

**FIRST ADVISORY COMMITTEE MEETING AT SEVTC GYM
QUESTIONS POSED BY PARENTS & FRIENDS OF SEVTC PRESENTED BY
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1. WHAT IS MEANT BY: 'MONEY FOLLOWS THE PERSON?' HOW LONG DOES IT FOLLOW? WHO PAYS AFTER THAT? IF THE AMOUNT IS REDUCED AFTER A CERTAIN PERIOD OF TIME, WILL THE PROVIDER CONTINUE TO GIVE THE SAME QUALITY OF SERVICES?

In May 2007 Virginia received an award from the federal Medicaid agency (Centers for Medicare and Medicaid Services) for a Money Follows the Person Rebalancing Demonstration Project established by the federal Deficit Reduction Act of 2005. Funding to make this Project possible comes from both federal and state sources. This Project gives individuals of all ages and all disabilities that live in institutions in Virginia options for community living that have not been offered before. No age or disability is excluded from participation. To be eligible, an individual must:

- *be a resident of Virginia;*
- *reside in an ICF/MR. SEVTC is an ICF/MR which is a qualified type of setting;*
- *have resided at SEVTC for at least six successive months, including periods of hospitalization;*
- *have been eligible for Medicaid for at least one month at the time of leaving SEVTC. You probably already receive Medicaid; however, if you or your case manager is not sure, your case manager can contact the Department of Medical Assistance Services Automated Response System at 1-800-884-9730 to verify your Medicaid eligibility; and*
- *continue to meet the qualifications for participation and enroll in the Mental Retardation Home and Community Based Waiver.*

The federal funding for the MFP Project is greater for Virginia during the first twelve months immediately following an individual's transition from a facility. After that, the services and supports remain the same; the state will be responsible to pay the difference not paid by the MFP grant. You can learn about the MFP Project at the following website: <http://www.olmsteadva.com/mfp/>.

2. WHAT IS THE DIFFERENCE BETWEEN AN ICF/MR FACILITY AND AN ICF/MR WAIVERED FACILITY? WHAT IS THE DELIVERY-OF-SERVICE/ QUALITY-OF-CARE DIFFERENCE?

ICF/MR Group Homes are another example of residential services providing 24-hour supervision to individuals in a community-based, home-like dwelling operated by a provider agency. ICF/MR Group Homes typically provide services to four to twelve individuals in a bit larger home. An ICF/MR group home is different from a regular group home because it is licensed by the DMHMRSAS, but also certified for Medicaid by the

Department of Health, and has more rules to follow than Group Home Residential Services. The delivery of services are similar to those of group homes; however, there are additional specific Health Department requirements in terms of medical care and staffing, team meetings, and case management.

3. HOW MANY ICF/MR FACILITIES ARE NOW IN THE COMMUNITY AND HOW MANY VACANCIES ARE AVAILABLE?

There are currently 32 community ICFs/MR operating in Virginia, serving 330 individuals. As far as DMHMRSAS is aware, none have vacancies and some have waiting lists.

4. HOW MANY CRITERIA ARE USED AT PRESENT TO SATISFY CERTIFICATE OF NEED REQUIREMENTS TO OPEN NEW FACILITIES/GROUP HOMES? IF THE NUMBER OF REQUIREMENTS ARE LOWERED, WHICH REQUIREMENTS WOULD BE ELIMINATED?

Certificates of need only apply to ICF-MRs that serve more than 12 residents. It is unlikely that eliminating requirements would increase the number significantly as recently no one has applied to offer more than 12 beds.

5. HOW MANY LICENSED GROUP HOMES HAVE BEEN INVESTIGATED IN THE LAST FIVE YEARS? HOW MANY PUT IN PROVISIONAL LICENSE CATEGORY? HOW MANY CLOSED? HOW MANY DEATHS? HOW OFTEN ARE GROUP HOMES INSPECTED? IS IT TRUE LICENSING DEPENDS ON "SELF-REPORTING" BY PROVIDERS IN CASES OF NEGLECT OR ABUSE?

In the last five years, in group homes statewide, the Office of Licensing:

- *Conducted 661 investigations, usually on-site;*
- *Issued 31 providers provisional licenses;*
- *Closed 14 group homes; and*
- *Received 86 reports of deaths, overwhelmingly natural deaths.*

All licensed services are required to self-report abuse and neglect, deaths and serious injuries which require medical care. However, the Office of Licensing also receives reports of these incidents from Adult Protective Services, employees, CSBs, families, consumers, neighbors, day support services, physicians, and discover serious incidents that have not been reported during inspections.

6. WHAT IS THE PURPOSE OF THIS ADVISORY COMMITTEE? WHAT ARE YOUR GOALS AND OBJECTIVES AND WHO DO YOU REPORT TO?

The Advisory Committee has been convened to advise the Commissioner and DMHMRSAS in developing the implementation plan for the closure of SEVTC and guide the Department in ensuring that safe and appropriate placements are identified for each SEVTC resident to transition successfully to the community. The Advisory Committee will work directly with the Commissioner.

7. IF THERE ARE AS MANY OPEN BEDS AS LISTED BY COMMISSIONER. REINHARD IN HIS LETTER TO THE FAMILIES, WHY IS THERE SUCH A LONG WAITING LIST IN THE COMMUNITY? WHY AREN'T THESE BEDS UTILIZED BY THOSE WHO ARE IN NEED? WHY TRANSITION SEVTC RESIDENTS WHO ARE NOT IN NEED? BEDS ARE NOT THE ISSUE LEVEL OF CARE IS.

