

Settlement Agreement Implementation Structure

Background: Eighteen “projects” have been identified related to implementation of the Settlement Agreement. All projects are coordinated through a day-to-day management team consisting of the Assistant Commissioners of Developmental Services and Quality Management and Directors of the Offices of Developmental Services and Community Integration. This team reports to the Commissioner and Deputy Commissioner and provides at least semi-annual updates to an oversight team including OSHHR, DMAS, and DPB.

1	Additional Waiver Slots		10	Case Manager Training
2	New Medicaid Waivers		11	Provider Risk Management
3	Individual & Family Support		12	Incident Reporting
4	Crisis Intervention & Prevention		13	Mortality Review
5	Employment First		14	Licensing
6	Independent Housing		15	Quality Service Reviews
7	Discharge Planning & Integration		16	Facilities Closures
8	Quality Improvement & Data Analysis		17	Provider Training
9	Case Management		18	RCSC Coordination

Brief Description of Projects

1. **Additional Waiver Slots:** DBHDS and DMAS must work with the Governor and General Assembly to create 4,170 waiver slots over the 10 year Settlement Agreement. These efforts include targeting 25 ID Waiver slots and 15 DD waiver slots in FY13, 14, and 15 for individuals with ID/DD under 22 years who wish to transition from nursing facilities or community-based ICFs to waiver supported environments.

Settlement Agreement Reference: Section III.C.1. “By June 30, 2021, the Commonwealth shall create 4,170 waiver slots for the target population …”

Project Leader: Lee Price, Director, Office of Developmental Services

Reports To: Heidi Dix, Assistant Commissioner of Developmental Services

2. **New Medicaid Waivers:** Virginia’s ID and DD waivers are up for CMS renewal in the next two years. The settlement agreement does not require waiver changes but a closer examination of the current programs will lead to more efficient and effective implementation of the agreement, particularly in supporting individuals in the most integrated setting appropriate to their needs. In FY13-14, DBHDS and DMAS will be working with stakeholders to:

- Develop recommendations to update the waiver programs, restructure how they operate, and examine potential rate adjustments.
- Move from a system that serves individuals with ID and DD separately, based on diagnosis, to a system that provides supports to individuals based on their needs.
- A plan for gathering stakeholder input and how DBHDS/DMAS will work toward the renewals is forthcoming.

Settlement Agreement Reference: N/A

Project Leader: Currently vacant, position to be filled in FY14

Reports To: Heidi Dix

3. **Individual and Family Supports Program:** Create an individual and family support program for individuals in the target population who are not receiving services through the ID or DD waiver and have limited access to needed services through the Elderly or Disabled with Consumer Direction (EDCD) waiver or the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program.

Settlement Agreement Reference: Section III.C.2. “The Commonwealth shall create an individual and family support program for individuals with ID/DD whom the Commonwealth determines to be most at risk of institutionalization …”

Project Leader: Cindy Gwinn, Community Resources Manager, Office of Developmental Services

Project Reports To: Lee Price, Director, Office of Developmental Services

4. **Crisis Intervention and Prevention:** Implement Systemic Therapeutic Assessment Respite and Treatment (START) program to provide crisis services to individuals with ID/DD. Goal is to maintain individuals in their homes and prevent crises when possible. Provide 24-hour/7-day support to individuals in crisis, including face-to-face contact within one hour in urban regions and two hours in rural areas. Provide in-home supports and out-of-home crisis respite services as needed. Available for adult ID and DD populations. DBHDS working with SHHR to address children with ID/DD who need crisis services.

Settlement Agreement Reference: Section III.C.6. “Crisis Services”

Project Leader: Bob Villa, START Coordinator, ODS

Reports To: Lee Price, Director, Office of Developmental Services

5. **Integrated Day and Employment Opportunities:** Provide individuals in the target population with integrated day opportunities, including supported employment. Virginia to have an Employment First Policy, hire an employment services coordinator, and develop an Implementation Plan.

Settlement Agreement Reference: Section III.C.7. “Integrated Day Activities and Supported Employment”

Project Leader: Adam Sass, Community Resources Manager, ODS

Reports To: Lee Price

6. **Integrated Housing Options:** DBHDS must hire a full-time housing coordinator and develop a plan to increase the target population’s access to independent living options (e.g., individuals’ own homes, leased apartments, or family homes). Establish a one-time \$800,000 fund to provide and administer rental assistance in accordance with the plan to be developed.

