# *COMMONWEALTH of VIRGINIA*

JACK BARBER, M.D.
INTERIM COMMISSIONER

*DEPARTMENT OF*
*BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES*
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October 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 313.L.1. of the 2016 *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 313.L.1. 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

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

Dear Delegate Jones:

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Virginia Department of Behavioral Health & Developmental Services

# Fiscal Year 2017 Training Center Closure Plan 1st Quarter Update

## (Item 313.L.1 of the 2016 Appropriation Act)

**October 1, 2016**

***DBHDS Vision: A Life of Possibilities for All Virginians***

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# Fiscal Year 2017
# Training Center Closure Plan 1st Quarter

## Preface

Item 313 L.1 of the 2016 *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.*

This report covers the period of July 1, 2016 to September 30, 2016. The Commonwealth 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 facility closures continue to be reinvested to expand community waiver operations. As of August 16, 2016, the census at the training centers was 348 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), completed redesign of the Medicaid I/DD Waivers, which was implemented September 1, 2016.

# Fiscal Year 2017
# Training Center Closure Plan 1st Quarter

## Table of Contents

# Introduction

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 scheduled 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 |

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

- Virginia's settlement agreement with the U.S. Department of Justice (DOJ) requires significant expansion of the community-based system of services for individuals with developmental disabilities over a ten year period;
- Virginia currently maintains a list of over 10,500 individuals with developmental disabilities (DD) waiting for Home and Community Based waiver services. In order to support the move of individuals from the training centers into the community additional resources are required. The average cost of supporting individuals in training centers in FY 2016 was $343,063 per person, up from $294,263 in FY 2015. 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 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, DBHDS projects that SEVTC will be able to meet transfer requests from the current training centers.

# Quarterly Update to the Training Center Closure Plan

This section provides demographic data as well as the impact of reduced demand in recent years. The statewide training center census has decreased by 80 percent since 2000, as noted below in Table 2.

**Table 2:** Training Center Census Changes, 2000 – August 10, 2016

| Training Center | 2000 Census | March 2010 | June 2011 | June 2012 | June 2014 | June 2015 | Aug. 10 2016 | % Decrease 2000 - Present |
|---|---|---|---|---|---|---|---|---|
| Southside (SVTC) Closed 2014 | 465 | 267 | 242 | 197 | 0 | 0 | 0 | 100% |
| Northern (NVTC) Closed 2016 | 189 | 170 | 157 | 153 | 107 | 57 | 0 | 100% |
| Southwestern (SWVTC) Closure date: 2018 | 218 | 192 | 181 | 173 | 144 | 124 | 96 | 56% |
| Central (CVTC) Closure Date: 2020 | 679 | 426 | 381 | 342 | 288 | 233 | 186 | 73% |
| Southeastern (SEVTC) Remains open | 194 | 143 | 123 | 104 | 75 | 69 | 66 | 66% |
| **Total** | **1,745** | **1,198** | **1,084** | **969** | **614** | **483** | **348** | **80%** |

Table 3 below provides information related to median age of residents in training centers and those with a current waiver as well as those on the waiting list to receive a waiver. It should be noted that the median age of training center residents is significantly older than either individuals served on the waivers or waiting for waiver services.

**Table 3:** Median Age of Training Center Residents 2016

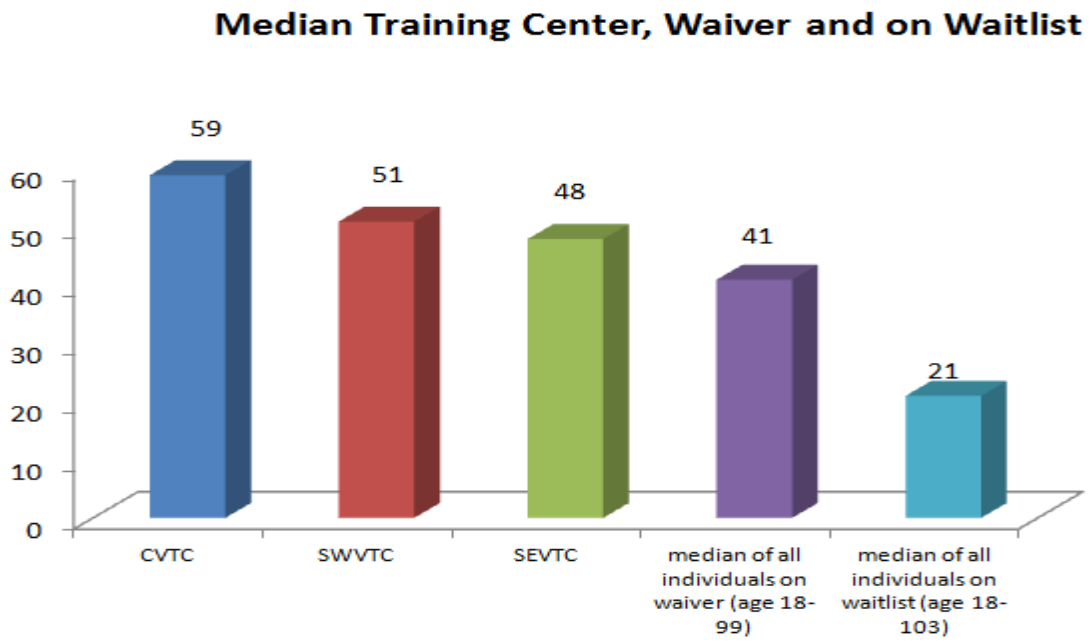



Table 4 below provides admissions and census reduction information. Due to natural deaths of an aging population and few or no admissions, Table 4 indicates that the census will continue to

