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

July 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,

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

July 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,

Jack Barber, M.D.

Enc.

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

Virginia Department of Behavioral Health & Developmental Services

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

July 1, 2016
(4th Quarter Report – FY 2016)

1220 BANK STREET • P.O. BOX 1797 • RICHMOND, VIRGINIA 23218-1797 PHONE:
(804) 786-3921 • FAX: (804) 371-6638 • WEB SITE: WWW.DBHDS.VIRGINIA.GOV

TABLE OF CONTENTS

INTRODUCTION

The Department of Behavioral Health and Developmental Services (DBDHS) 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 April 1, 2016 to June 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 to assist with transitioning from a dual operation of facility and community programs while developing a unified community based system of services. Savings realized from the facility closures is reinvested for the expansion of community waiver operations. As of June 14th 2016, the census at the training centers is 358 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 (DMAS) have completed redesign of the Medicaid I/DD Waivers which is scheduled for implementation July 1, 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 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. As of March 2016 Northern Virginia Training Center officially closed operations.
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
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 10,500 individuals with intellectual disability (ID) or developmental disabilities (DD) waiting for Home and Community Based waiver services. The movement of individuals from the training centers into the community requires additional community resources. The average cost of supporting individuals in training centers in FY 2015 was $294,263 per person, up from $261,000 in FY 2013. 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 currently $138,279.

- With the current projected downsizing and continued movement of individuals from all the training centers and the projected requests of representatives of residents at SWVTC and CVTC, Virginia will be able to meet requests for Training Center care with SEVTC.

Census among the training centers has decreased eighty percent since FY 2000 when the statewide census was 1,745. (Table 2);

Table 2: Training Center Census Changes, 2000 – June 14th 2016

Name	2000 Census	March 2010	June 2011	June 2012	June 2014	June 2015	June 14th 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	107	57	0	100%
Southwestern (SWVTC) Closure date: 2018	218	192	181	173	144	124	98	55%
Central (CVTC) Closure date: 2020	679	426	381	342	288	233	195	71%
Southeastern (SEVTC) Remains open	194	143	123	104	75	69	65	67%
Total	1,745	1,198	1,084	969	614	483	358	80%

Table 3 provides information related to median age and Table 4 provides admissions and census reduction information. Due to natural deaths of an aging population and few or no admissions, data in Table 4 indicates that the census will continue to decrease. Training Center (TC) admissions have declined with two admissions, one to SEVTC and one to CVTC training centers since 2014. Without enhanced efforts to assist individuals in moving to more integrated settings, the TC census will continue to decline significantly through discharge efforts and natural deaths, with a projection of zero residents by 2029. The bars refer to number of admissions from 2000 to 2016. 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.