Settlement Agreement Reference: Section III.D.
“Community Living Options”

Project Leader: Eric Leabough, Housing Specialist

Reports To: Lee Price, Director, ODS

7. **Discharge Planning and Integration:** Discharge plans will be developed for all individuals in training centers using a documented person-centered planning and implementation process. The discharge plan will include:

- Provision of reliable information to the individual and, where applicable the Authorized Representative, regarding community options;
- Identification of the individual’s strengths, preferences, needs (clinical and support), and desired outcomes;
- Assessment of the specific supports and services that build on the individual’s strengths and preferences to meet needs and achieve desired outcomes, regardless of whether those services and supports are currently available;
- Listing of specific providers that can provide the above identified supports and services;
- Documentation of barriers preventing the individual from transitioning to a more integrated setting and a plan for addressing those barriers

DBHDS will hire Community Integration Managers at each training center to coordinate discharge process. DBHDS will measure barriers to discharge and establish Regional Support Teams for individuals who encounter certain barriers when trying to find placements (for both individuals in training centers and those on wait lists).

Settlement Agreement Reference: Section IV “Discharge Planning and Transition from Training Center”

Project Leader: Jae Benz, Director, Training Center Discharges & Community Integration

Reports To: Heidi Dix

8. **Quality Improvement and Data Analysis:** Implement settlement agreement sections V.D. and V.E requiring DBHDS to collect and analyze reliable data about individuals receiving services under the agreement to assess and improve service quality. Data collection/analysis/reporting requirements in V.D. apply to all individuals in the target population and that requirements of V.E apply to all services/support providers (training centers, CSBs, and other community providers). Data will be collected from a wide variety of sources including:

- The risk management / incident reporting system (see Project 12)
- Provider quality improvement plans
- Case managers (see Project 9)
- Quality service reviews (see Project 15)
- The crisis system (see Project 4)
- The “Employment First” initiative (see Project 5)
- Training center discharge plans (see Project 7)
- Service plans for individuals receiving waiver services (see Project 1)
- Reports from CIMs and Regional Support Teams (Project 7)

Data analysis areas:

1. Safety and freedom from harm: Neglect and abuse, injuries, use of seclusion or restraints, deaths, effectiveness of corrective actions and licensing violations
2. Physical, mental, and behavioral health and well-being: Access to medical care (incl. preventative care), timeliness and adequacy of interventions, esp. in response changes in status
3. Avoiding crises: Use of crisis services, admissions to emergency rooms or hospitals, admissions to training centers/congregate settings, contact with criminal justice system
4. Stability: Maintenance of chosen living arrangement, change in providers, work/other day program stability
5. Choice and self-determination: Service plans developed through person centered planning, choice of services and providers, individualized goals, self-direction of services
6. Community inclusion: Community activities, integrated work opportunities, integrated living options, educational opportunities, relationships with non-paid individuals
7. Access to services: Waitlists, outreach efforts, identified barriers, service gaps/delays, adaptive equipment, transportation, availability of services geographically, cultural and linguistic competency
8. Provider capacity: Caseloads, training, staff turnover, provider competency

Settlement Agreement Reference: Section V.D. “Data to Assess and Improve Quality”

Project Leader: Paul Gliding

Reports To: Kathy Drumwright, Assistant Commissioner, Quality Management & Development

9. **Case Management:** The Settlement Agreement requires case managers to meet face-to-face with every individual receiving case management services under the agreement “on a regular basis”, and to meet face-to-face at least once every 30 days with individuals who:
 - Receive services from providers having conditional or provisional licenses;
 - Have more intensive behavioral or medical needs;
 - Have an interruption in service of greater than 30 days;
 - Encounter crisis system for a serious crisis or for multiple less serious crises in a 3 month period;
 - Have transitioned from a Training Center within the previous 12 months; or
 - Reside in congregate settings with 5 or more individuals.

Settlement Agreement Reference: Section V.F. “Case Management”

Project Leader: Currently vacant, position to be recruited and filled in FY13

Reports To: Kathy Drumwright, Assistant Commissioner, Quality Management & Development

10. **Case Manager Training:** In 2010 and 2011 DBHDS developed and implemented a statewide core competency-based training curriculum for case managers built on self-determination and person-centeredness principles. Over 3,000 DBHDS and CSB staff members have been trained as well as DD Case Managers. DBHDS will develop additional training modules which emphasize the development of required case management skills related to quality assurance, risk management, and oversight of providers.