decrease, even if discharges would slow. Training centers statewide have had only two new admissions since 2014, one to SEVTC and one to CVTC. Even without the enhanced efforts to assist individuals in moving to more integrated settings, the training center census would have continued to decline significantly through routine discharges and natural deaths, resulting in a projected census of zero by 2029. The bar chart references the number of admissions from 2000 to 2016. The red line is the trend line of census reduction since calendar year 2000 that would have resulted in continued downsizing from 2011 even if the Commonwealth had not actively engaged individuals to transition to community homes with the announced closing of four centers. The blue line tracks the resulting decrease in the census through the active discharge process with residents and their representatives.

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

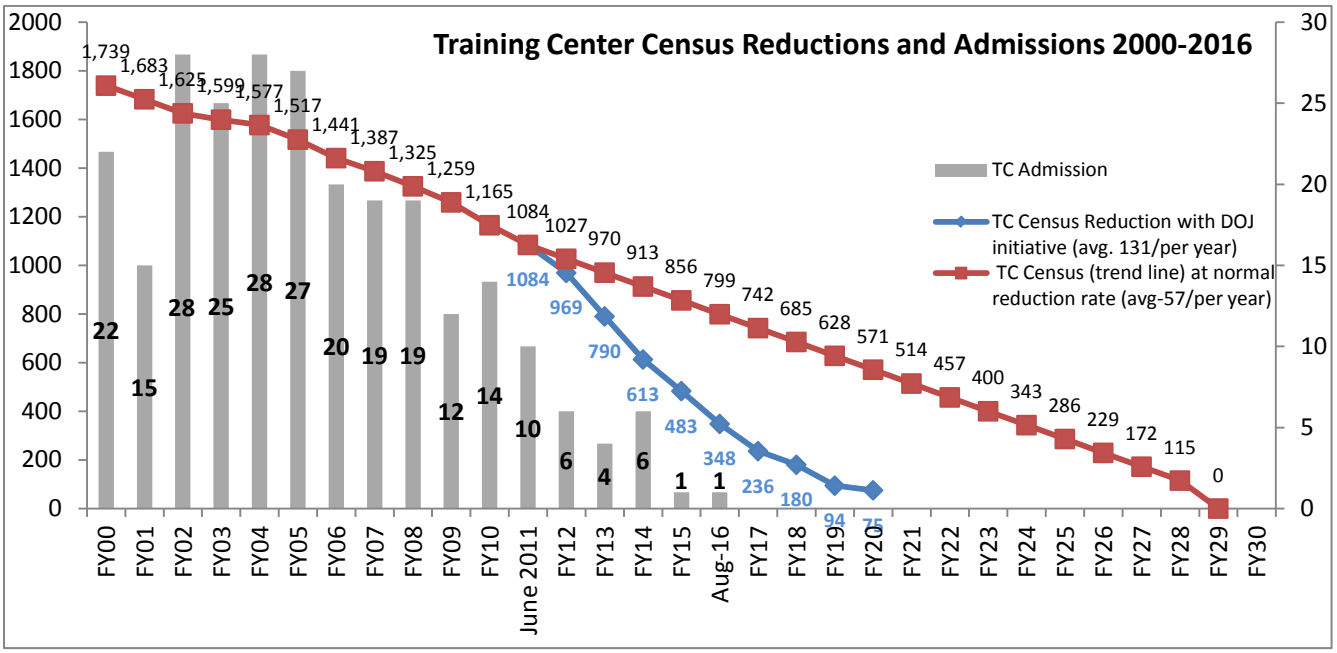



Table 5 below provides information on the current census, development of community services, and current projected census reduction. The Commonwealth closed the behavioral treatment unit (Pathways) at SWVTC on June 30, 2015, as required by the DOJ Settlement Agreement. Review of the adult crisis program (REACH) operated by New River Community Services Board indicated that currently there is not a need for a second REACH therapeutic treatment home given the continued expansion of providers with the expertise to support individuals with behavioral health challenges. Due to a technical procurement error, DBHDS has re-posted a Request for Proposal (RFP) to develop group homes in the Southwest area to serve individuals with complex behavioral support needs for individuals leaving the training centers and for community referrals. The delay in the process of executing RFPs has resulted in rescheduling planned discharges from fiscal year 2016 to fiscal year 2017.

