

My Life, My Community!

Waiver Redesign Update with HSRI Recommendations

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Virginia is Shifting the Array of Services

More Integration and Options for Independence



Nursing Facilities, ICFs - including Training Centers, Day Support

Group Homes Prevocational

Sponsored Residential

Family Home Group Supported Employment

Individual's Own Home or Apartment, Individual Supported Employment

Current Array of Services



Future Array of Services

Four Main Areas of Settlement Agreement

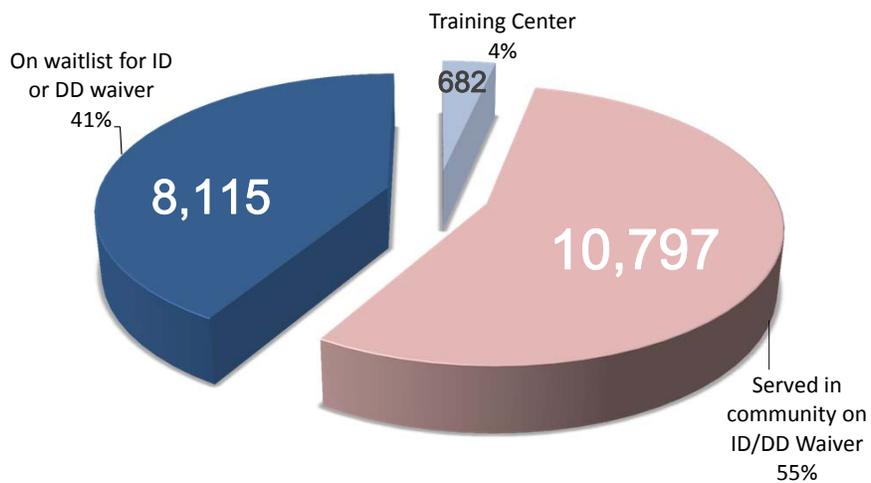
Serving individuals with DD in the most integrated setting and building quality community-based alternatives for individuals, particularly individuals with complex needs

Quality and risk management system, including monitoring and evaluating services, and implementing quality improvement processes at an individual, provider, and state-wide level

Transitions from training centers

Supporting independent housing and employment options for individuals with DD

Individuals Served By Virginia's Developmental Disability System January 15, 2014



Virginia's Five Training Centers as of January 23, 2014

Name	2000 Census	2005 Census	2010 Census	Current Census	Percent Decrease
Southside (SVTC) Petersburg - closure 6/30/14	465	371	267	50	89%
Northern (NVTC) Fairfax - closure 6/30/15	189	182	170	115	39%
Southwestern (SWVTC) Hillsville - closure 6/30/18	218	214	192	149	32%
Central (CVTC) Lynchburg - closure 6/30/20	679	564	426	285	58%
Southeastern (SEVTC) Chesapeake	194	192	143	81	58%
TOTAL	1,745	1,523	1,198	680	61%

DOJ Requirement for Discharge Planning from Training Centers

- A consistent discharge process was developed for all training centers in 2011.
- Discharge plans in place for all training center individuals.
- Pre- and post-move monitoring processes in place.

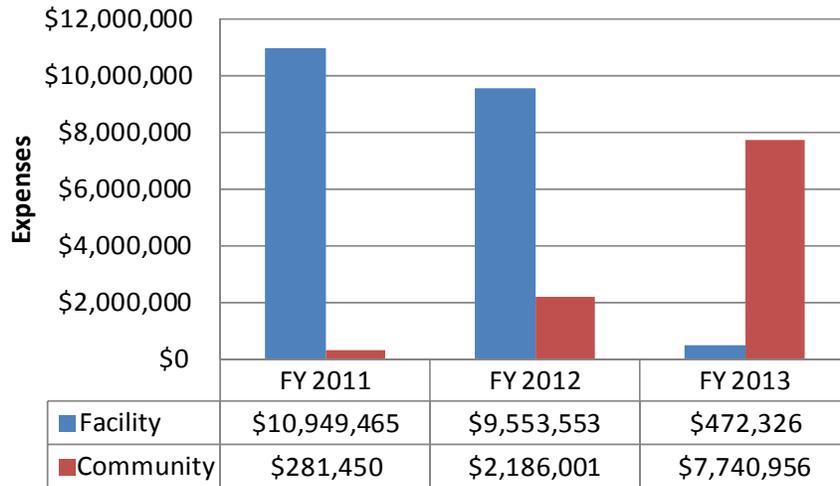
101 Individuals transitioned to the community in FY 2012

