COMMONWEALTH of VIRGINIA

JACK BARBER, M.D.
INTERIM COMMISSIONER

DEPARTMENT OF
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March 31, 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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March 31, 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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Fiscal Year 2017
Training Center Closure Plan
3rd Quarter Update
(Item 313.L.1 of the 2016 Appropriation Act)

April 1, 2017

DBHDS Vision: A Life of Possibilities for All Virginians

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Fiscal Year 2017
Training Center Closure Plan 3rd 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 January 1, 2017 to March 31, 2017. 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 February 28, 2017 the census at the training centers was 310 and community capacity continues to increase across the state to meet the needs of individuals leaving the training centers. DBHDS, with the Department of Medical Assistance Services (DMAS), completed redesign of the Medicaid I/DD Waivers, which was implemented September 1, 2016.

Fiscal Year 2017
Training Center Closure Plan 3rd 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 313 L. The closure plan was published on January 10, 2014 and the first training center, Southside Virginia Training Center (SVTC), closed in May 2014. Northern Virginia Training Center officially closed operations in March 2016. 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 11,000 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. Table 2 below shows the year when each training center reached its peak census. In 1972, there were 5,443 people living in Virginia's two training centers.

Table 2: Training Center at Peak Census

Training Center	Census	Year
Central Virginia Training Center (CVTC)	3,686	1972
Southern Virginia Training Center (SVTC)	1,757	1972
Northern Virginia Training Center (NVTC)	306	1974
Southeastern Virginia Training Center (SEVTC)	200	1974
Southwestern Virginia Training Center (SWVTC)	226	1974

Advances in care, technology and, importantly, the creation of the Medicaid Waiver program in the early 1990s, provided stable funds for community-based alternatives to training center level of care and resulted in an immediate reduction in demand and preference for training centers. In the years that followed, training center admissions and censuses statewide rapidly declined. In fact, the statewide census decreased by 68 percent from its peak in 1972 to the year 2000. Table 3 below shows an 82 percent reduction in statewide census since the year 2000.

Table 3: Training Center Census Changes, 2000 – February 28, 2017

Training Center	2000 Census	March 2010	June 2011	June 2012	June 2014	June 2015	June 2016	Feb. 28, 2017	% Decrease 2000 - Present
SVTC Closed 2014	465	267	242	197	0	0	0	0	100%
NVTC Closed 2016	189	170	157	153	107	57	0	0	100%
SWVTC Closure date: 2018	218	192	181	173	144	124	98	76	65%
CVTC Closure Date: 2020	679	426	381	342	288	233	192	163	76%
SEVTC Remains open	194	143	123	104	75	69	65	71	65%
Total	**1,745**	**1,198**	**1,084**	**969**	**614**	**483**	**355**	**310**	**82%**

Training centers statewide have had only five new community admissions since 2014, three to SEVTC and two to CVTC. It is anticipated the people admitted to SEVTC will not remain long term as DBHDS develops community providers. Even without recent enhanced efforts to assist individuals move to more integrated settings, the training center census would have continued to decline significantly through lack of admissions, 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, the census will continue to decrease, even if discharges would slow due to indeterminate closing dates that may result from the legislative

study on having a smaller, second training center. The bar chart references the number of admissions from 2000 to 2017. The red line is the trend line of census reduction since 2000 that would have resulted in continued downsizing 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 2000-2017