Individuals would have to have a waiver slot to pay for these group homes. The number of MR Waiver "slots" (Medicaid funding for services for one individual) is limited. There are some slots that are targeted to certain groups (e.g., slots just for children, slots just for community residents, slots just for training center residents). There is a waiting list for community residents desiring a Waiver slot, regardless of the group home/sponsored residential home vacancies. Virginia is fortunate to have a number of MFP slots and other slots targeted for those exiting a training center that can be accessed for the residents of SEVTC.

8. WHY DOES THE DEPARTMENT CONTINUE TO REPORT TO THE GENERAL ASSEMBLY THAT SEVTC IS A LARGE, OLD/AGING "INSTITUTION" SHOWING PICTURES OF DECAY AND DAMAGES? WHY ARE YOU NOT SHOWING THE IMPROVEMENTS THAT HAVE BEEN MADE IN THE LAST TWO YEARS COSTING MILLIONS OF DOLLARS?

SEVTC has been identified, along with CVTC, as one of the facilities in most need of repair in the Commonwealth. While many improvements have been made, there are still significant changes that need to be met to meet life safety standards and code requirements.

9. PROVE THAT SEVTC COSTS MORE THAN OTHER TRAINING CENTERS ACROSS THE STATE.

The daily cost per resident at SEVTC is not more than all of the other training centers. However, the renovation and repair needs at SEVTC and CVTC far exceed the needs at other training centers.

10. HOW MUCH IS THE PER DIEM OF THE VA. BEACH ICF/MR?

ICF/MR rates vary across the Commonwealth. The rate for the VA Beach ICF/MR is \$478.61.

11. IS THAT A WAIVERED ICF/MR WITH LESS SERVICE?

To clarify, Virginia Beach CSB operates several community ICFs/MRs. They also provide Waiver residential supports in group homes. While both are funded by Medicaid, ICFs/MR are different from Waiver group homes. ICFs/MR are required to provide all the supports that their residents require for a daily per diem reimbursement. The MR Waiver is an alternative to ICFs/MR. Under the MR Waiver the individual/family member is afforded choice of the providers of all needed services. Each service provider bills Medicaid separately and is reimbursed for the hours of service provided.

12. HOW MUCH IS THE PER DIEM AT SEVTC?

ICF/MR SEVTC - \$446.23

13. HOW MUCH IS THE PER DIEM AT THE OTHER TRAINING CENTERS?

ICF/MR – CVTC - \$483.22

ICF/MR - SVTC - \$594.12 (this facility covers support services for the whole south side campus)

ICF/MR - NVTC \$588.66

ICF/MR - SWVTC \$368.19

14. IS IT TRUE THAT SEVTC IS SELFSUSTAINING AND SOME OF ITS MEDICAID FUNDS ARE USED TO SUPPORT GENERAL FUNDING TO MENTAL HOSPITALS?

SEVTC is not self-sustaining and is not able to support general funding at other mental hospitals or training centers. SEVTC receives 94% of its third party reimbursement from Medicaid. There is no profit associated with this reimbursement. Because there is no profit associated with SEVTC other facilities are not operated by what SEVTC generates in the way of revenue. Medicaid reimbursement is intended to cover cost only and is always settled to such cost via the annual Medicaid cost reporting process.

15. WHO FOLLOWS UP ON THE SUCCESS/FAILURE OF DISCHARGED RESIDENTS FROM SEVTC? FOR HOW LONG?

All discharged individuals will receive case management services from the Community Services Board of whose catchment area they become residents. The CSB will continue to provide monitoring and linkage to needed services as long as that individual continues to reside in that area. Should an individual desire to move to another

catchment area, the CSB for that area will work with the former CSB to transition the individual and eventually assume case management responsibilities.

16. WHAT IS THE SAFETY NET FOR THE FAILURES OF DISCHARGED RESIDENTS? WHERE WILL THEY RETURN IF SEVTC IS CLOSED?

DMHMRSAS and the CSBs will work with the resident and decision-maker to identify the type of services, including housing that is needed for each resident. If there is a change in the resident's service needs following discharge those changes will be integrated into the resident's ISP or PCP. If any individual, former SEVTC resident or not, needs a certain type of care or treatment the case manager is charged with making arrangements for the provision of that service in accordance with the individual's plan. In the event that a placement or service is not working for an individual, the case manager is responsible for identifying and securing an appropriate alternative that meets the individual's needs.

17. IF THE CSB 'S REPORT THERE ARE NOT ENOUGH APPROPRIATE PLACES, WHAT MAKES COMMISSIONER REINHARD'S LIST OF OPEN BEDS APPROPRIATE?

The list is for homes that have been licensed as waiver group homes. Each will need to be assessed individually as to whether the home can meet the resident's needs.

You are correct, beds are not enough. The services have to be in place to support the individual in the community as well. Individuals with complex needs are successfully served everyday in the community. The key is identifying the needed services and supports for each individual and building a service plan and network of providers to deliver the appropriate care.

18. WHO IS TAKING THE MINUTES OF THIS PUBLIC MEETING AND WHEN WILL THEY BE AVAILABLE TO THE PUBLIC?

*Notes will be taken at each meeting and published on the DMHMRSAS website. The minutes of the first meeting are available on the DMHMRSAS Web site:
<http://www.dmhmrzas.virginia.gov/10budget/sevtc.htm> .*