Table 3: Median Age of Training Center Residents 2016

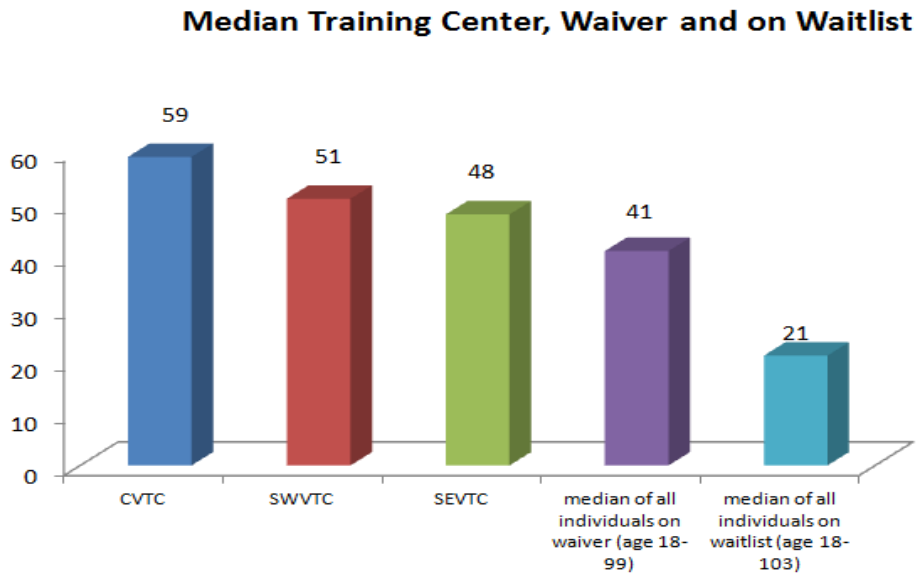
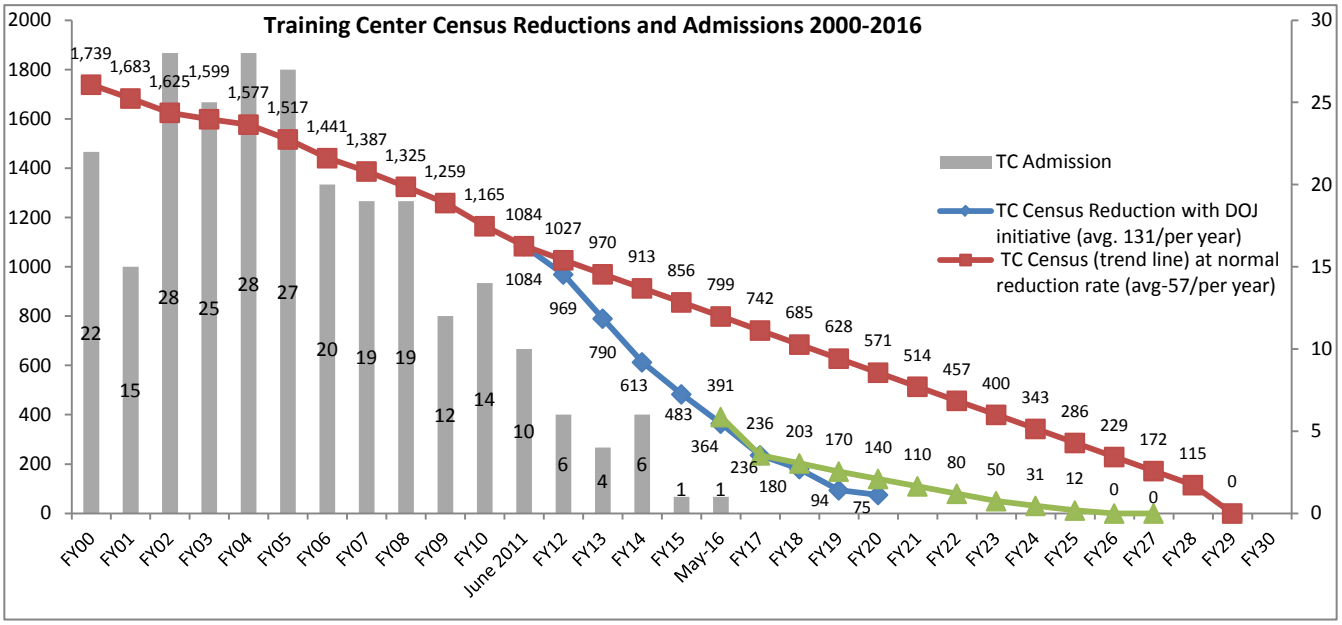


Table 4: Training Center Census Reductions and Admissions 2000-2016



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 June 14, 2016.

Table 5: Discharge Status, SWVTC, as of June 14, 2016

Category	Status (As of June 14, 2016)	Number of SWVTC Residents
1	Residential provider chosen, arrangement for move underway	2
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	12
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	11
6	Individuals who have needs that require additional capacity	70
	Total Number of Residents	98

Table 6: Discharge Status, CVTC, as of June 14, 2016

Category	Status (As of June 14, 2016)	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	6
3	Individual is in the process of touring potential providers, but has not yet chosen a provider placement	48
4	Individual scheduled to move in FY2016, has not yet had initial planning meeting	0
5	Individual not in active discharge process yet, but does not have needs that require additional capacity	99
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	25
	Total Number of Residents	195

The chart above does not delineate between residents residing in ICF units and those living in the skilled nursing facility. As of April, CVTC consolidated residents in the nursing facility from two floors to one floor. Consolidation allows CVTC to more effectively staff the nursing facility. While a retention plan has been implemented for the nursing facility, attrition continues with limited success in recruiting health care professions, specifically nurses. Providers have been identified and awarded funding to develop homes to serve individuals with more intensive medical needs. Of the current 43 residents living in the nursing facility, a projected 39 of the residents can have their needs met and be supported in one of the ten waiver funded homes that the three providers have agreed to develop in the greater Lynchburg area.