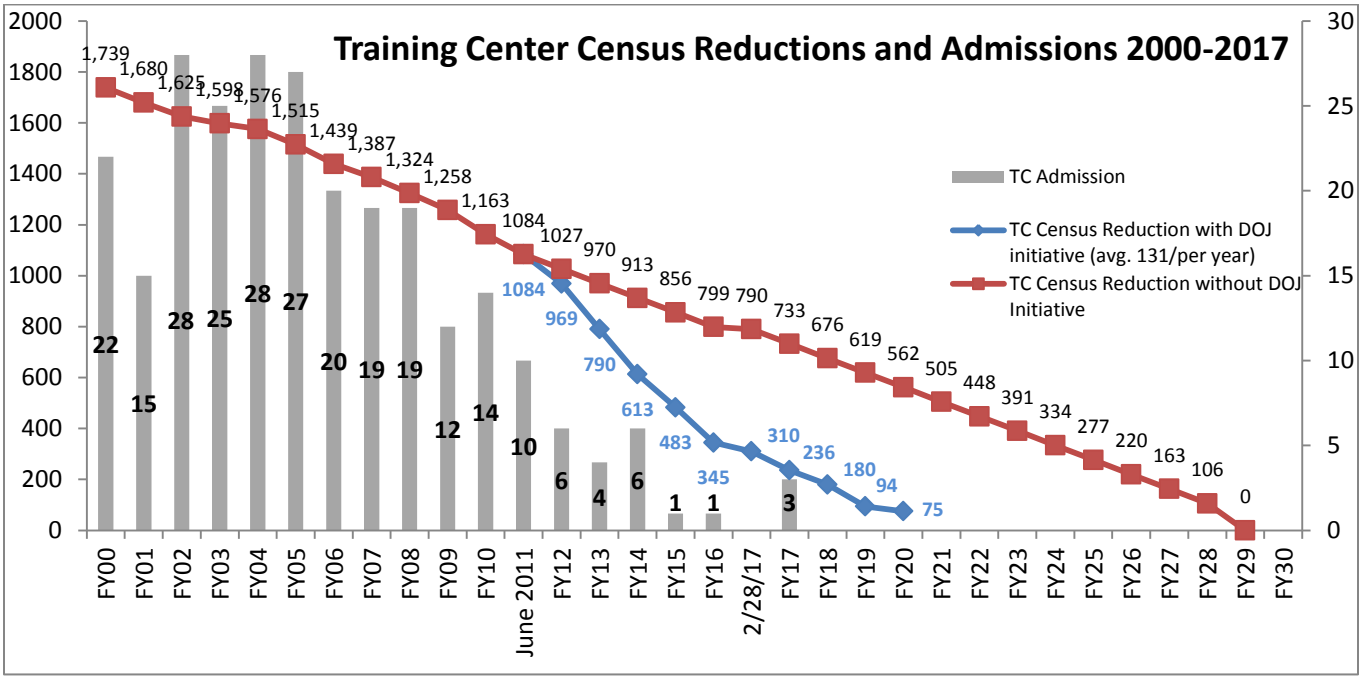

Table 5 below provides information on the current census, development of community services, and current projected census reduction. The Commonwealth closed the behavioral treatment unit (Pathways) at SWVTC on June 30, 2015 as required by the DOJ settlement agreement. Review of the adult crisis program (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. The appropriation of trust fund dollars requested by the Governor and approved by the General Assembly ensures that when funds become available from the sale of NVTC that the awards can be quickly made to develop additional providers.

Table 5: Summary of Statewide Training Center Census and Provider Capacity Status (2/28/17)

SWVTC *Closure: 2018*		**CVTC** *Closure: 2020*		**SEVTC** *Remains Open*	
Current Census	**76**	**Current Census**	**163**	**Current Census**	**71**
Community Providers	**15**	Community Providers utilized this quarter	**7**	Community Providers utilized this quarter	**20**
Available options	**30**	Available options	**103**	Available options	**27**
Providers in development	**5**	Providers in development	**5**	Providers in development	**2**
Options in development	**56**	Options in development	**25**	Options in development	**6**
Total number of options that will be available by 2017	**86**	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 (FY16 YTD)	**$$324,967**	Cost per person annually (FY16 YTD)	**$334,238**
Projected census:		**Projected census:**		**Census reduction:**	
○ June 2017	**68**	○ June 2017	**137**	○ June 2017	**72**
○ June 2018	**0**	○ June 2018	**114**	○ June 2018	**74**
		○ June 2019	**65**	○ June 2019	**74**
		○ June 2020	**0**	○ June 2020	**75**

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 313 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 313 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 652 individuals who have moved from the training centers since 2011.

