



# COMMONWEALTH of VIRGINIA

JACK BARBER, M.D.  
INTERIM COMMISSIONER

DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797  
Richmond, Virginia 23218-1797

Telephone (804) 786-3921  
Fax (804) 371-6638  
[www.dbhds.virginia.gov](http://www.dbhds.virginia.gov)

April 1, 2016

The Honorable Thomas K. Norment, Jr., Co-chair  
The Honorable Emmett W. Hanger, Jr., Co-chair  
Senate Finance Committee  
10th Floor, General Assembly Building  
910 Capitol Street  
Richmond, VA 23219

Dear Senator Norment and Senator Hanger:

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



# COMMONWEALTH of VIRGINIA

JACK BARBER, M.D.  
INTERIM COMMISSIONER

DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797  
Richmond, Virginia 23218-1797

Telephone (804) 786-3921  
Fax (804) 371-6638  
[www.dbhds.virginia.gov](http://www.dbhds.virginia.gov)

April 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.*”

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

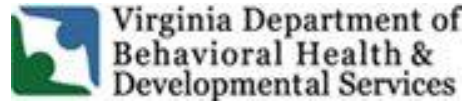
Sincerely,

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

Jack Barber, M.D.

Enc.

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



**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**

**April 1, 2016  
(3rd 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>6</b>
<b>Appendices</b>	
<b>Appendix A: Supports Needs of Individuals at SWVTC</b>	<b>20</b>
<b>Appendix B: Number of Providers Identifying Service Offered     (Self-Reported), by Region</b>	<b>22</b>
<b>Appendix C: Expenditure Data, FY 2012 – FY 2014 Discharges</b>	<b>24</b>

## INTRODUCTION

The Department of Behavioral Health and Developmental Services (DBDS) files a quarterly report concerning the closure of state operated Intermediate Care Facilities (ICFs) referred to by the Commonwealth as training centers and the transition of residents into the community. This report covers the period of January 1, 2016 to March 30, 2016. In October 2011, DBHDS began to actively engage individuals at the training centers to prepare to move into community settings and to develop community capacity. The Commonwealth subsequently proposed in January 2012 the closure of four of the five training centers. As of March 28<sup>th</sup>, 2016, the census at the training centers is 377 and community capacity continues to increase across the state to meet the needs of individuals leaving the training centers. DBHDS with the Department of Medical Assistance Services (DMAS) have completed redesign of the Medicaid I/DD Waivers which in January were posted for public comment until February 29, 2016.

### **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 non-general 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. As of January 22<sup>nd</sup>, 2016 all residents of Northern Virginia Training Center (NVTC) have moved to their new homes. NVTC will complete the closure process by March 2016. Southwest Virginia Training Center (SWVTC) and Central Virginia Training Center (CVTC) are on schedule to close on the target dates as noted below.

**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 free up resources to serve more individuals in community-based settings; the average cost of supporting individuals in training centers in FY 2015 was \$294,263 per person per year, up from \$261,000 in FY 2013. The cost per person is projected to continue to increase due to the fixed costs allocated to a declining census in the facilities as well as discharges and natural deaths. The average cost of supporting former residents who have moved into community homes since 2011 is \$138,279.

- Based on current census trends at the training centers and the requests of representatives of residents at SWVTC and CVTC, Virginia will be able to meet all resident’s needs statewide with one training center -- SEVTC. Few individuals are seeking admission to a training center, and generally when sought is due to a crisis. Prior to considering a respite (under 21 days) or an emergency admission, all community resources are considered, including the community based crisis program-REACH. As evidenced below, census among the training centers has decreased 78 percent since FY 2000 when the statewide census was 1,745. (Table 2);

**Table 2: Training Center Census Changes, 2000 – 2016**

Name	2000 Census	March 2010	June 2011	June 2012	June 2014	June 2015	February 2016	% 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	0	100%
Southwestern (SWVTC) Closure Date: 2018	218	192	181	173	144	124	109	50%
Central (CVTC) Closure Date: 2020	679	426	381	342	288	233	210	69%
Southeastern (SEVTC) Remains Open	194	143	123	104	75	69	68	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>387</b>	<b>78%</b>

**Table3: Training Center Median Age of Residents 2016**

Table 3 compares the median age of training center residents at each of the current training centers with the median age of individuals on the waivers and on the waiver waiting list. Individuals on the waivers or waiting lists have waived ICF level of care, which is the level of care provided by training centers. Overall, the median ages of the residents of the training centers are significantly greater than individuals waiting for community services.