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 June 14, 2016 for individuals living at the training centers. As of the date of this report, thirteen 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). Another twenty six percent of individuals are actively seeking community placement or willing to participate in the discharge process (category 1).

As indicated in Table 8, twenty three percent of individuals are saying "not yet" to the discharge process (most likely postponing action until closer to the closing date). Thirty eight 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.

Currently families and representatives for individuals residing at CVTC have expressed reluctance to consider options until the study to explore options for the newer buildings on campus is completed. The families express hopes the study will provide an opportunity for the Training Center to remain open. Prior to the legislature authorizing the CVTC study, DBHDS has routinely 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. DBHDS expects the ratios to change as the census declines across the training centers.

Table 8: Community Integration Preferences Statewide, as of June 14, 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	**27**	**43**	**43**	**82**	**195**
SEVTC	**2**	**4**	**21**	**38**	**65**
SWVTC	**18**	**46**	**17**	**17**	**98**
Total	**47**	**93**	**81**	**137**	**358**

Table 9 provides information on the development of community services for individuals leaving the training centers. The Commonwealth closed the behavioral treatment unit (Pathways) at SWVTC June 30, 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 with the continued expansion of providers with expertise in supporting individuals with behavioral health challenges. DBHDS has awarded funding to develop additional providers to support individuals with behavioral health challenges. Once agreements are executed, the providers will begin accepting referrals. The process of having the funds appropriated and securing the legal documents has resulted in rescheduling planned discharges from fiscal year 2016 to fiscal year 2017.

Table 9: Summary of Statewide Training Center Census and Provider Capacity Status (June 14, 2016).

Southwestern Virginia Training Center *Closure: 2018*			**Central Virginia Training Center** *Closure: 2020*			**Southeastern Virginia Training Center** *Remains Open*		
Current Census		**98**	**Current Census**		**195**	**Current Census**		**65**
• Community Providers		**17**	• **CVTC ICF-current census**		**152**	• Community Providers		**20**
• Available options		**40**	o Comm.		**35**	• Available options		**27**
• Providers in development		**7**	o Available		**105**	• Providers in development		**2**
• Options in development		**35**	o Providers in development		**5**	• Options in development		**6**
• Total number of options that will be available by		**75**	o Options in development		**25**	• Total number of options available by 2017		**33**
• Cost per person daily	FY 16 YTD	**$582.20**	o Total number of options available by 2017		**130**	• Cost per person daily	FY 16 YTD	**$915.72**
• Cost per person annually	FY 16 YTD	**$212,503**	o Cost per person daily	FY 16 YTD	**$890.32**	• Cost per person annually	FY 16 YTD	**$334,238**
Census reduction:			o Cost per person annually	FY 16 YTD	**$324,967**	**Census reduction:**		
o June 2016		**98**	**Census reduction:**			o June 2016		**65**
o June 2017		**42**	o June 2016		**151**	o June 2017		**52**
o June 2018		**0**	o June 2017		**100**	o June 2018		**46**
			o June 2018		**65**	o June 2019		**40**
			o June 2019		**30**	o June 2020		**40**
			o June 202		**0**			
			CVTC SN-current census		**43**			
			• Providers		**4**			
			• Available options		**9**			
			• Providers in development		**2**			
			• Options in development		**24**			
			• Total number of available options by 2017		**33**			
			• Cost per person daily	FY 2015	**$830**			
			• Cost per person annually	FY 2015	**$302,979**			
			Census reduction:					
			o June 2016		**43**			
			o June 2017		**34**			
			o June 2018		**22**			
			o June 2019		**0**			

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 the three individuals who continued to choose Intermediate Level of Care in a state operated ICF Training Center. The NVTC campus officially closed in March 2016.
- 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 for providing startup funds. 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 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 with legal agreements in the process of being finalized. DBHDS continues work with the families and providers to develop homes and individualized supports around the needs of each individual, but at this point many families are deferring implementation of the twelve week discharge process until after December 1, 2016.
- The SEVTC census is currently 65 which include transfers in fiscal year 2016 from NVTC, SWVTC and CVTC. It is expected SEVTC will reach a census of 40 by June 2020 without additional transfers from CVTC.

