



# COMMONWEALTH of VIRGINIA

JACK BARBER, M.D.  
INTERIM COMMISSIONER

DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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January 1, 2016

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

Dear Senator Stosch and Senator Colgan:

Item 307.L.1. of the 2014 *Appropriation Act*, required the Commissioner of the Department of Behavioral Health and Developmental Services (DBHDS) to “*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.*”

Please find enclosed the report in accordance with Item 307.L. Staff at the department are available should you wish to discuss this request.

Sincerely,

A handwritten signature in blue ink that reads "Jack Barber, M.D." in a cursive style.

Jack Barber, M.D.

Enc.

Cc: William A. Hazel, Jr., M.D.  
Joe Flores  
Susan E. Massart  
Mike Tweedy



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January 1, 2016

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

Dear Delegate Jones:

Item 307.L.1. of the 2014 *Appropriation Act*, required the Commissioner of the Department of Behavioral Health and Developmental Services (DBHDS) to “*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.*”

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**Training Center Closure Plan Quarterly Update**  
Pursuant to  
Item 307.L.1 of the 2014 *Appropriation Act*

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

**January 1, 2016  
(2nd Quarter Report – FY 2016)**

## **TABLE OF CONTENTS**

<b>Introduction</b>	<b>3</b>
<b>Quarterly Update to the Training Center Closure Plan</b>	<b>4</b>
<b>Additional Information</b>	<b>5</b>
<b>Appendices</b>	
<b>Appendix A: Supports Needs of Individuals at NVTC</b>	
<b>Appendix B: Number of Providers Identifying Service Offered     (Self-Reported), by Region</b>	
<b>Appendix C: Training Center Closure Plan: Item 314 L, 2013     Appropriation Act</b>	

## INTRODUCTION

### **Item 307.L.1 Quarterly Report to the General Assembly Regarding Implementation of the State Training Center Closure Plan and Transition of Residents to the Community**

Item 307 L.1 of the 2014 *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 and the transition of residents to the community on a quarterly basis. The language reads:

*L.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.*

*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.*

*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 the quarterly report, pursuant to paragraph L.1.*

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

This report serves as an update to Item 314.L. 2013 Acts of Assembly and provides the additional information required in Item 307 L. The closure plan was published on January 10, 2014 and the first training center, Southside Virginia Training Center (SVTC), closed in May 2014. In June 2014, the Department of Behavioral Health and Developmental Services (DBHDS) revised the closure date of Northern Virginia Training Center (NVTC) from June 2015 to March 2016.

DBHDS recommends the closure of NVTC, Southwest Virginia Training Center (SWVTC), and Central Virginia Training Center (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)	Remains Open

### **Background**

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

- Virginia's settlement agreement with the US Department of Justice (DOJ) requires significant expansion of the community-based system of services for individuals with intellectual and other developmental disabilities over a ten year period;
- There is currently a list of over 10,000 individuals with intellectual disability (ID) or developmental disabilities (DD) waiting for Home and Community Based waiver services. Downsizing our state training centers will allow resources to be allocated for community-based services; the average cost of supporting individuals in training centers in FY 2015 is \$301,663 per person per year, up from \$261,000 in FY 2013. This cost is rising and will continue to rise due to the fixed costs of the facilities allocated to a shrinking census in the centers while the average cost of supporting someone in the community is \$139K to \$146K of residents who have been discharged since 2011;
- All but one of Virginia's training centers are more than 35 years old and have significant infrastructure needs in order to maintain;
- Virginia has more capacity in training centers than is needed. Census among the training centers has decreased 74 percent since FY 2000 when the statewide census was 1,745. (Table 2);

**Table 2: Training Center Census Changes, 2000 – 2015**

Name	2000 Census	March 2010	June 2011	June 2012	June 2014	June 2015	November 2015	% Decrease 2000-Present
Southside (SVTC) Closure Date: 2014	465	267	242	197	0	0	0	100%
Northern (NVTC) Closure Date: 2016	189	170	157	153	106	57	43	77%
Southwestern (SWVTC) Closure Date: 2018	218	192	181	173	144	124	113	48%
Central (CVTC) Closure Date: 2020	679	426	381	342	288	233	215	68%
Southeastern (SEVTC) Remains Open	194	143	123	104	75	69	69	64%
<b>Total</b>	<b>1,745</b>	<b>1,198</b>	<b>1,084</b>	<b>969</b>	<b>613</b>	<b>483</b>	<b>440</b>	<b>74%</b>

- There are efforts nationwide to decrease reliance on large institutions to provide supports to individuals with intellectual disability. Virginia was one of only nine states that had not closed any state operated institutions at the time Governor McDonnell proposed closure of four training centers; and
- 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 307L.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 4-6 below show where training center individuals and their authorized representatives are in the process of selecting placement options as of November 10, 2015. 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 to complete. Depending on the appropriateness and availability of providers and an individual’s choice and support needs, some individuals take more or less time to complete this process.