**Table 5:** Summary of Statewide Training Center Census and Provider Capacity Status (8/10/16)

| **Southwestern Virginia Training Center** *Closure: 2018* | | **Central Virginia Training Center** *Closure: 2020* | | **Southeastern Virginia Training Center** *Remains Open* | |
|---|---|---|---|---|---|
| **Current Census** | **96** | **Current Census** | **186** | **Current Census** | **65** |
| • Community Providers | **17** | • **CVTC ICF-current census** | **144** | • Community Providers | **20** |
| • Available options | **35** | o Community Providers | **29** | • Available options | **27** |
| • Providers in development | **9** | o Available options | **103** | • Providers in development | **2** |
| • Options in development | **31** | o Providers in development | **5** | • Options in development | **6** |
| • Total number of options that will be available by 2017 | **66** | 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 (FY16 YTD) | **$915.72** |
| • Cost per person annually (FY 16 YTD) | **$212,503** | o Cost per person daily (FY16 YTD) | **$890.32** | • Cost per person annually (FY16 YTD) | **$334,238** |
| **Projected census:** | | o Cost per person annually (FY 16 YTD) | **$324,967** | **Census reduction:** | |
| o June 2017 | **65** | **Census reduction:** | | o June 2017 | **67** |
| o June 2018 | **0** | o June 2017 | **131** | o June 2018 | **71** |
| | | o June 2018 | **112** | o June 2019 | **74** |
| | | o June 2019 | **58** | o June 2020 | **75** |
| | | o June 2020 | **0** | | |
| | | **CVTC SN-current census** | **42** | | |
| | | • 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 2017 | **25** | | |
| | | o June 2018 | **0** | | |

# Decisions, Preferences, Barriers, Medicaid

This section addresses processes and results related to downsizing the training centers since 2011. Information is routinely updated and collected as part of the 12 week discharge process which guides the development of the essential needs plan, identifies potential providers and assists individuals and their families to select an appropriate community provider.

## A. Decisions and Types of Homes Chosen

Family members, guardians and/or appointed representatives have a major role supporting each training center resident in the selection of a community provider. Extensive information is collected and has been utilized to expand integrated community options as needed for individuals

transitioning from the training centers. Item 307L.1 Family Decision, Preference Barrier, Funds and Medicaid Reimbursement for Exceptional needs states:

> *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.*

Table 6 below references the type of homes selected by the authorized representatives by the 615 individuals who have moved from the training centers since 2011.

> *(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:*

**Table 6:** Types of Homes Chosen by the 615 Individuals Who Transitioned from Training Centers

| 615 Discharges: Types of Homes Chosen | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Own Home | Leased Apt. | Family | Sponsor | 4 or less | Waiver 5 or more | ICF/IID 4 or less | ICF/IID 5 or more | Interstate Transfer | State Facility | Nursing Facility | Transfer Training Center |
| 0 | 1 | 5 | 39 | 211 | 224 | 26 | 56 | 4 | 1 | 27 | 21 |

## B. Authorized Representative (AR) No Decision and Status

Individuals and their authorized representatives are surveyed quarterly as to where they are in the process of deciding on living options once they discharge from the closing center, as stated in Item 307.L:

> *(ii) The number of authorized representatives who have not yet made such decisions*

Tables 7-10 below provide information about related to where individuals and their authorized representatives are in the process of selecting placement options as of August 10, 2016.

**Table 7:** Discharge Status, SWVTC, as of August 10, 2016

| Category | Status (As of August 10, 2016) | Number of SWVTC Residents |
|---|---|---|
| 1 | Residential provider chosen, arrangement for move underway | 6 |
| 2 | Potential residential provider home selected, but needed assessments are occurring to confirm appropriateness of placement | 14 |
| 3 | Individual is in the process of touring potential providers, but has not yet chosen a provider placement | 3 |
| 4 | Individuals not yet had an initial discharge meeting, but scheduled to move in FY 2016 | 3 |
| 5 | Individual not in active discharge process yet, but does not have needs that require additional capacity | 10 |
| 6 | Individuals who have needs that require additional capacity | 60 |
| | **Total Number of Residents** | **96** |

**Table 8:** Discharge Status, CVTC, as of August 10, 2016

| Category | Status (As of August 10, 2016) | Number of CVTC Residents |
|---|---|---|
| 1 | Residential provider chosen, arrangement for move underway | 3 |
| 2 | Potential residential provider home selected, but needed assessments are occurring to confirm appropriateness of placement | 5 |
| 3 | Individual is in the process of touring potential providers, but has not yet chosen a provider placement | 54 |
| 4 | Individual scheduled to move in FY2016, has not yet had initial planning meeting | 38 |
| 5 | Individual not in active discharge process yet, but does not have needs that require additional capacity | 48 |
| 6 | Individuals selected a provider, but new construction or renovations still in process | 13 |
| 7 | Individuals with needs that may require additional capacity or funding | 25 |
| | **Total Number of Residents** | **186** |

Table 8 above does not delineate between residents residing in the training center's main intermediate care facility (ICF) units and those living in the skilled nursing facility. In April 2016, 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. Of the current 42 residents living in the nursing facility, a projected 39 of the residents can have their needs met and be supported in a

waiver funded home. The delay in the process for having development funds appropriated and securing the legal documents has resulted in rescheduling planned discharges from fiscal year 2016 to fiscal year 2017.