155 Individuals transitioned to the community in FY 2013

102 Individuals transitioned to the community in FY 2014 to date

297 Families currently actively discussing discharge

Facility and Community Cost Comparison for 57 Transitioning Individuals



Page 7

Readiness for Transition Regional Variation

- **Tidewater region** – Residential capacity expansion has enabled SEVTC to downsize successfully
- **Capital area region** – Availability of excess licensed residential capacity in region has resulted in meeting census reductions targets at SVTC
- **Northern Virginia region** – Limited capacity for residential and day support services and high service/development cost has slowed NVTC transitions to community—Bridge Funding & Trust Fund will allow this to increase
- **Southwest region** – Availability of sponsored residential capacity has enabled SWVTC downsizing to remain on target; limited availability of licensed congregate care will slow progress in future
- **CVTC (serves statewide)** – Residential capacity expansion has facilitated significant transition

Page 8

Waiver Exceptional Rates Update

- The FY 2014 budget includes \$7.8M for "exceptional" ID waiver rates for congregate residential support (CRS) services—awaiting CMS approval
- For individuals who:
 - Meet certain "exceptional needs" criteria, and
 - Need more intensive medical or behavioral supports in order to live successfully in the community.
- The rate will be an additional reimbursement 25% over and above the usual CRS rate for those who qualify.

Assuring Provider Capacity

- **Statewide Action Steps**
 - Maximizing current Medicaid waiver program
 - Exceptional rates - Earliest implementation Feb 2014 due to pending CMS and regulatory review
 - Waiver structure/rate study – Earliest implementation July 2014
- **Additional Northern Virginia Action Steps**
 - Bridge funding
 - \$3.2M available in FY 2014 for individuals moving from NVTC
 - \$2.8M in Governor's introduced budget for FY 2015
 - Supports directly to providers for: 24 hour nursing, 24 hour behavioral support, environmental modifications, assistive technology, durable medical equipment, room and board
 - Trust funding
 - \$450,000 available now—to assist providers to bring up services/sites

DOJ Settlement Agreement Budget Northern Virginia Bridge Funding

- NVTC is scheduled to transition all individuals to community by June 30, 2015. Currently, there are 114 individuals at the facility.
- However, the department has identified a critical need to develop capacity in the region to support these individuals
- These individuals require direct care staffing and clinical interventions to ensure health and safety, even while sleeping.

Bridge Funding

- ✓ Direct Services (Nursing Care)
- ✓ Day and Employment Supports
- ✓ Home Modifications
- ✓ Assistive Technologies and Training
- ✓ Room and Board Supplement

Current Budget	Governor's Budget	
FY 2014	FY 2015	FY 2016
\$3.2 M	\$2.8 M	-

- In FY 2016, the revised rates as part of the ID/DD comprehensive rate changes should pick up these costs going forward.

DOJ Settlement Agreement Impact of Delayed Closures

<i>6 Month Delay of Closure</i>	Current Closure Date	Revised Closure Date	Gross Cost Estimate ¹	Net Cost Estimate ²
Northern Virginia Training Center (NVTC)	06/30/15	12/30/15	\$ 3,583,255	\$ 2,140,283

<i>12 Month Delay of Closure</i>	Current Closure Date	Revised Closure Date	Gross Cost Estimate ¹	Net Cost Estimate ²
Northern Virginia Training Center	06/30/15	06/30/16	\$ 7,234,700	\$ 4,153,759

NVTC	FY 2015			FY 2016			Total
	Gross Cost Est.	Offset	Net Cost Est.	Gross Cost Est.	Offset	Net Cost Est.	
6 Month Delay	\$741,307	(\$1,377,974)	(\$636,667)	\$2,518,132	(\$181,997)	\$2,336,136	\$1,699,469
12 Month Delay	\$2,105,161	(\$2,105,960)	(\$798)	\$3,884,658	(\$857,984)	\$3,026,675	\$3,025,876

¹ Gross cost estimates are based on unrealized facility savings associated with reduced staffing and indirect costs

² Net cost estimates are based on unrealized facility savings offset by reduced waiver costs associated with fewer individuals transitioning

• Possible capital costs of \$500,000 to \$1M.

