

## **Settlement Agreement Update**

### Peggy Balak DOJ Settlement Advisor

#### Virginia Department of Behavioral Health and Developmental Service

**DBHDS Vision: A life of possibilities for all Virginians** 

## June 2018 Report to the Court

- Twelfth Report released June 13 (on DBHDS website)
- Three provisions all under Discharge Planning and Transitions moved from non-compliance to compliance (IV.B.15, IV.C.5, & IV.D.3)
- Other progress noted:
  - Continued improvements in serving individuals in more integrated settings; both day and residential
  - Substantial progress in the diversion of children from nursing facilities and increasing number of discharges to community
  - Established single point of entry for ICFs/IID and successful discharges of older children



## June 2018 Report to the Court

- Other progress noted:
  - Under criteria developed by the IR, the number of waiver slots created in FY18 met the requirements of the SA; given the new budget that was not passed in the 12<sup>th</sup> review period, FY 19 will also be in compliance.
  - Significant progress toward compliance in Individual and Family Support with the creation of the IFSP state and regional councils, an approved strategic plan and ongoing work in the development of family to family and peer programs in community.
  - Recognition of critical case management improvement activities.



## June 2018 Report to the Court

- Challenges Noted
  - Revised licensing regulations not finalized
  - CSB performance monitoring sufficient but not coordinated; available compliance mechanisms not used to fullest extent
  - Increased admissions to psychiatric hospitals resulting from initial CSB-ES assessments being conducted in out of home settings
  - Concern regarding lack of progress on assessing adequacy of services to individuals and case management monitoring implementation of ISPs.
  - Inadequate rates for nursing services



## Independent Reviewer Activities

Report contains 13 recommendations with a due date of 9/30/18 for responses

During the current review period (April 1 – Sept 30) the following topics will be reviewed:

- Licensing & Human Rights Investigations
- Implementation of new Licensing Regulations
- Quality & Risk Management
- Mobile Crisis & Crisis Stabilization
- Integrated Day/Supported Employment
- Individual Service Review: Intense behavioral needs/autism
- Mortality Review



## Updates

April 26th Status Conference agenda included:

- Pay/service rates for nursing and DSP providing services in the home
- Outcome Timelines: services for those with intense medical and behavioral needs
- CSB Performance: plans, actions, results
- DBHDS Licensing Regulations

Judge requested proposals on new ways to format monitoring & implementation of the Agreement by July 1.

#### Next Status Conference (closed) Oct 9.



## Updates

Provider Development

- Provider Data Summary (aka state of the state) held twice in June.
- "Jump-Start" provider funding opportunities have been released.
  - Provider Data and Jump-Start information available at <u>https://dbhds.box.com/s/p92qh1do97b70a1oyjq92</u> <u>caqmq3n6tik</u>
- Pre-licensing provider training process in development but will not be finalized until revised competencies are completed
- WaMS ISP has gone live & WaMS ISP Overview webinar recordings are available.
- Planning a provider innovation conference in FY19.



## Updates

**Quality Management** 

- Redefining QM Program around 4 functions:
  - Compliance
  - Quality Assurance
  - Risk Identification and Mitigation
  - Quality Improvement
- Restructuring Quality Improvement Committee
- Key Performance Areas: defining high level goals
  - Community Inclusion/Integrated Settings;
  - Health, Safety & Well Being;
  - Provider Competency/Capacity



## Next Steps

Focus for 13<sup>th</sup> Review Period

- V.G.3 & V.F2
  - Assessing adequacy of services to individuals
  - Documenting case management monitoring the implementation of ISPs
- Improved Crisis Assessment
  - Assessing CSB-ES processes for initial assessments & impact on hospitalization
  - Reviewing national best practices
- Case Management Steering Committee
  - Oversight of improvement activities & coordination of monitoring



## Waiver Updates

- The FIS and BI waiver renewals were approved June 20 with an effective date of July 1
  - Included Benefits Planning and updated performance measures
- On 6/29/18 DMAS submitted to CMS:
  - The CL waiver amendment to include
    - Benefits Planning
    - Updated performance measures to match the BI and FIS waivers
    - Request for FFP for the FY 19 new slots
  - The FIS waiver amendment to request FFP for the FY 19 and FY 20 new slots
  - The BI waiver amendment to request FFP for the FY 20 new slots



