



1:00 p.m.	I. Call To Order	Jenni Schodt <i>Director, Settlement Agreement</i>
1:05 p.m.	II. Welcome and Introductions	Laura Nuss <i>Deputy Commissioner, Developmental Services</i>
1:10 p.m.	III. Update on the Settlement Agreement	Laura Nuss <i>Deputy Commissioner, Developmental Services</i>
1:35 p.m.	IV. DOJ Library update	Jenni Schodt <i>Director, Settlement Agreement</i>
1:45 p.m.	V. Financial Update	Emily Lafon <i>Financial and Policy Analyst</i>
2:05 p.m.	VI. Training Center Updates	Debbie Smith <i>Director, Community Integration and TC Discharges</i>
2:20 p.m.	BREAK	
2:30 p.m.	VII. DSP Competencies Update	Eric Williams <i>Director, DDS Provider Development</i>
3:00p.m.	VIII. Facilitated Discussion	Eric Williams <i>Director, DDS Provider Development</i>
3:15 p.m.	IX. Public Comment <i>Comments limited to 3 minutes</i>	
3:25 p.m.	X. Wrap Up	Laura Nuss <i>Deputy Commissioner, Developmental Services</i>
3:30 p.m.	XI. Adjournment	Laura Nuss <i>Deputy Commissioner, Developmental Services</i>



Settlement Agreement Update

Laura Nuss

Deputy Commissioner Developmental Services

October 2019

DOJ SA Negotiations

- Negotiations with DOJ ongoing per court order to agree on “compliance measures” to evaluate COVA compliance with approximately 54 remaining provisions
 - Agreement reached on 20 so far, negotiations continue for 28, and 6 from Section IV have been placed on hold pending compliance with Integrated Day provision in Section III.
 - Already have 213 measures with 186 sub-indicators and counting
- Section III
 - Crisis services, most integrated services – including for those with complex needs, provider development, integrated day and employment, IFSP, case management, transportation
- Section V: Quality Management System
 - Incident management, risk management, adequacy of services, implementation of CAPs, provider risk management and QI, MRC, system QI, DBHDS performance, HCBS waiver quality, QSRs, valid/reliable data

DOJ Challenges

- Increase integrated service options across COVA, to include behavior support and nursing providers
- Implement quality assurance and risk management systems with a focus on developing a culture of quality improvement and not just a licensing/citation environment
- The quality improvement system design completed, committees are in place, and now gathering data for analysis.
- Performance expectations
 - 86% for DBHDS performance
 - 86% of all people ... for individual personal outcome measures

Strategies

- Identify barriers limiting growth of residential and day most integrated options and move quickly to implement solutions
- Invest in additional competency and capacity building for behavioral health supports
- Collaborate with stakeholders to find best way to collect outcome data, streamline processes and paperwork
- Integrate crisis services, and increase crisis continuum options
- Support rate increases to support growth in the workforce and increase access to all services

DOJ Next Steps

- Status conference 9/17/19
- Agree to disagree and the Independent Reviewer/ Judge will make final decisions
- Finish the Court Ordered DOJ SA Library - purpose
 - Public facing website where it is documented (statute, regulation, guidance, procedure, protocol, forms, checklists) how COVA implements each element of the SA
 - Ongoing public reporting of evidence of compliance even after case is closed
 - If COVA regresses, public will know and can contact Judge who can reopen the case

Current Semi-Annual Study Period

- 15th Review Period - April 2019 through October 2019 with final report available mid December 2019
- 7 Comprehensive Study Areas
 - Integrated Day and Supported Employment, Transportation Services, Regional Support Teams (RST), Provider Training and Competencies, Licensing and Human Rights Investigations, Risk Management and Quality Improvement, and Mortality Review
- Individual Service Reviews
 - Level 7 SIS/ Complex Behavioral Supports in Northern, Southwest and Eastern Regions



Virginia Department of
Behavioral Health &
Developmental Services

Virginia DOJ Settlement Agreement Library

Jenni Schodt

DBHDS Settlement Agreement Coordinator

October 2019

DBHDS Vision: A life of possibilities for all Virginians

April 2019 Federal Hearing

- Judge Gibney first presented his expectations in open Court
 - Key purpose is Sustainability of the Settlement Agreement post closure
 - Through a document system for ongoing monitoring of the provisions
 - Top to bottom description of how the Commonwealth carries out the work
 - From Authorizing Authority down to the tools used to complete required tasks.

May 2019 Court Order

- Court Order dated May 6th 2019
 - Parties need to create a document system, or library, to ensure the Commonwealth will perform the provisions of the consent decree.
 - System will enable interested parties to review documents to determine the Commonwealth's compliance, even after the consent decree terminates
 - The documents will create a framework for implementing and sustaining each decree provision.

Building a Public Facing Webpage

➤ Home Page

- Settlement Agreement Appendix A
- Full text of all 9 sections of the consent decree
- Searchable text format
- Links to external sites such as Olmstead v. L.C. and ADA
- Table of Contents menu for quick access to each section of the agreement
- Areas of interest menu bar for browsing by topic such as Waiver Services, Risk Management, and Crisis Services

- I. Introduction
II. Definitions
III. Serving Individuals with Developmental Disabilities In the Most Integrated Setting
IV. Discharge Planning and Transition from Training Center
V. Quality and Risk Management System
VI. Independent Reviewer
VII. Construction and Termination
VIII. General Provisions
IX. Implementation of the Agreement

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
Richmond Division

United States of America,
Plaintiff,
v.
COMMONWEALTH OF VIRGINIA,
Defendants,
and
PEGGY WOOD, et al.
Intervenor-Defendants
CIVIL ACTION NO: 3:12cv059-JAG

SETTLEMENT AGREEMENT

I. Introduction

A. The Commonwealth of Virginia ("the Commonwealth") and the United States (together, "the Parties") are committed to full compliance with Title II of the Americans with Disabilities Act ("ADA"), 42 U.S.C. § 12101, as interpreted by Olmstead v. L.C., 527 U.S. 581 (1999). This Agreement is intended to ensure the Commonwealth's compliance with the ADA and Olmstead, which require that, to the extent the Commonwealth offers services to individuals with intellectual and developmental disabilities, such services shall be provided in the most integrated setting appropriate to meet their needs. Accordingly, throughout this document, the Parties intend that the goals of community integration, self-determination, and quality services will be achieved.