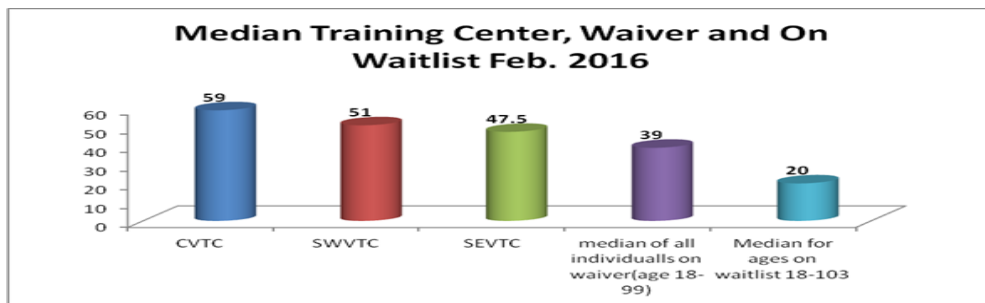
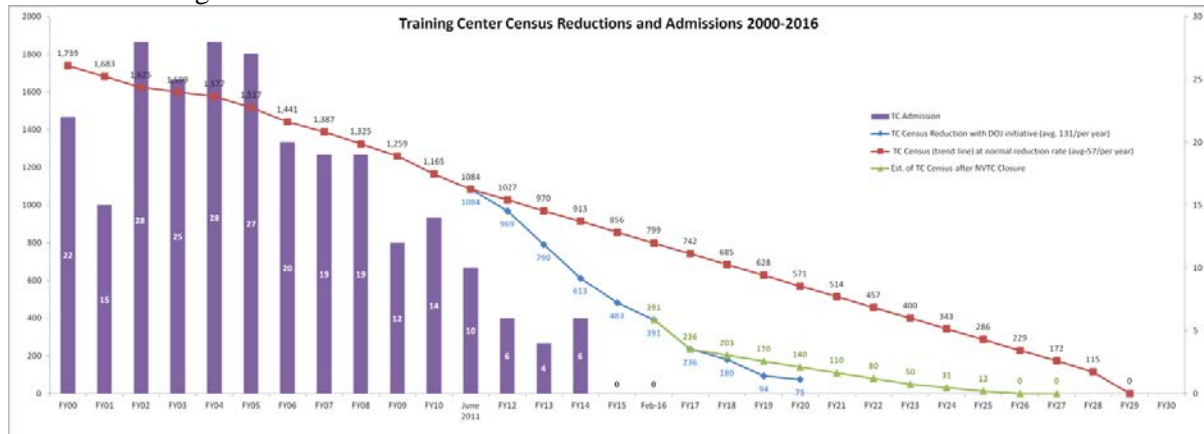


Table 4 provides information related to admissions and census reduction. Due to natural deaths of an aging population and few or no admissions in most years, all three lines in Table 4 indicate that the census will continue to decrease. Even without enhanced efforts to assist individuals in moving to more integrated settings, the TC census would have continued to decline significantly due to natural deaths and routine discharges even without the significant work to open up community services. Assuming no admissions from the community, the chart demonstrates that the census would have approached zero by 2029.

- The bars refer to number of admissions prior to 2014.
- The red line is the trend line of census reduction from 2000 that would have resulted in continued downsizing from 2011 if the Commonwealth had not actively begun engaging individuals to move with the announced closing of four centers.
- The blue line tracks the resulting decrease in the census with the active engagement of residents.
- The green line projects the census should the Commonwealth delay closures based upon the individuals whose accountable representatives/guardians currently indicate their choice to only receive care in a training center.

Table 4: Training Center Census Reductions and Admissions 2000-2016



### 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 5-6 below show where training center individuals and their authorized representatives are in the process of selecting placement options as of February 5, 2016.

**Table 5: Discharge Status, SWVTC, as of February 5, 2016**

Category	Status (As of February 5, 2016)	Number of SWVTC 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	2
3	Individuals in the process of touring potential providers, but have not yet chosen a provider placement	11
4	Individuals have not yet had an initial discharge meeting, but scheduled to move in FY 2016	3
5	Individuals are not in active discharge process yet, but do not have needs that require additional capacity	13
6	Individuals who have needs that require additional capacity	75
	<b>Total Number of Residents</b>	<b>109</b>

**Table 6: Discharge Status, CVTC, as of February 5, 2016**

Category	Status (As of February 5, 2016)	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	14
3	Individuals are in the process of touring potential providers, but have not yet chosen a provider placement	39
4	Individuals scheduled to move in FY2016, but have not yet had an initial planning meeting	9
5	Individuals not in the active discharge process yet, but do not have needs that require additional capacity	104
6	Individuals selected a provider, but new construction or renovations are still in process	10
7	Individuals with needs that may require additional capacity or funding	26
	<b>Total Number of Residents</b>	<b>210</b>

Consistent with requirements in the settlement agreement with DOJ, training center social workers contact families at least quarterly, to assess their receptivity to long-term placement in the community. This contact enables DBHDS to project future discharges and capture information related to 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.
Not Yet: 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 February 5, 2016 for individuals living at all three of the training centers. As of the date of this report, 10% 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). 22 % of individuals are actively seeking community placement or willing to participate in the discharge process (category 1).

