



# COMMONWEALTH of VIRGINIA

DEBRA FERGUSON, Ph.D.  
COMMISSIONER

DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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August 8, 2014

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

Dear Senator Stosch:

Item 314.L. of the 2012 *Appropriation Act*, required the Department of Behavioral Health and Developmental Services (DBHDS) to provide a plan to the General Assembly, developed in consultation with the Secretary of Health and Human Resources and the Chairmen of the House Appropriations and Senate Finance Committees, for closure of state training centers by the end fiscal year 2021, in compliance with the settlement agreement relating to *United States of America v. Commonwealth of Virginia* (Civil Action No. 312cv0059-JAG) within one year of the effective date of the settlement agreement (August 23, 2013).

Item 314.O.1-4. of the 2013 *Appropriation Act* requires DBHDS to submit quarterly reports on a variety of information to the House Appropriations and Senate Finance Committees on progress in implementing the plan to close state training centers and transition residents to the community.

Please find enclosed the report in accordance with Item 314.O, combined 3<sup>rd</sup> and 4<sup>th</sup> quarter reports. Staff at the department are available should you wish to discuss this request.

Sincerely,

A handwritten signature in black ink that reads "Debra Ferguson".

Debra Ferguson, Ph.D.

Enc.

Cc: William A. Hazel, Jr., M.D.  
The Hon. Emmet W. Hanger, Jr.  
Kathleen Drumwright  
Connie Cochran  
Donald D. Darr  
Peggy Balak  
Mr. Joe Flores



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August 8, 2014

The Honorable S. Chris Jones, Chair  
House Appropriations Committee  
General Assembly Building  
P.O. Box 406  
Richmond, VA 23218

Dear Delegate Jones:

Item 314.L. of the 2012 *Appropriation Act*, required the Department of Behavioral Health and Developmental Services (DBHDS) to provide a plan to the General Assembly, developed in consultation with the Secretary of Health and Human Resources and the Chairmen of the House Appropriations and Senate Finance Committees, for closure of state training centers by the end fiscal year 2021, in compliance with the settlement agreement relating to *United States of America v. Commonwealth of Virginia* (Civil Action No. 312cv0059-JAG) within one year of the effective date of the settlement agreement (August 23, 2013).

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Cc: William A. Hazel, Jr., M.D.  
The Hon. Riley E. Ingram  
Kathleen Drumwright  
Connie Cochran  
Donald D. Darr  
Peggy Balak  
Ms. Susan E. Massart



## **Training Center Closure Plan Quarterly Update**

**Pursuant to**

**Code of Virginia §37.2-319 (HB2533/SBI486, 2011)  
and Item 314.O.1-4 of the 2013 *Appropriation Act***

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

**August 8, 2014  
(Combined 3<sup>rd</sup> and 4<sup>th</sup> Quarter Reports)**

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**Item 314.O. Quarterly Report to the General Assembly Regarding Implementation of the State Training Center Closure Plan and Transition of Residents to the Community**

Item O of the 2013 *Appropriation Act* requires the Commissioner of the Department of Behavioral Health and Developmental Services (DBHDS) to report on the implementation of the state training center closure plan (Item 314.L. of the 2013 *Appropriation Act*) and the transition of residents to the community on a quarterly basis. The language reads:

*O.1. Beginning October 1, 2013, the Commissioner of the Department of Behavioral Health and Developmental Services shall provide quarterly reports to the House Appropriations and Senate Finance Committees on progress in implementing the plan to close state training centers and transition residents to the community. The reports shall provide the following information on each state training center: (i) the number of authorized representatives who have made decisions regarding the long-term type of placement for the resident they represent and the type of placement they have chosen; (ii) the number of authorized representatives who have not yet made such decisions; (iii) barriers to discharge; (iv) the general fund and nongeneral fund cost of the services provided to individuals transitioning from training centers; and (v) the use of increased Medicaid reimbursement for congregate residential services to meet exceptional needs of individuals transitioning from state training centers in fiscal year 2014, provided in item 307, paragraphs BBB.1. and BBB.2.*

*2. At least six months prior to the closure of a state intellectual disabilities training center, the Commissioner of Behavioral Health and Developmental Services shall complete a comprehensive survey of each individual residing in the facility slated for closure to determine the services and supports the individual will need to receive appropriate care in the community. The survey shall also determine the adequacy of the community to provide care and treatment for the individual, including but not limited to, the appropriateness of current provider rates, adequacy of waiver services, and availability of housing. The Commissioner shall report quarterly findings to the Governor and Chairmen of the House Appropriations and Senate Finance Committees beginning October 1, 2013.*

*3. The department shall convene quarterly meetings with authorized representatives, families, and service providers in Health Planning Regions I, II, III and IV to provide a mechanism to (i) promote routine collaboration between families and authorized representatives, the department, community services boards, and private providers; (ii) ensure the successful transition of training center residents to the community; and (iii) gather input on Medicaid waiver redesign to better serve individuals with intellectual and developmental disability.*

*4. In the event that provider capacity cannot meet the needs of individuals transitioning from training centers to the community, the department shall work with community services boards and private providers to explore the feasibility of developing (i) a limited number of small community group homes or intermediate care facilities to meet the needs of residents transitioning to the community, and/or (ii) a regional support center to provide specialty services to individuals with intellectual and developmental disabilities whose medical, dental, rehabilitative or other special needs cannot be met by community providers. The Commissioner shall report on these efforts to the House Appropriations and Senate Finance Committees as part of his quarterly report, pursuant to paragraph 1."*

**Quarterly Update to Training Center Closure Plan**

This memorandum serves as an update to Item 314.L (Appendix A) and provides the additional information required in Item 314.O. The closure plan was published on January 10, 2014 and the first training center (SVTC) closed in May. In June 2014 DBHDS revised the closure date of NVTC from June 2015 to March 2016.

DBHDS recommends the closure of NVTC, SWVTC, and CVTC on the revised time table (Table 1).

**Table 1: Training Center Closure Schedule**

Training Center	Closure Date
Northern Virginia Training Center (NVTC)	March 30, 2016
Southwest Virginia Training Center (SWVTC)	June 30, 2018
Central Virginia Training Center (CVTC)	June 30, 2020
Southeastern Virginia Training Center (SEVTC)	Remain Open at 75 Beds

## Background

In January 2012, Governor McDonnell proposed the closure of four state training centers for the following reasons:

- Community-based services for individuals with intellectual disabilities in Virginia has expanded rapidly with over 11,100 individuals with intellectual disabilities (ID) or developmental disabilities (DD) supported through HCBS waiver programs and a waiting list of over 8,500 individuals for these services;
- The average cost of supporting individuals in training centers continues to rise and in FY 13 it rose to \$261,000 per person per year;
- All but one of Virginia’s training centers are more than 35 years old and have significant infrastructure needs in order to maintain them;
- With a declining training center census, Virginia operates more training centers than it needs. Census among the training centers has decreased 59 percent since FY 2000 when the statewide census was 1,745 and 40% since FY 2010 when the census was 1,198. (Table 2).

**Table 2: Training Center Census Changes, 2000 - 2014**

Name	2000 Census	March 2010	June 2011	June 2012	Nov 2013	May 2014	% Decrease 2000 - Present
Southside (SVTC) Closure date: 2014	465	267	242	197	71	0	100%
Northern (NVTC) Closure date: 2015	189	170	157	153	121	109	42%
Southwestern (SWVTC) Closure date: 2018	218	192	181	173	150	148	32%
Central (CVTC) Closure date: 2020	679	426	381	342	289	293*	57%
Southeastern (SEVTC) Remains open at 75 beds	194	143	124	104	81	77	60%
<b>TOTAL</b>	<b>1,745</b>	<b>1,198</b>	<b>1,085</b>	<b>969</b>	<b>712</b>	<b>712</b>	<b>59 %</b>

\* CVTC increase due to transfers from SVTC

- Virginia’s settlement agreement with the US Department of Justice requires significant expansion of the community-based system of services for individuals with intellectual and other developmental disabilities over a ten year period;
- Efforts nationwide to decrease reliance on large institutions to provide supports to individuals with intellectual disability. Virginia was one of only 9 states that had not closed any state operated institutions at the time Governor McDonnell proposed closure of four training centers;

- Research finds the quality of life for individuals who transition from large institutions to community-based settings improves in terms of daily living skills, social development, and communication skills.<sup>1</sup>

**Additional Information**

*Item 314 O.1. Beginning October 1, 2013, the Commissioner of the Department of Behavioral Health and Developmental Services shall provide quarterly reports to the House Appropriations and Senate Finance Committees on progress in implementing the plan to close state training centers and transition residents to the community. The reports shall provide the following information on each state training center: (i) the number of authorized representatives who have made decisions regarding the long-term type of placement for the resident they represent and the type of placement they have chosen; (ii) the number of authorized representatives who have not yet made such decisions....”*

Tables 3-6 below show where individuals are in the discharge process as of May 2014. These tables are updates from Item 314.L, the training center closure plan. The tables show where training center residents and their authorized representatives are in the process of selecting placement options.

Once individuals begin the active discharge process, DBHDS works closely with them and their authorized representatives to identify the right community setting using an individualized process focused on that person’s essential support needs and preferences. The average discharge process takes 12 weeks for an individual to complete. Depending on the appropriateness and availability of providers and an individual’s choice and support needs, some individuals make take more or less time to complete this process.

DBHDS works intensively with each individual and family to identify every support they believe is needed to live in the community and to identify providers that can currently meet those needs or can develop services or supports to meet those needs. DBHDS researches and identifies the most appropriate options from the assortment of choices individuals and families have for homes that best meet their specific needs and preferences. Those settings include living in their own or their family’s home with the proper services and supports; group homes; sponsored residential homes, where the individual lives with a sponsor family; or intermediate care settings, which provide the same level of services as training centers but in smaller, community settings.

The decision to move an individual to the community is made by the individual’s authorized representative. No individual has been or will be discharged from a training center without full discussion of the individual’s medical and behavioral needs and ensuring that each essential support need is met at the time of discharge. No individual is discharged from a training center to a community setting unless they so choose and their authorized representative consents, through a signature, to discharge.

**Table 4: Discharge Status, NVTC, as of May 15, 2014**

Category	Status	Number of NVTC Residents
1	Residential provider chosen, arrangement for move underway	13
2	Potential residential provider home selected, but needed assessments are occurring to confirm appropriateness of placement	10
3	Individual is in the process of touring potential providers, but has not yet chosen a	35

<sup>1</sup> Lakin, Larson, and Kim, “The Effects of Community v. Institutional Living on the Daily Living Skills of Persons with Developmental Disabilities?” *NASDDDS AUCD Evidence-Based Policy Brief*, March 2011 & Lakin, “Behavioral Outcomes of Deinstitutionalization for People with Intellectual Disabilities: Third Decennial Review of US Studies, 1977 – 2010,” *Policy Research Brief*, Research and Training Center on Community Living, University of Minnesota, 2010.

	provider placement	
4	Individual not in active discharge process yet, but does not have needs that require additional capacity	0
5	Individual has participated in discharge process and has selected training center and will be transferred to another training center unless the individual reevaluates and chooses a community option between now and closure	0
6	Individual has needs that require additional capacity	51
	Total Number of Residents (11.18.13)	109

**Table 5: Discharge Status, SWVTC, as of May 15, 2014**

Category	Status	Number of SWVTC Residents
1	Residential provider chosen, arrangement for move underway	8
2	Potential residential provider home selected, but needed assessments are occurring to confirm appropriateness of placement	3
3	Individual is in the process of touring potential providers, but has not yet chosen a provider placement	3
4	Individuals not yet had an initial discharge meeting, but scheduled to move in FY 2014	0
5	Individual not in active discharge process yet, but does not have needs that require additional capacity	32
6	Individuals who have needs that require additional capacity	102
	Total Number of Residents (11.18.13)	148

**Table 6: Discharge Status, CVTC, as of May 15, 2014**

Category	Status	Number of CVTC Residents
1	Residential provider chosen, arrangement for move underway	8
2	Potential residential provider home selected, but needed assessments are occurring to confirm appropriateness of placement	2
3	Individual is in the process of touring potential providers, but has not yet chosen a provider placement	17
4	Individual scheduled to move in FY 2014, has not yet had initial planning meeting	0
5	Individual not in active discharge process yet, but does not have needs that require additional capacity	257
6	Individuals selected a provider, but new construction or renovations still in process	9
	Total Number of Residents (11.18.13)	293

DBHDS regularly contacts authorized representatives regarding their preferences for community placement. This contact helps DBHDS plan for future discharges and capture information about potential barriers to community placements. Training center social workers contact families at least quarterly, often monthly, to assess their receptivity to long-term placement in the community. Table 7 describes the preference scale used to categorize authorized representatives' preferences.



