordinator is facilitating a workgroup comprised of DBHDS, DMAS, VBPD, DARS, VHDA, DHCD, and others to draft a plan.	Representatives from the CSBs, VACIL, The Arc, and others were added to the team in January 2013. "Virginia's Plan to Increase Independent Living Options" was completed on March 6, 2013. The interagency team is currently working to sign an interagency MOU in order to continue working together to meet the goals outlined in the Plan and prepare for future federal funding opportunities.
D.4. Within 365 days of this Agreement, the Commonwealth shall establish and begin distributing, from a one-time fund of $800,000 to provide and administer rental assistance in accordance with the recommendations described in the [Housing Plan].	March 6, 2013	The plan referenced above will include plans to distribute from this fund.	"Virginia's Plan to Increase Independent Living Options" was completed on March 6, 2013. The plan describes a rental assistance demonstration project that will support up to 20 individuals in Northern Virginia and Hampton Roads areas in their own apartments for up to three years. The project will evaluate the costs associated with supporting individuals in independent settings instead of congregate settings such as group homes. The rental assistance demonstration project was approved to move forward on June 14, 2013. DBHDS is working with the interagency team to implement the pilot by September 2013.

DOJ Milestone	Compliance Date	Summary of Activity (July 1, 2012 – October 31, 2012)	Summary of Activity (Nov 1, 2012 – June 15, 2013)
V.D.3. The Commonwealth shall begin collecting and analyzing reliable data about individuals receiving services under this Agreement selected from the following areas in State Fiscal year 2012 and will ensure reliable data is collected and analyzed from each these areas by June 30, 2014… i. Safety and freedom from harm j. Physical, mental, and behavioral health and well being k. Avoiding crises l. Stability m. Choice and self-determination n. Community inclusion o. Access to services p. Provider capacity	By June 30, 2013, additional measures in additional domains must be added	A project team has been established to address data collection across domains.	Electronic reporting of serious incidents for all providers thought CHRIS began June 1, 2013. The serious incident data is reported to the DBHDS Quality Improvement Committee. The mortality review committee reviews all unexplained and unexpected deaths. A series of safety alerts has been posted and sent to all licensed providers on choking/aspiration and bowel obstruction based on the work of these two committees. Other alerts are in development. Data being collected on case management visits (see V.F.4). Safety, freedom from harm, community inclusion, and choice measures currently in development by Project Team 9. Draft measures will be reviewed and implemented by June 2014.

DOJ Milestone	Compliance Date	Summary of Activity (July 1, 2012 – October 31, 2012)	Summary of Activity (Nov 1, 2012 – June 15, 2013)
V.E.2. Within 12 months of the effective date of this Agreement, the Commonwealth shall develop measures that CSBs and other community providers are required to report to DBHDS on a regular basis, either through their risk management/critical incident reporting requirements or through their QI program….The measures will be monitored and reviewed by the DBHDS quality improvement committee, with input from the Regional Quality Councils.	March 6, 2013.	Project Teams have been established to address the risk management/critical incident reporting requirements, regional quality councils, and the development of measures to address quality improvement.	Draft risk triggers and thresholds guide developed by project team and currently under DBHDS review. The document will serve as a guide for providers as they develop plan. Training currently under development to include completing abuse and neglect investigations and root cause analysis. Regional Quality Councils delayed due to hiring challenges. Revised goal for Regional Quality Councils start up is summer 2013.

DOJ Milestone	Compliance Date	Summary of Activity (July 1, 2012 – October 31, 2012)	Summary of Activity (Nov 1, 2012 – June 15, 2013)
V.F.3. Within 12 months of the effective date of this Agreement, the individual's case manager shall meet with the individual face to face at least every 30 days, and at least one such visit every two months must be in the individual's place of resident, for any individuals who: a. Receive services from providers having conditional or provisional licenses; b. Have more intensive behavioral or medical needs as defined by the Supports Intensity Scale ("SIS) category representing the highest level of risk to individuals; c. Have an interruption of service greater than 30 days; d. Encounter the crisis system for a serious crisis or for multiple less serious crises within a three-month period; e. Have transitioned from a Training Center within the previous 12 months; or f. Reside in congregate settings of 5 or more individuals.	March 6, 2013 .	Case management operational guidance will be issued in early December 2012.	Case management guidance issued December 2012. New guidelines began March 6, 2013. DBHDS is monitoring implementation using data (see below) and interviews with CSBs. All 40 CSBs were interviewed about their experience with implementation in April and May 2013. Based on these interviews and other feedback from families and providers, DBHDS is considering changes to the guidelines in consultation with DOJ.

DOJ Milestone	Compliance Date	Summary of Activity (July 1, 2012 – October 31, 2012)	Summary of Activity (Nov 1, 2012 – June 15, 2013)
V.F.4. Within 12 months from the effective date of this Agreement, the Commonwealth shall establish a mechanism to collect reliable data from the case managers on the number, type, and frequency of case manager contacts with the individual.	March 6, 2013	DBHDS is working with the CSB Data Management Committee to determine the best methodology to collect this data. DBHDS is coordinating closely with DMAS to ensure similar data can be collected from DD case managers.	CSBs began to collect and report data to DBHDS on the number, type, and frequency of case management visits. A data dashboard has been developed to display this data overall and by CSB. DBHDS is working with DMAS to collect DD case manager visit data. Measures related to safety, inclusion, and choice currently being developed to prepare for implementation due date of March 2014.
V.F.6. The Commonwealth shall develop a statewide core-competency-based training curriculum for case managers within 12 months of the effective date of this Agreement.	March 6, 2013	Module core competency-based curriculum has been completed for case managers. 3,405 have been trained as of October 31, 2012. Development of Module 7 on Accountability will begin on October 15th with a projected completion date of March 2013.	Module 7 completed February 15, 2013. Module 7 highlights new DOJ enhanced case management requirements in addition to expanded role of case management. As of May 30, 2013, 3,200 have completed Module 7. DBHDS working with DMAS to track DD case managers who have taken Modules 1-7. As of May 30, 2013, 17 of 78 have completed training.

DOJ Milestone	Compliance Date	Summary of Activity (July 1, 2012 – October 31, 2012)	Summary of Activity (Nov 1, 2012 – June 15, 2013)
V.G.2. Within 12 months of the effective date of this Agreement, the Commonwealth shall have and implement a process to conduct more frequent licensure inspections of community providers serving individuals under this Agreement, including: g. Providers who have conditional or provisional licenses; h. Providers who serve individuals with intensive behavioral or medical needs as defined by the Supports Intensity Scale ("SIS) category representing the highest level of risk to individuals; i. Providers who serve individuals who have an interruption of service greater than 30 days; j. Providers who serve individuals who encounter the crisis system for a serious crisis or for multiple less serious crises within a three-month period; k. Providers who serve individuals who have transitioned from a Training Center within the previous 12 months; or l. Providers who serve individuals in congregate settings of 5 or more individuals.	March 6, 2013	A Project Team has been established to develop procedures and measures for more frequent licensure inspections, as required in V.G.2 and V.G.3. Licensure visits have been increased for those individuals discharged from training centers since February 2012.	Enhanced visit schedule has been developed and has begun. Protocol and interpretive guidance is being revised.

DOJ Milestone	Compliance Date	Summary of Activity (July 1, 2012 – October 31, 2012)	Summary of Activity (Nov 1, 2012 – June 15, 2013)
V.G.3. Within 12 months of the effective date of this Agreement, the Commonwealth shall ensure that the licensure process assesses the adequacy of the individualized supports and services provided to persons receiving services under this Agreement in each of the domains and that these data and assessments are reported to DBHDS.	March 6, 2013	See above	See above.

IV. Future Milestones in the DOJ Settlement Agreement and Stakeholder Involvement

Achieving the implementation milestones in the Settlement Agreement in FY12 and FY13 has not been the only focus of Virginia's efforts to advance the terms of the Settlement Agreement. DBHDS is working closely with many partner agencies and stakeholders to reach these goals and other long-term goals in the Agreement.

Workgroups composed of CSBs, providers, advocacy organizations, peer-advocates, and other interested stakeholders have been formed for 22 project teams. Appendix C shows the different project teams.

DBHDS hosts a Settlement Agreement Stakeholder Group to share implementation activities to date and listen to stakeholder input about implementation strengths and areas for improvement. The group meets at least quarterly and serves as a means to share information about implementation and discuss how Virginia will move forward with implementation in future years. Appendix D contains information about the group's membership. There is an opportunity for public comment at each meeting and materials are available at http://www.dbhds.virginia.gov/Settlement.htm.

Training Center Closures

An outline of the plan to close four of five of Virginia's training centers is provided in the Secretary of Health and Human Resources report on the Trust Fund (Report Document No. 86), "Plan to Transform the System of Care for Individuals with ID in the Commonwealth of Virginia", submitted to the General Assembly in February 2012 (available at http://www.dbhds.virginia.gov/Settlement.htm). At the direction of the 2009 General Assembly, SEVTC, with capacity to serve 75 individuals, will remain open to serve those with the most significant long-term medical and behavioral needs.

The 2013 General Assembly requires in Item 314.L. of the *Appropriation Act* that the Commissioner of DBHDS provide a plan to close these training centers in consultation with the Secretary of Health and Human Resources, the Chairmen of the House Appropriations and Senate Finance Committees, and stakeholders by August 23, 2013. The General Assembly also requires in Item 314.O.1-4 that the Commissioner of DBHDS provide quarterly reports to the House Appropriations and Senate Finance Committees on progress in implementing the plan. The first report is due October 1, 2013.

Updated information about the closures will be contained in the plan, the October 1, 2013 Commissioner report and incorporated into future versions of this report. At the time of this report, DBHDS continues to project closures of SVTC in FY15, NVTC in FY16, SWVTC in FY18, and CVTC in FY20 as reported in Report Document No. 86.

Waiver Programs

The ID waiver is due for renewal with CMS in the next two years. The Settlement Agreement does not require changes to Virginia's waiver programs. However, DBHDS and DMAS will be studying ways to make its current waiver programs, including the DD and ID waivers, more efficient and effective over the next year. A preview of these changes was described in the DMAS study submitted in accordance with Item 297. BBBBB. of the 2011 *Appropriation Act,* "Review of Potential Waiver Changes and Associated Costs Related to Improving Intellectual Disability (ID), Day Support (DS), and Individual and Family Developmental Disabilities Support Waivers " (Report Document No. 76, 2012).

In late June, DBHDS awarded Human Research Service Institute a contract to evaluate Virginia's current programs and recommend changes to their structure and payment rates to improve the efficiency of the two waiver programs and support Virginia's broader goals for a more integrated developmental disability system that supports individuals in integrated environments of their choice. As part of its agreement with Virginia, HSRI must work closely with stakeholders, including providers, families, CSBs, and case managers to gather input in developing its recommendations.

V. Expenditures

Item 305.W of the 2012 *Appropriation Act* provided $30M to the BHDS Trust Fund, which was revised and updated in §37.2-319 during the 2012 General Assembly. The Code requires:
For each fiscal year starting with the Commonwealth's 2011-2012 fiscal year, any funds directed to be deposited into the Fund pursuant to the general Appropriation Act shall be appropriated for financing (i) a broad array of community-based services including but not limited to Intellectual Disability Home and Community Based Waivers or (ii) appropriate community housing, for the purpose of transitioning individuals with mental retardation from state training centers to community-based care.

Based on this directive, the Secretary of Health and Human Resources approved the expenditures in Table 5 in FY12 from the Trust Fund. The expenditures included funding for 60 waiver slots to transition individuals from SVTC and CVTC to the community. One-time start-up funds and case management funds for individuals living in training centers were also provided. Funding was provided for the Independent Reviewer to begin working in Virginia between March 6 and June 30, 2012.

Funding was also approved to begin hiring critical staff to assist in implementing the discharge process and increasing community oversight. Remaining balances from the FY12 $30M BHDS Trust Fund were shifted to FY13 for use in implementing the DOJ Settlement Agreement in Item 315. U. Item 315.V.1. of the 2012 *Appropriation Act* includes the categories in Table 5 for disbursement of the appropriation. The table also includes expenditures to date.

Table 5: Budget and Expenditures through June 30, 2013 ($)

	Appropriation Act Budget FY13	Appropriation Act Budget FY14	Total Budget	Actual FY12	Actual FY13	Total Actual Expenses	Balance
Facility Transition Costs	11,309,540	19,534,660	30,844,200	- [5]	4,983,082	4,983,082	**25,861,118**
Community ID and DD Waivers	19,615,150	27,642,275 [1] [2]	47,257,425	125,755 [5]	17,033,883	17,159,638	**30,097,787**
Program of Individual and Family Supports	2,400,000	3,200,000	5,600,000	-	1,652,238	1,652,238	**3,947,762**
Rental Subsidies	800,000	-	800,000	-	-	-	**800,000**
Crisis Stabilization	7,818,289 [7]	12,231,711 [6] [7]	20,050,000	-	7,765,570 [7]	7,765,570	**12,284,430**
Facility Closure Costs	2,749,885	8,397,855	11,147,740	-	2,749,885	2,749,885	**8,397,855**
Administration[3]	1,313,682	1,807,338 [2]	3,121,020	168,724	1,339,634	1,508,358	**1,612,662**
Quality Management[4]	1,787,000	1,537,000	3,324,000	-	159,459	159,459	**3,164,541**
Independent Review	300,000	300,000 [2]	600,000	56,062	305,732	361,794	**238,206**
Facility Savings	(5,846,989)	(23,364,535)	(29,211,524)	-	(5,571,989)	(5,571,989)	**(23,639,535)**
Total	**42,246,557**	**51,286,304**	**93,532,861**	**350,541**	**30,417,495**	**30,768,036**	**62,764,825**

(1) Includes case mgmt and waiver start up.

(2) FY12 expenditures were made from the original $30M trust fund.

(3) Includes positions, operating costs for Licensure, trust fund coordinator, Developmental Services, Human Rights and ITS.

(4) Includes licensing system, discharge monitoring and data warehouse.

(5) Budget entry made to transfer match to DMAS.

(6) The General Assembly approved a budget amendment awarding $3.8M to the adult crisis program and $1.3M to the children's crisis program.

(7) DBHDS was permitted per Item 315.V.1. (2012 Appropriations Act) to transfer $2.8M of Crisis Stabilization funds from FY14 to FY13.

** Data pulled on July 3, 2013. The figures displayed above are subject to change and will be finalized upon completion of the year-end close.*

Appendix A:
Settlement Agreement between the US Department of Justice and the Commonwealth of Virginia

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
Richmond Division

UNITED STATES OF AMERICA,	)	
	)	
Plaintiff,	)	
	)	CIVIL ACTION NO: 3:12cv059-JAG
v.	)	
	)	
COMMONWEALTH OF VIRGINIA,	)	
	)	
	)	
Defendants,	)	
	)	
and	)	
	)	
PEGGY WOOD, *et al.*	)	
	)	
Intervenor-Defendants.	)	
	)	
_____	)	

SETTLEMENT AGREEMENT

I. Introduction

A. The Commonwealth of Virginia ("the Commonwealth") and the United States (together, "the Parties") are committed to full compliance with Title II of the Americans with Disabilities Act ("ADA"), 42 U.S.C. § 12101, as interpreted by *Olmstead v. L.C.*, 527 U.S. 581 (1999). This Agreement is intended to ensure the Commonwealth's compliance with the ADA and *Olmstead*, which require that, to the extent the Commonwealth offers services to individuals with intellectual and developmental disabilities, such services shall be provided in the most integrated setting appropriate to meet their needs. Accordingly, throughout this document, the Parties intend that the goals of community integration, self-determination, and quality services will be achieved.

B. On August 21, 2008, the United States Department of Justice ("United States") initiated an investigation of Central Virginia Training Center ("CVTC"), the largest of Virginia's five state-operated intermediate care facilities for persons with intellectual and developmental disabilities ("ICFs"), pursuant to the Civil Rights of Institutionalized Persons Act ("CRIPA"), 42 U.S.C. § 1997. On April 21, 2010, the United States notified the Commonwealth that it was expanding its investigation under the ADA to focus on the Commonwealth's compliance with the ADA's integration mandate and *Olmstead* with respect to individuals at CVTC. During the course of the expanded investigation,

however, it became clear that an examination of the Commonwealth's measures to address the rights of individuals at CVTC under the ADA and *Olmstead* implicated the statewide system for serving individuals with intellectual and developmental disabilities and required a broader scope of review. Accordingly, the policies and practices that the United States examined in its expanded investigation were statewide in scope and application. On February 10, 2011, the United States issued its findings, concluding that the Commonwealth fails to provide services to individuals with intellectual and developmental disabilities in the most integrated setting appropriate to their needs as required by the ADA and *Olmstead.*

C. The Commonwealth engaged with the United States in open dialogue about the allegations and worked with the United States to resolve the alleged violations of the ADA arising out of the Commonwealth's provision of services for individuals with intellectual and developmental disabilities.

D. In order to resolve all issues pending between the Parties without the expense, risks, delays, and uncertainties of litigation, the United States and the Commonwealth agree to the terms of this Settlement Agreement as stated below. This Agreement resolves the United States' investigation of CVTC, as well as its broader examination of the Commonwealth's compliance with the ADA and *Olmstead* with respect to individuals with intellectual and developmental disabilities.

E. By entering into this Settlement Agreement, the Commonwealth does not admit to the truth or validity of any claim made against it by the United States.

F. The Parties acknowledge that the Court has jurisdiction over this case and authority to enter this Settlement Agreement and to enforce its terms as set forth herein.

G. No person or entity is intended to be a third-party beneficiary of the provisions of this Settlement Agreement for purposes of any other civil, criminal, or administrative action, and, accordingly, no person or entity may assert any claim or right as a beneficiary or protected class under this Settlement Agreement in any separate action. This Settlement Agreement is not intended to impair or expand the right of any person or organization to seek relief against the Commonwealth or their officials, employees, or agents.

H. The Court has jurisdiction over this action pursuant to 28 U.S.C. § 1331; 28 U.S.C. § 1345; and 42 U.S.C. §§ 12131-12132. Venue is proper in this district pursuant to 28 U.S.C. § 1391(b).

II. Definitions

A. "Developmental disability" means a severe, chronic disability of an individual that: (1) is attributable to a mental or physical impairment or combination of mental and physical impairments; (2) is manifested before the individual attains age 22; (3) is likely to continue indefinitely; (4) results in substantial functional limitations in 3 or more of the following areas of major life activity: (a) self-care; (b) receptive and expressive language; (c) learning; (d) mobility; (e) self-direction; (f) capacity for independent living; (g) economic self-sufficiency; and (5) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or

other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. 42 U.S.C. § 15002.

B. "Intellectual disability" means a disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills. This disability originates before the age of 18. An intellectual disability is a type of developmental disability.

C. Home and Community-Based Services Waivers ("HCBS Waivers") means the program approved by the Centers for Medicare and Medicaid Services ("CMS") for the purpose of providing services in community settings for eligible persons with developmental disabilities who would otherwise be served in ICFs. For purposes of this Settlement Agreement, "HCBS Waivers" includes the Intellectual Disabilities Waiver ("ID Waiver") and the Individual and Family Developmental Disabilities Support Waiver ("DD Waiver"), or any other CMS approved waivers that are equivalent to the ID or DD Waivers that may be created after the execution of this Agreement.

D. Individual and family supports are defined as a comprehensive and coordinated set of strategies that are designed to ensure that families who are assisting family members with intellectual or developmental disabilities ("ID/DD") or individuals with ID/DD who live independently have access to person-centered and family-centered resources, supports, services and other assistance. Individual and family supports are targeted to individuals not already receiving services under HCBS waivers, as defined in Section II.C above. The family supports provided under this Agreement shall not supplant or in any way limit the availability of services provided through the Elderly or Disabled with Consumer Direction ("EDCD") waiver, Early and Periodic Screening, Diagnosis and Treatment ("EPSDT"), or similar programs.

E. As used in this Agreement, the term Authorized Representative means a person authorized to make decisions about treatment or services, including residence, on behalf of an individual who lacks the capacity to consent.

1. The Authorized Representative shall be recognized by the Commonwealth (which may be delegated to local care providers) from the following, if available:

   a. An attorney-in-fact who is currently empowered to consent or authorize the disclosure under the terms of a durable power of attorney;

   b. A health care agent appointed by the individual under an advance directive or power of attorney in accordance with the laws of Virginia; or

   c. A legal guardian of the individual, or if the individual is a minor, a parent with legal custody of the minor or other person authorized to consent to treatment pursuant to §54.1-2969A of the Code of Virginia.

2. If an attorney-in-fact, health care agent or legal guardian is not available, the Commonwealth or its designee shall designate a substitute decision maker as Authorized Representative in the following order of priority:

   a. The individual's family member as designated by the individual, unless doing so is clinically contraindicated.

   b. If the individual does not have a preference or the preference is clinically contraindicated, the best qualified person shall be selected according to the following order of priority:

      i. A spouse;
      ii. An adult child;
      iii. A parent;
      iv. An adult brother or sister; or
      v. Any other relative of the individual.

   c. Next friend of the individual. If no other person specified above is available and willing to serve as Authorized Representative, the Commonwealth or its designee may designate a next friend of the individual in accordance with 12 VAC 35-115-146, who has either:

      i. Shared a residence with the individual; or
      ii. Had regular contact or communication with the individual and provided significant emotional, personal, financial, spiritual, psychological, or other support and assistance to the individual.

3. No director, employee, or agent of a provider of services may serve as an Authorized Representative for any individual receiving services delivered by that provider unless the Authorized Representative is a relative or the legal guardian.

III. Serving Individuals with Developmental Disabilities In the Most Integrated Setting

A. To prevent the unnecessary institutionalization of individuals with ID/DD and to provide them opportunities to live in the most integrated settings appropriate to their needs consistent with their informed choice, the Commonwealth shall develop and provide the community services described in this Section.

B. Target Population:

1. The target population of this Agreement shall include individuals with ID/DD who meet any of the following additional criteria:

   a. are currently residing at any of the Training Centers;

b. who (i) meet the criteria for the wait list for the ID waiver, or (ii) meet the criteria for the wait list for the DD waiver; or

c. currently reside in a nursing home or ICF.

2. The Commonwealth shall not exclude any otherwise qualifying individual from the target population due to the existence of complex behavioral or medical needs or of co-occurring conditions, including but not limited to, mental illness, traumatic brain injuries, or other neurological conditions.

3. Individuals shall remain in the target population if they receive HCBS waiver services or individual and family supports under this Agreement.

4. Individuals who are otherwise in the target population and who have been released from forensic status or placed on conditional release by a court shall not be excluded from the target population solely on the basis of their former forensic status or current conditional release status.

5. Inclusion in the target population does not guarantee or create a right to receipt of services.

C. Enhancement of Community Services

1. By June 30, 2021, the Commonwealth shall create 4,170 waiver slots for the target population, to be broken down as follows:

a. The Commonwealth shall create a minimum of 805 waiver slots to enable individuals in the target population in the Training Centers to transition to the community according to the following schedule:

i. In State Fiscal Year 2012, 60 waiver slots

ii. In State Fiscal Year 2013, 160 waiver slots

iii. In State Fiscal Year 2014, 160 waiver slots

iv. In State Fiscal Year 2015, 90 waiver slots

v. In State Fiscal Year 2016, 85 waiver slots

vi. In State Fiscal Year 2017, 90 waiver slots

vii. In State Fiscal Year 2018, 90 waiver slots

viii. In State Fiscal Year 2019, 35 waiver slots

ix. In State Fiscal Year 2020, 35 waiver slots

b. The Commonwealth shall create a minimum of 2,915 waiver slots to prevent the institutionalization of individuals with intellectual disabilities in the target population who are on the urgent waitlist for a waiver, or to transition to the

community individuals with intellectual disabilities under 22 years of age from institutions other than the Training Centers (i.e., ICFs and nursing facilities), according to the following schedule:

i. In State Fiscal Year 2012, 275 waiver slots

ii. In State Fiscal Year 2013, 225 waiver slots, including 25 slots prioritized for individuals under 22 years of age residing in nursing homes and the largest ICFs

iii. In State Fiscal Year 2014, 225 waiver slots, including 25 slots prioritized for individuals under 22 years of age residing in nursing homes and the largest ICFs

iv. In State Fiscal Year 2015, 250 waiver slots, including 25 slots prioritized for individuals under 22 years of age residing in nursing homes and the largest ICFs

v. In State Fiscal Year 2016, 275 waiver slots, including 25 slots prioritized for individuals under 22 years of age residing in nursing homes and the largest ICFs

vi. In State Fiscal Year 2017, 300 waiver slots

vii. In State Fiscal Year 2018, 325 waiver slots

viii. In State Fiscal Year 2019, 325 waiver slots

ix. In State Fiscal Year 2020, 355 waiver slots

x. In State Fiscal Year 2021, 360 waiver slots

c. The Commonwealth shall create a minimum of 450 waiver slots to prevent the institutionalization of individuals with developmental disabilities other than intellectual disabilities in the target population who are on the waitlist for a waiver, or to transition to the community individuals with developmental disabilities other than intellectual disabilities under 22 years of age from institutions other than the Training Centers (i.e., ICFs and nursing facilities), according to the following schedule:

i. In State Fiscal Year 2012, 150 waiver slots

ii. In State Fiscal Year 2013, 25 waiver slots, including 15 prioritized for individuals under 22 years of age residing in nursing homes and the largest ICFs

iii. In State Fiscal Year 2014, 25 waiver slots, including 15 prioritized for individuals under 22 years of age residing in nursing homes and the largest ICFs

iv. In State Fiscal Year 2015, 25 waiver slots, including 15 prioritized for individuals under 22 years of age residing in nursing homes and the largest ICFs

v. In State Fiscal Year 2016, 25 waiver slots, including 15 prioritized for individuals under 22 years of age residing in nursing homes and the largest ICFs

vi. In State Fiscal Year 2017, 25 waiver slots, including 10 prioritized for individuals under 22 years of age residing in nursing homes and the largest ICFs

vii. In State Fiscal Year 2018, 25 waiver slots, including 10 prioritized for individuals under 22 years of age residing in nursing homes and the largest ICFs

viii. In State Fiscal Year 2019, 25 waiver slots

ix. In State Fiscal Year 2020, 50 waiver slots

x. In State Fiscal Year 2021, 75 waiver slots

d. If the Commonwealth creates more waiver slots than are required in Sections III.C.1.a, b, or c above for a particular fiscal year, the number of slots created above the requirement shall be counted towards the slots required to be created in the subsequent fiscal year in the relevant Section.

2. The Commonwealth shall create an individual and family support program for individuals with ID/DD whom the Commonwealth determines to be most at risk of institutionalization, according to the following schedule:

a. In State Fiscal Year 2013, a minimum of 700 individuals supported

b. In State Fiscal Year 2014, a minimum of 1000 individuals supported

c. In State Fiscal Year 2015, a minimum of 1000 individuals supported

d. In State Fiscal Year 2016, a minimum of 1000 individuals supported

e. In State Fiscal Year 2017, a minimum of 1000 individuals supported

f. In State Fiscal Year 2018, a minimum of 1000 individuals supported

g. In State Fiscal Year 2019, a minimum of 1000 individuals supported

h. In State Fiscal Year 2020, a minimum of 1000 individuals supported

i. In State Fiscal Year 2021, a minimum of 1000 individuals supported

3. If the Commonwealth substantially changes or amends its ID or DD waivers, the Parties shall meet within 15 days of final approval from CMS to determine if any

provisions of this Agreement should be amended. The Parties agree that under any new terms, at least as many individuals in each category in Sections III.C.1.a, b, and c and C.2 above shall receive HCBS waivers and individual and family supports under the Agreement. If the Parties cannot reach agreement within 90 days, the Court shall resolve the dispute.

4. With the consent of the United States and the Independent Reviewer, the Commonwealth may re-allocate any unused waiver slot from one category of III.C.1.a-c to another in any State Fiscal Year covered by this Agreement.

5. Case Management

   a. The Commonwealth shall ensure that individuals receiving HCBS waiver services under this Agreement receive case management.

   b. For the purposes of this agreement, case management shall mean:

      i. Assembling professionals and nonprofessionals who provide individualized supports, as well as the individual being served and other persons important to the individual being served, who, through their combined expertise and involvement, develop Individual Support Plans ("ISP") that are individualized, person-centered, and meet the individual's needs;

      ii. Assisting the individual to gain access to needed medical, social, education, transportation, housing, nutritional, therapeutic, behavioral, psychiatric, nursing, personal care, respite, and other services identified in the ISP; and

      iii. Monitoring the ISP to make timely additional referrals, service changes, and amendments to the plans as needed.

   c. Case management shall be provided to all individuals receiving HCBS waiver services under this Agreement by case managers who are not directly providing such services to the individual or supervising the provision of such services. The Commonwealth shall include a provision in the Community Services Board ("CSB") Performance Contract that requires CSB case managers to give individuals a choice of service providers from which the individual may receive approved waiver services and to present practicable options of service providers based on the preferences of the individual, including both CSB and non-CSB providers.

   d. The Commonwealth shall establish a mechanism to monitor compliance with performance standards.

