



COMMONWEALTH of VIRGINIA

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February 10, 2019

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:

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**Fiscal Year 2019
Training Center Closure Plan
2nd Quarter Update
(Item 310.L.1 of the 2018 Appropriation Act)**

January 1, 2019

DBHDS Vision: A Life of Possibilities for All Virginians

Fiscal Year 2019

Training Center Closure Plan – 2nd 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 – 2nd Quarter Update

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Introduction

This report covers the period of October 1, 2018 to December 31, 2018. As planned, general funds realized from training center closures continue to be reinvested to expand the planned community waiver operations. As of November 14, 2018, the statewide census at the training centers funded through by Virginia's Medicaid Plan service as an Intermediate Care Facility for Individual with Intellectual Disability (ICF/IID), was 142, 70 at CVTC and 72 at SEVTC (SEVTC will remain open with a capacity of 75). 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 307 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) officially closed operations on August 31, 2018. Central Virginia Training Center (CVTC) is scheduled to close in June 2020. See figure 1.

Figure 1: Training Center Census Changes, 2000 – November 14, 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	70	81%	June 2020
SEVTC	123	72	42%	Remains Open
Total	1084	142	87%	

Training Center Discharge Information

Placements Chosen by Authorized Representatives

Currently there are 70 individuals remaining at CVTC and 72 at SEVTC. 67 of those individuals remaining in these two training centers are expected to move over the next year with 48 currently considering their options.

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, are actively considering community options or are willing to participate in the discharge process.

Figure 2: Training Center Preference for Yes and Maybe as of November 14, 2018

Training Center	Yes - Currently in the Discharge Process	Maybe – Considering Options and Willing to Participate	Total
CVTC	18	15	33
SEVTC	7	8	15
TOTAL	25	23	48

Figure 3 below references the type of homes selected by the authorized representatives of the 808 individuals who have moved from the training centers since 2011.

Figure 3: Types of Homes Chosen by the Individuals Who Transitioned from Training Centers As of November 14, 2018

808 Discharges: Types of Homes Chosen

Own Home	0
Leased Apartment	1
Family	4
Sponsored	54
Supervised Living	1
Waiver (4 beds or less)	323
Waiver (5 beds or less)	268
Community ICF/IID (4 beds)	27
Community ICF/IID (5 or more beds)	64
Interstate Transfer	4
State Facility	0
Nursing Facility	29
Hospital Hospice Care	1
Medicaid Ineligibility	3
Transfer to Other Training Center (ICF/IID)	29

Authorized Representatives Who Have Not Yet Made Decisions

Figure 4 below 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 related to options, or have stated they will not participate in the discharge process at the current time. Only 37 AR’s/families representing individuals at CVTC have not actively engaged, at this point, in exploring options that are more integrated.

Figure 4: Training Center Preference for Not Yet and No as of November 14, 2018

Training Center	Tentative, Not Always Responsive	Saying No or Not Yet	Totals
CVTC	10	27	37
SEVTC	13	44	57
Total	23	71	94

Barriers to Discharge

The primary barrier to discharge from the training centers is reluctance of a family/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 some families are reluctant to participate in the process, DBHDS has found that most families and authorized representatives become more willing to explore and choose alternative placements with education related to available options and as the closure date draws 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. 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 November 14, 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				
*Some individuals require both Medical and Behavioral supports				
Training Center	Individuals who require Behavioral Supports	Provider beds available or in development	Individuals who require Medical Supports	Provider beds available/in development
CVTC	14*	22	25*	32
SEVTC	46*	50	20*	40
Total	60*	77	45*	72

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 16 referrals presented to RST for review in FY2019 from CVTC and SEVTC. CVTC residents originate from all regions in Virginia, making the identification of providers and homes in an individual’s home region easily achievable. With the expected closure of CVTC, SEVTC and Hiram Davis Medical Center (HDMC) will be the remaining state facilities to support individuals with Developmental Disabilities.

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. Information related to the stakeholder meeting can be viewed at: www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/doj-settlement-agreement.

Figure 6: Stakeholder Meetings August to November, 2018

August 2018	•DS Council Meeting - 8/20/18
September 2018	•Quality Improvement Committee (QIC) Meeting - 9/6/18
October 2018	•DBHDS Settlement Agreement Stakeholder Meeting-10/19/18 •DD Directors Orientation-10/24/18
November 2018	•Guardianship Advisory Board - 11/8/18

Community Provider Capacity

Availability of Waiver Funded or ICF Funded Group Homes

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 (11/30/18)

CVTC <i>Closure: 2020</i>		SEVTC <i>Remains Open</i>	
Current Census	70	Current Census	72
Community Providers utilized this quarter	13	Community Providers utilized this quarter	20
Available options	60	Available options	27
Providers in development	4	Providers in development	2
Options in development	28	Options in development	6
Total number of options available by 2019	88	Total number of options available by 2019	33

Regional Support Centers for Specialty Services/Health Support Network

The regional support centers were set up to provide dental and mobile rehab engineering services, for durable medical equipment, in the interim as community options are explored and identified, such as locating a community dental provider, so that there would be no gaps in services. In addition, the community nursing team was created to provide technical assistance for providers working with individuals with a developmental disability. The Health Support Network (HSN) has or is in the process of developing or ensuring key services are present in community

settings. Funding to implement HSN services will become available for central Virginia July 1, 2019. Figure 8 below provides data on the current impact of moving dental services and mobile rehab engineering into the community as well as providing technical assistance through Community Nursing.

Figure 8: Health Support Network Current Impact	First Quarter 2019 Data Report
Dental Program (DP)	<ul style="list-style-type: none"> ➤ DP received referrals for 1696 individuals with 1263 individuals currently, active and receiving services in the program. ➤ Of the patients' active, less than 31% require sedation.
Mobile Rehab Engineering (MRE)	<ul style="list-style-type: none"> ➤ MRE made 7047 repairs to medical durable equipment ➤ Approximately 93% of the repairs resulted from needs identified during a safety assessment as opposed to requested repairs. ➤ Repairs reduced the risk of bodily injury in over 87% of the cases.
Community Nursing (CN)	<ul style="list-style-type: none"> ➤ CN provided nursing technical assistance to 1872 individuals and providers. ➤ CN provided community educational programs throughout the Commonwealth with over 787 participants attending.