Training center social workers contact families as required on at least a quarterly basis 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 9 below describes the scale used to categorize authorized representatives' preferences. In addition, the family preference scores of those who have not yet made a decision are tracked and reported.

**Table 9**: 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 category 3 are adamantly opposed to moving; however, DBHDS is finding that most families and Authorized Representatives in Groups 2 and 3 become more willing to choose alternative placements with education related to the available options and as closure dates approach.*

Table 10 below provides community integration preferences as of August 10, 2016 for individuals living at the training centers. As of the date of this report, 37 percent of individuals indicated a preference for moving to the community or are actively exploring their options. These families and authorized representatives are either in the process of moving or actively considering community options (category 0) or are willing to participate in the discharge process (category 1).

As indicated in Table 10, 25 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, a significant portion of the families and representatives for individuals residing at CVTC have expressed reluctance to consider options citing the legislative study for consideration of a public private partnership which is due to the General Assemble on or before

December 1. The families have relayed that it is their hope and/or expectation that the outcome will present a solution for the training center to remain open and continue serving at least 120 residents. Prior to the legislature authorizing the CVTC study, family reluctance has progressively decreased over time. In general, families begin to consider community placement options and/or participate in the discharge process more actively as the closing date approaches.

**Table 10**: Community Integration Preferences Statewide, as of August 10, 2016

| Training Center | 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) | Totals |
|---|---|---|---|---|---|
| **CVTC** | 27 | 33 | 42 | 84 | **186** |
| **SWVTC** | 23 | 38 | 24 | 11 | **96** |
| **SEVTC** *Remains Open* | 3 | 4 | 20 | 39 | **66** |
| **Total** | **53** | **75** | **86** | **134** | **348** |

## C. Barriers to Discharge

As required in Item 307L.1., (iii), DBHDS tracks and reviews routinely any barriers to discharge for each individual. Beyond reluctance of a guardian or authorize representative, the major barrier has been and continues to be the availability of an appropriate provider in a specific community. DBHDS routinely works with each community services board (CSB) to identify needs and address variations in provider capacity across each of the regions surrounding the training centers. The current status on challenges to community capacity includes the following:

- Excess licensed residential capacity in the Capital region around Richmond and Petersburg enabled the successful closure of SVTC in May 2014.
- Successful development of services and providers in the Northern Virginia region enabled the transition of all NVTC residents to new homes. The last residents moved from NVTC on January 22, 2016. Of the 142 total residents who moved from NVTC since closure was announced, 108 remained in the Northern Virginia region. Also, 34 moved to other areas including the three individuals who continued to choose Intermediate Level of Care in a state-operated training center. The NVTC campus officially closed in March 2016.
- Active provider development continues in the Southwest to add more community provider capacity. Request for Proposals (RFPs) were originally posted in August 2015 to solicit providers for developing capacity to serve individuals with complex behavioral support needs. Due to a technical procurement error, DBHDS re-posted the RFP. The delay in the process of executing RFPs required the rescheduling of approximately 30 planned

discharges from fiscal year 2016 to fiscal year 2017. Once executed, the RFP awards will require the providers to work with DBHDS, SWVTC and residents' authorized representatives to develop homes and supports specifically for the needs of each individual. With the expansion related to RFP awards and with existing providers expanding services, DBHDS will also establish the needed behavioral supports, day supports, community engagement support, specialized residential and supported employment services to meet the needs of residents as they move from SWVTC. The region's CSBs and DBHDS will continue coordinating with providers to increase capacity in the Southwest region. *In the past year, seven providers submitted applications for a license to develop new or expand services.*

- Developing and accessing providers across the Commonwealth enables CVTC to engage providers from all the regions. 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 by adding 45 options for individuals with intensive medical needs. The delay in drafting the contractual agreements to release funds resulted in rescheduling planned discharges from fiscal year 2016 to fiscal year 2017. 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 12 week discharge process until the General Assembly-required study for reviewing feasibility for a public, private partnership is completed. Despite two attempts through the RFP process, as of this report a willing vendor has yet to be identified to complete the study.
- The SEVTC census is currently at 65. This number includes transfers in fiscal year 2016 from NVTC, SWVTC and CVTC. Based upon the continued movement of SEVTC into community housing, it is projected that SEVTC would 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 to continue moving forward with the schedule of training center closures.
- The waiver amendments were submitted to CMS for approval on March 30, 2016 and were approved on August 12 for implementation September 1, 2016.
- Proceeds from the sale of surplus and vacated DBHDS facilities will be accessed once proceeds are deposited 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 FY 2016 to fund development of community providers for individuals with behavioral support needs leaving SWVTC. In addition, for FY 2017, $4,000,000 was appropriated with 40 percent targeted for provider development for the Southwest and 60 percent community services for the Northern portion of the state. The 40 percent funds will be distributed through the RFP re-released in August 2016 once the provider selection process is complete and funds are made available.
- The 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.