6. Crisis Services

   a. The Commonwealth shall develop a statewide crisis system for individuals with intellectual and developmental disabilities. The crisis system shall:

i. Provide timely and accessible support to individuals with intellectual and developmental disabilities who are experiencing crises, including crises due to behavioral or psychiatric issues, and to their families;

ii. Provide services focused on crisis prevention and proactive planning to avoid potential crises; and

iii. Provide in-home and community-based crisis services that are directed at resolving crises and preventing the removal of the individual from his or her current placement whenever practicable.

b. The crisis system shall include the following components:

i. Crisis Point of Entry

A. The Commonwealth shall utilize existing CSB Emergency Services, including existing CSB hotlines, for individuals to access information about and referrals to local resources. Such hotlines shall be operated 24 hours per day, 7 days per week and staffed with clinical professionals who are able to assess crises by phone and assist the caller in identifying and connecting with local services. Where necessary, the crisis hotline will dispatch at least one mobile crisis team member who is adequately trained to address the crisis.

B. By June 30, 2012, the Commonwealth shall train CSB Emergency Services personnel in each Health Planning Region ("Region") on the new crisis response system it is establishing, how to make referrals, and the resources that are available.

ii. Mobile crisis teams

A. Mobile crisis team members adequately trained to address the crisis shall respond to individuals at their homes and in other community settings and offer timely assessment, services, support, and treatment to de-escalate crises without removing individuals from their current placement whenever possible.

B. Mobile crisis teams shall assist with crisis planning and identifying strategies for preventing future crises and may also provide enhanced short-term capacity within an individual's home or other community setting.

C. Mobile crisis team members adequately trained to address the crisis also shall work with law enforcement personnel to respond if an individual with ID/DD comes into contact with law enforcement.

D. Mobile crisis teams shall be available 24 hours per day, 7 days per week and to respond on-site to crises.

E. Mobile crisis teams shall provide local and timely in-home crisis support for up to 3 days, with the possibility of an additional period of up to 3 days upon review by the Regional Mobile Crisis Team Coordinator.

F. By June 30, 2012, the Commonwealth shall have at least one mobile crisis team in each Region that shall respond to on-site crises within three hours.

G. By June 30, 2013, the Commonwealth shall have at least two mobile crisis teams in each Region that shall respond to on-site crises within two hours.

H. By June 30, 2014, the Commonwealth shall have a sufficient number of mobile crisis teams in each Region to respond on site to crises as follows: in urban areas, within one hour, and in rural areas, within two hours, as measured by the average annual response time.

iii. Crisis stabilization programs

A. Crisis stabilization programs offer a short-term alternative to institutionalization or hospitalization for individuals who need inpatient stabilization services.

B. Crisis stabilization programs shall be used as a last resort. The State shall ensure that, prior to transferring an individual to a crisis stabilization program, the mobile crisis team, in collaboration with the provider, has first attempted to resolve the crisis to avoid an out-of-home placement and if that is not possible, has then attempted to locate another community-based placement that could serve as a short-term placement.

C. If an individual receives crisis stabilization services in a community-based placement instead of a crisis stabilization unit, the individual may be given the option of remaining in the placement if the provider is willing and has capacity to serve the individual and the provider can meet the needs of the individual as determined by the provider and the individual's case manager.

D. Crisis stabilization programs shall have no more than six beds and lengths of stay shall not exceed 30 days.

E. With the exception of the Pathways Program operated at Southwestern Virginia Training Center ("SWVTC"), crisis stabilization programs shall not be located on the grounds of the Training Centers or hospitals with inpatient psychiatric beds. By July 1, 2015, the Pathways Program at SWVTC will cease providing crisis stabilization services and shall be replaced by off-site crisis stabilization programs with sufficient capacity to meet the needs of the target population in that Region.

F. By June 30, 2012, the Commonwealth shall develop one crisis stabilization program in each Region.

G. By June 30, 2013, the Commonwealth shall develop an additional crisis stabilization program in each Region as determined necessary by the Commonwealth to meet the needs of the target population in that Region.

7. Integrated Day Activities and Supported Employment

a. To the greatest extent practicable, the Commonwealth shall provide individuals in the target population receiving services under this Agreement with integrated day opportunities, including supported employment.

b. The Commonwealth shall maintain its membership in the State Employment Leadership Network ("SELN") established by the National Association of State Developmental Disability Directors. The Commonwealth shall establish a state policy on Employment First for the target population and include a term in the CSB Performance Contract requiring application of this policy. The Employment First policy shall, at a minimum, be based on the following principles: (1) individual supported employment in integrated work settings is the first and priority service option for individuals with intellectual or developmental disabilities receiving day program or employment services from or funded by the Commonwealth; (2) the goal of employment services is to support individuals in integrated work settings where they are paid minimum or competitive wages; and (3) employment services and goals must be developed and discussed at least annually through a person-centered planning process and included in ISPs. The Commonwealth shall have at least one employment service coordinator to monitor implementation of Employment First practices for individuals in the target population.

i. Within 180 days of this Agreement, the Commonwealth shall develop, as part of its Employment First policy, an implementation plan to increase integrated day opportunities for individuals in the target population, including supported employment, community volunteer activities, community recreational opportunities, and other integrated day activities. The plan will be under the direct supervision of a dedicated employment service coordinator for the Commonwealth and shall:

A. Provide regional training on the Employment First policy and strategies throughout the Commonwealth; and

B. Establish, for individuals receiving services through the HCBS waivers:

1. Annual baseline information regarding:

a. The number of individuals who are receiving supported employment;

b. The length of time people maintain employment in integrated work settings;

c. Amount of earnings from supported employment;

d. The number of individuals in pre-vocational services as defined in 12 VAC 30-120-211 in effect on the effective date of this Agreement; and

e. The length of time individuals remain in pre-vocational services.

2. Targets to meaningfully increase:

a. The number of individuals who enroll in supported employment each year; and

b. The number of individuals who remain employed in integrated work settings at least 12 months after the start of supported employment.

c. Regional Quality Councils, described in Section V.D.5 below, shall review data regarding the extent to which the targets identified in Section III.C.7.b.i.B.2 above are being met. These data shall be provided quarterly to the Regional Quality Councils and the Quality Management system by the providers. Regional Quality Councils shall consult with those providers and the SELN regarding the need to take additional measures to further enhance these services.

d. The Regional Quality Councils shall annually review the targets set pursuant to Section III.C.7.b.i.B.2 above and shall work with providers and the SELN in determining whether the targets should be adjusted upward.

8. Access and Availability of Services

a. The Commonwealth shall provide transportation to individuals receiving HCBS waiver services in the target population in accordance with the Commonwealth's HCBS Waivers.

b. The Commonwealth shall publish guidelines for families seeking intellectual and developmental disability services on how and where to apply for and obtain services. The guidelines will be updated annually and will be provided to appropriate agencies for use in directing individuals in the target population to the correct point of entry to access services.

9. The Commonwealth has made public its long-standing goal and policy, independent of and adopted prior to this Agreement or the Department of Justice's findings, of transitioning from an institutional model of care to a community-based system that meets the needs of all individuals with ID/DD, including those with the most complex needs, and of using its limited resources to serve effectively the greatest number of individuals with ID/DD. This goal and policy have resulted in a decline in the population of the state training centers from approximately 6000 individuals to approximately 1000 individuals. The Commonwealth has determined that this significant and ongoing decline makes continued operation of residential services fiscally impractical. Consequently, and in accordance with the Commonwealth's policy of transitioning its system of developmental services to a community-based

system, the Commonwealth will provide to the General Assembly within one year of the effective date of this Agreement, a plan, developed in consultation with the Chairmen of Virginia's House of Delegates Appropriations and Senate Finance Committees, to cease residential operations at four of the five training centers by the end of State Fiscal Year 2021.

D. Community Living Options

1. The Commonwealth shall serve individuals in the target population in the most integrated setting consistent with their informed choice and needs.

2. The Commonwealth shall facilitate individuals receiving HCBS waivers under this Agreement to live in their own home, leased apartment, or family's home, when such a placement is their informed choice and the most integrated setting appropriate to their needs. To facilitate individuals living independently in their own home or apartment, the Commonwealth shall provide information about and make appropriate referrals for individuals to apply for rental or housing assistance and bridge funding through all existing sources, including local, State, or federal affordable housing or rental assistance programs (tenant-based or project-based) and the fund described in Section III.D.4 below.

3. Within 365 days of this Agreement, the Commonwealth shall develop a plan to increase access to independent living options such as individuals' own homes or apartments. The Commonwealth undertakes this initiative recognizing that comparatively modest housing supports often can enable individuals to live successfully in the most integrated settings appropriate to their needs.

   a. The plan will be developed under the direct supervision of a dedicated housing service coordinator for the Department of Behavioral Health and Developmental Services ("DBHDS") and in coordination with representatives from the Department of Medical Assistance Services ("DMAS"), Virginia Board for People with Disabilities, Virginia Housing Development Authority, Virginia Department of Housing and Community Development, and other organizations as determined appropriate by DBHDS.

   b. The plan will establish, for individuals receiving or eligible to receive services through the HCBS waivers under this Agreement:

      i. Baseline information regarding the number of individuals who would choose the independent living options described above, if available; and

      ii. Recommendations to provide access to these settings during each year of this Agreement.

4. Within 365 days of this Agreement, the Commonwealth shall establish and begin distributing, from a one-time fund of $800,000 to provide and administer rental assistance in accordance with the recommendations described above in Section III.D.3.b.ii, to as many individuals as possible who receive HCBS waivers under this

Agreement, express a desire for living in their own home or apartment, and for whom such a placement is the most integrated setting appropriate to their needs.

5. Individuals in the target population shall not be served in a sponsored home or any congregate setting, unless such placement is consistent with the individual's choice after receiving options for community placements, services, and supports consistent with the terms of Section IV.B.9 below.

6. No individual in the target population shall be placed in a nursing facility or congregate setting with five or more individuals unless such placement is consistent with the individual's needs and informed choice and has been reviewed by the Region's Community Resource Consultant and, under circumstances described in Section III.E below, by the Regional Support Team.

7. The Commonwealth shall include a term in the annual performance contract with the CSBs to require case managers to continue to offer education about less restrictive community options on at least an annual basis to any individuals living outside their own home or family's home (and, if relevant, to their Authorized Representative or guardian).

E. Community Resource Consultants and Regional Support Teams

1. The Commonwealth shall utilize Community Resource Consultant ("CRC") positions located in each Region to provide oversight and guidance to CSBs and community providers, and serve as a liaison between the CSB case managers and DBHDS Central Office. The CRCs shall provide on-site, electronic, written, and telephonic technical assistance to CSB case managers and private providers regarding person-centered planning, the Supports Intensity Scale, and requirements of case management and HCBS Waivers. The CRC shall also provide ongoing technical assistance to CSBs and community providers during an individual's placement. The CRCs shall be a member of the Regional Support Team in the appropriate Region.

2. The CRC may consult at any time with the Regional Support Team. Upon referral to it, the Regional Support Team shall work with the Personal Support Team ("PST") and CRC to review the case, resolve identified barriers, and ensure that the placement is the most integrated setting appropriate to the individual's needs, consistent with the individual's informed choice. The Regional Support Team shall have the authority to recommend additional steps by the PST and/or CRC.

3. The CRC shall refer cases to the Regional Support Teams for review, assistance in resolving barriers, or recommendations whenever:

   a. The PST is having difficulty identifying or locating a particular community placement, services and supports for an individual within 3 months of the individual's receipt of HCBS waiver services.

b. The PST recommends and, upon his/her review, the CRC also recommends that an individual residing in his or her own home, his or her family's home, or a sponsored residence be placed in a congregate setting with five or more individuals.

c. The PST recommends and, upon his/her review, the CRC also recommends an individual residing in any setting be placed in a nursing home or ICF.

d. There is a pattern of an individual repeatedly being removed from his or her current placement.

IV. Discharge Planning and Transition from Training Center

By July 2012, the Commonwealth will have implemented Discharge and Transition Planning processes at all Training Centers consistent with the terms of this Section, excluding other dates agreed upon, and listed separately in this Section.

A. To ensure that individuals are served in the most integrated setting appropriate to their needs, the Commonwealth shall develop and implement discharge planning and transition processes at all Training Centers consistent with the terms of this Section and person-centered principles.

B. Discharge Planning and Discharge Plans

1. Discharge planning shall begin upon admission.

2. Discharge planning shall drive treatment of individuals in any Training Center and shall adhere to the principles of person-centered planning.

3. Individuals in Training Centers shall participate in their treatment and discharge planning to the maximum extent practicable, regardless of whether they have Authorized Representatives. Individuals shall be provided the necessary support (including, but not limited to, communication supports) to ensure that they have a meaningful role in the process.

4. The goal of treatment and discharge planning shall be to assist the individual in achieving outcomes that promote the individual's growth, well being, and independence, based on the individual's strengths, needs, goals, and preferences, in the most integrated settings in all domains of the individual's life (including community living, activities, employment, education, recreation, healthcare, and relationships).

5. The Commonwealth shall ensure that discharge plans are developed for all individuals in its Training Centers through a documented person-centered planning and implementation process and consistent with the terms of this Section. The

discharge plan shall be an individualized support plan for transition into the most integrated setting consistent with informed individual choice and needs and shall be implemented accordingly. The final discharge plan (developed within 30 days prior to discharge) will include:

a. Provision of reliable information to the individual and, where applicable, the Authorized Representative, regarding community options in accordance with Section IV.B.9;

b. Identification of the individual's strengths, preferences, needs (clinical and support), and desired outcomes;

c. Assessment of the specific supports and services that build on the individual's strengths and preferences to meet the individual's needs and achieve desired outcomes, regardless of whether those services and supports are currently available;

d. Listing of specific providers that can provide the identified supports and services that build on the individual's strengths and preferences to meet the individual's needs and achieve desired outcomes;

e. Documentation of barriers preventing the individual from transitioning to a more integrated setting and a plan for addressing those barriers.

   i. Such barriers shall not include the individual's disability or the severity of the disability.

   ii. For individuals with a history of re-admission or crises, the factors that led to re-admission or crises shall be identified and addressed.

6. Discharge planning will be done by the individual's PST. The PST includes the individual receiving services, the Authorized Representative (if any), CSB case manager, Training Center staff, and persons whom the individual has freely chosen or requested to participate (including but not limited to family members and close friends). Through a person-centered planning process, the PST will assess an individual's treatment, training, and habilitation needs and make recommendations for services, including recommendations of how the individual can be best served.

7. Discharge planning shall be based on the presumption that, with sufficient supports and services, all individuals (including individuals with complex behavioral and/or medical needs) can live in an integrated setting.

8. For individuals admitted to a Training Center after the date this Agreement is signed by both parties, the Commonwealth shall ensure that a discharge plan is developed as

described herein within 30 days of admission. For all individuals residing in a Training Center on the date that this Agreement is signed by both parties, the Commonwealth shall ensure that a discharge plan is developed as described herein within six months of the effective date of this Agreement.

9. In developing discharge plans, PSTs, in collaboration with the CSB case manager, shall provide to individuals and, where applicable, their Authorized Representatives, specific options for types of community placements, services, and supports based on the discharge plan as described above, and the opportunity to discuss and meaningfully consider those options.

   a. The individual shall be offered a choice of providers consistent with the individual's identified needs and preferences.

   b. PSTs and the CSB case manager shall coordinate with the specific type of community providers identified in the discharge plan as providing appropriate community-based services for the individual, to provide individuals, their families, and, where applicable, their Authorized Representative with opportunities to speak with those providers, visit community placements (including, where feasible, for overnight visits) and programs, and facilitate conversations and meetings with individuals currently living in the community and their families, before being asked to make a choice regarding options. The Commonwealth shall develop family-to-family and peer programs to facilitate these opportunities.

   c. PSTs and the CSB case managers shall assist the individual and, where applicable, their Authorized Representative in choosing a provider after providing the opportunities described above and ensure that providers are timely identified and engaged in preparing for the individual's transition.

10. Nothing in this Agreement shall prevent the Commonwealth from closing its Training Centers or transferring residents from one Training Center to another, provided that, in accordance with Virginia Code 37.2-837(A)(3), for as long as it remains effective, no resident of a Training Center shall be discharged from a Training Center to a setting other than a Training Center if he or his Authorized Representative chooses to continue receiving services in a Training Center. If the General Assembly repeals Virginia Code 37.2-837(A)(3), the Commonwealth shall immediately notify the Court, the United States, and the Intervenors. The Parties agree that repeal or alteration of Virginia Code 37.2-837(A)(3) justifies consideration of relief under Fed. R. Civ. P 60(b)(6).

11. The Commonwealth shall ensure that Training Center PSTs have sufficient knowledge about community services and supports to: propose appropriate options

about how an individual's needs could be met in a more integrated setting; present individuals and their families with specific options for community placements, services, and supports; and, together with providers, answer individuals' and families' questions about community living.

a. In collaboration with the CSBs and community providers, the Commonwealth shall develop and provide training and information for Training Center staff about the provisions of this Agreement, staff obligations under the Agreement, current community living options, the principles of person-centered planning, and any related departmental instructions. The training will be provided to all applicable disciplines and all PSTs.

b. Person-centered thinking training will occur during initial orientation and through annual refresher courses. Competency will be determined through documented observation of PST meetings and through the use of person-centered thinking coaches and mentors. Each Training Center will have designated coaches who receive additional training. The coaches will provide guidance to PSTs to ensure implementation of the person-centered tools and skills. Coaches throughout the state will have regular and structured sessions with person-centered thinking mentors. These sessions will be designed to foster additional skill development and ensure implementation of person-centered thinking practices throughout all levels of the Training Centers.

12. In the event that an individual or, where applicable, Authorized Representative opposes the PST's proposed options for placement in a more integrated setting after being provided the information and opportunities described in Section IV.B.9, the Commonwealth shall ensure that PSTs:

a. Identify and seek to resolve the concerns of individuals and/or their Authorized Representatives with regard to community placement;

b. Develop and implement individualized strategies to address concerns and objections to community placement; and

c. Document the steps taken to resolve the concerns of individuals and/or their Authorized Representatives and provide information about community placement.

13. All individuals in the Training Center shall be provided opportunities for engaging in community activities to the fullest extent practicable, consistent with their identified needs and preferences, even if the individual does not yet have a discharge plan for transitioning to the community.

14. The State shall ensure that information about barriers to discharge from involved providers, CSB case managers, Regional Support Teams, Community Integration Managers, and individuals' ISPs is collected from the Training Centers and is aggregated and analyzed for ongoing quality improvement, discharge planning, and development of community-based services.

15. In the event that a PST makes a recommendation to maintain placement at a Training Center or to place an individual in a nursing home or congregate setting with five or more individuals, the decision shall be documented, and the PST shall identify the barriers to placement in a more integrated setting and describe in the discharge plan the steps the team will take to address the barriers. The case shall be referred to the Community Integration Manager and Regional Support Team in accordance with Sections IV.D.2.a and f and IV.D.3 below, and such placements shall only occur as permitted by Section IV.C.6.

C. Transition to Community Setting

1. Once a specific provider is selected by an individual, the Commonwealth shall invite and encourage the provider to actively participate in the transition of the individual from the Training Center to the community placement.

2. Once trial visits are completed, the individual has selected a provider, and the provider agrees to serve the individual, discharge will occur within 6 weeks, absent conditions beyond the Commonwealth's control. If discharge does not occur within 6 weeks, the reasons it did not occur will be documented and a new time frame for discharge will be developed by the PST. Where discharge does not occur within 3 months of selecting a provider, the PST shall identify the barriers to discharge and notify the Facility Director and Community Integration Manager in accordance with Section IV.D.2 below, and the case shall be referred to the Regional Support Teams in accordance with Section IV.D.3 below.

3. The Commonwealth shall develop and implement a system to follow up with individuals after discharge from the Training Centers to identify gaps in care and address proactively any such gaps to reduce the risk of re-admission, crises, or other negative outcomes. The Post Move Monitor, in coordination with the CSB, will conduct post-move monitoring visits within each of three (3) intervals (30, 60, and 90 days) following an individual's movement to the community setting. Documentation of the monitoring visit will be made using the Post Move Monitoring Checklist. The Commonwealth shall ensure those conducting Post Move Monitoring are adequately trained and a reasonable sample of look-behind Post Move Monitoring is completed to validate the reliability of the Post Move Monitoring process.

4. The Commonwealth shall ensure that each individual transitioning from a Training Center shall have a current discharge plan, updated within 30 days prior to the individual's discharge.

5. The Commonwealth shall ensure that the PST will identify all needed supports, protections, and services to ensure successful transition in the new living environment, including what is most important to the individual as it relates to community placement. The Commonwealth, in consultation with the PST, will determine the essential supports needed for successful and optimal community placement. The Commonwealth shall ensure that essential supports are in place at the individual's community placement prior to the individual's discharge from the Training Center. This determination will be documented. The absence of those services and supports identified as non-essential by the Commonwealth, in consultation with the PST, shall not be a barrier to transition.

6. No individual shall be transferred from a Training Center to a nursing home or congregate setting with five or more individuals unless placement in such a facility is in accordance with the individual's informed choice after receiving options for community placements, services, and supports and is reviewed by the Community Integration Manager to ensure such placement is consistent with the individual's informed choice.

7. The Commonwealth shall develop and implement quality assurance processes to ensure that discharge plans are developed and implemented, in a documented manner, consistent with the terms of this Agreement. These quality assurance processes shall be sufficient to show whether the objectives of this Agreement are being achieved. Whenever problems are identified, the Commonwealth shall develop and implement plans to remedy the problems.

D. Community Integration Managers and Regional Support Teams

1. The Commonwealth will create Community Integration Manager ("CIM") positions at each operating Training Center. The CIMs will be DBHDS Central Office staff members who will be physically located at each of the operating Training Centers. The CIMs will facilitate communication and planning with individuals residing in the Training Centers, their families, the PST, and private providers about all aspects of an individual's transition, and will address identified barriers to discharge. The CIMs will have professional experience working in the field of developmental disabilities, and an understanding of best practices for providing community services to individuals with developmental disabilities. The CIMs will have expertise in the areas of working with clinical and programmatic staff, facilitating large, diverse groups of professionals, and providing service coordination across organizational boundaries. The CIMs will serve as the primary connection between the Training Center and DBHDS Central Office. The CIMs will provide oversight, guidance, and technical assistance to the PSTs by identifying strategies for addressing or overcoming barriers to discharge, ensuring that PSTs follow the process described in

Sections IV.B and C above, and identifying and developing corrective actions, including the need for any additional training or involvement of supervisory staff.

2. CIMs shall be engaged in addressing barriers to discharge, including in all of the following circumstances:

   a. The PST recommends that an individual be transferred from a Training Center to a nursing home or congregate setting with five or more individuals;

   b. The PST is having difficulty identifying or locating a particular type of community placement, services and supports for an individual within 90 days of development of a discharge plan during the first year of the Agreement; within 60 days of development of a discharge plan during the second year of the Agreement; within 45 days of development of a discharge plan in the third year of the Agreement; and within 30 days of development of a discharge plan thereafter.

   c. The PST cannot agree on a discharge plan outcome within 15 days of the annual PST meeting, or within 30 days after the admission to the Training Center.

   d. The individual or his or her Authorized Representative opposes discharge after all the requirements described in Section IV.B.9 have been satisfied or refuses to participate in the discharge planning process;

   e. The individual is not discharged within three months of selecting a provider, as described in Section IV.C.2 above. The PST shall identify the barriers to discharge and notify both the facility director and the CIM; or

   f. The PST recommends that an individual remain in a Training Center. If the individual remains at the Training Center, an assessment by the PST and the CIM will be performed at 90-day intervals from the decision for the individual to remain at the Training Center, to ensure that the individual is in the most integrated setting appropriate to his or her needs.

3. The Commonwealth will create five Regional Support Teams, each coordinated by the CIM. The Regional Support Teams shall be composed of professionals with expertise in serving individuals with developmental disabilities in the community, including individuals with complex behavioral and medical needs. Upon referral to it, the Regional Support Team shall work with the PST and CIM to review the case and resolve identified barriers. The Regional Support Team shall have the authority to recommend additional steps by the PST and/or CIM. The CIM may consult at any time with the Regional Support Teams and will refer cases to the Regional Support Teams when:

a. The CIM is unable, within 2 weeks of the PST's referral to the CIM, to document attainable steps that will be taken to resolve any barriers to community placement enumerated in Section IV.D.2 above.

b. A PST continues to recommend placement in a Training Center at the second quarterly review following the PST's recommendation that an individual remain in a Training Center (Section IV.D.2.f), and at all subsequent quarterly reviews that maintain the same recommendation. This paragraph shall not take effect until two years after the effective date of this Agreement.

c. The CIM believes external review is needed to identify additional steps that can be taken to remove barriers to discharge.

4. The CIM shall provide monthly reports to DBHDS Central Office regarding the types of placements to which individuals have been placed, including recommendations that individuals remain at a Training Center.

V. Quality and Risk Management System

A. To ensure that all services for individuals receiving services under this Agreement are of good quality, meet individuals' needs, and help individuals achieve positive outcomes, including avoidance of harms, stable community living, and increased integration, independence, and self-determination in all life domains (e.g., community living, employment, education, recreation, healthcare, and relationships), and to ensure that appropriate services are available and accessible for individuals in the target population, the Commonwealth shall develop and implement a quality and risk management system that is consistent with the terms of this Section.

B. The Commonwealth's Quality Management System shall: identify and address risks of harm; ensure the sufficiency, accessibility, and quality of services to meet individuals' needs in integrated settings; and collect and evaluate data to identify and respond to trends to ensure continuous quality improvement.

C. Risk Management

1. The Commonwealth shall require that all Training Centers, CSBs, and other community providers of residential and day services implement risk management processes, including establishment of uniform risk triggers and thresholds, that enable them to adequately address harms and risks of harm. Harm includes any physical injury, whether caused by abuse, neglect, or accidental causes.

2. The Commonwealth shall have and implement a real time, web-based incident reporting system and reporting protocol. The protocol shall require that any staff of a Training Center, CSB, or community provider aware of any suspected or alleged incident of abuse or neglect as defined by Virginia Code § 37.2-100 in effect on the effective date of this Agreement, serious injury as defined by 12 VAC 35-115-30 in effect on the effective date of this Agreement, or deaths directly report such

information to the DBHDS Assistant Commissioner for Quality Improvement or his or her designee.

3. The Commonwealth shall have and implement a process to investigate reports of suspected or alleged abuse, neglect, critical incidents, or deaths and identify remediation steps taken. The Commonwealth shall be required to implement the process for investigation and remediation detailed in the Virginia DBHDS Licensing Regulations (12 VAC 35-105-160 and 12 VAC 35-105-170 in effect on the effective date of this Agreement) and the Virginia Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services ("DBHDS Human Rights Regulations" (12 VAC 35-115-50(D)(3)) in effect on the effective date of this Agreement, and shall verify the implementation of corrective action plans required under these Rules and Regulations.

4. The Commonwealth shall offer guidance and training to providers on proactively identifying and addressing risks of harm, conducting root cause analysis, and developing and monitoring corrective actions.

5. The Commonwealth shall conduct monthly mortality reviews for unexplained or unexpected deaths reported through its incident reporting system. The Commissioner shall establish the monthly mortality review team, to include the DBHDS Medical Director, the Assistant Commissioner for Quality Improvement, and others as determined by the Department who possess appropriate experience, knowledge, and skills. The team shall have at least one member with the clinical experience to conduct mortality reviews who is otherwise independent of the State. Within ninety days of a death, the monthly mortality review team shall: (a) review, or document the unavailability of: (i) medical records, including physician case notes and nurses notes, and all incident reports, for the three months preceding the individual's death; (ii) the most recent individualized program plan and physical examination records; (iii) the death certificate and autopsy report; and (iv) any evidence of maltreatment related to the death; (b) interview, as warranted, any persons having information regarding the individual's care; and (c) prepare and deliver to the DBHDS Commissioner a report of deliberations, findings, and recommendations, if any. The team also shall collect and analyze mortality data to identify trends, patterns, and problems at the individual service-delivery and systemic levels and develop and implement quality improvement initiatives to reduce mortality rates to the fullest extent practicable.