Contents

- I. Introduction
- II. Definitions
- III. Serving Individuals with Developmental Disabilities In the Most Integrated Setting
 - Section III.C.6.a
 - Section III.E.2
- IV. Discharge Planning and Transition from Training Center
- V. Quality and Risk Management System
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and DBHDS Central Office. The CRCs shall provide on-site, electronic, written, and telephonic technical assistance to CSB case managers and private providers regarding personcentered planning, the Supports Intensity Scale, and requirements of case management and HCBS Waivers. The CRC shall also provide ongoing technical assistance to CSBs and community providers during an individual's placement. The CRCs shall be a member of the Regional Support Team in the appropriate Region.

2. [The CRC may consult at any time with the Regional Support Team. Upon referral to it, the Regional Support Team shall work with the Personal Support Team \("PST"\) and CRC to review the case, resolve identified barriers, and ensure that the placement is the most integrated setting appropriate to the individual's needs, consistent with the individual's informed choice. The Regional Support Team shall have the authority to recommend additional steps by the PST and/or CRC.](#)

3. The CRC shall refer cases to the Regional Support Teams for review, assistance in resolving barriers, or recommendations whenever:

- a. The PST is having difficulty identifying or locating a particular community placement, services and supports for an individual within 3 months of the individual's receipt of HCBS waiver services.
- b. The PST recommends and, upon his/her review, the CRC also recommends that an individual residing in his or her own home, his or her family's home, or a sponsored residence be placed in a congregate setting with five or more individuals.
- c. The PST recommends and, upon his/her review, the CRC also recommends an individual residing in any setting be placed in a nursing home or ICF.
- d. There is a pattern of an individual repeatedly being removed from his or her current placement.

IV. Discharge Planning and Transition from Training Center

By July 2012, the Commonwealth will have implemented Discharge and Transition Planning processes at all Training Centers consistent with the terms of this Section, excluding other dates agreed upon, and listed separately in this Section.

- A. To ensure that individuals are served in the most integrated setting appropriate to their needs, the Commonwealth shall develop and implement discharge planning and transition processes at all Training Centers consistent with the terms of this Section and person-centered principles.
- B. Discharge Planning and Discharge Plans
 - 1. Discharge planning shall begin upon admission.
 - 2. Discharge planning shall drive treatment of individuals in any Training Center and shall adhere to the principles of person-centered planning.

Secondary Pages Linked by Provision and Topic

- **Authorization Authority**
 - Documents that mandate the ongoing work be performed that brings the DD system into compliance.
 - Common examples are Codified Statute, Regulation, Budget Language, and Commissioner Authorization
- **Delegation Mechanism**
 - Only applicable when compliance is met through work performed by an entity or organization outside of DBHDS. The document must describe how that work is delegated and overseen. Performance Contract, Memorandum of Agreement
- **State Process or Protocol**
 - Methods for carrying out the work that brings the Commonwealth into compliance with the Agreement that documents how the work is conducted and managed
- **Tools or Instruments**
 - For the public to understand how work is conducted to bring the Commonwealth into compliance it must have a clear understanding of what tools or instruments are used to carry out the work.

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Link to Virginia Department of Behavioral Health & Developmental Services homepage

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Regional Support Teams (RST)

Background

The Department of Behavioral Health and Development Services (DBHDS) implemented five Regional Support Teams (RSTs) in March 2013. The RSTs are comprised of professionals with experience and expertise in serving individuals with developmental disabilities and complex behavioral and medical needs. The RST will seek to resolve identified barriers and ensure supports are provided in the most integrated setting are appropriate to the individual's needs and are consistent with the individual's informed choice.



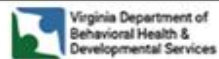
Settlement Agreement Provision

Section III.E.2. of the Settlement Agreement states that:

- The CRC may consult at any time with the Regional Support Team. Upon referral to it, the Regional Support Team shall work with the Personal Support Team ("PST") and CRC to review the case, resolve identified barriers, and ensure that the placement is the most integrated setting appropriate to the individual's needs, consistent with the individual's informed choice. The Regional Support Team shall have the authority to recommend additional steps by the PST and/or CRC.*

practices that the United States examined in its expanded investigation were statewide in scope and application. On February 10, 2011, the United States issued its findings, concluding that the Commonwealth fails to provide services to individuals

4:31 PM 7/31/2019



Crisis Services

Settlement Agreement Provision

[Section III.C.6.a.i.](#) of the Settlement Agreement states that:

- a. *The Commonwealth shall develop a statewide crisis system for individuals with intellectual and developmental disabilities. The crisis system shall:
 - i. *Provide timely and accessible support to individuals with intellectual and developmental disabilities who are experiencing crises, including crises due to behavioral or psychiatric issues, and to their families;**



Authorizing Authority

Crisis services are provided under REACH and authorized through [language in the Virginia budget](#)

Delegation Mechanism

Crisis services through REACH are delegated by the Commonwealth to Community Service Boards (CSBs) through [language in the CSB performance contracts](#).

Compliance Indicators

The compliance indicators for REACH programs are available [here](#).

Processes, Protocols, and Standards

REACH serves a target population of children and adults with co-occurring diagnoses of developmental disability and behavioral health needs in addition to those presenting with challenging behavior. REACH services enhance local capacity and provide collaborative, cost-effective support to individuals and their families through exemplary clinical services, education, accessing/linking supports, mentoring, and training. REACH programs are collaborative with other agencies and families and are committed to finding a way to serve *all* individuals with DD who are at risk for a behavioral or mental health crisis. When standard services are not appropriate, REACH staff are committed to developing interventions to support the system. At times, this will mean supporting the individual through locating other services, working with DBHDS to secure additional resources, or assisting with the psychiatric hospitalization process and providing transition and stepdown services. All services are provided within a context of on-going attention to service outcomes.