<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.

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 or 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 a discussion of the individual's medical and behavioral needs and assurance that essential supports are met at the time of discharge. Further, no individual is discharged from a training center unless they agree and their authorized representative consents, through a signature, to discharge.

**Table 4: Discharge Status, NVTC, as of November 10, 2015**

Category	Status	Number of NVTC Residents
1	Residential provider chosen, arrangement for move underway	40
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	0
4	Individuals not yet had an initial discharge meeting, but scheduled to move in FY 2016	0
5	Individual not in active discharge process yet, but does not have needs that require additional capacity	0
6	Individuals who have needs that require additional capacity	0
Total Number of Residents		43

**Table 5: Discharge Status, SWVTC, as of November 10, 2015**

Category	Status (As of November 10, 2015)	Number of SWVTC Residents
1	Residential provider chosen, arrangement for move underway	9
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	8
4	Individuals not yet had an initial discharge meeting, but scheduled to move in FY 2016	12
5	Individual not in active discharge process yet, but does not have needs that require additional capacity	13
6	Individuals who have needs that require additional capacity	68
Total Number of Residents		113



**Table 6: Discharge Status, CVTC, as of November 15, 2015**

Category	Status	Number of CVTC Residents
1	Residential provider chosen, arrangement for move underway	5
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	41
4	Individual scheduled to move in FY 2016, has not yet had initial planning meeting	21
5	Individual not in active discharge process yet, but does not have needs that require additional capacity	106
6	Individuals selected a provider, but new construction or renovations still in process	12
7	Individuals with needs that may require additional capacity or funding	27
	<b>Total Number of Residents</b>	<b>215</b>

Consistent with requirements in the settlement agreement with DOJ, training center social workers contact families at least quarterly, often monthly, to assess their receptivity to long-term placement in the community. This contact enables DBHDS to project future discharges and capture information about potential barriers to community placements. Table 7 below describes the 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 and as closure dates approach.

Table 8 shows the Community Integration Preferences as of November 10, 2015 for individuals living at all four of the training centers. As of the date of this report, 14 percent 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 (category 0). Twenty-three percent of individuals are actively seeking community placement or willing to participate in the discharge process (category 1).

The last two columns in Table 8 indicate that 63 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” (most likely postponing action until closer to the closing date). DBHDS has seen these numbers shift over time to more overall willingness to consider community placement options and/or participate in the discharge process as the closing date approaches.. The ratios will change as the census declines across the training centers.

**Table 8: Community Integration Preferences Statewide, as of November 10, 2015**

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)	TC Totals
CVTC	10	46	67	92	215
NVTC	39	1	1	2	43
SEVTC	2	12	26	29	69
SWVTC	12	42	35	24	113
<b>Total</b>	<b>63</b>	<b>101</b>	<b>129</b>	<b>147</b>	<b>440</b>

*Item 307L.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 projects initiated by the General Assembly in 2009. This residential capacity expansion has enabled the successful downsizing of SEVTC in six years and has provided excess capacity for individuals who live in the community and require waiver group home services or Intermediate Care Facility (ICF) services. SEVTC has the capacity to serve 75 individuals. The census is currently 69. Four additional discharges are projected for this fiscal year. SEVTC has accepted three individuals from NVTC who chose a training center over a community option. The southeast region is also one of two sites for the rental assistance projects, Rental Choice VA (see page 13 for additional detail). It is expected 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 Capital region around Richmond and Petersburg, excess licensed residential capacity enabled the successful closure of SVTC in May 2014.
- In the Southwest region, there is currently not adequate provider capacity. Behavioral supports, day supports, and supported employment) are more limited than in other regions of the state, affecting the pace of downsizing SWVTC. The region’s community services boards (CSBs) and DBHDS are actively working with providers to quickly

increase capacity in the Southwest region. In the past year, seven providers submitted applications for a license to develop new or expand services. DBHDS has reviewed applications of providers who responded to the request for proposal to serve individual with behavioral support needs in the southwest region. Awards will be offered by the end of the calendar year. In addition, SWVTC hosted a community provider fair on October 27, 2015 for families to meet with vendor agencies and review community living options. DBHDS works with the families and the potential providers to develop a home and supports around the needs of individuals.