6. If the Training Center, CSBs, or other community provider fails to report harms and implement corrective actions, the Commonwealth shall take appropriate action with the provider pursuant to the DBHDS Human Rights Regulations (12 VAC 35-115-240), the DBHDS Licensing Regulations (12 VAC 35-105-170), Virginia Code § 37.2-419 in effect on the effective date of this Agreement, and other requirements in this Agreement.

D. Data to Assess and Improve Quality

1. The Commonwealth's HCBS waivers shall operate in accordance with the Commonwealth's CMS-approved waiver quality improvement plan to ensure the needs of individuals enrolled in a waiver are met, that individuals have choice in all aspects of their selection of goals and supports, and that there are effective processes in place to monitor participant health and safety. The plan shall include evaluation of level of care; development and monitoring of individual service plans; assurance of qualified providers; identification, response and prevention of occurrences of abuse, neglect and exploitation; administrative oversight of all waiver functions including contracting; and financial accountability. Review of data shall occur at the local and state levels by the CSBs and DBHDS/DMAS, respectively.

2. The Commonwealth shall collect and analyze consistent, reliable data to improve the availability and accessibility of services for individuals in the target population and the quality of services offered to individuals receiving services under this Agreement. The Commonwealth shall use data to:

   a. identify trends, patterns, strengths, and problems at the individual, service-delivery, and systemic levels, including, but not limited to, quality of services, service gaps, accessibility of services, serving individuals with complex needs, and the discharge and transition planning process;

   b. develop preventative, corrective, and improvement measures to address identified problems;

   c. track the efficacy of preventative, corrective, and improvement measures; and

   d. enhance outreach, education, and training.

3. The Commonwealth shall begin collecting and analyzing reliable data about individuals receiving services under this Agreement selected from the following areas in State Fiscal Year 2012 and will ensure reliable data is collected and analyzed from each of these areas by June 30, 2014. Multiple types of sources (e.g., providers, case managers, licensing, risk management, Quality Service Reviews) can provide data in each area, though any individual type of source need not provide data in every area:

   a. Safety and freedom from harm (e.g., neglect and abuse, injuries, use of seclusion or restraints, deaths, effectiveness of corrective actions, licensing violations);

   b. Physical, mental, and behavioral health and well being (e.g., access to medical care (including preventative care), timeliness and adequacy of interventions (particularly in response to changes in status));

   c. Avoiding crises (e.g., use of crisis services, admissions to emergency rooms or hospitals, admissions to Training Centers or other congregate settings, contact with criminal justice system);

d. Stability (e.g., maintenance of chosen living arrangement, change in providers, work/other day program stability);

e. Choice and self-determination (e.g., service plans developed through person-centered planning process, choice of services and providers, individualized goals, self-direction of services);

f. Community inclusion (e.g., community activities, integrated work opportunities, integrated living options, educational opportunities, relationships with non-paid individuals);

g. Access to services (e.g., waitlists, outreach efforts, identified barriers, service gaps and delays, adaptive equipment, transportation, availability of services geographically, cultural and linguistic competency); and

h. Provider capacity (e.g., caseloads, training, staff turnover, provider competency).

4. The Commonwealth shall collect and analyze data from available sources, including, the risk management system described in Section V.C. above, those sources described in Sections V.E-G and I below (e.g., providers, case managers, Quality Service Reviews, and licensing), Quality Management Reviews, the crisis system, service and discharge plans from the Training Centers, service plans for individuals receiving waiver services, Regional Support Teams, and CIMs.

5. The Commonwealth shall implement Regional Quality Councils that shall be responsible for assessing relevant data, identifying trends, and recommending responsive actions in their respective Regions of the Commonwealth.

   a. The councils shall include individuals experienced in data analysis, residential and other providers, CSBs, individuals receiving services, and families, and may include other relevant stakeholders.

   b. Each council shall meet on a quarterly basis to share regional data, trends, and monitoring efforts and plan and recommend regional quality improvement initiatives. The work of the Regional Quality Councils shall be directed by a DBHDS quality improvement committee.

6. At least annually, the Commonwealth shall report publicly, through new or existing mechanisms, on the availability (including the number of people served in each type of service described in this Agreement) and quality of supports and services in the community and gaps in services, and shall make recommendations for improvement.

E. Providers

1. The Commonwealth shall require all providers (including Training Centers, CSBs, and other community providers) to develop and implement a quality improvement ("QI") program, including root cause analyses, that is sufficient to identify and address significant service issues and is consistent with the requirements of the

DBHDS Licensing Regulations at 12 VAC 35-105-620 in effect on the effective date of this Agreement and the provisions of this Agreement.

2. Within 12 months of the effective date of this Agreement, the Commonwealth shall develop measures that CSBs and other community providers are required to report to DBHDS on a regular basis, either through their risk management/critical incident reporting requirements or through their QI program. Reported key indicators shall capture information regarding both positive and negative outcomes for both health and safety and community integration, and will be selected from the relevant domains listed in Section V.D.3. above. The measures will be monitored and reviewed by the DBHDS quality improvement committee, with input from Regional Quality Councils, described in Section V.D.5 above. The DBHDS quality improvement committee will assess the validity of each measure at least annually and update measures accordingly.

3. The Commonwealth shall use Quality Service Reviews and other mechanisms to assess the adequacy of providers' quality improvement strategies and shall provide technical assistance and other oversight to providers whose quality improvement strategies the Commonwealth determines to be inadequate.

F. Case Management

1. For individuals receiving case management services pursuant to this Agreement, the individual's case manager shall meet with the individual face-to-face on a regular basis and shall conduct regular visits to the individual's residence, as dictated by the individual's needs.

2. At these face-to-face meetings, the case manager shall: observe the individual and the individual's environment to assess for previously unidentified risks, injuries, needs, or other changes in status; assess the status of previously identified risks, injuries, needs, or other change in status; assess whether the individual's support plan is being implemented appropriately and remains appropriate for the individual; and ascertain whether supports and services are being implemented consistent with the individual's strengths and preferences and in the most integrated setting appropriate to the individual's needs. If any of these observations or assessments identifies an unidentified or inadequately addressed risk, injury, need, or change in status; a deficiency in the individual's support plan or its implementation; or a discrepancy between the implementation of supports and services and the individual's strengths and preferences, then the case manager shall report and document the issue, convene the individual's service planning team to address it, and document its resolution.

3. Within 12 months of the effective date of this Agreement, the individual's case manager shall meet with the individual face-to-face at least every 30 days, and at least one such visit every two months must be in the individual's place of residence, for any individuals who:

   a. Receive services from providers having conditional or provisional licenses;

b. Have more intensive behavioral or medical needs as defined by the Supports Intensity Scale ("SIS") category representing the highest level of risk to individuals;

c. Have an interruption of service greater than 30 days;

d. Encounter the crisis system for a serious crisis or for multiple less serious crises within a three-month period;

e. Have transitioned from a Training Center within the previous 12 months; or

f. Reside in congregate settings of 5 or more individuals.

4. Within 12 months from the effective date of this Agreement, the Commonwealth shall establish a mechanism to collect reliable data from the case managers on the number, type, and frequency of case manager contacts with the individual.

5. Within 24 months from the date of this Agreement, key indicators from the case manager's face to face visits with the individual, and the case manager's observations and assessments, shall be reported to the Commonwealth for its review and assessment of data. Reported key indicators shall capture information regarding both positive and negative outcomes for both health and safety and community integration, and will be selected from the relevant domains listed in Section V.D.3 above.

6. The Commonwealth shall develop a statewide core competency-based training curriculum for case managers within 12 months of the effective date of this Agreement. This training shall be built on the principles of self-determination and person-centeredness.

G. Licensing

1. The Commonwealth shall conduct regular, unannounced licensing inspections of community providers serving individuals receiving services under this Agreement.

2. Within 12 months of the effective date of this Agreement, the Commonwealth shall have and implement a process to conduct more frequent licensure inspections of community providers serving individuals under this Agreement, including:

a. Providers who have a conditional or provisional license;

b. Providers who serve individuals with intensive medical and behavioral needs as defined by the SIS category representing the highest level of risk to individuals;

c. Providers who serve individuals who have an interruption of service greater than 30 days;

d. Providers who serve individuals who encounter the crisis system for a serious crisis or for multiple less serious crises within a three-month period;

e. Providers who serve individuals who have transitioned from a Training Center within the previous 12 months; and

f. Providers who serve individuals in congregate settings of 5 or more individuals.

3. Within 12 months of the effective date of this Agreement, the Commonwealth shall ensure that the licensure process assesses the adequacy of the individualized supports and services provided to persons receiving services under this Agreement in each of the domains listed in Section V.D.3 above and that these data and assessments are reported to DBHDS.

H. Training

1. The Commonwealth shall have a statewide core competency-based training curriculum for all staff who provide services under this Agreement. The training shall include person-centered practices, community integration and self-determination awareness, and required elements of service training.

2. The Commonwealth shall ensure that the statewide training program includes adequate coaching and supervision of staff trainees. Coaches and supervisors must have demonstrated competency in providing the service they are coaching and supervising.

I. Quality Service Reviews

1. The Commonwealth shall use Quality Service Reviews ("QSRs") to evaluate the quality of services at an individual, provider, and system-wide level and the extent to which services are provided in the most integrated setting appropriate to individuals' needs and choice. QSRs shall collect information through:

   a. Face-to-face interviews of the individual, relevant professional staff, and other people involved in the individual's life; and

   b. Assessment, informed by face-to-face interviews, of treatment records, incident/injury data, key-indicator performance data, compliance with the service requirements of this Agreement, and the contractual compliance of community services boards and/or community providers.

2. QSRs shall evaluate whether individuals' needs are being identified and met through person-centered planning and thinking (including building on individuals' strengths, preferences, and goals), whether services are being provided in the most integrated setting appropriate to the individuals' needs and consistent with their informed choice, and whether individuals are having opportunities for integration in all aspects of their lives (e.g., living arrangements, work and other day activities, access to community services and activities, and opportunities for relationships with non-paid individuals). Information from the QSRs shall be used to improve practice and the quality of services on the provider, CSB, and system wide levels.

3. The Commonwealth shall ensure those conducting QSRs are adequately trained and a reasonable sample of look-behind QSRs are completed to validate the reliability of the QSR process.

4. The Commonwealth shall conduct QSRs annually of a statistically significant sample of individuals receiving services under this Agreement.

VI. Independent Reviewer

A. The Parties have jointly selected Donald J. Fletcher as the Independent Reviewer for this Settlement Agreement. In the event that the Independent Reviewer resigns or the Parties agree to replace the Independent Reviewer, the Parties will select a replacement. If the Parties are unable to agree on a replacement within 30 days from the date the Parties receive a notice of resignation from the Independent Reviewer, or from the date the Parties agree to replace the Independent Reviewer, they shall each submit the names of up to three candidates to the Court, and the Court shall select the replacement from the names submitted.

B. The Independent Reviewer shall conduct the factual investigation and verification of data and documentation necessary to determine whether the Commonwealth is in compliance with this Settlement Agreement, on a six-month cycle continuing during the pendency of the Agreement. The Independent Reviewer is not an agent of the Court, nor does the Independent Reviewer have any authority to act on behalf of the Court. The Independent Reviewer may hire staff and consultants, in consultation with and subject to reasonable objections by the Parties, to assist in his compliance investigations. The Independent Reviewer and any hired staff or consultants are neither agents nor business associates of the Commonwealth or DOJ.

C. The Independent Reviewer shall file with the Court a written report on the Commonwealth's compliance with the terms of this Agreement within 60 days of the close of each review cycle. The first report shall be filed nine months from the effective date of this Agreement. With the consent of the Court, the Court will hold a status conference after the filing of each written report. The Independent Reviewer shall provide the Parties a draft of his/her report at least 21 days before issuing the report. The Parties shall have 14 days to review and comment on the proposed report before it is filed with the Court. The Parties may agree to allow the Independent Reviewer an additional 20 days to finalize a report after he/she receives comments from the Parties, and such an agreement does not require Court approval. In preparing the report, the Independent Reviewer shall use appendixes or other methods to protect confidential information so that the report itself may be filed with the Court as a public document. Either Party may file a written report with the Court noting its objections to the portions of the Independent Reviewer's report with which it disagrees. The Commonwealth shall publish and maintain these reports on the DBHDS website.

D. Upon receipt of notification, the Commonwealth shall immediately report to the Independent Reviewer the death or serious injury resulting in ongoing medical care of any former resident of a Training Center. The Independent Reviewer shall forthwith review any such death or injury and report his findings to the Court in a special report, to be filed under seal with copies to the Parties. The Parties shall seek a protective order permitting these reports to be shared with Intervenors' counsel and upon entry of such order, shall promptly send copies of the reports to Intervenors' counsel.

E. The Independent Reviewer, and any hired staff or consultants, may:

1. Have ex parte communications with the Court upon the Court's request or with the consent of the Parties.

2. Have ex parte communications with the Parties at any time.

3. Request meetings with the Parties and the Court.

4. Speak with stakeholders with such stakeholders' consent, on a confidential basis or otherwise, at the Independent Reviewer's discretion.

5. Testify in this case regarding any matter relating to the implementation or terms of this Agreement, including the Independent Reviewer's observations and findings.

6. Offer to provide the Commonwealth with technical assistance and, with the Commonwealth's consent, provide such technical assistance, relating to any aspect of this Agreement or its stated purposes.

7. Conduct regular meetings with both Parties. The purpose of these meetings shall include, among other things, to prioritize areas for the Independent Reviewer to review, schedule visits, discuss areas of concern, and discuss areas in which technical assistance may be appropriate.

F. The Independent Reviewer and any hired staff or consultants shall not be liable for any claim, lawsuit, or demand arising out of their duties under this Agreement. This paragraph does not apply to any proceeding before this Court for enforcement of payment of contracts or subcontracts for reviewing compliance with this Agreement.

G. The Independent Reviewer and any hired staff or consultants shall not be subject to formal discovery, including, but not limited to, deposition(s), request(s) for documents, request(s) for admissions, interrogatories, or other disclosures. The Parties are not entitled to access the Independent Reviewer's records or communications, or those of his/her staff and consultants, although the Independent Reviewer may provide copies of records or communications at the Independent Reviewer's discretion. The Court may review all records of the Independent Reviewer at the Court's discretion.

H. In order to determine compliance with this Agreement, the Independent Reviewer and any hired staff or consultants shall have full access to persons, employees, residences, facilities, buildings, programs, services, documents, records, including individuals' medical and other records, in unredacted form, and materials that are necessary to assess the Commonwealth's compliance with this Agreement, to the extent they are within the State's custody or control. This shall include, but not be limited to, access to the data and records maintained by the Commonwealth pursuant to Section V above. The provision of any information to the Independent Reviewer pursuant to this Agreement shall not constitute a waiver of any privilege that would otherwise protect the information from disclosure to third parties. The Independent Reviewer and any hired staff or consultants may also interview individuals receiving services under this Agreement with the consent of the individual or his/her Authorized Representative. Access to CSBs and private

providers and entities shall be at the sole discretion of the CSB or private provider or entity; however, the Commonwealth shall encourage CSBs and private providers and other entities to provide such access and shall assist the Independent Reviewer in identifying and contacting them. The Independent Reviewer shall exercise his/her access to Commonwealth employees and individuals receiving services under this Agreement in a manner that is reasonable and not unduly burdensome to the operation of Commonwealth agencies and that has minimal impact on programs or services being provided to individuals receiving services under this Agreement. Such access shall continue until the Agreement is terminated. The Parties agree that, in cases of an emergency situation that present an immediate threat to life, health, or safety of individuals, the Independent Reviewer will not be required to provide the Commonwealth notice of such visit or inspection. Any individually identifying health information that the Independent Reviewer and any hired staff or consultants receive or maintain shall be kept confidential.

I. Budget of the Independent Reviewer

1. Within 45 days of appointment, the Independent Reviewer shall submit to the Court for the Court's approval a proposed budget for State Fiscal Year 2013. Using the proposed budget for State Fiscal Year 2013, the Independent Reviewer shall also propose an equivalent amount prorated through the remainder of State Fiscal Year 2012 as the budget for State Fiscal Year 2012.

2. The Independent Reviewer shall provide the Parties a draft of the proposed budget at least 30 days in advance of submission to the Court. The Parties shall raise with the Independent Reviewer any objections they may have to the draft of the proposed budget within 10 business days of its receipt. If the objection is not resolved before the Independent Reviewer's submission of a proposed budget to the Court, a Party may file the objection with the Court within 10 business days of the submission of the proposed budget to the Court. The Court shall consider such objections and make any adjustments it deems appropriate prior to approving the budget.

3. Thereafter, the Independent Reviewer shall submit annually a proposed budget to the Court for its approval by April 1 in accordance with the process set forth above.

4. At any time, the Independent Reviewer may submit to the Parties for approval a proposed revision to the budget, along with any explanation of the reason for the proposed revision. Should the Parties and Independent Reviewer not be able to agree on the proposed revision, the Court will be notified as set forth in Section V.H.2 above.

5. The approved budget of the Independent Reviewer shall not exceed $300,000 in any State Fiscal Year during the pendency of this Agreement, inclusive of any costs and expenses of hired staff and consultants, without the approval of the Commonwealth or the Court pursuant to Sections V.H.2. or H.4. above.

J. Reimbursement and Payment Provisions

1. The cost of the Independent Reviewer, including the cost of any consultants and staff to the Reviewer, shall be borne by the Commonwealth in this action up to the amount of the approved budget for each State Fiscal Year. All reasonable expenses incurred by the Independent Reviewer in the course of the performance of his/her duties as set forth in this Agreement shall be reimbursed by the Commonwealth. In no event will the Commonwealth reimburse the Independent Reviewer for any expense that exceeds the approved fiscal year budget or the amount approved under Sections V.H.4 or H.5 above. The Court retains the authority to resolve any dispute that may arise regarding the reasonableness of fees and costs charged by the Reviewer. The United States shall bear its own expenses in this matter. If a dispute arises regarding reasonableness of fees or costs, the Independent Reviewer shall provide an accounting justifying the fees or costs.

2. The Independent Reviewer shall submit monthly statements to DBHDS, with copies to the United States and the Court, detailing all expenses the Independent Reviewer incurred during the prior month. DBHDS shall issue payment in accordance with the monthly statement as long as such payment is within the approved State Fiscal Year budget. Such payment shall be made by DBHDS within 10 business days of receipt of the monthly statement. Monthly statements shall be provided to: Assistant Commissioner for Developmental Services, DBHDS, P.O. Box 1797, Richmond, Virginia 23238-1797.

3. In the event that, upon a request by the United States or the Independent Reviewer, the Court determines that the Commonwealth is unreasonably withholding or delaying payment, or if the Parties agree to use the following payment procedure, the following payment procedure will be used:

   a. The Commonwealth shall deposit $100,000.00 into the Registry of the Court as interim payment of costs incurred by the Independent Reviewer. This deposit and all other deposits pursuant to this Order shall be held in the Court Registry Investment System and shall be subject to the standard registry fee imposed on depositors.

   b. The Court shall order the clerk to make payments to the Independent Reviewer. The clerk shall make those payments within 10 days of the entry of the Order directing payment. Within 45 days of the entry of each Order directing payment, the Commonwealth shall replenish the fund with the full amount paid by the clerk in order to restore the fund's total to $100,000.00.

K. The Independent Reviewer, including any hired staff or consultants, shall not enter into any contract with the Commonwealth while serving as the Independent Reviewer. If the Independent Reviewer resigns from his/her position as Independent Reviewer, he/she may not enter into any contract with the Commonwealth on a matter related to this Agreement during the pendency of this Agreement without the written consent of the United States.

L. Other than the semi-annual compliance report pursuant to Section VI.C above or proceedings before the Court, the Independent Reviewer, and any hired staff or consultants, shall refrain from any public oral or written statements to the media, including statements "on background," regarding this Agreement, its implementation, or the Commonwealth's compliance. In addition, the Independent Reviewer shall not establish or maintain a website regarding this Agreement, its implementation, or the Commonwealth's compliance.

VII. Construction and Termination

A. The Parties agree jointly to file this Agreement with the United States District Court for the Eastern District of Virginia, Richmond Division.

B. The Parties anticipate that the Commonwealth will have complied with all provisions of the Agreement by the end of State Fiscal Year 2021. Compliance is achieved where any violations of the Agreement are minor or incidental and are not systemic. The Court shall retain jurisdiction of this action for all purposes until the end of State Fiscal Year 2021 unless:

1. The Parties jointly ask the Court to terminate the Agreement before the end of State Fiscal Year 2021, provided the Commonwealth has complied with this Agreement and maintained compliance for one year; or

2. The United States disputes that the Commonwealth is in compliance with the Agreement at the end of State Fiscal Year 2021. The United States shall inform the Court and the Commonwealth by January 1, 2021, that it disputes compliance, and the Court may schedule further proceedings as appropriate. The Party that disagrees with the Independent Reviewer's assessment of compliance shall bear the burden of proof.

C. The burden shall be on the Commonwealth to demonstrate compliance to the United States pursuant to Section VII.B.1 above. If the Commonwealth believes it has achieved compliance with a portion of this Agreement and has maintained compliance for one year, it shall notify the United States and the Independent Reviewer. If the United States agrees, the Commonwealth shall be relieved of that portion of the Settlement Agreement and notice of such relief shall be filed with the Court. The Parties may instead agree to a more limited review of the relevant portion of the Agreement.

D. With the exception of conditions or practices that pose an immediate and serious threat to the life, health, or safety of individuals receiving services under this Agreement, if the United States believes that the Commonwealth has failed to fulfill any obligation under this Agreement, the United States shall, prior to initiating any court proceeding to remedy such failure, give written notice to the Commonwealth which, with specificity, sets forth the details of the alleged noncompliance.

1. With the exception of conditions or practices that pose an immediate and serious threat to the life, health, or safety of individuals covered by this Agreement, the Commonwealth shall have forty-five (45) days from the date of such written notice to respond to the United States in writing by denying that noncompliance has occurred,

or by accepting (without necessarily admitting) the allegation of noncompliance and proposing steps that the Commonwealth will take, and by when, to cure the alleged noncompliance.

2. If the Commonwealth fails to respond within 45 days or denies that noncompliance has occurred, the United States may seek an appropriate judicial remedy.

3. If the Commonwealth timely responds by proposing curative action by a specified deadline, the United States may accept the Commonwealth's proposal or offer a counterproposal for a different curative action or deadline, but in no event shall the United States seek an appropriate judicial remedy for the alleged noncompliance until after the time provided for the Commonwealth to respond under Section VII.D.2 above. If the Parties fail to reach agreement on a plan for curative action, the United States may seek an appropriate judicial remedy.

4. Notwithstanding the provisions of this Section, with the exception of conditions that pose an immediate and serious threat to the life, health, or safety of individuals receiving services under this Agreement, the United States shall neither issue a noncompliance notice nor seek judicial remedy for the nine months after the effective date of this Agreement.

E. If the United States believes that conditions or practices within the control of the Commonwealth pose an immediate and serious threat to the life, health, or safety of individuals in the Training Centers or individuals receiving services pursuant to this Agreement, the United States may, without further notice, initiate a court proceeding to remedy those conditions or practices.

F. This Agreement shall constitute the entire integrated Agreement of the Parties.

G. Any modification of this Agreement shall be executed in writing by the Parties, shall be filed with the Court, and shall not be effective until the Court enters the modified agreement and retains jurisdiction to enforce it.

H. The Agreement shall be applicable to, and binding upon, all Parties, their employees, assigns, agents, and contractors charged with implementation of any portion of this Agreement, and their successors in office. If the Commonwealth contracts with an outside provider for any of the services provided in this Agreement, the Agreement shall be binding on any contracted parties, including agents and assigns. The Commonwealth shall ensure that all appropriate Commonwealth agencies take any actions necessary for the Commonwealth to comply with provisions of this Agreement.

I. The Commonwealth, while empowered to enter into and implement this Agreement, does not speak for the Virginia General Assembly, which has the authority under the Virginia Constitution and laws to appropriate funds for, and amend laws pertaining to, the Commonwealth's system of services for individuals with developmental disabilities. The Commonwealth shall take all appropriate measures to seek and secure funding necessary to implement the terms of this Agreement. If the Commonwealth fails to attain necessary appropriations to comply with this Agreement, the United States retains all rights to enforce the terms of this Agreement, to enter into enforcement proceedings, or to

withdraw its consent to this Agreement and revive any claims otherwise barred by operation of this Agreement.

J. The United States and the Commonwealth shall bear the cost of their fees and expenses incurred in connection with this case.

VIII. General Provisions

A. The Commonwealth agrees that it shall not retaliate against any person because that person has filed or may file a complaint, provided assistance or information, or participated in any other manner in the United States' investigation or the Independent Reviewer's duties related to this Agreement. The Commonwealth agrees that it shall timely and thoroughly investigate any allegations of retaliation in violation of this Agreement and take any necessary corrective actions identified through such investigations.

B. If an unforeseen circumstance occurs that causes a failure to timely fulfill any requirement of this Agreement, the Commonwealth shall notify the United States and the Independent Reviewer in writing within 20 calendar days after the Commonwealth becomes aware of the unforeseen circumstance and its impact on the Commonwealth's ability to perform under the Agreement. The notice shall describe the cause of the failure to perform and the measures taken to prevent or minimize the failure. The Commonwealth shall take reasonable measures to avoid or minimize any such failure.

C. Failure by any Party to enforce this entire Agreement or any provision thereof with respect to any deadline or any other provision herein shall not be construed as a waiver, including of its right to enforce other deadlines and provisions of this Agreement.

D. The Parties shall promptly notify each other of any court or administrative challenge to this Agreement or any portion thereof, and shall defend against any challenge to the Agreement.

E. Except as provided in this Agreement, during the pendency of the Agreement, the United States shall not file suit under the ADA or CRIPA for any claim or allegation set forth in the complaint.

F. The Parties represent and acknowledge this Agreement is the result of extensive, thorough and good faith negotiations. The Parties further represent and acknowledge that the terms of this Agreement have been voluntarily accepted, after consultation with counsel, for the purpose of making a full and final compromise and settlement of any and all claims arising out of the allegations set forth in the Complaint and pleadings in this Action, and for the express purpose of precluding any further or additional claims arising out of the allegations set forth in the Complaint and pleadings in this Action. Each Party to this Agreement represents and warrants that the person who has signed this Agreement on behalf of his or her entity is duly authorized to enter into this Agreement and to bind that Party to the terms and conditions of this Agreement.

G. Nothing in this Agreement shall be construed as an acknowledgement, an admission, or evidence of liability of the Commonwealth under federal or state law, and this Agreement

shall not be used as evidence of liability in this or any other civil or criminal proceeding.

H. This Agreement may be executed in counterparts, each of which shall be deemed an original, and the counterparts shall together constitute one and the same agreement, notwithstanding that each Party is not a signatory to the original or the same counterpart.

I. "Notice" under this Agreement shall be provided to the following or their successors:

For the United States:

Chief of the Special Litigation Section
United States Department of Justice
Civil Rights Division
601 D Street, N.W.
Washington, D.C. 20004

For the Commonwealth:

Attorney General of Virginia
900 E. Main Street
Richmond, VA 23219

Counsel to the Governor
Patrick Henry Building, 3rd Floor
1111 E. Broad Street
Richmond, VA 23219

For the Independent Reviewer:

Donald J. Fletcher
P.O. Box 54
16 Cornwell Road
Shutesbury, MA 01072-0054

IX. Implementation of the Agreement

A. The implementation of this Agreement shall begin immediately upon the Effective Date, which shall be the date on which this Agreement is approved and entered as an order of the Court.

B. Within one month from the Effective Date of this Agreement, the Commonwealth shall appoint an Agreement Coordinator to oversee compliance with this Agreement and to serve as a point of contact for the Independent Reviewer.

C. The Commonwealth shall maintain sufficient records to document that the requirements of this Agreement are being properly implemented and shall make such records available to the Independent Reviewer for inspection and copying upon request and on a reasonable basis.

D. The Commonwealth shall notify the Independent Reviewer and the United States

promptly upon the unexplained or unexpected death or serious physical injury resulting in on-going medical care of any individual covered by this Agreement. The Commonwealth shall, via email, forward to the United States and the Independent Reviewer electronic copies of all completed incident reports and final reports of investigations related to such incidents, as well as any autopsies and death summaries in the State's possession. The provision of any information to the Independent Reviewer and the United States pursuant to this Agreement shall not constitute a waiver of any privilege that would otherwise protect the information from disclosure to third parties.

