Option Weighing Calculator	Accountable Representative	
Directions: See 'Instructions' sheet for more information	<<Name>>	Consider options for expanding the number of training centers that remain open, in whole or in part, in the Commonwealth.
	Date	
	<<Date>>	

Factor with Revision	Notes On Factors-Members Viewpoints From Seeing the Factors Applied Only to the Training Centers to the Factors Only Applied to the Community.	Weight	Option 1 Option1. 4 center option, sharing excess land	Option 2 Option 2. 4 center option, right sizing all centers	Option 3 Option 3 4 center option (right sizing all centers), but with rebuilding NVTC on less valuable land in the same region	Option 4 Option 4 3 center option, building community ICF/IID capacity in Northern Va	Option 5 Option 5 3 center option 2 community based centers in NOVA, Central VA (off site and	Option 6 Option 6 2 center option
Ensures the Commonwealth provides comprehensive information to the Guardian/Resident/Authorized Representative/Family regarding all available options and resources "to prevent the unnecessary institutionalization of individuals with ID/DD and to provide them with opportunities to live in the most integrated setting appropriate to their needs consistent with their informed choice". Note: Assumption is that all information and options are provided in accordance with the Department of Justice Settlement Agreement, specifically Section IV(B), Paragraphs 9, 10, 11 and 12 as well as 28CFR35.130(e)(1) (1998) (Americans with Disabilities Act regulations).	0% weight given as recognizing that a legal requirement, hence should not distinguish among the options by one member. Other member observed that both factor 1 and 2 are being met and will continue to be met by serving individuals in community settings--with an appropriate discharge process that assures this outcome.	0%	Does not provide families with information about community options to prevent unnecessary institutionalization; however it does provide information regarding "one" option (TC). This option is not widely considered an integrated setting & is more restrictive than comparable community options that would be able to provide support to IID/DD. It implies that the State accountable reps (ARs) or guardian can continue to choose a center placement which implies that the state provides adequate capacity.	Same Comment as previous column	Same as previous column	Does provide families with limited information about one community ICF option in one specific area. However will not prevent unnecessary institutionalization or prevent IID/DD from living in most restrictive environments in other parts of the state (i.e. 3 state TCs). Does provide information for families regarding TC option.	Provides information regarding 2 community options with comparable supports as TC and complies with current SA to maintain SEVTC. May prevent unnecessary institutionalization depending on the infrastructure and operations of the 2 community based centers. Will provide families with information that will assist with informed choice.	Does not provide families with information about community options to prevent unnecessary institutionalization; however it does provide information regarding "one" option (TC). This option is not widely considered an integrated setting and is more restrictive than comparable community options that would be able to provide support to IID/DD.
Provides for and maximizes the individual's health, safety and quality of life including medical, health, developmental and behavioral care, in the chosen care setting. Note: Assumption that valid outcome measures and "sentinel event monitoring" are in place and used to ensure the individual continues to receive appropriate care.	15% given as discussion that all options would for the most part meet this factor. Note Policy Brief on National Core Indicators (V24#2) reported that individuals in small settings had better overall outcomes with mixed results relative to preventative health (better results in small agency settings & institutions) and weight (worse in small agency settings & own home);	15%	Would provide individuals with health, safety and behavioral supports. improved quality of life is debatable with smaller dwellings with few housemates and better indicators of quality --VA 2014 NCI study that 94% in small settings like where live vs. 86% in large settings. The Legislature has funded the development of Health Support Networks to address increasing more routine care for individuals which can address preventable care. Questions were raised on mortality studies and other data as to whether or not community settings were addressing current high needs of residents moving from T Centers.	Similar to Previous Column	Similar to previous column	Similar to previous column	Would provide individuals with health, safety and behavioral supports. However depending on the infrastructure and operations of the 2 community based centers improved quality of life would have to be considered separately. Individuals living in the community in a less restrictive environment/smaller dwellings with few housemates and better indicators of quality have seen decreased meds, improved health, decreased behavior, happiness, more meaningful relationships with families and better real-time fulfillment of activity requests, etc...	Would provide individuals with health, safety and behavioral supports. However improved quality of life is debatable as we have seen individuals living in the community in a less restrictive environment/smaller dwellings with few housemates and better indicators of quality - decreased meds, improved health, decreased behavior, happiness, more meaningful relationships with families and better real-time fulfillment of activity requests, etc...
