

**Fiscal Year 2020
Training Center Closure Plan
3rd Quarter Update
(Item 313.L.1 of the 2016 Appropriation Act)**

April 1, 2020

DBHDS Vision: A Life of Possibilities for All Virginians

Fiscal Year 2020

Training Center Closure Plan – 3rd Quarter Update

Preface

Item 313 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 – 3rd Quarter Update

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Introduction

This report covers the period of January 1, 2020 to March 31, 2020. 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.

As planned, general funds realized from training center closures continue to be reinvested to expand the planned community waiver operations. Community capacity has sufficiently developed across the commonwealth to meet the needs of individuals leaving the training centers. As of March 2, 2020, the statewide census at the training centers funded by Virginia's Medicaid Plan service as an Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID), is 83, 8 at Central Virginia Training Center (CVTC) and 75 at Southeastern Virginia Training Center (SEVTC).

Training Center Census Reduction

This report serves as an update to Item 314.L. 2012 Acts of Assembly and provides the additional information required in Item 307 L. 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. Southwestern Virginia Training Center (SWVTC) officially closed operations on August 31, 2018. Central Virginia Training Center (CVTC) is scheduled to close in June 2020. Southeastern Virginia Training Center (SEVTC) will remain open. See figure 1.

| Figure 1: Training Center Census Changes, 2000 – March 2, 2020 | | | | |
|---|--------------------|-----------------------------------|-------------------------------------|---------------------|
| Training Center | 2011 Census | Census as of March 2, 2020 | 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 | 8 | 98% | June 2020 |
| SEVTC | 123 | 75 | 39% | Remains Open |
| Total | 1084 | 83 | 92% | |

Training Center Discharge Information

Placements Chosen by Authorized Representatives

Currently there are 8 individuals remaining at CVTC and 75 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 exploration and discharge process. There are three individuals at CVTC who have chosen their new community home and are waiting for plans to be finalized and will move by April 2020. There is one individual who is exploring a community option but has not made a final decision. There are six individuals and families at SEVTC interested in moving to a

community home. DBHDS continues to assist these families explore available options. One individual has chosen a home and will move in June of 2020. Another individual is in the process of choosing a home while four others are exploring potential options for consideration.

| Figure 2: CVTC Training Center Preference for Yes and Maybe as of Mar. 2, 2020 | | | |
|---|---|---|--------------|
| Training Center | Yes - Currently in the Discharge Process | Maybe – Considering Options and Willing to Participate | Total |
| CVTC | 3 | 1 | 4 |

| Figure 3: SEVTC Training Center Preference for Yes and Maybe as of Mar. 2, 2020 | | | |
|--|---|---|--------------|
| Training Center | Yes - Currently in the Discharge Process | Maybe – Considering Options and Willing to Participate | Total |
| SEVTC | 2 | 4 | 6 |

Figure 4 below references the type of homes selected by the authorized representatives of the 864 individuals who have moved from the training centers since 2011.

| Figure 4: Types of Homes Chosen by the Individuals Who Transitioned from Training Centers As of March 2, 2020 | |
|--|-----|
| 863 Discharges: Types of Homes Chosen | |
| Own Home | 0 |
| Leased Apartment | 2 |
| Family | 4 |
| Sponsored | 53 |
| Supervised Living | 1 |
| Waiver (4 beds or less) | 353 |
| Waiver (5 beds or more) | 278 |
| Community ICF/IID (4 beds) | 33 |
| 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) | 29 |

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 moving to a community home. Four AR’s/families representing individuals at CVTC are not interested in exploring options that are more integrated and have requested continued Training Center care. One individual will be transferred to Hiram Davis Medical Center per family request. The remaining three individuals will be transferred to SEVTC

by May of 2020. CVTC remains on schedule to close by June 2020. SEVTC remains open with an increased bed capacity to support the CVTC individuals requesting continued TC care. DBHDS staff will continue to support SEVTC individuals and their representatives in exploring all available options. SEVTC census is expected to be 78 by June of 2020, three greater than the current census.