- CVTC serves individuals from all regions of Virginia. The 2009 General Assembly appropriated \$10 million to develop community group homes and ICFs for individuals leaving CVTC. These funds have supported transitions from CVTC and further development is planned. In addition, the request for proposals to community providers to serve individuals with intensive medical supports within a 50 mile radius of CVTC was released by DBHDS in May 2015. The proposals have been reviewed and awards are expected to be offered by the end of the calendar year. Also, CVTC hosted a community provider fair on November 10, 2015 for families to meet with the vendor agencies and discuss potential options for community living. Again DBHDS works with the families and providers to develop a home and supports around the needs of individuals.
- In the northern Virginia region<sup>2</sup>, there was limited capacity for day support and employment services because of inadequate waiver rates. DBHDS and CSBs worked with day support providers to address funding concerns to increase the number of providers willing to provide services for individuals moving from NVTC. Several strategies were initiated which included:
  - Bridge funding to provide additional resources to support individuals moving into community residences who have more intense needs than current waiver resources will provide;
  - Assisting providers and individuals apply for the exceptional Medicaid waiver residential rate which provide additional funds above the current waiver rate to support the individual's exceptional needs;
  - Assisting providers who are opening homes with skilled staff within timeframes appropriate to meet individual needs and the new closure dates which includes
    - Three homes for individuals with complex medical needs open and three additional homes are in development for opening after January 1,
    - Two homes for supporting individuals with complex behavioral needs are expected to receive a license from DBHDS by December 2015,
    - Two homes developed by partnering with the Arlington CSB to serve individuals transitioning from NVTC to Arlington County, opening in December and January,
    - Three individuals selected a local provider who created capacity by transition three of their current residents to live in their own apartments with appropriate services and supports,

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<sup>2</sup> The "northern Virginia" region referenced above includes Northern Virginia as well as surrounding counties.

- And, additional homes are in development to provide services through the Medicaid ID Waiver.

Currently all 43 of the remaining residents at NVTC have confirmed their choice of home and are expected to move between November 2015 and January 2016. Of the 43 remaining residents, 41 individuals have chosen homes within the Northern Virginia area or closer to their family in other parts of the state. Two individuals have formally requested to transfer to another training center (one other individual has already moved to another training center, for a total of three NVTC residents choosing to continue to receive training center care).

- DBHDS continues to collaborate with the Department Medical Assistance Services (DMAS) and others to address the regional and statewide issues that have been identified in order to continue moving forward with the schedule of training center closures.
  - DBHDS has received 73 provider applications and approved 56 of these for exceptional rates which provide additional funds above the current waiver rate to support the individual's exceptional needs. Seventeen applications have been denied. 51 individuals have been approved for funding, with 22 currently in process.
  - DBHDS, DMAS and system stakeholders statewide have been working on critical improvements to Virginia's current waiver system for individuals with intellectual and/or developmental disabilities (I/DD). The amendments to the current I/DD waivers have been drafted and should be posted for public comment period in January 2015 and submitted to CMS for approval in February 2016, for implementation July 1, 2016.
  - Proceeds from the sale of surplus and vacated DBHDS facilities are required to be placed into the Behavioral Health and Developmental Services Trust Fund. DBHDS will utilize these funds to develop community capacity to support individuals moving from training centers (Item 307. C.). As of the date of the report, the current balance of \$2,876,979 has been designated for increasing community services. In addition a database of available surplus equipment at the training centers is updated on a monthly basis. This equipment may be transferred to other facilities or will follow specific individuals into the community if specified in the individual's discharge plan as essential.

*Item 307L.1.(iv) the general fund and non-general fund cost of the services provided to individuals transitioning from training centers.(Financial data is updated annually and reported in the second quarter of each fiscal year).*

#### **Expenditure Data, FY 2012 – FY 2014 Discharges**

The three tables below show a summary of actual expenditures for individuals discharged in FY 2012, FY 2013 and FY 2014. 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 delay, DBHDS used actual Medicaid claims data for all individuals that were discharged from training centers. DBHDS calculated the full-year facility expenses for the year prior to the individual's discharge year and full-year community expenses for the year's post the individuals discharge year utilizing the Medicaid claims data. The use of this data permits comparison of full-year expenses

in the facility and in the community for each cohort of individuals. Please note, with this year's update, DBHDS refined the report to exclude all data outliers. Outliers consist of:

- (a) Individuals that show no facility expenditures in the year after their discharge year,
- (b) Individuals that returned to a facility on either a temporary or permanent basis,
- (c) Individuals who were discharged in multiple fiscal years (as a result of 'b'), and
- (d) Individuals for which Medicaid has no claims data.

