

Virginia Department of Behavioral Health and Developmental Services

Sustainability Workgroup Meeting

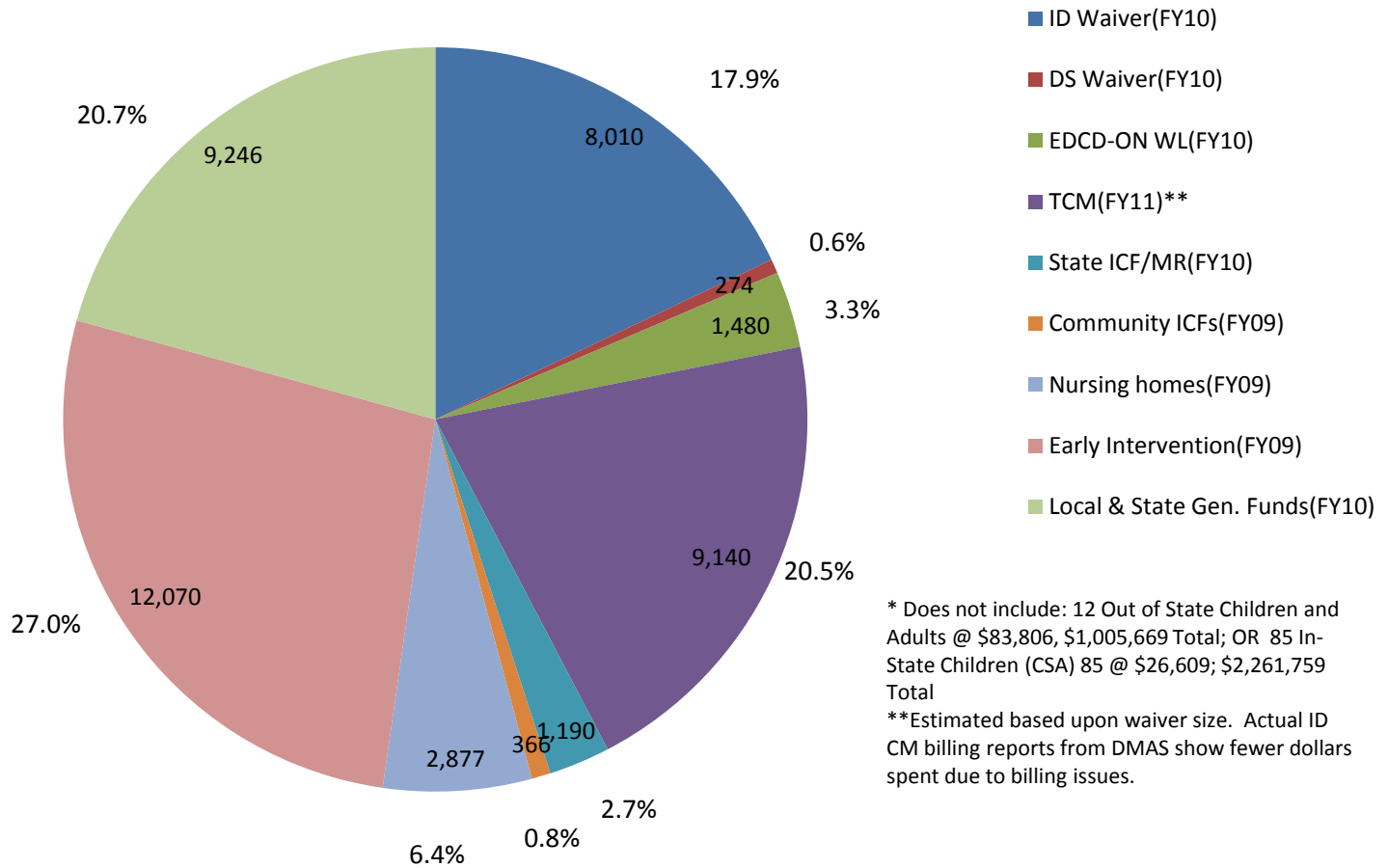