Table 6: Types of Homes Chosen by the 652 Individuals Who Transitioned from Training Centers

652 Discharges: Types of Homes Chosen												
Own Home	Leased Apt.	Family	Sponsor	Waiver 4 or less	Waiver 5 or more	ICF/IID 4 or less	ICF/IID 5 or more	Interstate Transfer	State Facility	Nursing Facility	Hospital/ Hospice Care	Transfer Training Center
0	1	5	45	238	215	26	59	5	1	33	1	23

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 living options once they 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 February 28, 2017.

Table 7: Discharge Status, SWVTC, as of February 28, 2017

Category	Status (As of February 28, 2017)	Number of SWVTC Residents
1	Residential provider chosen, arrangement for move underway	4
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	Individuals 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	Individuals who have needs that require additional capacity	46
	Total Number of Residents	**76**

Table 8: Discharge Status, CVTC, as of February 28, 2017

Category	Status (As of February 28, 2017)	Number of CVTC Residents
1	Residential provider chosen, arrangement for move underway	9
2	Potential residential provider home selected, but needed assessments are occurring to confirm appropriateness of placement	15
3	Individual is in the process of touring potential providers, but has not yet chosen a provider placement	40
4	Individual scheduled to move in FY 2017, has not yet had initial planning meeting	16
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	10
7	Individuals with needs that may require additional capacity or funding	25
	Total Number of Residents	**163**

Table 8 above represents the residents residing in the training center's main intermediate care facility (ICF). On January 31, 2017, all of the skilled nursing beds at CVTC were decertified. CVTC moved 21 already certified ICF beds to one wing of Building 31 (former nursing facility) to meet the needs of individuals currently living in Building 31. The ability to support these individuals in an ICF certified bed rather than a skilled nursing certified bed has become possible over time with staff training, improved staff qualifications and available expertise in the CVTC ICF. Most 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 still required a higher level of care due to the complexity or intensity of some individuals' medical and/or behavioral support needs. Four individuals with more intense medical needs did not select available community options and were transferred to Hiram Davis Medical Center, which provides skilled nursing and meets the definition of a training center per Virginia Code 37.2-100 by providing "*individually focused supports to persons with intellectual disability.*"

Training center social workers contact the authorized represents of residents in the training center, as required by 313 L. 1 of this report 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.

**It is important to note 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 the set closure dates approach.*

Table 10 below provides community integration preferences as of February 28, 2017 for individuals living at the training centers. As of the date of this report, 36 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 below, 24 percent of individuals are saying "not yet" to the discharge process (most likely postponing action until closer to the closing date). Also, 40 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 February 28, 2017

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	19	35	44	65	**163**
SWVTC	14	35	15	12	**76**
SEVTC *Remains Open*	2	6	15	48	**71**
Total	**35**	**76**	**74**	**125**	**310**

A significant portion of the families and representatives for individuals at CVTC have expressed reluctance to consider options citing action by the General Assembly to develop a plan and evaluate that plan for consideration of operating another smaller training center. 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 legislative action, 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 announced closing date approaches.

Barriers to Discharge (iii)

As required in Item 313 L.1, (iii), DBHDS tracks and reviews routinely any barriers to discharge for each individual. Beyond reluctance of a guardian or authorized 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 three individuals who choose to continue living 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 in August 2016. 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 is finalizing awards with the selected providers and contracts are expected to be fully executed by March 2017. 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. The delay in drafting the contractual agreements

to release funds resulted in rescheduling planned discharges from fiscal year 2016 to fiscal year 2017. One provider contract has been finalized with two pending. 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 plans for operating a smaller, additional training center are considered and finalized.

- The SEVTC census is currently at 71. This number includes transfers in fiscal year 2016 from NVTC, SWVTC and CVTC. Based upon anticipated additional transfers from SWVTC and CVTC, along with continued movement of SEVTC into community housing, it is projected that SEVTC will have a census of 75 in June 2020.
- The redesigned 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. $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 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 averages, 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 Department of Medical Assistance Services (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 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 intellectual disability (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). The amendment for the customized rates process was submitted on March 2, 2017.