## D. General Fund and Non-General Fund Cost

DBHDS tracks the cost of services provided once former training center residents are living in the community.

> *(iv) the general fund and non-general fund cost of the services provided to individuals transitioning from training centers.*

Table 11 displays the average cost for individuals that were discharged from the training centers between FY 2012 and FY 2014. When calculating the total average below of $237,733, the following assumptions were considered:

- The individuals included were discharged over a three year span (FY 2012 – FY 2014)
- The training center 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 training center claims from FY 2013 were used in order to estimate an annualized amount.
- Through FY 2014, there were 402 discharges; however, the training center average calculation only used data from 391 individuals to eliminate outliers (including but not limited to, individuals that returned to a training center 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 do not normalize the data to account for any rate adjustments between the years.
- Training center averages are based on DMAS claims data.

**Table 11:** Training Center Average by Training Center for Individuals Discharged

| Training Center | Total Training Center 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 12 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 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 12:** Average Community Cost for Individuals Discharged from Training Centers Between FY 2012 and FY 2014

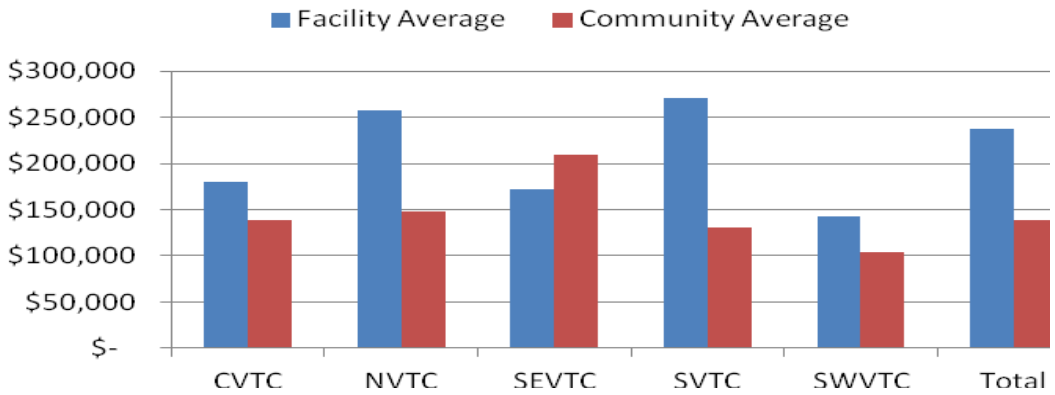
| Training Center | Total Community Cost | # of Individuals | Average/Individual |
|---|---|---|---|
| CVTC | $ 8,890,698 | 64 | $ 138,917 |
| NVTC | $ 5,481,984 | 37 | $ 148,162 |
| SEVTC | $ 5,657,961 | 27 | $ 209,554 |
| SVTC | $ 25,545,833 | 195 | $ 131,004 |
| SWVTC | $ 2,821,284 | 27 | $ 104,492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

Tables 13-14 below report the training center cost average versus the community cost average comparison by training center. Please note that the average community cost for most training center residents is lower than the average annual training center 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. Facility averages in table three are based on DMAS claims data.

**Table 13:** Community Cost Comparison Data by Training Center

| Training Center | Training Center Cost Average | Community Cost 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%** |

**Table 14:** Community Cost Comparison Graph by Training Center




As a basis for comparison please see Table 15 below 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 15:** Average Per Resident Cost (Total Facility Expenditures)

| FY 2010 | FY 2011 | FY 2012 | FY 2013 | FY 2014 | FY 2015 | FY 2016 |
|---|---|---|---|---|---|---|
| $184,479 | $203,997 | $224,463 | $262,245 | $314,472 | $301,663 | $343,063 |

As required in *Subsection v 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*, detailed is provided below:

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 and will end by January 1, 2017 with the implementation of the revised sponsored living rate structure. These rates enabled individuals with more intense needs who reside in Virginia's training centers to receive supports to move to community placements. In addition, the increased rates 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 tiered approach which will reimburse providers for the cost of serving individuals with more intense behavioral and/or medical support needs.

*(Also see Appendix C: Financial data is updated annually and reported in the second quarter of each fiscal year).*

## Survey of Services and Supports

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 and DBHDS continues to maintain current data bases as required in Item 307.L.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.*

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.