Complete REACH Program Standards:

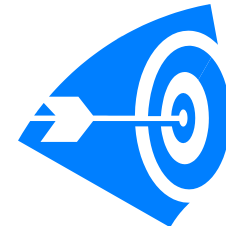
Reporting Pages Linked by Provision and Topic

- **Compliance Indicators**
 - Applicable to 54 provisions of the Agreement
 - Full text of these compliance measures will be clearly identified on the provision specific third level page
 - Include both procedural requirements and metrics
- **Reporting**
 - Reports include evidence of meeting compliance indicators as applicable
 - Include data metrics
 - Public Access
 - Dated and accessible through an archive page when new versions are posted

Library Progress to Date

- May 2019 - Collect information from subject matter experts on documents tied to provision requirements through survey software. **Thanks to DQV**
- June 2019 Development of the original “proof of concept” as a visual presentation for a Public Facing Library. **Thanks to DQV**
- July 2019 Judge Gibney met with Independent Reviewer on proof of concept **“On the right track”**
- August 2019 DBHDS Project Team **Added resources and commitment**
- September 2019 Developer in place and project requirements completed
- October 2019 Developer in process of building out to second level
- November 2019 Library Index due to Judge Gibney

➤ **June 2020 Go Live Date**



Questions and Feedback





Virginia Department of
Behavioral Health &
Developmental Services

Financial Update

October 8, 2019

Budget Development & Analysis Team

Virginia Department of Behavioral
Health and Developmental Services

Agenda

- FY20 Expenditures To Date
- FY21-22 Biennium Budget Development Process

General Fund Budget vs. Expenditures as of 8.30.19

Support to Individuals

Item	Agency	Base Budget	FY19 Carryforward	Expenditures	Remaining	Actual/ Budget
Facility Transition ID Waivers	DMAS	\$ 32,440,854	\$ -	\$ 5,406,809	\$ 27,034,045	16.7%
Community ID & DD Waivers	DMAS	\$ 37,082,206	\$ -	\$ 6,180,368	\$ 30,901,838	16.7%
Guardianship	DARS	\$ 975,000	\$ -	\$ 162,500	\$ 812,500	16.7%
Individual & Family Support	DBHDS CO	\$ 3,670,080	\$ 175,000	\$ 101,611	\$ 3,743,469	2.8%
Individuals Not Covered by Medicaid	DBHDS CO	\$ 565,000	\$ -	\$ 91,396	\$ 473,604	16.2%
SubTotal		\$ 74,733,140	\$ 175,000	\$ 11,942,684	\$ 62,965,456	16.0%

Community Capacity Development

Item	Agency	Base Budget	FY19 Carryforward	Expenditures	Remaining	Actual/ Budget
Housing	DBHDS CSB	\$ 8,126,445	\$ 225,862	\$ 3,459,794	\$ 4,892,513	42.6%
Crisis Stabilization	DBHDS CSB	\$ 13,225,000	\$ -	\$ 5,323,704	\$ 7,901,296	40.3%
Community Provider Training	DBHDS CO	\$ 70,000	\$ -	\$ -	\$ 70,000	0.0%
Best Buddies	DBHDS CO	\$ 200,000	\$ -	\$ -	\$ 200,000	0.0%
SubTotal		\$ 21,621,445	\$ 225,862	\$ 8,783,498	\$ 13,063,809	40.6%

Administration

Item	Agency	Budget	FY19 Carryforward	Expenditures	Remaining	Actual/ Budget
DBHDS Administration	DBHDS CO	\$ 4,203,557	\$ -	\$ 1,781,191	\$ 2,422,366	42.4%
Independent Review	DBHDS CO	\$ 553,359	\$ 12,551	\$ 49,889	\$ 516,021	9.0%
DD Health Supports Network	DBHDS CO	\$ 5,200,000	\$ -	\$ 654,476	\$ 4,545,524	12.6%
Quality Management	DBHDS CO	\$ 591,000	\$ -	\$ 98,255	\$ 492,745	16.6%
Data Warehouse	DBHDS CO	\$ 389,000	\$ -	\$ 84,096	\$ 304,904	21.6%
Event Tracking System	DBHDS CO	\$ 244,553	\$ 1,190,553	\$ -	\$ 1,435,106	0.0%
Licensing System	DBHDS CO	\$ 200,000	\$ 1,608,174	\$ 33,930	\$ 1,774,244	17.0%
Waiver Management System (WaMS)	DBHDS CO	\$ 453,888	\$ 200,000	\$ 234,815	\$ 419,073	51.7%
Supports Intensity Scale	DBHDS CO	\$ 1,169,042	\$ 150,000	\$ 1,541,362	\$ (222,320)	131.8%
DMAS Administration	DMAS	\$ 70,000	\$ -	\$ 11,667	\$ 58,333	16.7%
SubTotal		\$ 13,074,399	\$ 3,161,278	\$ 4,489,680	\$ 11,745,997	34.3%

General Fund Budget vs. Expenditures as of 8.30.19

Facilities

Item	Agency	Budget	FY19 Carryforward	Expenditures	Remaining	Actual/ Budget
Facility Closure Costs	DBHDS FAC	\$ 4,298,679	\$ -	\$ 716,447	\$ 3,582,233	16.7%
Facility Savings	DBHDS FAC	\$ (565,000)	\$ -	\$ (94,167)	\$ (470,833)	16.7%
SubTotal		\$ 3,733,679	\$ -	\$ 622,280	\$ 3,111,399	16.7%

Total		\$ 113,162,663	\$ 3,562,140	\$ 25,838,142	\$ 90,886,661	22.8%
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DOJ Trust Fund