Excluding these outliers resulted in updates to the displayed community averages. To ensure that the most recent economic trends are being accounted for, DBHDS also reevaluated and updated the algorithm by which housing estimates are calculated. *The numbers represented in the tables below are subject to change pending DMAS review.*

**Table 9: Expenditure Data for individuals discharged in 2012:**

Individuals Discharged in FY 2012 Total Funds				
	FY 2011	FY 2013	FY 2014	FY 2015
# of Discharges - 57				
<b>Total Facility Expenses</b>				
<b>Total Facility Expenses</b>	<b>\$10,949,465</b>			
<b>Total Community Expenses</b>				
Waiver Services Expenses				
Case Management		\$187,085	\$194,921	\$178,922
Congregate		\$4,813,622	\$4,605,512	\$4,228,211
Day Support		\$500,252	\$522,637	\$487,868
Habilitation Services		\$12,815	\$20,966	\$38,973
In-Home Residential		\$0	\$0	\$0
Personal Care		\$0	\$0	\$0
Pre-Voc & Supportive Employment		\$56,257	\$22,359	\$9,062
Skilled Nursing		\$672,122	\$732,882	\$923,668
Other		\$31,003	\$879	\$630
<b>Total Waiver Services Expenses</b>		<b>\$6,273,156</b>	<b>\$6,100,154</b>	<b>\$5,867,333</b>
Other Community Expenses				
Behavioral Health Services		\$24	\$629	\$0
Medical		\$249,836	\$213,943	\$289,801
Private ICF		\$219,312	\$237,284	\$268,360
Room & Board <sup>1</sup>		\$617,917	\$595,849	\$562,746
TDO		\$0	\$1,080	\$0
Transportation <sup>2</sup>		\$100,555	\$96,913	\$91,450
<b>Total Other Community Expenses<sup>3</sup></b>		<b>\$1,187,645</b>	<b>\$1,145,699</b>	<b>\$1,212,358</b>
<b>Total Community Expenses</b>		<b>\$7,460,801</b>	<b>\$7,245,853</b>	<b>\$7,079,691</b>

Average Cost: Facility versus Community Cost Comparison	
FY11 - Year Prior to Discharge (Facility) <sup>3</sup>	\$199,081
FY13 - 1st Year in Community Post Discharge <sup>3</sup>	\$133,229
FY14 - 2nd Year in Community Post Discharge <sup>3</sup>	\$134,182
FY15 - 3rd Year in Community Post Discharge <sup>3</sup>	\$138,817

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

Average Per Resident Cost for all TCs	FY 2013	FY 2014	FY 2015
	\$262,245	\$314,472	\$301,663

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 (\$919.52). This cost includes: house/land, food, utilities, personal supplies, and building repairs and maintenance. For FY14, the calculation was derived using 54 individuals (two individuals were in a facility for the entire year and there are no Medicaid expenses for one individual). For FY 2015, the calculation was derived using 52 individuals (two individuals are back in a facility and there are no Medicaid expenses for three individuals).

- 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.
- 3 Community cost averages have been updated to exclude individuals that either (1) returned to a facility or (2) have no Medicaid data for the year. If an individual was in the facility but also show minimal community expenses, such as medical - expenses for those particular individuals are not represented in the total.

Average and total FY 2011 facility costs exclude two discharged individuals.

Average and total FY 2013 community costs exclude facility charges for one discharged individual.

Average and total FY 2014 community costs exclude three discharged individuals.

Average and total FY 2015 community costs exclude six discharged individuals.

*\*The above expenses do not include expenses incurred locally or by private charities.*

**Table 10 Expenditure Data for individuals discharged in 2013:**

<b>Individuals Discharged in FY 2013 Total Funds</b>			
	<b>FY 2012</b>	<b>FY 2014</b>	<b>FY 2015</b>
<b># of Discharges - 158</b>			
<b>Total Facility Expenses</b>			
<b>Total Facility Expenses</b>	<b>\$30,662,165</b>		
<b>Total Community Expenses</b>			
Waiver Services Expenses			
Case Management		\$429,348	\$419,226
Congregate		\$9,335,718	\$9,034,738
Day Support		\$1,325,227	\$1,368,270
Habilitative Services		\$91,103	\$139,700
In-Home Residential		\$27,294	\$0
Personal Care		\$0	\$0
Pre-Voc & Supportive Employment		\$47,557	\$43,010
Skilled Nursing		\$412,990	\$448,205
Other		\$89,326	\$37,586
<b>Total Waiver Services Expenses</b>		<b>\$11,758,562</b>	<b>\$11,490,735</b>
Other Community Expenses			
Behavioral Health Services		\$39,570	(\$223)
Medical		\$734,787	\$636,554
Private ICF		\$4,679,582	\$5,138,711
Room & Board <sup>1</sup>		\$1,544,794	\$1,511,691
TDO		\$0	\$0
Transportation <sup>2</sup>		\$219,426	\$215,384
<b>Total Other Community Expenses<sup>3</sup></b>		<b>\$7,218,159</b>	<b>\$7,502,117</b>
<b>Total Community Expenses</b>		<b>\$18,976,721</b>	<b>\$18,992,852</b>

