

**Update on Virginia's Settlement
Agreement
with the U.S. Department of Justice**

Joint Commission on Health Care
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Virginia's Five Training Centers

Name	2000 Census	2005 Census	2010 Census	Current Census	Percent Decrease
Central (CVTC) Lynchburg	679	564	426	331	50%
Northern (NVTC) Fairfax	189	182	170	150	20%
Southeastern (SEVTC) Chesapeake	194	192	143	99	48%
Southside (SVTC) Petersburg	465	371	267	180	60%
Southwestern (SWVTC) Hillsville	218	214	192	173	20%
TOTAL	1,745	1,523	1,198	933	46%

Virginia's Intellectual Disability (ID) and Developmental Disability (DD) System

- Statewide training center censuses have dropped 46 percent since 2000; today, they serve 933 individuals.
- The statewide average training center cost in FY12 was \$224,245 per person annually, including direct services, administrative supports and high infrastructure requirements.

Virginia's Intellectual Disability (ID) and Developmental Disability (DD) System

- 8,949 people now receive an ID Waiver.
 - waiting list = 6,349
- 802 people are on the DD Waiver
 - waiting list = 1,104
- Waiver services are tailored to need.

Average Annual Cost (FY11)	
ID Waiver Recipients NOT Using Congregate Residential Services	\$ 46,266
ID Waiver Services (Congregate and Non-Congregate)	\$ 75,465
Individuals Who Moved from Training Center Using Waiver	\$104,000
Community Intermediate Care Facility	\$138,000

Target Population

- **Individuals with ID/DD who meet any of the following:**
 - Currently reside at any of the training centers;
 - Meet the criteria for the Intellectual Disability (ID) waiver or Developmental Disability (DD) waiver wait lists; or,
 - Currently reside in a nursing home or Intermediate Care Facility (ICF).

FY12 Agreement Milestones

Milestone (March 6, 2012 – June 30, 2012)	Due Date
60 ID waiver slots for individuals leaving training centers	June 30, 2012
275 community ID waiver slots for individuals on urgent wait list	June 30, 2012
150 Individual and Family Developmental Disabilities (DD) waiver slots	June 30, 2012
Train CSB emergency services personnel on new crisis response system	June 30, 2012
At least one mobile crisis team in each Region to respond to crises on-site within three hours	June 30, 2012
At least one crisis stabilization program in each Region	June 30, 2012
Implement discharge and transition planning processes at all training centers	June 30, 2012
All individuals residing in a training center shall have a discharge plan	June 30, 2012
Collect and analyze reliable data from at least one of eight domains	June 30, 2012

FY13 Agreement Milestones (1)

Milestone (July 1, 2012– June 30, 2013)	Due Date
160 ID waiver slots for individuals leaving training centers	June 30, 2013
225 community ID waiver slots for individuals on urgent wait list (25 targeted for youth in large ICFs or NFs)	June 30, 2013
25 Individual and Family Developmental Disabilities (DD) waiver slots (15 targeted for youth in large ICFs or NFs)	June 30, 2013
700 individuals receiving services from the Individual and Family Supports Fund	June 30, 2013
At least two mobile crisis team in each Region to respond to crises on-site within two hours	June 30, 2013
Additional crisis stabilization units as determined necessary by the Commonwealth	June 30, 2013
Employment First implementation plan to increase integrated date opportunities for individuals in the target population	September 6, 2012
A plan to cease residential operations at four of five training centers by FY2021	March 6, 2013
A plan to increase access to independent living options	March 6, 2013

FY13 Agreement Milestones (2)

Milestone (July 1, 2012– June 30, 2013)	Due Date
Establish a one-time \$800,000 fund to provide and administer rental assistance in accordance with plan to increase independent living options	March 6, 2013
Collect and analyze reliable data from several of eight domains	June 30, 2013
Commonwealth shall collect measures from CSBs and other community providers	March 6, 2013
Case managers shall meet with individuals face to face at least every 30 days if the individual meets certain criteria	March 6, 2013
Commonwealth shall collect data on the number, type, and frequency of case manager contacts	March 6, 2013
Core-competency based training curriculum for case managers	March 6, 2013
More frequent licensing inspections for providers who support individuals meeting certain criteria	March 6, 2013
Licensure process assesses adequacy of individualized supports and services provided to person receiving supports under the Agreement	March 6, 2013

Medicaid Waiver Slots

Virginia will create 4,170 waiver slots by June 30, 2021:

State Fiscal Year	Individuals in Training Centers to Transition to the Community	ID Waiver Slots for Individuals on Urgent Wait List	DD Waiver Slots for Individuals on Wait List
2012 ¹	60	275	150
2013	160	225*	25**
2014	160	225*	25**
2015	90	250*	25**
2016	85	275	25
2017	90	300	25
2018	90	325	25
2019	35	325	25
2020	35	355	50
2021	0	360	75
Total	805	2915	450

1. These FY2012 slots have already been funded and assigned to individuals.

*25 slots each year are prioritized for individuals less than 22 years who reside in nursing homes or large ICFs.