As indicated in Table 8, 31% of individuals are saying “not yet” to the discharge process (most likely postponing action until closer to the closing date). 37% 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. 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 February 5, 2016**

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	23	36	62	89	210
SEVTC	4	7	26	31	68
SWVTC	10	41	34	24	109
<b>Total</b>	<b>37</b>	<b>84</b>	<b>122</b>	<b>144</b>	<b>387</b>

Table 9 provides information on the development of community services for individuals leaving the training centers. At this point, DBHDS has not recommended the development of any community centers for providing services to individuals leaving the training centers. The Commonwealth closed the behavioral treatment unit (Pathways) at SWVTC in June 2015, as required by the Settlement Agreement. Review of the adult crisis program, REACH, operated by New River Community Services Board (CSB), indicated that currently there is not a need for a second therapeutic treatment home home with the continued expansion of providers with expertise in supporting individuals with behavioral health challenges.

Table 9: Summary of Statewide Training Center Census and Provider Capacity Status (February 5, 2016).

Southwestern Virginia Training Center <i>Closure: 2018</i>	Central Virginia Training Center <i>Closure: 2020</i>	Southeastern Virginia Training Center <i>Remains Open</i>
<ul style="list-style-type: none"> <li>• Current census – 109</li> <li>• Providers – 72</li> <li>• Available options –40</li> <li>• Providers in development – 7</li> <li>• Options in development – 22</li> <li>• RFP awards are expected to be offered to providers willing to develop services in Southwest for intensive behavioral supports by the end of February</li> <li>• Total number of options that are expected to be available by 2018 – 120</li> <li>• Cost per person daily FY16 YTD – \$582.20</li> <li>• Cost per person annually FY 2016 YTD –\$212,503</li> <li>• Projected Census reduction:               <ul style="list-style-type: none"> <li>○ June 2016 – 92</li> <li>○ June 2017 – 42</li> <li>○ June 2018 – 0</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Total ICF and NF Census – 210</li> <li>• CVTC ICF – current census – 162               <ul style="list-style-type: none"> <li>○ Providers –54</li> <li>○ Available options – 105</li> <li>○ Providers in development – 5</li> <li>○ Options in development – 25</li> <li>○ Total number of options that are expected to be available by 2017 – 130</li> <li>○ Cost per person daily FY16 YTD –\$890.32</li> <li>○ Cost per person annually FY 2016 YTD – \$324,967</li> <li>○ Census reduction:                   <ul style="list-style-type: none"> <li>▪ June 2016 – 142</li> <li>▪ June 2017 –100</li> <li>▪ June 2018 – 65</li> <li>▪ June 2019 – 30</li> <li>▪ June 2020 – 0</li> </ul> </li> </ul> </li> <li>• CVTC SN – current census – 48               <ul style="list-style-type: none"> <li>○ Providers – 4</li> <li>○ Available options – 9</li> <li>○ Providers in development – 5</li> <li>○ Options in development – 69</li> <li>○ Total number of options that are expected to be available by 2017 – 78</li> <li>○ Cost per person daily FY 2015 –\$830</li> <li>○ Cost per person annually FY 2015 – \$302,979</li> <li>○ Projected Census reduction:                   <ul style="list-style-type: none"> <li>▪ June 2016 – 45</li> <li>▪ June 2017 – 34</li> <li>▪ June 2018 –22</li> <li>▪ June 2019 – 0</li> </ul> </li> </ul> </li> <li>• Total number of options that are expected to be available by 2017 – 208</li> </ul>	<ul style="list-style-type: none"> <li>• Current census – 68</li> <li>• Providers – 20</li> <li>• Available options – 27</li> <li>• Providers in development –2</li> <li>• Options in development – 6</li> <li>• Total number of additional options that will be available by 2017 – 33</li> <li>• Cost per person daily FY 16 YTD – \$915.72</li> <li>• Cost per person annually FY 2016 YTD –\$334,238</li> <li>• Projected Census reduction:               <ul style="list-style-type: none"> <li>○ June 2016 – 62</li> <li>○ June 2017 – 52</li> <li>○ June 2018 – 46</li> <li>○ June 2019 – 40</li> <li>○ June 2020 –40</li> </ul> </li> </ul>

*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:

- Excess licensed residential capacity in the Capital region around Richmond and Petersburg, enabled the successful closure of SVTC in May 2014.
- The successful development of services and providers in the Northern Virginia Region enabled the transition of all NVTC residents to their new homes. As of January 22, 2016 all residents have moved from NVTC. Of the 142 residents who have moved, 108 remained in the DMAS Northern Virginia region, 34 moved to other areas including

three individuals who continued to choose Intermediate Level of Care in a state operated ICF Training Center.