Provides full and timely access to comparable and appropriate services and supports in the care/residential setting (Training Center or community).	NCI Quality of Live Outcomes (lower number denotes better outcomes) Own home: 1.8 Small Agency: 1.8 Family: 1.9 Host Family: 1.9 Moderate Agency: 2.6 Institution 2.7 Large Agency 3.0 Was given 15% since agreement that all options should offer timely access to appropriate services.	15%	Does offer comparable supports as currently provided in a TC setting. TCenters offer more immediate access to health care on. Access to dental care. Virtually the same as prior to SA other than decreased size/census. "Appropriate" is subjective as most PCP or 'life like ours' proponents would disagree that TC setting is appropriate. VA developing Health Support Network to address access.	Similar to previous column. Noted also by one member that the Commonwealth is not required by federal law to operate any training centers and noted that individuals with similar needs are waiting for service--and federal law does not allow a state to require individuals to go into a training center to secure services.	Similar to previous column	Similar to previous column	Similar to current expectations with one TC remaining open and the building of capacity in the community with 2 centers. This is a step in the right direction more so than the other options. Also, concern raised that most recent admissions were from emergency respite needs and VA may need to provide a way for respite care for individuals with significant needs.	Keeping open SWVTC as cheapest to operate was put forward if two centers. CVTC was put forward as has nursing facility and could serve all who wished to stay in a TC in central part of the state.
Increases, decreases or has no impact on the cost of serving individuals in a <"right-sized"> Training Center versus the cost of providing comparable care to those served in the community. If the costs of Training Center care is more expensive, would there be a negative impact on access to services for those being served in the community.	Note: Waivers overall average costs required to stay below overall average cost of ICFs. Numbers provided by DBHDS indicated that costs for T.Centers would be more expensive (SWVTC near community cost in community study of TC discharges), especially when costs of rehabbing and/or maintaining aging facilities. Comparable care is based per person (certification thereof) and the Department has not defined comparable care yet has shared that is not equal.	30%	Increased costs to keep the Tcenters open due to aging facilities; lower census raising costs per person as census drops. Requires additional funding by legislature as savings from closing training centers tied to funding individuals moving into the community. No guarantee that cost avoidance would result in appropriations to reduce waiting lists fund additional services. The average cost of care for the I/DD waiver is less for waiver services even with addition of average acute care cost per person. Amended waivers will provide more emphasis on supports services which will serve more people at less cost than a comprehensive waiver with group homes.	Similar to previous column: While disagreement on costs included in this and other options, data presented consistently showed increased costs. While argued that these options would not negatively impact community services, an estimate of $60 m in new funding was challenged. In addition, community focused members clearly stated that even if cheaper, was not in line with the view that all persons can and should be served in the community.	Similar to previous column	Similar to previous column	Lesser impact than other options as both additional centers would be in the community and would not be considered a TC cost. Overtime even smaller facilities will divert funds from a resource allocation, needs based model of waiver services on target to begin in 2016.	Less cost, still projected to need $10 m in ongoing appropriations to meet the needs of 75 individuals. Concern expressed again that $10 m in community services would serve more individuals in smaller settings across the state and not one additional area. In reference to the 5 star nursing facility which costs VA $759 a day, a comparison was made to a 5 star community center at $175 per day for nursing home care.