Item	Agency	Budget	Expenditures	Remaining	Actual/ Budget
Behavior/Medical Intense Programs	720	\$ 2,574,660	\$ 328,359	\$ 2,246,301	12.8%
In-State Capacity for Individuals Served Out-of-State in Congregate Care	720	\$ 1,234,487	\$ 187,478	\$ 1,047,009	15.2%
Provider Compliance Review (CMS Regulation)	720	\$ 475,000	\$ -	\$ 475,000	0.0%
Online Provider Survey System	720	\$ 100,000	\$ -	\$ 100,000	0.0%
Quality/Risk Management Framework	720	\$ 375,000	\$ -	\$ 375,000	0.0%
System-wide Training in CM/QI/RM	720	\$ 250,000	\$ -	\$ 250,000	0.0%
Behavior/ Medical Intense Capacity	790	\$ 3,600,000	\$ -	\$ 3,600,000	0.0%
DD Services	790	\$ 750,000	\$ -	\$ 750,000	0.0%
Pilot Program for Individuals with Tri-Diagnoses	790	\$ 750,000	\$ -	\$ 750,000	0.0%
Total		\$ 10,115,837	\$ 515,838	\$ 9,593,310	5.1%

FY 2021 – FY 2022 Biennium Budget Process

- Budget requests were submitted to DPB on September 20
- The Governor will release his Budget on December 17
- The Legislative Session will begin on January 8
- The Governor's Budget will be introduced as a bill in both houses at the beginning of session
- All committee work on the Budget will be completed by mid-February, then the bills must “crossover” to the opposite house for consideration
- A conference committee will resolve differences between the two bills
- The Legislative Session will end on March 10 and the agreed upon bill will be sent to the Governor for signature
- The Legislature will reconvene to consider the Governor's changes to the Budget on April 2

Submitted Budget Requests related to the DOJ Agreement

Title	Description	FY 2021 Amount	FY 2022 Amount
Increase DBHDS Waiver Slots	<p>Funding 860 new Community Living (CL) and Family and Individual Support (FIS) DOJ waiver slots with a remix. This change allows the Commonwealth to serve additional individuals while not increasing expenditures beyond the cost that would have otherwise borne under the terms of the settlement agreement (SA). The Settlement Agreement requires 360 Individuals with Disabilities (ID) and 75 Developmental Disabilities (DD) in FY 2021 be created. By remixing these slots we can maximize the required dollars and slots. As a result, we are requesting that a total of 860 new CL (225) and FIS (635) waiver slots be created in FY 2021 and FY 2022 to meet the requirements of the SA. The Department is also requesting an additional 100 CL waiver slots in FY 2022.</p> <p>Funding an additional 50 (25 each year) Community Living (CL) and 20 (10 each year) Family and Individual Supports (FIS) for a total requested amount of 70 emergency/reserve waiver slots. Emergency/reserve slots are utilized for emergencies, for individuals transferring between waivers, and for individuals wishing to live in a more independent setting. In the 2019 session, a request was made for an additional 200 emergency/ reserve waiver slots over the biennium. The Governor and Legislature recognized the need for additional emergency/reserve waiver slots and provided funding for a total of 50 waiver slots. While these slots will help provide flexibility and a safety net to the Developmental Disability (DD) community, there is still a significant need that must be addressed in order to allow for the necessary safety net for the DD population and the greatest utilization of lower cost waivers.</p> <p>Funding and authorization for 150 facility transition slots; 70 Community Living (CL) and 5 Family and Individual Supports (FIS) emergency/reserve waiver slots and 70 CL and 5 FIS emergency/reserve waiver slots in FY2022. The SA also required that the Commonwealth award and appropriate funds for a certain number of facility transition slots to support the downsizing of the training centers and integrate individuals into the community. While the fourth of the five training centers is slated to close during FY 2020, there are still individuals with a developmental disability diagnosis that will desire to live in a more integrated community setting.</p>	\$36,699,528	\$58,249,428

Submitted Budget Requests related to the DOJ Agreement

Title	Description	FY 2021 Amount	FY 2022 Amount
Reduce Appropriation due to Training Center Closure (DMAS)	Decreases the general fund appropriation within the Virginia Department of Medical Assistance Services (DMAS) budget for reimbursement to the Department of Behavioral Health and Developmental Services (DBHDS) state training centers.	(\$9,522,294)	(\$27,797,294)
Increase Mental Health Provider Rates	Increase rates for mental health providers to the equivalent of 110 percent of 2019 Medicare rates for these services. Rates for mental health providers were increased in the 2019 Appropriations Act to the equivalent of 100 percent of 2018 Medicare rates (equivalent to 97 percent of 2019 rates). This increase is needed to improve access to these services and providers. The increase would be effective statewide for all Medicaid members with a benefit plan that includes mental health services; no new populations would be covered under this proposal.	\$6,744,884	\$6,947,230

Submitted Budget Requests related to the DOJ Agreement

Title	Description	FY 2021 Amount	FY 2022 Amount	FY 2021 Positions	FY 2022 Positions
Resources Required to Exit DOJ Settlement Agreement	This budget request is to provide the ongoing funding necessary to comply with the final stages of compliance with the DOJ settlement agreement. These requested critical items will provide supplementary support to ensure that the Commonwealth successfully completes the critical remaining elements of the SA pertaining to 1) the design and/or enhancement and implementation of a Quality Management System that: identifies and addresses risks of harm; ensures the sufficiency, accessibility and quality of services to meet individuals' needs in integrated settings; and collects and evaluates data to identify and respond to trends to ensure continuous quality improvement; 2) the implementation of a comprehensive and coordinated Individual and Family Support Program; 3) the adequacy of the provider network to ensure access to high quality, most integrated services across the Commonwealth; 4) the delivery of effective case management; and, 5) the management and administrative demands that result from the significant enhancement of community services required under the DOJ SA. Support, progress on and ultimately compliance with these broadly stated requirements is mandated by the DOJ SA.	\$7,084,387	\$6,786,774	51	51
Reduction of training center funds	Reduce training center funds to provide funds for resources to exit the DOJ settlement agreement.	-\$9,244,916	-\$16,244,916	0	0