- The Southwest region is in the process of actively developing additional providers. A request for proposals (RFP) successfully secured providers with whom agreements are being finalized to provide funding for increasing community capacity. The RFP awards require the providers to work with DBHDS, SWVTC and residents authorized representatives to develop homes and supports around the needs of each individual. With the RFP process as well as existing providers expanding services, DBHDS will establish the needed behavioral supports, day supports, community engagement support, specialized residential and supported employment services to meet the needs of all residents as they move from SWVTC. The region's Community Services Boards (CSBs) and DBHDS are coordinating 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.
- 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 (RFP) for community providers to serve individuals with intensive medical supports within a 50 mile radius of CVTC was released by DBHDS in May 2015. Awards have been offered to three providers to expand services adding 45 additional options for individuals with intensive medical needs. DBHDS continues work with the families and providers to develop homes and individualized supports around the needs of each individual.
- The SEVTC census is currently 68. Six additional discharges are projected for this fiscal year and it is expected SEVTC will reach a census of 40 by June 2020 without transfers from either SWVTC or CVTC. SEVTC 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.

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, DMAS and system stakeholders statewide have completed the plan to improve the current waiver system for individuals with developmental disabilities DD (intellectual disabilities are a developmental disability). The amendments to the current ID & DD waivers have been drafted and were posted for public comment on January 29, 2016 and will be submitted to CMS for approval on March 30, 2016. Planned implementation is 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 has proposed how to use these funds to develop community capacity to support individuals moving from training centers (Item 307. C.), including increasing integrated day activities across the state. The current balance is \$2,876,979, \$750,000 has been appropriated by the General Assembly for increasing community capacity s in Southwest Virginia. A database of available surplus equipment at the training centers is updated on a

monthly basis and distributed to other training centers. Individuals leaving training centers are also provided with equipment related to their personal care/treatment needs.

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

In an effort to present the below data in a streamlined and easily referenced format, DBHDS has updated the way in which facility versus community expenditure comparisons are presented. See the simplified tables below.

Table one displays the average cost for individuals that were discharged from the training centers between FY 2012 and FY 2014. When calculating the average of \$237,733, the following assumptions were considered:

- The individuals included were discharged over a three year span (FY 2012 – FY 2014)
- The facility cost represents the DMAS claims received for each individual in the year prior to the individual’s discharge. For example, if an individual was discharged in FY 2014, their facility claims from FY 2013 were used in order to calculate an annualized amount.
- Through FY 2014, there were 402 discharges; however, the facility average calculation only used data from 391 individuals to eliminate outliers.
- The data is not normalized to account for any changes to reimbursements between fiscal years.
- Facility averages are based on DMAS claims data.

**Table 1: Facility Average by Training Center For Individuals Discharged**

<b>Training Center</b>	<b>Total Facility Cost</b>	<b># of individuals</b>	<b>Average/Individual</b>
<b>CVTC</b>	\$ 12,033,698	67	\$ 179,607
<b>NVTC</b>	\$ 9,534,293	37	\$ 257,684
<b>SEVTC</b>	\$ 4,981,769	29	\$ 171,785
<b>SVTC</b>	\$ 62,541,583	231	\$ 270,743
<b>SWVTC</b>	\$ 3,862,154	27	\$ 143,043
<b>Total</b>	<b>\$ 92,953,497</b>	<b>391</b>	<b>\$ 237,733</b>

Table two below displays the average cost in the community for individuals discharged from the training centers between FY 2012 and FY 2014. When calculating the average of \$138,279, the following assumptions were considered:

- The individuals included were discharged over a three year span (FY 2012 – FY 2014).
- The community expenses represent the total community expenses in the year after the individual’s discharge. For example, if an individual was discharged in FY 2014, their community expenses are calculated using claims from FY 2015.
- Through FY 2014, there were 402 discharges; however, the community average calculation only uses data from 350 individuals to eliminate outliers.
- The community expenses do not include the funds dedicated to bridge funding. In FY 2015 bridge funding expenditures totaled approximately \$590,000.

- The community average includes a housing estimate for all individuals discharged to the community on a waiver. 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.
- The community average includes a transportation estimate for all individuals discharged to the community. Individuals discharged on a waiver have monthly transportation capitation payments of \$151.75. All other community discharges were calculated using a monthly capitation payment of \$33.37.
- The data is not normalized to account for any changes to reimbursements between fiscal years.
- The community averages do not account for any expenses associated with individuals discharged out of state.
- The above expenses do not include expenses incurred locally, by private charities, or by families.