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 February 28, 2017. 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 313 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 second quarter FY 2017 meeting was held on December 13, 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 313 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, an RFP award requires the providers to work with DBHDS, SWVTC and residents' authorized representatives to develop homes and supports specifically for the needs of each individual. As provider capacity expands, DBHDS will ensure the following services are in place to meet the needs of transitioning individuals:
    - 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, five 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. While awards were offered to three providers to expand services by adding 45 options for individuals with intensive medical needs, only 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 were implemented on September 1, 2016. The revisions to the increased rates in the new waivers 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 indicated individual. Activities that have occurred include:

- Identifying resources to provide bridge funding for one-time transitional costs. Also identifying any additional resources for expenses not covered by the amended waivers that 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 9).

- 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 $2.4 million RFP to develop services in Southwest Virginia 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 settlement agreement 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 February 1, 2017)

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)	238
TOTAL # of People in Target Population Living in their own home	**581**

# of Rental Assistance Resources Set-Aside for the Target Population	382
# of individuals in Application/Voucher Intake/Housing Search Process	89

Table 12 below provides an update on the number of public housing authorities (PHA) that have requested or plan to request an admission preference for the target population.

Table 12: HUD Approved Waiver/Admission Preference for Voucher/Tenant-Based (14 PHAs)

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
Total	**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 also developing a health support network (HSN) 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 HSN during past quarter include:

Dental

- The HSN 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). There continue to be six participating dental providers.
- By the end of December 2016, the HSN in HPR 4 had processed approximately 313 referrals to these dental providers and continues to accept referrals. Of the 313 individuals referred, approximately 132 individuals have completed at least one community-based dental visit.
- Dental support services remain available at Hiram Davis Medical Center (HDMC) to supplement expanding community capacity. A process is being created to coordinate the dental care that can be provided at HDMC with the community based model promoted by the pilot programs. The process focuses on dental care being provided in the least restrictive setting.
- In HPR 2, the HSN 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. The fixed rate dentistry pilot in HPR 2 has been in operation since July 1, 2016. There are two participating dental providers with a combined 11 locations.
- By the end of December 2016, the HSN in HPR 2 had processed approximately 379 referrals to these dental providers and continues to accept referrals. Individuals are currently making appointments to see these providers. Of the 379 individuals referred, approximately 50 individuals have completed at least one community-based dental visit with some also being referred to the sedation dentistry pilot program.

- A second dental pilot program was initiated by the HSN that provides moderate sedation dentistry. This program provides moderate sedation dentistry that can include intravenous (IV) sedation for provision of basic dental care for those individuals previously served by the RCSC at NVTC. This initial pilot program began on August 8, 2016 at two locations in HPR 2. Dental support services remain available at HDMC to supplement expanding community capacity. The pilot currently has 527 individuals identified and automatically referred who were treated at the RCSC at NVTC and were previously identified to need this level of dental care. As of December 2016, 50 individuals were seen for at least one dental visit.
- The HSN is in the planning stages to also establish a fixed rate, non-emergent dental services pilot program to serve individuals with developmental disabilities in HPR 3. On December 16, 2016 a special needs dentistry training for dental professionals was sponsored by DBHDS in collaboration with the Virginia Department of Health (VDH) and the Virginia Oral Health Commission (VOHC). An RFP for the pilot in HPR 3 is expected to be posted during the first quarter of FY 2017.
- The HSN is in the planning stages to establish a mobile dentistry program.

Integrated Health Care Trainings

Oral Care

- Recognizing the continued need for expanded education for the provision of oral health care in the community, the HSN registered nurse care consultants in conjunction with the VDH special needs dentistry specialist developed a "hands on" dental care training program targeting direct service providers (DSPs). On December 15, 2016, the training was provided in HPR 3 with 24 people in attendance. The next training session in HPR 5 was held on February 9, 2017 and 43 people registered. This will complete the presentation in all five regions. The plan is to continue to present the program across Virginia. HPR 1 is the location for the next presentation in March 2017. The presentation and curriculum is expected to be posted on the DBHDS website in the 1st quarter of 2017.