E. The United States shall have full access to persons, employees, residences, facilities, buildings, programs, services, documents, records, and materials that are within the control and custody of the Commonwealth and are necessary to assess the Commonwealth's compliance with this Agreement and/or implementation efforts.

1. Such access shall include departmental and/or individual medical and other records in unredacted form.

2. The United States shall provide notice at least one week in advance of any visit or inspection.

3. The Parties agree that, in cases of an emergency situation that presents an immediate threat to life, health, or safety of individuals, the United States will be required to provide the Commonwealth with sufficient notice of such visit or inspection as to permit a Commonwealth representative to join the visit.

4. Such access shall continue until this case is dismissed.

5. The Commonwealth shall provide to the United States, as requested, in unredacted form, any documents, records, databases, and information relating to the implementation of this Agreement as soon as practicable, but no later than within thirty (30) business days of the request, or within a time frame negotiated by the Parties if the volume of requested material is too great to reasonably produce within thirty days.

6. The provision of any information to the United States pursuant to this Agreement shall not constitute a waiver of any privilege that would otherwise protect the information from disclosure to third parties.

FOR THE UNITED STATES:

NEIL H. MacBRIDE
United States Attorney
Eastern District of Virginia

ROBERT McINTOSH
Virginia Bar Number 66113
Attorney for the United States of America
United States Attorney's Office
600 East Main St., Suite 1800
Richmond, VA 23219
Telephone: (804) 819-5400
Facsimile: (804) 819-7417
Email: Robert.McIntosh@usdoj.gov

Respectfully submitted,

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Civil Rights Division

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Senior Counselor to the Assistant Attorney General
Civil Rights Division

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Special Counsel for Olmstead Enforcement
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FOR THE COMMONWEALTH:

7/17/12

WILLIAM A. HAZEL, JR., M.D.
Secretary of Health and Human Resources
on Behalf of Governor Robert F. McDonnell

7/17/12

KENNETH T. CUCCINELLI, II
as Attorney General of Virginia pursuant to Virginia Code § 2.2-514

7/17/12

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ENTERED THIS 23 day of August, 2012.

UNITED STATES DISTRICT JUDGE

Appendix B: Virginia's Plan to Increase Independent Living Options

Virginia's Plan to Increase Independent Living Options

To: Donald Fletcher, Reviewer

From: Department of Behavioral Health and Developmental Services

March 6, 2013

Table of Contents

Executive Summary

The Commonwealth of Virginia has developed this Plan to Increase Independent Living Options (Plan) to increase the availability of independent housing options for individuals with intellectual and developmental disabilities. This Plan is intended to meet the requirements of Section III.D.3 of the Settlement Agreement with the United States Department of Justice. A cornerstone principle of this Plan is the de-coupling of housing and services, such that service provision and housing decisions are separate and distinct, and individuals have choices about where they live and where they may obtain services. This will result in more individuals with intellectual and developmental disabilities and their families having more choices of where to live, with increased accessibility to affordable opportunities to live independently.

The Plan was developed by the Virginia Department of Behavioral Health and Developmental Services in consultation with an Interagency Housing Committee composed of representatives from the Office of the Secretary of Health and Human Resources, the Virginia Housing Development Authority, the Virginia Department of Housing and Community Development, the Virginia Department of Medical Assistance Services, the Virginia Department for Aging and Rehabilitative Services, and the Virginia Board for People with Disabilities, as well as stakeholder organizations.

The baseline estimate for the number of individuals with intellectual and developmental disabilities in the Commonwealth of Virginia who might choose independent living in state fiscal years 2014 and 2015 is 2,530. This baseline estimate is derived from analysis of current service utilization data, available informal survey data, anecdotal evidence of choice, and national data/trends. Virginia will collect key indicator data from case managers by March 2014. As part of this data collection, data on choice and the need for integrated independent housing will be systematically collected during an individual's annual planning process. This data will be used to provide an accurate and real time projection of housing choice and need for future years, with the first data being available in FY2015.

This Plan includes five goals. Background and rationale are provided for each goal, and each goal is followed by a detailed set of action steps. Appendix C includes a work plan with specific program start and end dates, agencies assuming lead responsibility for each, program performance measures (or outcomes), and the interagency in-kind and other resources dedicated to each task.

Goal One: Expand the Inventory of Affordable and Accessible Rental Units for Individuals with Intellectual and Developmental Disabilities.

Goal One sets in motion the development of an interagency agreement that will leverage the resources of multiple state agencies to provide additional rental units and use state agencies' resources and capacity to incentivize developers to create additional accessible and affordable housing for individuals with intellectual and developmental disabilities.

Goal One Strategies:

- Strategy 1.1: Pursue and leverage increased local, state, and federal rental subsidy opportunities.
- Strategy 1.2: Provide incentives for developers to build units for individuals with intellectual and developmental disabilities.

Goal Two: Increase Access to Rental Subsidies for Individuals with Developmental Disabilities.

Goal Two reflects efforts to increase the funding pool for subsidizing rental units for individuals with developmental disabilities through policy changes, funding requests, and partnership with local jurisdictions. A pilot rental assistance model is being explored to identify and assess the most effective way to provide affordable, accessible, and high quality rentals for individuals with intellectual and developmental disabilities now and in the future.

Goal Two Strategies:

- Strategy 2.1: Partner with state and local public agencies to prioritize rental subsidy needs of individuals with developmental disabilities.
- Strategy 2.2: Pursue and develop funding sources to expand the availability of rental assistance.

Goal Three: Build understanding and awareness of informed choices for independent living among individuals with developmental disabilities, families, public and private organizations, developers, and case managers.

Goal Three intends to generate increased awareness of, and interest and engagement in, moving from congregate homes to independent living among individuals and their families, developers, public and private referring agencies, and case managers. Communication materials, trainings, and a coordinated outreach effort by the state agencies involved and the Interagency Housing Committee members is intended to result in more individuals making an informed choice for independent living in their communities.

Goal Three Strategies:

- Strategy 3.1: Develop and Implement a communications, advocacy, outreach, and education plan.
- Strategy 3.2: Build the capacity of public and private agencies to assist individuals with disabilities and their families in making informed choices.

Goal Four: Review potential federal and state policy changes that will facilitate increased access and availability of services and supports that permit individuals to choose more independent living options.

Goal Four spells out how the Commonwealth will review potential changes to both federal and Commonwealth of Virginia Medicaid policies that could allow more individuals and their families to have the financial support to be able to choose to live in accessible and affordable independent living settings. The intent is to identify opportunities to increase the flexibility of Medicaid funding for use by individuals with intellectual and developmental disabilities who seek to live independently in the community.

Goal Four Strategy:

- Strategy 4.1: Review opportunities to facilitate increased access to independent living options.

Goal Five: Assess and advance coordinated plan implementation

Goal Five puts in place the infrastructure and leadership to implement this Plan, relying on both data and the Interagency Housing Committee. The Virginia Department of Behavioral Health and Developmental Services will establish, track, and analyze benchmarks to advance the Plan and reach identified goals in collaboration with the Interagency Housing Committee.
Goal Five Strategies:

- Strategy 5.1: Track, evaluate, and continuously improve upon Plan progress.
- Strategy 5.2: Convene State and Local partners to ensure implementation of the Plan.

The intent of this Plan is to ensure that more individuals with intellectual and developmental disabilities and their families receive the information they need to make an informed choice about where to live. Additionally, the Plan seeks to increase independent living options as a result of increased development, improvements in federal and state funding and eligibility policies, the design and assessment of a new approach to rental assistance, and increased understanding and promotion of independent living as beneficial to individuals and

communities. The success of this Plan will be measured primarily by five indicators, as well as performance outcomes for the specific actions under each of the five goals. For the first three years of the Plan, 2013-2016, these indicators are:

- An increase in the number of affordable and accessible rental units by 2016. (The increase in the number of units each year will be established by September 2013.)
- A five percent increase each year in the number of individuals who are new to the waiver requesting in-home rather than congregate services.
- An increase in the number of individuals who access rental subsidies each year. (The percent increase will be set by September 2013.)
- A ten percent increase each year in the use of Medicaid for independent living, as measured by the increase in the number of individuals receiving Medicaid ID or DD waiver services and living independently.
- Achievement of annual plan benchmarks, established by September 2013.

The implementation of this Plan's goals and strategies will be administered by the Virginia Department of Behavioral Health and Developmental Services (DBHDS), in consultation with the Interagency Housing Committee. To ensure success, members of the Interagency Housing Committee are committed to coordinating their resources, engaging local and state partners to advance the implementation of the Plan, and tracking and analyzing results for increased efficiency and impact.

I. Introduction

Nationwide and in the Commonwealth of Virginia, there is an understanding and acknowledgement that individuals with developmental disabilities want to remain in their homes and communities. Inclusion of individuals with developmental disabilities into all aspects of society -- work, school, recreation, and government – offers the Commonwealth of Virginia the opportunity to benefit from our diversity, share our experiences, and be collectively strengthened.

Individuals with developmental disabilities can live fuller, more independent lives in integrated community settings. The term "independent living" reflects the right to participate in society and share in the opportunities available to all citizens. Affordable housing and community-based support services are keys to independence for thousands of Virginians with developmental disabilities.

This Plan delineates five goals and nine strategies that will increase access to independent living options for individuals with intellectual and developmental disabilities.

Background

The Commonwealth of Virginia has developed this Plan to increase the availability of independent housing options for individuals with intellectual and developmental disabilities. The Plan is intended to meet the requirements of Section III.D.3 of the Settlement Agreement with the United States Department of Justice. The Plan also includes a provision to establish and begin distributing from a one-time fund of $800,000 to provide and administer rental assistance to as many individuals with developmental disabilities as possible who receive Home and Community-Based Services (HCBS) Waivers, and express a desire for living in their own home or apartment, and for whom such a placement is the most integrated setting appropriate to their needs.

With the exception of the $800,000 rental assistance fund, the Interagency Housing Committee was charged with developing this Plan as cost-neutral, using existing resources or savings generated through implementation of the Plan to support recommendations. Should additional resources become available, the Committee will incorporate these opportunities into their future planning efforts.

Charge and Method

In May 2012, an Interagency Housing Committee composed of representatives from DBHDS, the Office of the Secretary of Health and Human Resources, the Virginia Housing Development Authority (VHDA), the Virginia Department of Housing and Community Development (DHCD), the Virginia Department of Medical Assistance Services (DMAS), the Virginia Department for Aging and Rehabilitative Services (DARS), and the Virginia Board for People with Disabilities (VBPD), as well as stakeholder organizations, was formed to create this Plan. Appendix A includes the name and affiliation of members of the Interagency Housing Committee.

This Plan sets forth five major goals with nine strategies and detailed action steps to achieve those goals. The Plan also provides baseline estimates regarding the number of individuals with developmental disabilities who are projected to choose independent living options. The method of calculating and projecting the baseline estimates is detailed in the report.

Underlying Principles

The Commonwealth of Virginia supports efforts to make available housing options to individuals with intellectual and developmental disabilities. A cornerstone principle of this Plan is the de-coupling of housing and services, such that service provision and housing decisions are separate and distinct, so that an individual's choice about where they live is a separate decision from where they may obtain services. This will result in more individuals with intellectual and developmental disabilities and their families having more choices of where to live and increased accessibility to affordable opportunities to live independently. Historically, individuals with intellectual and developmental disabilities have resided in congregate housing settings in which the service and housing provider were one and the same, thereby creating a situation in which an individual's housing and services choices are inextricably linked.

While the recommendations in this Plan are inclusive of individuals who live with their families or in their own homes, this plan focuses primarily on individuals with intellectual and developmental disabilities and their families who seek to lease independent and integrated housing in the setting of their choice. The recommendations related to services, outreach, and training also affect individuals who own their own homes or live with their families.

II. Demographic Profile and Projections

Individuals with Intellectual and Development Disabilities in Virginia

Virginia ranks among the ten lowest states in average income for an individual with a disability receiving Supplemental Security Income (SSI). As of December 2011, 151,013 individuals in Virginia received SSI. Of those receiving SSI, 18,846 were classified as aged, and 132,167 were classified as blind and/or disabled.[i]

Total SSI Recipients	Category Aged	Category Blind/Disabled	Under Age 18	Age 18-64	= To or Older than Age 65
151,013	18,846	132,167	24,049	93,004	33,960

Virginians receiving SSI benefits are at extreme levels of poverty and are facing a housing crisis. In the twelve years since it was first published, *Priced Out in 2010: The Housing Crisis for People with Disabilities,* reports that, as a national average, the amount of monthly SSI income, adjusted for inflation, that is needed to rent a modest one-bedroom unit has risen 62 percent, from $462 (69 percent of SSI) in 1998 to $749 (112 percent of SSI) in 2010[1].

Data reported in *Out of Reach 2010* by the National Low Income Housing Coalition show that the annual income of a single individual receiving SSI equaled only 15.6 percent of median income in Virginia. This is almost 30 percent below the 2010 federal poverty level of $10,830 for an individual. As a result, the housing affordability gap for individuals with developmental disabilities in the Commonwealth is significant.

Many individuals with developmental disabilities have extremely low incomes due to reliance on SSI or Social Security Disability Insurance (SSDI) as their primary source of financial support. Both SSI and SSDI are cash assistance programs that help individuals with disabilities. Individuals dependent on SSI and SSDI lack sufficient income to afford adequate housing anywhere in Virginia. Even when individuals choose to form a two-person "shared living arrangement," their joint purchasing power is not sufficient to afford a two-bedroom unit in most metropolitan localities throughout the Commonwealth. In Virginia and nationally, citizens are being priced out of the housing market, especially individuals with developmental disabilities receiving SSI benefits, or whose income is otherwise limited.

[1] Technical Assistance Collaborative - "Priced Out in 2010" Report

Demographics:

The information and maps in Appendix B provide a visual snapshot of the geographic regions where individuals with developmental disabilities who receive ID Waiver services or are on the ID Waiver Urgent Waitlist currently reside, or, for those living in a training center, the area considered to be their Community Services Board (CSB) of origin. In order to accomplish the goals outlined in this Plan, it is necessary to support local, regional, and statewide planning to increase opportunities for housing choice. The maps assist with assessing local and regional needs and informing these short- and long-term planning efforts. These maps will be used by the Interagency Housing Committee to target outreach efforts, pinpoint areas for future education and development, and inform any applications for federal or state resources that may become available in the future[2].

Training Centers: As of January 24, 2013, 894 individuals resided in the five DBHDS-operated training centers. Map 1.1, in Appendix B, illustrates the number of individuals residing in a training center by CSB of origin. The current use of training centers varies across the 40 CSB service areas. The majority of individuals leaving training centers will be returning to their CSB of origin, or their home CSB region of origin.

ID Waiver Urgent Waitlist: As of January 24, 2013, there were 2,538 individuals 18 years of age and older on the ID Waiver urgent waitlist. Map 1.2, in Appendix B, illustrates the number of individuals on the urgent waitlist by CSB. Map 1.3, in Appendix B, illustrates the ID Waiver urgent waitlist rate per each 1,000 residents by CSB.

Individuals receiving ID Waiver Services Living with their Family: As of January 24, 2013, there were 3,034 individuals age 18 years and older living with family and receiving ID Waiver services. Map 1.4, in Appendix B, illustrates the geographic area by CSB where these individuals reside. Map 1.5, in Appendix B, illustrates the rate of individuals age 18 years and older living with family and receiving ID Waiver services per 1,000 residents by CSB. It is anticipated that the majority of individuals living with family who might choose to move into independent housing would also choose to live in close proximity to their family.

Individuals receiving ID Waiver Congregate Residential Services: As of January 24, 2013, there were 5,152 individuals receiving ID Waiver congregate residential services. Map 1.6, in Appendix B, illustrates the geographic area by CSB where these individuals reside. Map 1.7, in Appendix B, illustrates the number of individuals receiving congregate residential services per 1,000 residents by CSB.

[2] Please note that maps using dots do not represent the exact location of a person. The location of the dot is selected at random within a zip code or Community Services Board (CSB) location.

Non-State Operated ICF/ID: As of January 24, 2013, there were 292 non-state operated Intermediate Care Facility beds for adults with intellectual disabilities (ICF/ID) beds for adults. While we do not currently collect occupancy data for these facilities, staff is confident that they are at full capacity for most of the year. The size of the facilities ranged from 3 beds to 15 beds. Map 1.8, in Appendix B, illustrates the geographic areas where these facilities are located.

III. Baseline Number of Individuals Who Would Choose Independent Living Options

Independent living opportunities for individuals receiving HCBS waivers have been inconsistent, and not an identifiable choice for many individuals, family members, and professionals. Assisting individuals so that they can make informed choices is also a key component of successfully transitioning to more appropriate housing options. Individuals on the wait list or living in training centers, Intermediate Care Facilities, and nursing facilities often lack sufficient information regarding the available housing options. Additionally, as a result of long-term institutionalization, individuals may lack sufficient skills to weigh choices and may also lack confidence in their own ability to both make good choices and assert their desires.

Given the complexity of determining a baseline number of individuals who would choose independent living options, national housing experts with the Technical Assistance Collaborative (TAC), located in Boston, Massachusetts, were consulted by the Interagency Housing Committee. TAC has provided policy leadership, technical assistance, and consultation for numerous federal, state, and local government agencies, as well as for national policy and advocacy, philanthropic, and nonprofit organizations for over 20 years.

TAC surveyed the literature and spoke with experts in the field to determine if proceeding with a written or web-based survey would be a valid approach to ascertaining the housing preferences and choices of people with intellectual or developmental disabilities. Their findings concluded that the literature only supports doing face-to-face and person centered planning processes to ascertain people's preferences for housing or residential services.

There is no data reported in the literature from other surveys of people on waiting lists from which the possible preferences of people in Virginia could be extrapolated. [ii] It was determined by the Interagency Housing Committee that only currently available data described below could reasonably be used at this time to establish a conservative baseline of individuals who would likely choose integrated independent living.

The Commonwealth has determined a baseline estimate that 2,530 individuals receiving or eligible to receive services through the HCBS waivers would choose independent living options in state fiscal years 2014 and 2015.

Baseline categories include the following:

1. Individuals on the ID Waiver Urgent Waitlist;
2. Individuals on the DD Waiver Waitlist;
3. Individuals currently residing in congregate group homes receiving ID waiver who may prefer a more independent living option;
4. Adults currently residing with their families receiving in-home residential services in the ID or DD waiver who may prefer a more independent living option;
5. Individuals residing in a nursing home; and
6. Individuals currently residing in training centers or community-based ICF/ID facilities.

This baseline estimate is derived from analysis of current service utilization data, available informal survey data, anecdotal evidence of choice, and national data/trends (see Table 1 on page 15). Virginia will collect key indicator data from case managers by March 2014. As part of this data collection, data on choice and the need for integrated independent housing will be systematically collected during an individual's annual planning process. This data will be used to provide an accurate and real time projection of housing choice and need for future years, with the results being available in FY2015.

Virginia Community Services Boards' Records

Table 1 on the following page shows the number of individuals listed in the electronic data base system maintained at DBHDS for ID Waiver support services. The estimated number of individuals and families who would be interested in a more independent living setting through availability of integrated housing and Waiver-funded in-home supports by CSB is depicted in the last column. This figure is a conservative estimate derived from the above analysis and knowledge of the population currently being served.

For 2014, 10% of the population currently being served in a group home setting and 10% of the number of adults living at home with their families are estimated as likely to choose an apartment option if it were offered to them. The estimate amounts to almost 900 individuals

statewide. For 2015, an estimate of 15% of the population currently being served in a group home setting and 15% of the number of adults living at home with their families would be expected to choose an apartment option if it were offered to them. This estimate amounts to over 1,300 individuals statewide.

There is informal evidence consistent with an assumption that many adults living at home with their families are doing so due to their lack of interest in the group home model. Adding to the uncertainty in predicting whether individuals might choose a more independent model in the future is how Virginia will modify future waiver services to support more independent living options. Virginia is currently undertaking a waiver evaluation study to examine the pros and cons of making changes to the service definition of in-home supports to allow for a more flexible use of the service consistent with lifestyle choices, preferences, and needs of individuals being supported by the waiver, and to allow greater opportunities for use of technology to support individuals, and reduce their reliance on direct support staff. Any future changes to these services will have an impact on individuals' future housing options.

Table 1 on the following page provides summary information relating to the above mentioned baseline estimate for individuals with an intellectual disability. The table in Appendix D provides additional information regarding the facility censuses and waitlist totals.

Table 1 – Summary Baseline Data Table for ID Population

CSB Name	Baseline Estimate for Adults in Inst. (3%)*	Baseline Estimate for FY 2014 Waiver Recipients (10%)**	Baseline Estimate for FY 2015 Waiver Recipients (15%)***	Total Baseline Estimate for FY 2014 (10%) and FY 2015 (15%) Waiver Recipients****
ALEXANDRIA CSB	1	9	13	22
ALLEGHANY HIGHLANDS CSB	0	4	6	10
ARLINGTON MENTAL HEALTH	2	9	13	23
BLUE RIDGE CSB	1	30	46	77
CENTRAL VIRGINIA CSB	2	44	67	113
CHESAPEAKE CSB	1	14	22	37
CHESTERFIELD CSB	1	55	85	141
CITY OF VA BEACH CSB MHMRSAS	2	51	78	131
COLONIAL BEHAVIORAL HEALTH	0	9	14	23
CROSSROADS CSB	0	15	23	38
CUMBERLAND MTN CSB	2	11	17	30
DANVILLE-PITTSYLVANIA CSB	1	23	36	60
DICKENSON Y CSB	0	2	3	5
DISTRICT 19 CSB	1	23	35	59
EASTERN SHORE CSB	0	9	13	22
FAIRFAX FALLS CHURCH CSB	5	63	100	168
GOOCHLAND POWHATAN MENTAL HLTH	0	5	7	12
HAMPTON-NN CSB	2	40	62	104
HANOVER Y CSB	0	10	16	27
HARRISONBURG-ROCKINGHAM CSB	1	16	24	40
HENRICO CSB	1	33	51	85
HIGHLANDS CSB	1	9	14	24
LOUDOUN Y CSB	0	12	19	31
MIDDLE PENINSULA NECK CSB	0	18	27	45
MOUNT ROGERS CSB	1	21	32	54
NEW RIVER VALLEY CSB	1	17	26	44
NORFOLK CSB	2	31	48	81
NORTHWESTERN CSB	0	25	38	63
PIEDMONT CSB	1	21	32	53
PLANNING DISTRICT ONE CSB	1	13	20	34
PORTSMOUTH DEPT OF BEHAVIORAL	1	20	30	50
PRINCE WILLIAM Y CSB	1	26	40	67
RAPPAHANNOCK AREA CSB	0	36	56	92
RAPPAHANNOCK RAPIDAN CSB	1	16	25	42
REGION TEN CSB	1	24	37	63
RICHMOND BHVRL HLTH AUTHORITY	2	35	55	92
ROCKBRIDGE AREA CSB	0	6	9	15
SOUTHSIDE CSB	1	16	23	39
VALLEY CSB	1	22	34	57
WESTERN TIDEWATER CSB	1	17	27	46
GRAND TOTAL	**39**	**856**	**1,323**	**2,218**

Date: January 24, 2013

Please note: All numbers are rounded to the nearest whole number.

* Assumption: A minimum of 3 percent of the individuals over the age of 18 that are living in a Training Center, Community ICF or Nursing Home would choose an independent living option, if available.

**Assumption: A minimum of 10 percent of the individuals over the age of 18 that are receiving waiver supports that are either living with family or in a congregate setting and 10 percent of the individuals that will receive a waiver slot in FY 2013 would choose an independent living option, if available.

***Assumption: A minimum of 15 percent of the individuals over the age of 18 that are receiving waiver supports that are either living with family or in a congregate setting and 15 percent of the individuals that will receive a waiver slot in FY 2013 would choose an independent living option, if available.

**** Baseline estimate does not include individuals that are not at least 18 years of age or older, or individuals that are not receiving waiver services in an in-home or congregate setting (e.g. individuals that only receive vocational or day support services under the waiver).

DMAS derived its projections for the number of individuals receiving DD waiver services who would take advantage of independent living from a survey the DMAS conducted in 2011. The DMAS leadership recognized both the significant number of young adults currently enrolled in the DD Waiver who may naturally look toward greater housing independence in the future; and Virginia's interest in ensuring the greatest inclusiveness and community integration for individuals with developmental disabilities. No data on housing for this population had been collected prior to their survey regarding housing preferences for those enrolled in the DD Waiver. The chart below shows the results of the survey conducted by DMAS staff for individuals' age 18 years and older who received a level of care annual assessment during the period November 15, 2011 through October 31, 2012.

Table 2 – Baseline Data

DD Waiver Status over age 18 years of age	Would you choose to live in another type of housing arrangement / residential service today? (Yes Responses)	Total Baseline Estimate for FY 2014 (16%)
534 individuals enrolled	85	
441 individuals on waiting list	71	
975 Total individuals enrolled and on waiting list	156	156*

*Estimated at 16% based upon the survey responses for individuals enrolled in the DD Waiver.

The survey consisted of a one-page questionnaire developed by DMAS that asked three questions about choices of housing arrangement or residential options. As a part of the face-to-face annual level-of-care (LOC) assessment, DMAS staff completed the survey with the individual. Frequently, a family member was present during the interview. The first question asked: "If given a choice today, would you choose to live in another type of housing arrangement/residential service?". A total of 85 individuals over the age of 18 responded "yes" to this question.

If individuals indicated that they did not currently wish to live in another housing arrangement/residential services today, the DMAS staff asked a follow-up question: "Do you think that, within the next five years, you would choose another type of housing?" A total of 139 (26%) individuals indicated that they thought they would choose another type of housing in the next five years.

While there are limitations inherent in this survey, there are some lessons learned from the process. For the reasons discussed earlier in this report, the DD Waiver offers no congregate living options. The DMAS survey included congregate options (group homes and sponsored

residential) along with the more independent settings (supported living and shared living) as a means to begin a discussion with individuals and families about housing. Many variables factor into the decision regarding housing choices. Choosing a living arrangement is unique to each individual based upon their needs and preferences at a point in time.

Based on the responses to the survey indicating that 16% of individuals age 18 and older would choose another type of living arrangement today, it is estimated that 16% of individuals receiving services through DD waiver or on the DD waiver wait list would be likely to choose another type of living arrangement. Also, the survey indicates there is a significant number of individuals who anticipate needing other housing options in the next five years.

IV. Goals and Strategies

The Plan includes five goals, each followed by strategies to accomplish the goal. In this section, a background and rationale is provided for each goal, followed by a detailed set of action steps. Appendix C includes a work plan with specific program start and end dates, agencies assuming lead responsibility for each, program performance measures (or outcomes), and the interagency in-kind and other resources dedicated to each task.

Goal One: Expand Inventory of Affordable and Accessible Housing

Goal 1 sets in motion the development of an interagency agreement that will leverage the resources of multiple state agencies to provide additional rental units, and uses the resources and capacity of state agencies to incentivize developers to create additional accessible and affordable housing for individuals with intellectual and developmental disabilities.

1. *Expand the Inventory of Affordable and Accessible Rental Units for Individuals with Intellectual and Developmental Disabilities.*

Rationale

Prior to the mid-1980s**,** the federal government relied heavily on project-based rental assistance programs to meet the housing needs of extremely low-income renters. These programs provided long-term public subsidy contracts as an inducement for private investment in rental housing that could serve households otherwise unable to pay the rent. In past decades, this model sustained the development of a substantial number of privately-owned, deeply-subsidized rental units in Virginia. As of 2010, nearly 39,000 of the over 106,000 federal rent subsidy units in Virginia were part of federal subsidy contracts with private landlords on properties developed through project-based subsidy programs.

Yet, in 2013, due to budget constraints, project-based subsidy programs are extremely limited in size. Furthermore, the U. S. Department of Housing and Urban Development (HUD) is no longer willing to enter into long-term subsidy contracts. Consequently, private for-profit developers and investors are reluctant to make new long-term capital investments in rental units subject to occupancy restriction to extremely low-income households.