<b>Average Cost: Facility versus Community Cost Comparison</b>	
FY12 - Year Prior to Discharge (Facility) <sup>3</sup>	\$199,105
FY14 - 1st Year in Community Post Discharge <sup>3</sup>	\$135,548
FY15 - 2nd Year in Community Post Discharge <sup>3</sup>	\$138,634

<b>Average Per Resident Cost for all TCs</b>	<b>FY 2010</b>	<b>FY 2011</b>	<b>FY 2012</b>
	\$184,479	\$203,997	\$224,463

<b>Average Per Resident Cost for all TCs</b>	<b>FY 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>
	\$262,245	\$314,472	\$301,663

- 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 (\$919.52). The same estimate as the previous year was used this cost includes: house/land, food, utilities, personal supplies, and building repairs and maintenance.
- 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.

3 Community cost averages have been updated to exclude individuals that either (1) returned to a facility or (2) have no Medicaid data for the year. If an individual was in the facility but also show minimal community expenses, such as medical - those expenses for those particular individuals are not represented in the total.

Average and total FY 2012 facility costs were calculated excluding four discharged individuals.  
 Average and total FY 2014 community costs exclude 18 discharged individuals.  
 Average and total FY 2015 community costs exclude 21 discharged individuals.

*\*The above expenses do not include expenses incurred locally or by private charities.*

**Table 11 Expenditure Data for individuals discharged in 2014:**

Individuals Discharged in FY 2014 Total Funds		
	FY 2013	FY 2015
<b># of Discharges - 187</b>		
<b>Total Facility Expenses</b>		
<b>Total Facility Expenses</b>	<b>\$51,341,867</b>	
<b>Total Community Expenses</b>		
Waiver Services Expenses		
Case Management		\$505,749
Congregate		\$11,483,920
Day Support		\$1,498,616
Habilitative Services		\$228,083
In-Home Residential		\$25,447
Personal Care		\$6,197
Pre-Voc & Supportive Employment		\$10,287
Skilled Nursing		\$1,687,714
Other		\$140,495
<b>Total Waiver Services Expenses</b>		<b>\$15,586,507</b>
Other Community Expenses		
Behavioral Health Services		\$14,004
Medical		\$961,170
Private ICF		\$3,967,634
Room & Board <sup>1</sup>		\$1,699,273
TDO		\$1,080
Transportation <sup>2</sup>		\$249,182
<b>Total Other Community Expenses<sup>3</sup></b>		<b>\$6,892,342</b>
<b>Total Community Expenses</b>		<b>\$22,478,849</b>
<b>Average Cost: Facility versus Community Cost Comparison</b>		
FY13 - Year Prior to Discharge (Facility) <sup>3</sup>		\$282,098
FY15 - 1st Year in Community Post Discharge <sup>3</sup>		\$145,967

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

Average Per Resident Cost for all TCs	FY 2013	FY 2014	FY 2015
	\$262,245	\$314,472	\$301,663

- 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 (\$919.52). The same estimate as the previous year was used this cost includes: house/land, food, utilities, personal supplies, and building repairs and maintenance.
- 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.
- 3 Community cost averages exclude individuals that either (1) returned to a facility or (2) have no Medicaid data for the year. If an individual was in the facility but also show minimal community expenses, such as medical - those expenses for those particular individuals are not represented in the total.

Average and total FY 2013 facility costs were calculated to exclude five discharged individuals.  
 Average and total FY 2015 community costs were calculated to exclude 33 discharged individuals.

*\*The above expenses do not include expenses incurred locally or by private charities.*

*Item 307 L.1.(v) the use of increased Medicaid reimbursement for congregate residential services to meet exceptional needs of individuals transitioning from state training centers, provided in item 301, paragraphs III.*

The Centers for Medicare & Medicaid Services approved a 25 percent rate increase for ID waiver congregate residential services to address the needs of individuals who have more challenging medical and behavioral situations. This rate increase went into effect November 1, 2014. These rates have enabled individuals with complex needs who reside in Virginia's training centers to receive supports to move to community placements. In addition, these have enabled other individuals to receive services from community providers with expertise in meeting complex needs.

