



# COMMONWEALTH of VIRGINIA

MIRA SIGNER  
ACTING COMMISSIONER

DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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December 10, 2019

The Honorable Thomas K. Norment, Jr., Co-chair  
The Honorable Emmett W. Hanger, Jr., Co-chair  
Senate Finance Committee  
The Honorable Chris S. Jones, Chair  
House Appropriations Committee  
900 East Main Street  
Richmond, VA 23219

Dear Senator Norment, Senator Hanger, and Delegate Jones:

Item 310.L.1. of the 2019 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 quarter two 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 blue ink that reads "Mira Signer".

Mira Signer  
Acting Commissioner

Enc.

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



**Fiscal Year 2020  
Training Center Closure Plan  
2nd Quarter Update  
(Item 310.L.1 of the 2019 Appropriation Act)**

**January 1, 2020**

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

# Fiscal Year 2020

## Training Center Closure Plan – 2nd Quarter Update

### Preface

Item 310 L.1 of the 2019 *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 2020**  
**Training Center Closure Plan – 2nd Quarter Update**  
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## Introduction

This report covers the period of October 1, 2019 to December 31, 2019. As planned, general funds realized from training center closures continue to be reinvested to expand the planned community waiver operations. As of November 18, 2019, 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 97, 23 at CVTC and 74 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

The first training center that officially closed operation 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.

<b>Figure 1: Training Center Census Changes, 2000 – November 18, 2019</b>				
<b>Training Center</b>	<b>2011 Census</b>	<b>Census as of August 13, 2019</b>	<b>Percent Reduction Since 2011</b>	<b>Closure Date</b>
<b>SVTC</b>	242	0	100%	May 2014
<b>NVTC</b>	157	0	100%	March 2016
<b>SWVTC</b>	181	0	100%	August 2018
<b>CVTC</b>	381	23	94%	June 2020
<b>SEVTC</b>	123	74	40%	Remains Open
<b>Total</b>	<b>1084</b>	<b>97</b>	<b>91%</b>	

## Training Center Discharge Information

### Placements Chosen by Authorized Representatives

Currently there are 23 individuals remaining at CVTC and 74 at SEVTC. Figures 2 and 3 below provide 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 are either in the process of moving, are actively considering community options or are willing to participate in the discharge process.

<b>Figure 2: CVTC Training Center Preference for Yes and Maybe as of Nov. 12, 2019</b>			
<b>Training Center</b>	<b>Yes - Currently in the Discharge Process</b>	<b>Maybe – Considering Options and Willing to Participate</b>	<b>Total</b>
<b>CVTC</b>	15	0	15

<b>Figure 3: SEVTC Training Center Preference for Yes and Maybe as of Nov. 12, 2019</b>			
<b>Training Center</b>	<b>Yes - Currently in the Discharge Process</b>	<b>Maybe – Considering Options and Willing to Participate</b>	<b>Total</b>
<b>SEVTC</b>	3	4	7

Figure 4 below references the type of homes selected by the authorized representatives of the 849 individuals who have moved from the training centers since 2011.

<b>Figure 4: Types of Homes Chosen by the Individuals Who Transitioned from Training Centers As of November 18, 2019</b>	
<b>833 Discharges: Types of Homes Chosen</b>	
Own Home	0
Leased Apartment	1
Family	4
Sponsored	53
Supervised Living	1
Waiver (4 beds or less)	348
Waiver (5 beds or more)	271
Community ICF/IID (4 beds)	32
Community ICF/IID (5 or more beds)	66
Interstate Transfer	5
State Facility	0
Nursing Facility	36
Hospital Hospice Care	1
Medicaid Ineligibility	3
Transfer to Other Training Center (ICF/IID)	28

### **Authorized Representatives Who Have Not Yet Made Decisions**

Figures 5 and 6 below provide 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. Eight AR’s/families representing individuals at CVTC have not actively engaged, at this point, in exploring options that are more integrated. Historical data for the three closed facilities indicates that many families who had not engaged in the process for selecting a provider until the last year, elected to transition to a new community home instead of transferring

to another training center as they closure date approached. DBHDS is confident with current and developing capacity, CVTC will remain on schedule to close by June 2020, as more families engage in the process of identifying and potentially selecting a community provider.