**Table 7: Community Integration Preference Score Categories**

Category	Score	Description
Yes	0	No reluctance to community living, already in process at the authorized representative's (ARs) request or has chosen a home.
Maybe, Need More Information	1	Small amount of reluctance, however is willing to tour, receive education and will call back if contacted.
Tentative, Not Responsive	2	Apprehensive, difficult to stay in contact with, may communicate with a select few TC or CSB staff;
Tentative, No*	3	Opposes community integration, refuses to tour or have conversations regarding further education about the process or community options; will not return phone calls to CSB or TC staff, and/or has chosen TC placement and will not entertain further conversations on the matter.

\*Some families among group 3 are very opposed to moving; however, DBHDS is finding that most in groups 2 and 3 become more willing to move with education about community options.

Table 8 shows the Community Integration Preferences as of May 15, 2014 for individuals living at all four of the training centers. As of the date of this report, 15% of individuals indicated a preference for community living and are either in the process of moving, actively considering community options, or will be actively seeking options in the future. Forty-six percent of individuals are actively seeking community placement or willing to participate in the discharge process (category 0 or 1).

That last two columns in Table 8 indicate that 58% percent of individuals are either not reachable, unwilling to engage in discussions about placements, or have stated they will not participate in the discharge process at the current time. Some of these individuals are not saying “no” to the discharge process, but are saying, “not yet.” DBHDS has seen these numbers shift over time to more overall willingness to consider community placement options and/or participate in the discharge process. DBHDS will continue to track this data and will provide an update in the next quarterly report.

**Table 8: Community Integration Preference Score, May 15, 2014**

Name of TC	Community Integration Preference Score 0 (yes)	Community Integration Preference Score 1 (maybe, need more information)	Community Integration Preference Score 2 (tentative, not responsive)	Community Integration Preference Score 3 (tentative, no)
SVTC	0	0	0	0
NVTC	28	40	37	4
SWVTC	15	57	45	31
CVTC	38	65	73	117
SEVTC	17	3	34	23
Total	98	165	189	175

Percent	15%	27%	30%	28%
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*Item 314 O.1.(iii) barriers to discharge*

DBHDS has identified variations in provider capacity across each of the regions surrounding the training centers as follows:

- In the Tidewater region, community residential capacity has expanded concurrently with the SEVTC downsizing and reconstruction project initiated by the General Assembly in 2009. This residential capacity expansion has enabled the successful downsizing of SEVTC in four years and has provided excess capacity for individuals who live in the community and require waiver group home services or ICF services. This region is also one of two sites of the rental assistance projects, Rental Choice VA. It is hoped that this pilot in addition to other collaborative housing initiatives in the region will increase the number of individuals able to live independently and thus increase capacity in other residential settings.
- In the Capitol area region around Richmond and Petersburg there is available excess licensed residential capacity that enabled the closure of SVTC in May 2014.
- In the Southwest region, there is available sponsored residential capacity. This capacity has enabled individuals to move from SWVTC to the community. However, there currently is limited availability of licensed congregate care and other key services (e.g. behavioral supports) that will slow downsizing progress in the future until capacity is increased.
- CVTC serves individuals from all across Virginia. The 2009 General Assembly appropriated \$10 million in bond funds to develop community group homes and ICFs for individuals leaving CVTC. These bond funds have supported the transitions from CVTC and will continue to support them for the next two years.
- In the Northern Virginia region, there is the limited capacity for residential, day support, and employment services because of limited and insufficient waiver rates. The high cost of delivering services and development costs in this area are major contributing factors deterring the expansion of services for those individuals at NVTC wanting to move to the community. To address these issues Bridge Funding has been made available to assist with the current support needs and cost of delivering service. Also, as noted below, DBHDS and DMAS requested and received CMS approval of an exceptional rate for services to individuals with high needs. In addition, the redesign of the current HCBS Waivers includes a rate study and hopefully this initiative will result in an improved service array with better reimbursement rates.

DBHDS is working with DMAS and others to address the regional and statewide issues that have been identified in order to continue moving forward with the training center closures.

- DBHDS and DMAS have worked together to ensure that we are maximizing coverage under the current waiver program for behavioral supports and 24-hour nursing. Examples include:
  - Nursing services for extensive medical supports on a 24/7 basis
  - Nursing services at employment or day support programs

- DBHDS is providing Bridge Funding to support individuals who moved from SVTC and are moving from NVTC.
- DBHDS and DMAS obtained approval in April from CMS of the 25% exceptional rates for congregate residential services for individuals with complex needs. We anticipate finalizing the regulations to begin implementation in the summer of 2014 (discussed in (v) below).
- DBHDS and DMAS are partnering with Human Services Research Institute (HSRI) to study how to modify the current ID waiver, as well as other waivers supporting individuals with developmental disabilities. The “My Life, My Community” study will recommend changes to better support individuals with the most complex medical and behavioral needs in our communities. The study is focused on ensuring there are adequate services and supports for individuals moving from training centers to the community. The earliest date that recommendations from the “My Life, My Community” study will be implemented is July 2016. DBHDS intends to use Bridge Funding to support individuals until these waiver changes occur.
- DBHDS is working to close on the sale of some of its facility properties so funds can be deposited into a revolving trust fund to be used to develop community capacity to support individuals moving from training centers (Item 314. C. of the 2013 *Appropriation Act*).

*Item 314 O.1.(iv) the general fund and nongeneral fund cost of the services provided to individuals transitioning from training centers*

Table 9 below shows a summary of actual expenditures for individuals discharged in FY 2012. There is a time lag between when an individual is discharged and when a community-based provider begins to bill for services. To account for this time lag, DBHDS used actual Medicaid claims data for 57 individuals that were discharged in FY 2012 from training centers. DBHDS worked with DMAS to determine full-year facility expenses for these individuals in FY 2011 and their full-year community-based expenses in FY 2013. Using these two years of data permits comparison of a full-year expenses in the facility and in the community for each individual. In addition, DBHDS estimated non general fund expenses such as room and board for individuals. Individual level data, without identifying characteristics, is contained in Appendix B.\*

**Table 9: Expenditure Data, FY 2012 Discharges**

Report 314.O.1	Individuals Discharged in FY 2012		
	Total Funds		
# of Discharges - 57 Discharge Stage	FY 2011 Facility	FY 2012 Discharged	FY 2013 Community
<b>Total Facility Expenses</b>			
<b>Total Facility Expenses</b>	<b>\$10,949,465</b>	<b>\$9,553,553</b>	<b>\$472,326</b>
General Fund Share - Facility	\$5,474,733	\$4,776,777	\$236,163
<b>Total Community Expenses</b>			
Waiver Services Expenses			
Case Management	\$6,530	\$49,955	\$187,738
Congregate	\$102,600	\$1,248,888	\$4,817,748
Day Support	\$0	\$100,772	\$500,886

In-Home Residential	\$0	\$0	\$0
Personal Care	\$0	\$0	\$0
Pre-Voc & Supportive Employment	\$6,575	\$10,206	\$59,302
Skilled Nursing	\$0	\$155,415	\$672,122
Other	\$773	\$2,238	\$40,772
<b>Total Waiver Services Expenses</b>	<b>\$116,478</b>	<b>\$1,567,473</b>	<b>\$6,278,568</b>
Other Community Expenses			
Behavioral Health Services	\$644	\$550	\$24
Medical	\$164,327	\$197,373	\$282,255
Private ICF	\$0	\$107,636	\$219,312
Room & Board <sup>1</sup>	\$0	\$279,621	\$858,420
Transportation <sup>2</sup>	\$0	\$33,348	\$102,376
<b>Total Other Community Expenses</b>	<b>\$164,972</b>	<b>\$618,528</b>	<b>\$1,462,388</b>
<b>Total Community Expenses</b>	<b>\$281,450</b>	<b>\$2,186,001</b>	<b>\$7,740,956</b>
General Fund Share - Community	\$140,725	\$1,232,811	\$4,299,688
<b>Total Expenses</b>	<b>\$11,230,915</b>	<b>\$11,739,554</b>	<b>\$8,213,282</b>

#### Facility versus Community Cost Comparison

FY11 Avg Cost/Individual - Facility <sup>3</sup>	\$199,081
FY13 Avg Cost/Individual - Community <sup>4</sup>	\$140,611

Average Per Resident Cost for all TCs	FY 2010	FY 2011	FY 2012	FY2013
	\$184,479	\$203,997	\$224,463	\$262,245

1 Room and board calculations are based on the average monthly costs for a four to five person home with moderate behavioral or medical needs (\$1,255). This cost includes: house/land, food, utilities, personal supplies, and building repairs and maintenance. The daily room and board rate was multiplied by the total number of days all discharged individuals resided in the community (for that fiscal year) based on the discharge dates. Room and board costs are not state general fund and are provided through individual's SSI payments and other sources.

2 Individuals discharged on an ID/DD waiver have monthly transportation capitation payments of \$151.75. All other discharges were calculated using a monthly capitation payment of \$33.37 for transportation. Using the ratio of discharges by type, a blended daily transportation rate was generated. The daily rate was multiplied by the total number of days all individuals resided in the community (for that fiscal year) based on the discharge dates.

3 Average FY11 facility costs were calculated using 55 individuals. Two of the 57 individuals discharged in FY12 had no FY11 facility expenses.

4 Average FY13 community costs were calculated to include facility charges for one individual that returned to a training center for an emergency/respite admission.

\*DBHDS annually updates the actual expenditures for individuals discharged from the training centers. Updated financial information on individuals discharged from training centers in both FY 2012 and FY 2013 and their full-year community expenditures in 2014 will be provided in the quarterly report submitted Oct. 1, 2014.

*Item 314 O.1.(v) the use of increased Medicaid reimbursement for congregate residential services to meet exceptional needs of individuals transitioning from state training centers in fiscal year 2014, provided in item 307, paragraphs BBB.1. and BBB.2*

CMS has approved a 25% rate increase for ID waiver congregate residential services to address the needs of individuals who have more challenging medical and behavioral situations. Specifically, the exceptional rate is for Congregate Residential Support (CRS) services for those individuals who meet certain "exceptional needs" criteria and for whom residential providers will be required to provide more intensive medical or behavioral supports in order to safely serve the individuals in the community. These rates will enable several individuals with complex needs who currently reside in Virginia's training centers to receive supports to move to community placements. In addition, these rates will open the door for more individuals to receive services from community providers with expertise in meeting complex needs. It is anticipated that these rates will become available in the summer of 2014 once regulations are issued.

*Item 314 O.2. At least six months prior to the closure of a state intellectual disabilities training center, the Commissioner of Behavioral Health and Developmental Services shall complete a comprehensive survey of each individual residing in the facility slated for closure to determine the services and supports the individual will need to receive appropriate care in the community. The survey shall also determine the adequacy of the community to provide care and treatment for the individual, including but not limited to, the appropriateness of current provider rates, adequacy of waiver services, and availability of housing.*

Appendix C contains a synopsis of survey data for each individual residing at NVTC as of June 9, 2014. This data was taken from each individual's discussion record and annual Individual Support Plan (ISP) and shows the supports the individuals need to reside in the community successfully. Many of these needs can currently be supported under the Medicaid waiver program in community settings with the expansion of service capacity. Per the legislative requirement, DBHDS will conduct a comprehensive survey in the fall of 2015 six months prior to the anticipated closing of NVTC in March of 2016.

Appendix D shows the number of providers, by region, who provide services, the services they provide, and their willingness to expand existing services or add a service with appropriate funding. Individuals from NVTC are primarily moving to Region II with a few choosing homes in Regions I and IV. The table does not contain any information about vacancy rates or capacity. In addition, because each individual is unique and providers are unique, DBHDS cannot match the exact needs of each individual to an exact provider using the tables in Appendix D and Appendix E. These tables are intended to show the needs and the services available.