*Item 307L.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.*

Per the legislative requirement, DBHDS conducted a comprehensive survey in the fall of 2015, six months prior to the anticipated closing of NVTC in March of 2016. Appendix A contains data detailing the projected support need for each individual residing at NVTC as of November 10, 2015.

Appendix B 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 tables in Appendix A and B reflect the aggregated need and capacity available. DBHDS does not utilize the tables to match individuals and providers. In addition, the tables do not contain data on vacancy rates or provider capacity.

*Item 307 L.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 DBHDS Commissioner or 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: [www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/doj-settlement-agreement](http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/doj-settlement-agreement).

The second quarter FY 2015 Settlement Agreement Stakeholder group took place September 30, 2015. Former Commissioner Ferguson continued visits to state training centers, CSBs, providers and partners in the second quarter of Fiscal Year 2015. Dr. Ferguson presented at the subcommittee meeting held at NVTC on September 2, 2015 and met with a number of families before and after the presentation. Interim Commissioner Dr. Jack Barber will be continuing these visits to each of the training centers.

*Item 307 L.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.*

### **Summary of Community Provider Expansion Efforts**

- 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, inclusive of new services and a new rate structure, will stimulate the capacity required. These changes are dependent upon federal approval which is not anticipated until early 2016. Given this timing, the waiver changes are seen as a long-term solution to address regional and statewide capacity issues. The revisions to the waivers will assist in developing services around the individuals living at SWVTC and CVTC as the training centers approach their scheduled closures in 2018 and 2020, respectively.
- The waiver will not be implemented in time to support the individuals moving out of NVTC before its scheduled closure; therefore, the use of bridge funding, exceptional rate monies, housing funds, and grants are available to fill gaps and provide additional supports, as needed, to individuals moving from NVTC into the community.
- DBHDS identified and described in detail in the training center closure plan the specific community capacity and resources required to transition individuals from NVTC to the community by January 2016 and before the closure date of March 2016.
- DBHDS identified one-time resources to provide Bridge funding for one time transitional costs as well as funding for direct services which are not currently covered in the existing ID waiver. Additional resources will be needed to implement the revamped waivers with the new rate structures, for one time transitional expenses.
- DBHDS continues to move forward with implementation of community development strategies and evaluating their impact on improving community capacity in each quarterly

update. DBHDS continues to work with community providers to increase capacity including the development of small congregate settings. In addition, DBHDS is also working with housing agencies and local CSBs to enhance access to supported living environments including the development of independent living options. DBHDS continues to monitor the development of community capacity in the SWVTC and CVTC regions and provide updates in the quarterly reports.

- DBHDS Housing Initiatives:

- *Rental Choice VA Update*

- DBHDS continues to administer the Rental Choice VA program which provides rental assistance to individuals with I/DD who want to live in their own home. DBHDS has seen an increase in the interest level of individuals in the target population; however, some families have expressed concerns about the limited duration of the rental assistance. To date, 14 individuals have moved into their own homes and there are approximately eight others that are in various stages of the application/housing location process. DBHDS has disbursed the remaining \$460,000 to the Virginia Beach and Fairfax CSBs to cover rental assistance in FY16. The Rental Choice program was funded with an allocation of \$800,000 as a demonstration pilot on how to increase independent living in these two communities.
- Please see table below for an update regarding housing outcomes resulting from the Rental Choice VA pilot program.

Total number of rental subsidies available through Rental Choice VA	18
<b>Number of individuals in settlement agreement target population living in rental housing</b>	<b>14</b>

- *VHDA Housing Choice Voucher Program Admissions Preference*

- On October 1, 2014, the Virginia Housing Development Authority (VHDA) received U.S. Department of Housing and Urban Development (HUD) approval to establish a tenant selection preference for persons with I/DD. To date, DBHDS has received 321 referrals from I/DD support coordinators and made 192 referrals to VHDA under this initiative. An additional 87 referrals have been made possible because local public housing authorities/voucher programs are willing to absorb the individuals in the target population into their local programs.