- The third special needs dentistry training for dental professionals on the challenges and recommended clinical interventions for the provision of dental care to individuals with developmental disabilities was held in conjunction with VDH and the Virginia Oral Health Coalition (VOHC) in HPR 3 on December 15, 2016 with 26 people in attendance.

- The fourth special needs dentistry training for dental professionals on the challenges and recommended clinical interventions for the provision of dental care to individuals with developmental disabilities was held in conjunction with VDH and VOHC in HPR 5 February 10-11, 2017.

Skin Integrity

- In 2014, the HSN registered nurse care consultants in collaboration with the regional nursing groups developed a "train the trainer" program focused on skin care and the prevention of decubiti ulcers. As of the end of December 2016, the program had been presented in all five regions in conjunction with the community nursing meetings to refine the instructional materials. The presentation and curriculum materials are currently available to individuals and providers on the DBHDS website.

Community Nursing

- The HSN 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. In the last quarter of 2016, these groups collaborated on the development of the skin integrity train the trainer program. These meetings are supported by the HSN and occur monthly in all five HPRs. Attendees continue to be private and public nurses (registered nurses and licensed practicing nurses) and some program managers who are not employed by DBHDS who have expertise working with individuals with developmental disabilities. There remain approximately 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. On December 1, 2016, the seminar was presented in HPR 3 with 10 participants. By the end of 2016, the Nuts and Bolts training, "Caring for Individuals with High Medical and Care Needs in a Community Setting," had been presented in all five regions. It is expected to be posted on the DBHDS website in the first quarter of 2017.

Mobile Rehab Engineering

- The Mobile Rehab Engineering (MRE) mission is to provide durable medical equipment (DME) maintenance and repair services to individuals with developmental disabilities 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 the Department of Aging and Rehabilitative Services 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, 301 individuals have been served across the state.

Appendices

Appendix A: Supports Needs of Individuals at SWVTC
February 28, 2017

Census = 76 Individuals

	Service/Support Needed for Successful Community Placement	Individuals Needing
1	Supported Employment	44
2	Workplace Assistance	12
3	Community Engagement	57
4	Community Coaching	29
5	Group Day Support	18
6	Residential	76
	Residential preference not documented	0
7	Independent Living Supports	0
8	Shared Living	0
9	Family Home	1
10	In Home Supports	3
11	Sponsored Home	12
12	Supported Living	0
13	Group Home	64
14	ICF	12
15	Nursing Facility	1
16	Intermitted Skilled Nursing	11
17	24 hour Nursing (Private Duty LPN or RN)	2
18	Personal Assistance	0
19	Companion	2
20	Crisis Support	0
21	Personal Emergency Response System (PERS)	0
22	Respite	34
23	Therapeutic Consultation	62
	Chronic Medical Conditions Requiring Additional Support	
24	Blood Pressure	7
25	Diabetes	4
26	Seizures	45
27	Ear, Nose and Throat	14
28	Ataxia	3
29	Falls	12
30	Contractures	1
31	UTI	3
32	Urinary Retention	3
33	Tardive Dyskinesia	2

