



COMMONWEALTH of VIRGINIA

JACK BARBER, M.D.
INTERIM COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797
Richmond, Virginia 23218-1797

Telephone (804) 786-3921
Fax (804) 371-6638
www.dbhds.virginia.gov

October 1, 2017

The Honorable Thomas K. Norment, Jr., Co-chair
The Honorable Emmett W. Hanger, Jr., Co-chair
Senate Finance Committee
14th Floor, Pocahontas Building,
900 East Main 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,

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

Jack Barber, M.D.

Enc.

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



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The Honorable S. Chris Jones, Chair
House Appropriations Committee
900 East Main Street
Pocahontas Building, 13th Floor
Richmond, Virginia 23219

Dear Delegate Jones:

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**Fiscal Year 2018
Training Center Closure Plan
1st Quarter Update
(Item 313.L.1 of the 2016 Appropriation Act)**

October 1, 2017

DBHDS Vision: A Life of Possibilities for All Virginians

Fiscal Year 2018

Training Center Closure Plan – 1st Quarter Update

Preface

Item 313 L.1 of the 2016 *Appropriation Act* requires 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.

Fiscal Year 2018 Training Center Closure Plan – 1st Quarter Update

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Introduction

This report covers the period of July 1, 2017 to September 30, 2017. Savings realized from training center closures continue to be reinvested to expand community waiver operations. As of August 15, 2017 the statewide census at the training centers was 283 and community capacity continues to increase across the commonwealth to meet the needs of individuals leaving the training centers. The Department of Behavioral Health and Developmental Services (DBHDS), with the Department of Medical Assistance Services (DMAS), implemented the amended the Medicaid Intellectual and Developmental Disability (I/DD) Waivers in September 2016.

Training Center Census Reduction

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 first training center/Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID), Southside Virginia Training Center (SVTC), closed in May 2014. As of March 2016, Northern Virginia Training Center (NVTC) officially closed operations. Southwest Virginia Training Center (SWVTC) and Central Virginia Training Center (CVTC) are scheduled to close on the target dates as noted in Figure 1 below.

Figure 1: Training Center Census Changes, 2000 – August 15, 2017

Training Center	2011 Census	Census as of August 15, 2017	Percent Reduction Since 2011	Closure Date
SVTC	242	0	100%	May 2014
NVTC	157	0	100%	March 2016
SWVTC	181	70	61%	June 2018
CVTC	381	141	63%	June 2020
SEVTC	123	72	42%	Remains Open
Total	1084	283	74%	

Training Center Discharge Information

Placements Chosen by Authorized Representatives

Figure 2 below provides the number of individuals and families who have indicated a preference for moving to the community or are actively exploring their options. These families and authorized representatives either are in the process of moving or actively considering community options or are willing to participate in the discharge process.

Figure 2: Training Center Preference for Yes and Maybe as of August 15, 2017

Training Center	Yes - Currently in the Discharge Process	Maybe – Considering Options and Willing to Participate	Total
CVTC	22	29	51
SWVTC	20	28	48
SEVTC	3	3	6
TOTAL	45	60	105

Figure 3 below references the type of homes selected by the authorized representatives of the 675 individuals who have moved from the training centers since 2011.

Figure 3: Types of Homes Chosen by the Individuals Who Transitioned from Training Centers

675 Discharges: Types of Homes Chosen	
Own Home	0
Leased Apartment	1
Family	5
Sponsored	47
Waiver (4 beds or less)	255
Waiver (5 beds or less)	217
Community ICF/IID (4 beds)	27
Community ICF/IID (5 or more beds)	59
Interstate Transfer	5
State Facility	1
Nursing Facility	33
Hospital Hospice Care	1
Medicaid Ineligibility	1
Transfer to Other Training Center (ICF/IID)	23

Authorized Representatives Who Have Not Yet Made Decisions

Figure 4 below also provides preference indicators for family members and individuals who are saying “not yet” or “no” to the discharge process (most likely postponing action until closer to the closing date). Authorized Representatives 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.

Figure 4: Training Center Preference for Not Yet and No as of August 15, 2017

Training Center	Tentative, Not Always Responsive	Saying No or Not Yet	Totals
CVTC	34	56	90
SWVTC	15	7	22
SEVTC	15	51	66
Total	64	114	178

Barriers to Discharge

There are two major challenges to discharge from the training centers: provider capacity and reluctance of a guardian/authorized representative.

Provider capacity varies across the commonwealth. Active provider development continues in the Southwest and Central regions to add more community provider capacity. Request for Proposals (RFPs) have been awarded and homes are in development in those regions to serve individuals who require medical and behavioral supports.

Although families are reluctant and some adamantly opposed to moving, DBHDS has found that most families and authorized representatives become more willing to choose alternative placements with education about available options and as the established closure dates draw closer. With the first two closures, 25 percent of the families who indicated they would not accept a community placement elected to transition to a new community home instead of transferring to another training center as they closure date approached. With the closure date at SWVTC one year away, 72 percent of the families who originally said “no” or “not yet” to a community placement have shifted to choose a new community home over a training center transfer.

Total Cost of the Services Provided to Individuals Transitioning

The statewide average cost of supporting individuals in training centers in FY 2017 was \$343,625 per person, per year. 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. Using FY 2016 data, the average annual cost of supporting former residents who have moved into community homes was \$141,559.