**Table 2: Community Average by the Training Center the Individual was Discharged From**

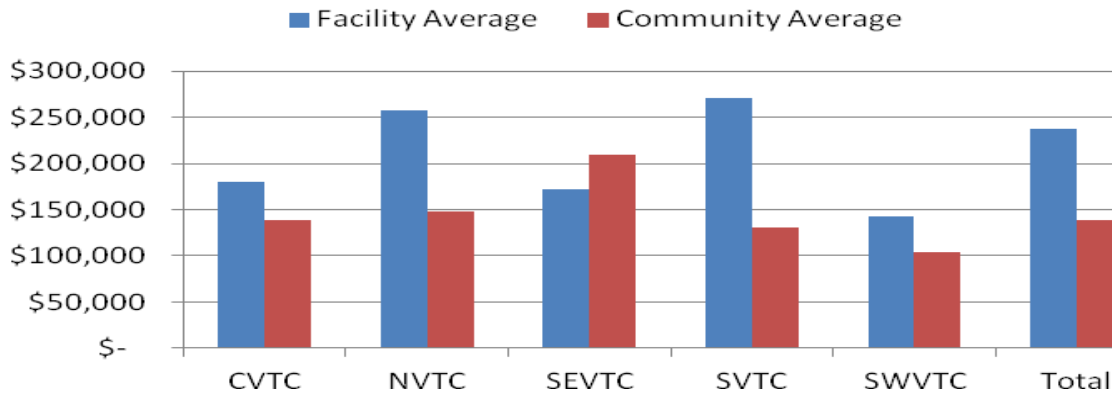
<b>Training Center</b>	<b>Total Community Cost</b>	<b># of individuals</b>	<b>Average/Individual</b>
<b>CVTC</b>	\$ 8,890,698	64	\$ 138,917
<b>NVTC</b>	\$ 5,481,984	37	\$ 148,162
<b>SEVTC</b>	\$ 5,657,961	27	\$ 209,554
<b>SVTC</b>	\$ 25,545,833	195	\$ 131,004
<b>SWVTC</b>	\$ 2,821,284	27	\$ 104,492
<b>Total</b>	<b>\$ 48,397,761</b>	<b>350</b>	<b>\$ 138,279</b>

Table three and the graph shows the facility average versus community average comparison by training center. Please note that the average community cost for most training centers is lower than the average annual facility cost with SEVTC being an exception.

The individuals discharged from SEVTC are realizing higher costs in the community. Through FY 2014, there were 29 discharges from SEVTC. When calculating the community average, data from 27 of these individuals was used. Of the 27 discharges, 22 individuals moved to a private ICF where the average annual cost is significantly higher than that of an individual moving to other community settings. Two individuals have moved from SEVTC since July 2015, one to a community ICF and one to a community waiver funded group home. Recall, facility averages in table three are based on DMAS claims data.

**Table 3: Cost Comparison by Training Center with Data Graphed Below**

<b>Training Center</b>	<b>Facility Average</b>	<b>Community Average</b>	<b>% Change</b>
<b>CVTC</b>	\$ 179,607	\$ 138,917	-22.7%
<b>NVTC</b>	\$ 257,684	\$ 148,162	-42.5%
<b>SEVTC</b>	\$ 171,785	\$ 209,554	22.0%
<b>SVTC</b>	\$ 270,743	\$ 131,004	-51.6%
<b>SWVTC</b>	\$ 143,043	\$ 104,492	-27.0%
<b>Total</b>	<b>\$ 237,733</b>	<b>\$ 138,279</b>	<b>-41.8%</b>



As a basis for comparison please see table four to understand the overall average per resident cost for all training centers. These averages include all facility expenditures whereas the facility averages in the tables above include only DMAS claims. Fluctuations in cost from year to year are also now impacted by the ongoing closing of training centers. SVTC closed in May 2014 which impacted FY 2014 costs.

**Table 4: Average Per Resident Cost (Total Facility Expenditures)**

FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
\$184,479	\$203,997	\$224,463	\$262,245	\$314,472	\$301,663

*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 more intense 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 who have developed or had the expertise to service individuals with more intense needs. The proposed rates for the amended waivers now include a tier approach which will reimburse providers for the cost of serving individuals with more intense behavioral and/or medical support 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.*

DBHDS conducts a quarterly comprehensive survey to identify support needs for each individual residing in the next training center scheduled to close. SWVTC is scheduled to close in June

2018. Appendix A contains data detailing the projected support needs for each individual residing at SWVTC as of February 5, 2016.

Appendix B shows the number of providers by region, the services they provide, and their willingness to expand existing services or add a service with appropriate funding. 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 third quarter FY 2016 Settlement Agreement Stakeholder meeting is scheduled for March 29, 2016.