Submitted Budget Requests related to the DOJ Agreement

Title	Description	FY 2021 Amount	FY 2022 Amount	FY 2021 Positions	FY 2022 Positions
Increase State Rental Assistance Program (SRAP)	The DOJ settlement agreement has targets for new individuals living in independent housing each year. For FY 2021 the requirement is 1,205, and for FY 2022 it is 1,866. Additional housing dollars are necessary to comply with DOJ settlement agreement for rental assistance. The primary vehicle for this is SRAP. SRAP is long-term rental assistance program administered under contract with public entities (primarily housing authorities). These rental subsidies enable individuals in the SA target population to afford rental housing in the community.	\$5,075,000	\$5,342,457	0	0
Increase State Rental Assistance Program (SRAP)	Request provides funding for two staff positions to manage referrals to SRAP, administer more than one dozen SRAP contracts, and to support communities with effectively engaging and housing individuals in the SA population to move to independent housing.	\$110,591	\$110,591	2	2



Virginia Department of
Behavioral Health &
Developmental Services

Training Center Closures

October 8, 2019

Virginia Department of Behavioral Health
and Developmental Services

Training Center Closure Information

- In June 2011 the 5 Training Center Census was 1084
- As of October 8, 2019 the current census is **110** a 90% reduction

Training Center	Beginning Census	Current Census	Census Reduction	% of Reduction
Total	1084	110	974	90%
CVTC	381	39	342	90%
NVTC	157	0	157	100%
SEVTC	123	71	52	42%
SVTC	242	0	242	100%
SWVTC	181	0	181	100%

- CVTC is scheduled to close by June 2020
- SEVTC will remain open with the capacity to serve 75 individuals

Types of Homes Chosen from all Training Centers October 1, 2011 – October 8, 2019

Type	Number	
Leased Apartment	1	403
Family Home	4	
Sponsored	53	
Supervised Living	1	
Waiver group home 4 beds or less	342	
Group Home w/o Waiver 4 bed	2	
Waiver group home 5 beds or more	271	429
Group Home w/o Waiver 5+ bed	1	
ICF Community	94	
ICF Transferred to Another TC	29	5
Interstate Transfer	5	
Nursing Facility/External	6	
Nursing Facility HDMC	27	
Hospital/Hospice Care	1	
Total	835	

* ICF = Intermediate Care Facility

CVTC Census by CSB

Alexandria	Arlington	Blue Ridge BH	Chesapeake	Chesterfield	Cross roads	
1	2	5	1	1	1	
Cumberland Mountain	Danville-Pittsylvania	District 19	Fairfax-Falls Church	Hampton Newport News	Horizon BH	
1	4	2	1	1	3	
Mt. Rogers	Norfolk	Northwestern	Piedmont	Portsmouth	Rappahannock Area	
1	1	1	1	1	1	
Rappahannock Rapidan	Region Ten	Richmond BH	Rockbridge	Southside	Valley	Virginia Beach
3	2	1	1	1	1	1

Projected Discharges Through November

Training Center	Projected Discharges Through November 2019	Home Type			
		4 or less	5 or more	ICF*/TC	HDMC**
CVTC	27	6	6	11	4
SEVTC	3	2	1	0	0
Total	30	8	7	11	4

* ICF = Intermediate Care Facility

** Hiram Davis Medical Center (Nursing Facility)

CVTC Updates

- **70% of the 274 individuals who discharged from CVTC returned to their home region**
 - In Home Region – 193
 - Out of Home Region -81
- **39 Individuals remain at CVTC**
 - 30 Individuals have identified homes
 - 5 Additional individuals have providers ready to support them and families are making final decisions
 - 4 Individuals will receive support for making informed decisions
- **Census is expected to reach:**
 - 12 by November 30, 2019
 - 0 by June 30, 2020

CVTC Individuals Support Needs

Support needs for individuals who remain at CVTC as of 10/8/19		Bed Capacity for Existing Providers and Providers in Development as of 6/13/19	
Individuals who require Behavioral Supports	12	Provider beds available/in development	18
Individuals who require Medical Supports	13	Provider beds available/in development	21
Individuals who require both Behavioral and Medical Supports	11	Provider beds available/in development	21
No specialized support needs	3	Provider beds available/in development	16
Total	39	Total	76

Day Support Services for FY2019

There were 60 individuals discharged from Training Centers in FY2019. Of these, 26 (43%) received formal day support services of various types:

Number of DS Services Received by Individuals	Total
Individual Supported Employment	0
Group Supported Employment	0
Workplace Assistance Services	0
Community engagement	6
Community coaching	0
Group Day Services	13
Receives day support services in an ICF	7
Total	26

Day Support Services for FY2019

Of the 60 individuals discharged from Training Centers in FY2019, 34 (57%) did not receive formal day support services.

Reasons are shown below:

No Day Support Categorized	Number	Percent
Number of Individuals not receiving Formal Day Services	34	57%
Individual/Family Choice		
Retirement	15	25%
Reside in Nursing Facility	2	3%
Family choice for no Day Support	3	5%
Individual choice pending medical stabilization	3	5%
Total Individual/Family Choice	23	38%
Provider Capacity		
Provider did not accept due to needs of individual	9	15%
No provider of service available in area	0	0%
Day support with future begin date (licensed services under dev.)	1	2%
Other	1	2%
Total Provider Capacity	11	18%

Community Integration Core Responsibilities



Training Center Closure and Transition Supports	ICF Single Point of Entry	Children in ICF's	Public Guardianship
<ul style="list-style-type: none">• Census 110<ul style="list-style-type: none">• CVTC 39• SEVTC 71• Discharge Planning and Transition• Post Move Monitoring• Assistance with out of state returns to the Commonwealth	<ul style="list-style-type: none">• Partnership with DMAS to complete Virginia Individual Disability Eligibility Survey (VIDES) for all ICF admissions• Assistance with connection to CSB's for exploring integrated options	<ul style="list-style-type: none">• Complete annual Level of Care reviews for children in ICF's• Assistance with discharge planning, connection to CSB's and integrated community resources	<ul style="list-style-type: none">• Partnership with DARS to fund PG slots for individuals with Developmental Disability• Process Guardianship Referrals• Process reimbursement requests for Court Petitioning



Virginia Department of
Behavioral Health &
Developmental Services

BREAK

DBHDS Vision: A life of possibilities for all Virginians



DSP Competencies Update

October 2019

Eric J. Williams, Provider Development, Director

Division of Developmental Services

Department of Behavioral Health and Developmental Services

Background



What is the purpose?