Increased Medicaid Reimbursement for Congregate Residential Services

The rates for the Developmental Disability Waivers include a tiered approach payment structure for some services, which reimburses providers for the cost of serving individuals with more intensive behavioral and/or medical support needs. Customized rates support individuals with support needs that exceed reimbursement through the current rate structure. For a provider to receive a customized rate, the provider must demonstrate that increased costs are required for staffing and or programmatic oversight. Applications are reviewed and approved on an individual basis for each individual and provider.

Service and Support Needs

Survey of Supports and Availability

DBHDS conducts a quarterly comprehensive survey to identify support needs for each individual residing in the next training center scheduled to close. Figure 5 below contains data detailing the support needs for individuals residing at the training centers as of August 15, 2017. Below are

the numbers that reflect the aggregated need and capacity available. DBHDS does not utilize the surveys to match individuals and providers. In addition, the table does not contain data on vacancy rates nor provider capacity.

Figure 5: Supports and Availability

Training Center	Individuals who require Behavioral Supports	Provider beds available/in development	Individuals who require medical Supports	Provider beds available/in development
CVTC	40	44	48	50
SWVTC	40	50	24	30
SEVTC	48	100	22	100
Total	128	194	85	180

Regional Support Teams

In addition, DBHDS implemented five Regional Support Teams (RSTs) in March 2013. The RSTs are comprised of professionals with experience and expertise in serving individuals with developmental disabilities in the community, including individuals with complex behavioral and medical needs. The RST seeks to resolve individual, regional or system barriers that prevent individuals from receiving services in the most integrated setting of their choice.

There were 15 referrals presented to the RST for review from training centers in FY 2017 due to unavailability of residential options in Region 3 surrounding SWVTC. Providers are expanding capacity through an RFP process to address this barrier. There were 22 referrals presented to the RST for review from training centers in FY 2017 due to unavailability of residential options in Region 1 in the northwest area of Virginia. Providers are developing through an RFP process to address this barrier.

Stakeholder Collaboration

Quarterly Meetings

DBHDS facilitates various meetings to promote collaboration with stakeholders as listed below in Figure 6. Meetings have been held since July 2012 regarding the implementation of the Department of Justice (DOJ) Settlement Agreement, Medicaid waiver redesign, and training center closures. The quarterly Stakeholder 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. The fourth quarter FY 2017 meeting was held on June 28, 2017. Information related to the stakeholder meeting can be viewed at:

www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/doj-settlement-agreement.

Figure 6: Quarterly Meetings

April 2017	<ul style="list-style-type: none"> • Department of Aging and Rehabilitation Services (DARS) Public Guardianship Training 4.19.17 • Region I DD Directors 4.27.17
May 2017	<ul style="list-style-type: none"> • Quality Improvement Committee (QIC) 5.1.17 • Virginia Association of CSB's, DD Directors 5.4.17
June 2017	<ul style="list-style-type: none"> • Public Guardianship and Conservator Advisory Board 6.22.17 • Region III DD Director 6.23.17 • Stakeholder Meeting 6.28.17

Community Provider Capacity

Number of Small Community Group Homes or Intermediate Care Facilities

Active provider development continues in the Southwest and Central regions to add more community provider capacity. Request for Proposals (RFPs) have been awarded and homes are in development to serve individuals who require medical and behavioral supports. Figure 7 below shows the statewide training center census and provider capacity status.

Figure 7: Summary of Statewide Training Center Census and Provider Capacity Status (8/15/17)

SWVTC <i>Closure: 2018</i>		CVTC <i>Closure: 2020</i>		SEVTC <i>Remains Open</i>	
Current Census	70	Current Census	141	Current Census	72
Community Providers utilized this quarter	15	Community Providers utilized this quarter	7	Community Providers utilized this quarter	20
Available options	19	Available options	103	Available options	27
Providers in development	7	Providers in development	5	Providers in development	2
Options in development	64	Options in development	25	Options in development	6
Total number of options that will be available by 2018	83	Total number of options available by 2018	128	Total number of options available by 2018	33

Regional Support Centers for Specialty Services

DBHDS developed Regional Community Support Centers (RCSCs) in the training centers to increase access to services such as dental, therapeutic service and equipment. As the training centers close, DBHDS' Health Support Network (HSN) assesses existing community resources and develops services where needed.

Dental Program

The HSN established the opportunity for individuals to receive non-emergent dental services that includes a comprehensive assessment and two basic/preventative dental appointments per year in

community with participating clinics at a predetermined reimbursement rate for the dental office. There have been 1,209 referrals to the HSN dental program. As of June 30, there were 655 active individuals in the dental program with 569 people referred to the fixed rate program and 86 to the sedation program. Of those referred, 268 were completed between April and June 2017. In addition, 64 percent of the total number of patients referred to the program has been seen by their community dentist.

In 2016, the HSN took possession of two mobile dental units from the Virginia Department of Health. These mobile dental units had been previously utilized as part of the “Smiles Program” that was designed to promote good dental practices and support dental provisions under Family Access to Medical Insurance Security Plan (FAMIS). The DBHDS HSN mobile dentistry program launched August 2017. There are eight contracts for mobile dentistry with community providers in regions 2 and 4.

Mobile Rehab Engineering

Mobile Rehab Engineering was designed to replace the safety assessment, repair, and sanitation of durable medical equipment that were regularly scheduled at the training centers. There have been 1,719 repairs made to medical durable equipment throughout the commonwealth through FY 2017.

Community Nursing

Data are still being compiled for the current quarter so previous quarter (April 1, 2017 – July 1, 2017) data are used for this report. During this time, the community nursing team provided nursing technical assistance to 110 people requesting their assistance. There were 10 regional nursing meetings facilitated during the quarter with 80 attendees. And there were five community-based educational programs provided with 53 attendees.