## Stakeholder Collaboration and Planning

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 as required in *Item 307L.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.*

The quarterly meetings are conducted by the DBHDS Commissioner or designee and include representation from training center families, individuals receiving services, CSBs, private

providers, advocacy organizations, and others from each region of the Commonwealth. Representatives from each of these groups are named on an annual basis. The public is invited to provide comment every meeting. Information about these meetings can be viewed at: www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/doj-settlement-agreement. The fourth quarter FY 2016 Settlement Agreement Stakeholder meeting was held on June 22, 2016.

## Community Provider Capacity and Expansion Efforts

As noted above, lack of provider choice may be and has been a barrier which has slowed the movement of individuals into more integrated community settings. DBHDS has successfully helped the provider community and will continue to do so as required in *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.*

Work continues to support current providers to expand and to develop providers in communities where there are insufficient capacity as detailed below:

- Active provider development continues in the Southwest to add more community provider capacity. Once executed, the RFP awards will require the providers to work with DBHDS, SWVTC and residents' authorized representatives to develop homes and supports specifically for the needs of each individual. With the expansion related to RFP awards and with existing providers expanding services, DBHDS will meet the needs of residents as they move from SWVTC to ensure that the following services are present:
    - Behavioral supports,
    - Day supports,
    - Community engagement support,
    - Specialized residential, and
    - Supported employment services

The region's CSBs and DBHDS will continue coordinating with providers to increase capacity in the Southwest region. In the past year, seven providers submitted applications for a license to develop new or expand services.

- Developing and accessing providers across the Commonwealth enables CVTC to engage providers from all the regions. 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 by adding 45 options for individuals with intensive medical needs.

## A. Funding and Development Status

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 have received federal approval which will be implemented on September 1, 2016. The revisions to the waivers' increased rates should enable providers to meet the needs of all individuals living at SWVTC and CVTC as the training centers approach their respective closure dates. In cases where the rates are insufficient for meeting the needs of individuals with significant medical and/or behavioral support needs, DBHDS can negotiate a custom rate for the indicated individual. Activities that have occurred include:

- Identifying 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 expenses not covered by the amended waivers will continue to be needed for one time transitional expenses.
- Implementing 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 to provide updates in the quarterly reports (see "barriers to discharge" beginning on page 12).
- In addition to bridge funding, DBHDS will utilize $750,000 in one-time funds appropriated from the BHDS Trust Fund, which will provide assistance with startup costs. Providers will be awarded the grant funding from the $1.9 million RFP to develop services in Southwest Virginia for individuals leaving SWVTC.

## B. Housing

Within this report, DBHDS provides additional updates on overall community capacity, even if an individual from a training center may not access the service. As part of the move to a single system, 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. Table 16 below provides an update on the number of people in the target population that are living in their own homes.

**Table 16:** Independent Housing – Outcomes Table (As of August 1, 2016)

| | |
|---|---|
| Baseline # of people in target population living in their own home (as of July 2015) | 343 |
| Number of people in target population living in their own home (after July 2015) | 139 |
| **TOTAL # of people in target population living in their own home** | **482** |
| # of Rental Assistance resources set-aside for the target population | 386 |
| # of individuals in application/voucher intake/housing search process | 97 |

Table 17 below provides an update on the number of Public Housing Authorities that have either requested or plan to request an admission preference for the target population.

**Table 17:** Independent Housing – Outcomes Table (As of August 1, 2016)

| **HUD Approved Waiver/Admission Preference for Voucher/Tenant-Based (14 PHAs)** | | | |
|---|---|---|---|
| **PHA** | **Public Housing or Housing Choice Voucher/# HCV** | **Implementation Date** | **Referral Process** |
| VHDA | HCV Set-aside/**127** | 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-NH Co |
| 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** | **242** | | |

## C. Regional Support Centers to Provide Specialty Services

DBHDS developed Regional Support Centers to increase access to services such as dental, therapeutic and equipment. As the training centers close, DBHDS is developing a Health Support Network to assess existing community resources and develops services where needed as required in *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' Office of Integrated Health (OIH) 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 community-based services provide through the Health Support Network (HSN) past quarter include:

**Dental**

- In Health Planning Region 4 (HPR 4), the OIH established a Fixed Rate Dental Pilot program providing Non-Emergent Dental Services (Preventative and Basic Care) to Individuals with I/DD within HPR 4 who had not had routine dental services since the closure of Southside Virginia Training Center (SVTC). The flat rate Dentistry Pilot in HPR 4 has been in full operation since November 2015. Currently, there are six participating dental providers; four of which are FQHCs, one of a Free Clinic and one is a private dental clinic.
- By the end of July 2016 the HSN in HPR 4 had processed approximately 275 referrals to these dental providers and continues to accept referrals. Of the 275 individuals referred, approximately 99 individuals have completed at least one community based dental visit.
- Dental support services remain available at Hiram Davis Medical Center to supplement expanding community capacity.
- In HPR 2, the OIH also established a Fixed Rate Dental Pilot program providing Non-Emergent Dental Services (Preventative and Basic Care) to Individuals with I/DD within HPR 2 who had not had routine dental services since the closure of NVTC. Letters announcing the fixed rate dental pilot were sent to the CSB ID Directors on June 16, 2016. The fixed rate Dentistry Pilot in HPR 2 has been in operation since July 1, 2016. Currently, there are two participating dental providers (both FQHCs), with a combined 11 locations.
- By the end of July 2016, the HSN in HPR 2 had processed approximately 104 referrals to these dental providers and continues to accept referrals. Individuals are currently making appointments to see these providers
- A second dental pilot program was initiated by the OIH that provides moderate sedation dentistry and was been developed under a sole source process to provide moderate sedation dentistry that can include IV sedation for provision of basic dental care for those individuals with I/ DD previously served by the RCSC clinic at NVTC. The contract was finalized in July 2016 and provides two locations in HPR 2. Letters announcing the pilot were sent to the individuals, families and guardians were sent on August 2, 2016. The pilot program was operational on August 8, 2016. As per the contract, the Dental providers are currently scheduling patients. Dental support services remain available at Hiram Davis Medical Center to supplement expanding community capacity. The pilot currently has 527 individuals identified and referred who were treated at the RCSC at NVTC and are known to need this level of dental care.

- In HPR 3, OIH proposes to also establish a Fixed Rate, Non-Emergent Dental Services (Preventative and Basic Care) dental pilot program to serve individuals with developmental disabilities as has been established in HPR 2 and 4. Planning sessions for the informational meetings were conducted in August by webinar in collaboration with the Virginia Oral Health Commission (VOHC). These sessions are currently advertised on the VOHC newsletter and interested participants are encouraged to RSVP to the VOHC. An RFP for the flat rate Dentistry Pilot in HPR 3 is expected to be posted during the first quarter of FY 2017.

**Integrated Health Care Trainings**

***Oral Care***

- Recognizing the continued need for expanded education regarding the provision of oral health care in the community, the Health Services Network Registered Nurse Care Consultants 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 2nd annual Oral Health Care for DSPs / Providers presented in conjunction with VDH was conducted in HPR 4 on July 28, 2016 with approximately 45 people in attendance. The next training sessions are targeting HPRs 3 and 5.
- The 3rd Special Needs Dentistry training targeting dental professionals and focused on the challenges and recommended clinical interventions for the provision of dental care to individuals with DD will be presented in conjunction with VDH and VOHC in HPR3 in the fall of 2016.

***Community Nursing***

- The OIH's HSN initiated statewide regional Nursing meetings in 2014. The purpose of these meetings is 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. The greatest value of these meetings to date has been around networking, sharing ideas to reduce barriers to care in the community and working toward establishing best practices. These meetings are supported by the HSN and occur monthly in all five Health Planning Regions. Attendees are private and public nurses (RNs 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 140 participants and about 10-20 people in attendance at each monthly meeting.

***Nuts and Bolts: Caring for Individuals with High Medical and Personal Care Needs***

- The "Nuts and Bolts" seminar series was developed 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. The 4th Nuts and Bolts training, "Caring for Individuals

with High Medical and Care Needs in a Community Setting," was held in HPR1 on July 22, 2016. There were approximately 75 participants in attendance.

***Mobile Rehab Engineering***

- The Mobile Rehab Engineering (MRE) mission is to provide Durable Medical Equipment (DME) maintenance and repair services, in the community, to individuals with Intellectual and Developmental Disabilities, who don't have these services currently available. The ultimate goal is to reduce barriers to access to community-based activities and services.
- MRE is operational statewide in all five Health Planning Regions.
- As of July 1, 2016, the MRE team added the capability to provide high pressure proper washing to aid in wheelchair maintenance and infection control.
- The HSN is continues to explore 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 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. This past quarter the MRE team provided assistance to complete an assistive technology evaluation for a communication device and an adaptive control to allow for independent movement of an individual's motorized wheelchair. To date 161 individuals have been served across the state.

# Appendices

## Appendix A: Supports Needs of Individuals at SWVTC
### August 10, 2016

**Census = 96 Individuals**

| | Service/Support Needed for Successful Community Placement | Individuals Needing |
|---|---|---|
| 1 | Supported Employment | 58 |
| 2 | Prevocational | 15 |
| 3 | Day Support | 23 |
| 4 | Residential | 81 |
| | Residential preference not documented | 0 |
| 5 | Group Home | 81 |
| 6 | Sponsored Home | 15 |
| 7 | In Home Supports | 3 |
| 8 | Supported Living | 0 |
| 9 | ICF | 8 |
| 10 | Skilled Nursing | 0 |
| 11 | 24 hour Nursing (LPN or RN) | 1 |
| 12 | Nursing Support | 22 |
| 13 | Personal Assistance | 0 |
| 14 | Companion | 2 |
| 15 | Respite | 50 |
| 16 | Therapeutic Consultation | 83 |
| | Chronic Medical Conditions Requiring Additional Support | |
| 17 | Blood Pressure | 8 |
| 18 | Diabetes | 4 |
| 19 | Seizures | 55 |
| 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 | 7 |
| 29 | Medications G-Tube | 12 |
| 30 | Medications Port-A-Cath | 0 |
| 31 | Skin Care for Breakdown, Dry Skin, Dermatitis, Dandruff | 43 |
| 32 | Oxygen Continuous | 0 |
| 33 | Oxygen at Night | 1 |
| 34 | Suctioning | 1 |
| 35 | Constipation | 68 |