Non-profit affordable housing developers remain willing to serve the needs of extremely low-income people. However, their ability to attract private capital investment through the federal Low Income Housing Tax Credit Program (LIHTC) is made challenging by the limited term of subsidy contracts. In addition, they may be unwilling to rent to tenants, especially individuals with developmental disabilities, if they face the prospect of having to evict such tenants in the event of the non-renewal of short-term rental subsidy contracts. Funding actions by HUD over the past decade have further restricted rents and delayed subsidy payments. These actions, along with current federal fiscal uncertainties, have heightened owner and investor wariness about assuming program risks.

Strategy and Action Steps:

Strategy 1.1: Pursue and leverage increased local, state, and federal affordable rental subsidy opportunities.

- 1.1.1. Assess the effectiveness of the LIHTC guidelines and incentives in expanding the inventory of affordable, accessible units and facilitating the use of housing subsidy funds from all available sources. Make changes as needed and appropriate.
- 1.1.2. Develop and execute a foundational interagency Memorandum of Understanding with VHDA, DHCD, DMAS, VBPD, and DARS that establishes each agency's role and responsibility in increasing access to independent living options for individuals with developmental disabilities.
- 1.1.3 DHCD will partner with VHDA, DMAS, and DBHDS to apply for future capital and other external funding opportunities that will support the creation of housing options for individuals with developmental disabilities.
- 1.1.4 Target a percentage of the Virginia Housing Trust Fund[3] monies to provide secondary financing to enable further write down of rents on affordable units serving individuals with developmental disabilities.
- 1.1.5 Incentivize developers to collaborate with local entitlement jurisdictions to align both state- and locally- controlled resources to develop affordable rental housing.

[3] Formerly known as the "Virginia Housing Partnership Revolving Fund" and renamed to the "Virginia Housing Trust Fund" in House Bill 2005. Please note that this is not the $800,000 funding appropriated in connection with this Plan.

Strategy 1.2: Provide incentives for developers to create units for individuals with intellectual and developmental disabilities.

- 1.2.1 Provide incentives in the competitive LIHTC program to encourage developers to increase the share of units meeting high accessibility and Universal Design standards.
- 1.2.2. Provide incentives in the competitive LIHTC program to developers who serve very low-income populations.
- 1.2.3. Provide the highest level of LIHTC incentives to developers who provide project-based rent subsidies, or provide preferential marketing to voucher holders.
- 1.2.4. Make the needs of individuals with developmental disabilities one of the priorities in VHDA's internal REACH subsidy allocation, and use REACH subsidies to write down mortgage costs to facilitate the building of units for the lowest income populations.

Goal Two: Access to Rental Subsidies

Goal Two reflects efforts to increase the funding pool available for subsidized rental units for individuals with developmental disabilities through policy changes, funding requests and partnership with local jurisdictions. A pilot rental assistance model that supports transition costs and environmental modifications is being explored to identify and assess the most effective way to provide affordable, accessible, and high quality rentals for individuals with intellectual and developmental disabilities now and in the future.

2. *Increase Access to Rent Subsidies for Individuals with Developmental Disabilities.*

Rationale

Households with extremely low incomes depend on rent subsidy assistance to afford adequate housing. Unlike Medicaid payments, rent subsidies are not part of the national entitlement safety net; only a small share of households in need receive assistance. The most recent data available from the Census Bureau, U.S. Department of Housing and Urban Development (HUD), and the U.S. Rural Housing Services indicate that, of the over 200,000 extremely low income renter households in Virginia, less than half (approximately 40-45 percent) receive public rental assistance[4]. Those who are not able to receive rental assistance suffer severe rent burden and/or have to reside in inadequate living situations. The lack of access to rent subsidies by extremely low-income households cannot be readily resolved through reallocation of assistance to those most in need. Currently, it is estimated that 80 percent of the

[4] U.S. Census Bureau special tabulations for HUD from the 2005-09 American Community Survey, and 2010 statewide inventory of federally assisted rental housing in Virginia compiled by VHDA from data from HUD, the U.S. Rural Housing Services, local PHAs, and VHDA.

approximately 106,000 federal rent subsidy units in Virginia are occupied by households with extremely low incomes.[5]

Wait lists for housing assistance remain very long throughout Virginia, and most remained closed in 2012 except for brief, infrequent intervals when new names were added. In accordance with federal regulations and guidelines, wait lists are maintained locally by public housing agencies and individual private landlords with federal subsidy contracts for units in their properties. This makes the process of applying for assistance confusing and difficult, and makes coordination with state-managed Medicaid wait lists challenging.

Most individuals with intellectual or developmental disabilities have never been placed on these waitlists, yet a substantial number of other people with various disabilities have been. Consequently, general disability wait list preferences are likely to have little impact on the ability of individuals with ID and DD to access rental assistance on a timely basis. HUD will consider granting a remedial Olmstead tenant selection preference to public housing agencies to provide disability-specific special admission preferences in their Housing Choice Voucher programs that can bypass wait lists. Such an action requires special HUD approval.

Over half of the federal rental assistance available in Virginia is administered directly by local public housing agencies (PHAs), mainly through the Housing Choice Voucher and Public Housing Programs. Access to another large share of rent subsidy units is controlled by private landlords with federal project-based rent subsidy contracts. VHDA administers roughly 20 percent of Housing Choice Voucher assistance, but controls access to less than 10 percent of aggregate federal rental assistance in Virginia. Consequently, local PHA capacity and willingness to administer rental assistance to individuals with developmental disabilities is critical to the success of this Plan. Unfortunately, PHA capacity has been severely strained by several decades of inadequate administrative funding from HUD, and the severe shortage of subsidy funds relative to critical unmet needs makes it difficult for PHAs to shift program priorities and preferences in order to serve individuals with developmental disabilities in a timely manner.

In addition, many individuals with developmental disabilities need housing that is physically accessible. Yet vacant, available for rent, affordable, and accessible housing units remain limited. Consequently, most individuals who need accessible housing will have to make modifications to their units – often to the kitchens, bathrooms, and unit entrances. The cost just to remove an existing bathtub, toilet, and vanity; reconfigure the plumbing; re-grade the floor; and install a new roll-in shower, accessible toilet, accessible roll-under sink, and grab bars can easily exceed $10,000. Aside from VHDA's rental modification grant of up to $2,000 per

[5] This estimate is based on HUD Resident Characteristics Reports for Public Housing and Housing Choice Vouchers and residency in VHDA's Section 8 property portfolio.

year and occasional charitable or faith-based organization contributions or foundation grants, there are few sources of grant funding for accessibility improvements for individual renters.

Some individuals with developmental disabilities also need assistive technology in order to live independently, but lack sufficient income to purchase needed equipment. The Assistive Technology Loan Fund offers very low-interest loans for both environmental modifications and assistive technology; however, most individuals in the target population can neither qualify for nor afford a loan. While the ID and DD Waivers offer funding for environmental modifications and assistive technology, both services are limited to $5,000 per year and cannot be carried over from year to year.

The Commonwealth has established an $800,000 rental assistance fund to address these gaps and is currently exploring a pilot rental assistance project to identify and assess the most effective way to provide affordable, accessible, and high quality rentals for individuals with developmental disabilities.

Strategies and Action Steps

Strategy 2.1: Partner with state and local public agencies to prioritize rent subsidy needs of individuals with developmental disabilities.

- 2.1.1. Request HUD approval to provide special admissions preference for individuals with developmental disabilities in VHDA's Housing Choice Voucher program.
- 2.1.2 Encourage local Public Housing Agencies to adopt a "Money Follows the Person" admissions preference in their programs.

Strategy 2.2: Pursue and develop funding sources to expand the availability of rental assistance.

- 2.2.1. DHCD will partner with VHDA, DMAS, and DBHDS to apply for FY 2013 HUD Section 811 funding. DHCD will also partner with the above referenced agencies to apply for future HUD Section 811 and other rental subsidy opportunities that will support the creation of housing options for individuals with developmental disabilities.
- 2.2.2. Apply for any future incremental federal voucher assistance.
- 2.2.3. Finalize the operational details of a pilot rental assistance project and seek approval from the Secretary of Health and Human Resources for implementation using the $800,000 rental assistance fund.
- 2.2.4. If approved, create and implement the rental demonstration project.
- 2.2.5 If approved and implemented, determine the outcomes of the rental demonstration project and explore and pursue opportunities to create a non-federally-funded rental assistance program that will provide on-going rental assistance and support transition costs and needed environmental modifications.

- 2.2.6 Encourage local Public Housing Agencies to apply for any future incremental federal Housing Choice Voucher assistance.

Goal Three: Build Understanding and Awareness of Informed Choices

Goal Three intends to generate increased interest and engagement in moving from congregate homes to independent living among individuals with developmental disabilities and their families, developers, public and private referring agencies, and case managers. Communication materials, trainings, and a coordinated outreach effort by the state agencies involved and the Interagency Housing Committee members are intended to result in more individuals with developmental disabilities making an informed choice for independent living in their communities.

3. *Build Understanding and Awareness of Informed Choices for Independent Living Among Individuals with Developmental Disabilities, Families, Public and Private Organizations, Developers, and Case Managers.*

Rationale

The Interagency Housing Committee discussed barriers and examined evidence indicating that a large number of families do not envision the group home model in their children's future. Additionally, a number of adults currently residing with their families receiving in-home supports likely reside with their families due to having few options beyond the choice to receive congregate services in a group home. Increasingly, families are embracing more fully inclusive and integrated service models that reflect the values of individual choice and self-determination. Receiving in-home supports in integrated and independent housing that is separate from services better reflects the vision and expectations families and individuals aspire for in the future. The availability of a wider array of choices would likely result in a selection of independent living more of the time.

Capacity for programs often grows as people who would be potential users of the programs become more knowledgeable about the programs and advocate for change. The demand for integrated housing is expected to rise as people become more knowledgeable about the ability to select integrated living settings. The apparent preference of people served with the ID Waiver to use congregate housing may be the result of a lack of information or availability of services in integrated housing. Individuals' and families' options may be limited to congregate housing if they cannot otherwise afford market rate housing or if they do not have Section 8 or other housing subsidies.

Case managers, who are primarily responsible for assisting people with making decisions about housing, often do not understand what housing subsidies are available and how to pursue these subsides. The capacity of case managers to understand housing options and to assist people to obtain desired housing needs to be improved statewide.

Individuals who reside in institutions or congregate settings need to be made aware of housing subsidy programs and wait list procedures. This information should routinely be provided as part of the transition planning process, as individuals prepare to transition from either an institution or congregate setting. For example, Public Housing Agencies need to ensure that their agency plans, which are updated on an annual basis, include outreach to individuals living in nursing facilities and other institutions.

In addition, rental housing developers and investors are also reluctant to formally restrict occupancy of units to specific narrow populations for which the magnitude of ongoing, sustained demand is uncertain. This is especially true for special need populations, including individuals with developmental disabilities, for whom successful occupancy is contingent not only on the continued receipt of rent subsidy assistance, but also on access to and appropriate receipt of supportive services. The current lack of ongoing referral of tenants with developmental disabilities to restricted units contributes further to owner/investor concerns with assuming program risks.

Strategies and Action Steps

Strategy 3.1: Develop and Implement a communications, advocacy, outreach, and education plan.

- 3.1.1 Create a communications plan tailored to key audiences that delineates the "new paradigm" emphasizing independent living. Target audience to include, but not be limited to, the following: CSBs, case managers, private providers, individuals and their families, housing developers, Public Housing Agencies, local entitlement communities, private landlords, regional entities, and others.
- 3.1.2. Develop and message out the key components of the housing options desired through social and other media, including its fundamental principles, opportunities, challenges, and restrictions.
- 3.1.3. Conduct outreach, education, and communication with agencies, such as Public Housing Agencies, housing developers, and private landlords to include information about the Virginia Housing Search Tool, accessibility standards, and Universal Design.
- 3.1.4 Support efforts by Centers for Independent Living (CIL's) to implement outreach and educational initiatives with Public Housing Agencies and entitlement communities to encourage the allocation of resources to create housing options for individuals with developmental disabilities.

- 3.1.5 Convene and coordinate appropriate agencies to maximize public outreach resources to communicate the "new paradigm" message to individuals and their families, regional staff, local agencies, transportation agencies, service providers, and other stakeholders.
- 3.1.6 Develop education and training methods to reach individuals and their families with information about available choices and opportunities for independent living.
- 3.1.7 Develop local and regional partnerships necessary to support and sustain the communication strategy and continued availability of independent living options.

Strategy 3.2: Build the capacity of public and private agencies to assist individuals with developmental disabilities and their families in making informed choices.

- 3.2.1 Provide semi-annual training sessions for individuals with developmental disabilities and their families.
- 3.2.2. Provide quarterly training opportunities for ID and DD waiver case managers to educate them about available independent living options.

Goal Four: Review Federal and State Policy to Identify Potential Changes

Goal Four spells out how the Commonwealth will review potential changes to both federal and Commonwealth of Virginia Medicaid policies that could allow more individuals and their families to have the financial support to be able to choose to live in accessible and affordable independent living settings. The intent is to identify opportunities to increase the flexibility of Medicaid funding for use by individuals with intellectual and developmental disabilities who seek to live independently in the community.

4. Review state and local policy to identify potential changes that will facilitate increased access and services and supports that permit individuals to choose more independent living options.

Rationale

Individuals who receive Medicaid Waiver funding in both metropolitan and rural Virginia jurisdictions often experience difficulties securing in-home support services because narrow billable service definitions and inadequate reimbursement rates are insufficient to cover the cost of service delivery. For example, neither the cost for a direct service worker to travel between clients' homes, nor the cost to assist a client while he/she is hospitalized, is billable under Virginia's current waiver programs (even if the worker may have valuable information to convey to hospital staff). If the worker takes the individual to the recreation center for swimming lessons, any time the worker does not directly assist the individual is not billable. Despite the lack of "bill-ability," workers must be paid for the time on the clock. These issues manifest themselves differently depending on geography. Rural areas often have gaps in

coverage from community to community, particularly if there are not enough individuals to serve to achieve an economy of scale over large distances. Metropolitan areas struggle to keep pace with wages and benefits in similar fields, and low payment rates and rigid definitions of billable activities result in reimbursement insufficient to cover the cost of service delivery. When wages do not keep pace, turnover increases and qualified staff are lost to better paying positions and professions.

There is a mismatch between the current state policies and procedures for assigning available ID waiver slots to those on the "urgent needs waitlist" and local housing agency policies for selecting individuals from Housing Choice Voucher and/or Public Housing waitlists. ID waiver slots are assigned based on a scoring system that identifies the individual who scores the highest on an "urgent need" screening tool, while housing choice vouchers and public housing units are typically assigned on a first come, first served basis(based on unit size needed/available). Individuals who come up on the Housing Choice Voucher waitlist may lose their voucher if they do not already have a waiver slot, or if their case does not screen as "most urgent" for the next available waiver slot.

The DD waiver does not provide for congregate residential services. Furthermore, the ID waiver does not allow two or more individuals with disabilities to pool their in-home support or personal attendant care hours. As a result, two individuals with significant care needs who together could share their hours and live in a more independent setting are often forced to remain in a more segregated environment with a higher level of care, such as a group home or nursing facility.

Virginia's current licensing regulations for residential services tend to emphasize congregate residential "programs" over supportive services in the ID Waiver. This programmatic approach for the ID Waiver links housing and services in ways that inhibit individuals' choices and flexibility. For example, in DBHDS-licensed group homes and supervised living programs, individuals can select a provider that makes both the housing and the services available. However, if an individual decides to change service providers, he/she would have to move to another living situation. Likewise, if an individual wanted to live in another area or different type of housing (e.g., an apartment or mobile home), he/she may have to find a different service provider who will work in that setting.

Nationally, there is a movement toward de-coupling housing and services so that individuals are not at risk of losing their housing if they change service providers and vice versa. In Virginia, the movement to de-couple housing and services has already been established with the DD Waiver. However, limitations of in-home rates and environmental modification regulations limit individuals' ability to live independently.

In addition to limited funding for environmental modifications through the ID and DD waivers, regulation further restricts access to these services. Medicaid regulations do not allow environmental modifications to be funded before the individual occupies the housing while the individual resides in a Medicaid-funded institution.

Strategies and Action Steps:

Strategy 4.1: Review opportunities to facilitate increased access to independent living options.

- 4.1.1. Evaluate the current ID and DD waiver programs to identify service gaps that create barriers to independent living and recommend strategies to close these gaps.
- 4.1.2. Review potential changes in the Medicaid rate structure that will reduce reliance on larger congregate housing models, community-based intermediate care facilities, and nursing facilities.
- 4.1.3. Review Medicaid in-home payments and skilled nursing rate structure to identify opportunities to enhance support for more independent living options.
- 4.1.4. Review potential modifications to the Medicaid waiver programs to match individual needs to services, and provide individuals with the ability to direct their own waiver resources toward independent living options.
- 4.1.5. Review Medicaid waiver structure to determine if there are opportunities to expand environmental modification and assistive technology provisions in the current Medicaid ID and DD waiver program to support more independent options.

Goal Five: Assess and Advance Coordinated Plan Implementation

Goal Five puts in place the infrastructure and leadership to ensure the implementation of the plan, relying on both data and the Interagency Housing Committee. The Virginia Department of Behavioral Health and Developmental Services will establish, track, and analyze benchmarks to advance the plan and reach identified goals in collaboration with the Interagency Housing Committee. Continuing with its leadership developing this Plan and setting measureable goals, the Interagency Housing Committee will shift to a coordinating and advisory role, with a particular emphasis on continuous improvement, coordinating outreach, and engaging local communities in implementing the Plan.

Rationale

The Interagency Housing Committee is committed to achieving the goals and indicators articulated in the Plan. As part of the development of this Plan, this Committee worked with state partners to set initial benchmarks and indicators designed to measure the progress of the Plan. The Interagency Housing Committee has volunteered to continue to convene regularly to track, monitor, and analyze the Plan progress. The members of the Interagency Housing

Committee will serve as contacts for the outreach and education components that are key to the success of this plan. They will help coordinate resources among agencies so as to maximize the impact of public education and outreach to organizations and individuals.

The reports produced by the DBHDS will be the documents used to assess and track the achievement of goals, strategies, and actions steps delineated in this Plan. Developing a process and format for an overall report, as well as a method for continuous improvement, is an important component of the first year of Plan implementation.

Strategies and Action Steps

Strategy 5.1: Track, evaluate, and continuously improve upon Plan progress.

- 5.1.1. Develop and produce a quarterly monitoring format and process.
- 5.1.2. Interagency Housing Committee meets at least quarterly to track and monitor outcomes and indicators.
- 5.1.3. Set Plan benchmarks and key indicators for 2014.
- 5.1.4. Design an evaluation and tracking system for the Plan.
- 5.1.5. Evaluate the feasibility of a long-term rental assistance program based on the outcome of the demonstration/pilot project, if approved.
- 5.1.6. Establish an annual review and revision of strategies and action steps.

Strategy 5.2: Convene State and Local partners to ensure implementation of the Plan.

- 5.2.1. DBHDS Commissioner to establish the Interagency Housing Committee as a permanent advisory body.
- 5.2.2. Conduct outreach to representatives of agencies at the local level to share the Plan.
- 5.2.3 Build, assess, and refine a strategy for building local support for the Plan.

V. Conclusion and Next Steps

The intent of this Plan is to increase access to independent living options for individuals with developmental disabilities. The Plan seeks to make available more independent living options, as a result of increased development, improvements in federal and state funding and eligibility policies, the possible design and assessment of a new approach to rental assistance, and increased understanding and promotion of independent living as beneficial to individuals and communities. To accomplish these goals, this Plan will require the leadership and coordination of multiple state agencies and the Interagency Housing Committee members. These individuals and departments are poised to work together to achieve the Plan goals.

The success of this Plan will be measured primarily by five indicators, as well as performance outcomes for the specific actions under each of the five goals. For the first three years of the Plan, 2013-2016, these indicators are:

- An increase in the number of affordable and accessible rental units by 2016. (The increase in the number of units each year will be established by September 2013.)
- A five percent increase each year in the number of individuals who are new to the waiver requesting in-home rather than congregate services.
- An increase in the number of individuals who access rental subsidies each year. (The percent increase will be set by September 2013.)
- A ten percent increase each year in the use of Medicaid for independent living, as measured by the increase in the number of individuals receiving Medicaid ID or DD waiver services and living independently.
- Achievement of annual plan benchmarks, established by September 2013.

This Plan details the goals, strategies, action steps, and departmental leadership needed to achieve the five goals.

The implementation of this Plan's goals and strategies will be administered by DBHDS in consultation with the Interagency Housing Committee. To ensure success, agency representatives are committed to coordinating their resources, engaging local and state partners to advance the implementation of the Plan, and tracking and analyzing results for increased efficiency and impact.

Terms and Acronyms

Terms

Affordable Housing - A general term applied to public- and private-sector efforts to help low- and moderate-income people purchase or lease housing. As defined by HUD, affordable housing means any housing accommodation for which a tenant household pays 30% or less of its income.

Home and Community Based Services Waivers - waivers approved by the Centers for Medicare and Medicaid Services for providing long-term care services in home and community settings rather than institutional settings to eligible individuals with developmental disabilities.

Local Entitlement Jurisdictions – cities, counties and/or a consortium of cities and counties that get a direct allocation of funding from the U. S. Department of Housing and Urban Development every year to support economic development and community-related activities.

Low Income Housing Tax Credit (LIHTC) - A congressionally-created tax credit (Internal Revenue Code Section 42) available to investors in low-income housing designed to encourage investment that helps finance construction and rehabilitation of housing for low-income renters.

Public Housing Agencies (PHAs) – agencies designated by HUD to administer HUD's rent subsidy programs. In most cases, these agencies are Public Housing Authorities, but other public and non-profit agencies may also be designated by HUD to serve as PHAs.

Acronyms

CMS – Center for Medicaid and Medicare Services

DARS – Department for Aging and Rehabilitative Services

DBHDS – Department of Behavioral Health and Developmental Services

DHCD – Department of Housing and Community Development

DMAS – Department of Medical Assistance Services

HCBS - Home and Community Based Services

HTF – Virginia Housing Trust Fund

ICF – Intermediate Care Facility

ID/DD – Intellectual Disability/ Developmental Disability

LIHTC – Low Income Housing Tax Credit

MFP – Money Follows the Person

SILC – State Independent Living Council

SSI - Supplemental Security Income

SSDI - Social Security Disability Insurance

VACIL – Virginia Centers for Independent Living

VACSB – Virginia Association of Community Services Boards

VBPD – Virginia Board for People with Disabilities

VHDA - Virginia Housing Development Authority

VNPP – Virginia Network of Private Providers

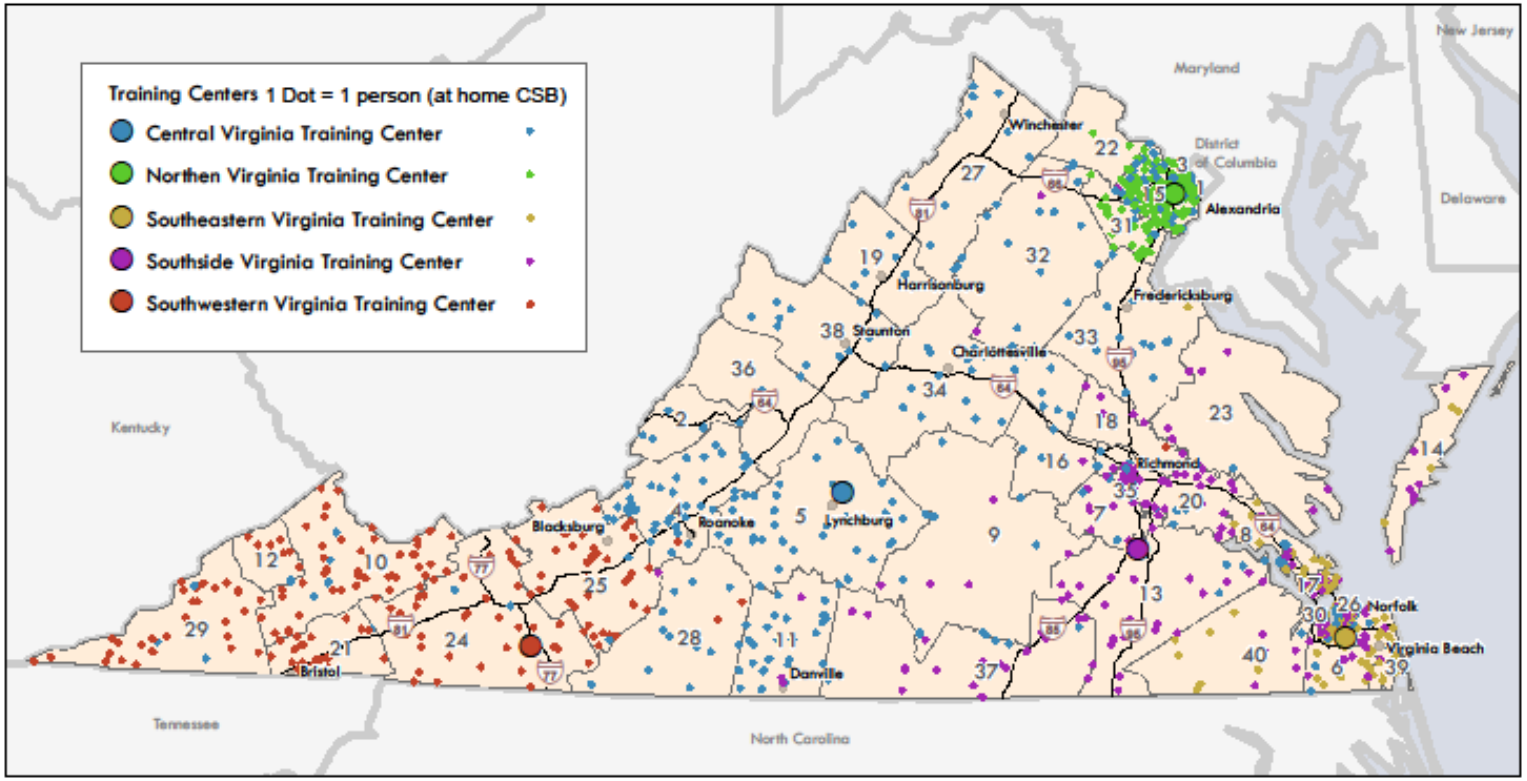
APPENDICES

APPENDIX A- List of Interagency Committee Members

Name	Agency/Organization	Title
Jim Stewart	Department of Behavioral Health & Developmental Services	Commissioner
Bill Shelton	Department of Housing and Community Development	Director
Susan Dewey	Virginia Housing Development Authority	Executive Director
Jim Rothrock	Department for Aging and Rehabilitative Services	Commissioner
Heidi Lawyer	Virginia Board for People with Disabilities	Executive Director
Keith Hare	Office of the Secretary of Health and Human Resources	Deputy Secretary
Kristin Burhop	Office of the Secretary of Health and Human Resources	Project Manager
Matt Cobb	Office of the Secretary of Health and Human Resources	Deputy Secretary
Heidi Dix	Department of Behavioral Health & Developmental Services	Assistant Commissioner
Shea Hollifield	Department of Housing and Community Development	Deputy Director of Housing
Herb Hill	Virginia Housing Development Authority	Managing Director of Policy, Planning and Communications
Bill Ernst	Department of Housing and Community Development	Policy Office Manager
Teri Barker Morgan	Virginia Board for People with Disabilities	Program Manager
Eric Leabough	Department of Behavioral Health & Developmental Services	Housing Specialist
Bruce DeSimone	Virginia Housing Development Authority	Community Housing Officer
Barry Merchant	Virginia Housing Development Authority	Senior Policy Analyst
Bill Fuller	Virginia Housing Development Authority	Senior Community Housing Officer
Lee Price	Department of Behavioral Health & Developmental Services	ID Director
Sam Pinero	Department of Medical Assistance Services	Program Manager
Helen Leonard	Department of Medical Assistance Services	Management Lead
Catherine Harrison	Department for Aging and Rehabilitative Services	Director of Community Integration
Jeannie Cummins Eisenhour	Fairfax-Falls Church CSB	Housing Specialist
Michelle Johnson	Henrico Area Mental Health and Developmental Services	Community Support Services Division Director
Maureen Hollowell	Endependence Center (VA CIL)	Director of Advocacy and Services
Jamie Liban	The ARC of Virginia	Executive Director

APPENDIX B- Maps

Map 1.1: Individuals currently residing in a DBHDS Training Center by Community Services Board (CSB) of origin