Jan 21, 2011

John Ashbaugh

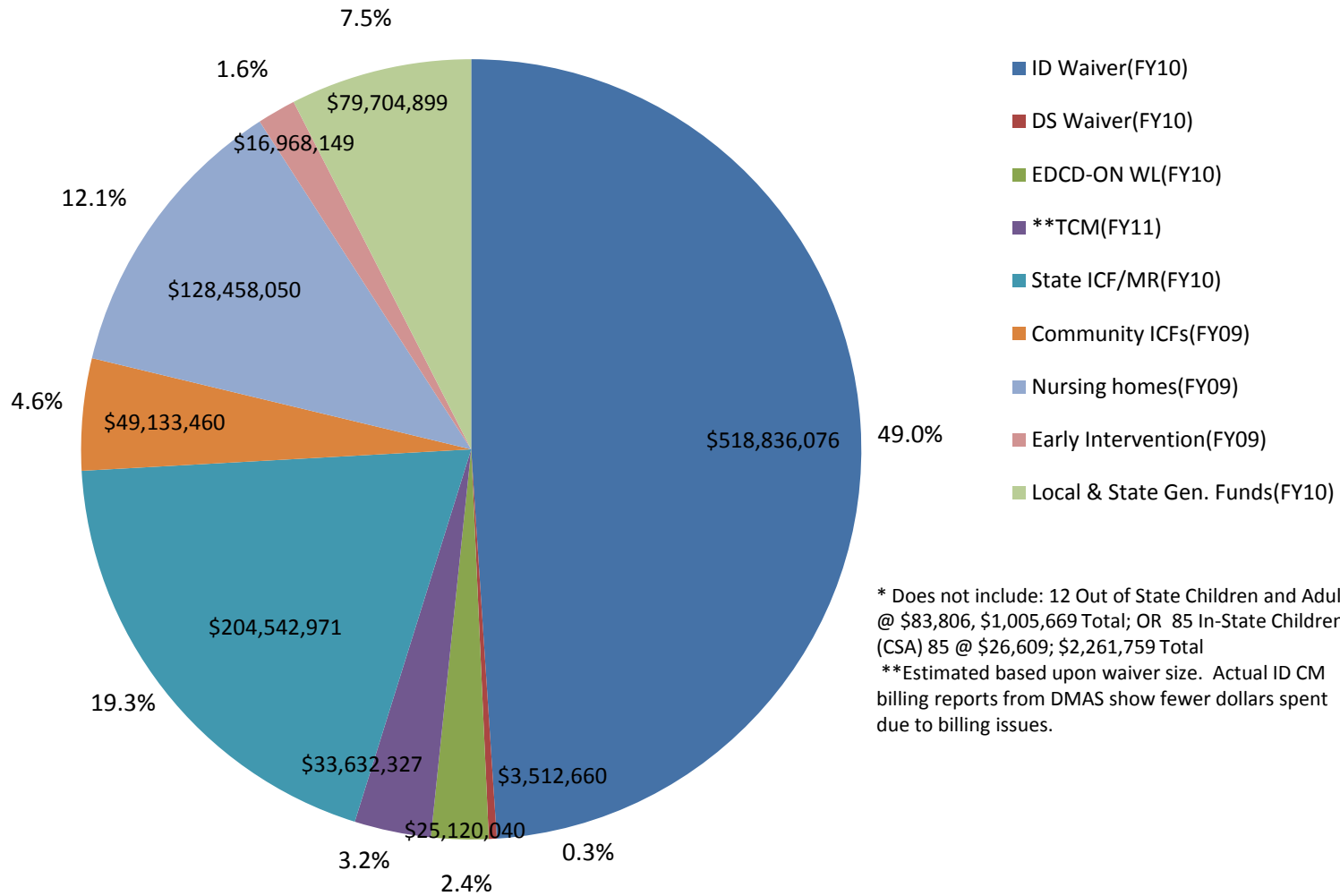
Vice President, Director U.S. Operations