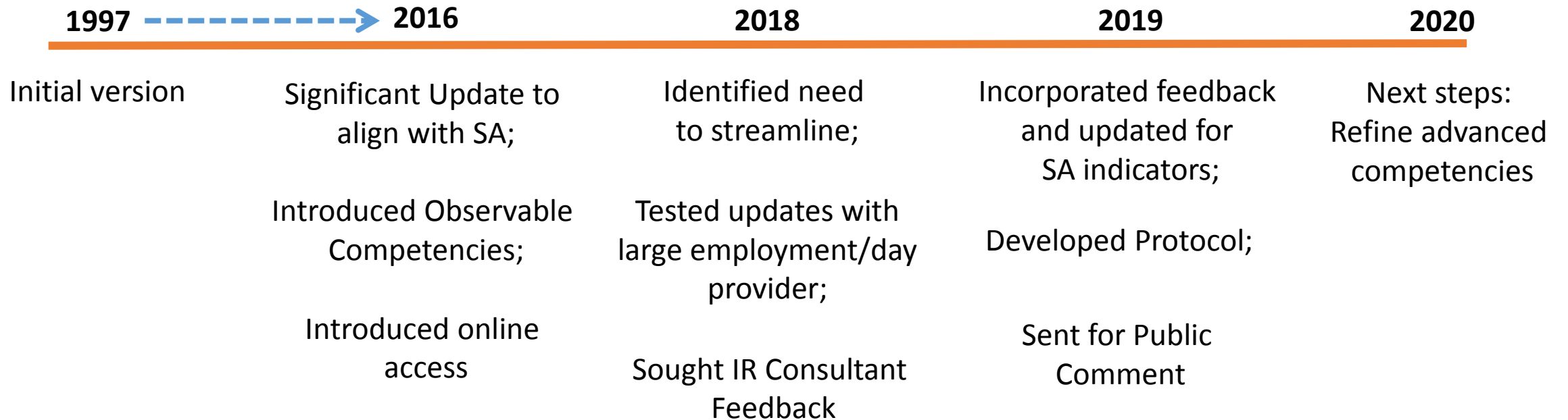
- To outline values and best practices
- To provide practical tips to DSPs and their Supervisors
- To prepare DSPs and supervisors for the work
- To promote person-centeredness

DSP Orientation

Background



DSP Competencies Timeline





2016

Significant Update to
align with SA;

Introduced Observable
Competencies;

Introduced online
access



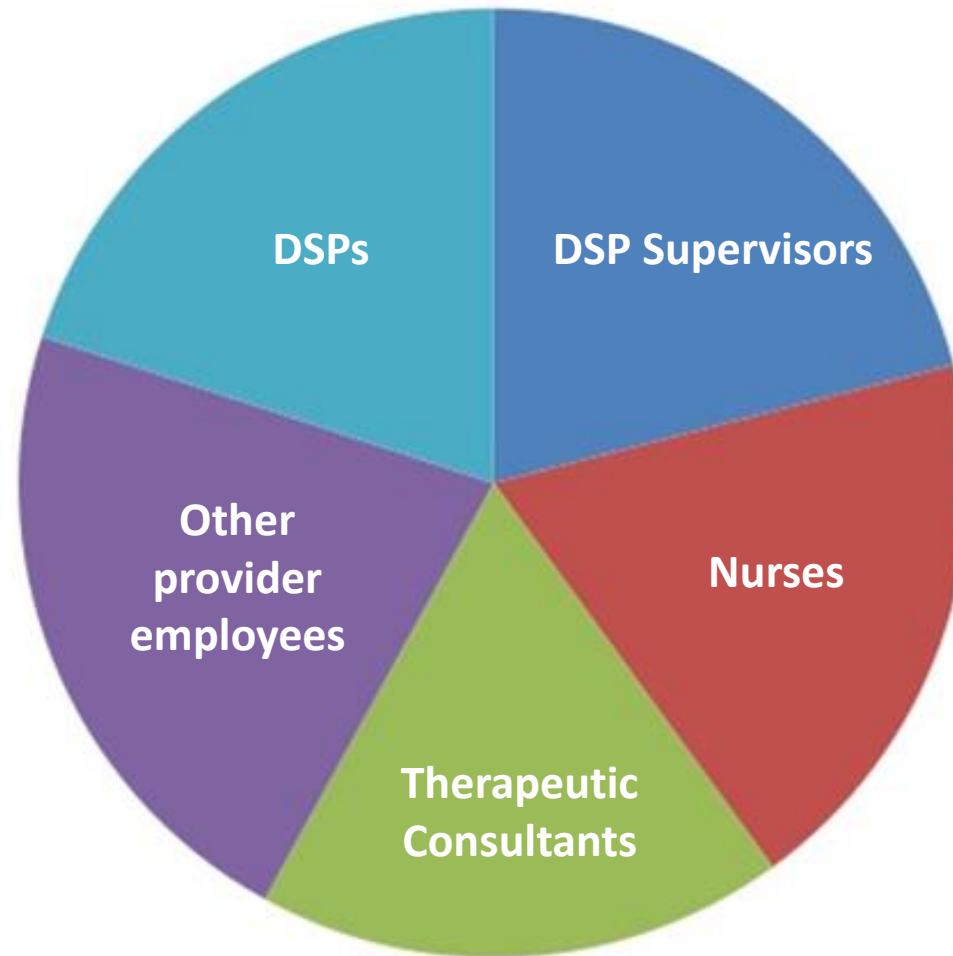
V.H.1.

