



# COMMONWEALTH of VIRGINIA

ALISON G. LAND, FACHE  
COMMISSIONER

DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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May 29, 2020

The Honorable Janet D. Howell, Chair  
Senate Finance Committee  
The Honorable Luke Torian, Chair  
House Appropriations Committee  
900 East Main Street  
Richmond, VA 23219

Dear Senator Howell and Delegate Torian:

Item 312.SS. of the 2019 Appropriations Act requires the Department of Behavioral Health and Developmental Services to report on the allocation of the DBHDS Trust Fund dollars set aside for one-time expenditures for developmental disability (DD) services. The language reads:

*S.S. Out of this appropriation, \$750,000 the second year from the Behavioral Health and Developmental Services Trust Fund shall be expended for one-time expenditures for developmental disability services across the Commonwealth. Priority shall be given to projects that serve critical service gaps for individuals with developmental disability in the Northern Virginia region (Region 2) who have been discharged from state training centers or who are at risk of institutional placement. The department shall collaborate with Community Services Boards and private providers, to determine the best use of such funds to address critical needs on a one-time basis, for individuals with developmental disabilities. The department shall report on the allocation of these funds to the Chairmen of the House Appropriations and Senate Finance Committees by no later than September 15, 2019.*

This report details the DBHDS allocations made with Item 312.CC., 312.SS., and from the sale of training center property.

<b>Funding Source</b>	<b>FY 20 Amount</b>
Item 312.CC.	\$3,800,000
Item 312.SS.	\$750,000
Training Center Sales and FY19 Carryforward	\$10,870,172
<b>TOTAL</b>	<b>\$15,420,172</b>

**DBHDS Allocations to Date:**

*Quality/Risk Management Framework*

The Department has allocated funding to hire a contractor that will make recommendations to expand the Quality Improvement (QI)/Risk Management (RM) framework for community-based providers. The framework will include best practice recommendations for providing oversight and monitoring of a comprehensive QI/RM system in over 1,000 community-based DD providers. This will include requirements for the development of a QI/RM system; developing and implementing QI/RM plans/programs including ongoing monitoring; completing investigations to include root cause analysis of serious incidents and deaths; developing and implementing a mortality review process; and developing performance-based QI outcomes.

The contractor will also include in the framework processes to identify and manage specific risks (i.e., aspiration pneumonia, bowel obstruction, etc.) through recommendations for risk assessment tools and data measures that incorporate federal and state requirements for consistency across providers. The funding will also be used to develop a collaborative with private community providers focused on reducing the incidence of decubitus ulcers and other preventable high-risk conditions.

*System-wide Training in Case Management (CM)/QI/RM*

The Department has allocated funding to be used to hire a contractor for system-wide training in the areas of case management and QI/RM, which are both areas the Independent Reviewer has identified as needing attention for the Commonwealth to reach compliance with the Settlement Agreement (SA).

Using recommendations developed for the QI/RM framework, the contractor will develop competency-based training modules that address developing and implementing QI/RM plans/programs; completing investigations to include root-cause analysis of serious incidents and deaths; developing and implementing a mortality review process; developing performance-based QI outcomes; QI/RM data reporting, analysis, and identification of systemic issues at an individual and provider level to ensure the ongoing quality improvement of services provided and reduction of harm to individuals served.

*Provider Compliance Review (CMS Regulation)*

Contract or salaried staff are needed to review evidence existing providers submit in their self-assessment of their compliance with new regulations from the Centers for Medicare and Medicaid Services (CMS) regarding Home and Community Based Services (HCBS). These staff will provide technical assistance to providers for identifying remediation actions to achieve compliance as well as perform ongoing monitoring activities to ensure they remain in compliance.

In January 2014, CMS established new HCBS regulations that include requirements for Medicaid HCBS settings. These regulations were developed to ensure that individuals receiving services under Medicaid waiver authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate to their needs.

Existing settings that were operational when the regulations were implemented have been granted a transition period of up to March 17, 2022 to complete all necessary remediation actions and demonstrate compliance with the requirements as described in Virginia's Statewide Transition Plan. Each of the at least 4,000 HCBS provider settings in the Commonwealth must be assessed for compliance with the regulation via provider self-assessment and subsequent validation via a representative sample (400 individual settings) through desk reviews of submitted evidence and provider site visits. Providers who do not demonstrate compliance with the regulation by the deadline will be unable to bill Medicaid for HCBS services.