Danic Technology, Inc.,

Persons with ID/DD by Program*



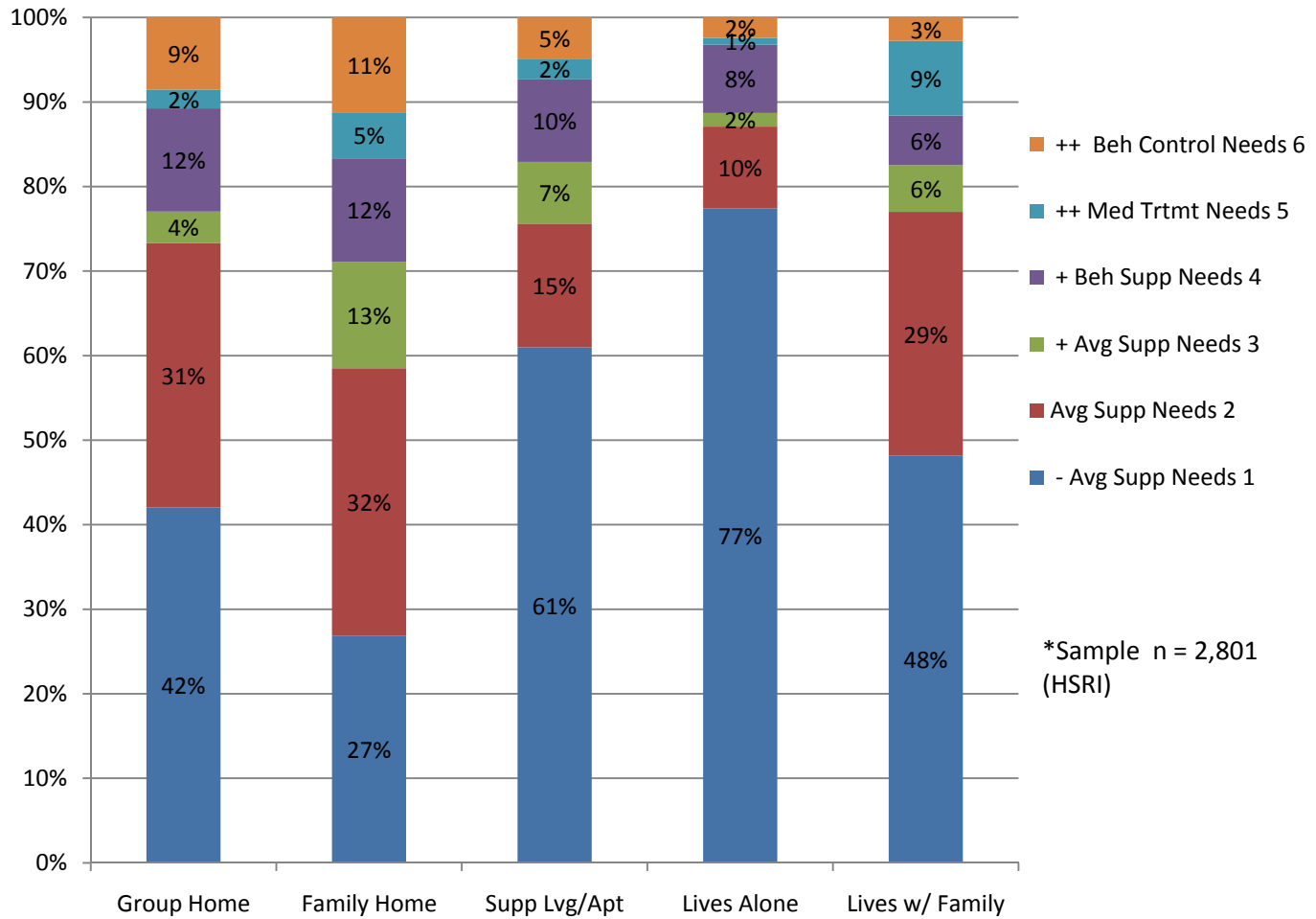
Annual Expenses for Persons with ID/DD by Program*



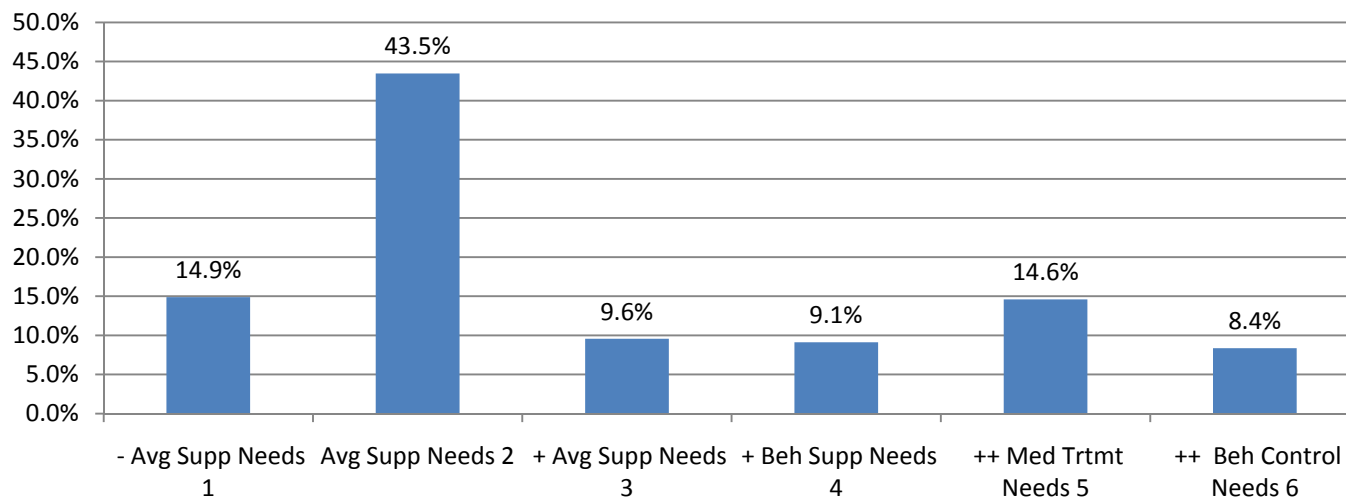
* Does not include: 12 Out of State Children and Adults @ \$83,806; \$1,005,669 Total; OR 85 In-State Children (CSA) 85 @ \$26,609; \$2,261,759 Total