Total number of rental subsidies available from VHDA Housing Choice Voucher program	97
Number of referrals received by DBHDS (Most referrals received are from areas outside of VHDA program limits)	321
Number of referrals made to VHDA (since November 21, 2014)	192
<b>Number of individuals in settlement agreement target population living in rental housing</b>	<b>48</b>

**DBHDS Referrals to VHDA – Transferred with the Individual to another jurisdiction by VHDA (83 referrals)**

	<b>Active Referrals</b>
<b>TOTAL number of referrals to VHDA – Transferred to another jurisdiction by VHDA</b>	<b>83</b>
Number of individuals searching for housing	75
<b>Number of individuals in rental housing</b>	<b>8</b>

<b>TOTAL - Number of individuals with I/DD living in their own housing</b>	<b>56</b>
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**Public Housing Authorities with Approved HUD Waiver for Admission Preference for the Target Population**

<b>Total and projected number of housing options</b>	<b>218</b>
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*Item 307 L.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 L.1.*

DBHDS continues 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 are operated as the Developmental Disability Health Support Network (DDHSN). Progress made in the past quarter includes:

***Dental***

- DBHDS signed contracts with Federally Qualified Health Centers (FQHC) in HPR IV that agreed to provide fixed rate services to individuals who have not had routine dental services since the closure of Southside Virginia Training Center (SVTC). Dental support services remain available at Hiram Davis Medical Center to supplement expanding community capacity.

- DBHDS plans similar efforts to initiate a flat rate dentistry pilot in HPR II. In the interim, the NVTC dental infrastructure will remain intact and continue to provide dental care for one to three years until adequate community capacity is established. DBHDS will relocate the dental clinic at NVTC before March 30, 2016.
- To raise awareness of oral health care needs of individuals with I/DD, DBHDS was a co-sponsor of the Virginia Oral Health Summit held in November 2015. The Summit focus was, “Achievable Wellness: Engaging Communities and Clinicians for Better Health.”

### ***Community Nursing***

- Routine community-based nursing meetings continue to be held across the Commonwealth. Attendees are private and public nurses with expertise working with individuals with I/DD who are not employed by a DBHDS facility. The purpose of these meetings is multi-dimensional: to share common opportunities and challenges; to evaluate current Board of Nursing directives and develop plans for revising these directives to ensure a community-centric focus; and to establish evidence informed and/or best practice standards across the five regions. Attendees include primarily registered nurses (RNs) and licensed practical nurses (LPNs). Other attendees include certified nursing assistants and providers have attended the 20 meetings held to date throughout HPRs I, II, III and IV. The first meeting for HPR V will occur in December 2015. Three additional community-based meetings are scheduled in HPR IV, HPR I and HPR II meetings prior to January 1, 2016.

### ***Mobile Rehab Engineering Pilot***

- Mobile Rehab Engineering (MRE) provides trained technicians including rehab engineers to make repairs to durable medical equipment used by individuals with I/DD living in the community. Examples of such durable medical equipment include wheelchairs, walkers, shower chairs and stair lifts. Many of these residents have routinely traveled to a training center to have repairs on their wheelchairs or other personal durable medical equipment. The services are available through the MRE pilot in HPRs I, II, IV, and V. From February 2015 to October 2015, a total 120 repairs have been made on various types of equipment used by individuals with I/DD living in the community. In addition to providing repairs, the teams provide education on wheelchair safety, proper seating in a wheelchair and on equipment maintenance.
- DBHDS is exploring the sharing of resources and expertise with other agencies that are serving a variety of individuals in the community who are in need of rehabilitation equipment as services shift from the training centers into the community. In September 2015 RN care consultants from DBHDS and the Department of Aging and Rehabilitative Services rehab manager visited the Foundation for Rehabilitation Equipment Endowment (F.R.E.E) Center in Williamsburg located at Sentara Williamsburg Hospital to learn about their program and share ideas.

## Appendix A: Supports Needs of Individuals at NVTC – November 15, 2015

NVTC Census = 43 Individuals (November 15, 2015)

	Service/Support Needed for Successful Community Placement	Number of individuals who need these services
1	Supported Employment	5
2	Prevocational	4
3	Day Support	34
4	Residential	43
	Residential preference not documented	0
5	Group Home	33
6	Sponsored Home	2
7	In Home Supports	1
8	Supported Living	0
9	ICF	7
10	Skilled Nursing	6
11	24 hour Nursing (LPN or RN)	8
12	Nursing Support	2
13	Personal Assistance	1
14	Companion	0
15	Respite	1
16	Therapeutic Consultation	17
<b>Chronic Medical Conditions Requiring Additional Support</b>		
17	Blood Pressure	3
18	Diabetes	0
19	Seizures	15
20	VNS	0
21	Diastat Protocol	4
22	Ataxia	0
23	Tube Feedings Gravity Drip	0
24	Tube Feedings Pump	4
25	Tube Feedings Bolus	3
26	Urinary Catheterization	3
27	Colostomy	1
28	Cardiac Condition	2
29	Medications G-Tube	4
30	Medications Port-A-Cath	0
31	Skin Care for Breakdown, Dry Skin, Dermatitis, Dandruff	7
32	Oxygen Continuous	1
33	Oxygen at Night	1
34	Suctioning	1
35	Constipation	43
36	Chronic Rhinitis/Pneumonia	1
37	Dysphagia	9
38	Thyroid Dysfunction	1
39	Osteoporosis	7
40	Weight Instability	11
41	GERD (reflux)	4