*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**

- 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 anticipated in the fourth quarter of Fiscal Year 2016. The revisions to the waivers proposes increased rates which will enable providers to meet the needs of all individuals living at SWVTC and CVTC as the training centers approach their scheduled closures in 2018 and 2020, respectively.



- 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 smaller 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 (see “barriers to discharge” beginning on page 8).

**DBHDS Housing Initiatives:**

- **Rental Choice VA Pilot Program - Update**

- DBHDS continues to partner with the Virginia Beach and Fairfax CSBs that are administering the Rental Choice VA pilot program. This pilot program provided time limited rental assistance to individuals with Intellectual and/or Developmental Disabilities (I/DD) who are in the DOJ target population, with 18 individuals served.

- **Housing Choice Voucher Admissions Preference – Update**

- DBHDS and its state, regional and local partners have been working collaboratively to increase the number of housing options available to people in the DOJ target population[1]. Included below is an update related to the number of people in the target population that are living in their own homes.

- **Independent Housing - Data as of: 1/28/16**

- Baseline # of People in Target Population Living in their own home (as of July2015):
  - 343
- Number of People in Target Population Living in their own home (after July 2015)
  - 79
- **TOTAL # of People in Target Population Living in their own home**
  - **422**
- # of Rental Subsidies Allocated/Set-Aside to Target Population
  - 200
- # of individuals in Application/Voucher Intake/Housing Search Process
  - 71

- Chart 1 below provides an update regarding the number of Public Housing Authorities that have requested or either plan to request an admission preference for the target population of individuals with I/DD.

<b>Chart 1: HUD Approved Admission Preference (13 PHAs)</b>		
<b>PHA</b>	<b>Public Housing or Housing Choice Voucher/# HCV</b>	<b>Implementation Date</b>
Accomack-Northampton	HCV Preference	Feb-2016
Harrisonburg	HCV Preference	Jan-2016
James City	HCV Preference	Mar-2016
People Inc.	HCV Preference	Oct-2015
Franklin	Public Housing Preference	Future Date TBD
Petersburg	Public Housing Preference & HCV Preference	Jan-2016
Alexandria	HCV Set-aside/ <b>8</b>	Future Date TBD
Danville	HCV Set-aside/ <b>25</b>	Dec-2015
Hampton	HCV Set-aside/ <b>25</b>	Jan-2016
Newport News	Pending Approval-HCV Set-aside/12	Future Date TBD
Richmond	HCV Set-aside/ <b>20</b>	Oct-2015
Roanoke	HCV Set-aside/ <b>10</b>	Jul-2015
Virginia Beach	HCV Set-aside/ <b>15</b>	Jul-2015
VHDA	HCV Set-aside/ <b>97</b>	Jul-2014
<b>State Total</b>	<b>200</b>	

- Charts 2 and 3 below provide an update regarding the referral status for individuals that DBHDS has referred to VHDA and local PHAs.

<b>Chart 2: VHDA DOJ Vouchers</b>		
<b>VHDA Set-Aside (2014-2015)</b>	<b>Leased</b>	<b>Searching for Unit</b>
<b>97</b> (8 Referrals Needed)	<b>59</b>	<b>30</b>
<b>Chart 3: DBHDS Referrals Ported Out to Other PHAs by VHDA</b>		
<b>Ported to Named PHA</b>	<b>Active Referrals</b>	
Albemarle	1	
Alexandria	4	
Arlington	4	
Chesapeake	7	
Danville	6	
Fairfax	19	
Lynchburg	1	
Norfolk	24	
Portsmouth	4	
Prince William	7	
Roanoke	1	
<b>Total</b>	<b>78</b>	

- Chart 4 below provides a more detailed update relating to the referral status for individuals that DBHDS has referred to either to Virginia Housing Development Authority or a local Public Housing Authority. The chart also provides information related to the number of referrals has processed since November 2014.

<b>Chart 4 – Detailed Voucher Status and Referral Update</b>	
<b>Voucher Status</b>	<b>Total</b>
Declined Voucher	23
Housing Assistant Payment Contract Executed	2
Household Searching for Housing	32
Housing Quality Standards Assessment of a Unit	5
Ineligible for Voucher	4
Need More Info for Voucher App	3
Unit Occupied	76
Voucher App Recvd/Under Review	20
Voucher Interview Scheduled	10
Voucher Issued	2
<b>Grand Total</b>	<b>177</b>
<b>Health Planning Region</b>	<b># of Referrals made to DBHDS</b>
1	31
2	74
3	44
4	90
5	139
<b>Grand Total</b>	<b>378</b>

*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 participate in a Dental Pilot Program providing fixed rate services to individuals who have not had routine dental services since the closure of Southside Virginia Training Center

(SVTC). Currently, there are 6 participating dental providers, 5 of which are FQHC's and one is a private dental clinic. By the end of January 2016, the HSN had processed approximately 113 referrals to these dental providers and continues to accept referrals. Providing these 113 individuals with dental care not only provides for their basic dental needs but also expands opportunities for dental education for caregivers and individuals.