**Estimated based upon waiver size. Actual ID CM billing reports from DMAS show fewer dollars spent due to billing issues.

Percent Distribution of persons in Community Settings by SIS Level of Need and Living Arrangement*

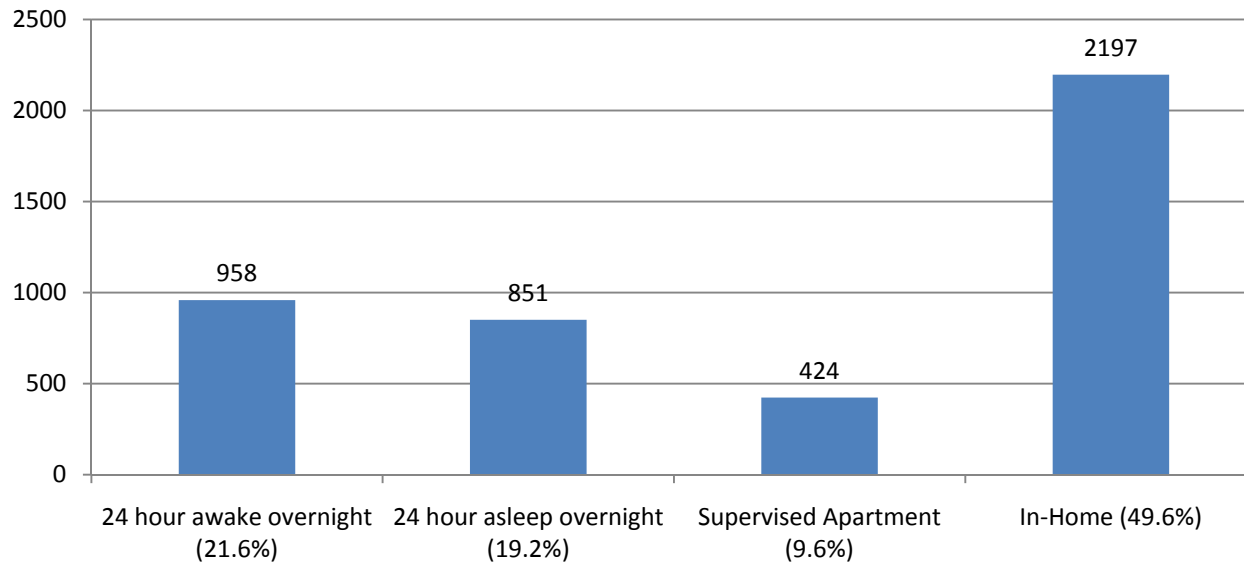


Percent Distribution of persons in Training Centers by SIS Level of Need and Living Arrangement*