| | | |
|---|---|---|
| 36 | Chronic Rhinitis/Pneumonia | 39 |
| 37 | Dysphagia | 53 |
| 38 | Thyroid Dysfunction | 21 |
| 39 | Osteoporosis | 36 |
| 40 | Weight Instability | 52 |
| 41 | GERD (reflux) | 25 |
| 42 | Arthritis | 9 |
| 43 | Teeth/gums issues | 2 |
| 44 | Cerumen in Ears (wax) | 3 |
| 45 | Hypothermia | 0 |
| 46 | Other | 41 |
| 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 | 19 |
| 52 | Occupational Therapy | 15 |
| 53 | Physical Therapy | 36 |
| 54 | Speech/Language Therapy | 31 |
| 55 | Feeding | 13 |
| 56 | Skin Care | 5 |
| 57 | Special Medical Equipment or Devices | 57 |
| 58 | Assistance with Med Administration | 97 |
| 59 | Ear, Nose & Throat | 15 |
| 60 | Psychiatric | 57 |
| 61 | Intensive PICA (eating inedible objects) | 10 |
| 62 | Dehydration | 0 |
| 63 | Impaction | 1 |
| 64 | Aspiration Pneumonia | 1 |
| 65 | Wheelchair accessible residence required | 44 |
| 66 | Other | 9 |
| 67 | Medical needs not applicable | 0 |
| | **BEHAVIORAL SUPPORT** | |
| 68 | Externally directed destructiveness (e.g., assault/injury, property destruction, stealing) | 52 |
| 69 | Self-directed destructiveness | 51 |
| 70 | Emotional outbursts, anger, yelling | 54 |
| 71 | Sexual aggression or inappropriate sexual behavior | 7 |
| 72 | PICA (eating inedible objects) | 13 |
| 73 | Substance abuse | 0 |
| 74 | Wandering | 14 |
| 75 | Symptoms related to mental health diagnosis | 53 |
| 76 | Other behavioral concerns | 14 |
| 77 | Behavioral concerns not applicable | 20 |

# Appendix B:
# Number of Providers Identifying Service Offered (Self-Reported), by Region
# August 10, 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 | 77 | 17 | 12 | 19 | 26 | 22 |
| 2 | Prevocational | 79 | 14 | 12 | 16 | 26 | 22 |
| 3 | Day Support | 197 | 28 | 32 | 40 | 79 | 69 |
| 4 | Residential | 472 | 48 | 42 | 84 | 174 | 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 | 81 | 81 | | | | |
| 16 | HPR II –total | 88 | | 88 | | | |
| 17 | HPR III - total | 117 | | | 117 | | |
| 18 | HPR IV - total | 248 | | | | 248 | |
| 19 | HPR V - total | 269 | | | | | 269 |
| 20 | Willing to expand an existing service | 388 | 44 | 53 | 73 | 146 | 167 |
| 21 | Willing to develop and or add a service | 390 | 45 | 50 | 64 | 145 | 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** | 2 | 0 | 2 | 0 | 0 | 0 |
| **59** | **Feeding** | 4 | 0 | 0 | 0 | 2 | 2 |
| **60** | **Skin Care** | | | | | | |
| **61** | **Special Medical** | | | | | | |
| **62** | **Assistance with Med** | | | | | | |
| **63** | **Ear, Nose & Throat** | | | | | | |
| **64** | **Psychiatric** | | | | | | |
| **65** | **Intensive PICA (eating** | | | | | | |
| **66** | **Dehydration** | | | | | | |
| **67** | **Impaction** | | | | | | |
| **68** | **Aspiration** | | | | | | |
| **69** | **Wheelchair accessible** | | | | | | |
| **70** | **Other** | | | | | | |
| **71** | **Medical needs not applicable** | | | | | | |

## Appendix C:

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

The three tables in the following pages 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 | | |
|---|---|---|---|
| **# 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 | | $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** | | **$11,758,56** | **$11,490,735** |
| Other Community Expenses | | | |
| Behavioral Health Svcs | | $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** | | **$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 & | | $3,967,634 |
| Board[1] TDO | | $1,699,273 |
| Transportation on[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 |

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

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

1 Room and board calculations are based on the average monthly costs for a four to five person home with moderate behavioral or medical needs ($919.52). The same estimate as the previous year was used this cost includes: house/land, food, utilities, personal supplies, and building repairs and maintenance.

2 Individuals discharged on an ID/DD waiver have monthly transportation capitation payments of $151,75. All other discharges were calculated using a monthly capitation payment of $33.37 for transportation.

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

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

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