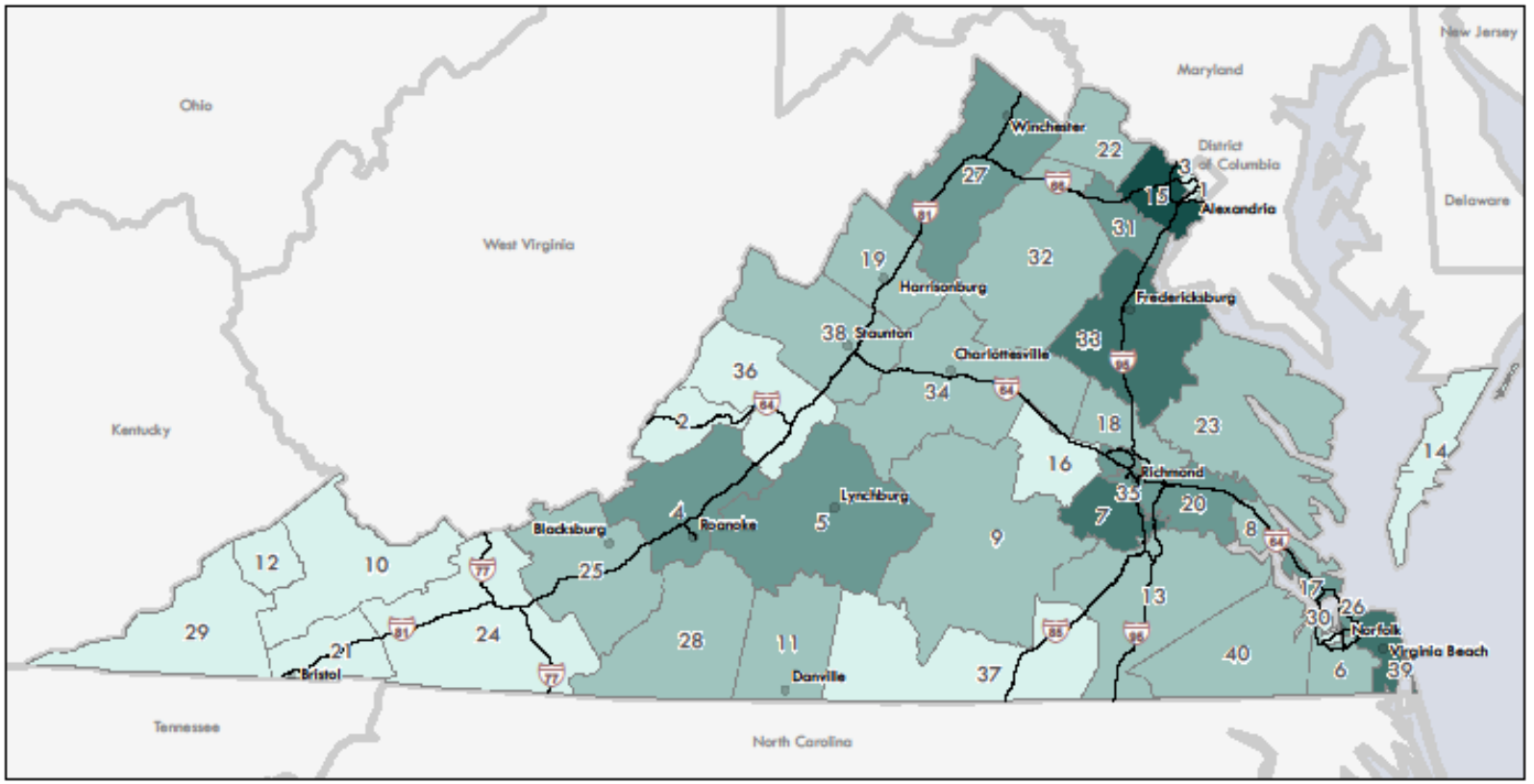
Total residents of all training centers by home CSB

ID	CSB Name	Residents	ID	CSB Name	Residents	ID	CSB Name	Residents	ID	CSB Name	Residents
1	Alexandria CSB	20	11	Danville-Pittsylvania CSB	29	21	Highlands CSB	19	31	Prince William Y CSB	26
2	Alleghany Highlands CSB	5	12	Dickenson Y CSB	7	22	Loudoun Y CSB	2	32	Rappahannock Rapidan CSB	17
3	Arlington Mental Health	30	13	District 19 CSB	25	23	Middle Peninsula Neck CSB	8	33	Rappahannock Area CSB	13
4	Blue Ridge CSB	32	14	Eastern Shore CSB	11	24	Mount Rogers CSB	40	34	Region Ten CSB	24
5	Horizon Behav Health	33	15	Fairfax Falls Church CSB	117	25	New River Valley CSB	36	35	Richmond Bhvrl Hlth Authority	28
6	Chesapeake CSB	17	16	Goochland Powhatan Mental Hlth	2	26	Norfolk CSB	60	36	Rockbridge Area CSB	2
7	Chesterfield CSB	9	17	Hampton-Nn CSB	38	27	Northwestern CSB	11	37	Southside CSB	19
8	Colonial Behavioral Health	6	18	Hanover Y CSB	7	28	Piedmont CSB	14	38	Valley CSB	12
9	Crossroads CSB	12	19	Harrisonburg-Rockingham CSB	6	29	Planning District One CSB	31	39	Virginia Beach CSB	32
10	Cumberland Mtn CSB	43	20	Henrico CSB	23	30	Portsmouth Dept Of Behaviora	16	40	Western Tidewater CSB	12
										Virginia Total	894

2/6/2013 Sources: Virginia Department of Behavioral Health and Developmental Service (DBHDS)

0 12.5 25 50 75 100 Miles

Map 1.2: Individuals on the ID Waiver Urgent Waitlist by Community Services Board (CSB) area



People on Waitlist

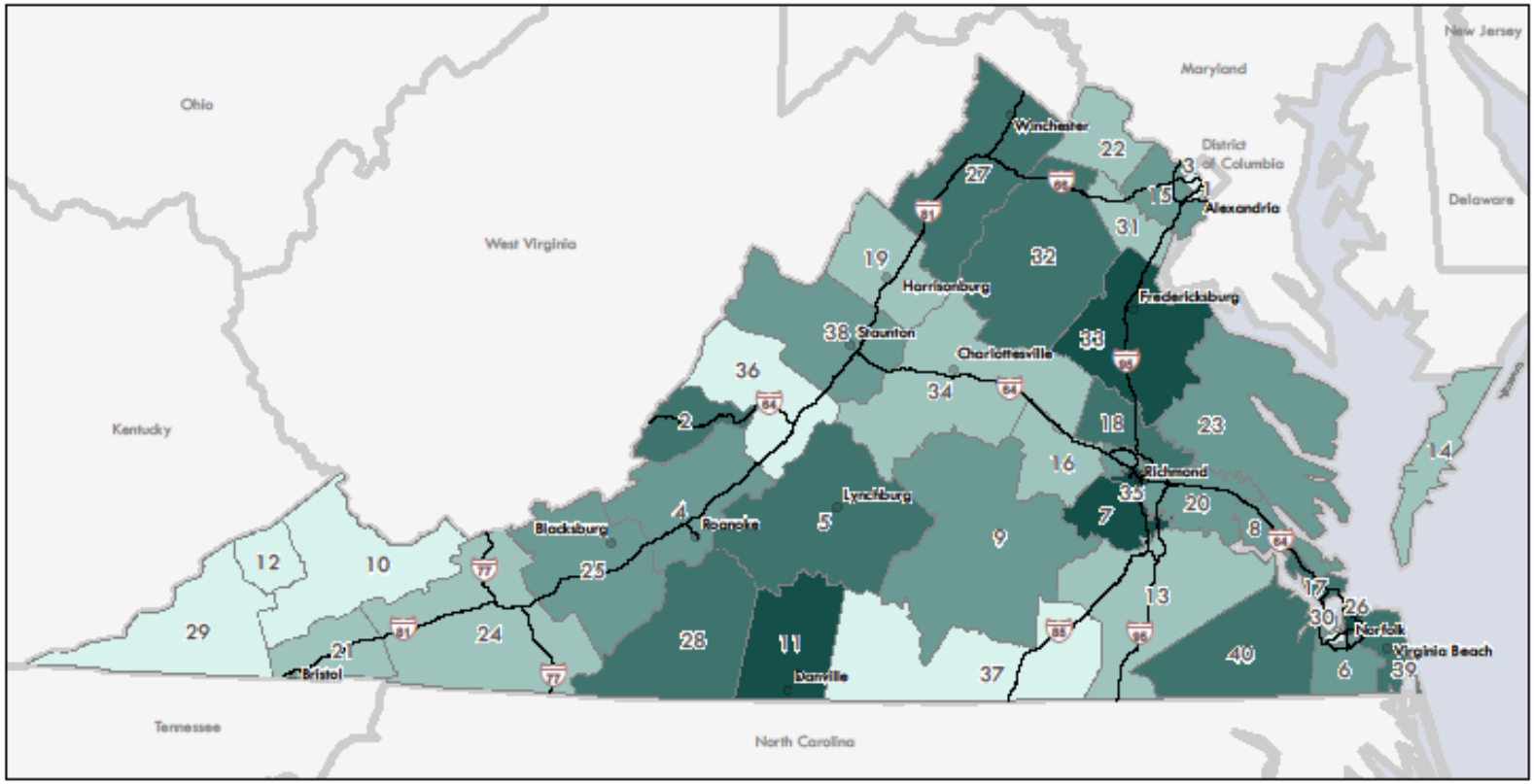
- 1 - 26
- 27 - 67
- 68 - 125
- 126 - 174
- 175 - 360

ID	CSB Name	Waitlist	ID	CSB Name	Waitlist	ID	CSB Name	Waitlist	ID	CSB Name	Waitlist
1	Alexandria CSB	12	11	Danville-Pittsylvania CSB	67	21	Highlands CSB	13	31	Prince William Y CSB	90
2	Alleghany Highlands CSB	9	12	Dickenson Y CSB	1	22	Loudoun Y CSB	55	32	Rappahannock Rapidan CSB	59
3	Arlington Mental Health	25	13	District 19 CSB	34	23	Middle Peninsula Neck CSB	42	33	Rappahannock Area CSB	174
4	Blue Ridge CSB	83	14	Eastern Shore CSB	10	24	Mount Rogers CSB	26	34	Region Ten CSB	49
5	Horizon Behav Health	89	15	Fairfax Falls Church CSB	360	25	New River Valley CSB	55	35	Richmond Bhvrl Hlth Authority	100
6	Chesapeake CSB	61	16	Goochland Powhatan Mental Hlth	8	26	Norfolk CSB	125	36	Rockbridge Area CSB	5
7	Chesterfield CSB	171	17	Hampton-Nn CSB	120	27	Northwestern CSB	78	37	Southside CSB	5
8	Colonial Behavioral Health	48	18	Hanover Y CSB	40	28	Piedmont CSB	55	38	Valley CSB	40
9	Crossroads CSB	30	19	Harrisonburg-Rockingham CSB	30	29	Planning District One CSB	12	39	Virginia Beach CSB	171
10	Cumberland Mtn CSB	13	20	Henrico CSB	107	30	Portsmouth Dept Of Behaviora	14	40	Western Tidewater CSB	52
										Virginia Total	2538

2/5/2013 Sources: Virginia Department of Behavioral Health and Developmental Service (DBHDS)

0 12.5 25 50 75 100 Miles

Map 1.3: Individuals on the ID Waiver Urgent Waitlist per 1,000 Population by Community Services Board (CSB) area



People on Waitlist per 1,000 Population

- 0.06 - 0.15
- 0.16 - 0.24
- 0.25 - 0.33
- 0.34 - 0.41
- 0.42 - 0.63

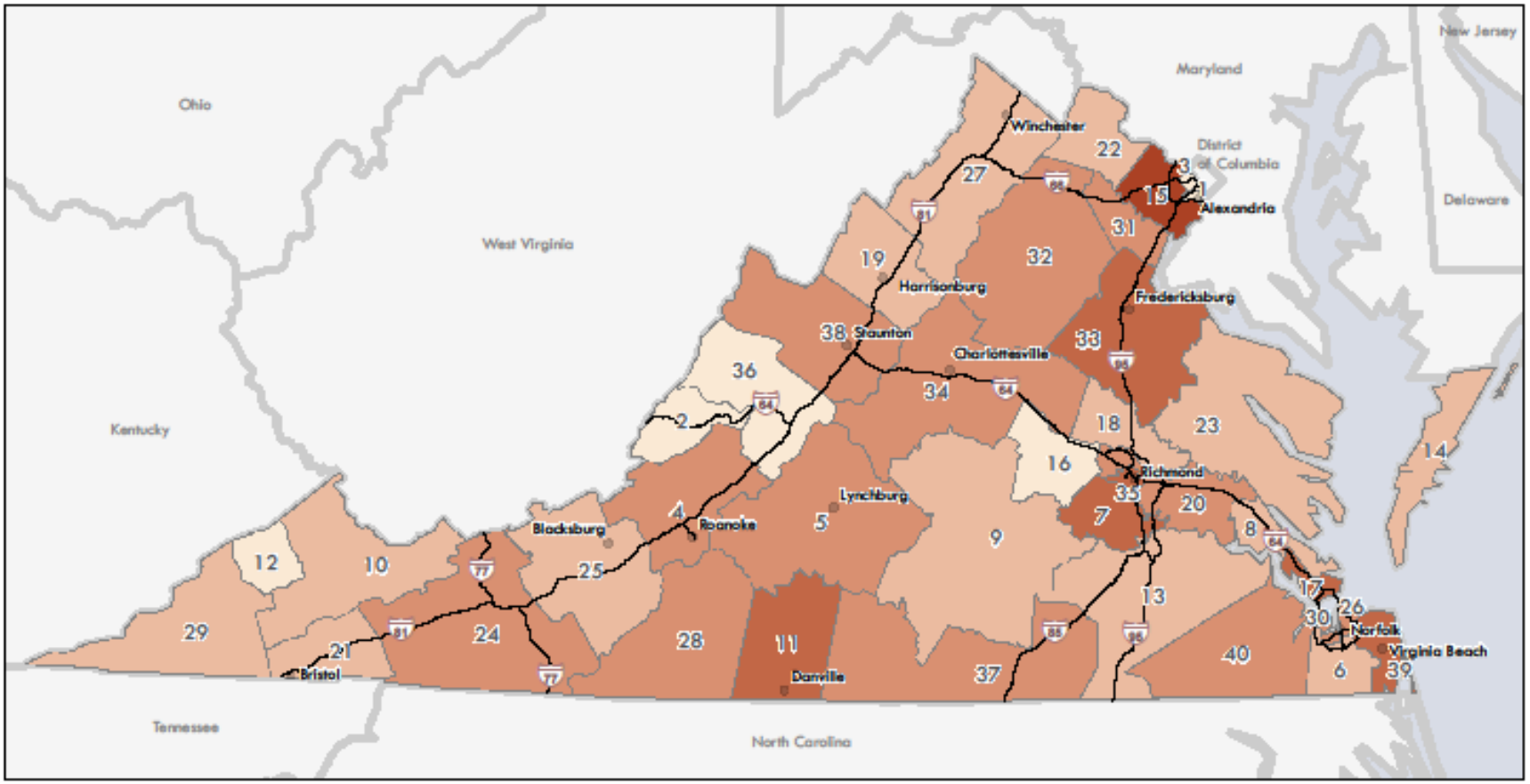
ID	CSB Name	Waitlist	ID	CSB Name	Waitlist	ID	CSB Name	Waitlist	ID	CSB Name	Waitlist
1	Alexandria CSB	12	11	Danville-Pittsylvania CSB	67	21	Highlands CSB	13	31	Prince William Y CSB	90
2	Alleghany Highlands CSB	9	12	Dickenson Y CSB	1	22	Loudoun Y CSB	55	32	Rappahannock Rapidan CSB	59
3	Arlington Mental Health	25	13	District 19 CSB	34	23	Middle Peninsula Neck CSB	42	33	Rappahannock Area CSB	174
4	Blue Ridge CSB	83	14	Eastern Shore CSB	10	24	Mount Rogers CSB	26	34	Region Ten CSB	49
5	Horizon Behav Health	89	15	Fairfax Falls Church CSB	360	25	New River Valley CSB	55	35	Richmond Bhvrl Hlth Authority	100
6	Chesapeake CSB	61	16	Goochland Powhatan Mental Hlth	8	26	Norfolk CSB	125	36	Rockbridge Area CSB	5
7	Chesterfield CSB	171	17	Hampton-Nn CSB	120	27	Northwestern CSB	78	37	Southside CSB	5
8	Colonial Behavioral Health	48	18	Hanover Y CSB	40	28	Piedmont CSB	55	38	Valley CSB	40
9	Crossroads CSB	30	19	Harrisonburg-Rockingham CSB	30	29	Planning District One CSB	12	39	Virginia Beach CSB	171
10	Cumberland Mtn CSB	13	20	Henrico CSB	107	30	Portsmouth Dept Of Behaviora	14	40	Western Tidewater CSB	52
										Virginia Total	2538

2/5/2013

Sources: Virginia Department of Behavioral Health and Developmental Service (DBHDS)

0 12.5 25 50 75 100 Miles

Map 1.4 Individuals 18 years and older living with family receiving ID Waiver Services by Community Services Board (CSB) area



People with Waivers

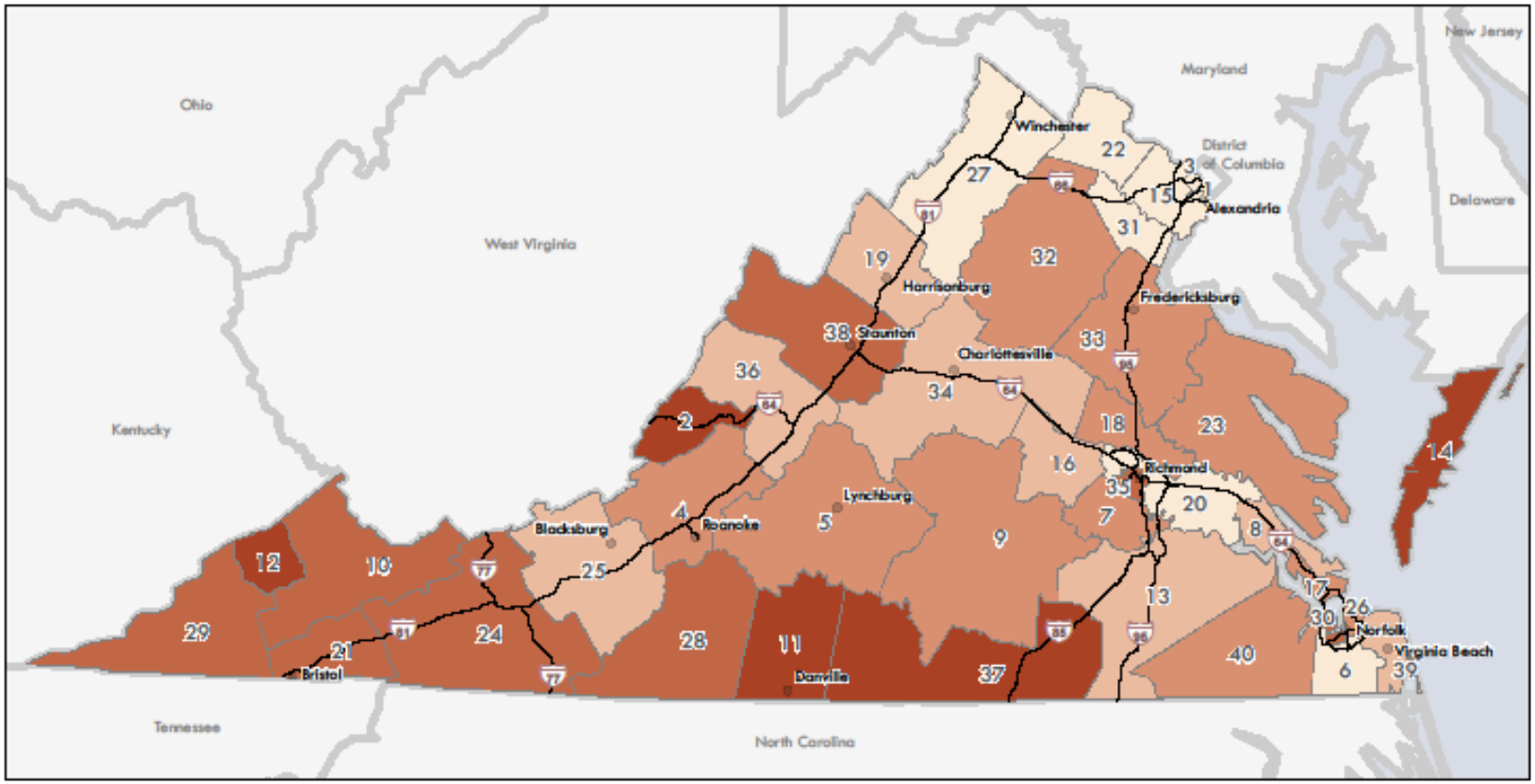
- 12 - 32
- 33 - 66
- 67 - 106
- 107 - 168
- 169 - 273

ID	CSB Name	Waivers	ID	CSB Name	Waivers	ID	CSB Name	Waivers	ID	CSB Name	Waivers
1	Alexandria CSB	32	11	Danville-Pittsylvania CSB	115	21	Highlands CSB	57	31	Prince William Y CSB	91
2	Alleghany Highlands CSB	26	12	Dickenson Y CSB	14	22	Loudoun Y CSB	49	32	Rappahannock Rapidan CSB	69
3	Arlington Mental Health	25	13	District 19 CSB	45	23	Middle Peninsula Neck CSB	66	33	Rappahannock Area CSB	161
4	Blue Ridge CSB	106	14	Eastern Shore CSB	40	24	Mount Rogers CSB	84	34	Region Ten CSB	68
5	Horizon Behav Health	106	15	Fairfax Falls Church CSB	273	25	New River Valley CSB	54	35	Richmond Bhvrl Hlth Authority	118
6	Chesapeake CSB	50	16	Goochland Powhatan Mental Hlth	17	26	Norfolk CSB	99	36	Rockbridge Area CSB	12
7	Chesterfield CSB	168	17	Hampton-Nn CSB	122	27	Northwestern CSB	50	37	Southside CSB	87
8	Colonial Behavioral Health	43	18	Hanover Y CSB	46	28	Piedmont CSB	91	38	Valley CSB	68
9	Crossroads CSB	51	19	Harrisonburg-Rockingham CSB	45	29	Planning District One CSB	64	39	Virginia Beach CSB	135
10	Cumberland Mtn CSB	58	20	Henrico CSB	83	30	Portsmouth Dept Of Behaviora	70	40	Western Tidewater CSB	76
										Virginia Total	3034

2/5/2013 Sources: Virginia Department of Behavioral Health and Developmental Service (DBHDS)

0 12.5 25 50 75 100 Miles

Map 1.5: Individuals 18 years and older living with family receiving ID Waiver Services per 1,000 population by Community Services Board (CSB) area



People with Waivers per 1,000 Population

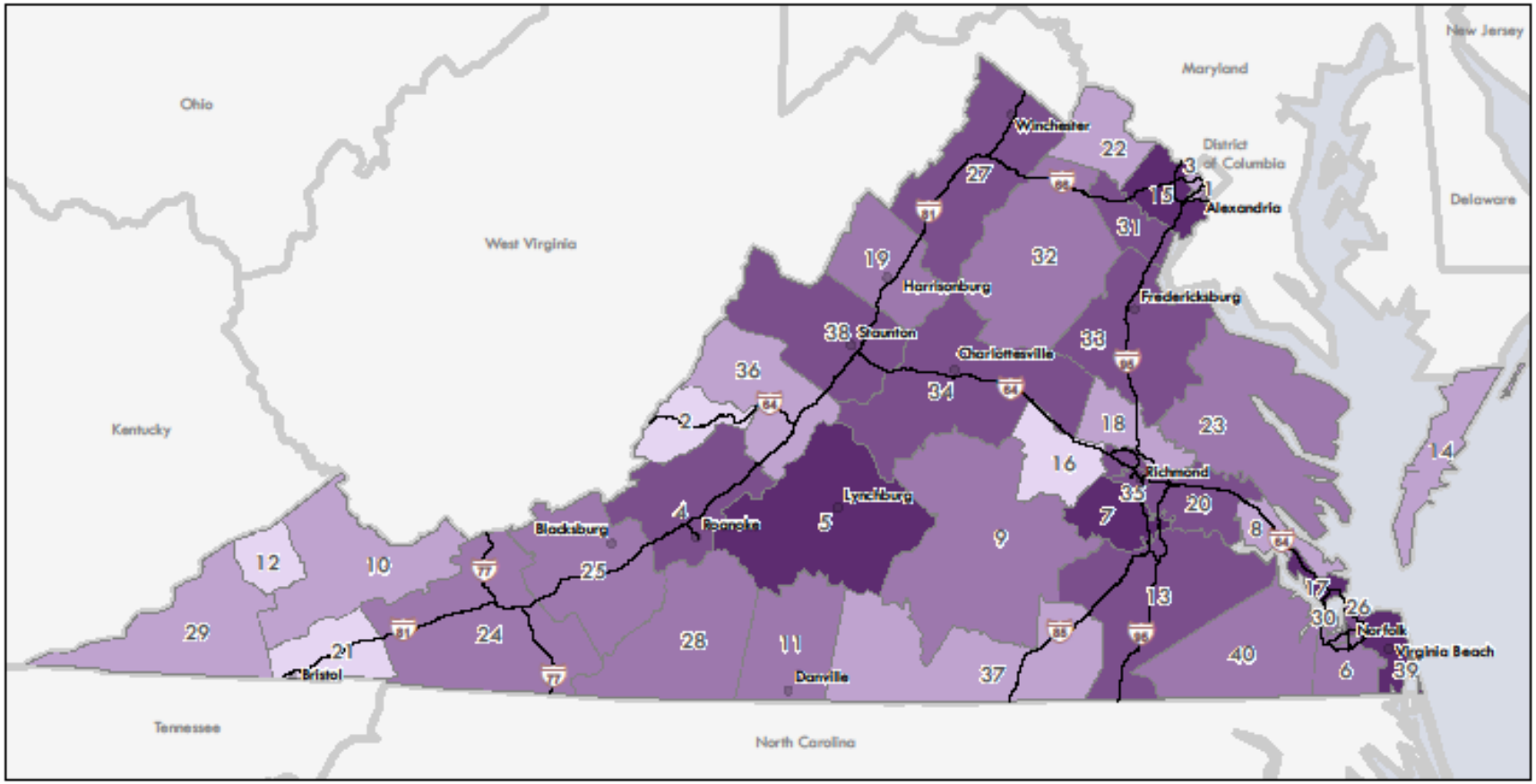
- 0.12 - 0.25
- 0.26 - 0.36
- 0.37 - 0.53
- 0.54 - 0.78
- 0.79 - 1.2

ID	CSB Name	Waivers	ID	CSB Name	Waivers	ID	CSB Name	Waivers	ID	CSB Name	Waivers
1	Alexandria CSB	32	11	Danville-Pittsylvania CSB	115	21	Highlands CSB	57	31	Prince William Y CSB	91
2	Alleghany Highlands CSB	26	12	Dickenson Y CSB	14	22	Loudoun Y CSB	49	32	Rappahannock Rapidan CSB	69
3	Arlington Mental Health	25	13	District 19 CSB	45	23	Middle Peninsula Neck CSB	66	33	Rappahannock Area CSB	161
4	Blue Ridge CSB	106	14	Eastern Shore CSB	40	24	Mount Rogers CSB	84	34	Region Ten CSB	68
5	Horizon Behav Health	106	15	Fairfax Falls Church CSB	273	25	New River Valley CSB	54	35	Richmond Bhvrl Hlth Authority	118
6	Chesapeake CSB	50	16	Goochland Powhatan Mental Hlth	17	26	Norfolk CSB	99	36	Rockbridge Area CSB	12
7	Chesterfield CSB	168	17	Hampton-Nn CSB	122	27	Northwestern CSB	50	37	Southside CSB	87
8	Colonial Behavioral Health	43	18	Hanover Y CSB	46	28	Piedmont CSB	91	38	Valley CSB	68
9	Crossroads CSB	51	19	Harrisonburg-Rockingham CSB	45	29	Planning District One CSB	64	39	Virginia Beach CSB	135
10	Cumberland Mtn CSB	58	20	Henrico CSB	83	30	Portsmouth Dept Of Behaviora	70	40	Western Tidewater CSB	76
										Virginia Total	3034

2/5/2013 Sources: Virginia Department of Behavioral Health and Developmental Service (DBHDS)