*Item 314 O.3. The department shall convene quarterly meetings with authorized representatives, families, and service providers in Health Planning Regions I, II, III and IV to provide a mechanism to (i) promote routine collaboration between families and authorized representatives, the department, community services boards, and private providers; (ii) ensure the successful transition of training center residents to the community; and (iii) gather input on Medicaid waiver redesign to better serve individuals with intellectual and developmental disability.*

DBHDS has conducted quarterly stakeholder meetings since July 2012 regarding the implementation of the Settlement Agreement, the Medicaid waiver redesign, and the training center closures. The quarterly meetings are conducted by the Commissioner or her designee and include representation from training center families, individuals receiving services, community services boards, private providers, advocacy organizations, and others from each region of the Commonwealth. Representatives from each of these groups are named on an annual basis. Public comment is received at every meeting. Information about these meetings can be viewed at: <http://www.dbhds.virginia.gov/Settlement.html>.

August 8, 2014

Representatives from DBHDS met with families and providers in Northern Virginia on March 7, 2014 to discuss questions and concerns related to the discharge process as well as to share information regarding the use of bridge funding to support individuals moving from NVTC. Additional meetings were held with families on June 6, 2014 and again on June 25, 2014.

*Item 314 O.4. In the event that provider capacity cannot meet the needs of individuals transitioning from training centers to the community, the department shall work with community services boards and private providers to explore the feasibility of developing (i) a limited number of small community group homes or intermediate care facilities to meet the needs of residents transitioning to the community*

As discussed above, implementation of new waiver rates based on the “My Life, My Community” study is intended to address community capacity concerns statewide. It is anticipated that the changes to the waiver programs and rates will stimulate the capacity required. However, the timing of the study and waiver renewal with federal authorities will delay any significant waiver structure and rate changes until July 1, 2015, at the earliest and more likely January 1, 2016. Given this timing, the waiver changes are seen as a long-term solution to addressing regional and statewide capacity issues. The changes will assist SWVTC and CVTC in developing capacity around the individuals living at these training centers as they move toward their scheduled closures in 2018 and 2020, respectively.

The waiver study and subsequent structural and rate changes will not be online in time to support the individuals moving out of NVTC before its scheduled closure.

- DBHDS has identified and described in detail in the training center closure plan the specific capacity resources required to facilitate the transition of individuals from NVTC to the community before March 2016. DBHDS has worked with DMAS to ensure that services offered under the current waiver program can be maximized. DBHDS has identified one-time resources to meet a portion of these needs until January 2016 when it is hoped that long-term waiver structure and rate changes will take effect. DBHDS has also identified the current community capacity needs that must be developed in order to ensure appropriate and safe transitions of individuals from NVTC to the northern Virginia communities.
- DBHDS will continue to move forward with implementation of these measures and will evaluate the impact of these measures on improving community capacity in each quarterly update. DBHDS has moved the proposed closure date for NVTC from June 2015 to March 2016. The Department continues to work with providers to increase capacity including the development of small congregate settings but is also working with housing agencies and local CSBs to enhance access to supported living environments including the development of independent living options. DBHDS will also monitor the development of community capacity in the SWVTC and CVTC regions and provide updates in the quarterly reports.

*Item 314 O.4. In the event that provider capacity cannot meet the needs of individuals transitioning from training centers to the community, the department shall work with community services boards and private providers to explore the feasibility of developing...(ii) a regional support center to provide specialty services to individuals with intellectual and developmental disabilities whose medical, dental, rehabilitative or other special needs cannot be met by community providers. The Commissioner shall report on these efforts to the House Appropriations and Senate Finance Committees as part of his quarterly report, pursuant to paragraph 1.*

DBHDS is working to transition the services provided by Regional Community Support Centers, previously located within each training center, to the community as the training centers close. The new community-based services will be operated as the Developmental Disability Health Support Network (DD HSN). The DD HSN

August 8, 2014

will provide services on an outpatient basis to individuals who have moved from the training center as well as those who already receive I/DD services in the community. Services include dental care, behavioral supports, psychiatric consultation, occupational and physical therapy, and other supports. The DD HSN will also work with existing medical professionals to provide specialized clinical information about supporting individuals with developmental disabilities. This work will increase the number of professionals willing to work with individuals with these disabilities thus expanding the capacity of those with I/DD expertise across the state. DBHDS anticipates carrying over unused DOJ balances from fiscal year 2014 to assist with transitioning the NVTC Regional Community Supports Center to the community DD HSN by May 2015.

**Appendix A:  
Update to Training Center Closure Plan  
(RD 86 published February 2012)  
Item 314.L, 2013 Appropriation Act**





**Update to the Training Center Closure Plan**  
(RD 86 published February 2012)  
Pursuant to  
per Item 314.L. of the 2013 Appropriation Act

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

**January 10, 2014**

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**UPDATE TO TRAINING CENTER CLOSURE PLAN  
(RD 86 published February 2012)  
per Item 314 L of the 2013 Appropriation Act**

**Executive Summary**

Item 314. L. of the 2013 Appropriation Act requires the following:

*L. The Commissioner of the Department of Behavioral Health and Developmental Services shall provide a plan to the General Assembly, developed in consultation with the Secretary of Health and Human Resources and the Chairmen of the House Appropriations and Senate Finance Committees, related to the closure of state training centers by the end fiscal year 2021, in compliance with the settlement agreement relating to United States of America v. Commonwealth of Virginia (Civil Action No. 312cv0059-JAG), subject to judicial approval. In developing the plan, the Commissioner shall solicit input from all relevant stakeholders including, but not limited to, individuals with intellectual or developmental disabilities or their guardians, and public and private providers. The plan shall be completed within one year of the effective date of the settlement agreement.*

This report provides the plan to close four of Virginia's five state training centers by FY 2020. This report is an update to the plan that was submitted on February 13, 2012 to the General Assembly, pursuant to §37.2-319 of the Code of Virginia (Report Document 86, 2012). The Department of Behavioral Health and Developmental Services (DBHDS) and the Secretary of Health and Human Resources provided a draft copy of this current report update to the Chairmen of the House Appropriations and Senate Finance Committees on October 2, 2013 for their consultation and input.

The population of the training centers has declined over the last thirty years from 6,000 individuals to fewer than 750 individuals statewide today. There are currently over 11,000 individuals served in community settings through Medicaid ID or DD waivers and an additional 7,500 people are on a waiting list for these services. Statewide, 296 people have transitioned from the training centers to the community since July 2011 - 101 in FY 2012, 155 in FY 2013 and 40 during the first three months of FY 2014.

As the training center population drops, the cost per person is rising. In FY 2012, the statewide average training center cost per person, per year was \$224,245. In FY 2013, with a declining census, that cost rose to \$261,000 annually per person. The continued operation of training center residential services at current levels is fiscally impractical due to the significant and ongoing decline in population.

Consistent with Virginia's long-standing commitment to a community-based system for those with disabilities, over the next eight months, 240 individuals will use Medicaid waivers to move out of training centers to community homes, closer to family and natural support networks. Since 2010, Virginia's statewide training center census has decreased over 38% from 1,198 to less than 750 individuals. Southside Virginia Training Center in Petersburg will close by the end of this fiscal year and three of the four remaining training centers are anticipated to close by FY 2020.

Working with families to identify the right community setting is an individualized process. DBHDS works intensively with each individual and family to identify every support they believe is needed to live in the community and to identify providers that can currently meet those needs or can develop services or supports to meet those needs. DBHDS researches and identifies the most appropriate option from the assortment of choices individuals and families have for new homes that best meets their specific needs and preferences. Those settings include living in their own or their family's home with the proper services and supports; group homes; sponsored residential homes where the individual lives with an actual family;

or intermediate care settings, which provide the same level of services as training centers but in smaller, community settings.

The decision to move to the community is made by the individual's authorized representative. No individual is discharged without full discussion of medical and behavioral needs and ensuring that each support need is met at the time of discharge, and no individual is discharged from a training center to a community setting unless they so choose. Detailed and careful discharge processes have been put into place in all of the training centers so that the individuals living there can be safely moved to appropriate settings in communities closer to their homes.

Once an individual and authorized representative selects a community provider, staff from the DBHDS central office, the training center, and the local community services board work with the provider on the implementation of the discharge plan. The individual's adjustment is heavily monitored and, whenever needed, the provider is offered recommendations and additional support to help the individual in his or her new home. Also, individuals are closely and frequently monitored once they move to community homes. This involves a set schedule of visits for case managers from the local community services board and from licensing and human rights staff from DBHDS. DBHDS has also bolstered quality and risk management systems for community services. In addition, DBHDS is also implementing a real-time, web-based incident reporting system and reporting protocol. As a result, oversight of community providers has been and will continue to be strengthened. This will benefit individuals who are living in the community using the ID Waiver, those who have transitioned from training centers, and individuals who will transition from training centers to new community homes during the training center closure process.

## Introduction

Item 314. L. of the 2013 Appropriation Act requires the following:

*L. The Commissioner of the Department of Behavioral Health and Developmental Services shall provide a plan to the General Assembly, developed in consultation with the Secretary of Health and Human Resources and the Chairmen of the House Appropriations and Senate Finance Committees, related to the closure of state training centers by the end fiscal year 2021, in compliance with the settlement agreement relating to United States of America v. Commonwealth of Virginia (Civil Action No. 312cv0059-JAG), subject to judicial approval. In developing the plan, the Commissioner shall solicit input from all relevant stakeholders including, but not limited to, individuals with intellectual or developmental disabilities or their guardians, and public and private providers. The plan shall be completed within one year of the effective date of the settlement agreement.*

This report provides the plan to close four of Virginia's five state training centers by fiscal year 2020. This report is an update to the plan that was submitted on February 13, 2012 to the General Assembly pursuant to §37.2-319 of the Code of Virginia (Report Document 86, 2012). The Department of Behavioral Health and Developmental Services (DBHDS) and the Secretary of Health and Human Resources provided a draft copy of this current report update to the Chairmen of the House Appropriations and Senate Finance Committees on October 2, 2013 for their consultation and input.

DBHDS has solicited input regularly from all relevant stakeholders since the closure plan was announced. Appendix A describes the meetings and other avenues that have been offered for input from stakeholders. DBHDS also responds to every telephonic or written inquiry about the closures. DBHDS will continue to proactively solicit input through stakeholder meetings as well as accept comments from stakeholders throughout the closure process at each training center.

In January 2012, Governor McDonnell proposed the closure of four state training centers for the following reasons:

- Community-based services for individuals with intellectual disabilities in Virginia has expanded rapidly with over 11,000 individuals with intellectual disabilities (ID) or developmental disabilities (DD) supported through HCBS waiver programs and a waiting list of over 7,500 individuals for these services;
- The average cost of supporting individuals in training centers continues to rise and is currently \$261,000 per person per year;
- All but one of Virginia's training centers are more than 35 years old and have significant infrastructure needs in order to maintain them;
- With a declining training center census, Virginia operates more training centers than it needs. Census among the training centers has decreased 57 percent since FY 2000 when the statewide census was 1,745 and 38% since FY 2010 when the census was 1,198. (Table 1).

**Table 1: Training Center Census Changes, 2000 - 2013**

Name	2000 Census	March 2010	June 2011	June 2012	Sept 24, 2013	% Decrease 2000 - Present
Southside (SVTC) Closure date: 2014	465	267	242	197	89	80%
Northern (NVTC) Closure date: 2015	189	170	157	153	129	32%
Southwestern (SWVTC) Closure date: 2018	218	192	181	173	153	30%
Central (CVTC) Closure date: 2020	679	426	381	342	294	57%
Southeastern (SEVTC) Remains open at 75 beds	194	143	124	104	83	57%
<b>TOTAL</b>	<b>1,745</b>	<b>1,198</b>	<b>1,085</b>	<b>969</b>	<b>748</b>	<b>57%</b>

- Virginia’s settlement agreement with the US Department of Justice, which requires significant expansion of the community-based system of services for individuals with intellectual and other developmental disabilities over a ten year period;
- Efforts nationwide to decrease reliance on large institutions to provide supports to individuals with intellectual disability. Virginia is one of only 9 states that has not closed any state operated institutions;
- Research that finds the quality of life for individuals who transition from large institutions to community-based settings improves in terms of daily living skills, social development, and communication skills.<sup>2</sup>

Report Document 86 describes DBHDS’ plans to:

- Continue downsizing Southeastern Virginia Training Center (SEVTC) to 75 beds;
- Cease admissions to and close Southside Virginia Training Center (SVTC), Northern Virginia Training Center (NVTC), Southwestern Virginia Training Center (SWVTC), and Central Virginia Training Center (CVTC) over a 10 year period
- Improve discharge processes and family education to ensure a smooth and safe discharge process for every individual transitioning from a training center to the community;
- Ensure community-based crisis intervention and stabilization programs are firmly in place;
- Increase the number of waiver slots available to transition individuals and prevent unnecessary institutionalization of those on the waiting list for services;
- Significantly improve oversight and quality of community-based services; and
- Develop specialized medical and dental services in the community for individuals with intellectual disability.