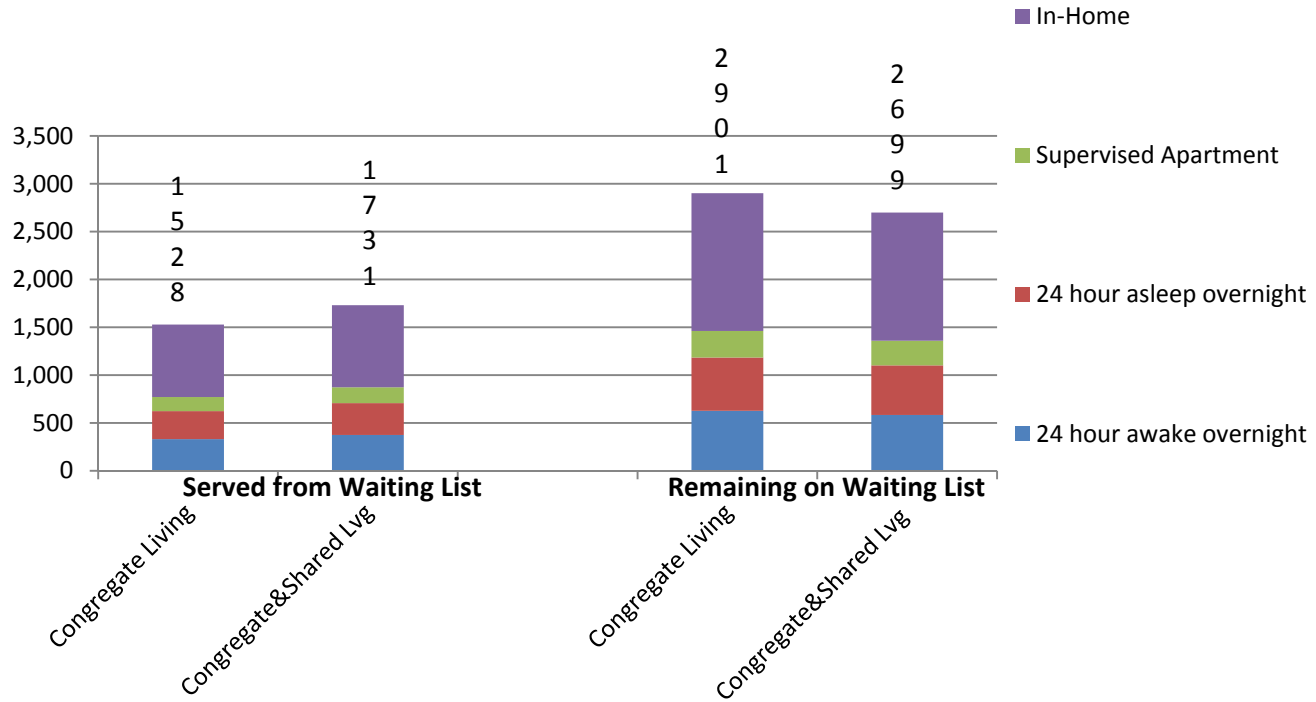
* 59% Convenience sample

Persons with ID/DD Awaiting Services by Type of Service, FY10*

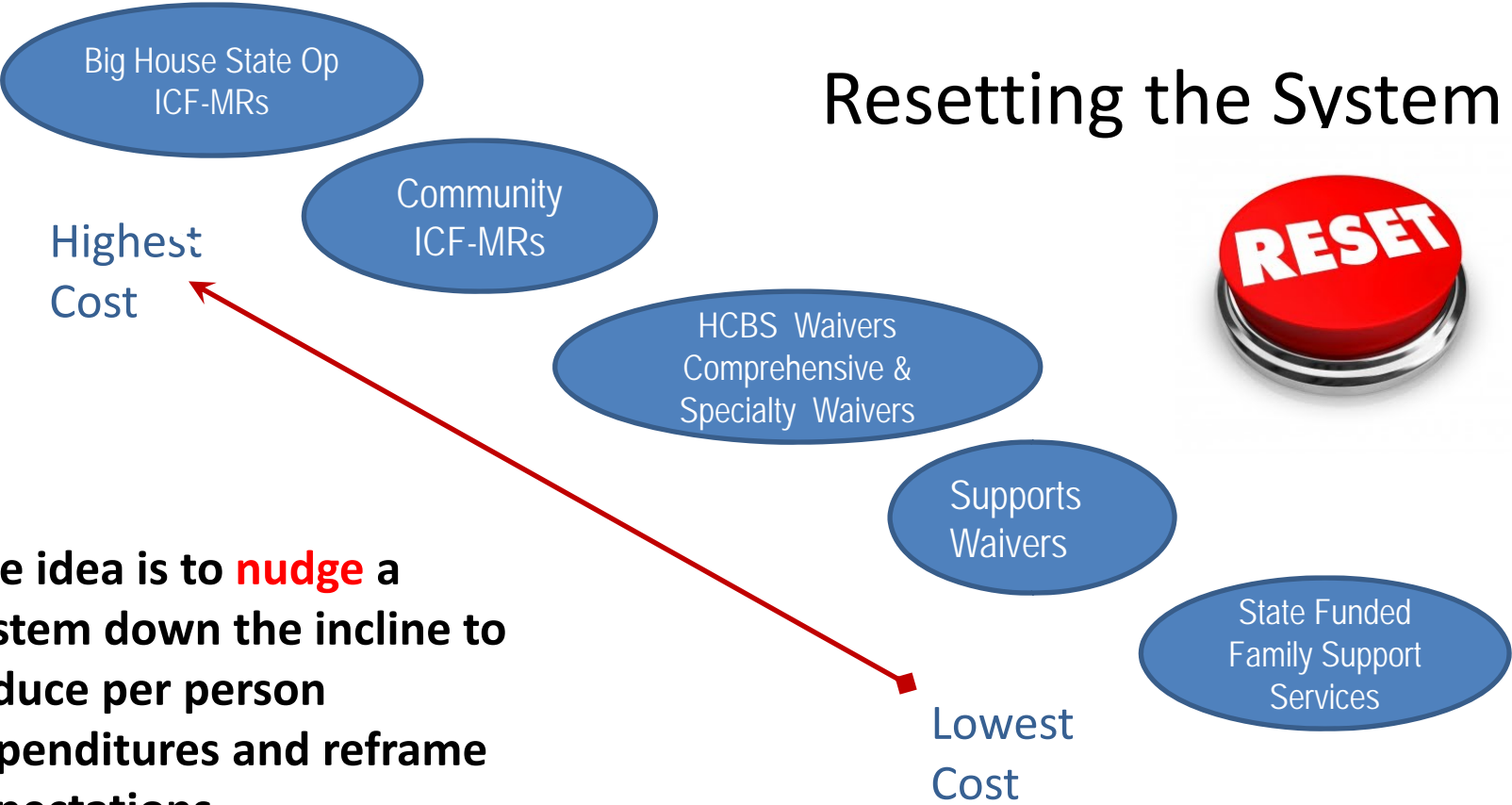


*CSB Survey (Dec 2011) 32 of 40 responding; Estimates generated for non-responses

Waitlisted Persons Served and Unserved w/ & w/o Shared Living



Resetting the System



The idea is to **nudge** a system down the incline to reduce per person expenditures and reframe expectations.

↑ ↑ ↑ ↑ **DEMAND**

*People with Developmental Disabilities
(1% of the population)*

Recommendations – Group 3

- Waiver reimbursement rates should be based on actual costs
- Reduce the number of people with less than average needs being served in congregate residential supports – including group homes and community ICFs/MR
HOW?
- Create a new message that responds to individual needs and desires instead of being system focused
- Need an advocacy and general population campaign the messages where you want to be
- Build community services – medical, dental, therapies, crisis,
- Lower cost and less restrictive services and reduced documentation with better ways to do quality assurance

Other Issues: We pay attention to nursing homes. Develop an action plan.

Promote ways to build supportive communities around people....a person at a time

Recommendations Group 2

- Realign dept. authority and responsibility for program and fiscal policy and outcomes
- Rates of different residential models should vary according to level of intensity
- Support best practice with fiscal policy - create fiscal incentives to do the best thing
- Initiate closure of one facility a year for the next five years and direct savings to the waiting list
- Expand both the ID and DD waivers to serve both populations and designate one the comprehensive waiver and the other the support