| Figure 5: CVTC Training Center Preference for Not Yet and No as of March 2, 2020 | | | |
|---|---|-----------------------------|---------------|
| Training Center | Tentative, Not Always Responsive | Saying No or Not Yet | Totals |
| CVTC | 0 | 4 | 4 |

| SEVTC remains open with capacity to serve 75 individuals | | | |
|--|---|-----------------------------|---------------|
| Figure 6: SEVTC Training Center Preference for Not Yet and No as of March 2, 2020 | | | |
| Training Center | Tentative, Not Always Responsive | Saying No or Not Yet | Totals |
| SEVTC | 21 | 48 | 69 |

Barriers to Discharge

The primary barrier to discharge from training centers is the reluctance of families/authorized representatives to engage in the process of exploring integrated options. Although there is some reluctance, families become more willing to explore and choose alternative placements with education related to integrated services. There are six individuals considering alternative and more integrated options at SEVTC.

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 March 2, 2020. 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 |
| 3.2.20 | | | | | | |
| CVTC | 2 | 4 | 2 | 7 | 5 | 7 |
| SEVTC | 30 | 14 | 31 | 28 | 19 | 37 |
| Total | 32 | 18 | 34 | 35 | 43 | 44 |

Regional Support Teams

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 31 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.

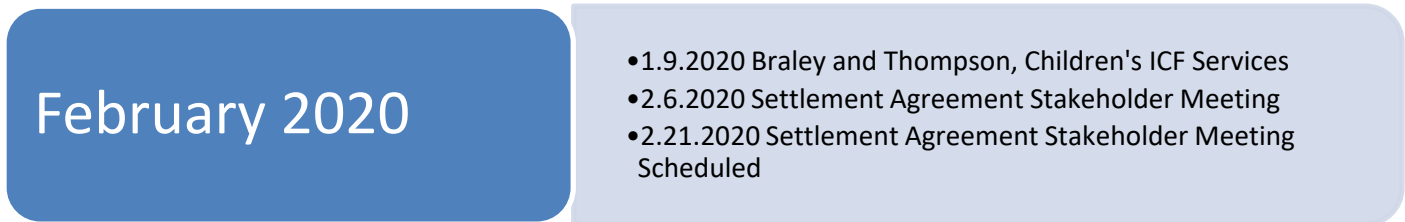
Stakeholder Collaboration

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.

| Figure 9: Summary of Statewide Training Center Census and Provider Capacity Status (3.2.2020) | | | |
|--|-----------|---|-----------|
| CVTC <i>Closure: 2020</i> | | SEVTC <i>Remains Open</i> | |
| Current Census | 8 | Current Census | 75 |
| Community Providers utilized this quarter | 1 | Community Providers utilized this quarter | 3 |
| Available options | 15 | Available options | 72 |
| Providers in development | 1 | Providers in development | 1 |
| Options in development | 4 | Options in development | 12 |
| Total number of options available by March 2020 | 19 | Total number of options available by March 2020 | 84 |

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.

| Figure 10: Health Support Network Current Impact | |
|---|---|
| Dental Program (DP) | <ul style="list-style-type: none"> ➤ DP received referrals for 1890 individuals with 1401 individuals currently active and receiving services in the program. ➤ Of the active patients, 35% require sedation with only 0.2% requiring general anesthesia. |
| Mobile Rehab Engineering (MRE) | <p>MRE made 1041 repairs to medical durable equipment</p> <ul style="list-style-type: none"> ➤ Approximately 65% of the repairs resulted from needs identified during a safety assessment as opposed to requested repairs. ➤ Repairs reduced the risk of bodily injury in approximately 81% of the cases. |
| Community Nursing (CN) | <ul style="list-style-type: none"> ➤ CN provided nursing technical assistance to 469 individuals and providers. ➤ CN provided community educational programs throughout the Commonwealth with over 118 participants attending. |