COMMONWEALTH of VIRGINIA

JACK BARBER, M.D.
INTERIM COMMISSIONER

DEPARTMENT OF
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January 1, 2017

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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January 1, 2017

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

Dear Delegate Jones:

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."*

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Virginia Department of Behavioral Health & Developmental Services

Fiscal Year 2017
Training Center Closure Plan
2nd Quarter Update
(Item 307.L.1 of the 2014 Appropriation Act)

January 1, 2017

DBHDS Vision: A Life of Possibilities for All Virginians

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Fiscal Year 2017
Training Center Closure Plan 2nd Quarter

Preface

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.*

This report covers the period of October 1, 2016 to December 31, 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 November 29, 2016, the census at the training centers was 323 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 2nd Quarter

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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, the closure of four state training centers was proposed 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 to the community, additional resources are required. The average cost of supporting individuals in training centers in FY 2016 was $343,267 per person, up from $301,663 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 $141,559.
- 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 ICF/IID transfer requests from the current training centers.

Quarterly Update to the Training Center Closure Plan

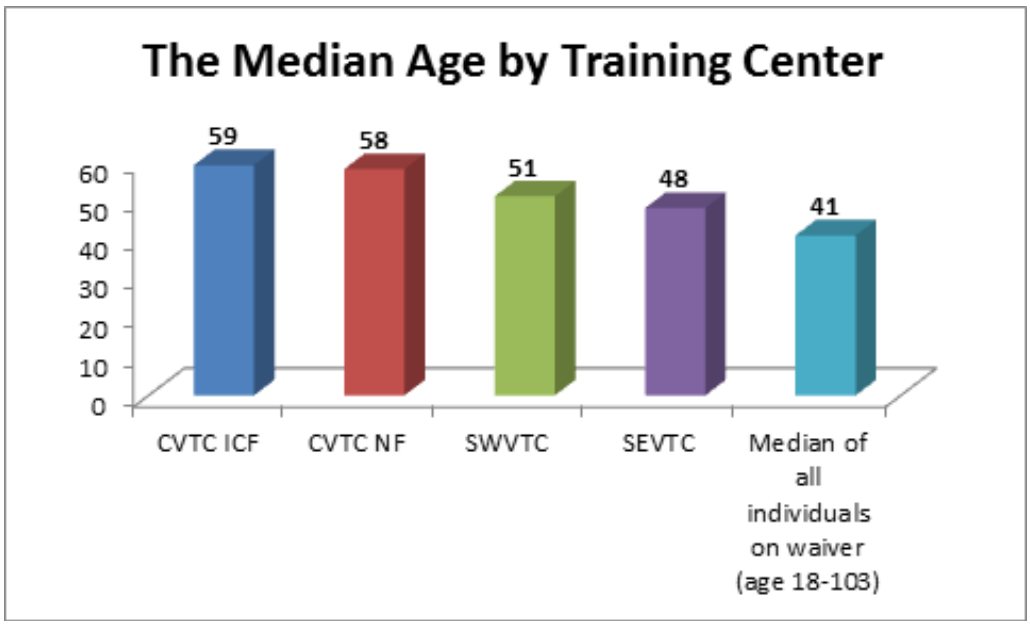
This section provides demographic data as well as the impact of reduced demand in recent years. The statewide training center census has decreased by 81 percent since 2000, as noted below in Table 2.

Table 2: Training Center Census Changes, 2000 – November 29, 2016

Training Center	2000 Census	March 2010	June 2011	June 2012	June 2014	June 2015	June 2016	Nov. 29 2016	% Decrease 2000 - Present
Southside (SVTC) Closed 2014	465	267	242	197	0	0	0	0	100%
Northern (NVTC) Closed 2016	189	170	157	153	107	57	0	0	100%
Southwestern (SWVTC) Closure date: 2018	218	192	181	173	144	124	98	80	63%
Central (CVTC) Closure Date: 2020	679	426	381	342	288	233	192	176	74%
Southeastern (SEVTC) Remains open	194	143	123	104	75	69	65	67	65%
Total	**1,745**	**1,198**	**1,084**	**969**	**614**	**483**	**355**	**323**	**81%**

Table 3 below provides information related to median age of residents in training centers and those with a current waiver.

Table 3: Median Age of Training Center Residents and Individuals on Waiver, 2016



Training centers statewide have had only three new admissions since 2014, two to SEVTC and one to CVTC. Even without the enhanced efforts to assist individuals move 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.