Recognizing that the current system is under funded, maximizes efficiency and either realizes savings or limits the financial impact on the Commonwealth; such that the overall affordability of the care system is maintained or improved. And, the processes of siting, permitting, securing capital and financing capital improvements to existing Training Centers or other residential options do not strain current staff and financial resources—negatively impacting other care system priorities. Note: Any savings realized should be reinvested in the overall care system.	Based on occasional costs, the group ranked as 15%. Noted by a member ongoing fiscal impact of maintaining or building new smaller institutions is significant.	15%	Monies would have to be invested into ongoing maintenance as well as upgrading buildings, determining location of buildings on current sites and infastructure to support them.	Similar to previous column	Would require purchase of land and investing funds. Facility similar to SEVTC still requires major capital. In addition, while ICF funded, building multiple houses on same property would never allow change to waiver funded options. Concern expressed that if a second center was to remain, SWVTC is the least expensive to operate and overall in better shape to continue to operate	State would be served by 3 centers. Similar concerns with column one.	Would be less cost than a large facility. Could have smaller cluster of homes. Operating and ancillary costs for two small settings still focused on more integrated community placement. State may end up operating with needed to supplement if focused on emergency short term admissions.	Requires investment in a facility to continue to maintain for use. Still have buildings that require ongoing maintenance or to be removed as the census would still be small. Census would continue to decrease.
Provides reasonable geographic proximity to families, services and supports for individuals who elect to continue care in a Training Center or in the community; and if a facility is chosen, it is integrated into the greater surrounding community—providing access to the greater community similar to individuals who live in settings viewed as more integrated.	Noted that only if a guardian or representative chooses a training center is this a factor as community waiver services meet this factor. Another member linked geographic to comparable care available or state to continue providing training centers.	25%	Have 4 regions instead of 5.	Have 4 regions instead of 5--Region IV already closed.	Region IV only region without a center. Still requires travel and assumption made that families will chose. For each of the centers, observed by a member that the Tcenters would still continue to serve individuals close by in expensive settings with other communities without services	Provides some options for geographic proximity to families. Traditionally the TCs have not been able to adequately integrate into the larger community for several reasons. This option does not provide concepts of how this would be accomplished. A community ICF in NOVA may be accepted in as much as other individuals living in the community are integrated.	Provides few options for geographic proximity to families. However would encourage families to seek community placements that are closer to the areas in which they would like to see their individuals residing. Traditionally the TCs have not been able to adequately integrate into the larger community for several reasons. This option does not provide concepts of how this would be accomplished.	Provides very limited geographic proximity to families. However would encourage families to seek community placements that are closer to the areas in which they would like to see their individuals residing. Traditionally the TCs have not been able to adequately integrate into the larger community for several reasons. This option does not provide concepts of how this would be accomplished.
		100%						
Risks			Unknowns as to whether many or if any of the options may work with what some see as limited data. Other see that is a values based position that all people should be served in the community. Sharing excess land may not produce adequate revenue to offset the cost of maintaining the facilities/campus. Costs continue to increase as census decline faster as projections of emergency/critical cases will continue to fall short of admissions and individuals currently living in TCs continue to age. This was said in a meeting...may force families to choose TC if community supports not available thus inadvertently driving up TC costs	For first three options, closing the training centers may end up losing experience/trained staff who do not end up working in the system. Risk is that will not be demand for ongoing use of facilities with stranded costs. Costs continue long-term further delaying a one community approach and preventing access to any service for over 8,000 individuals	Once a facility is built, 15 to 20 year commitment. Would not be able to convert to waiver funding in the future. Demand with already individuals waiving ICF for the waiver dramatically reduced pool. Families have access to community services closer to home. End up with a center in tidewater and NVA. Securing professional staff already difficult.	Continues to spend major funds in maintaining facilities and will still require major appropriations as resources are not transferred to community services. Families and individuals on the waiting lists are not choosing training centers and overall studies continue to show more satisfaction with smaller settings--thus more costs to the state extending the time when facilities do close.	Private providers/CSB' s are experienced with waiver homes and ICFs. Extensive ICF beds have been constructed over the past few years and demand may not sustain two smaller centers.	Investing in another center continues to spend dollars that could serve additional individuals--again risk is that cost avoidance may not end up with more waiver. Noted that combining the numbers on the wait list and currently served by waivers that 18,000 individuals have chosen community based services which the Department of Justice Settlement requires Virginia to address.
Opportunities			Allows residents to age in place	May ensure more stable funding long-term as state operates centers	Main retain some staff	Geographically closer to referring communities	May retain some experienced state staff and smaller centers may be more attractive.	Moving dollars away from buildings to services builds community capacity across the state rather than in two regions.