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.

- The amendments to the current ID, DD, and DS waivers were submitted to CMS for approval on March 30, 2016. DBHDS and DMAS have already responded to some preliminary questions regarding the amendments and anticipate more. CMS approval is anticipated to occur before July 5th, 2016. The ninety day CMS review period ends on the 5th of July, unless CMS requests information that extends out the review period.
- Proceeds from the sale of surplus and vacated DBHDS facilities are required to be placed into the

Behavioral Health and Developmental Services Trust Fund which has current balance of $2,876,979. $750,000 was appropriated by the General Assembly in FY16 to fund development of community providers for individuals with behavioral support needs leaving SWVTC.

- In addition 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 estimate an annualized amount.
- Through FY 2014, there were 402 discharges; however, the facility average calculation only used data from 391 individuals to eliminate outliers (including but not limited to, individuals that returned to a facility for any duration post discharge, individuals that transitioned out of state, etc.).
- The data is not normalized to account for any changes to reimbursements between fiscal years. Thus, if there were any changes to rates between the years, the expenses reported are based on the actual claims data for the respective fiscal year and does not normalize the data to account for any rate adjustments between the years.
- Facility averages are based on DMAS claims data.

Table 1: Facility Average by Training Center For Individuals Discharged

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

Table two below displays the average cost for individuals that 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 post 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 2015bridge 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

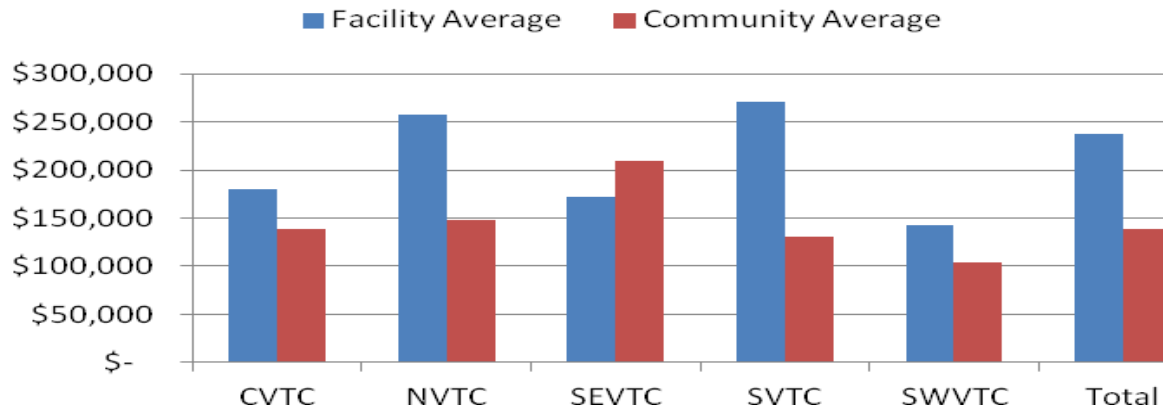
Training Center	Total Community Cost	# of individuals	Average/Individual
CVTC	$ 8,890,698	64	$ 138,917
NVTC	$ 5,481,984	37	$ 148,162
SEVTC	$ 5,657,961	27	$ 209,554
SVTC	$ 25,545,833	195	$ 131,004
SWVTC	$ 2,821,284	27	$ 104,492
Total	**$ 48,397,761**	**350**	**$ 138,279**

Table three 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

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



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.

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 May 15, 2016.

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. 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.

The third quarter FY 2016 Settlement Agreement Stakeholder meeting was held on 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 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 for onetime expenses not covered by the amended waivers will continue to be needed 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 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 10).