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. 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

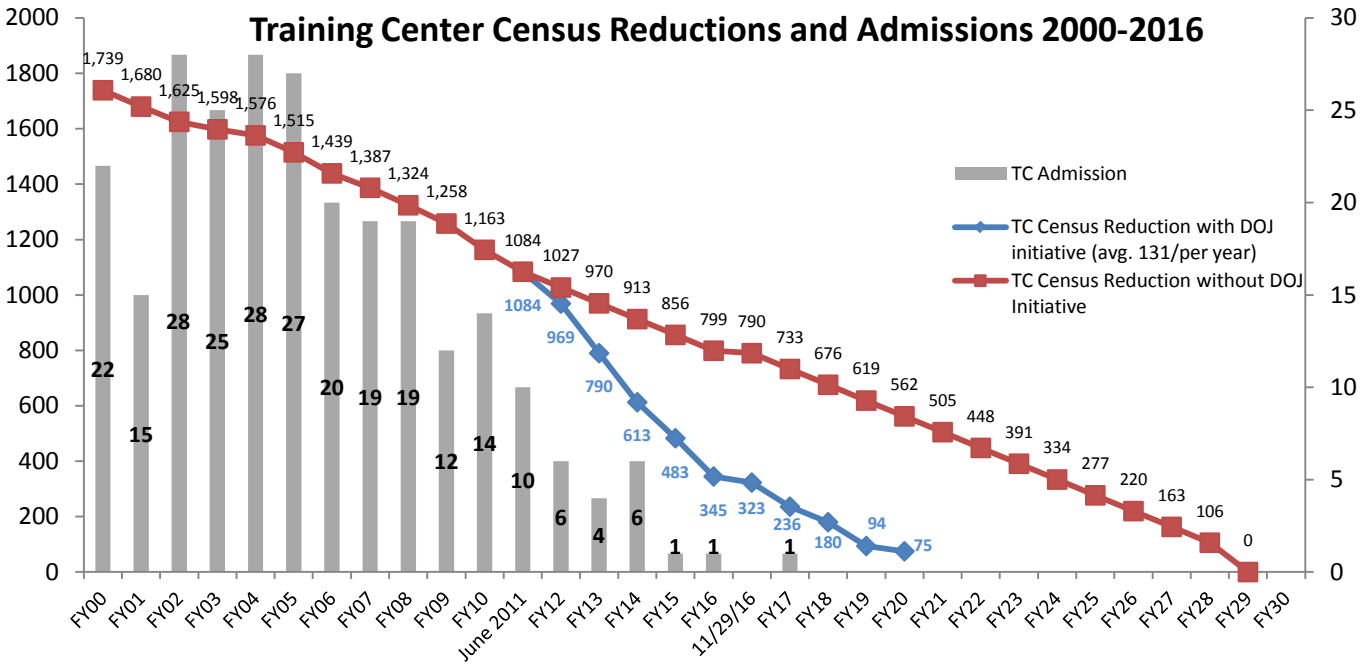


Table 5 below provides information on the current census, development of community services, and current projected census reduction. The Commonwealth closed the behavioral treatment unit (Pathways) at SWVTC on June 30, 2015, as required by the DOJ Settlement Agreement. Review of the adult crisis program (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. Awards were offered in November 2016 through the Request for Proposal (RFP) process to develop group homes in Southwest Virginia to serve individuals with complex behavioral support needs for individuals leaving the training centers and for community referrals. There was a delay in executing the RFPs resulting in rescheduling planned discharges from fiscal year 2016 to fiscal year 2017.

Table 5: Summary of Statewide Training Center Census and Provider Capacity Status (11/29/16)

SWVTC *Closure: 2018*		**CVTC** *Closure: 2020*		**SEVTC** *Remains Open*	
Current Census	**80**	**Current Census**	**176**	**Current Census**	**67**
		CVTC ICF-current census	**148**		
Community Providers	**16**	Community Providers	**29**	Community Providers	**20**
Available options	**33**	Available options	**103**	Available options	**27**
Providers in development	**6**	Providers in development	**5**	Providers in development	**2**
Options in development	**66**	Options in development	**25**	Options in development	**6**
Total number of options that will be available by 2017	**75**	Total number of options available by 2017	**130**	Total number of options available by 2017	**33**
Cost per person daily (FY 16 YTD)	**$582.20**	Cost per person daily (FY16 YTD)	**$890.32**	Cost per person daily (FY16 YTD)	**$915.72**
Cost per person annually (FY 16 YTD)	**$212,503**	Cost per person annually (FY 16 YTD)	**$324,967**	Cost per person annually (FY16 YTD)	**$334,238**
Projected census:		**Census reduction:**		**Census reduction:**	
June 2017	**65**	June 2017	**139**	June 2017	**72**
June 2018	**0**	June 2018	**120**	June 2018	**74**
		June 2019	**66**	June 2019	**74**
		June 2020	**0**	June 2020	**75**
		CVTC SN-current census	**28**		
		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:			
		June 2017	**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 select an appropriate community provider. 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 307 L.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.*