0 12.5 25 50 75 100 Miles

Map 1.6: Individuals receiving ID Waiver Congregate Residential Services by Community Services Board (CSB) area



People with Waivers

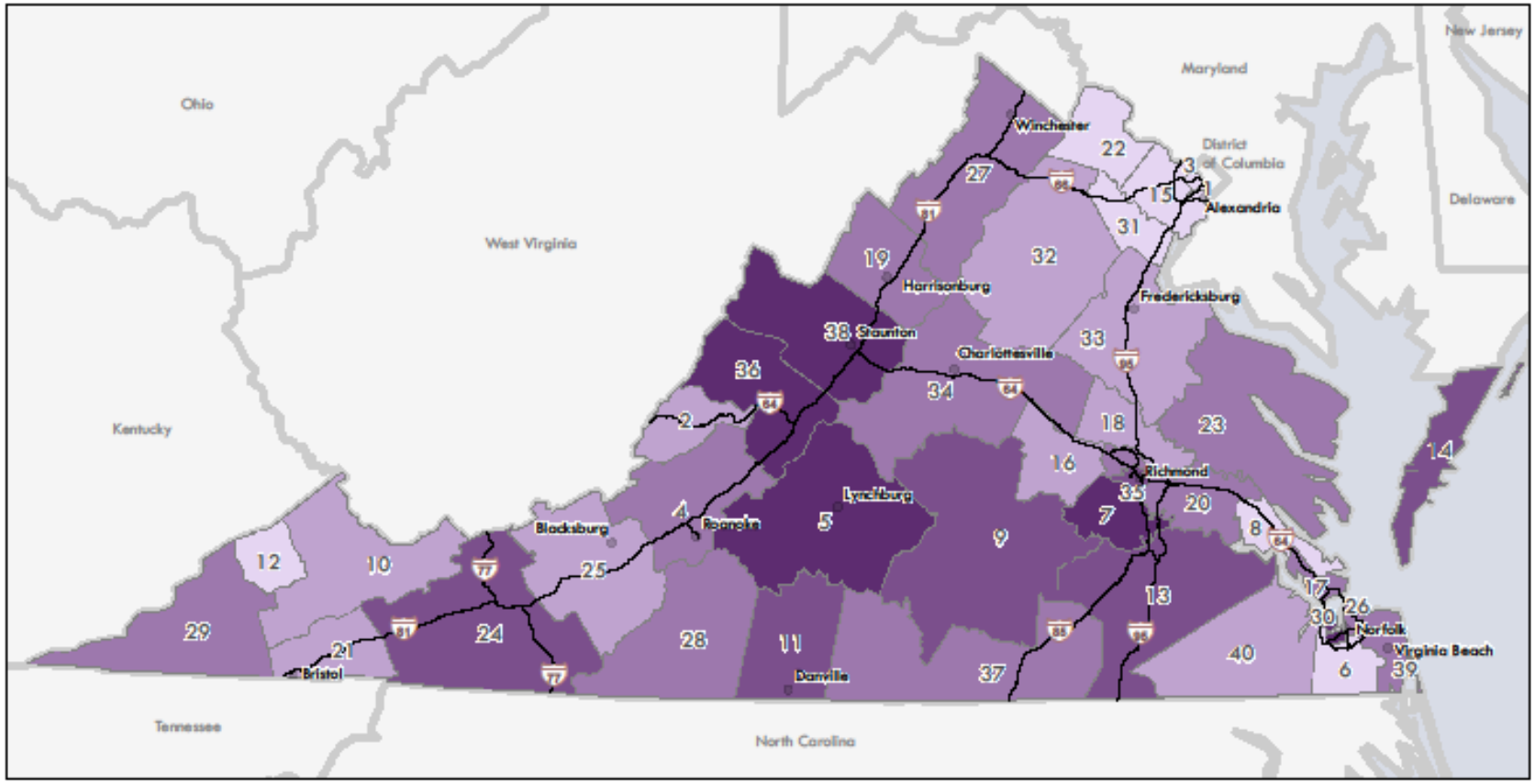
- 4 - 31
- 32 - 66
- 67 - 123
- 124 - 234
- 235 - 359

ID	CSB Name	Waivers	ID	CSB Name	Waivers	ID	CSB Name	Waivers	ID	CSB Name	Waivers
1	Alexandria CSB	32	11	Danville-Pittsylvania CSB	115	21	Highlands CSB	57	31	Prince William Y CSB	91
2	Alleghany Highlands CSB	26	12	Dickenson Y CSB	14	22	Loudoun Y CSB	49	32	Rappahannock Rapidan CSB	69
3	Arlington Mental Health	25	13	District 19 CSB	45	23	Middle Peninsula Neck CSB	66	33	Rappahannock Area CSB	161
4	Blue Ridge CSB	106	14	Eastern Shore CSB	40	24	Mount Rogers CSB	84	34	Region Ten CSB	68
5	Horizon Behav Health	106	15	Fairfax Falls Church CSB	273	25	New River Valley CSB	54	35	Richmond Bhvrl Hlth Authority	118
6	Chesapeake CSB	50	16	Goochland Powhatan Mental Hlth	17	26	Norfolk CSB	99	36	Rockbridge Area CSB	12
7	Chesterfield CSB	168	17	Hampton-Nn CSB	122	27	Northwestern CSB	50	37	Southside CSB	87
8	Colonial Behavioral Health	43	18	Hanover Y CSB	46	28	Piedmont CSB	91	38	Valley CSB	68
9	Crossroads CSB	51	19	Harrisonburg-Rockingham CSB	45	29	Planning District One CSB	64	39	Virginia Beach CSB	135
10	Cumberland Mtn CSB	58	20	Henrico CSB	83	30	Portsmouth Dept Of Behaviora	70	40	Western Tidewater CSB	76
										Virginia Total	3034

2/6/2013 Sources: Virginia Department of Behavioral Health and Developmental Service (DBHDS)

0 12.5 25 50 75 100 Miles

Map 1.7: Individuals receiving ID Waiver Congregate Residential Services per 1,000 population by Community Services Board (CSB) area



People with Waivers per 1,000 Population

- 0.20 - 0.36
- 0.37 - 0.61
- 0.62 - 0.85
- 0.86 - 1.09
- 1.10 - 1.28

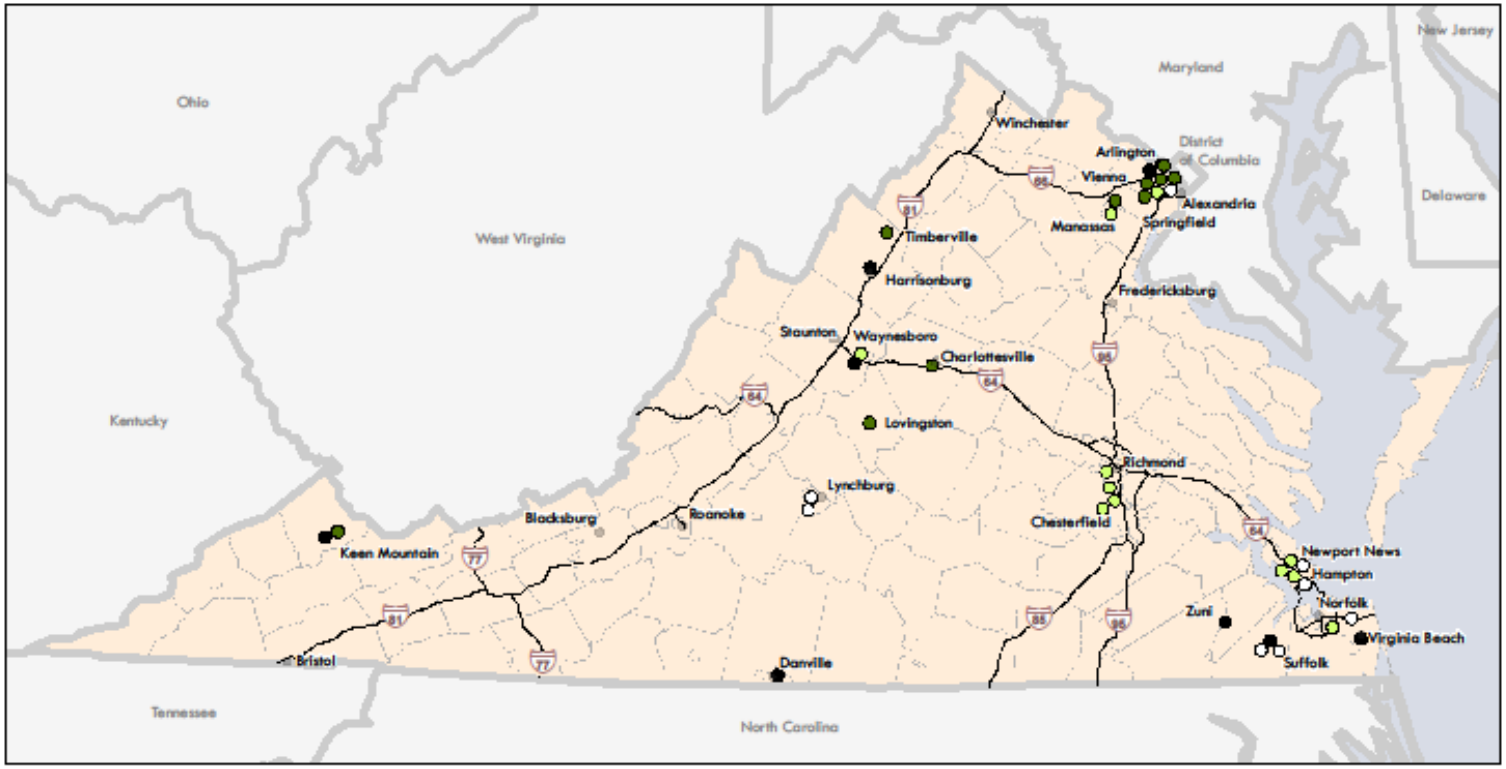
ID	CSB Name	Waivers
1	Alexandria CSB	50
2	Alleghany Highlands CSB	11
3	Arlington Mental Health	57
4	Blue Ridge CSB	181
5	Horizon Behav Health	320
6	Chesapeake CSB	81
7	Chesterfield CSB	359
8	Colonial Behavioral Health	41
9	Crossroads CSB	92
10	Cumberland Mtn CSB	49
11	Danville-Pittsylvania CSB	105
12	Dickenson Y CSB	4
13	District 19 CSB	182
14	Eastern Shore CSB	43
15	Fairfax Falls Church CSB	308
16	Goochland Powhatan Mental Hlth	27
17	Hampton-Nn CSB	260
18	Hanover Y CSB	51
19	Harrisonburg-Rockingham CSB	107
20	Henrico CSB	234
21	Highlands CSB	31
22	Loudoun Y CSB	63
23	Middle Peninsula Neck CSB	104
24	Mount Rogers CSB	123
25	New River Valley CSB	103
26	Norfolk CSB	193
27	Northwestern CSB	185
28	Piedmont CSB	109
29	Planning District One CSB	63
30	Portsmouth Dept Of Behaviora	122
31	Prince William Y CSB	152
32	Rappahannock Rapidan CSB	86
33	Rappahannock Area CSB	173
34	Region Ten CSB	167
35	Richmond Bhvrl Hlth Authority	222
36	Rockbridge Area CSB	46
37	Southside CSB	66
38	Valley CSB	146
39	Virginia Beach CSB	346
40	Western Tidewater CSB	90
	Virginia Total	5152

2/6/2013

Sources: Virginia Department of Behavioral Health and Developmental Service (DBHDS)

0 12.5 25 50 75 100 Miles

Map 1.8: Non-State Operated Intermediate Care Facilities (ICF/ID)



Number of Beds

- 3 - 4
- 5 - 6
- 7 - 10
- 11 - 15

2/6/2013 Sources: Virginia Department of Medical Assistance Services (DMAS)

0 12.5 25 50 75 100 Miles

APPENDIX C - Goals, Strategies, and Action Items

Virginia's Plan to Increase Independent Living Options, *2013 – 2015*

Goals, Strategies, and Action Items

Goal 1: Expand the Inventory of Affordable and Accessible Rental Units for Individuals with Developmental Disabilities.

Long-Term Outcome: Increase in the number of affordable and accessible rental units.

Indicators:

- ***Annual increase in the number of affordable and accessible rental units by 2016. Increase the number of units each year, to be established by September 2013.***
- ***Five percent Increase each year in the number of individuals who are new to the waiver requesting in-home rather than congregate services.***

Strategy 1.1: Pursue and leverage increased local, state, and federal rental subsidy opportunities.

Lead Agency(s)	**Recommended Action(s)**	**Other Agencies/Orgs Involved**	**Projected Start Date**	**Projected Completion Date**	***Outcomes***	***Resources $$$***
VHDA	1.1.1. Assess the effectiveness of the LIHTC guidelines and incentives in expanding the inventory of affordable, accessible units and facilitating the use of housing subsidy funds from all available sources. Make changes as needed and appropriate.		10/2013	Ongoing	*Guidelines complement Section 811 requirements & those of other subsidy funding opportunities*	*Existing Federal Resources*

DBHDS	1.1.2 Develop and execute a foundational interagency Memorandum of Understanding with VHDA, DHCD, DMAS, VBPD, DARS that establishes each agency's role and responsibility in increasing access to independent living options for individuals with developmental disabilities.	DMAS, DHCD, VHDA, DARS, VBPD	3/2013	June 2013	*MOA Complete*	*Existing Agency Resources*
DHCD	1.1.3 DHCD will partner with VHDA, DMAS, and DBHDS to apply for future capital and other external funding opportunities that will support the creation of housing options for individuals with developmental disabilities.	VHDA, DMAS, DBHDS	3/2013	On-going	*Increase in the number of funding applications*	*Existing VHDA and DHCD Resources*
DHCD	1.1.4 Target a percentage of the Virginia Housing Trust Fund monies to provide secondary financing to enable further write down of rents on affordable units serving individuals with developmental disabilities.	VHDA	4/ 2013	6/ 2014	*Number of units for which rents are written down to serve 40% AMI group*	HTF
VHDA DHCD	1.1.5. Incentivize developers to collaborate with local entitlement jurisdictions to align both state- and locally-controlled resources to develop affordable rental housing.	CILs, Board for People with Disabilities	3/2013	Ongoing	*Increased use of locally administered resources*	Existing Federal Resources
Strategy 1. 2	***Provide Incentives for Developers to Create Units for Individuals with Developmental Disabilities.***					

VHDA	1.2.1. Provide incentives in the competitive LIHTC program to encourage developers to increase the share of units meeting high accessibility and Universal Design standards		3/2013	Ongoing	*10% of units created through LIHTC Program will meet Section 504 requirements or Universal Design Standards.*	Existing Federal Resources
VHDA	1.2.2. Provide incentives in the competitive LIHTC program to developers who serve very low-income populations.		3/2013	Ongoing	*To be determined by 9/2013*	Existing Federal Resources
VHDA	1.2.3 Provide the highest level of LIHTC incentives to developers who provide project-based rent subsidies or provide preferential marketing to voucher holders.		3/2013		*To be determined by 9/2013*	
VHDA	1.2.4. Make the needs of individuals with developmental disabilities one of the priorities in VHDA's internal REACH subsidy allocation, and use REACH subsidies to write down mortgage costs to facilitate the building of units for the lowest income populations.		3/2013	Ongoing	*To be determined by 9/2013*	Existing Federal Resources

Goal 2: Increase Access to Rental Subsidies for Individuals with Developmental Disabilities.

Long-Term Outcome: Increase in use of rent subsidies

Indicators:

- **Increase in access by ID and DD populations to rent subsidies.**

Strategy 2.1: Partner with State and Local Public Agencies to Prioritize Rent Subsidy Needs of Individuals with Developmental Disabilities.

Lead Agency(s)	Recommended Action(s)	Other Agencies/Orgs Involved	Projected Start Date	Projected Completion Date	Program Outcomes	Resources
VHDA	2.1.1. Request HUD approval to provide special admissions preference for individuals with developmental disabilities in VHDA's Housing Choice Voucher program.	DBHDS	1/2013	Complete (HUD Approval pending)	If approved, increased vouchers to individuals with developmental disabilities	Existing Federal Resources
DBHDS	2.1.2 Encourage local Public Housing Agencies to adopt a "Money Follows the Person" admissions preference in their programs.		3/2013	Ongoing	Locals implement preferences for individuals with developmental disabilities	Existing State Resources

Strategy 2.2: Pursue and Develop Funding Sources to Expand Availability of Rental Assistance.						
DHCD	2.2.1 DHCD will partner with VHDA, DMAS and DBHDS to apply for FY 2013 HUD Section 811 funding. DHCD will also partner with the above referenced agencies to apply for future HUD Section 811 and other rental subsidy opportunities that will support the creation of housing options for individuals with developmental disabilities.	DMAS, DBHDS, VHDA	3/2013	On-going	Increase in the # of applications submitted	Existing Federal Resources
VHDA	2.2.2 Apply for any future incremental federal voucher assistance		3/2013	Ongoing	Increase in the # of applications submitted	Existing Federal Resources
DBHDS, DMAS	2.2.3. Finalize the operational details of a pilot rental assistance project and seek Virginia Administration approval for implementation using the $800,000 rental assistance fund.	VHDA, DHCD	11/2012	3/2013	Decision whether or not to pursue demonstration/pilot	Existing State Resources
DBHDS, DMAS	2.2.4. If approved, create and implement the rental demonstration project.	VHDA, DHCD	4/2013	6/2014	Disbursement of $800,000 funding	Existing State Resources
DBHDS, DMAS	2.2.5 If approved and implemented, determine the outcomes of the rental demonstration project and explore and pursue opportunities to create a non-federally funded rental assistance program that will provide on-going rental assistance and support transition costs and needed environmental modifications.	VHDA, DHCD	6/2013	Ongoing	Decision regarding rental assistance program	Existing State Resources

DBHDS, State Independent Living Council	2.2.6 Encourage local Public Housing Agencies to apply for any future incremental federal Housing Choice Voucher assistance.	VBPD	3/2013	Ongoing	Locals apply for future voucher assistance	VBPD administered federal grant

Goal 3: Build Understanding and Awareness of Informed Choices for Independent Living among Individuals with Developmental Disabilities, Families, Public and Private Organizations, Developers, and Case Managers.

Long-Term Outcome: Transition of increased numbers of individuals from congregate care to independent living (or increased use of rental subsidies for independent living).

Indicators:

- ***Five percent Increase each year in the number of individuals who are new to the waiver requesting in-home rather than congregate services.***
- ***Increased number of individuals reporting, during Quality Service Reviews, that they would choose a more integrated or independent housing option if appropriate supports were available.***

***Strategy 3.1: Develop and Implement a Communications*, Advocacy, Outreach, and Education plan.**

Lead Agency(s)	Recommended Action(s)	Other Agencies/Orgs Involved	Projected Start Date	Projected Completion Date	Program Outcome	Resources
DBHDS, DHCD, DMAS, VBPD, and DARS	3.1.1. Create a communications plan tailored to key audiences that delineates the "new paradigm" emphasizing independent living. Target audience to include, but not be limited to, the following: CSBs, case managers, private providers, individuals and their families, housing developers, Public Housing Agencies, local entitlement communities, private landlords, regional entities, and others.	VHDA ARC VNPP VACIL VACSB	3/2013	9/2013	Plan Complete and implemented	Existing DBHDS Resources

DBHDS, DHCD, DMAS, VBPD, and DARS	3.1.2. Develop and message out the key components of the housing options desired through social and other media, including its fundamental principles, opportunities, challenges and restrictions.		9/2013	12/2013	Increased Media Hits	Existing DBHDS Resources
DBHDS	3.1.3. Conduct outreach, education, and communication with agencies, such as Public Housing Agencies, housing developers, and private landlords to provide information about the VA Housing Search Tool, accessibility standards and Universal Design.	VHDA DHCD	9/2013	Ongoing	Increased awareness of the housing needs of individuals with developmental disabilities	Existing State Resources
DBHDS, VBPD, SILC	3.1.4 Support efforts by Centers for Independent Living (CIL's) to implement outreach and educational initiatives with Public Housing Agencies and entitlement communities to encourage the allocation of resources to create housing options for individuals with developmental disabilities.		7/2013	Ongoing	Increased resources to support independent living for individuals with developmental disabilities	SILC

DBHDS	3.1.5 Convene and coordinate appropriate agencies to maximize public outreach resources to communicate the "new paradigm" message to individuals and their families, regional staff, local agencies, transportation agencies, service providers, and other stakeholders.		9/2013	4/30/2015	Increased awareness of housing choices and options for individuals with developmental disabilities	Existing VHDA DHCD DBHDS VBPD Resources
DBHDS	3.1.6 Develop education and training methods to reach individuals and their families with information about choices and opportunities for independent living.	Interagency Housing Committee	10/2013	1/2014	Increased understanding of choices (Training Survey)	Existing DBHDS Resources
DBHDS VACIL VACSB	3.1.7 Develop local and regional partnerships necessary to support and sustain communication strategy and availability of independent living options.	Providers Landlords Nursing Facilities	3/2013	Ongoing	Increase in # of Partners	Existing DBHDS Resources
Strategy 3.2: Build the Capacity of Public and Private Agencies to Assist Individuals with Disabilities and their Families in Making Informed Choices.						
DBHDS	3.2.1 Provide semi-annual training sessions for individuals with developmental disabilities and their families.		7/2013	Ongoing	Increase in % Reporting new knowledge	DBHDS
DBHDS	3.2.2 Provide quarterly training opportunities for ID and DD waiver case managers to educate them about independent living options available.	DHCD VHDA	9/2013	Ongoing	Increase in % Reporting new knowledge	DBHDS

Goal 4: Review State And Local Policy To Identify Potential Changes That Will Facilitate Increased Access And Services And Supports That Permit Individuals to Choose More Independent Living Options.

Long-Term Outcome: Increased Use of Medicaid funding for Independent Living

Indicators:

- ***10% increase each year, in the use of Medicaid funding for Independent Living (Source Annual DMAS Aggregate Report)***
- ***Five percent increase each year in the number of people that are new to the waiver requesting in-home rather than congregate services.***

Strategy 4.1: Review opportunities to facilitate increased access to independent living options.

Lead Agency(s)	Recommended Action(s)	Other Agencies/Orgs Involved	Projected Start Date	Projected Completion Date	Program Outcome	Resources
DBHDS	4.1.1. Evaluate the current ID and DD waiver programs to identify service gaps that create barriers to independent living and recommend strategies to close these gaps.	DMAS	4/2013	7/2014	Completion of Waiver Study	Existing DBHDS and DMAS Resources
DBHDS	4.1.2. Review potential changes in the Medicaid rate structure that will reduce reliance on larger congregate housing models, community-based intermediate care facilities, and nursing facilities.	DMAS	4/2013	7/2014	Review of potential changes to the Medicaid Rate Structure complete	Existing DBHDS and DMAS Resources

DBHDS	4.1.3. Review Medicaid in-home payments and skilled nursing rate structure to identify opportunities to enhance support for more independent living options.	DMAS	4/2013	7/2014	Review Medicaid in-home payments and skilled nursing rate structure complete	Existing DBHDS and DMAS Resources
DBHDS	4.1.4. Review potential modifications the Medicaid waiver programs to match individual needs to services, and provide individuals with the ability to direct their own waiver resources toward independent living options.	DMAS	4/2013	7/2014	Review of potential Medicaid Waiver modifications completed	Existing DBHDS and DMAS Resources
DBHDS	4.1.5. Review Medicaid waiver structure to determine if there are opportunities to expand environmental modification and assistive technology provisions in the current Medicaid ID and DD waiver program to support more independent options.	DMAS	4/2013	7/2014	Review of Medicaid waiver structure completed	Existing DBHDS and DMAS Resources

Goal 5: Assess and Advance Coordinated Plan Implementation. ***Indicators: Annual Plan Benchmarks are Achieved***						
Strategy 5.1: Track, Evaluate, and Continuously Improve Upon Plan Progress.						
Lead Agency(s)	**Recommended Action(s)**	**Other Agencies/Org's Involved**	**Projected Start Date**	**Projected Completion Date**	**Program Outcome**	**Resources**

DBHDS	5.1.1. Develop and produce quarterly monitoring format and process.		3/2013	4/2013	Reports Submitted	Existing DBHDS Resources
DBHDS	5.1.2. Interagency Housing Committee meets at least quarterly to track and monitor outcomes and indicators.	Interagency Housing Committee	3/2013	Ongoing	Quarterly Meetings Held	Existing State Resources
DBHDS	5.1.3. Set Plan Benchmarks/Key indicators for 2014.	Interagency Housing Committee	7/2013	9/2013	Report Card Format Developed	Existing DBHDS Resources
DBHDS	5.1.4 Design evaluation and tracking system for Plan.	Interagency Housing Committee	12/2013	6/2014	Evaluation Plan in Place	Existing DBHDS Resources
DBHDS	5.1.5. Evaluate feasibility of long-term rental assistance program based on the outcome of demonstration/pilot project, if approved.	Interagency Housing Committee	12/2013	6/2014	Propose any necessary budget or legislative changes to implement	Existing State Resources
DBHDS	5.1.6. Establish annual review and revision of strategies and action steps.	Interagency Housing Committee		9/2014	Annual Plan Complete	Existing DBHDS Resources
Strategy 5.2 Convene State and Local Partners to Ensure Implementation of Plan.						
DBHDS	5.2.1. DBHDS Commissioner to establish Interagency Housing Committee as Permanent Advisory Body.	Interagency Housing Committee	5/2013	12/2013	Committee Reconvened	

DBHDS	5.2.2. Conduct outreach to representatives of agencies at the local level to share the Plan.	Interagency Housing Committee	3/2013	Ongoing	100% of localities reached each year of the Plan	Existing DBHDS Resources
DBHDS	5.2.3 Build, assess, and refine strategy for building local support for the Plan.	Interagency Housing Committee	12/2013	Ongoing	Strategy in Place	Existing DBHDS Resources

APPENDIX D – Baseline Data for ID Population

CSB Name	Training Center Census by CSB	ICF's in Comm. Census by CSB	Adults in Nursing Homes on OBRA	Total Adults in Institutions	Baseline Estimate for Adults in Inst. (3%)*	ID Waivers >= 18 Years Of Age Living With Family	ID Waivers Currently Receiving Congregate Residential Services	# of Urgent Need Wait List Individuals >= 18 Years Of Age	Potential Dist. Of FY 2013 Waiver Slots	Total # of Indivduals receiving waiver services plus FY 2013 Waiver Slot Distribution****	Baseline Estimate for FY 2014 Waiver Recipients (10%)**	Total # of Indivduals receiving waiver services plus FY 2014 Waiver Slot Distribution****	Baseline Estimate for FY 2015 Waiver Recipients (15%)***	Total Baseline Estimate for FY 2014 and FY 2015 Waiver Recipients
ALEXANDRIA CSB	20	12	0	32	1	32	50	12	3	85	9	87	13	22
ALLEGHANY HIGHLANDS CSB	5	0	0	5	0	26	11	9	2	39	4	41	6	10
ARLINGTON MENTAL HEALTH	30	24	0	54	2	25	57	25	4	86	9	89	13	23
BLUE RIDGE CSB	32	0	4	36	1	106	181	83	12	299	30	308	46	77
CENTRAL VIRGINIA CSB	33	21	5	59	2	106	320	89	13	439	44	448	67	113
CHESAPEAKE CSB	17	0	2	19	1	50	81	61	9	140	14	147	22	37
CHESTERFIELD CSB	9	11	1	21	1	168	359	171	24	551	55	568	85	141
CITY OF VA BEACH CSB MHMRSAS	32	37	5	74	2	135	346	171	24	505	51	522	78	131
COLONIAL BEHAVIORAL HEALTH	6	0	0	6	0	43	41	48	7	91	9	96	14	23
CROSSROADS CSB	12	0	4	16	0	51	92	30	5	148	15	152	23	38
CUMBERLAND MTN CSB	43	20	7	70	2	58	49	13	3	110	11	112	17	30
DANVILLE-PITTSYLVANIA CSB	29	12	2	43	1	115	105	67	10	230	23	237	36	60
DICKENSON Y CSB	7	0	2	9	0	14	4	1	1	19	2	20	3	5
DISTRICT 19 CSB	25	0	4	29	1	45	182	34	5	232	23	236	35	59
EASTERN SHORE CSB	11	0	0	11	0	40	43	10	2	85	9	87	13	22
FAIRFAX FALLS CHURCH CSB	117	31	3	151	5	273	308	360	49	630	63	665	100	168
GOOCHLAND POWHATAN MENTAL HLTH	2	0	0	2	0	17	27	8	2	46	5	48	7	12
HAMPTON-NN CSB	38	25	6	69	2	122	260	120	17	399	40	411	62	104
HANOVER Y CSB	7	0	0	7	0	46	51	40	6	103	10	108	16	27
HARRISONBURG-ROCKINGHAM CSB	6	15	0	21	1	45	107	30	5	157	16	161	24	40
HENRICO CSB	23	0	1	24	1	83	234	107	15	332	33	343	51	85
HIGHLANDS CSB	19	0	1	20	1	57	31	13	3	91	9	93	14	24
LOUDOUN Y CSB	2	0	1	3	0	49	63	55	8	120	12	126	19	31
MIDDLE PENINSULA NECK CSB	8	0	3	11	0	66	104	42	7	177	18	182	27	45
MOUNT ROGERS CSB	40	0	5	45	1	84	123	26	4	211	21	214	32	54
NEW RIVER VALLEY CSB	36	0	1	37	1	54	103	55	8	165	17	171	26	44
NORFOLK CSB	60	0	10	70	2	99	193	125	17	309	31	322	48	81
NORTHWESTERN CSB	11	0	0	11	0	50	185	78	11	246	25	254	38	63
PIEDMONT CSB	14	0	5	19	1	91	109	55	8	208	21	214	32	53
PLANNING DISTRICT ONE CSB	31	0	0	31	1	64	63	12	3	130	13	132	20	34
PORTSMOUTH DEPT OF BEHAVIORAL	16	0	1	17	1	70	122	14	3	195	20	197	30	50
PRINCE WILLIAM Y CSB	26	8	4	38	1	91	152	90	13	256	26	265	40	67
RAPPAHANNOCK AREA CSB	13	0	3	16	0	161	173	174	24	358	36	375	56	92
RAPPAHANNOCK RAPIDAN CSB	17	0	0	17	1	69	86	59	9	164	16	170	25	42
REGION TEN CSB	24	16	5	45	1	68	167	49	7	242	24	248	37	63
RICHMOND BHVRL HLTH AUTHORITY	28	12	19	59	2	118	222	100	14	354	35	364	55	92
ROCKBRIDGE AREA CSB	2	0	2	4	0	12	46	5	2	60	6	61	9	15
SOUTHSIDE CSB	19	0	7	26	1	87	66	5	2	155	16	156	23	39
VALLEY CSB	12	20	3	35	1	68	146	40	6	220	22	225	34	57
WESTERN TIDEWATER CSB	12	28	6	46	1	76	90	52	8	174	17	181	27	46
GRAND TOTAL	**894**	**292**	**122**	**1,308**	**39**	**3,034**	**5,152**	**2,538**	**375**	**8,561**	**856**	**8,836**	**1,323**	**2,218**

Date: January 24, 2013

Please note: All numbers are rounded to the nearest whole number.