## Waiver Updates

New services approved in 2018:

- Peer Mentor Supports
- Benefits Planning
- Community Guide
- Employment & Community Transportation
- DBHDS working with the Partnership for People with Disabilities on curriculum for Peer Mentors
- A Medicaid Memo will be published offering guidance on Benefits Planning, Community Guide and Peer Mentor Supports
- DBHDS exploring short term funding for Employment & Community Transportation until a billing code can be set up in VAMMIS





# **QUESTIONS?**

**DBHDS Vision: A life of possibilities for all Virginians** 



## **Financial Update**

#### DOJ Settlement Agreement Stakeholder Meeting

July 17, 2018

Budget Development & Analysis

Virginia Department of Behavioral DBHDS Vision: A life of possibilities the add Viesielopmental Services

## New Approved Items

General Fund Budget Items						
<u>Funded Item</u>	Funded Amount <u>FY 2019</u>	Funded Amount <u>FY 2020</u>	<u>FTEs</u>			
Support 825 Community Waiver Slots Required by the SA (DMAS)	\$14,504,043	\$30,515,895	0			
50 Emergency/Reserve Community Waiver Slots (DMAS)	\$937,238	\$1,874,475	0			
Priority 1 Waitlist Waiver Slots (DMAS)	\$0	\$5,000,000	0			
Rebase Training Center Closure Costs and Savings (DMAS)	\$(10,547,486)	\$(17,036,146)	0			
Additional State Rental Assistance Program Resources	\$1,558,836	\$4,147,833	0			
Staffing for Children's Crisis and Adult Transitional Home	\$2,381,250	\$3,175,000	0			
Expand DD Health Support Network in Central VA	\$0	\$1,300,000	8.75			
Support Individuals without Medicaid	\$175,000	\$175,000	0			
Increased Independent Reviewer Expenses	\$62,167	\$101,815	0			
Rebase Training Center Closure Costs and Savings	\$0	<u>\$(1,042,623)</u>	<u>0</u>			
Total Proposed General Fund Amounts	\$9,071,048	\$28,211,249	8.75			
Other Fund Budget Items						
<u>Funded Item</u>	Funded Amount <u>FY 2019</u>	Funded Amount <u>FY 2020</u>	<u>FTEs</u>			
Appropriate Trust Fund to Support Community Capacity	\$5,000,000	\$0	0			



## FY 2019 – FY 2020 Appropriated Slots

- The Settlement Agreement (SA) included 825 waiver slots for FY 2019 & FY 2020
- The Governor and Legislature approved a remix of the SA slots to allow for the appropriation of 1,319
- Additionally, the budget included 50 Emergency/Reserve slots and 326 slots for the reduction of the Priority 1 waitlist
- Total slots appropriated = 1,695
  - FY 2019
    - CL 214 (25 Reserve & 60 for Ind. in TCs)
    - FIS 414
  - FY 2020
    - CL 220 (25 Reserve & 60 for Ind. in TCs)
    - FIS 807
    - BI 40



## **DOJ 2019 Trust Fund Appropriations**

Project	Budget
Provider Compliance Review (CMS Regulation)	\$475,000
Behaviorally/Medically Intense Capacity <sup>1/</sup>	\$7,100,000
Develop In-State Capacity for Individuals Served Out-of-State <sup>1/</sup>	\$2,000,000
Quality/Risk Management Framework	\$375,000
System-wide Training in CM/QI/RM	\$250,000
Pilot Program for Ind. w/Tri-Diagnoses	\$200,000
Online Provider Survey System	\$100,000
Total	\$10,500,000

- Monies will be used to fund:
  - Review of self-assessments for compliance w/new HCBS regulations,
  - The development of providers that offer services and supports to individuals with significantly challenging behaviors and/or complex medical support needs,
  - The development of providers in Virginia for individuals with intellectual and developmental disabilities with significant behavioral and mental health support needs that reside outside of Virginia due to a lack of capacity,
  - The development of QI/RM framework for community providers,
  - Case management and QI/RM training for support coordinators and providers,
  - Pilot program to bring in a national expert to develop teams to support individuals with tri-diagnoses,
  - The development of an online survey system for self-assessments by community providers.