- In addition to Bridge funding, DBDHS identified $750,000 in one time funds appropriated from the Trust Fund, which will provide assistance with startup costs. Providers were awarded the grant funding from the $1.5 million RFP to develop services in Southwest Virginia for individuals leaving SWVTC.

DBHDS Housing Initiatives:

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 - Outcomes Table

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)	109
TOTAL # of People in Target Population Living in their own home	**452**

# of Rental Subsidies Allocated/Set-Aside to Target Population	212
# of individuals in Application/Voucher Intake/Housing Search Process	95

Data as of: 5/3/16 Time: 1:01 PM

- 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.

Chart 1: HUD Approved Admission Preference (14 PHAs)

PHA	Public Housing or Housing Choice Voucher/# HCV	Implementation Date	Referral Process
VHDA	HCV Set-aside/**97**	Jul-2014	DBHDS to VHDA
Roanoke City	HCV Set-aside/**10**	Jul-2015	DBHDS to Roanoke
Virginia Beach City	HCV Set-aside/**15**	Jul-2015	DBHDS to Va Beach
Richmond City	HCV Set-aside/**20**	Oct-2015	DBHDS to Richmond
Danville City	HCV Set-aside/**25**	Dec-2015	DBHDS to Danville
Hampton City	HCV Set-aside/**25**	Jan-2016	DBHDS to Hampton
Newport News City	HCV Set-aside/**12**	May-2016	DBHDS to Newport News
Alexandria City	HCV Set-aside/**8**	Jan-2016	DBHDS to Alexandria
People Inc.	HCV Preference	Oct-2015	DBHDS to People, Inc.
Harrisonburg City	HCV Preference	Jan-2016	DBHDS to Harrisonburg
Petersburg City	Public Housing Preference (PH) & HCV Preference	Jan-2016	DBHDS to Petersburg

Accomack-Northampton Co	HCV Preference	Feb-2016	DBHDS to Accom-NHpt
James City County	HCV Preference	Mar-2016	DBHDS to James City
Franklin City	Public Housing Preference (PH)	No constructed units yet	DBHDS to Franklin
State Total Set-Aside	**212**		

- Chart 2 below provides an update regarding the referral status for individuals that DBHDS has referred to VHDA.

VHDA Set-Aside	Leased	Searching for Unit	# Referrals Needed
97 (2014-2016)	**69 leased--71%**	**15**	**13**
30 (July 2016)			

- Chart 3 below provides a more detailed update relating to the referral status for individuals that DBHDS has referred to either VHDA or a local PHA. The chart also provides information related to the number of referrals that DBHDS has processed since November 2014.

Lease-up Status	Total
Declined Voucher	64
HAP Contract Executed	1
Household Searching for Housing	35
Housing Unit Identified	12
HQS Passed	3
Ineligible for Voucher	17
Lease Executed	6
Need More Info for Voucher App	4
Rent Reasonableness Verified	1
Unit Occupied	109
Voucher App Recvd/Under Review	9
Voucher Interview Scheduled	15
Voucher Issued	9
Grand Total	**285**

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 six participating dental providers; five of which are FQHC's and one is a private dental clinic. By the end of April 2016, the HSN had processed approximately 237 referrals to these dental providers and continues to accept referrals. Fifty-seven of the 237 individuals referred have completed at least one community based dental visit. Providing 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, the Health Services Network Registered Nurse Care Consultant in conjunction with the Virginia Department of Health (VDH) Special Needs Dentistry specialist developed a "hands on" dental care training program targeting Direct Service Providers (DSPs). The first training opportunity was conducted on March 14, 2016. Dental support services remain available at Hiram Davis Medical Center to supplement expanding community capacity.

A fixed rate dental model was also proposed in HPR II, subsequent to those meetings, and RFP was put out that yielded two respondents, negotiations are in process with DBHDS Procurement. The NVTC community dental clinic was temporarily closed as of February 1, 2016. After initial false starts to start a community based moderate sedation capable clinic, an RFP was posted.
Ultimately, a sole source provider provided a plan consistent with the needs of the NOVA I/DD community and contact finalization is in DBHDS Procurement with target date of service resumption no later than June 2016.