<sup>2</sup> Lakin, Larson, and Kim, “The Effects of Community v. Institutional Living on the Daily Living Skills of Persons with Developmental Disabilities?” *NASDDDS AUCD Evidence-Based Policy Brief*, March 2011 & Lakin, “Behavioral Outcomes of Deinstitutionalization for People with Intellectual Disabilities: Third Decennial Review of US Studies, 1977 – 2010,” *Policy Research Brief*, Research and Training Center on Community Living, University of Minnesota, 2010.

This report, which is an update to Report Document 86, continues to recommend the closure of SVTC, NVTC, SWVTC, and CVTC on the same time table as that proposed in February 2012 (Table 2).

**Table 2: Training Center Closure Schedule**

Training Center	Closure Date
Southside Virginia Training Center (SVTC)	June 30, 2014
Northern Virginia Training Center (NVTC)	June 30, 2015
Southwest Virginia Training Center (SWVTC)	June 30, 2018
Central Virginia Training Center (CVTC)	June 30, 2020
Southeastern Virginia Training Center (SEVTC)	Remain Open at 75 Beds

**Current Closure Plan Status**

As Table 1 shows, there has been a historical change in census at each training center since 2000 and the number of discharges at each training center has continued to accelerate since 2011 when a uniform and consistent discharge process was implemented at each training center. As part of Report Document 86, discharge targets for each training center for each year were proposed.

Table 3 shows the original estimated discharge targets for FY 2013, the actual number of discharges, and the explanation for missing any targets. The training centers largely met their FY 2013 targets except for delays in construction or approval of programs. NVTC was the exception, where targets were not met due to limitations in provider capacity. This will be discussed in the next section.

**Table 3: FY 2013 Census Reduction Goals**

Training Center	2013 Goal	2013 Actual	Difference	Explanation
CVTC	35	26	-9	7 discharges delayed because community homes chosen are still under construction. One individual died from natural causes before the move and one individual became seriously ill and is still at CVTC
NVTC	25	14	-11	Additional provider capacity needed (see discussion in report)
SEVTC	25	20	-5	The 5 individuals at SEVTC have been delayed due to delays in the newly constructed community homes.
SVTC	84	80	-4	Four individuals were awaiting approval of chosen programs by Office of Licensing, all moved in July 2013
SWVTC	15	15	0	SWVTC met its target for FY 2013
Statewide	184	155	-29	

DBHDS updates its targets annually based on the number of individuals who have moved or died during the previous fiscal year. Table 4 below reflects the revised FY 2014 discharge schedule. There are detailed regional plans below that outline the specifics for how DBHDS will meet the closure time frames for each training center.

**Table 4: Original and Revised Discharge Targets, February 2012 v. July 2013**

Fiscal Year	SVTC		NVTC		SWVTC		CVTC	
	Original	Revised (FY 2014)	Original	Revised	Original	Revised	Original	Revised
2012 (actual)	40	40	0	0	0		20	20
2013 (actual)	97	80	51	14	0	15	25	26
2014	97	118	51	60	0	20	25	35
2015			50	74	0	20	48	50
2016					58	40	48	56
2017					58	40	48	50
2018					58	36	48	50
2019							48	35
2020							47	23

As census has declined, the overall average per person cost of individuals living in the training centers has increased (Table 5). Due to certain fixed costs, the average cost per person will continue to increase until a training center is closed.

**TABLE 5: Annual Changes in Statewide Average Training Center Costs**

Fiscal Year	Average Per Diem Cost Per Person
2011	\$216,000
2012	\$224,000
2013	\$261,000

As the number of discharges has accelerated, DBHDS has carefully monitored the outcomes for individuals who have moved. DBHDS provides significant post-move monitoring during the days, weeks, and months after an individual moves from a training center to ensure individuals are healthy, safe, and receiving all the supports required to live successfully in the community. Staff from the DBHDS central office, the training center and the local community services board work with community providers to ensure implementation of the discharge plan. Whenever needed, the provider is offered recommendations and additional support to help the individual in his or her new home. Post-move monitoring involves a set schedule of visits for case managers from the local community services board and from licensing and human rights staff from DBHDS. There are also bolstered quality and risk management systems for community services. DBHDS has also implemented a real-time, web-based incident reporting system and reporting protocol. As a result, oversight of community providers has been and will continue to be strengthened. This will benefit individuals who are living in the community using the waiver programs and those who have transitioned from training centers.

The Settlement Agreement requires Virginia to implement a consistent and uniform discharge process in all of its training centers. An Independent Reviewer monitors Virginia's progress in meeting the terms of



the Settlement Agreement.<sup>3</sup> He evaluated and reported on the the safety and effectiveness of DBHDS' discharge process during his first review period.<sup>4</sup> His report found evidence, after reviewing 32 individuals who had recently moved from a training center to a community placement, of increased skill development, more participation in integrated community activities, increased family involvement, reductions in targeted behaviors, and more choices given to individuals. One hundred percent (100%) of homes visited were clean and had adequate food and supplies and 96.9% of homes were free of any safety issues.

DBHDS also monitors the number of deaths and serious incidents for individuals who live in training centers, those that have recently moved from training centers, and those that live in the community. At the time of this report, four of 240 individuals who have moved from the training centers to the community using the new discharge process have died during the timeframe of November 2011 to August 2013. For comparison purposes, the death rate for those living in the community and receiving ID services and supports from DBHDS licensed providers is 20.1 per 1000 population and 35.6 per 1000 population for individuals living in training centers.<sup>5</sup> From July 1, 2012 through the time of this report, there have been 55 deaths of individuals living in training centers. Per standard protocol, all deaths in training centers and those occurring when an individual is receiving care from a DBHDS-licensed provider are investigated and remedial actions taken where necessary. In addition, the Independent Reviewer reviews any deaths of former training center residents and any unexplained or unexpected deaths or serious physical injuries resulting in ongoing medical care of any individual covered by the settlement agreement.

Given the steady progress in implementation of the original closure plan as well as the positive outcomes for those who have moved from training centers, DBHDS is continuing to move forward with the original closure schedule using the updated discharge targets in Table 4 above. These targets are based on the presumption that DBHDS will be able to develop sufficient community capacity in Northern Virginia as well as other areas over the next two years. Development of this capacity is discussed in the next section.

## **Community Capacity Development**

DBHDS has identified variations in provider capacity across each of the regions surrounding the training centers:

- In the Tidewater region, community residential capacity has expanded concurrently with the SEVTC downsizing and reconstruction project initiated by the General Assembly in 2009. This residential capacity expansion has enabled the successful downsizing of SEVTC in four years and has provided excess capacity for individuals who live in the community and require waiver group home services or ICF services. In total, nearly \$8.4 million in state public bond authority funds has been spent on community housing options with additional funds provided by community services boards.
- In the Capitol area region around Richmond and Petersburg, there is available excess licensed residential capacity that has enabled the significant census reductions at SVTC as it moves toward closure in 2014. Due to this capacity, SVTC will close between March and June 2014 as planned. More details are provided in Regional Information section below.

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<sup>3</sup> The Settlement Agreement requires Virginia to retain an Independent Reviewer to monitor the Commonwealth's compliance with the requirements of the Agreement and provide information to the Court.

<sup>4</sup> DOJ Independent Reviewer Report, March 6, 2012-October 6, 2012  
<http://www.dbhds.virginia.gov/Settlement.htm>

<sup>5</sup> Source: DBHDS Office of Licensing and PAIRS, 2013

- In the Southwest region, there is available sponsored residential capacity. This capacity has enabled individuals to move from SWVTC to the community. However, there currently is limited availability of licensed congregate care and other key services (e.g. behavioral supports) that will slow downsizing progress in the future until capacity is increased.
- CVTC serves individuals all across Virginia. The 2009 General Assembly appropriated \$10 million in bond funds to develop community group homes and ICFs for individuals leaving CVTC. These bond funds have supported the transitions from CVTC and will continue to support them for the next two years.
- In the Northern Virginia region, there is limited capacity for residential, day support, and employment services because of limited and insufficient waiver rates. Most existing capacity is full and few vacancies exist. The high cost of delivering services and development costs are the major contributing factors keeping willing providers from expanding services to those individuals at NVTC wanting to move to the community and will continue to hamper progress in meeting discharge targets without intervention.

DBHDS is working with DMAS and others to address the regional barriers that have been identified in order to continue moving forward with the training center closures:

- *Exceptional Rates.* The DMAS' FY 2014 budget includes \$7.8M for "exceptional" ID waiver rates. This will fund a 25% rate increase for ID waiver congregate residential services to address the needs of those who have more challenging medical and behavioral situations. Specifically, the exceptional rate would be for Congregate Residential Support (CRS) services for those individuals who meet certain "exceptional needs" criteria and for whom these residential providers will be required to provide more intensive medical or behavioral supports in order to safely serve the individuals in the community. These rates will enable several individuals with complex needs who currently reside in Virginia's training centers to receive supports to move to community placements. In addition, these rates will open the door for more individuals to receive services from community providers with expertise in meeting complex needs. It is anticipated these rates will become available in February 2014. Federal approval is currently being sought and then emergency regulations must be issued
- *Waiver Study.* DBHDS and DMAS issued a request for proposal in January to study waiver changes needed to address long-time structural problems and rate limitations with the current ID and DD waiver programs. DBHDS contracted with Human Services Research Institute (HSRI) on July 1, 2013, to conduct the study. DMAS and DBHDS are collaborating jointly with HSRI, in two phases, to study structural problems with Virginia's waiver supporting individuals with ID/DD and then to complete a rate study. Transformation of these waiver programs will enable Virginia to support all Medicaid eligible individuals with ID/DD in the community regardless of their level of need. It is hoped that changes in structure and rates will enable providers to build services and supports around individuals much more readily than the current waiver program.

The timing of the study and waiver renewal with federal authorities will delay any significant waiver structure and rate changes until July 1, 2014, at the earliest, and more likely, July 1, 2015. Given this timing, the waiver changes are seen as a long-term solution to addressing regional and statewide capacity issues. The changes will assist SWVTC and CVTC in developing capacity around the individuals living at these training centers as they move toward closure. However, the waiver study and subsequent

structural and rates changes will not be online in time to support the individuals moving out of NVTC before its scheduled closure.

DBHDS has identified and described in the Regional Information section below the specific capacity resources required to facilitate the transition of individuals from NVTC to the community before June 2015. DBHDS has worked with DMAS to ensure that services offered under the current waiver program can be maximized. DBHDS has identified one-time resources to meet a portion of these needs until July 2015 when it is hoped that long-term waiver structure and rate changes will take effect. DBHDS has also identified the current community capacity needs that must be developed in order to ensure appropriate and safe transitions of individuals from NVTC to the northern Virginia communities.

**Plans for Closure: Regional Information**

*Southside Virginia Training Center (SVTC)*

SVTC is slated to close in June 2014. It is anticipated that all SVTC residents will move out of the training center by March 2014. Table 6 below shows the census reductions since 2011 and the projected discharges in FY 2014.

**Table 6: Census Reductions FY 2011-FY 2013 and Discharge Target FY 2014**

	Actual Census			Projected Discharges
	June 2011	June 2012	June 2013	FY 2014
<b>Census</b>	242	197	114	118

The SVTC census as of September 24, 2013 was 89 individuals. The table below shows where each of these remaining individuals living at the training center is in the 12 week discharge process and if exceptional needs have been identified (Table 7).

**Table 7: Discharge Status, SVTC**

Category	Status	Number of SVTC Residents
1	Residential provider chosen, arrangement for move underway	34
2	Potential residential provider home selected, but needed assessments are occurring to confirm appropriateness of placement	3
3	Individual is in the process of touring potential providers, but has not yet chosen a provider placement	21
4	Individual not in active discharge process yet, will begin process between September 1, 2013 –December 31, 2013	11
5	Individual has participated in discharge process and has selected training center and will be transferred to another training center unless the individual reevaluates and chooses a community option between now a closure	15
6	Individual has exceptional needs and DBHDS will build community capacity around the individual	5
	Total Number of Residents (09.24.13)	89

- The 58 individuals in categories 1-3 are in various stages of the 12 week discharge process. Moves should occur for most of these individuals by December 31, 2013.