The Commonwealth shall have a statewide core competency-based training curriculum for all staff who provide services under this Agreement. The training shall include person-centered, community integration and self-determination awareness, and required elements of service training.

Settlement Agreement



Defining roles



Considerations:

- Board of Nursing
- Certification Boards
- Licensing
- CARF
- Medicaid Transportation Contracts



"Direct support professional," "direct care staff," or "DSP" means staff members identified by the provider as having the primary role of assisting an individual on a day-to-day basis with routine personal care needs, social support, and physical assistance in a wide range of daily living activities so that the individual can lead a self-directed life in his own community. This term shall exclude consumer-directed staff and services facilitation providers.

DD Waiver Proposed Regulations



Observable competencies for DBHDS-licensed providers

Basic competencies for DSPs and Supervisors in all required DBHDS-licensed services	Advanced competencies when supporting people with SIS© tier 4 support needs
DSP and Supervisor Competencies Checklist	Health Competencies Checklist
	Behavioral Competencies Checklist
	Autism Competencies Checklist



Observable competencies for DBHDS-licensed providers

Competency 1 Demonstrates person-centered skills, values and attitudes Training Received: <input type="checkbox"/> 1:1, <input type="checkbox"/> Group, <input type="checkbox"/> Formal education			Enter supervisor initials and date when proficiency determined or reconfirmed for all elements of Competency 1 →	
Skill 1.1 Understands and communicates person-centered values	✓	✓	<input type="checkbox"/> basic understanding <input type="checkbox"/> developing <input type="checkbox"/> competent	<input type="checkbox"/> proficiency confirmed
1.1.1. Articulates the value of choices in one’s life and offers individuals real choices in a variety of ways	✓	✓	<input type="checkbox"/> basic understanding <input type="checkbox"/> developing <input type="checkbox"/> competent	<input type="checkbox"/> proficiency confirmed



Online home for:

- DSP Manual
- Training Slides
- Guidance
- Forms

https://partnership.vcu.edu/DSP_orientation/index.html

HOME

Orientation Sections

Section I

Section II

Section III

Section IV

Section V

Section VI

Virginia Department of Behavioral Health & Developmental Services

Providing Orientation Training to Direct Support Professionals (DSPs) and Supervisors: Supporting People in their Homes and Communities

Division of Developmental Services
Bureau of Behavioral Health and Developmental Services
July 2016
© Behavioral Services, Inc. 2016

SLIDE 1 OF 97

DSP Complete Powerpoint

DSP Complete Orientation Manual

Orientation Manual for Direct Support Professionals (DSPs) and Supervisors: Supporting People in their Homes and Communities

Competencies, Assurances and Tests

Intro



2018

Identified need
to streamline;

Tested updates with
large employment/day
provider;

Sought IR Consultant
Feedback



2016	Competency 1 Demonstrates person-centered skills, values and attitudes Training Received: <input type="checkbox"/> 1:1, <input type="checkbox"/> Group, <input type="checkbox"/> Formal education		Enter supervisor initials and date when proficiency determined or reconfirmed for all elements of Competency 1 →		
	Skill 1.1 Understands and communicates person-centered values	✓	✓	<input type="checkbox"/> basic understanding <input type="checkbox"/> developing <input type="checkbox"/> competent	<input type="checkbox"/> proficiency confirmed
	1.1.1. Articulates the value of choices in one's life and offers individuals real choices in a variety of ways	✓	✓	<input type="checkbox"/> basic understanding <input type="checkbox"/> developing <input type="checkbox"/> competent	<input type="checkbox"/> proficiency confirmed

Competencies, Skills & Abilities	Observation (indicators)	DSP	Supervisor	Implemented Skills (tracking)	Proficiency Confirmation
Competency 1 Demonstrates person-centered skills, values and attitudes Training Received: <input type="checkbox"/> 1:1, <input type="checkbox"/> Group, <input type="checkbox"/> Formal education				Enter supervisor initials and date when proficiency determined or reconfirmed for all elements of Competency 1 →	
1.1 Facilitates interactions with others in natural settings with persons without disabilities (other than those paid to support the individual)	<input type="checkbox"/> Demonstrates including individuals in conversations (e.g. with cashiers, neighbors, salespeople, hairdressers) <input type="checkbox"/> Assists in communication with parents and family (e.g., phone calls, visits, letters) <input type="checkbox"/> Assists in getting to know neighbors	✓	✓	<input type="checkbox"/> basic understanding <input type="checkbox"/> developing <input type="checkbox"/> competent Comments:	<input type="checkbox"/> proficiency confirmed Comments:



Refinement efforts:

- Initial reduction in skills from 48 to 17
- Positive feedback from testing group
- Reduced version impacted by 13th Report of the Independent Reviewer

REPORT OF THE INDEPENDENT REVIEWER
ON COMPLIANCE
WITH THE
SETTLEMENT AGREEMENT
UNITED STATES v. COMMONWEALTH OF VIRGINIA

United States District Court for
Eastern District of Virginia

Civil Action No. 3:12 CV 059

April 1, 2018 – September 30, 2018

Respectfully Submitted By

A handwritten signature in black ink, appearing to read "Donald J. Fletcher".

Donald J. Fletcher
Independent Reviewer
December 13, 2018



“Overall, the changes provide simpler and more measurable competencies, which will be more likely to be implemented fully and consistently by providers. These changes:

Maintain the three overall competencies:

- Demonstrating person-centered skills, values, and attributes;
- Understanding and following service requirements; and
- Demonstrating abilities that improve or maintain the health and wellness of those they support;

Significantly reduce the number of specific competencies;

Add observation indicators that provide more descriptions of observable actions or activities to demonstrate competency; and

Allow supervisors to document a staff member’s progress and check-off final proficiency.”