Community Nursing

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) and some program managers with expertise working with individuals with I/DD who are not employed by a DBHDS facility. There are currently 128 participants statewide. 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 July 2016 the 4th presentation of an all day workshop: "Nuts and Bolts of Supporting Individuals with High Medical & Personal Care Needs in a Community Setting" will be 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 Developmental Disability 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. These services are available through the MRE pilot in all five HPR's. As of May 11, a total of 163 individuals living in the community have been served with repairs made on various types of equipment used by these individuals. In addition to providing repairs, the MRE team makes modifications to increase ease of access to the community such as an attachment for an IV pole, provides 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.

Appendix A:
Supports Needs of Individuals at SWVTC June 14, 2016

Census = 98 Individuals

	Service/Support Needed for Successful Community Placement	Individuals Needing
1	Supported Employment	60
2	Prevocational	14
3	Day Support	24
4	Residential	84
	Residential preference not documented	0
5	Group Home	70
6	Sponsored Home	18
7	In Home Supports	4
8	Supported Living	0
9	ICF	6
10	Skilled Nursing	0
11	24 hour Nursing (LPN or RN)	1
12	Nursing Support	22
13	Personal Assistance	1
14	Companion	3
15	Respite	51
16	Therapeutic Consultation	87
	Chronic Medical Conditions Requiring Additional Support	
17	Blood Pressure	8
18	Diabetes	4
19	Seizures	57
20	VNS	5
21	Diastat Protocol	5
22	Ataxia	3
23	Tube Feedings Gravity Drip	0
24	Tube Feedings Pump	0
25	Tube Feedings Bolus	13
26	Urinary Catheterization	3
27	Colostomy	3
28	Cardiac Condition	8
29	Medications G-Tube	12
30	Medications Port-A-Cath	0
31	Skin Care for Breakdown, Dry Skin, Dermatitis, Dandruff	44
32	Oxygen Continuous	0
33	Oxygen at Night	1
34	Suctioning	1
35	Constipation	69
36	Chronic Rhinitis/Pneumonia	40
37	Dysphagia	54

38	**Thyroid Dysfunction**	**23**
39	**Osteoporosis**	**36**
40	**Weight Instability**	**54**
41	**GERD (reflux)**	**25**
42	**Arthritis**	**10**
43	**Teeth/gums issues**	**2**
44	**Cerumen in Ears (wax)**	**3**
45	**Hypothermia**	**0**
46	**Other**	**43**
47	**Not applicable**	**0**
INTENSIVE MEDICAL MONITORING OR CARE		
48	**Feeding tube (Nurse provision or supervision required)**	**13**
49	**Tracheotomy**	**0**
50	**Respiratory**	**4**
51	**Sleeping/e.g., C-Pap**	**20**
52	**Occupational Therapy**	**16**
53	**Physical Therapy**	**36**
54	**Speech/Language Therapy**	**32**
55	**Feeding**	**13**
56	**Skin Care**	**5**
57	**Special Medical Equipment or Devices**	**60**
58	**Assistance with Med Administration**	**98**
59	**Ear, Nose & Throat**	**16**
60	**Psychiatric**	**60**
61	**Intensive PICA (eating inedible objects)**	**10**
62	**Dehydration**	**0**
63	**Impaction**	**1**
64	**Aspiration Pneumonia**	**1**
65	**Wheelchair accessible residence required**	**46**
66	**Other**	**10**
67	**Medical needs not applicable**	**0**
BEHAVIORAL SUPPORT		
68	**Externally directed destructiveness (e.g., assault/injury, property destruction, stealing)**	**54**
69	**Self-directed destructiveness**	**53**
70	**Emotional outbursts, anger, yelling**	**56**
71	**Sexual aggression or inappropriate sexual behavior**	**9**
72	**PICA (eating inedible objects)**	**15**
73	**Substance abuse**	**0**
74	**Wandering**	**16**
75	**Symptoms related to mental health diagnosis**	**55**
76	**Other behavioral concerns**	**16**
77	**Behavioral concerns not applicable**	**20**