- The 11 individuals in category 4 have not yet started the 12 week discharge process. They will begin the process between October 2013 and December 2013 in order to identify a home in the community. DBHDS has assessed these individuals closely and does not believe any will require unique or specialized supports that are not currently available in the community, nor does it anticipate that any of these individuals will elect to move to another training center.
- The 15 individuals in category 5 have participated in the 12 week discharge process and plan to move to another training center. DBHDS anticipates that the number of individuals in this group may decrease as closure nears. To date, this number has declined significantly. When the initial closure was proposed, nearly all authorized representatives wanted to stay in the training center. Over time, as more individuals have successfully transitioned, more authorized representatives have considered and/or chosen community options. DBHDS surveys authorized representatives at least quarterly to determine authorized representatives' feelings about discharge to ensure staff understand authorized representatives' concerns.
- The 5 individuals in category 6 will require unique or specialized supports that cannot currently be provided solely under the existing waiver program, and may not be available in an ICF. Examples of these supports include additional staffing for extensive 24 hour behavioral supports, environmental modifications, assistive technology, and employment or integrated day options that include behavioral supports on-site.

DBHDS is working with each of these individuals, DMAS, and providers who are interested in serving them to put together plans to support them in the community. First, DBHDS has worked with DMAS to ensure that the current waiver program maximizes the use of 24/7 nursing supports. Until recently, this type of support was not approved under the waiver even though it is permitted under current waiver regulations. It can now be approved with a physician order and other justification. Second, DBHDS asks each interested provider to develop a budget to support these individuals and make presentations to individuals and families about what they can offer. The budgets must maximize current waiver rates, the anticipated exceptional rates, and then identify additional resources required beyond these two rates. Finally, DBHDS is working to group two to four individuals with similar complex needs in homes, if they so choose, to better support them. DBHDS has allocated one-time special fund balances to support these 5 individuals until 2015 when it is expected that a newly redesigned waiver program and waiver rates will take effect.

DBHDS is also moving to transition the SVTC Regional Community Support Center (RCSC) to the community. The new community-based center will be called the Developmental Disability Health Support Network (DD Health Support Network). It will provide outpatient services to individuals who have moved from the training center as well as those who already receive services in the community. Services include dental care, behavioral supports, psychiatric consultation, occupational and physical therapy and other supports. The DD Health Support Network will also work with existing medical professionals to provide specialized clinical information about supporting individuals with developmental disabilities. This work will expand the number of professionals in the Capitol area who work with individuals with these disabilities. Pending the approval to carry forward unexpended June 30, 2013 DOJ balances, it is anticipated the DD Health Support Network will begin work in the Capitol area in March 2014.

DBHDS Central Office is working closely with department staff at SVTC to provide assistance to employees as the facility continues to downsize. DBHDS is collaborating with training center leadership; the Virginia Community College System (VCCS) Rapid Response Team; the Department of Human

Resources Management (DHRM); Virginia Employment Commission (VEC), and other agencies to provide a variety of resources to the employees of SVTC and the other training centers:

- A Progressive Retention Bonus Plan has been approved by the Administration and was implemented on July 1, 2012, at SVTC to help retain critical positions and maintain a viable working staff as the facility moves forward with closure in 2014. The plan provides for a progressive retention bonus, paid according to performance and criticality of skill sets needed to maintain CMS certification until all individuals are safely placed in the community. A similar retention plan has been put in place at NVTC and will be at other training centers as they progress toward closure. The cost of implementing this retention plan has been budgeted as one of the costs to close the facility.
- Internal Newsletter, “The Bridge”, has been developed at SVTC and is distributed quarterly to enhance communications, help staff cope with the closure, and keep them aware of planned activities that support further career development and their individualized interests/needs. A similar newsletter will begin soon at NVTC.
- Entrepreneurial Express - A partnership was developed with the Small Business Administration, the Department of Minority Business Enterprise, VCCS Rapid Response Team, Workforce Development Services, the Department of Business Assistance, representatives from private provider organizations and DBHDS staff. After surveys were conducted, “The Entrepreneurial Express” training sessions for employees were developed by the team and held July 11, 2012, and October 17, 2012. These sessions have been tailored to the individual needs of the employees expressing an interest in “starting their own business.”
- The Career Center opened on July 18, 2012, with the assistance of the Rapid Response Team, to provide employees with a library of resources to assist them with their personal and professional development and job search. It will also provide group and individual consultations and workshops. Classes in all of “Microsoft Suite” functions, e.g. “MS Word”, “MS Excel”, “MS Outlook”, etc. have been provided and continue. Also, classes in “Setting S.M.A.R.T Career Goals”; “Interviewing To Snag That Job”; “Planning for and Organizing a Job Search”; “Resume Building”; “Creating A State Application”; “Managing Stress”; “Time Management”, etc. continue and are also planned for NVTC. New classes in “Budgeting and Reconciling Resources”; “Certified Nursing Assistant classes”; and other labor market classes are planned.
- Consultation and Guidance – The Human Resources Office staff from Southside Virginia Training Center and Central State Hospital are continuing to provide consultation and guidance on “enhanced retirement and severance benefits” to SVTC employees. The Human Resources Office will expand its hours of operation during peak periods of layoffs/retirements in order to effectively meet the needs of impacted staff on all shifts. Individual appointments were scheduled with all 1100 of SVTC’s employees and 958 had met individually with HR team members and partner agencies by mid-September 2012.
- Job Fair - A licensed provider job fair was held on the Southside Campus in June 2013.
- Managers/Supervisors/Leadership Transition Training – How to Manage Employees in a Change Environment. As a result of the DBHDS partnership with the VA Community College System, the Rapid Response Team offered a workshop for supervisors of SVTC and NVTC. This workshop provided practical, actionable guidance and resources on how supervisors could



effectively maintain a productive environment during this business transition. Sessions were held at SVTC on March 29<sup>th</sup> and at NVTC on April 11<sup>th</sup>. Approximately 100 supervisors attended, and sessions will also be scheduled for SWVTC and CVTC supervisors.

- Employee Information Sessions – In collaboration, DBHDS Human Resource Development and Management, SVTC Human Resources, NVTC Human Resources, the VCCS Rapid Response Team, VEC, and VRS offered employee informational sessions on services provided to dislocated workers and the upcoming resources available to them on site. Over a three-day period, sessions were held on all three shifts and employees had an opportunity for questions and answers, including one-on-one discussions with the various representatives after the sessions. Over 930 employees attended the Southside sessions and over 276 employees attended the Northern Virginia sessions. Additional employee information sessions for SWVTC and CVTC will be held in the future.

***Northern Virginia Training Center (NVTC)***

NVTC is slated to close in June 2015. As noted earlier in this report, DBHDS is proceeding with the planned closure time frame, but the current limited provider capacity in Northern Virginia has the potential to limit DBHDS’ ability to meet this time frame. The provision of bridge funding will assist in advancing the development of needed service capacity in a more timely fashion. DBHDS will continue to monitor the situation in Northern Virginia on a daily basis and will provide quarterly updates to the General Assembly (Item 314.O of the 2013 *Appropriation Act*) regarding the progress to meet the June 30, 2015 closure timeframe. Table 8 shows the census reductions since 2011 and the projected discharges in FY 2014.

**Table 8: Census Reductions FY 2011-FY 2013 and Discharge Targets FY 2014**

	Actual Census			Projected Discharges
	June 2011	June 2012	June 2013	FY 2014
Census	157	153	135	60

The NVTC census as of August 15, 2013 was 133 individuals. Table 9 below shows where the remaining individuals living at the training center are in the discharge process and/or if needs have been identified that require additional capacity in Northern Virginia. Table 9 uses different categories than those of SVTC because the closure date is more than 15 months away. In addition, as stated previously, the expenses of operating and capital development in Northern Virginia are such that additional resources must be used to meet the closure time table of 2015.

**Table 9: Discharge Status, NVTC**

Category	Status	Number of NVTC Residents
1	Residential provider chosen, arrangement for move underway	12
2	Potential residential provider home selected, but needed assessments are occurring to confirm appropriateness of placement	2
3	Individual is in the process of touring potential providers, but has not yet chosen a provider placement	15
4	Individual not in active discharge process yet, but do not have needs that require additional capacity	48
5	Individual has needs that require additional capacity	52
	Total Number of Residents (09.24.13)	129

- The individuals in categories 1-3 have selected or will select a community provider and are currently in the 12 week discharge process. There are no barriers to placement and most will transition to the community by December 31, 2013.
- There are 48 individuals in category 4 who will move out before June 2015. It is anticipated that given current capacity, however limited, they will be able to locate an adequate placement in their local community.
- The majority of individuals at NVTC are in category 5 and either have exceptional needs that require additional capacity, or the operating or capital expenses in the region limit the availability of a placement for these individuals. DBHDS has identified the following resources that will be needed to support these individuals:
  - Resources for **ongoing supports** must be provided to ensure capacity for individuals leaving the training center who require nursing staff, behavioral support, and day time support or employment supports. The current provider network in Northern Virginia is unable to support individuals with complex medical and behavioral needs with the current waiver program rates. In many cases, the rates are not competitive with the market given the higher wages rates and competitive employment market in the region. The waiver study will closely examine the differentiation in regional labor costs compared to current waiver rates. It is anticipated that if new waiver rates are approved and become effective in July 2015, the need for the resources for these ongoing supports will be subsumed under the new waiver program.
  - Resources to address **one-time expenses** that are not covered under the current waiver program must be identified. These expenses include home modifications, durable medical equipment, and assistive technology not covered for those living in congregate settings under the current waiver programs. The waiver study will also examine these needed changes and it is anticipated the need for these resources will be subsumed if the new waiver structure and rates are approved.
  - **Room and board** is not covered by Medicaid waiver programs. The current cost of living in Northern Virginia is such that additional supplements are required to pay for room and board. These are general fund costs that will not be addressed under the new waiver program and will require on-going support.

**Table 10: Summary of NVTC Capacity Needs**

<b>On-Going Supports, Until New Waiver Rates Take Effect</b>	<b>One-Time Expenses, Some Covered Under New Waiver Rates</b>	<b>On-Going, General Fund Only (Not Impacted by Waiver Changes)</b>
24 hour behavioral support staffing	Home Modifications	Room and Board supplement
Board Certified Behavioral Analyst Supports	Durable Medical Equipment (DME)	
Employment, Integrated Day Options, Day Support –behavioral and nursing staff on-site	Assistive Technology	

The estimated cost of providing these services and supports are shown in Table 11. These estimated costs reflect the total amount anticipated to transition the individuals in category 5 of Table 9 to the Northern Virginia community on or before June 2015.

**Table 11: Estimated Cost to Develop Capacity Meeting NVTC Needs**

	<b>On-Going, Until New Waiver Rates Take Effect in FY 2016</b>	<b>One-Time, Some Covered Under New Waiver Rates in FY 2016</b>	<b>On-Going, General Fund Only (Not Impacted by Waiver Changes)</b>
FY 2014	\$1.2M	\$1.8M	\$114,480

DBHDS has taken steps to address these needs through several avenues.

- First, DBHDS has worked with DMAS to ensure that the current waiver program maximizes the use of 24/7 nursing supports. Until recently, this type of support was not approved under the waiver. It can now be approved with a physician order and other justification.
- Second, Item 315 T.2. of the 2013 Appropriation Act provides that any DOJ funds unexpended as of June 30, 2013, may be carried forward for expenditure in FY 2014. Out of the amount to be carried forward, DBHDS has identified \$3.2 million to address the estimated FY 2014 community capacity operating and development costs. Depending upon how much bridge funding is required for the other training centers, some of the June 30, 2013, DOJ balances potentially could be used to address expected costs in FY 2015.
- Any funding required in FY 2015 beyond the available general fund cash balances could be supported through the sale of surplus property at SEVTC in Tidewater. These funds will be made available for use in other regions because the General Assembly previously made funding available in the region surrounding SEVTC to support the development of needed community capacity which has already been created. Item 314 C. of the 2013 Appropriation Act authorizes DBHDS to deposit the entire proceeds of the sales of surplus land at state-owned behavioral health and intellectual disability facilities into a revolving trust fund to be used for expenses associated with restructuring such facilities, continuing services for current patients as facility services are restructured and to enhance services to individuals. Approximately 60 acres of the SEVTC site has already been declared surplus property and is now being publicly offered for sale.