Responses to above Item 307 L.1 i - v are included in the following section:

Authorized Representatives Who Have Selected New Homes and Type (i)

Table 6 below references the type of homes selected by the authorized representatives of the 637 individuals who have moved from the training centers since 2011.

Table 6: Types of Homes Chosen by the 637 Individuals Who Transitioned from Training Centers

637 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	41	233	218	26	56	5	1	30	21

Authorized Representative No Decision and Status (ii)

Individuals and their authorized representatives are surveyed quarterly as to where they are in the process of deciding on preferred living options upon discharge from the closing center. Tables 7-10 below provide information about where individuals and their authorized representatives are in the process of selecting placement options as of November 29, 2016.

Table 7: Discharge Status, SWVTC, as of November 29, 2016

Category	Status (As of November 29, 2016)	Number of SWVTC Residents
1	Residential provider chosen, arrangement for move underway	5
2	Potential residential provider home selected, but needed assessments are occurring to confirm appropriateness of placement	5
3	Individual is in the process of touring potential providers, but has not yet chosen a provider placement	5
4	Individual not yet had an initial discharge meeting, but scheduled to move in FY 2017	7
5	Individual not in active discharge process yet, but does not have needs that require additional capacity	9
6	Individual who have needs that require additional capacity	49
	Total Number of Residents	**80**

Table 8: Discharge Status, CVTC, as of November 29, 2016

Category	Status (As of November 29, 2016)	Number of CVTC Residents
1	Residential provider chosen, arrangement for move underway	7
2	Potential residential provider home selected, but needed assessments are occurring to confirm appropriateness of placement	2
3	Individual is in the process of touring potential providers, but has not yet chosen a provider placement	61
4	Individual scheduled to move in FY 2017, has not yet had initial planning meeting	20
5	Individual not in active discharge process yet, but does not have needs that require additional capacity	48
6	Individual selected a provider, but new construction or renovations still in process	13
7	Individual with needs that may require additional capacity or funding	25
	Total Number of Residents	**176**

Table 8 above does not delineate between CVTC residents living in the main intermediate care facility (ICF) units and those living in the skilled nursing facility. In April 2016 when the census reached 44 residents, CVTC consolidated residents in the nursing facility from two floors to one floor. As of November 29, 2016, 28 individuals lived in the nursing facility. Staff have projected that 26 of these residents could have their needs met and be supported in a waiver funded home. Consolidation also allowed CVTC to more effectively staff the nursing facility and manage residents as staff continued to separate with limited success in replacing the vacant positions. Specifically, the success of recruiting health care professions has been limited. The staff retention plan for the nursing facility has slowed attrition, but not to the point that the administration could

assure adequate staffing until closure of the nursing facility. As a proactive measure and to mitigate the ongoing difficulty retaining staffing levels that ensure the health and safety of individuals' residing in the CVTC Skilled Nursing Facility, DBHDS moved to decertify the CVTC Skilled Nursing Facility beds by December 31, 2016. The beds will be recertified to Intermediate Care Facility beds. Individuals were assessed and all but six of the then 44 residents (as of August 2016) could be supported in ICF certified beds. The ability to support these individuals in the ICF units has become possible over time with staff training, improved staff qualifications and available expertise in the CVTC ICF. As indicated above, 26 of the remaining residents can be supported in waiver funded community homes. With the decertification of the skilled nursing beds, DBHDS recognized that some individuals will require a higher level of care due to the complexity of some individual's needs. These individuals are being assisted to identify a private provider or will be transferred to Hiram Davis Medical Center, a state-operated skilled nursing facility.

Training center social workers contact the authorized represents of residents in the training center, including the nursing unit, as required by the DOJ settlement agreement 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 November 29, 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, 23 percent of individuals are saying "not yet" to the discharge process (most likely postponing action until closer to the closing date). Also, 39 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.