1/\$3.5 million for Behav./Med. Intense Cap. and \$2.0 million for Dev. In-State Cap. for Ind. Served Out-of-State is carryforward from FY 2018 and is awaiting approval by DPB.



## DOJ 2018 GF Budget and Expenditures

FY 2018 General Fund Budget and Expenditures (Thru June 30, 2018)						
Program	Agency	E	Base Budget	Carryforward		Actuals
Facility Transition ID Waivers <sup>1/</sup>	DMAS	\$	44,529,681	\$	-	\$ 35,074,807
Community ID & DD Waivers <sup>1/</sup>	DMAS	\$	92,765,446	\$	-	\$ 74,387,493
Individual Family & Support	720/790	\$	3,270,080	\$	400,000	\$ 3,674,092
Housing	720/790	\$	4,150,000	\$	150,000	\$ 4,171,645
Crisis Stabilization	790	\$	21,577,000	\$	575,000	\$ 22,052,000
Facility Closure Costs <sup>1/</sup>	792/793/DMAS	\$	24,547,191	\$	-	\$ 18,431,578
Independent Review	720	\$	451,544	\$	100,000	\$ 476,904
DBHDS Administration	720	\$	3,912,916	\$	1,288,702	\$ 4,049,990
Quality Management	720	\$	591,000	\$	-	\$ 150,067
Facility Savings <sup>1/</sup>	DMAS	\$	(63,594,397)	\$	-	\$ (81,488,467)
DMAS Administration <sup>1/</sup>	DMAS	\$	772,145	\$	-	\$ 9,221
Data Warehouse	720	\$	389,000	\$	-	\$ 356,431
Licensing System	720	\$	200,000	\$	1,200,000	\$ 95 <i>,</i> 580
Community Provider Training	720	\$	70,000	\$	-	\$ 143,971
Supports Intensity Scale	720	\$	1,143,081	\$	97,000	\$ 360,056
DD Health Support Network	720	\$	3,900,000	\$	-	\$ 1,780,904
Individuals not Covered by Medicaid	720	\$	390,000	\$	130,000	\$ 440,904
Waiver Management System	720	\$	453 <i>,</i> 888	\$	250,000	\$ 1,001,062
Guardianship	DARS	\$	975,000	\$	-	\$ 975,000
Event Tracking System	720	\$	244,553	\$	946,000	\$ -
Provider Development/Quality						
Management	720/790	\$		\$	1,600,000	\$ 1,600,000
Total <sup>2/</sup>		\$	140,738,128	\$	6,736,702	\$ 87,743,238

• 1/ Figures are estimates and may change during the end-of-year reconciliation.

• 2/ The aggregate DOJ General Fund budget for FY 2018 is \$147.5 million. Of this amount, \$87.7 million was expended in FY 2018.

## DOJ 2018 Trust Fund Expenditures

Project	Budget	Actuals
Transitional Funding	\$480,000	\$486,134
Behaviorally/Medically Intense Programs	\$4,500,000	\$1,000,000
Capital Subsidy for Rental Housing	\$1,250,000	\$1,250,000
House Call Program	\$500,000	\$0
Individual Crisis Events	\$300,000	\$300,000
SWVTC Community Housing	\$1,500,000	\$1,500,000
Develop In-state Capacity for Individuals Served Out-of-State	\$2,000,000	\$0
Total	\$10,530,000	\$4,536,134

- Monies were used to fund:
  - Bridge funding for individuals transitioning out of training centers,
  - The development of providers that offer services and supports to individuals with significantly challenging behaviors and/or complex medical support needs,
  - Subsidies for capital costs associated with rental units,
  - The establishment of a House Call Program in Northern Virginia to ensure adequate medical care for individuals transitioning out of nursing facilities into the community,
  - Support for individuals in crisis who are coming out of hospitals or for programs that support challenging individuals,
  - Funding for housing in the community for individuals transitioning from SWVTC,
  - The development of providers in Virginia for individuals with intellectual and developmental disabilities with significant behavioral and mental health support needs that reside outside of Virginia due to a lack of capacity.