Appendix B:
Number of Providers Identifying Service Offered (Self-Reported), by Region
June 14, 2016

	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	75	17	12	19	25	21
2	Prevocational	79	14	12	16	26	22
3	Day Support	196	28	32	40	78	69
4	Residential	470	48	42	83	173	222
5	Group Home	437	41	39	73	159	196
6	Sponsored Home	88	18	14	23	38	39
7	In Home Supports	113	17	18	21	45	48
8	Supported Living	60	9	16	10	24	25
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	143	16	31	32	51	57
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	80	80				
16	HPR II –total	88		88			
17	HPR III - total	117			117		
18	HPR IV - total	247				247	
19	HPR V - total	268					268
20	Willing to expand an existing service	384	41	53	71	144	167
21	Willing to develop and or add a service	388	44	50	63	144	181
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				
# of Discharges - 57	**FY 2011**	**FY 2013**	**FY 2014**	**FY 2015**
Total Facility Expenses				
Total Facility Expenses	**$10,949,465**			
Total Community Expenses				
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
Total Waiver Services Expenses		**$6,273,156**	**$6,100,154**	**$5,867,333**
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[1]		$617,917	$595,849	$562,746
TDO		$0	$1,080	$0
Transportation[2]		$100,555	$96,913	$91,450
Total Other Community Expenses[3]		**$1,187,645**	**$1,145,699**	**$1,212,358**
Total Community Expenses		**$7,460,801**	**$7,245,853**	**$7,079,691**

Average Cost: Facility versus Community Cost Comparison	
FY11 - Year Prior to Discharge (Facility)[3]	$199,081
FY13 - 1st Year in Community Post Discharge[3]	$133,229
FY14 - 2nd Year in Community Post Discharge[3]	$134,182
FY15 - 3rd Year in Community Post Discharge[3]	$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		
# of Discharges - 158	**FY 2012**	**FY 2014**	**FY 2015**
Total Facility Expenses			
Total Facility Expenses	**$30,662,165**		
Total Community Expenses			
Waiver Services Expenses			
Case Management		$429,348	$419,226
Congregate te		$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 & Supp.Emp.		$47,557	$43,010
Skilled Nursing		$412,990	$448,205
Other		$89,326	$37,586
Total Waiver Services Expenses		**$11,758,562**	**$11,490,735**
Other Community Expenses			
Behavioral Health Services		$39,570	($223)
Medical		$734,787	$636,554
Private ICF		$4,679,582	$5,138,711
Room & Board[1]		$1,544,794	$1,511,691
TDO		$0	$0
Transportation on[2]		$219,426	$215,384
Total Other Community Expenses[3]		**$7,218,159**	**$7,502,117**
Total Community Expenses		**$18,976,721**	**$18,992,852**

Average Cost: Facility versus Community Cost Comparison	
FY12 - Year Prior to Discharge (Facility)[3]	$199,105
FY14 - 1st Year in Community Post Discharge[3]	$135,548
FY15 - 2nd Year in Community Post Discharge[3]	$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:

	Individuals Discharged in FY 2014 Total Funds	
# of Discharges - 187	**FY 2013**	**FY 2015**
Total Facility Expenses		
Total Facility Expenses	**$51,341,867**	
Total Community Expenses		
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		$10,287
Employment Skilled Nursing		$1,687,714
Other		$140,495
Total Waiver Services Expenses		**$15,586,507**
Other Community Expenses		
Behavioral Health Services		$14,004
Medical		$961,170
Private ICF Room & Board[1]		$3,967,634
TDO		$1,699,273
Transportation[2]		$1,080
		$249,182
Total Other Community Expenses[3]		**$6,892,342**
Total Community Expenses		**$22,478,849**

Average Cost: Facility versus Community Cost Comparison	
FY13 - Year Prior to Discharge (Facility)[3]	$282,098
FY15 - 1st Year in Community Post Discharge[3]	$145,967

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

	FY 2013	**FY 2014**	**FY 2015**
Average Per Resident Cost for all TCs	$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.*