Settlement Agreement Reference: Section III.5.F.6. “Case Management”

Project Leader: Michael Shank, Director, Behavioral Health Community Support Services

Reports to: Kathy Drumwright, Assistant Commissioner, Quality Management and Development

11. **Provider Risk Management:** Work with training centers, CSBs, and other community providers of residential and day services to implement new risk management processes, including establishment of uniform risk triggers and thresholds.

Settlement Agreement Reference: Section V.C. “Risk Management”

Project Leader: Marion Greenfield, Director, Clinical Quality & Risk Management

Reports To: Kathy Drumwright, Assistant Commissioner, Quality Management and Development

12. **Incident Reporting:** Enhance or replace the Consolidated Human Rights Information System (CHRIS) to implement a real-time, web-based incident reporting system and reporting protocol to monitor/investigate serious incidents and deaths.

Settlement Agreement Reference: Section V.C. “Risk Management”

Project Leader: Margaret Walsh, Director, Office of Human Rights

Reports To: Kathy Drumwright, Assistant Commissioner, Quality Management and Development

13. **Mortality Review:** Establish a Mortality Review Committee to review unexplained or unexpected deaths reported through the incident reporting system. The committee will also collect and analyze mortality data to identify trends and patterns and to develop recommendations for reducing mortality rates to the fullest extent possible.

Settlement Agreement Reference: Section V.C. “Risk Management”

Project Leader: Dr. Jack Barber, DBHDS Medical Director

Reports To: Kathy Drumwright, Assistant Commissioner, Quality Management and Development

14. **Licensing:** Conduct more frequent licensure inspections of community providers serving individuals who are included in high-risk categories, including those who:

- Are receiving services from providers having conditional or provisional licenses;
- Have more intensive behavioral or medical needs;
- Have an interruption in service of greater than 30 days;

- Encounter the crisis system for a serious crisis or for multiple less serious crises in a three-month period;
- Have transitioned from a training center within the previous 12 months; or
- Reside in congregate settings with 5 or more individuals.

Upgrade or replace the current online Licensing Information System (OLIS). The details of the new system and implementation plan are to be determined pending a gap analysis on the business needs.

Settlement Agreement Reference: Section V.C.3. “Risk Management” and V.D.3.a., “Data to Assess and Improve Quality”

Project Leader: Les Saltzberg, Director, Office of Licensing

Reports To: Kathy Drumwright, Assistant Commissioner, Quality Management and Development

15. **Quality Service Reviews:** Implement Quality Service Reviews to evaluate the quality of services at the individual, provider, and state-wide level for a statistically significant sample of individuals receiving services under the agreement. Reviews will include face-to-face interviews with individuals, staff, and other people involved in an individual’s life. DBHDS intends to contract with a third party to perform these reviews.

Settlement Agreement Reference: Section V.I. “Quality Service Reviews”

Project Leader: Currently vacant, to be identified

Reports To: Kathy Drumwright, Assistant Commissioner, Quality Management and Development

16. **Facility Closures:** The settlement agreement does not require closure of Virginia’s training centers. However, in order to afford the implementation of the agreement, closure of four of Virginia’s training centers has been planned. Southeast Virginia Training Center with capacity to serve 75 individuals will remain open.

Settlement Agreement Reference: III.C.9. “The Commonwealth will provide [a plan] to the General Assembly... to cease operations at four of the five training centers by the end of State Fiscal Year 2021.”

Project Leader: Olivia Garland, Deputy Commissioner, DBHDS

Reports To: Heidi Dix

17. **Provider Training:** Develop and provide a statewide core competency-based training curriculum for all staff that provides services under the settlement agreement. The training will include person-centered practices, community integration and self-determination awareness, and required elements of service. The program will include adequate coaching and supervision of staff trainees.

Settlement Agreement Reference: Section V.H. “Training”

Project Leader: Currently vacant

Reports to: Heidi Dix

18. **Regional Community Support Centers:** Develop a plan to transition to the Regional Community Support Centers (RCSC) that currently operate at the training centers to a community-based system of medical and dental supports for individuals with ID/DD.

Settlement Agreement Reference: None

Project Leader: Currently vacant, under recruitment in FY13

Reports to: Jae Benz, Director, Training Center Discharges & Community Integration