- Prioritize urgent needs – links back to recommendation #1 Group #1 – more finely assess the needs of people waiting...DD Waiver issue
- Incentivize employment - incent providers and consumers/families (informing them of the benefits); make employment the first thing you talk to people about.

Note: recommendations are interdependent

Design the system to work for everyone...people in the community and in the institutions.

Be careful about using the term “capacity” - not bricks and mortar., it’s competencies.

Recommendations

Group 1

- More info @ people on wait list and institutions and nursing homes so that you can create community supports around their needs. Determine their current needs and future needs. To better determine cost. Get a true cost of meeting the waiting list.
- The Goal is to achieve both a support waiver and a comprehensive waiver for both populations.
 - Expand the DD waiver to meet the needs of ID on WL; this is a support waiver
 - DD agency manage both waivers ; need to look at how slots are allocated;
- Develop individual budget system - allows for other resources to be part of the plan; promotes natural supports;
- Develop tiered rate system based on model of service/level of severity/level of expertise needed;
- Create capacity for people coming out of centers v.s. close facilities? “Make sure there are good places for people to go...so that life is better.”
- Close all facilities in 5 years
- Develop specialized services in the community
- Workforce development
- Crisis management system in every community

Recommendation

- To accomplish this change, there need to be administrative resources sustained over several years to plan and manage change