Similar to the plans for the SVTC campus, DBHDS is actively planning to transfer the Regional Community Support Center that is now located at NVTC to a community-based Northern Virginia DD Health Support Network. The Network will provide outpatient services, including dental care to individuals on an outpatient basis.

DBHDS is working to provide information and employee retention incentives to NVTC employees similar to those provided at SVTC. Please refer to the description of activities in the SVTC regional detail section in order to learn about these activities for NVTC employees (page 11).

DBHDS will implement the actions identified above in Northern Virginia within the next several months. The Department will monitor the impact these actions have on adding community capacity in the region. DBHDS will examine how these factors create needed capacity for the specific needs of those at NVTC in the northern Virginia region. It will monitor how many additional residential beds become available each quarter by service type (e.g. group home 4 beds or less, group home 5 beds or more, community ICF), evaluate the number of commitments from residential and day providers to build or offer specific services around individuals living at NVTC, the number of day support or employment providers available to support individuals from NVTC, current discharges compared to the discharge target, and status of authorized representative consideration of discharge, among other factors. DBHDS will provide information on the status of these areas in its quarterly reports to the General Assembly per Item 314.O. of the 2013 *Appropriation Act*. The first update will be in October 2013.



**Southwest Virginia Training Center (SWVTC)**

SWVTC is slated to close in June 2018. DBHDS anticipates meeting this closure timetable. Table 12 shows the census reductions since 2011 and the projected discharges in FY 2014.

**Table 12: Census Reductions FY 2011-FY 2013 and Discharge Target FY 2014**

	Actual Census			Projected Discharges
	June 2011	June 2012	June 2013	FY 2014
Census	181	173	156	20

The census as of September 24, 2013 was 153 individuals. Table 13 shows where each of these remaining individuals living at the training center is in terms of the discharge process.

**Table 13: Discharge Status, SWVTC**

Category	Status	Number of SWVTC Residents
1	Residential provider chosen, arrangement for move underway	7
2	Potential residential provider home selected, but needed assessments are occurring to confirm appropriateness of placement	0
3	Individual is in the process of touring potential providers, but has not yet chosen a provider placement	5
4	Individuals not yet had an initial discharge meeting, but scheduled to move in FY 2014	6
5	Individual not in active discharge process yet, additional capacity needs are not expected	31
6	Individuals who have needs that require additional capacity	104
	Total Number of Residents (09.24.13)	153

- Individuals in categories 1-3 are currently in the 12 week discharge process and will move to the community by December 31, 2013. Individuals in category 4 will begin the 12 week discharge process in FY 2014 and DBHDS anticipates placement options will be available for these individuals.
- Many individuals are in category 5 and 6 due to the length of time until the June 2018 closure. Many families have expressed that they will plan to move as the closure date draws nearer, but they are not yet ready to consider community options.
- As noted earlier in this report, DBHDS understands additional small group home and congregate capacity, as well as behavioral supports, must be developed in the southwest region to support individuals moving out of the training centers and those receiving waiver slots. DBHDS will work with the training center staff, CSBs, and providers in the southwest region to build this capacity over the next five years. If the Medicaid waiver is redesigned, it will enable providers to support individuals with significant needs that could not be supported previously. DBHDS also intends to use any remaining proceeds from the sale of other training center surplus properties to support the development of capacity in the southwest region where needed.

Similar to SVTC and NVTC, DBHDS will work to transition the Regional Community Support Center to the community in the southwest region over time and re-establish the outpatient services as the Southwest

DD Health Support Network. In addition, DBHDS will work closely with SWVTC administration and employees to implement similar or the same progressive bonus retention program and employee supports as the closure date nears. These supports will begin around FY 2016 and have been requested.

**Central Virginia Training Center (CVTC)**

CVTC is slated to close in June 2020. DBHDS anticipates meeting this closure timetable. Table 14 shows the census reductions since 2011 and the projected discharges in FY 2014.

**Table 14: Census Reductions FY 2011-FY 2013 and Discharge Target FY 2014**

	Actual Census			Projected Discharges
	June 2011	June 2012	June 2013	FY 2014
Census	381	342	300	35

The census as of September 24, 2013 was 294 individuals. Table 15 shows where each of these remaining individuals living at the training center is in terms of the discharge process.

**Table 15: Discharge Status, CVTC**

Category	Status	Number of CVTC Residents
1	Residential provider chosen, arrangement for move underway	8
2	Potential residential provider home selected, but needed assessments are occurring to confirm appropriateness of placement	2
3	Individual is in the process of touring potential providers, but has not yet chosen a provider placement	7
4	Individual scheduled to move in FY 2014, has not yet had initial planning meeting	19
5	Individuals who are not yet in active discharge process	252
6	Individuals select a provider, but new construction or renovations still in process	6
	Total Number of Residents (09.24.13)	294

- Individuals in categories 1-3 are in the 12 week active discharge process and most will move by December 31, 2013. Those in category 4 are scheduled to move this year and DBHDS does not anticipate difficulty finding placements for the individuals.
- The majority of the individuals at CVTC are not yet in the active discharge process. The 2009 General Assembly established \$10M in capital bond funds to build capacity for individuals living at CVTC to return to their home communities. The individuals at CVTC are from all over Virginia. These bond funds will enable over 30 individuals to move out in FY 2014 and FY 2015 and return to their home communities. Beyond these individuals, DBHDS will work with the training center staff, CSBs, and providers to build any needed capacity over the next seven years. If the Medicaid waiver is redesigned, it will enable providers to support individuals with significant needs that could not be supported previously.

A nursing facility at CVTC currently supports 74 individuals. These individuals will require significant supports to move to the community. DBHDS will work with the authorized representatives, providers, and CSBs representing these individuals to develop capacity where it is needed. As part of these efforts, DBHDS will ensure it works with every authorized representative to identify the essential supports needed for their family member and develop these supports on an individual basis. However, until the

waiver is redesigned, and rates are modified to support those with the most extensive needs, it is premature to begin this dialogue with the nursing facility residents at CVTC.

**Budget Update: Facility Savings as a Result of Downsizing and Closures**

The 2013 Appropriation Act anticipated facility savings to be \$5.8 million in FY 2013 and \$23.4 million in FY 2014. The chart below shows the portion of savings that will come from each facility during the current biennium and the savings projected during the original analysis of the DOJ settlement costs. DBHDS met most of the anticipated savings target for FY 2013. It is anticipated that because of fewer and delayed discharges in FY 2013 at NVTC, DBHDS will not meet the original savings projection of \$23.4M in FY 2014. Instead, it is anticipated facility savings will be \$19.4M in FY 2014. These lower savings will be offset by lower facility waiver costs and lower WTA costs than originally estimated.

Training Center	SAVINGS (MILLIONS)			
	FY 2013	FY 2014	FY 2015	FY 2016
	(Actual)	(Estimated)	(Estimated)	(Estimated)
SVTC	\$4.00	\$10.3	\$23.3	\$25.2
CVTC	\$1.60	\$3.5	\$5.8	\$10.5
NVTC	\$0.00	\$3.0	\$6.9	\$14.7
SWVTC	\$0.00	\$1.2	\$2.0	\$3.3
SEVTC	\$0.00	\$1.4	\$4.1	\$4.7
<b>Total Savings</b>	<b>\$5.6M</b>	<b>\$19.4M</b>	<b>\$42.1M</b>	<b>\$58.4M</b>

**Conclusion**

As the closure process continues, there is now additional information about what is required in each region to build capacity. Stakeholders, including families, CSBs, and providers, have noted concerns about limited community capacity for those with significant needs. This concern is more acute in the Northern Virginia region because of the high operational and development costs associated with the region and the June 2015 planned closure. The Administration has listened to these concerns. The department has surveyed families and investigated the individual needs of those at NVTC and determined that the original closure timetable can be met if:

- (1) The 25% exceptional rate increase for congregate residential services begins by February 2014;
- (2) DBHDS leverages general fund balances to support capacity development and operational supports in Northern Virginia as outlined above;
- (3) Proceeds from surplus property sales at SEVTC and NVTC can be utilized to support community capacity development across the state. The proceeds from SEVTC must become available in FY 2014 to enable the NVTC closure to occur timely; and

- (4) A Medicaid waiver redesign, with changes that support those with the most complex needs, occurs on or before July 1, 2015.

DBHDS will work with the Secretary of Health and Human Resources, Secretary of Finance, Department of Planning and Budget, DMAS, the General Assembly, and others to continue to work toward timely closure given the needs identified in this document. Item 314.O of the 2013 Appropriation Act will serve as the vehicle to provide quarterly updates to the General Assembly in meeting the closure timeframes. The first update is due in October 2013.

## **Appendix A: Stakeholder Outreach**

Below is a summary of many DBHDS executive -level meetings held with stakeholders throughout Virginia before and after Report Document 86 was published on February 13, 2012. This stakeholder outreach was conducted to obtain input about the developmental disability services system and its future. This list is not exhaustive and does not include meetings with office directors and other DBHDS officials who are executing the training center closure plans.

### **Ongoing**

- Individual meetings have been held with every authorized representative of those living in the training centers to discuss the specific support needs of their resident. These meetings have been offered to all authorized representatives and are singularly focused on the individual and his or her individual needs. Information is gathered at each of these meetings about the individual's essential supports need that are required to live successfully in the community.

### **August 2011**

- Public hearings regarding training centers held in:
  - Petersburg
  - Galax
  - Lynchburg
  - Hampton
  - Fairfax

### **January 2012**

- Commissioner meetings with SVTC employees
- Commissioner meetings with NVTC employees
- Commissioner meetings with NVTC authorized representatives and interested family members

### **February 2012**

- Secretary and Commissioner presentations to House Appropriations and Senate Finance committees
- Commissioner meeting with SVTC authorized representatives and interested family members
- Commissioner meetings with CVTC employees
- Commissioner meeting with CVTC authorized representatives and interested family members
- Commissioner meeting with Region II (Northern Virginia) community services boards
- Commissioner meeting with SWVTC employees
- Commissioner meeting with SWVTC authorized representatives and interested family members

### **March 2012**

- Commissioner meeting with Region V (Tidewater) community services boards
- Commissioner meeting with Region I (Central Virginia) community services boards

- Commissioner meeting with Region IV (Capital Area) community services boards
- Assistant Commissioner, Developmental Services meeting with Community Integration Advisory Commission

#### **April 2012**

- Commissioner meeting with Region III (Southwest) community services boards
- Secretary and Commissioner meeting with Fairfax County Board of Supervisors Chair
- Commissioner meeting with Virginia Advocates United Leading Together (VAULT) and other self-advocates
- Deputy Commissioner meeting with private providers

#### **May 2012**

- Commissioner meeting with Virginia Centers for Independent Living (VACIL) members
- Commissioner meeting with private providers

#### **June 2012**

- Assistant Commissioner, Developmental Services meeting with The Advisory Consortium on Intellectual and Developmental Disabilities (TACIDD)

- **July 2012**

- Assistant Commissioner, Developmental Services meeting with Autism and Developmental Disability stakeholders
- First quarterly DOJ Stakeholder Meeting
- Assistant Commissioner, Developmental Services meeting with Virginia Association of Area Agencies on Aging

#### **August 2012**

- Deputy Commissioner and Assistant Commissioner meetings at The Arc of Virginia Annual Convention
- Commissioner presentation to Senate Finance Committee

#### **September 2012**

- Assistant Commissioner, Developmental Services meeting with The Advisory Consortium on Intellectual and Developmental Disabilities (TACIDD)

#### **October 2012**

- Assistant Commissioner, Developmental Services meeting at DBHDS Employment First Summit
- Assistant Commissioners for Developmental Services and Quality Management meeting at Virginia Association of Community Services Boards annual policy conference
- Assistant Commissioner meeting with Southwest Virginia community services board staff and SWVTC staff

- Second quarterly DOJ Stakeholder meeting
- Assistant Commissioner, Developmental Services meeting with Virginia Association of Local Social Service Officials
- Assistant Commissioner, Developmental Services meeting with Virginia Brain Injury Council

### **December 2012**

- Assistant Commissioner, Developmental Services meeting with Community Integration Advisory Commission
- Assistant Commissioner, Developmental Services meeting with Region II ID Directors regarding provider capacity

### **January 2013**

- Third quarterly DOJ Stakeholder meeting
- Commissioner presentation to Joint Subcommittee on Training Center Closures
- Commissioner presentation to Senate Finance Committee
- Commissioner presentation to House Appropriations Health Subcommittee