## DOJ Carryforward

- FY 2018 DOJ Carryforward is \$7.1 million.
- Potential uses for the Carryforward include:
  - Development of a new Licensing System.
  - Modifications to the Waiver Management System to allow for the implementation of Support Packages, Customized Rates, and Housing modifications.
  - Development of a new Event Tracking System.
  - Additional IFSP Resources.
  - Community engagement infrastructure expansion.
  - Family to Family Support program expansion.
  - Quality management data collection and monitoring enhancements.
- Governor must approve the carryforward plan and usually a decision is not received until the fall.



### Questions?







## **Training Center Closures**

July 17, 2018

Virginia Department of Behavioral Health and Developmental Services

**DBHDS Vision: A life of possibilities for all Virginians** 

## **Training Center Census Information**

- In June 2011 the 5 Training Center Census was 1084.
- As of July 17, 2018 the current census is 173 (84% reduction).

Training Center	Beginning Census	Current Census	Census Reduction	% of Reduction
Total	1084	173	911	84%
СVTC	381	86	295	77%
NVTC	157	0	157	100%
SEVTC	123	72	51	41%
SVTC	242	0	242	100%
SWVTC	181	15	166	92%

- SWVTC is scheduled to close by July 2018
- CVTC is scheduled to close by June 2020
- SEVTC will remain open with the capacity to serve 75 individuals

#### Types of Homes Chosen October 1, 2011 – July 17, 2018

Туре	Number	
Leased Apartment	1	More Integrated
Family Home	5	369
Sponsored	54	
Supervised Living	1	
4 or less	306	
Group Home w/o Waiver 4 bed	2	
5 or more	257	Less Integrated
Group Home w/o Waiver 5+ bed	1	407
ICF Community	90	
ICF Transferred to Another TC	25	
Interstate Transfer	4	
Nursing Facility/External	5	
Nursing Facility HDMC	24	
Hospital/Hospice Care	1	
Total	742	

\* ICF = Intermediate Care Facility



Virginia Department of Behavioral Health & Developmental Services

### Projected Discharges Through August 31, 2018

Training Center	Projected Discharges Through August 31, 2018	Home Type		
		4 or less	5 or more	ICF
CVTC	6	5	1	0
SWVTC	15	5	10	0
SEVTC	1	1	0	0
Total	22	11	11	0

#### \* ICF = Intermediate Care Facility



#### Training Center Day Activities for Individuals who have Discharged

Туре	Number
Supported Employment	15
Community Coaching	17
Community Engagement	104
Group Day Support	375
Retirement	29
Facility Day Support (ICF, NF)	140
School	1
Meaningful day	123



## SWVTC Updates

- From the 141 SWVTC discharges the majority of individuals have remained within their home region (Southwestern Region).
  - In Region 124
  - $\circ$  Out of Region 17
- 15 Individuals remain at SWVTC
  - 15 individuals have identified homes
- Census is expected to reach:
  - $\circ~$  0 by July 31, 2018



#### Summary of SWVTC Census and Provider Capacity Status (July 17, 2018)

Southwestern Virginia Training Center			
Closure: 2018			
Current Census	15		
Available beds	15		
Providers in development in the area	3		
Number of beds in development	10		
Total number of beds that will be available by July 2018	25		



## **CVTC** Updates

- From the 230 CVTC discharges, the majority of individuals have remained within their home region.
  - In Home Region 163
  - Out of Home Region -67

#### • 86 Individuals remain at CVTC

- 12 Individuals have identified homes
- 7 Additional individuals have providers ready to support them and families are making final decisions
- 8 Individuals are actively considering their options
- 7 Individuals are requesting information related to options

#### • Census is expected to reach:

- 40 by June 30, 2019
- o **0 by June 30, 2020**



#### Summary of CVTC Census and Provider Capacity Status (July 17, 2018)

Central Virginia Training Center Closure: 2020		
Current Census	86	
Providers currently available	13	
Available beds	80	
Providers in development	4	
Number of beds in development	36	
Total number of beds that will be available by 2018	116	