**Figure 5: CVTC Training Center Preference for Not Yet and No as of November 18, 2019**

Training Center	Tentative, Not Always Responsive	Saying No or Not Yet	Totals
CVTC	0	8	8

**SEVTC remains open with capacity to serve 75 individuals**  
**Figure 6: SEVTC Training Center Preference for Not Yet and No as of November 18, 2019**

Training Center	Tentative, Not Always Responsive	Saying No or Not Yet	Totals
SEVTC	20	47	67

### Barriers to Discharge

The primary barrier to discharge from the training centers is the reluctance of a family/authorized representative to engage in the process.

Although some families are reluctant to participate in the process, DBHDS has found that twenty-five percent to eighty percent of families and authorized representatives from the three closed training center became more willing to explore and choose alternative placements with education related to available options and as the established closure, dates draw closer. As indicated above, there has been a shift in the last quarter at CVTC, moving from 12 “no” to the current 8.

### Total Cost of the Services Provided to Individuals Transitioning

The statewide average cost of supporting individuals in training centers in FY 2019 was \$486,802 per person, per year. The projected cost per person will 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. Receipt and approval of applications occur 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 training center scheduled to close. Figure 7 below contains data detailing the support needs for individuals residing at the training centers as of November 18, 2019. 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 7: Behavioral and Medical Supports Required and Their Availability**

Training Center	Number of Individuals who require Supports			Provider beds available or in development		
	Behavioral	Medical	Both	Behavioral	Medical	Both
CVTC	9	6	6	10	8	27
SEVTC	25	14	33	45	35	33
<b>Total</b>	34	20	39	55	43	60

### 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 25 referrals presented to RST for review in FY2020 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 8. Settlement Agreement Stakeholder 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 meeting is conducted by the DBHDS Commissioner or designee and includes representation from families, individuals receiving services, CSBs, private providers, advocacy organizations, and others from each region of the Commonwealth. The public is invited to attend for providing comment at Settlement Agreement Stakeholder meetings. Information related to the meeting can be viewed at <http://www.dbhds.virginia.gov/doj-settlement-agreement>

Figure 8: DBHDS Quarterly Meetings



## Community Provider Capacity Availability of Waiver Funded or ICF Funded Group Homes

Figure 9 below shows the statewide training center census and provider capacity status.

<b>Figure 9: Summary of Statewide Training Center Census and Provider Capacity Status (11/18/19)</b>			
<b>CVTC Closure: 2020</b>		<b>SEVTC Remains Open</b>	
<b>Current Census</b>	<b>23</b>	<b>Current Census</b>	<b>74</b>
Community Providers utilized this quarter	<b>4</b>	Community Providers utilized this quarter	<b>3</b>
Available options	<b>33</b>	Available options	<b>109</b>
Providers in development	<b>3</b>	Providers in development	<b>1</b>
Options in development	<b>12</b>	Options in development	<b>4</b>
Total number of options available by December 2019	<b>45</b>	Total number of options available by December 2019	<b>113</b>

## Regional Support Centers for Specialty Services/Health Support Network

The Regional Support Centers have traditionally provided dental and mobile rehab engineering. 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. Figure 10 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.

<b>Figure 10: Health Support Network Current Impact</b>	
<b>Dental Program (DP)</b>	<ul style="list-style-type: none"> <li>➤ DP received referrals for 1663 individuals with 1369 individuals currently, active and receiving services in the program.</li> <li>➤ Of the patients' active, 38% require sedation with only 0.3% require general anesthesia.</li> </ul>
<b>Mobile Rehab Engineering (MRE)</b>	<p>MRE made 1994 repairs to medical durable equipment</p> <ul style="list-style-type: none"> <li>➤ Approximately 78% of the repairs resulted from needs identified during a safety assessment as opposed to requested repairs.</li> <li>➤ Repairs reduced the risk of bodily injury in approximately 81% of the cases.</li> </ul>
<b>Community Nursing</b>	<ul style="list-style-type: none"> <li>➤ CN provided nursing technical assistance to 796 individuals and providers.</li> </ul>

<b>(CN)</b>	➤ CN provided community educational programs throughout the Commonwealth with over 78 participants attending.
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