Recognizing the need for expanded education regarding the provision of oral health care in the community at the level of the home, the HSN RNCCs in conjunction with the Virginia Department of Health (VDH) Special Needs Dentistry is developing and "hands on" a dental care training program targeting Direct Service Professionals. The first training opportunity is expected to be present by the end of March 2016.

Dental support services remain available at Hiram Davis Medical Center to supplement and expand community capacity.

The HSN plans similar efforts to initiate a flat rate dentistry pilot in HPR II. In November of 2015, representatives of the HSN met with the Northern Virginia Dental Coalition which included: the Virginia Oral Health Coalition, representatives from many of the FQHCs and a few free clinic administrators. Preliminary discussions regarding the proposed fixed rate dental pilot project were productive. On February 11, 2016, the next meeting is scheduled to address questions from potential dental providers that are necessary to define the proposed project for HPR II. The NVTC dental clinic closed temporarily on January 31, 2016. Plans are to re-open the clinic in an alternative location using a different service deliver model in April 2016.

### ***Community Nursing***

The first community based nursing meeting for Health Planning Region 5 (HPR V) was held in December 2015 with approximately 45 individuals responsible for the health and safety of individuals in the community in attendance. These community-based nursing meetings continue to be held in all 5 Health Planning Regions (HPR). Attendees are private and public nurses (RN's and LPNs) 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.

*A major focus of everything the HSN does is education and the provision of technical assistance. In December 2015, the 3<sup>rd</sup> presentation of an all day workshop: "Nuts and Bolts of Supporting Individuals with High Medical & Personal Care Needs in a Community Setting" was presented in HPR 1 at ARC of Harrisonburg, VA to help ensure residential and day providers understand how to provide supports for individuals with medical needs and how nursing services can effectively be integrated into the array of community based supports necessary for these individuals.*

### ***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, gait trainers and stair lifts. Many of these residents had to: 1) routinely travel to a training center to have repairs to their wheelchairs, 2) send their wheelchairs out for repairs leaving them without a wheelchair or 3) use a loaner chair that did not provide the necessary supports. This pilot program brings the expertise to them. The services are available through the MRE pilot in HPRs I, II, IV, and V. As of January 2016, a total 130 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 maintenance which includes infection control.

The HSN is exploring the sharing of resources and expertise with other agencies and professionals 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 addition to ongoing collaboration with the Department of Aging and Rehabilitative Services (DARS) and community resources such as the Foundation for Rehabilitation Equipment Endowment (F.R.E.E) Center, the RNCCs and the Mobile Rehab Engineers work with community based Occupation and Physical Therapists to make major seating adjustments and complete evaluations for the individual's purchase of a new wheelchair

### ***Summary***

DBHDS has made significant progress in moving individuals from training centers to more integrated community based care. SVTC and NVTC have succeeded in relocating all individuals. SWVTC and CVTC are on track for closure in June 2018 and 2020 with development of providers for serving individuals in their community of choice.

**Appendix A:**

**Supports Needs of Individuals at SWVTC  
February 5, 2016**

**Census = 109 Individuals**

	<b>Service/Support Needed for Successful Community Placement</b>	<b>Individuals Needing</b>
1	<b>Supported Employment</b>	<b>68</b>
2	<b>Prevocational</b>	<b>16</b>
3	<b>Day Support</b>	<b>24</b>
4	<b>Residential</b>	<b>88</b>
	<b>Residential preference not documented</b>	<b>0</b>
5	<b>Group Home</b>	<b>87</b>
6	<b>Sponsored Home</b>	<b>17</b>
7	<b>In Home Supports</b>	<b>1</b>
8	<b>Supported Living</b>	<b>1</b>
9	<b>ICF</b>	<b>3</b>
10	<b>Skilled Nursing</b>	<b>0</b>
11	<b>24 hour Nursing (LPN or RN)</b>	<b>1</b>
12	<b>Nursing Support</b>	<b>25</b>
13	<b>Personal Assistance</b>	<b>1</b>
14	<b>Companion</b>	<b>3</b>
15	<b>Respite</b>	<b>35</b>
16	<b>Therapeutic Consultation</b>	<b>93</b>
<b>Chronic Medical Conditions Requiring Additional Support</b>		
17	<b>Blood Pressure</b>	<b>8</b>
18	<b>Diabetes</b>	<b>4</b>
19	<b>Seizures</b>	<b>61</b>
20	<b>VNS</b>	<b>0</b>
21	<b>Diastat Protocol</b>	<b>5</b>
22	<b>Ataxia</b>	<b>4</b>
23	<b>Tube Feedings Gravity Drip</b>	<b>0</b>
24	<b>Tube Feedings Pump</b>	<b>0</b>
25	<b>Tube Feedings Bolus</b>	<b>14</b>
26	<b>Urinary Catheterization</b>	<b>3</b>
27	<b>Colostomy</b>	<b>3</b>
28	<b>Cardiac Condition</b>	<b>8</b>
29	<b>Medications G-Tube</b>	<b>13</b>
30	<b>Medications Port-A-Cath</b>	<b>0</b>
31	<b>Skin Care for Breakdown, Dry Skin, Dermatitis, Dandruff</b>	<b>48</b>
32	<b>Oxygen Continuous</b>	<b>0</b>
33	<b>Oxygen at Night</b>	<b>1</b>
34	<b>Suctioning</b>	<b>1</b>
35	<b>Constipation</b>	<b>74</b>
36	<b>Chronic Rhinitis/Pneumonia</b>	<b>41</b>