	Service/Support Needed for Successful Community Placement	Individuals Needing
34	Skin Care for Breakdown	19
35	Cardiac Condition	5
36	Dermatitis, Dry Skin	11
37	Dandruff	2
38	Constipation	56
39	Pneumonia	5
40	Chronic Rhinitis	35
41	Dysphagia	45
42	Thyroid Dysfunction	16
43	Osteopenia	14
44	Osteoporosis	26
45	Weight Instability (Tendency to underweight)	20
46	Weight Instability (Obesity-tendency to overweigh)	33
47	GERD (reflux)	24
48	Arthritis	9
49	Teeth/gums issues	2
50	Cerumen in Ears (wax)	2
51	Hypothermia	0
52	Other Chronic Medical Problems	66
53	Not applicable	0
	INTENSIVE MEDICAL MONITORING OR CARE	
54	Feeding tube (Nurse provision or supervision required)	10
55	Tracheotomy	0
56	Respiratory	3
57	Respiratory Therapy	1
58	Sleeping/e.g., C-Pap	17
59	Occupational Therapy	12
60	Physical Therapy	29
61	Speech/Language Therapy	23
62	Feeding	10
63	Wound Care	4
64	VNS	4
65	(diastat protocol)	3
66	J Tube	1
67	G Tube and PO Feeding	1
68	Tube Feedings Gravity Drip	0
69	Tube Feedings Pump	0
70	Tube Feedings Bolus	9
71	Urinary Catheterization	3
72	Colostomy	3

	Service/Support Needed for Successful Community Placement	Individuals Needing
73	Medications G-Tube	10
74	Medication J-Tube	1
75	Medications Port-A-Cath	0
76	Special Medical Equipment or Devices	51
77	Assistance with Med Administration	76
78	Oxygen Continuous	0
79	Oxygen Use as PRN (as needed)	0
80	Oxygen as ordered	2
81	Oral Suctioning	1
82	Suctioning (RN Required)	1
83	Psychiatric	42
84	Intensive PICA (required 1:1 or helmet)	7
85	Dehydration	0
86	Impaction	1
87	Chest PT	0
88	Aspiration Pneumonia	3
89	Wheelchair accessible residence required	39
90	Other Intensive Medical Mentoring	9
91	Medical Not applicable	0
	BEHAVIORAL SUPPORT	
92	Externally directed destructiveness (e.g., assault/injury, property destruction, stealing)	41
93	Self-directed destructiveness	38
94	Emotional outbursts, anger, yelling	43
95	Sexual aggression or inappropriate sexual behavior	7
96	Inappropriate sexual behavior	0
97	PICA (eating inedible objects)	11
98	Elopement	0
99	Wandering	12
100	Symptoms related to mental health diagnosis	42
101	Other behavioral concerns	9
96	Behavioral concerns not applicable	0

Appendix B:
Number of Providers Identifying Service Offered (Self-Reported), by Region
February 28, 2017

	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	86	22	14	24	27	25
2	Prevocational	82	16	12	17	26	23
3	Day Support	210	35	36	46	83	71
4	Residential	482	52	46	90	182	233
5	Group Home	459	57	41	78	171	211
6	Sponsored Home	97	23	17	24	43	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	33	5	6	11	6	11
15	HPR I - total	86	86				
16	HPR II –total	91		91			
17	HPR III - total	123			123		
18	HPR IV - total	258				258	
19	HPR V - total	274					274
20	Willing to expand an existing service	396	51	57	77	152	170
21	Willing to develop and or add a service	399	52	53	73	149	189

	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 four tables in the following pages show a summary of actual expenditures for individuals discharged between FY 2012 and FY 2015. 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	FY 2016
Total Facility Expenses					
Total Facility Expenses	**$10,949,465**				
Total Community Expenses					
Waiver Services Expenses					
Case Management		$187,085	$194,921	$178,922	$165,536
Congregate		$4,813,622	$4,605,512	$4,228,211	$3,673,854
Day Support		$500,252	$522,637	$487,868	$458,588
Habilitation Services		$12,815	$20,966	$38,973	$389,497
In-Home Residential		$0	$0	$0	$0
Personal Care		$0	$0	$0	$0
Pre-Voc & Supportive Employment		$56,257	$22,359	$9,062	$9,732
Skilled Nursing		$672,122	$732,882	$923,668	$588,047
Other		$31,003	$879	$630	$0
Total Waiver Services Expenses		**$6,273,156**	**$6,100,154**	**$5,867,333**	**$5,285,253**
Other Community Expenses					
Behavioral Health Services		$24	$629	$0	$0
Medical		$249,836	$213,943	$289,801	$176,171
Private ICF		$219,312	$237,284	$268,360	$498,631
Room & Board[1]		$606,883	$584,815	$551,712	$529,644
TDO		$0	$1,080	$0	$0
Transportation[2]		$100,555	$96,913	$91,450	$87,808
Total Other Community Expenses[3]		**$1,176,611**	**$1,134,665**	**$1,201,324**	**$1,292,253**
Total Community Expenses		**$7,449,766**	**$7,234,819**	**$7,068,656**	**$6,577,506**