#### *Online Provider Survey System*

Trust Fund dollars will also be used to purchase an online survey system with weighted scoring to create assessment metrics for providers. Those metrics will then be used to inform the developmental disability (DD) community about a provider's services, amenities, and skills.

The SA requires the department to review reliable data on provider capacity and improvement efforts. This system will use an online survey to collect DD waiver provider self-assessments and will provide a mechanism to validate survey input. The results obtained from the surveys will be used to populate the DD Services online provider database so that individuals, families, and others can identify providers based on reported expertise, program features, and availability.

#### *Behavior/Medical Intense Programs*

The Department will allocate funding for one-time capital and transition costs associated with the development of community-based waiver group homes and/or community-based intermediate care facilities for individuals with intellectual disabilities who choose to remain in their home locale and are transitioning from Central Virginia Training Center, mental health hospitals, jails, and large Intermediate Care Facilities and. The housing options shall be located in three parts of Virginia: Northern, Eastern, and Western. DBHDS shall give preference to projects involving existing Virginia providers to expand service capacity

#### *In-State Capacity for Individuals Served Out-of-State in Congregate Care*

Funding has been allocated to develop providers in Virginia who will serve the fourteen individuals with DD who currently live in out-of-state congregate care settings due to their significant behavioral and mental health needs. These placements are funded through the Department of Medical Assistance Services (DMAS) using Virginia Medicaid; current costs for out-of-state providers are \$2.45 million annually.

The Department has issued a request for proposal (RFP) for one-time dollars to develop provider capacity in Virginia with the expertise to support individuals transitioning to the community who have a DD and who require significant behavioral and mental health supports. These dollars will also incentivize the development of ongoing capacity in the community to serve other individuals who may require similar services. This work will help ensure individuals and their families have appropriate community options in Virginia.

The providers will be selected via a competitive procurement process. Providers will be able to bill the waiver directly for on-going operations. The RFP serves all of Virginia, but for this request, all funds will be expended in Northern Virginia as it is the region with the highest historical need.

*Behavior/Medical Intense Capacity*

Trust Fund dollars will be used for the development of provider capacity to serve individuals with tri-diagnoses (DD, experiencing a mental health issue, and having a personality disorder) and individuals with complex medical support needs. These individuals need housing that is set up in a specialized way to minimize disruption and decrease power struggles. Such models include homes with mother-in-law suites, apartment type settings, or homes that support a lower census to ensure continuity of service delivery. One-time funds will be used for the purchase of homes as well as onboarding and specialized training of staff. Monies allocated to funding homes for individuals with complex medical supports will be utilized to support capacity development in the area of the Central Virginia Training Center. Funding allocated to tri-diagnoses homes will be deployed throughout the Commonwealth to enhance each region's capacity.

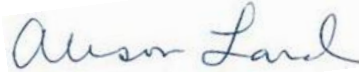
*Pilot Program for Individuals with Tri-Diagnoses*

Funds will be used to replicate a pilot that was initiated in Health Planning Region (HPR) IV. The pilot will include working with a national expert to help develop teams designed to support individuals with tri-diagnoses. The Commonwealth has identified approximately twenty people in each HPR that would be eligible for this program. These funds bring together crisis, mental health hospital, private counseling, support coordination, and community provider staff to ensure a comprehensive system of care around individuals with tri-diagnosis.

<b>Trust Fund Item</b>	<b>FY20 Budget Allocation</b>
Quality/Risk Management Framework	\$375,000
System-wide Training in CM/QI/RM	\$250,000
Provider Compliance Review (CMS Regulation)	\$475,000
Online Provider Survey System	\$100,000
Behavioral/Medical Intense Programs	\$2,574,560
In-state Capacity for Individuals Served Out-of-State in Congregate Care	\$1,234,487
Behavioral/Medical Intense Capacity	\$3,050,000
Pilot Program for Individuals with Tri-Diagnoses	\$200,000
<b>TOTAL</b>	<b>\$7,634,047</b>

Staff at the department is available if you have any further questions regarding this report.

Sincerely,

A handwritten signature in blue ink that reads "Alison Land". The signature is written in a cursive style and is positioned above the printed name.

Alison Land, FACHE  
Commissioner

Cc:

The Honorable Daniel Carey, MD

Vanessa Walker Harris, MD

Susan E. Massart

Mike Tweedy