**15 slots each year are prioritized for individuals less than 22 years who reside in homes or large ICFs.

Medicaid Waiver Slots

- Slots distributed using standard methodologies
- Working to assist individuals with ID/DD residing in large ICFs or Nursing Facilities
- General Assembly can add more slots above and beyond those required in the Settlement Agreement
- If the General Assembly goes above the number of slots, they will count towards the following year's numbers.

Individual & Family Support Program

- New program for up to 1,000 individuals per year
- Individuals on the ID and DD waiver wait lists will be eligible to apply
- Program anticipated to begin in March 2013 with 700 slots
- In order to qualify for funding for any of the above services, the individual shall have a demonstrated need for the requested services, supports, or other assistance.

Individual & Family Support Program

- **Will provide up to \$3000 in funds for:**
 - Professionally provided services and supports, such as respite, transition services, transportation services, behavioral consultation and behavior management;
 - Assistive technology, home modifications, goods or products;
 - Temporary rental assistance or deposits;
 - Dental or medical expenses;
 - Family education, information, and training;
 - Peer mentoring and family-to-family supports;
 - Emergency assistance and crisis support; and
 - Other services as approved by the DBHDS

Crisis Services (1)

- Implementation of a statewide crisis system for individuals with ID/DD called the Systemic Therapeutic Assessment Respite and Treatment (START) model
- Must provide 24/7 support to individuals experiencing crisis and their families through in-home supports and community-based crisis services
- Must provide crisis prevention and proactive planning to avoid potential crises.
- Mobile crisis teams to be available 24/7 and respond to on-site crisis within three hours in FY12, within two hours in FY13, and one hour (urban)/two hours (rural) in FY14.
- Must establish crisis stabilization programs as short-term alternatives to hospitalization for individuals in crisis.

Crisis Services (2)

- \$5M appropriated in FY12 to begin developing services
 - \$15M available over the FY13-14 biennium
 - Medicaid reimbursement pursued for all covered services
- Implementation to begin this month for adults with ID/DD
 - Five regional programs providing statewide coverage
 - 24/7 mobile supports available by September 30th
 - Full crisis stabilization implementation by January 2013
- Data system will provide information about program operation and effectiveness
- Crisis Services for children within the target population must be addressed
 - DBHDS working with Administration to develop a plan to support these children

Employment First Policy

- Virginia must maintain membership in the State Employment Leadership Network (SELN)
- Virginia must establish an Employment First policy for the target population, which includes:
 - Service providers offer the option of helping individuals into employment *first* before offering other services
 - The goal of employment is to support individuals in earning minimum or competitive wages
 - Employment services and goals must developed and discussed at least annually
- Virginia must hire an employment service coordinator
- Virginia must develop an implementation plan to increase integrated day opportunities for individuals in the target population

Community Living Options (Housing)

- Develop a plan to increase independent housing options for the target population
 - Includes a one-time fund of \$800,000 to provide rental assistance in accordance with the plan above
 - Engaged, with support from Virginia Board for People with Disabilities, the Technical Assistance Collaborative (TAC) to begin to develop the plan
 - Plan due March 6, 2013
- Hired a housing coordinator in April 2012

Community Living Options (Housing)

- Formed an interagency housing workgroup with DBHDS, Department of Medical Assistance Services, Department of Aging and Rehabilitative Services, the Board for People with Disabilities, Virginia Housing and Community Development, and Virginia Housing and Development Authority
 - Working together on the housing plan and options for the \$800,000 fund
 - Preparing for 2013 HUD 811 NOFA for personal rental assistance

Discharge Planning & Transition from Training Centers

- Discharge plans will be developed for all training center residents
- DBHDS will ensure that personal support teams, in collaboration with CSB case managers, provide individuals and their authorized representatives with specific options for types of community placements, services and supports based on individuals' needs and desires.
- DBHDS will ensure training center staff is educated about community services and supports to propose appropriate options to individuals

Discharge Planning & Transition from Training Centers

- Community Integration Managers will be established at each training center
- Training must be provided to training center regarding the terms of the Agreement, community living options, and the new discharge process
- DBHDS must continue Person-Centered planning and thinking training
- Regional Support Teams must be developed

Discharge Planning & Transition from Training Centers

Accomplishments

- 61 individuals have transitioned from SVTC and CVTC between November 2011 and June 30, 2012 using the new discharge process
- 21 more individuals have transitioned from SVTC and CVTC since July 1, 2012 using the new discharge process
- Discharge plans in place for all individuals residing at training centers
- Pre-move and post move monitoring process in place
- Planning for 160 total moves between July 1, 2012 and June 30, 2013