Average Cost: Facility versus Community Cost Comparison	
FY11 - Year Prior to Discharge (Facility)[3]	$199,081
FY13 - 1st Year in Community Post Discharge[3]	$133,032
FY14 - 2nd Year in Community Post Discharge[3]	$133,978
FY15 - 3rd Year in Community Post Discharge[3]	$138,601
FY16 - 4th Year in Community Post Discharge[3]	$134,235

Average Per Resident Cost for all TCs	FY 2010	FY 2011	FY 2012	FY 2013
	$184,479	$203,997	$224,463	$262,245

Average Per Resident Cost for all TCs	FY 2014	FY 2015	FY 2016
	$314,472	$301,663	$343,267

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. Annual estimates are adjusted to account for individuals that were in a facility for the entire year, individuals with Medicaid expenses, and *(recently updated)* individuals that discharged to an ICF.

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 FY11 facility costs exclude two discharged individuals.
Average and total FY13 community costs exclude facility charges for one discharged individual.
Average and total FY14 community costs exclude three discharged individuals.
Average and total FY15 community costs exclude six discharged individuals.
Average and total FY16 community costs exclude eight discharged individuals.

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

Individuals Discharged in FY 2013 Total Funds				
# of Discharges - 158	FY 2012	FY 2014	FY 2015	FY 2016
Total Facility Expenses				
Total Facility Expenses	**$30,662,165**			
Total Community Expenses				
Waiver Services Expenses				
Case Management		$429,348	$419,226	$404,860
Congregate		$9,335,718	$9,034,738	$7,386,008
Day Support		$1,325,227	$1,368,270	$1,294,388
Habilitative Services		$91,103	$139,700	$1,736,836
In-Home Residential		$27,294	$0	$0
Personal Care		$0	$0	$0
Pre-Voc & Supportive Employment		$47,557	$43,010	$41,850
Skilled Nursing		$412,990	$448,205	$495,189
Other		$89,326	$37,586	$123,922
Total Waiver Services Expenses		**$11,758,562**	**$11,490,735**	**$11,483,054**
Other Community Expenses				
Behavioral Health Services		$39,570	($223)	$0
Medical		$734,787	$636,554	$544,543
Private ICF		$4,679,582	$5,138,711	$5,027,676
Room & Board[1]		$1,268,938	$1,246,869	$1,224,801
TDO		$0	$0	$0
Transportation[2]		$219,426	$215,384	$212,142
Total Other Community Expenses[3]		**$6,942,303**	**$7,237,295**	**$7,009,162**
Total Community Expenses		**$18,700,865**	**$18,728,030**	**$18,492,215**

Average Cost: Facility versus Community Cost Comparison	
FY12 - Year Prior to Discharge (Facility)[3]	$199,105
FY14 - 1st Year in Community Post Discharge[3]	$133,578
FY15 - 2nd Year in Community Post Discharge[3]	$136,701
FY16 - 3rd Year in Community Post Discharge[3]	$135,972

Average Per Resident Cost for all TCs	FY 2010	FY 2011	FY 2012	FY 2013
	$184,479	$203,997	$224,463	$262,245

Average Per Resident Cost for all TCs	FY 2014	FY 2015	FY 2016
	$314,472	$301,663	$343,267

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. Annual estimates are adjusted to account for individuals that were in a facility for the entire year, individuals with Medicaid expenses, and (recently updated) individuals that discharged to an ICF.

