Virginia Network of Private Providers, Inc.

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An association for persons or organizations with an interest in or that provide support for persons who have mental illness, developmental delay or substance use disorder, and who are licensed by or funded by the Department of Behavioral Health and Developmental Services.

Thank you for the opportunity to share with you what the Virginia Network of Private Providers feels are the critical issues for you to consider as we move into the 2013 Session.

For the 2013 Session, there are three primary documents which will or should inform the policy guidance from DBHDS for the delivery services for individuals who are intellectually or developmentally disabled:

- **The Settlement Agreement between the Commonwealth and the Department of Justice**,
- **The Creating Opportunities Plan** published by DBHDS, and
- **Report Document 76** (better known as Item 297 BBBBB from the 2011 Session)

Reports on the implementation of the first two are routinely published by DBHDS.

While the implementation of the basic elements of the Settlement Agreement is a foregone conclusion, we would suggest that the reality in the community is far different from that which is suggested by the documents above.

We all recognize that Virginia needs to build capacity in the community to support the 3,700 on the ID urgent wait list, the 1,100 on the DD wait list, and the more than 900 individuals who currently reside in the Training Centers. The Settlement Agreement requires the creation of a certain number of "slots" each year and the General Assembly may, as you have in the past, fund additional slots. Making a system bigger does not necessarily increase it's capacity.

All of the documents above contain requirements (**Settlement Agreement**), plans (**Creating Opportunities**) or recommendations (**Report Document #76**) for improving, monitoring, and/or maintaining the quality of the supports provided and assuring that they are person-centered practices.

For example:

- The General Assembly has approved $60M in the last two Sessions to fund the requirements of the **Settlement Agreement**. The DBHDS report of July 23rd to this committee outlines how those funds are being spent. Only $240,000 is allocated to support providers. These funds were used to offset extra expense incurred by a provider in transitioning individuals from SVTC or CVTC in FY12. It is our understanding that "start-up" funds will not be available for individuals who are transitioned in FY13.

- The intensive monitoring process which has been developed to comply with the **Settlement Agreement** and assure that individuals who transition are provided with what the Training Center feels are essential supports is funded for DBHDS in large part by the funds mentioned above, but is a series of unfunded mandates for the providers. We do not disagree with the motives for these activities, but seek acknowledgement that each added layer of oversight has a cost in staff time and attention.

- In the March 2012 implementation report of **The Creating Opportunities Plan**, there is one bullet that acknowledges that the dialogue with DMAS on the structure of the Waiver rate structure has been "ongoing since Spring 2011." The recent DMAS report (**Report Document 76**) to the General Assembly which reflected the initial results of this dialogue and made some specific recommendations was delivered to the General Assembly last year. The recommendations were not part of the Administration's budget last year, but we hope they will be this year.

- The recommendations in **Report Document 76** include both short term and long term strategies. We recognize and support the long term efforts which are underway to consolidate the ID, DS & DD Waivers and to make some basic changes to those waivers that will better reflect the needs in the community. We believe that some of the short term strategies are being overlooked; to ignore the short term puts the long term at risk.

In conclusion, we can no longer afford to think we are building capacity by merely adding slots, layers of monitoring, and requirements for training. We must pay a rate to providers which will to allow them to employ a sufficient number of qualified and well trained staff and to incentivize the service models most likely to facilitate the quality we should expect.

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