Table 10: Community Integration Preferences Statewide, as of November 29, 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	33	30	42	71	**176**
SWVTC	8	46	11	15	**80**
SEVTC *Remains Open*	2	2	22	41	**67**
Total	**43**	**78**	**75**	**127**	**323**

A significant portion of the families and representatives for individuals at CVTC have expressed reluctance to consider options citing the legislative study for consideration of a public private partnership, due to the General Assemble by early January 2017. 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 119 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. DBHDS witnessed this reduction in reluctance as the closing date approached at both SVTC and NVTC.

Barriers to Discharge (iii)

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 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 status of 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 in January 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. DBHDS has finalized awards with the selected providers and contracts are expected to be fully executed in December 2016. The providers will 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 continue to coordinate with providers to increase capacity in the Southwest region.
- Developing and accessing providers across Virginia 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. DBHDS continues to 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 by the selected contractor.
- The SEVTC census is currently at 67. This number includes transfers in Fiscal Year 2016 from NVTC, SWVTC and CVTC. It is projected that SEVTC will have a census of 75 in June 2020.
- The waiver amendments were implemented on September 1, 2016. The customized rate enabling negotiated budgets will be submitted to CMS for approval to replace the exceptional rates approved in earlier amendments for approval in the third quarter.
- 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 for community services for the Northern portion of the state. The 40 percent is being 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.

General Fund and Non-General Fund Cost (iv)

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

Appendix C at the end of this report displays the average cost for individuals that were discharged from the training centers between FY 2012 and FY 2015. When calculating the figures in Appendix C, the following assumptions were considered:

- The individuals included were discharged over a four year span (FY 2012 – FY 2015).
- 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 2015, there were 511 discharges; however, the training center average calculation only used data from a subset of 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 Department of Medical Assistance Services (DMAS) claims data.

The Use of Increased Medicaid Reimbursement to Meet Exceptional Needs (v)

The Centers for Medicare & Medicaid Services (CMS) 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 exceptional rate increase went into effect November 1, 2014. These rates have enabled individuals with more intensive needs who reside in Virginia's training centers to receive supports to move to community placements.

In addition, these exceptional rates have enabled other individuals to receive services from community providers who have developed or had the expertise to service individuals with more intensive 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 intensive behavioral and/or medical support needs. The exceptional rate will stay in effect until the proposed customized rate is approved. (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 databases 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 November 29, 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 DOJ Settlement Agreement, the Medicaid waiver redesign, and the training center closures as required in *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.*

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 at every meeting. Information about these meetings can be viewed at: www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/doj-settlement-agreement. The first quarter FY 2017 Settlement Agreement Stakeholder meeting was held on September 14, 2016. The second quarter FY 2017 meeting was held on December 13, 2016.

Community Provider Capacity and Expansion Efforts

As noted above, lack of provider choice 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 southwest Virginia 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 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 and Community Engagement support,
    - Specialized Residential, and
    - Supported Employment services

- Regional 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, six of those are actively developing residential options.

- 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. One contract has been finalized and two are pending.

Funding and Development Status

Implementation of new waiver rates 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 received federal approval and began being implemented on September 1, 2016. The revised rates were implemented on September 1 for all except Sponsored Residential which will be implemented on January 1, 2017 and four services that will not begin until July 1, 2017. These new 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 will be able to negotiate a custom rate for the individual with the approval of a pending amendment to CMS. Activities that have occurred include:

- Identifying one-time resources to provide bridge funding for one-time, transitional costs not currently covered in the existing Community Living waiver. These resources are utilized for one-time transitional expenses for individuals moving from training centers into the community that are not eligible under Medicaid waivers.

- 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 9).

- In addition to bridge funding, DBHDS will utilize $750,000 in one-time funds appropriated from the Behavioral Health and Developmental Services (BHDS) Trust Fund, which will provide assistance with startup costs. Providers will be awarded the grant funding from the $2.4 million RFP to develop services for individuals leaving SWVTC.

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 11 below provides an update on the number of people in the target population that are living in their own homes.