Case Management

- Face-to-face visit at least every 30 days for individuals in the following groups:
 - ✦ Receives services from providers with conditional or provisional licenses;
 - ✦ Has more intensive behavioral or medical needs as defined according to their Supports Intensity Scale (SIS) category;
 - ✦ Has an interruption of service of more than 30 days;
 - ✦ Encounters a serious crisis or has multiple less serious crises within a 3-month period;
 - ✦ Has transitioned from a training center in the previous 12 months; or
 - ✦ Resides in a congregate setting of 5 or more individuals.
- Collect data regarding number, type, and frequency of case management visits as well as key indicators

Core Competency-Based Training Curriculum

- **Within one year, Virginia will develop a core-competency based training curriculum for case managers**
 - Case management curriculum issued in May 2012
 - Over 1700 case managers have taken one or more modules
 - Recently made available to DD case managers
- **DBHDS will implement curriculum for all staff who provide services under the agreement.**
 - A Provider Training Workgroup is actively meeting

Risk Management and Incident Reporting System

Required

- DBHDS will require all training centers, CSBs, and other community providers to implement risk management and quality improvement processes, including establishment of uniform risk triggers and thresholds.
- Virginia will continue to require staff to report:
 - ✦ any suspected or alleged incident of abuse or neglect as defined in Virginia Code § 37.2-100;
 - ✦ serious injury as defined in 12 VAC 35-115-30; and,
 - ✦ deaths
- Monitoring and oversight by implementing a real time, web-based incident report system and reporting protocol.

Data Collection and Analysis

- Virginia will collect data about individuals receiving services under this agreement and analyze at least one outcome measure from each of the eight identified focus areas.
- This action will include a subset of measures that CSBs and other community providers will be required to report to DBHDS.
- DBHDS will establish Regional Quality Councils to meet quarterly and assess relevant data, identify trends, and recommend responsive actions for each health planning Region.

Data Collection

Data Collection Areas	Sources of Information
<ol style="list-style-type: none"> 1. Safety and freedom from harm 2. Physical, mental, behavioral health and well being, timeliness and adequacy of interventions 3. Avoiding crisis 4. Stability 5. Choice and self-determination 6. Community inclusion 7. Access to services 8. Provider capacity 	<ol style="list-style-type: none"> 1. Providers (Outcomes/QI Programs/Incident Reports) 2. Licensing visits/ Investigations 3. Human Rights Investigations 4. Case Management Visits 5. Service Planning 6. Quality Service Reviews 7. Mortality Reviews

Licensure Inspections

- DBHDS will continue to conduct regular, unannounced licensing inspections of community providers.
- Within one year, DBHDS will begin more frequent licensure inspections of community providers who meet specific criteria.
 - Receive services from providers having conditional or provisional licenses;
 - Have more intensive behavioral or medical needs as defined by the Supports Intensity Scale (“SIS”) category representing the highest level of risk to individuals;
 - Have interruption of service greater than 30 days
 - Encounter the crisis system for a serious crisis or for multiple less serious crises within a three-month period;
 - Have transitioned from a Training Center within the previous 12 months; or
 - Reside in congregate setting of 5 or more individuals

Waiver Changes

- **DBHDS and DMAS jointly planning for waiver changes over the next two years**
 - Move to needs-based waivers (not ID/DD based)
 - Establish two waivers
 - × One without congregate residential
 - × One with congregate residential
 - Conduct a rate study for those with the most complex needs and align incentives.

Training Center Closure Schedule

FY	Training Center
2014	Southside Virginia Training Center, Petersburg
2015	Northern Virginia Training Center, Fairfax
2016	
2017	
2018	Southwestern Virginia Training Center, Hillsville
2019	
2020	Central Virginia Training Center, Lynchburg

- Southeastern Virginia Training Center will remain open and continue to downsize to 75 beds.

Training Center Employees

- Currently there are 2,925 employees at the four training centers affected by closure.
- DBHDS is working with employees at each training center prior to closure , including:
 - Providing information about changes and other options for future employment and programs to improve employability, including skill-building workshops, employee skills inventory assessments, resume development assistance and face-to-face career counseling and job fairs.
 - A Workforce Development Resource Center at SVTC will provide on-site assistance and resources about available employment opportunities and career building.
 - There will also be on-site placement assistance from other state agencies, other hospitals within our department, CSBs, and private providers.
 - The Virginia Retirement System will assist with counseling and completion of needed information.
 - We will also be linking employees with private providers and equipping them with information to learn how to become providers themselves.

Ongoing Implementation of the Settlement Agreement

As we move forward, we will be seeking solutions for critical issues, including:

- **Preparing the community-based system**
 - Provider training and technical assistance
 - Continue to strengthen case management
 - Enhanced oversight
 - Crisis response for adults and children
- **Integration of the ID and DD systems**

Questions about ongoing implementation