* Assumption: A minimum of 3 percent of the individuals over the age of 18 that are living in a Training Center, Community ICF or Nursing Home would choose an independent living option, if available.

**Assumption: A minimum of 10 percent of the individuals over the age of 18 that are receiving waiver supports that are either living with family or in a congregate setting and 10 percent of the individuals that will receive a waiver slot in FY 2013; would choose an independent living option, if available.

***Assumption: A minimum of 15 percent of the individuals over the age of 18 that are receiving waiver supports that are either living with family or in a congregate setting and 15 percent of the individuals that will receive a waiver slot in FY 2013; would choose an independent living option, if available.

**** Baseline estimate does not include individuals that are not at least 18 years of age or older or individuals that are not receiving waiver services in an in-home or congregate setting (e.g. individuals that only receive vocational or day support services under the waiver).

Endnotes

[i] The unreduced SSI benefit as of January 1, 2012, is $698 for an individual and $1,048 for a couple. SSI benefit increases have not kept up with rising housing costs. Under current federal guidelines, housing is considered to be affordable for low-income households when the cost of monthly rent, including tenant-paid utilities, does not exceed 30 percent of monthly household income. People with disabilities receiving SSI can only afford to pay 30 percent of their income in housing costs, which as of January 1, 2012 is $207 per month or $2,484 per year.

[ii] The following is a summary of consensus opinion from leaders in the field with whom TAC spoke about obtaining a baseline number of individuals who would choose this option:

1. The response options with written or web-based surveys, and even with telephone or focus group surveys, typically reflect what a state offers. For example, people may say they need "respite" because that is the service listed, but what they really want is for the person to have a place to go with her/his friends.
2. People tend to report in a survey that they need more of what they already know about. It is not surprising that people request a "group home" over "shared living" because that is what has been the most available service option over the past 25 years. The response is not a valid indicator that states should provide more group homes or that a group home is what people really want. Because they have experienced it first hand, it is frequently easier for families and other caregivers to envision a facility as a basis for service delivery as opposed to an independent living arrangement with flexible and mobile community services and supports.
3. The people responding to these surveys are often family members. The preferences of family members should not necessarily be taken as equivalent to the preferences of individuals with ID/DD. A parent may want a group home and day center for his son. Meanwhile, his son may want an apartment with friends and a job.
4. Experts report that mail or web-based response rates are notoriously low, and thus the information gleaned from surveys typically cannot be extrapolated to the entire population at interest.

There was unanimous consensus among professionals with whom TAC spoke that the best way to obtain accurate information on needs and choices is to do person-centered planning accompanied by informed "visioning" of what life in the community, as opposed to a congregate setting could be like. This visioning frequently includes actual visits to a variety of different independent and small-scale community-based living arrangements, and discussions

with the families and other caregivers of people living in such settings. While this is occurring within the established discharge process for Training Center residents, this approach could not be carried out with all individuals (or even a majority of individuals in the target population) due to time and resource constraints in developing the plan. Thus, implementing a survey approach to establishing an accurate baseline to develop the plan was problematic in many ways.

Appendix C: DOJ Project Teams

DOJ Project Team 1 (Additional Waiver Slots)	
Team Member	Organization
Lead	Currently vacant, position to be filled in 2013
Dr. Olivia Garland	DBHDS Deputy Commissioner
Sheryl Womeldorph	ILIFF
Amanda Filtrin	Advocate
Anne McDonnell	BIAV
Beverly Soble	Virginia Health Care Association
Becky Bowers-Lanier	BIAV, Consultant
Anessa Brooke	Advocate
Carolyn Turner	DARS
Donald Fletcher	DOJ Settlement Agreement, Independent Reviewer
Dr. Olivia Garland	DBHDS Deputy Commissioner
Margaret Graham	VACSB
Greg Preston	VACSB
Michelle Guiziewicz	DBHDS
Jackie Jackson	VACSB
Jamie Liban	The ARC of Virginia, Executive Director
Jim Gillespie	VACSB
Jennifer Kurtz	DBHDS
Mary Lynne Bailey	VHCA
Maureen Hollowell	Endependence Center Inc., Center for Independent Living
David Meadows	DBHDS
Michelle Johnson	Henrico CSB
Beverly Morgan	DBHDS
Sam Pinero	Department of Medical Assistance Services (MFP)
Karen Poe	DBHDS
Ray Ratke	Lutheran Family Services
Linda Redmond	VBPD
Gail Rheinheimer	DBHDS Office of Developmental Services (MFP)
Ramona Schaeffer	Department of Medical Assistance Services
Barry Seaver	DBHDS
Sharon Darby	Children's Hospital
Cheri Stierer	DBHDS
Tim Capoldo	VACSB

Dawn Traver	DBHDS Office of Developmental Services
Betty Vines	DBHDS
Susan Ward	Virginia Hospital and Healthcare Association
Eric Williams	DBHDS
Judy Brown	Lake Taylor
Andrea Coleman	DBHDS
William Giermak	St. Mary's Hospital
DOJ Project Team 2 (New Medicaid Waivers)	
Team Member	Organization
Lead	Currently vacant, position to be filled in 2013
Dr. Olivia Garland	DBHDS Deputy Commissioner
Lee Price	DBHDS Senior Policy Advisor
Don Darr	DBHDS Office of Developmental Services, Finance
Cheri Stierer	DBHDS Office of Developmental Services, Data Management
Dawn Traver	DBHDS Office of Developmental Services, Waiver Policy Regulations
DOJ Project Team 3 (Individual & Family Support	
Team Member	Organization
Cindy Gwinn (Lead)	Community Resources Manager, DBHDS Office of Developmental Services
Dr. Olivia Garland	DBHDS Deputy Commissioner
Dawn Traver	DBHDS Office of Developmental Services
Sam Pinero	Department of Medical Assistance Services
DOJ Project Team 4 (Crisis Intervention & Prevention)	
Team Member	Organization
Bob Villa (Lead)	DBHDS Office of Developmental Services, START Manager
Dr. Olivia Garland	DBHDS Deputy Commissioner
Kelly Watson	Easter Seals START Director for Region I
Philippe Kane	Easter Seals START Director for Region II
Denise Hall	New River Valley Community Services, START Director for Region III
Ron Lucas	Richmond Behavioral Health Authority, START Director for Region IV
Dona Sterling-Perdue	Hampton-Newport News Community Services Board, START Director for Region V

DOJ Project Team 5 (Employment First)	
Team Member	Organization
Adam Sass (Lead)	DBHDS Office of Developmental Services, Employment Coordinator
Dr. Olivia Garland	DBHDS Deputy Commissioner
Chris Neal	CSB DMC Representative
Michael Shank	DBHDS Office of Mental Health Services
DOJ Project Team 5 (SELN Advisory Group)	
Cheri Stierer	DBHDS
Chris Lavach	The Choice Group
Dana V Yarbrough	Partners
Dave Wilber	The Arc of the Peninsula
Dawn Traver	DBHDS
Don Conley	Arlington CSB
Donna Bonessi	DARS
Ed Turner	Turner and Associates
Grant Revell	VCU
Heather Norton	Chesterfield CSB
Jack Brandt	VCU
Jamie Liban	The Arc of Virginia
Jim Gillespie	Rappahannock CSB
John Santoski	The Arc of the Piedmont
Karen Tefelski	VAACCSES
Kathryn Hayfield	DARS
Kevin Lafin	Fairfax CSB
Lance Elwood	Career Supports
Lisa Morgan	Service Source
Lynne Talley	VBPD
Marshall Henson	Linden Resources
Michelle Howard-Herbein	Didlake
Paul Atkinson Jr.	Eggelston Services
Phil Nussbaum	Chesterfield CSB
Rob Froehlich	GWU
Robin Metcalf	The Choice Group
Samantha Hollins	DOE
Sara Peterson	Autism Society of NOVA
Shirley Lyons	Henrico CSB

Susan Payne	DBVI
Thomas, Amy	Hanover CSB
Wendy Gradison	PRS Inc.
Janice McKenna	Danville/Pittsylvania CSB
DOJ Project Team 6 (Independent Housing)	
Team Member	Organization
Eric Leabough (Lead)	DBHDS, Housing Specialist
Dr. Olivia Garland	DBHDS Deputy Commissioner
Jim Stewart	DBHDS, Commissioner
Bill Shelton	Department of Housing and Community Development, Director
Susan Dewey	Virginia Housing Development Authority, Executive Director
Jim Rothrock	Department for Aging and Rehabilitative Services, Commissioner
Heidi Lawyer	Virginia Board for People with Disabilities, Executive Director
Keith Hare	Office of the Secretary of Health and Human Resources, Deputy Secretary
Matt Cobb	Office of the Secretary of Health and Human Resources, Deputy Secretary
Heidi Dix	DBHDS Settlement Agreement Executive Advisor
Shea Hollifield	Department of Housing and Community Development, Deputy Director of Housing
Herb Hill	Virginia Housing Development Authority, Managing Director of Policy, Planning and Communications
Bill Ernst	Department of Housing and Community Development, Policy Officer Manager
Teri Barker Morgan	Virginia Board for People with Disabilities, Program Manager
Bruce DeSimone	Virginia Housing Development Authority, Community Housing Officer
Barry Merchant	Virginia Housing Development Authority, Senior Policy Analyst
Bill Fuller	Virginia Housing Development Authority, Senior Community Housing Officer
Sam Pinero	Department of Medical Assistance Services, Program Manager
Helen Leonard	Department of Medical Assistance Services, Management Lead
Catherine Harrison	Director of Community Integration, Department for Aging and Rehabilitative Services
Jeannie Cummins Eisenhour	Fairfax-Falls Church CSB, Housing Specialist
Michelle Johnson	Henrico Area Mental Health and Developmental Services, Community Support Services Division Director
Maureen Hollowell	Endependence Center (VA CIL), Director of Advocacy and Services
Debbie Brinkley	Western Tidewater CSB DMC Representative
Jamie Liban	The ARC of Virginia, Executive Director
DOJ Project Teams 7a – 7d	

Team Member	Organization
Jae Benz (7a Lead – Discharge Process & Community Integration)	DBHDS Training Center Discharges and Community Integration, Director
Gail Rheinheimer (7b Lead – Regional Support Teams)	DBHDS Office of Developmental Services
Dawn Traver (7c Lead – Family Mentoring & Peer Programs)	DBHDS Office of Developmental Services
Beverly Rollins (7d Lead – Provider Capacity Development)	Consultant
Dr. Olivia Garland	DBHDS Deputy Commissioner
Debra Smith	SVTC CIM
Beverly Littlejohn	CVTC CIM
Kelly Rinehimer	NVTC CIM
Sarah Stansberry	SEVTC CIM
Betty Vines	DBHDS Office of Developmental Services
Michelle Laird	SWVTC CIM
Angela Harvell	CIM
Olivia Garland	DBHDS, Deputy Commissioner
Les Saltzberg	DBHDS, Director of Licensing
Keven Schock	DBHDS Office of Licensing, Associate Director
Lee Price	DBHDS Office of Developmental Services, Director
Margaret Walsh	DBHDS Office of Human Rights, Director
Adam Sass	DBHDS Office of Developmental Services, START Coordinator
Patricia Rivers	Consultant
DOJ Project Team 8 (Quality Improvement & Data Analysis)	
Team Member	Organization
Paul Gilding (Lead)	DBHDS Office of Community Contracting, Director
Kathy Drumwright (Reports to)	DBHDS Office of Quality Management and Development, Assistant Commissioner
Jae Benz	DBHDS Office of Developmental Services Training Center, Operations Mgr.
Debra Bernard	Henrico Area Mental Health and Developmental Services Quality Assurance Director and VACSB Quality Assurance Committee Chair
Jim Bernat	Rappahannock-Rapidan CSB
Debbie Brinkley	Western Tidewater CSB and VACSB DMC Executive Committee member
Charline A. Davidson	DBHDS Office of Planning and Development, Director
Adrienne H. Ferriss	DBHDS Office of Information Technology Services

Jennifer G. Fidura	Virginia Network of Private Providers, Executive Director
Dale Francis	New River Valley Community Services IT Director and VACSB DMC, Executive Committee member
Paul R. Gilding	DBHDS Office of Community Contracting
Marion Y. Greenfield	DBHDS Office of Clinical Quality and Risk Management, Director
Cynthia J. Gwinn	DBHDS Office of Developmental Services, Community Resources Manager
Michelle Johnson	Henrico Area Mental Health and Developmental Services Director of Developmental Services and VACSB Developmental Services Council Chairperson
Rupinder Kaur	DBHDS Office of Developmental Services, Data Management Analyst
Dee Keenan	DBHDS Division of Quality Management and Development (DQM&D) ,Case Management Coordinator
Luciana Kelty	DBHDS Division of Quality Management and Development, Research Associate/Project Coordinator
Eric S. Leabough	DBHDS Office of Developmental Services, Housing Specialist
Demetrios N. Peratsakis	Western Tidewater CSB, Executive Director
Les H. Saltzberg	DBHDS Office of Licensing, Director
Russell S. Sarbora	DBHDS Chief Information Officer
Adam H. Sass	DBHDS Office of Developmental Services Employment Coordinator
Keven M. Schock	DBHDS Office of Licensing, Associate Director
Beverly A. Thomas	DBHDS Office of Information Technology Services
Robert J. Villa	DBHDS Office of Developmental Services, START Coordinator
Margaret S. Walsh	DBHDS Office of Human Rights, Director
Stella Stith	DBHDS Division of Quality Management and Development, Data Analyst
Lacy T. Whitmore	Harrisonburg Rockingham CSB Executive Director and VACSB Administrative Policy and Technical Committee Chairperson
DOJ Project Team 9	
Team Member	Organization
Dee Keenan (Lead)	DBHDS Office of Quality Management, Case Management Coordinator
Kathy Drumwright (Reports To)	DBHDS Quality Management and Development, Assistant Commissioner
Les Saltzberg	DBHDS Office of Licensing, Director
Heather Norton	Chesterfield CSB
Bonnie Neighbor	Vocal Virginia
Debbie Brinkley	WTCSB/DMC Representative
Sam Pinero	Department of Medical Assistance Services
Steven King	Independent DD Case Manager
Dawn Traver	DBHDS Office of Developmental Services

Gail Rheinheimer	DBHDS Office of Developmental Services
Michael Shank	DBHDS Office of Mental Health Services
Paul Gilding	DBHDS Office of Community Contracting, Director
Cheryl Johnson	DD Case Manager, ARC of NOVA
Heather Rupe	New River Valley Community Services DMC Representative
Kippy Cassell	Piedmont Community Services DMC Representative
Susan Bergquest	Goochland CSB
Sharon Taylor	Frontier Health, Private CM Provider
DOJ Project Team 10 (Case Manager Training)	
Team Member	Organization
Michael Shank (Lead)	DBHDS Office of Mental Health Services
Kathy Drumwright (Reports to)	DBHDS Office of Quality Management & Development, Assistant Commissioner
Gail Rheinheimer	DBHDS Office of Developmental Services
Eric Williams	DBHDS Office of Developmental Services
Heather Norton	Chesterfield CSB
Ed Gonzalez	DBHDS Office of Licensing
Maureen Hollowell	Endependence Center Inc., Center for Independent Living
Sam Pinero	Department of Medical Assistance Services

DOJ Project Team 11 (Provider Risk Management)	
Team Member	Organization
Marion Greenfield (Lead)	DBHDS Office of Clinical Quality and Risk Management, Director
Kathy Drumwright (Reports to & Member of Mortality Review Committee)	DBHDS Office of Quality Management and Development, Assistant Commissioner
Dr. Olivia Garland (Team Member & member of Mortality Review Committee)	DBHDS, Deputy Commissioner
Debra Cought	NVTC
Keven Schock	DBHDS Office of Licensing, Associate Director
Margaret Walsh	DBHDS Office of Human Rights, Director
Ann Bevan	Private Provider Rep
Denise Dunn	DBHDS Office of Facility Investigations and Management
Donald Fletcher (Team Member and member of Mortality Review Committee)	DOJ Settlement Agreement, Independent Reviewer
Michelle Guzeiwicz	DBHDS
Mary O'Hara	DBHDS Office of Quality and Risk Management
Barbara Palmore	DBHDS
Neysa Simmers	VCSB
Dr. Jack Barber	DBHDS Medical Director
Jae Benz	DBHDS Training Center Discharges and Community Integration, Director
Heidi Dix	DBHDS Settlement Agreement Executive Advisor
Karen Moten	DBHDS Quality Management and Development, Data Analyst
Kent McDaniel	Henrico
Les Saltzberg	DBHDS Office of Licensing, Director
DOJ Project Team 12 (Incident Reporting)	
Team Member	Organization
Margaret Walsh (Lead)	DBHDS Office of Human Rights, Director
Kathy Drumwright (Reports to)	DBHDS Office of Quality Management and Development, Assistant Commissioner
Denise Dunn	DBHDS Office of Developmental Services
Marion Greenfield	DBHDS Office of Clinical Quality and Risk Management, Director
Kelly Fried	Chesterfield CSB Quality Assurance, Director
Sue Tatum	Chesterfield CSB, QA

Lisa Poe	Richmond Residential, Virginia Network of Private Providers, Executive Director
Debra Bernard	Henrico Area Mental Health and Developmental Services (HAMHDS) Quality Assurance Director (QA) and VACSB QA Committee Chair
Charline A. Davidson	DBHDS Office of Planning and Development, Director
Leslie Anderson	Fidura and Associates, Virginia Network of Private Providers
Paul R. Gilding	DBHDS Office of Community Contracting
Marion Y. Greenfield	DBHDS Office of Clinical Quality and Risk Management, Director
Dee Keenan	DBHDS Division of Quality Management and Development (DQM&D), Case Management Coordinator
Angela Harrison	DBHDS Office of Human Rights
Les H. Saltzberg	DBHDS Office of Licensing (OL, Director
Chanda Braggs	DBHDS Office of Licensing (OL), Associate Director
Stella Stith	DBHDS Office of Licensing (OL), Data Analyst
Lisa Blecker	Fairfax Falls Church CSB Quality Assurance, Director
Laura Schmidt	Fairfax Falls Church CSB, QA
Herbert Dumas	Fairfax Falls Church CSB, IT
Don Tyson	DBHDS Project Manager
Sue Tinsley	DBHDS Business Analyst
Stella Stith	DBHDS Quality Management and Development, Data Analyst
Dawn Traver	DBHDS Office of Developmental Services
DOJ Project Team 13 (Mortality Review)	
Team Member	Organization
Dr. Jack Barber (Lead)	DBHDS Medical Director
Kathy Drumwright (Reports to)	DBHDS Office of Quality Management and Development, Assistant Commissioner
Marion Greenfield	DBHDS Office of Clinical Quality and Risk Management, Director
Heidi Dix	DBHDS Settlement Agreement Executive Advisor
Kent McDaniel	Psychiatrist
Karen Moten	DBHDS Quality Management and Development, Data Analyst
Les Saltzberg	DBHDS Office of Licensing, Director
DOJ Project Team 14 (Licensing)	
Team Member	Organization
Les Saltzberg (Lead)	DBHDS Office of Licensing, Director
Kathy Drumwright (Reports to)	DBHDS Office of Quality Management and Development, Assistant Commissioner

Keven Schock	DBHDS Office of Licensing, Associate Director
Chanda Braggs	DBHDS Office of Licensing, Associate Director
Beverly Thomas	DBHDS Office of Information Technology Services
Margaret Walsh	DBHDS Office of Human Rights, Director
Michelle Johnson	Henrico CSB
David Meadows	Community Resource Consultant
Natasha Fedyszyn	Private Provider
Carla Keith	DBHDS Office of Licensing. Data Analyst
Stella Stith	DBHDS Quality Management and Development, Data Analyst
DOJ Project Team 15 (Quality Service Reviews)	
Team Member	Organization
Charline Davidson (Lead)	DBHDS Office of Planning and Development
Kathy Drumwright (Reports to)	DBHDS Office of Quality Management and Development, Assistant Commissioner
Lee Price	DBHDS Senior Policy Advisor
Dr. Olivia Garland	DBHDS, Deputy Commissioner
Cheri Stierer	DBHDS Office of Developmental Services
Deb Lochart	DBHDS Office of Human Rights
Keven Schock	DBHDS Office of Licensing
Dee Keenan	DBHDS Office of Quality Management and Development
Michele Wittingham	Private Provider
Jim Gillespie	Rappahannock Area CSB, VACSB ID Council
Sam Pinero	Department of Medical Assistance Services
Parthy Dinora	Partnership for People with Disabilities, Virginia Commonwealth University
Heidi Dix	DBHDS Settlement Agreement Executive Advisor
Beverly Rollins	Consultant
Gail Rheinheimer	DBHDS Office of Developmental Services
Linda Major	VACSB Data Management Committee,* Hampton-Newport News CSB
Jamie Liban	Arc of Virginia, Executive Director
Michele Whittingham	One Diversity, Private Provider
Karen Moten	DBHDS Quality Management and Development, Data Analyst
* Formerly Mike Forster	Harrisonburg-Rockingham CSB

DOJ Project Team 16 (Facilities Closures)	
Team Member	Organization
Dr. Olivia Garland (Lead/Chair)	DBHDS, Deputy Commissioner
Heidi Dix	DBHDS Settlement Agreement Executive Advisor
Neila Gunter	DBHDS Office of Human Resources Development and Management
Vickie Montgomery	CSH
Bob Kaufman	DBHDS Office of Clinical Quality and Risk Management, Director
Joe Cronin	DBHDS Office of Architecture and Engineering
Mickie Jones	DBHDS Office of Architecture and Engineering
Marion Greenfield	DBHDS, Office of Clinical Quality and Risk Management, Director
Sue Ridout	DBHD
* Additional Members	Different Support Services representatives from respective facilities to develop closure plans
DOJ Project Team 17 (Provider Training)	
Team Member	Organization
Gail Rheinheimer (Lead)	DBHDS Office of Developmental Services
Dr. Olivia Garland	DBHDS Deputy Commissioner
Carolyn Robinson	
Les Saltzberg	DBHDS, Office of Licensing, Director
Jae Benz	DBHDS Training Center Discharges and Community Integration, Director
Kathy Drumwright	DBHDS Quality Management and Development, Assistant Commissioner
DOJ Project Team 18 (RCSC Coordination)	
Team Member	Organization
Dale Woods (Lead)	DBHDS
Dr. Olivia Garland	DBHDS Deputy Commissioner
Jen Kurtz	SWVTC, Community Resource Consultant
Karen Poe	NOVA, Community Resource Consultant
Mark Diorio	NVTC, Director
Barry Mayberry	MD
Nancy Cottingham	Southern and Southwestern regions, Executive Director Horizon Behavioral Health
Lynnie McCrobie	Middle Peninsula Northern Neck CSB, Director of Community Options
Donna Knarr	Parent of Consumer and Mentor for Families of Individuals Leaving Training Centers, Individual Consumer
John Knarr	NVTC, Director

Jennifer Fidura	Fidura and Associates, Virginia Network of Private Providers Executive Director
Heidi Dix	DBHDS Settlement Agreement Executive Advisor
Olivia Garland	DBHDS, Deputy Commissioner
Michele Laird	SWVTC CIM
Kathy Drumwright	DBHDS Quality Management and Development, Assistant Commissioner
Keven Schock	DBHDS Office of Licensing, Associate Director
John Jackson	DBHDS
DOJ Project Team 24 (Access and Availability of Services)	
Gail Rheinheimer (Lead)	DBHDS Office of Developmental Services
Helen Leonard	DMAS
Jennifer Kurtz	DBHDS
Katie Roper	Virginia Easy Access
Sam Pinero	Department of Medical Assistance Services

Appendix D:
DBHDS Settlement Agreement Stakeholder Group

Category	Appointee Name	Designee
HOST AGENCY		
DBHDS	Mr. James W. Stewart, III, Commissioner	
DBHDS	Dr. Olivia J. Garland, Ph.D., Deputy Commissioner	
DBHDS	Ms. Heidi R. Dix, Settlement Agreement Executive Advisor	
OTHER STATE AGENCIES		
DMAS	Ms. Karen Kimsey, Deputy Director for Complex Care	
DARS and CIAC	Ms. Catherine Harrison, Director, CIAC	
SERVICE RECIPIENTS		
Parent/Family of Individual	*Vacancy as of July 10, 2013*	
Parent/Family of Individual	Ms. Vicki Beatty	
Parent/Family of Individual	Ms. Cathleen S. Lowery	
Parent/Family of Individual	Ms. Pat Bennett	
PROVIDERS/ASSOCIATIONS		
VNPP	Ms. Ann Bevan, President	Ms. Jennifer Fidura
VACIL	Ms. Karen Michalski-Karney, Chair	
vaACCSES	Mr. Dave Wilber, President	
VACSB	Ms. Karen Grizzard, Chair	
CSB ID Director	Ms. Michelle Johnson, Henrico CSB	
CSB Executive Director	Ms. Lisa Moore, Mt. Rogers CSB	
DD Case Management	Ms. Josie Williams, Commonwealth Catholic Charities	
CSB Case Manager	Ms. Linda Wilson, Rappahannock Area CSB	
Non-Congregate Setting Provider	Mr. Grey Persons, President	Ms. Lynne Seagle
ADVOCACY/OTHER		
The Arc of Virginia	The Hon. Howard Cullum, President	Ms. Jamie Liban
Autism Org: Autism Society of Central Va.	Mr. Bill Thompson, President	Ms. Bradford Hulcher
State Human Rights Committee	Ms. Caroline DeVilbiss, Chair, SHRC	
VBPD	Mr. John Kelly, Chair	Ms. Heidi Lawyer
Peer Advocate DD	Ms. Marisa Loais, Member, The Arc of Northern Virginia	
Peer Advocate ID	Ms. Katherine Olson, Voices of VA	