### **February 2013**

- Commissioner presentation to Joint Subcommittee on Training Center Closures

### **March 2013**

- Deputy Commissioner meeting with private providers

### **April 2013**

- Fourth quarterly DOJ Stakeholder meeting
- Deputy Commissioner meeting with private providers

### **May 2013**

- Commissioner presentation to House Appropriations Committee
- Assistant Commissioner, Developmental Services meeting with TACIDD

### **June 2013**

- Assistant Commissioner, Developmental Services meeting with Virginia Health and Hospital Association (VHHA) Behavioral Committee members
- Assistant Commissioner, Developmental Services meeting with Disability Commission Employment Workgroup
- Assistant Commissioner, Developmental Services meeting with Region II community services boards

### **July 2013**

- Commissioner presentation to Joint Subcommittee on Training Center Closures
- Fifth quarterly DOJ Stakeholder meeting

### **August 2013**

- Deputy Commissioner and Settlement Agreement Executive Advisor meetings and presentations at The Arc of Virginia annual convention

### **September 2013**

- Settlement Agreement Executive Advisor meeting is Virginia Autism Council
- Commissioner meeting with parents and families of individuals living at SVTC, CVTC, and NVTC
- Deputy Commissioner meeting with parents and families of individuals living at SWVTC
- Statewide forums by HSRI regarding waiver redesign

### **October 2013**

- Continued statewide forums by HSRI regarding waiver redesign



## Appendix B

### Appendix B: Expenditure Data by Individual, FY 2012 Discharges\*

	#	DBHDS_FA C07	BH_M H08	GEN09	LTC10_ CNG	LTC10_ IHR	LTC10_ ICFIDPRI	LTC10_ PCR	LTC10_ SKNSG	LTC10_DAY SUP	LTC10_ IDCM	LTC10_SE_ PREVOC	LTC10_ OTH
FY 2011	1	\$161,746	\$0	\$20	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	2	\$158,272	\$0	\$54,995	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	3	\$160,158	\$0	\$412	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	4	\$172,708	\$0	\$156	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	5	\$162,983	\$0	\$8	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	6	\$163,215	\$0	\$903	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	7	\$0	\$0	\$5,250	\$46,278	\$0	\$0	\$0	\$0	\$0	\$2,612	\$0	\$0
	8	\$158,249	\$0	\$83	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	9	\$159,220	\$0	\$12	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	10	\$162,009	\$0	\$78	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	11	\$156,795	\$0	\$733	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	12	\$161,734	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	13	\$157,501	\$0	\$97	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	14	\$157,666	\$0	\$79	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	15	\$166,048	\$0	\$2,525	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	16	\$152,933	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	17	\$157,008	\$0	\$1,181	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	18	\$186,618	\$0	\$15,849	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	19	\$214,836	\$0	\$603	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	20	\$221,600	\$0	\$728	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	21	\$207,465	\$0	\$1,277	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	22	\$206,238	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	23	\$215,892	\$0	\$495	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	24	\$206,238	\$0	\$11	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

25	\$226,512	\$0	\$3,754	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
26	\$218,148	\$0	\$5	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
27	\$215,688	\$0	\$93	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
28	\$222,720	\$0	\$12	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
29	\$223,308	\$0	\$8	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
30	\$223,848	\$0	\$9	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
31	\$226,512	\$0	\$1,396	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
32	\$212,520	\$0	\$498	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
33	\$217,044	\$0	\$8	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
34	\$217,072	\$0	\$365	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
35	\$219,528	\$0	\$4	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
36	\$0	\$644	\$148	\$56,322	\$0	\$0	\$0	\$0	\$0	\$3,918	\$6,575	\$773
37	\$197,801	\$0	\$8	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
38	\$206,238	\$0	\$390	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
39	\$221,100	\$0	\$199	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
40	\$218,256	\$0	\$10	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
41	\$196,309	\$0	\$1,423	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
42	\$226,512	\$0	\$21,255	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
43	\$217,776	\$0	\$161	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
44	\$226,512	\$0	\$2,779	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
45	\$224,124	\$0	\$7,109	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
46	\$219,922	\$0	\$114	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
47	\$208,574	\$0	\$1,777	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
48	\$220,128	\$0	\$4	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
49	\$200,837	\$0	\$1,157	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
50	\$217,644	\$0	\$1,622	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
51	\$226,512	\$0	\$11,956	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
52	\$217,200	\$0	\$155	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
53	\$209,580	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
54	\$225,204	\$0	\$22,279	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

FY 2012	55	\$218,319	\$0	\$11	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	56	\$202,997	\$0	\$71	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	57	\$197,889	\$0	\$49	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	1	\$51,583	\$0	\$1,388	\$40,634	\$0	\$0	\$0	\$0	\$11,218	\$2,939	\$0	\$0
	2	\$61,238	\$0	\$15,693	\$53,386	\$0	\$0	\$0	\$0	\$0	\$2,612	\$0	\$0
	3	\$62,827	\$0	\$776	\$60,219	\$0	\$0	\$0	\$0	\$0	\$2,939	\$0	\$0
	4	\$71,949	\$0	\$547	\$52,085	\$0	\$0	\$0	\$0	\$0	\$3,265	\$0	\$0
	5	\$85,275	\$0	\$4,341	\$64,345	\$0	\$0	\$0	\$0	\$0	\$1,959	\$0	\$0
	6	\$119,139	\$0	\$174	\$33,996	\$0	\$0	\$0	\$0	\$0	\$1,633	\$0	\$0
	7	\$65,024	\$0	\$11,852	\$29,571	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	8	\$122,005	\$0	\$2,041	\$30,650	\$0	\$0	\$0	\$0	\$0	\$653	\$0	\$0
	9	\$125,862	\$0	\$21	\$25,908	\$0	\$0	\$0	\$0	\$0	\$980	\$0	\$0
	10	\$130,154	\$0	\$5,007	\$0	\$0	\$0	\$0	\$0	\$0	\$1,306	\$0	\$0
	11	\$139,985	\$0	\$12,993	\$25,355	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	12	\$160,163	\$0	\$384	\$9,553	\$0	\$0	\$0	\$0	\$2,609	\$0	\$0	\$0
	13	\$155,131	\$0	\$611	\$9,628	\$0	\$0	\$0	\$0	\$0	\$1,306	\$0	\$0
	14	\$163,049	\$0	\$178	\$0	\$0	\$0	\$0	\$0	\$0	\$327	\$0	\$0
	15	\$167,868	\$0	\$4,124	\$5,621	\$0	\$0	\$0	\$0	\$0	\$327	\$0	\$0
	16	\$159,612	\$0	\$27	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	17	\$163,408	\$0	\$109	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	18	\$111,651	\$0	\$17,383	\$74,197	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	19	\$99,338	\$0	\$643	\$39,722	\$0	\$0	\$0	\$0	\$0	\$0	\$8,870	\$382
	20	\$119,492	\$0	\$2,389	\$0	\$0	\$107,636	\$0	\$0	\$0	\$0	\$0	\$0
	21	\$138,670	\$0	\$3,029	\$53,768	\$0	\$0	\$0	\$31,843	\$596	\$1,959	\$0	\$0
	22	\$162,709	\$0	\$4,828	\$53,775	\$0	\$0	\$0	\$31,843	\$596	\$1,959	\$0	\$0
	23	\$120,610	\$0	\$2,119	\$53,646	\$0	\$0	\$0	\$31,843	\$261	\$1,959	\$0	\$0
	24	\$173,407	\$0	\$178	\$41,113	\$0	\$0	\$0	\$0	\$0	\$1,633	\$0	\$0
25	\$156,234	\$0	\$4,210	\$32,367	\$0	\$0	\$0	\$0	\$10,957	\$1,633	\$0	\$0	
26	\$152,011	\$0	\$771	\$30,767	\$0	\$0	\$0	\$0	\$708	\$1,633	\$0	\$0	
27	\$153,383	\$327	\$405	\$21,842	\$0	\$0	\$0	\$0	\$298	\$980	\$0	\$0	

28	\$159,218	\$0	\$250	\$24,197	\$0	\$0	\$0	\$0	\$6,820	\$0	\$0	\$0
29	\$163,057	\$0	\$73	\$23,741	\$0	\$0	\$0	\$0	\$4,621	\$0	\$0	\$0
30	\$164,152	\$0	\$245	\$26,192	\$0	\$0	\$0	\$0	\$10,212	\$1,633	\$0	\$0
31	\$167,274	\$0	\$1,595	\$30,618	\$0	\$0	\$0	\$0	\$9,541	\$0	\$0	\$0
32	\$156,528	\$0	\$517	\$30,588	\$0	\$0	\$0	\$0	\$9,690	\$327	\$0	\$0
33	\$160,453	\$0	\$179	\$19,046	\$0	\$0	\$0	\$0	\$9,541	\$1,306	\$0	\$0
34	\$165,786	\$0	\$202	\$22,918	\$0	\$0	\$0	\$0	\$9,243	\$1,306	\$0	\$0
35	\$176,954	\$0	\$2,005	\$24,040	\$0	\$0	\$0	\$20,339	\$335	\$1,306	\$0	\$0
36	\$185,148	\$223	\$450	\$31,188	\$0	\$0	\$0	\$0	\$0	\$2,612	\$0	\$1,528
37	\$201,128	\$0	\$1,488	\$21,169	\$0	\$0	\$0	\$17,257	\$0	\$1,633	\$0	\$0
38	\$206,817	\$0	\$5,078	\$28,181	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
39	\$184,503	\$0	\$267	\$22,515	\$0	\$0	\$0	\$0	\$7,789	\$1,306	\$0	\$0
40	\$192,226	\$0	\$136	\$13,605	\$0	\$0	\$0	\$0	\$1,336	\$0	\$1,336	\$0
41	\$216,003	\$0	\$4,656	\$21,169	\$0	\$0	\$0	\$15,819	\$0	\$980	\$0	\$0
42	\$209,200	\$0	\$21,683	\$15,892	\$0	\$0	\$0	\$0	\$0	\$980	\$0	\$164
43	\$209,856	\$0	\$730	\$9,703	\$0	\$0	\$0	\$0	\$3,056	\$653	\$0	\$0
44	\$217,923	\$0	\$18,828	\$17,880	\$0	\$0	\$0	\$0	\$0	\$980	\$0	\$0
45	\$226,646	\$0	\$2,204	\$16,146	\$0	\$0	\$0	\$0	\$0	\$653	\$0	\$0
46	\$229,521	\$0	\$442	\$0	\$0	\$0	\$0	\$0	\$0	\$980	\$0	\$0
47	\$224,684	\$0	\$162	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
48	\$231,847	\$0	\$44	\$0	\$0	\$0	\$0	\$0	\$1,342	\$327	\$0	\$0
49	\$238,169	\$0	\$4,827	\$0	\$0	\$0	\$0	\$6,471	\$0	\$327	\$0	\$0
50	\$231,098	\$0	\$1,401	\$7,953	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
51	\$239,334	\$0	\$14,023	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
52	\$230,687	\$0	\$181	\$0	\$0	\$0	\$0	\$0	\$0	\$327	\$0	\$164
53	\$223,605	\$0	\$15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
54	\$236,574	\$0	\$19,480	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
55	\$230,630	\$0	\$19	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
56	\$232,352	\$0	(\$32)	\$0	\$0	\$0	\$0	\$0	\$0	\$327	\$0	\$0
57	\$250,410	\$0	\$4	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