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 FY12 facility costs were calculated excluding four discharged individuals.
Average and total FY14 community costs exclude eighteen discharged individuals.
Average and total FY15 community costs exclude twenty one discharged individuals.
Average and total FY16 community costs exclude twenty two discharged individuals.

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

Individuals Discharged in FY 2014 Total Funds			
# of Discharges - 187	FY 2013	FY 2015	FY 2016
Total Facility Expenses			
Total Facility Expenses	**$51,341,867**		
Total Community Expenses			
Waiver Services Expenses			
Case Management		$505,749	$467,548
Congregate		$11,483,920	$10,645,884
Day Support		$1,498,616	$1,477,488
Habilitative Services		$228,083	$840,688
In-Home Residential		$25,447	$29,285
Personal Care		$6,197	$0
Pre-Voc & Supportive Employment		$10,287	$1,133
Skilled Nursing		$1,687,714	$1,338,701
Other		$140,495	$27,272
Total Waiver Services Expenses		**$15,586,507**	**$14,828,000**
Other Community Expenses			
Behavioral Health Services		$14,004	$670
Medical		$961,170	$731,309
Private ICF		$3,967,634	$4,700,017
Room & Board[1]		$1,467,554	$1,434,451
TDO		$1,080	$0
Transportation[2]		$250,602	$245,540
Total Other Community Expenses[3]		**$6,662,044**	**$7,111,987**
Total Community Expenses		**$22,248,550**	**$21,939,987**

Average Cost: Facility versus Community Cost Comparison	
FY13 - Year Prior to Discharge (Facility)[3]	$282,098
FY15 - 1st Year in Community Post Discharge[3]	$144,471
FY16 - 2nd Year in Community Post Discharge[3]	$144,342

Average Per Resident Cost for all TCs	FY 2010	FY 2011	FY 2012	FY 2013
	$184,479	$203,997	$224,463	$262,245

Average Per Resident Cost for all TCs	FY 2014	FY 2015	FY 2016
	$314,472	$301,663	$343,267

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. Annual estimates are adjusted to account for individuals that were in a facility for the entire year, individuals with Medicaid expenses, and (recently updated) individuals that discharged to an ICF.

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 FY13 facility costs were calculated to exclude five discharged individuals.
Average and total FY15 community costs were calculated to exclude thirty three discharged individuals.
Average and total FY16 community costs were calculated to exclude thirty five discharged individuals.

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

	Individuals Discharged in FY 2015 Total Funds	
# of Discharges - 109	FY 2014	FY 2016
Total Facility Expenses		
Total Facility Expenses	**$23,257,613**	
Total Community Expenses		
Waiver Services Expenses		
Case Management		$291,565
Congregate		$6,350,236
Day Support		$719,738
Habilitative Services		$657,250
In-Home Residential		$114,590
Personal Care		$0
Pre-Voc & Supportive Employment		$13,443
Skilled Nursing		$537,790
Other		($57,688)
Total Waiver Services Expenses		**$8,626,924**
Other Community Expenses		
Behavioral Health Services		$162
Medical		$590,998
Private ICF		$4,904,285
Room & Board[1]		$860,671
TDO		$0
Transportation[2]		$151,649
Total Other Community Expenses[3]		**$6,507,764**
Total Community Expenses		**$15,134,688**

Average Cost: Facility versus Community Cost Comparison	
FY14 - Year Prior to Discharge (Facility)[3]	$225,802
FY16 - 1st Year in Community Post Discharge[3]	$148,379.29

Average Per Resident Cost for all TCs	**FY 2010**	**FY 2011**	**FY 2012**	**FY 2013**
	$184,479	$203,997	$224,463	$262,245

Average Per Resident Cost for all TCs	**FY 2014**	**FY 2015**	**FY 2016**
	$314,472	$301,663	$343,267

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 FY14 facility costs were calculated to exclude six discharged individuals.
Average and total FY16 community costs were calculated to exclude seven discharged individuals.

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