Demonstrating person-centered skills, values, and attributes should also include:

- Using person-first language;
- Recognizing behavior as a form of communicating choice; and
- Involving individuals in choices throughout their days;

Increased skills recommended

Understanding and following service requirements should also include:

- Supervisors providing DSPs with guidance or taking remedial action to the extent necessary to ensure: a) provision of services; and b) necessary documentation;

Demonstrating abilities that improve or maintain the health and wellness of those they support should also include:

- Adhering to privacy requirements;
- Accurately recording health data/information;
- Implementing health/behavioral health care support plans as written;
- Maintaining a safe environment; and
- Adhering to safety procedures.

2019



Additional edits necessary:

Some competencies continued to measure more than one skill;
Increase in observation indicators;
Addition of comment boxes.



2019

Incorporated feedback
and updated for
SA indicators;

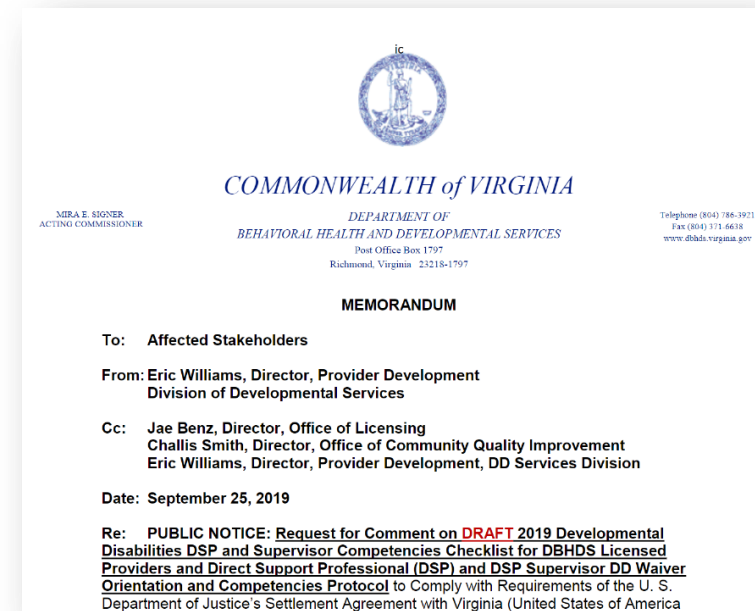
Developed Protocol;

Sent for Public
Comment



Additional refinement efforts:

- IR Consultant recommendations integrated into checklist;
- SA negotiations and Medicaid requirements incorporated additional changes;
- DSP Protocol and updated basic checklist sent for public comment





Change to align with SA requirements

Competency 3 and all related skills must be confirmed as competent <u>prior</u> to providing support in the absence of paid staff who has demonstrated proficiency with this competency.					
Competency 3 Demonstrates abilities that improve or maintain the health and wellness of those they support Training Received: <input type="checkbox"/> 1:1, <input type="checkbox"/> Group, <input type="checkbox"/> Formal education			Enter supervisor initials and date when competence is determined for all elements of Competency 3 ↓		Enter supervisor initials and date when proficiency determined for all elements of Competency 3 ↓
NOTE: Two confirmations are required for this section. All DSP and DSP Supervisors must be confirmed as “ <i>competent</i> ” in all of the skills in Competency Area 3 <u>prior</u> * to working in the absence of staff who have been determined proficient in this area. Competence is established when all observation indicators in column two have been observed. Proficiency must be confirmed within 180 days of hire or original contract date for contracted staff.					
3.1 Conveys a basic understanding of the health information for the people they support	<input type="checkbox"/> Describes the identified health and behavioral support needs for each individual and their role in providing support to each person	✓	✓	<input type="checkbox"/> basic understanding <input type="checkbox"/> developing <input type="checkbox"/> competent* Comments:	<input type="checkbox"/> proficiency confirmed Comments:



Change to align with Medicaid requirements

If upon review a DSP or DSP supervisor does not demonstrate proficiency in one or more competency areas, then within 180 days of this review the DSP or DSP supervisor shall review the training information, and orientation retesting shall be completed achieving a score of at least 80% documenting proficiency in the identified area or areas. From the date of that initial 180 day review, **DMAS shall not reimburse for those services provided by DSPs or DSP supervisors who have failed to pass the orientation test or demonstrate competencies as required.** Once proficiency has been demonstrated the provider may submit billing for services provided by the DSP or supervisor.

2019



Direct Support Professional (DSP) and DSP Supervisor DD Waiver Orientation and Competencies Protocol

August 30, 2019



Orientation and Competencies Requirements

	Level 1	Level 2	Level 3
	DSP and Supervisor Orientation Training; Testing; Assurances	DSP & Supervisor Basic Competency Checklist	DSP & Supervisor Advanced Competency Checklists & Training
Non-DBHDS-Licensed Agencies	✓		
DBHDS-Licensed Agencies	✓	✓	
DBHDS-Licensed Agencies supporting levels 5, 6, or 7 with autism, behavioral or complex health needs	✓	✓	✓
	All	DBHDS-licensed only	



Documentation Requirements

	Supervisor's certificate from VLC	DSP Test with 80%+ score	DSP Assurance	DSP Supervisor Assurance	Basic Competency Checklist	Autism Competency Checklist	Health Competency Checklist	Behavioral Competency Checklist
Non-DBHDS-Licensed Agencies	✓	✓	✓	✓				
DBHDS-Licensed Agencies providing applicable services	✓	✓	✓	✓	✓			
DBHDS-Licensed Agencies supporting SIS© Tier Four with autism, complex health or complex behavioral needs	✓	✓	✓	✓	✓	✓	✓	✓
						As applicable to people supported		
Associated form #s	N/A	N/A	DMAS #P242a DMAS #P243a	DMAS #P246a DMAS #P245a	DMAS #P241a	DMAS #P201	DMAS P244a	DMAS P240a
	Level 1				Level 2	Level 3		

2019



2020

Next steps:
Refine advanced
competencies



Questions?





Virginia Department of
Behavioral Health &
Developmental Services

Facilitated Discussion

DBHDS Vision: A life of possibilities for all Virginians



Virginia Department of
Behavioral Health &
Developmental Services

Public Comment

DBHDS Vision: A life of possibilities for all Virginians