37	Dysphagia	58
38	Thyroid Dysfunction	23
39	Osteoporosis	37
40	Weight Instability	59
41	GERD (reflux)	27
42	Arthritis	11
43	Teeth/gums issues	2
44	Cerumen in Ears (wax)	4
45	Hypothermia	0
46	Other	45
47	Not applicable	0
<b>INTENSIVE MEDICAL MONITORING OR CARE</b>		
48	Feeding tube (Nurse provision or supervision required)	14
49	Tracheotomy	0
50	Respiratory	4
51	Sleeping/e.g., C-Pap	20
52	Occupational Therapy	17
53	Physical Therapy	38
54	Speech/Language Therapy	35
55	Feeding	14
56	Skin Care	5
57	Special Medical Equipment or Devices	65
58	Assistance with Med Administration	109
59	Ear, Nose & Throat	18
60	Psychiatric	18
61	Intensive PICA (eating inedible objects)	66
62	Dehydration	10
63	Impaction	0
64	Aspiration Pneumonia	1
65	Wheelchair accessible residence required	1
66	Other	49
67	Medical needs not applicable	10
<b>BEHAVIORAL SUPPORT</b>		
68	Externally directed destructiveness (e.g., assault/injury, property destruction, stealing)	58
69	Self-directed destructiveness	53
70	Emotional outbursts, anger, yelling	57
71	Sexual aggression or inappropriate sexual behavior	9
72	PICA (eating inedible objects)	15
73	Substance abuse	0
74	Wandering	17
75	Symptoms related to mental health diagnosis	59
76	Other behavioral concerns	16
77	Behavioral concerns not applicable	2

## Appendix B:

### Number of Providers By Region Identifying Service Offered (Self-Reported) February 5, 2015

	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	72	17	11	19	24	19
2	Prevocational	78	14	12	15	26	20
3	Day Support	189	27	27	38	76	65
4	Residential	469	45	42	83	171	217
5	Group Home	399	50	45	67	145	182
6	Sponsored Home	82	18	12	22	34	35
7	In Home Supports	110	16	21	28	36	43
8	Supported Living	57	8	13	10	21	23
9	Skilled Nursing	76	7	18	7	20	39
10	Personal Assistance	108	11	25	20	32	42
11	Companion	64	9	23	14	17	25
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	77	77				
16	HPR II -total	84		84			
17	HPR III - total	113			113		
18	HPR IV - total	240				240	
19	HPR V - total	262					262
20	Willing to expand an existing service	379	38	52	70	143	163
21	Willing to develop and or add a service	385	43	48	63	141	176
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
58	Speech/Language Therapy	2	0	2	0	0	0
59	Feeding	4	0	0	0	2	2
60	Skin Care						
61	Special Medical Equipment or Devices						
62	Assistance with Med Administration						
63	Ear, Nose & Throat						
64	Psychiatric						
65	Intensive PICA (eating inedible objects)						
66	Dehydration						
67	Impaction						
68	Aspiration Pneumonia						
69	Wheelchair accessible residence required						
70	Other						
71	Medical needs not applicable						

## Appendix C:

### 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 8: 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>				
Total Facility Expenses	\$10,949,465			
<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		\$672,422	\$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 9 Expenditure Data for individuals discharged in 2013:**

Individuals Discharged in FY 2013 Total Funds			
	FY 2012	FY 2014	FY 2015
# of Discharges - 158			
<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>

Average Cost: Facility versus Community Cost Comparison	
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

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 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 10 Expenditure Data for individuals discharged in 2014:**

<b>Individuals Discharged in FY 2014 Total Funds</b>			
	<b>FY 2013</b>		
<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		
<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 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.*