#### Questions







# Case Management Quality Improvement Initiative

#### for Settlement Agreement Stakeholders July 17, 2018

Eric Williams Provider Development **Challis Smith** 

**Quality Management & Development** 

**DBHDS Vision: A life of possibilities for all Virginians** 

## Need/Rationale

- Independent Reviewer Concerns
  - Choice
  - ISP concerns
    - Measurable outcomes
    - Meet Needs
    - Supports adequately identified, coordinated and reviewed
  - RST
  - Unidentified Risk and Referral
    - Medical
    - Behavioral

#### CCS 3 Data Concerns

- Data reliability and Integrity
- Employment
- Community Engagement





## Summary of Initiatives

#### • DBHDS

- Waitlist Management
- CM Steering Committee
- CSB Quality Reviews
- Deliverables
  - CSB Self-Assessment
  - Online CSB CM Dashboard
  - CM model and caseload calculator
  - Measurable Outcomes Guidance
- VACSB
  - CM SA Workgroup
  - Coordination of efforts
    - Key Concerns Chart
    - Annual Choice
- Partnership for People with Disabilities
  - CM Report
  - Modules; Manual; Competencies; Review Tool





## **Activities Timeline**





#### **DBHDS Efforts**

## DBHDS

- Waitlist Management
- CM Steering Committee
- CSB Quality Reviews
- Deliverables
  - CSB Self-Assessment
  - Online CSB CM Dashboard
  - CM model and caseload calculator
  - Measurable Outcomes Guidance



#### Waiver WL Management

#### Waiver Wait List Project

- DBHDS assumed annual contact
  - Sends and receives forms in alignment with month received waiver
  - Reminder mailing as follow-up when not returned
  - Removes from waiting list if no response to third Notice of Action letter
  - Copies and results provided to CSBs


### **CM Steering Committee**

- Coordinate and align various CM system activities
- Respond to CSB self-assessments
- Ensure collaboration across state offices and agencies
- Monitor implementation of activities





### **CSB Quality Reviews Process**

- Consultation and Technical assistance
  - case management process
  - data reporting
  - data validity
  - quality management process
- Root cause analysis
  - not meeting case management processes
  - reporting targets by identifying gaps/ issues in case management and data reporting processes
- Resolve case management and data process gaps/issues
- Determine needed action steps
  - System/Outcome Change
  - Improved implementation
  - Improved reporting

# **Quality Review Preliminary Findings**

- Data is incorrectly or inconsistently coded
- Data mapping issues (documented but not mapped and/or extracted through CCS3)
- Data measure specifications not clearly defined and/or consistently interpreted
- Risks not fully and/or consistently identified in the ISP and/or all risks not monitored
- Outcomes not measurable
- Depth of employment and/or community engagement discussions not clearly evident in documentation



### Next Steps CSB Quality Review Process

- Review and consolidate results
- Develop Preliminary System/CSB Recommendations
- Develop Implementation Plan and Timeline around System and CSB Recommendations
- Implement Recommendations





# CSB CM Online Dashboards

### Data set per CSB

Focused on agreement with SA

- Waiver distribution
- SIS levels
- Integrated services
- RST process
- Employment
- Community Engagement
- ECM visits





### **Documentation Streamlining**

### Quarterly completed

### Full ISP

- Once per fiscal year
- Align and reduce to regulation/policy

This quarterly review covers information from [enter date] through [enter date] Service: Provider:

#### **Outcome Status**

	DESIRED OUTCOMES	Status of outcome   Achieved = accomplished, removing from plan   On track = progress = experiencing gaps/barriers or regress   Achieved   On track   Limited or no progress   Status description: Comment based on status selected.			Plan updates	
	Start date: End date: [Enter Outcome Statement]				Plan change needed?	
					lfyes, describe:	
	Start date: End date:				Plan change needed?	
	[Enter Outcome Statement]				Yes	
					If yes, describe:	
	Start date: End date:	Achieved		Plan change needed?		
	[Enter Outcome Statement]	Limited or no progress Status description: Comment based on status selected.		Yes		
					No If yes, describe:	
1. For the reporting period have there been any Yes No If yes, describe risks and how they						
		For the reporting period have there been any safety risks (health or behavioral) identified?		If yes, describe risks and how they were/will be addressed and documented in the plan:		
	desire and/or need an	Does the person or substitute decision-maker desire and/or need any changes to the plan or services and supports?		If yes, describe plans to address:		
		Is the person and substitute decision-maker satisfied with all services and supports?		Describe how you know the response indicated and any plans to address dissatisfaction:		
	Were all Medicaid services in the plan implemented?		Yes 🗋 No	If no, describe plans to address:		
5. Were there any significant otherwise) not reported al			Yes 🗋 No	If yes, describe:		
	Completed by	(print)(signa		(signature) Da	te:	
This ISP belongs to:ID#ISP Start:End:Revision:						
	PC Review for DD Waivers rev. 4.12.18 (Note: add rows as needed) Page 1 of 1					



### CSB CM Model and Calculator

Considers core functions and what must be completed by SC

Calculator in development





### Measurable Outcomes

Developed in response to findings from Independent Reviewer

Published through a Public Comment period

Serving as basis for future training





### VACSB Efforts

# VACSB

- -CM SA Workgroup
- -Coordination of efforts
  - Key Concerns Chart
  - Annual Choice





# Partnership for People with Disabilities

- -CM Report
- Modules
- Manual
- Competencies
- Review Tool





### **Case Management Report**

### **Process for gathering data**

- Survey
- Interviews
- Focus groups

A STUDY OF INTELLECTUAL AND DEVELOPMENTAL DISABILITY SUPPORT COORDINATION/ CASE MANAGEMENT IN VIRGINIA

By: Parthenia Dinora, Ph.D. and Matt Bogenschutz, Ph.D. Partnership for People with Disabilities & School of Social Work Virginia Commonwealth University May 2018



### **Case Management Report**

### Findings

- Variation in specialization and admin support
- Caseloads mostly seen as unmanageable
- Volume and redundancy in paperwork
- ECM process
- Obtaining needed information from providers
- Difficulty finding qualified applicants/turnover
- Strong commitment to the job

A STUDY OF INTELLECTUAL AND DEVELOPMENTAL DISABILITY SUPPORT COORDINATION/ CASE MANAGEMENT IN VIRGINIA

By: Parthenia Dinora, Ph.D. and Matt Bogenschutz, Ph.D Partnership for People with Disabilities & School of Social Work Virginia Commonwealth University May 2018



### Case Management Report

### **Recommendations for the system**

- 5 transactional recommendations
  - Right tasks by right people
  - Reduce paperwork and redundancies
  - Reevaluate ECM
  - Align audit requirements
  - Ensure manageable caseload sizes
- 4 core recommendations
  - Recruit and train right people
  - Create systems to appreciate and retain
  - Give SCs a valued voice in the workplace
  - Create a culture of service based on high expectations, person-centered practices, and self-determination



By: Parthenia Dinora, Ph.D. and Matt Bogenschutz, Ph.D. Partnership for People with Disabilities & School of Social Work Virginia Commonwealth University May 2018



### **Case Management Manual**

- Provide consistent, clear expectations and guidance for Support Coordinators
- Being developed in cooperation with CSB and DBHDS representatives
- Status
  - Outline revisions under way
  - All chapters in draft form
  - Basic design in place for online access



## **Case Management Training Modules**

- Update current cross disability CM Modules to incorporate new content
- Under review with CSB and DBHDS representatives
- Status
  - Modules 1 4 being edited currently
  - Modules 5-11 under development
  - Modules 1-4 drafts with designer
  - Target completed end of September
  - Determining platform for access



### **Case Management Review Tool and Competencies**

- Provide a standard review tool and set of competencies for SC/CMs
- DBHDS, DMAS, Qlarant, and Partnership agreement confirmed
- Status
  - Partnership editing competencies
  - Review tool will be based on competencies once final
  - Working to set up meeting schedule



### Next Steps

- CSB Self-Assessment Feedback to CSBs
- CM Steering Committee decisions about actions based on study and CSB responses
- Complete deliverables (dashboards, calculator, PPWD products)
- Documentation Streamlining
- Institute a methodology for ongoing assessment of Case Management Services.



### Questions