Table 11: Independent Housing – Outcomes Table (As of November 10, 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)	200
TOTAL # of people in target population living in their own home	**543**
# of Rental Assistance resources set-aside for the target population	382
# of individuals in application/voucher intake/housing search process	84

Table 12 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 12: Independent Housing – Outcomes Table (As of November 10, 2016)

PHA	Public Housing or Housing Choice Voucher/# HCV	Implementation Date
VHDA	HCV Set-aside/**127**	Jul-2014
Roanoke City	HCV Set-aside/**10**	Jul-2015
Virginia Beach City	HCV Set-aside/**15**	Jul-2015
Richmond City	HCV Set-aside/**20**	Oct-2015
Danville City	HCV Set-aside/**25**	Dec-2015
Hampton City	HCV Set-aside/**25**	Jan-2016
Newport News City	HCV Set-aside/**12**	May-2016
Alexandria City	HCV Set-aside/**8**	Jan-2016
People Inc.	HCV Preference	Oct-2015
Harrisonburg City	HCV Preference	Jan-2016
Petersburg City	Public Housing Preference (PH) & HCV Preference	Jan-2016
Accomack-Northampton Co	HCV Preference	Feb-2016
James City County	HCV Preference	Mar-2016
Franklin City	Public Housing Preference (PH)	No constructed units yet
State Total Set-Aside	**242**	

Regional Support Centers to Provide Specialty Services

DBHDS developed Regional Community Support Centers (RCSCs) in the training 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 develop 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 continues to transition the services provided by the RCSCs, previously located within each training center, to the community as the training centers close. The community-based services provided through the Health Support Network (HSN) during past quarter include:

Dental

- The DBHDS Fixed Rate Dental Pilot program has been in full operation since November 2015 in Health Planning Region 4 (HPR 4). The pilot has been providing non-emergent dental services (preventative and basic care). Currently, there are six participating dental providers; four of which are Federally Qualified Health Centers (FQHC), one is a free clinic and one is a private dental clinic.
- By the end of October 2016 the HSN in HPR 4 had processed approximately 298 referrals to these dental providers and continues to accept referrals. Of the 298 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, DBHDS established a Fixed Rate Dental Pilot program providing non-emergent dental services to individuals 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 CSBs 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 October 2016, the HSN in HPR 2 had processed approximately 219 referrals to these dental providers and continues to accept referrals. Individuals are currently making appointments to see these providers. Of the 219 individuals referred, approximately 21 individuals have completed at least one community based dental visit.
- A second dental pilot program was initiated by DBHDS that provides moderate sedation dentistry and has been developed under a sole source process. This program provides moderate sedation dentistry that can include IV sedation for provision of basic dental care for those individuals previously served by the RCSC 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 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. During this period, DBHDS offered technical assistance to the sole source contractor who had been non-responsive; assisted to arrange a one day dental fair with all pilot providers to enhance pilot related education, provided one-time funds to address access to offices that were not handicapped accessible; reviewed and sorted all information in the "on-site" dental charts, creating a data sheet to outline prior treatments; met with the Northern Virginia DD Directors to explain and update on pilot issues and developed a feedback strategy; posted and hired dental

hygienists to oversee and implement care for this and future dental needs in NOVA. DBHDS staff currently evaluating the current sole source contract for compliance, and have developed secondary plans to implement same model outside of current sole source contract, if needed.

- DBHDS is in the planning stages to also establish a fixed rate, non-emergent dental services pilot program to serve individuals with DD in HPR 3. Planning sessions were conducted by webinar in August 2016 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 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 for 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). In July 2016, the 2nd annual Oral Health Care for DSPs/Providers presented in conjunction with VDH was conducted in HPR 4 with approximately 45 people in attendance. The next training sessions are targeting HPRs 3 and 5.

- The 3rd Special Needs Dentistry training for dental professionals on the challenges and recommended clinical interventions for the provision of dental care to individuals with DD will be held in conjunction with VDH and VOHC in HPR 3 in the fall of 2016.

Community Nursing

- DBHDS initiated statewide regional nursing meetings in 2014. The purpose of these meetings is to share common opportunities and challenges, evaluate and potentially revise current Board of Nursing directives, 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 HPRs. Attendees are private and public nurses (registered nurses and licensed practicing nurses) and some program managers with expertise working with individuals with DD who are not employed by DBHDS. 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 support 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. The 4th Nuts and Bolts training, "Caring for Individuals with High Medical and

Care Needs in a Community Setting," was held in HPR 1 July 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 to individuals with DD in the community 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 HPRs. 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 (FREE) Center, the MREs work with community-based occupational 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, 187 individuals have been served across the state.