• Estimated costs are projections only. It is unclear how a delay would impact the discharge trend – a six month delay could influence individual and family decision-making impacting the timing of discharge and the associated facility savings and waiver costs.

• Additionally, facilities may likely have to develop operational strategies and financial incentives to entice staff to stay on in an uncertain environment or provide for contractual support with a higher cost structure.

Waiver Transformation Activities

On July 1, 2013, DBHDS & DMAS awarded a contract to the Human Services Research Institute (HSRI) to study Virginia's HCBS Medicaid waiver programs to:

1. Evaluate Virginia's Medicaid waiver systems to redefine systems for efficiency and flexibility.
2. Recommend approaches for developing an individual resource allocation system for efficient distribution of waiver funds.
3. Conduct a study of current Medicaid rates.
4. Recommend new rate structure based on the study and recommend individual resource allocation system to be utilized.
5. To implement the new system.

New Waivers Will Address

- Eligibility Requirements
- Waiting Lists
- Case Management
- Service Arrays for Enrollees
- Supportive Employment
- Quality Improvement
- Risk Management
- Role of community services boards

HSRI Nov 5th Report--Primary Principle: One Unified Needs-Based Waiver

- The waiver needs to address the increasing demand for services in the state
- The waiver should offer a flexible array of services that allow for choice, control & creativity to meet individual needs & preferences
- Waiver rates need to be commensurate with the costs of providing services
- The waiver needs a uniformly implement, sound infrastructure for screening, providing case management/service services that enable users to access services free of conflict of interest

December 20, 2013 HSRI Recommendations—Completing Phase

- Phase One Report from HSRI received December 20, 2013 which included series of short and long term recommendations
- DBHDS needs to evaluate each of these recommendations, in conjunction with stakeholder input, before making policy decisions or final recommendations
- Final recommendations to Governor for General Assembly consideration at 2015 session

Major HSRI Recommendation

VA should initiate the development of two new 1915(c) Waivers that include eligibility for people with ID, DD and related conditions

- *Comprehensive waiver* with wide service array, including residential
- *Support waiver* with similar supports array but no 24-hour residential option

HSRI Recommendations

Eligibility

- Define overarching DBHDS eligibility for services in Virginia through regulation or statute
- Evaluate and identify criteria to define related conditions

Waiting List

- A single set of waiting list criteria should be created
- DD Waiver emergency slots available on a continual basis

Community Services Boards (CSBs)

- Clarify and strengthen the oversight role of the state in contract with CSBs & practice related to Medicaid funded activities
- CSBs single point of entry for individuals with DD added to statute

Service Array

- Enhance and encourage Positive Behavioral Support services
- Remove restrictions on “general supervision” in Congregate and In-home Residential Support services
- Consider stakeholder forum on transportation services
- Consider adding Caregiver Retention payments or vacancy factor to rates
- Consider adding a “Community Guide” service to promote community integration
- Add dental services to the waivers
- Ensure access to Skilled Nursing services for those with significant medical issues

Case Management

- Enable ID & DD Waiver case managers to bill for activities up to 6 months prior to transition to the community – currently 30 days
- Administration of the SIS should be done by an independent entity

Employment

- Make discussions about individuals’ career interests a priority before determining day/employment services
- More prominent focus on PCP process; increased training for Support Coordinators / Case Managers on employment

Quality Improvement Strategies

- **Long term** - DMAS & DBHDS should create a unified Quality Improvement System for the two new waivers to safeguard individuals and improve their quality of life
- **Short-term** - VA should proceed with revisions to the ID Waiver QIS for the 2014 renewal per draft guidance issued by CMS in August 2013

Incident/Risk Management

- DBHDS Office of Licensing and DMAS should have ongoing communication regarding provider performance

Response to Phase I recommendations

- Stakeholder meetings to further discuss DBHDS'/DMAS' response to major issues

Phase II commencing this month

- Burns & Associates to meet with a committee of provider stakeholders for input into the development of a survey for all providers regarding ID/DD Waiver rates

Timeline for Implementation of *My Life, My Community*

- **Renew Intellectual Disability (ID) Waiver (January 2014 – July 2014)**
 - only make small modifications to the current program
- **Design New Developmental Disability Waiver(s) (January 2014 – January 2016)**
 - an external advisory committee will be formed to provide consultation and guidance in development of these solutions
- **Recommendations brought to Governor for consideration at the 2015 GA session**