

Virginia Department of Behavioral Health and Developmental Services

Sustainability Workgroup Meeting

Virginia Association of Community Services Boards (VACSB)
10128-B West Broad Street
Glen Allen, VA 23060

January 21, 2011
9:00 AM – 4:00 PM

AGENDA

- 9:00 Opening remarks & review of charge to the workgroup Commissioner James Stewart
- 9:15 Review information request & analysis of data John Ashbaugh & Nancy Thaler

- 10:45 Break

- 11:00 Discussion Nancy Thaler
Identify major issues and challenges

- 12:00 Lunch

- 1:00 Identify solutions and strategies that will have the greatest impact Workgroup

- 2:45 Break

- 3:00 Discussion *continues* Workgroup

- 4:00 Adjourn

Sustainability Work Group 11.30.10 excerpt from meeting minutes.

Additional information needed:

Big Picture:

What is the total amount of funds spent on services for people with ID and DD (Autism)? Prepare a pie charts that display total funds by cost centers (programs) and numbers of people served (including costs and people related to public and private ICFsMRs) for ID and the same for DD.

What are the characteristics of the people who cost the most (establish a threshold)? How many people? (Is this a relevant question giving the rate reimbursement system which does not recognize level of need?)

How many people are funded out of state at what cost? How many children are out of state at what cost?

Institutions:

What is the total cost for each facility and total for all of them? What is the average cost per person?

What is the annual discharge/admissions rate from each facility over the past 5 years? If no action is taken, what will the census be in each facility in 5 years? What will the cost per person be?

What would the cost savings be from closing institutions - funds remaining after developing community services for those leaving? (Study with SIS data on all residents in one facility available). How much would be made available to serve people on the waiting list? How many people could receive in-home services (average cost?) with those funds. How many residential services (\$75,000 per person) could be created?

What funds other than operating funds would be available? What are the properties worth?

What are the costs of people who leave after the first year and then after 5 years? What communities would the people move to and how many jobs could be created in the area. How many current staff members are close to retirement in 1 year and 5 years? How many people in facilities have involved family?

Waivers:

For each of the seven waivers - How many people with ID/DD are in each of the waivers; what services are they getting and what do the services cost? What is the average per person cost?

Waiting List:

How many people with ID/DD are on the waiting list? What would it cost per person? How many are in each category? What do they need, if we know? What are they already getting and at what cost? How many people are absorbed into vacancies each year?

How many people will need the DD waiver? (Is this knowable?) Consult the comprehensive state plan.

How many people are not waiver eligible; what services are they receiving and at what cost. How many are on a waiting list?

Service Rates:

What are the rates for residential services? How do the rates compare to other states? What costs are not covered in the rate i.e. general supervision is not reimbursable? Are all service rates hourly and is this the most economical way to reimburse services?

Crisis Services:

What are the costs of crisis services? (Bob Villa has a study.) Who goes crisis services? Where do people end up after crisis? What services do they get and at what cost. What do they need to avoid crisis?

Early Intervention Part C:

How many families? Costs? Services? Service locations? (This can be part of the big picture analysis).

Case Management:

What is the current ratio?

From minutes of November 30, 2010 meeting

The group discussed the situation with provider rates. There is one standard rate for congregate residential services, regardless of the needs of the individuals or the type of service delivery model. The result is that some individuals' services are underfunded (particularly those for individuals with significant medical or behavioral needs) and some models may be overfunded (host homes).

The impact on individuals & providers and the implications for the state are significant:

- When an individual's need for supervision or support increases, the provider is unable to match their needs and crisis services are then required.
- Individuals are charged various rates for room and board, including assessments against work income in order to cover provider costs.
- Individuals, whose needs continue to exceed available resources, lose their homes.
- The inability to meet higher needs in the waiver drives CSBs and providers to a more expensive model of service – ICF/MR. This model is both more expensive and makes it difficult for the state to manage resources cost effectively. It also expands the state's bed capacity even as states are trying to move their systems away from 24-hr. staffed services.
- Individuals are required to be engaged in programming at all times in order for providers to be reimbursed because general supervision is not a reimbursable service.