Appendices

Appendix A: Supports Needs of Individuals at SWVTC
November 29, 2016

Census = 80 Individuals

	Service/Support Needed for Successful Community Placement	Individuals Needing
1	Supported Employment	43
2	Prevocational	12
3	Day Support	64
4	Residential	32
	Residential preference not documented	0
5	Group Home	62
6	Sponsored Home	12
7	In Home Supports	3
8	Supported Living	0
9	ICF	13
10	Skilled Nursing	0
11	Nursing Facility	1
12	24 hour Nursing (LPN or RN)	2
13	Personal Assistance	0
14	Companion	2
15	Respite	34
16	Therapeutic Consultation	61
	Chronic Medical Conditions Requiring Additional Support	
17	Blood Pressure	8
18	Diabetes	4
19	Seizures	44
20	Ear, Nose and Throat	15
21	Ataxia	3
22	Falls	10
23	Contractures	1
24	UTI	3
25	Urinary Retention	3
26	Tardive Dyskinesia	2
27	Skin Care for Breakdown	19
28	Cardiac Condition	5
29	Dermatitis, Dry Skin	13
30	Dandruff	2
31	Constipation	54
32	Pneumonia	5
33	Chronic Rhinitis	33

	Service/Support Needed for Successful Community Placement	Individuals Needing
34	Dysphagia	44
35	Thyroid Dysfunction	18
36	Osteopenia	15
37	Osteoporosis	24
38	Weight Instability (Tendency to underweight)	18
39	Weight Instability (Obesity-tendency to overweigh)	34
40	GERD (reflux)	23
41	Arthritis	9
42	Teeth/gums issues	2
43	Cerumen in Ears (wax)	2
44	Hypothermia	0
45	Other	65
46	Not applicable	0
	INTENSIVE MEDICAL MONITORING OR CARE	
47	Feeding tube (Nurse provision or supervision required)	8
48	Tracheotomy	0
49	Respiratory	3
50	Respiratory Therapy	1
51	Sleeping/e.g., C-Pap	15
52	Occupational Therapy	12
53	Physical Therapy	30
54	Speech/Language Therapy	24
55	Feeding	8
56	Wound Care	6
57	VNS	4
58	(diastat protocol)	3
59	J Tube	1
60	G Tube and PO Feeding	2
61	Tube Feedings Gravity Drip	0
62	Tube Feedings Pump	0
63	Tube Feedings Bolus	7
64	Urinary Catheterization	3
65	Colostomy	3
66	Medications G-Tube	8
67	Medications Port-A-Cath	0
68	Special Medical Equipment or Devices	47
69	Assistance with Med Administration	74
70	Oxygen Continuous	0
71	Oxygen Use as PRN (as needed)	0
72	Oxygen as ordered	2

	Service/Support Needed for Successful Community Placement	Individuals Needing
73	Oral Suctioning	1
74	Suctioning (RN Required)	1
75	Psychiatric	42
76	Intensive PICA (required 1:1 or helmet)	6
77	Dehydration	0
78	Impaction	1
79	Chest PT	0
80	Aspiration Pneumonia	3
81	Wheelchair accessible residence required	37
82	Other Intensive Medical Mentoring	9
83	Comments	0
84	Medical Not applicable	0
	BEHAVIORAL SUPPORT	
85	Externally directed destructiveness (e.g., assault/injury, property destruction, stealing)	40
86	Self-directed destructiveness	39
87	Emotional outbursts, anger, yelling	42
88	Sexual aggression or inappropriate sexual behavior	6
89	Inappropriate sexual behavior	0
90	PICA (eating inedible objects)	11
91	Elopement	0
92	Wandering	11
93	Symptoms related to mental health diagnosis	41
94	Other behavioral concerns	11
95	Comments	0
96	Behavioral concerns not applicable	0

Appendix B:
Number of Providers Identifying Service Offered (Self-Reported), by Region
November 29, 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	82	19	14	20	27	24
2	Prevocational	80	14	12	16	26	23
3	Day Support	201	32	36	44	82	70
4	Residential	477	50	46	89	180	231
5	Group Home	450	55	40	75	168	207
6	Sponsored Home	95	20	17	23	42	41
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	30	4	6	10	6	11
15	HPR I - total	83	83				
16	HPR II –total	90		90			
17	HPR III - total	119			119		
18	HPR IV - total	256				256	
19	HPR V - total	272					272
20	Willing to expand an existing service	394	48	57	76	150	170
21	Willing to develop and or add a service	396	49	52	70	148	188

	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)
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 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[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.*