FY 2013	1	\$0	\$0	\$1,967	\$51,942	\$0	\$0	\$0	\$0	\$17,368	\$3,918	\$0	\$0
	2	\$0	\$0	\$2,168	\$40,883	\$0	\$0	\$0	\$0	\$0	\$1,959	\$0	\$0
	3	\$0	\$0	\$764	\$91,591	\$0	\$0	\$0	\$0	\$0	\$3,918	\$0	\$0
	4	\$0	\$0	\$985	\$98,151	\$0	\$0	\$0	\$0	\$0	\$3,918	\$0	\$0
	5	\$0	\$0	\$4,656	\$129,843	\$0	\$0	\$0	\$0	\$0	\$2,612	\$0	\$0
	6	\$0	\$0	\$632	\$98,371	\$0	\$0	\$0	\$0	\$0	\$3,592	\$0	\$0
	7	\$0	\$0	(\$11,047)	\$85,152	\$0	\$0	\$0	\$0	\$0	\$653	\$0	\$0
	8	\$0	\$0	\$4,586	\$99,773	\$0	\$0	\$0	\$0	\$0	\$4,571	\$0	\$0
	9	\$0	\$0	\$553	\$99,258	\$0	\$0	\$0	\$0	\$3,578	\$4,245	\$0	\$0
	10	\$0	\$0	\$3,178	\$154,339	\$0	\$0	\$0	\$0	\$5,330	\$3,918	\$0	\$0
	11	\$0	\$0	\$320	\$116,637	\$0	\$0	\$0	\$0	\$224	\$4,898	\$0	\$0
	12	\$0	\$0	\$2,812	\$63,225	\$0	\$0	\$0	\$0	\$15,430	\$3,592	\$0	\$0
	13	\$0	\$0	\$1,444	\$77,233	\$0	\$0	\$0	\$0	\$0	\$3,918	\$0	\$0
	14	\$306	\$0	\$1,411	\$78,306	\$0	\$0	\$0	\$0	\$13,753	\$3,592	\$0	\$0
	15	\$1,969	\$0	\$4,303	\$81,412	\$0	\$0	\$0	\$0	\$0	\$3,592	\$0	\$0
	16	\$4,076	\$0	\$546	\$70,905	\$0	\$0	\$0	\$0	\$6,312	\$3,592	\$0	\$0
	17	\$6,502	\$0	\$647	\$80,253	\$0	\$0	\$0	\$0	\$8,381	\$3,918	\$0	\$0
	18	\$0	\$0	\$9,635	\$113,045	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	19	\$0	\$0	\$1,229	\$67,090	\$0	\$0	\$0	\$0	\$0	\$5,224	\$17,741	\$491
	20	\$0	\$0	\$5,942	\$0	\$0	\$219,312	\$0	\$0	\$0	\$0	\$0	\$0
	21	\$0	\$0	\$3,091	\$126,192	\$0	\$0	\$0	\$75,191	\$3,019	\$3,918	\$0	\$0
	22	\$0	\$0	\$5,349	\$126,237	\$0	\$0	\$0	\$75,191	\$2,982	\$3,918	\$0	\$0
	23	\$0	\$0	\$6,555	\$125,396	\$0	\$0	\$0	\$75,191	\$3,019	\$3,918	\$0	\$0
	24	\$0	\$0	\$729	\$103,517	\$0	\$0	\$0	\$0	\$0	\$3,592	\$0	\$0
	25	\$0	\$0	\$62,505	\$18,614	\$0	\$0	\$0	\$0	\$6,038	\$980	\$0	\$29,803
	26	\$0	\$0	\$1,608	\$91,809	\$0	\$0	\$0	\$0	\$15,989	\$3,918	\$0	\$1,474
	27	\$0	\$0	\$1,781	\$77,244	\$0	\$0	\$0	\$0	\$10,137	\$2,939	\$0	\$0
	28	\$0	\$0	\$1,034	\$71,798	\$0	\$0	\$0	\$0	\$17,442	\$0	\$0	\$0
	29	\$0	\$0	\$1,041	\$65,888	\$0	\$0	\$0	\$0	\$17,070	\$3,265	\$0	\$0
	30	\$0	\$0	\$1,659	\$71,703	\$0	\$0	\$0	\$0	\$26,611	\$3,918	\$0	\$0

31	\$0	\$0	\$2,416	\$86,957	\$0	\$0	\$0	\$0	\$26,797	\$1,633	\$0	\$0
32	\$0	\$0	\$1,726	\$86,202	\$0	\$0	\$0	\$0	\$26,834	\$4,571	\$0	\$0
33	\$0	\$0	\$264	\$62,253	\$0	\$0	\$0	\$0	\$27,282	\$3,592	\$0	\$0
34	\$0	\$0	\$704	\$63,146	\$0	\$0	\$0	\$0	\$21,207	\$3,918	\$0	\$0
35	\$0	\$0	\$12,819	\$126,326	\$0	\$0	\$0	\$74,986	\$2,497	\$3,918	\$0	\$0
36	\$0	\$24	\$413	\$116,156	\$0	\$0	\$0	\$0	\$0	\$3,918	\$1,864	\$2,019
37	\$0	\$0	\$14,645	\$129,631	\$0	\$0	\$0	\$108,061	\$0	\$3,918	\$0	\$0
38	\$0	\$0	\$2,237	\$100,834	\$0	\$0	\$0	\$0	\$0	\$4,898	\$0	\$0
39	\$0	\$0	\$2,663	\$84,722	\$0	\$0	\$0	\$0	\$21,654	\$3,918	\$0	\$0
40	\$0	\$0	\$205	\$66,311	\$0	\$0	\$0	\$0	\$5,919	\$2,286	\$5,945	\$0
41	\$0	\$0	\$6,345	\$135,731	\$0	\$0	\$0	\$74,986	\$0	\$4,245	\$0	\$0
42	\$0	\$0	\$1,172	\$64,464	\$0	\$0	\$0	\$0	\$17,815	\$3,918	\$0	\$1,419
43	\$0	\$0	\$1,553	\$13,447	\$0	\$0	\$0	\$0	\$16,846	\$2,939	\$0	\$0
44	\$0	\$0	\$19,160	\$89,166	\$0	\$0	\$0	\$0	\$10,212	\$3,592	\$0	\$0
45	\$0	\$0	\$10,249	\$92,163	\$0	\$0	\$0	\$0	\$16,809	\$3,592	\$0	\$1,310
46	\$0	\$0	\$1,013	\$56,425	\$0	\$0	\$0	\$0	\$0	\$3,592	\$29,741	\$0
47	\$5,129	\$0	\$3,951	\$105,448	\$0	\$0	\$0	\$0	\$634	\$0	\$0	\$0
48	\$5,791	\$0	\$291	\$69,950	\$0	\$0	\$0	\$0	\$26,499	\$3,592	\$0	\$0
49	\$5,834	\$0	\$15,686	\$137,166	\$0	\$0	\$0	\$112,478	\$0	\$3,918	\$0	\$0
50	\$9,542	\$0	\$6,647	\$59,189	\$0	\$0	\$0	\$76,038	\$634	\$2,939	\$0	\$0
51	\$21,411	\$0	\$13,201	\$100,672	\$0	\$0	\$0	\$0	\$23,331	\$2,286	\$0	\$273
52	\$20,606	\$0	\$3,739	\$74,493	\$0	\$0	\$0	\$0	\$28,288	\$3,918	\$0	\$1,255
53	\$24,036	\$0	\$1,764	\$92,203	\$0	\$0	\$0	\$0	\$10,659	\$4,245	\$0	\$0
54	\$273,847	\$0	\$32,419	\$4,126	\$0	\$0	\$0	\$0	\$634	\$653	\$0	\$0
55	\$25,576	\$0	\$276	\$67,962	\$0	\$0	\$0	\$0	\$4,374	\$3,918	\$4,011	\$0
56	\$31,213	\$0	\$3,423	\$91,451	\$0	\$0	\$0	\$0	\$13,976	\$3,918	\$0	\$2,728
57	\$36,488	\$0	\$1,188	\$65,350	\$0	\$0	\$0	\$0	\$25,306	\$3,918	\$0	\$0

- *Updates will be provided in October 2014*

**Appendix C:  
Supports Needs of Individuals at NVTC  
June 30, 2014**

**Census = 106 Individuals**

	<b>Service/Support Needed for Successful Community Placement</b>	<b>Individuals Needing</b>
1	Supported Employment	14
2	Prevocational	12
3	Day Support	88
4	Residential	88
	Residential preference not documented	18
5	Group Home	80
6	Sponsored Home	4
7	In Home Supports	1
8	Supported Living	3
9	Skilled Nursing	
10	Personal Assistance	
11	Companion	
12	Respite	
13	Therapeutic Consultation	27
14	ICF	14
<b>Chronic Medical Conditions Requiring Additional Support</b>		
22	Blood Pressure	3
23	Diabetes	1
24	Seizures	40
25	VNS (diastat protocol)	8
26	Ataxia	2
27	Tube Feedings Gravity Drip	6
28	Tube Feedings Pump	8
29	Tube Feedings Bolus	2
30	Urinary Catheterization	3
31	Colostomy	1
32	Cardiac Condition	3
33	Medications G-Tube	10
34	Medications Port-A-Cath	0
35	Skin Care for Breakdown, Dry Skin, Dermatitis, Dandruff	19
36	Oxygen Continuous	1
37	Oxygen at Night	3
38	Suctioning	2
39	Constipation	26
40	Chronic Rhinitis/Pneumonia	1
41	Dysphagia	28
42	Thyroid Dysfunction	2
43	Osteoporosis	10
44	Weight Instability	19

45	GERD (reflux)	9
46	Arthritis	2
47	Teeth/gums issues	12
48	Cerumen in Ears (wax)	1
49	Hypothermia	1
50	Other	61
51	Not applicable	9
52	Feeding tube (Nurse provision or supervision required)	7
53	Tracheotomy	1
54	Respiratory	4
55	Sleeping/e.g., C-Pap	2
56	Occupational Therapy	33
57	Physical Therapy	29
58	Speech/Language Therapy	20
59	Feeding	22
60	Skin Care	17
61	Special Medical Equipment or Devices	41
62	Assistance with Med Administration	49
63	Ear, Nose & Throat	6
64	Psychiatric	22
65	Intensive PICA (eating inedible objects)	0
66	Dehydration	11
67	Impaction	8
68	Aspiration Pneumonia	5
69	Wheelchair accessible residence required	66
70	Other	32
71	Medical needs not applicable	19
88	Externally directed destructiveness (e.g., assault/injury, property destruction, stealing)	24
89	Self-directed destructiveness	16
90	Emotional outbursts, anger, yelling	19
91	Sexual aggression or inappropriate sexual behavior	0
92	PICA (eating inedible objects)	9
93	Substance abuse	0
94	Wandering	20
95	Symptoms related to mHental health diagnosis	13
96	Other behavioral concerns	34
97	Behavioral concerns not applicable	42



**Appendix D:  
Number of Providers Identifying Service Offered (Self-Reported), by Region  
June 30, 2014**

	Service/Support Provided	Number of Providers (All Regions)	Number of Providers (Region 1)	Number of Providers (Region 2)	Number of Providers (Region 3)	Number of Providers (Region 4)	Number of Providers (Region 5)
1	Supported Employment	56	12	11	13	18	16
2	Prevocational	57	10	12	10	22	15
3	Day Support	155	21	24	33	60	54
4	Residential	373	36	38	72	137	173
5	Group Home	313	28	28	57	115	141
6	Sponsored Home	60	12	9	19	25	29
7	In Home Supports	94	14	21	24	28	38
8	Supported Living	50	8	13	9	18	19
9	Skilled Nursing	57	5	15	6	15	30
10	Personal Assistance	81	10	22	15	23	30
11	Companion	48	8	20	10	11	20
12	Respite	112	13	23	26	39	46
13	Behavior Consultation (Therapeutic Consultation is included)	53	12	9	8	24	23
14	ICF	20	3	4	7	5	9
15	HPR I - total	54	54				
16	HPR II -total	64		64			
17	HPR III - total	86			86		
18	HPR IV - total	174				174	
19	HPR V - total	197					197
20	Willing to expand an existing service	302	29	44	58	114	135
21	Willing to develop and or add a service	293	32	40	52	108	138
52	Feeding tube (Nurse provision or supervision required)	147	18	26	26	63	66
53	Tracheotomy						
54	Respiratory						
55	Sleeping/e.g., C-Pap	183 (C-Pap)	22 (C-Pap)	26 (C-Pap)	47(C-Pap)	64(C-Pap)	80(C-Pap)
56	Occupational						

	<b>Therapy</b>						
<b>57</b>	<b>Physical Therapy</b>						
<b>58</b>	<b>Speech/Language Therapy</b>						
<b>59</b>	<b>Feeding</b>						
<b>60</b>	<b>Skin Care</b>						
<b>61</b>	<b>Special Medical Equipment or Devices</b>						
<b>62</b>	<b>Assistance with Med Administration</b>						
<b>63</b>	<b>Ear, Nose &amp; Throat</b>						
<b>64</b>	<b>Psychiatric</b>						
<b>65</b>	<b>Intensive PICA (eating inedible objects)</b>						
<b>66</b>	<b>Dehydration</b>						
<b>67</b>	<b>Impaction</b>						
<b>68</b>	<b>Aspiration Pneumonia</b>						
<b>69</b>	<b>Wheelchair accessible residence required</b>						
<b>70</b>	<b>Other</b>						
<b>71</b>	<b>Medical needs not applicable</b>						