42	Arthritis	2
43	Teeth/gums issues	5
44	Cerumen in Ears (wax)	1
45	Hypothermia	1
46	Other	7
47	Not applicable	0
<b>Intensive Medical Monitoring or Care</b>		
48	Feeding tube (Nurse provision or supervision required)	2
49	Tracheotomy	1
50	Respiratory	1
51	Sleeping/e.g., C-Pap	0
52	Occupational Therapy	11
53	Physical Therapy	10
54	Speech/Language Therapy	9
55	Feeding	5
56	Skin Care	4
57	Special Medical Equipment or Devices	13
58	Assistance with Med Administration	43
59	Ear, Nose & Throat	0
60	Psychiatric	13
61	Intensive PICA (eating inedible objects)	4
62	Dehydration	6
63	Impaction	4
64	Aspiration Pneumonia	3
65	Wheelchair accessible residence required	21
66	Other	5
67	Medical needs not applicable	0
<b>Behavioral Support</b>		
68	Externally directed destructiveness (e.g., assault/injury, property destruction, stealing)	10
69	Self-directed destructiveness	8
70	Emotional outbursts, anger, yelling	9
71	Sexual aggression or inappropriate sexual behavior	2
72	PICA (eating inedible objects)	5
73	Substance abuse	0
74	Wandering	7
75	Symptoms related to mental health diagnosis	7
76	Other behavioral concerns	14
77	Behavioral concerns not applicable	0

\*Some individuals choose both prevocational and Day Support

**Appendix B: Number of Providers Identifying Services Offered  
(Self-Reported), by Region (November 15, 2015)**

	<b>Service/Support Provided</b>	<b>Number of Providers (All Regions)</b>	<b>Number of Providers (Region 1)</b>	<b>Number of Providers (Region 2)</b>	<b>Number of Providers (Region 3)</b>	<b>Number of Providers (Region 4)</b>	<b>Number of Providers (Region 5)</b>
1	Supported Employment	70	16	11	18	23	18
2	Prevocational	70	13	12	14	26	19
3	Day Support	187	25	27	38	74	64
4	Residential	469	45	42	83	171	217
5	Group Home	396	49	45	67	142	180
6	Sponsored Home	77	17	11	21	33	34
7	In Home Supports	110	16	21	28	36	43
8	Supported Living	56	8	13	10	19	23
9	Skilled Nursing	75	7	18	7	20	38
10	Personal Assistance	108	11	25	20	32	42
11	Companion	63	9	23	14	17	24
12	Respite	141	16	29	32	51	56
13	Behavior Consultation (Therapeutic Consultation is included)	64	13	10	12	30	24
14	ICF	23	4	4	8	5	10
15	HPR I - total	67	67				
16	HPR II -total	76		76			
17	HPR III - total	105			105		
18	HPR IV - total	219				219	
19	HPR V - total	244					244
20	Willing to expand an existing service	379	38	52	70	143	163
21	Willing to develop and or add a service	378	41	48	63	138	174
52	Feeding tube (Nurse provision or supervision required)	192	22	32	32	79	83
53	Tracheotomy	1	0	0	0	0	1
54	Respiratory						
55	Sleeping/e.g., C-Pap	230	28	30	56	78	99
56	Occupational Therapy	1	0	1	0	0	0
57	Physical Therapy	1	0	1	0	0	0

<b>58</b>	Speech/Language Therapy	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>59</b>	Feeding	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>
<b>60</b>	Skin Care						
<b>61</b>	Special Medical Equipment or Devices						
<b>62</b>	Assistance with Med Administration						
<b>63</b>	Ear, Nose & Throat						
<b>64</b>	Psychiatric						
<b>65</b>	Intensive PICA (eating inedible objects)						
<b>66</b>	Dehydration						
<b>67</b>	Impaction						
<b>68</b>	Aspiration Pneumonia						
<b>69</b>	Wheelchair accessible residence required						
<b>70</b>	Other						
<b>71</b>	Medical needs not applicable						