



# COMMONWEALTH of VIRGINIA

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DEPARTMENT OF  
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October 1, 2018

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 310.L.1. of the 2018 *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 310.L.1. Staff at the department are available should you wish to discuss this request.

Sincerely,

A handwritten signature in black ink that reads 'S. Hughes Melton' with a small flourish at the end.

S. Hughes Melton, MD, MBA

Enc.

Cc: Hon. Daniel Carey., M.D.  
Marvin Figueroa  
Susan 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:

Item 310.L.1. of the 2018 *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 310.L.1. Staff at the department are available should you wish to discuss this request.

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Mike Tweedy



**Fiscal Year 2019  
Training Center Closure Plan  
1<sup>st</sup> Quarter Update  
(Item 310.L.1 of the 2018 Appropriation Act)**

**October 1, 2018**

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

# Fiscal Year 2019

## Training Center Closure Plan – 4<sup>th</sup> Quarter Update

### Preface

Item 310 L.1 of the 2018 *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 2019 Training Center Closure Plan – 1<sup>st</sup> Quarter Update

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# Introduction

This report covers the period of July 1, 2018 to September 30, 2018. Savings realized from training center closures continue to be reinvested to expand community waiver operations. As of August 31, 2018, the statewide census at the training centers/Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID), was 152 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 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 310 L. The first training center to close in May 2014 was Southside Virginia Training Center (SVTC). Northern Virginia Training Center (NVTC) officially closed operations in March 2016. Southwest Virginia Training Center (SWVTC) will decertify and cease providing resident care on August 31, 2018. Central Virginia Training Center (CVTC) is scheduled to close in June 2020. With current activity of community provider involvement with residents, the projected census as of June 30, 2019 should be a maximum of 45.

**Figure 1:** Training Center Census Changes, 2000 – August 31, 2018

Training Center	2011 Census	Census as of August 31, 2018	Percent Reduction Since 2011	Closure Date
SVTC	242	0	100%	May 2014
NVTC	157	0	100%	March 2016
SWVTC	181	0	100%	August 2018
CVTC	381	81	79%	June 2020
SEVTC	123	71	42%	Remains Open
<b>Total</b>	<b>1084</b>	<b>152</b>	<b>86%</b>	

## 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 31, 2018**

Training Center	Yes - Currently in the Discharge Process	Maybe – Considering Options and Willing to Participate	Total
CVTC	12	13	25
SEVTC	4	6	10
<b>TOTAL</b>	16	19	35

Figure 3 below references the type of homes selected by the authorized representatives of the 797 individuals who have moved from the training centers since 2011.

**Figure 3: Types of Homes Chosen by Individuals Who Transitioned from Training Centers as of August 31, 2018**

797 Discharges: Types of Homes Chosen	
Own Home	0
Leased Apartment	1
Family	4
Sponsored	54
Supervised Living	1
Waiver (4 beds or less)	314
Waiver (5 beds or less)	270
Community ICF/IID (4 beds)	27
Community ICF/IID (5 or more beds)	63
Interstate Transfer	4
State Facility	0
Nursing Facility	29
Hospital Hospice Care	1
Medicaid Ineligibility	3
Transfer to Other Training Center (ICF/IID)	26

### **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 and the change over the past year in numbers.

**Figure 4:** Training Center Preference for Not Yet and No as of August 31, 2018 Compared to August 15, 2017

Training Center	Tentative, Not Always Responsive 8-15-17	Tentative, Not Always Responsive 8-31-18	Saying No or Not Yet as of 8-15-17	Saying No or Not Yet as of 8-31-18	Totals 8-15-17	Totals 8-31-18	Change
CVTC	34	20	56	36	90	56	-49%
SEVTC	15	12	51	49	66	61	-8%
<b>Total</b>	<b>49</b>	<b>32</b>	<b>107</b>	<b>85</b>	<b>156</b>	<b>117</b>	<b>-25%</b>

## Barriers to Discharge

The primary barrier to discharge from the training centers is reluctance of a guardian/authorized representative.

Active provider development has eliminated capacity as a barrier to discharge. Request for Proposals (RFPs) have been awarded and homes are in development in the Western region to serve individuals who require medical and behavioral supports that will transition from CVTC.

Although families are reluctant and some are adamantly opposed to moving, DBHDS has found that most families and authorized representatives become more willing to choose alternative placements with education related to available options and as the established closure dates draw closer. With the first three 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 the closure date approached. For SWVTC, almost all of the families and individuals selected a community provider. DBHDS is confident with current and developing capacity, CVTC will remain on schedule to close by June 2020.

## Total Cost of the Services Provided to Individuals Transitioning

The statewide average cost of supporting individuals in training centers in FY 2018 was \$396,973 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 2017 data, the average annual cost of supporting former residents who have moved into community homes was \$154,339.

## 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 increased costs are required for staffing



and or programmatic oversight. Applications are reviewed and approved on an individual basis for each person 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 May 15, 2018. The numbers 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 or 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	18*	22	31*	32
SEVTC	46*	50	20*	40
<b>Total</b>	64*	77	51*	72

\*Some individuals require both Medical and Behavioral supports

### 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 56 referrals presented to the RST for review from training centers in FY 2018 due to unavailability of residential options in Region 3 surrounding SWVTC. Providers expanded services to develop and build the needed capacity. As a result all residents identified new homes. There were 46 referrals presented to the RST for review from CVTC in FY 2018 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. CVTC residents originate from all regions in Virginia, making the identification of providers in an individual’s home region easily achievable.

# 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.

Figure 6: Quarterly Meetings



## Community Provider Capacity

### Number of Small Community Group Homes or Intermediate Care Facilities

Active provider development continues in the Western region 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 (8/31/18)

<b>CVTC</b> <i>Closure: 2020</i>		<b>SEVTC</b> <i>Remains Open</i>	
<b>Current Census</b>	<b>81</b>	<b>Current Census</b>	<b>71</b>
Community Providers utilized this quarter	<b>14</b>	Community Providers utilized this quarter	<b>20</b>
Available options	<b>80</b>	Available options	<b>27</b>
Providers in development	<b>4</b>	Providers in development	<b>2</b>
Options in development	<b>36</b>	Options in development	<b>6</b>
Total number of options available by 2019	<b>116</b>	Total number of new options available by 2019	<b>33</b>

## **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**

This pilot began as an opportunity for individuals with developmental disabilities to receive non-emergent dental services that include a comprehensive assessment and two basic/preventative dental appointments per year in the community with participating clinics at a predetermined reimbursement rate for the dental office. Through June 2018, there have been 1592 individuals referred to the program with 1192 of those currently, active in our program. Of the patients’ active in our program, less than 30% require sedation due to our dental team working in the community to educate providers on new approaches to care.

### **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. Through July 2018, there have been 6550 repairs made to medical durable equipment of which approximately 75% were repair needs identified during a safety assessment and not requested repair calls. These repairs reduced the risk of bodily injury in over 67% of the cases.

### **Community Nursing**

Through February 2018, the community nursing team provided nursing technical assistance to 1702 individuals and providers. The nursing team has also provided community educational programs throughout the Commonwealth with over 735 participants attending.