

**Founding
Members:**

- The Arc of Virginia
- Partnership for People with Disabilities
- Virginia Board for People with Disabilities
- Virginia Office for Protection and Advocacy

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**Virginia Alliance
for
Community**

Reform Now: Change The Future

Virginia has a unique opportunity to reform its historical focus on large, state institutions and fully transition to a true community-based system of support for its citizens with intellectual disabilities. Failure to establish a clear commitment to do so will compromise the state's ability to improve the service delivery system to one that is morally and fiscally responsible. The "future" is community living. The time for Virginia to act is now.

Proposed Training Center Reform Initiative:

- ◆ Utilize \$43 million in capital outlay bond funds currently budgeted for Central Virginia Training Center (CVTC) rebuilding/renovation and **instead** build, acquire, and/or renovate state-operated, community-based housing which would include Medicaid Mental Retardation (MR) Waiver and Intermediate Care Facilities for Mental Retardation (ICF/MR) group homes (maximum of 3-4 people per residence).
- ◆ Transition to a new model of support that maintains the state role in serving as the safety net but does so **in the community**. Use current training center employees to operate community-based housing, day services and medical/specialty supports.
- ◆ Address pending CVTC health and safety issues by providing, **as a priority**, community-based homes and services for those residents currently living in all CVTC housing units cited for health/safety concerns.
- ◆ Disperse and **integrate** housing throughout Central Virginia communities instead of on a large institutional "campus."
- ◆ Maintain and upgrade state **oversight** of community programs including licensing, utilization reviews, human rights, Inspector General reviews, quality of care standards, and involvement of the Virginia Office of Protection and Advocacy (VOPA).

Rationale For Reform:

- ◆ Persons with intellectual disabilities have a right to live in the community, and the state has a right and responsibility to commit to a true community-based system.
- ◆ For decades, studies have shown that small, community homes and sponsored placements offer a better quality of life than institutional settings.
- ◆ State policy for 40 years has called for Virginia to shift from institutions to community supports for persons with intellectual disabilities; however, Virginia has been slow to respond and is currently 46th among the states in its funding for community-based services.
- ◆ Transitioning from state institutions to community supports is a civil rights issue for persons with intellectual disabilities.
- ◆ People with intellectual disabilities and their families want community supports, not institutional placements. That is why over 4,300 persons on the home and community-based MR Waiver waiting list and 600 people on the Developmental Disabilities (DD) Waiver waiting list, who are legally entitled to ICF/MR level of care, continue to wait for community-based support.
- ◆ If these home and community-based waiver waiting list families opted for institutional care—to which their son/daughter is legally entitled—it would cost the state \$600 million per year for their care.
- ◆ Today, over 17,000 persons with intellectual or developmental disabilities are living at home with parents age 60 or over, compounding Virginia’s future problem.
- ◆ These policy and funding considerations require the Commonwealth to abandon its state institution renovation approach and to adopt a strategy for transitioning away from large, segregated state institutions.
- ◆ The shift to community supports has been happening in Virginia and in every other state for the past 40 years. This is not a new groundbreaking approach, but simply the final chapter in Virginia’s stated commitment to community-based living.
- ◆ The future of CVTC is a statewide issue. Thousands of people with intellectual disabilities and their families will be affected by the outcome of Virginia’s decision about CVTC.
- ◆ The state revenue squeeze provides an opportunity to review state policies and how they drive current and future state spending.
- ◆ Besides CVTC renovation/rebuilding costs, there are four other state Training Centers which will eventually require major renovation or replacement. State capital outlay costs to “fix” all Training Centers could easily reach \$150 million in today’s dollars alone.

- ◆ A large funding commitment to its state institutions will mean state funding for community housing will never occur. This situation disregards the current and future need for long-term housing supports in the community.
- ◆ Maintaining state institutional beds now means less community housing slots available in future years. Hundreds of millions of dollars have been spent at state Training Centers over the past 25 years with no up-front state dollars provided for community housing.
- ◆ No other state is rebuilding its state institutions for persons with intellectual disabilities. States, including Virginia, continue to downsize and move persons to the community.
- ◆ Other states have successfully downsized state institutions in a planned manner to ensure that residents who need skilled care or who have challenging behaviors continue to receive needed services.
- ◆ Federal policies that drive funding are shifting to community supports. Medicaid funding of large institutions is expected to be increasingly at risk in the future.
- ◆ Spending to rebuild or renovate Training Centers is the wrong policy, for the wrong reason, at the wrong cost—now and in the future.
- ◆ Advocates for people with intellectual and developmental disabilities strongly believe that now is the right time to focus on the right policies, with the right costs, for the right reasons.

Reform Proposal Specifics:

- ◆ CVTC will transition from a single campus facility to a series of small community homes throughout the Central Virginia region operated by the state and staffed by current CVTC employees.
- ◆ Current CVTC residents are legally entitled to ICF/MR level of care but are not entitled to care at the current CVTC site. Families with persons at CVTC will be assured continued ICF/MR level of care in any community setting.
- ◆ The state will use a combination of new construction and purchase/renovation of existing houses to develop adequate capacity to transition current CVTC residents to the community.
- ◆ The goal will be to use existing capital funds to develop forty (40) community-based homes each supporting three (3) people or less (including sponsored placements where appropriate and desired) and seventy (70) community-based homes each supporting four (4) people or less.

- ◆ The \$43 million of capital outlay funds will be targeted as follows:
 - 40 homes @ \$300,000 \$12 million
 - 70 homes @ \$400,000 \$28 million
 - Admin/Support Services \$3 million
- ◆ The current CVTC site would house administrative offices (management, personnel, fiscal, human rights, etc) as well as regionally available medical, dental and other therapy services.
- ◆ CVTC's transition to a community model will be phased in over a three to four year timeframe, setting as priorities individuals who have immediate life/safety risks in current buildings.
- ◆ The state will use an innovative, flexible approach to the acquisition of community housing by combining the expertise of state housing and economic development agencies with local programs experienced in developing community housing.

Frequently Asked Questions (FAQs):

1. **Question: What has happened since the Governor and General Assembly approved bond funding to rebuild CVTC last April that now requires a change to a community-based housing model?**

Answer: Investing \$43 million (or any significant portion of this funding) in outdated institutional models quickly caught the attention of the advocacy community and has been viewed as a step back for the Commonwealth. When this was included in the budget, advocates including The Arc of Virginia, the Virginia Board for People with Disabilities, the Partnership for People with Disabilities, and the Virginia Office for Protection and Advocacy began to explore how the state could use this as an opportunity to transform the system in a morally and fiscally responsible manner.

2. **Question: What is proposed instead of the \$43 million facility rebuild approach?**

Answer: The state has the opportunity to commit to a true community-based system. We are proposing that the state utilize the \$43 million for community-based housing to completely transition CVTC from an institutional model of support to one that is community-based.

3. **Question: Aren't current residents and their families entitled to choose to stay at CVTC?**

Answer: While the state is required to guarantee the right to ICF/MR level of care, there is no entitlement to receive such services at a large institution. In fact, many states have moved toward elimination of institutional models of care altogether. Equivalent supports may be provided in the community through ICF/MR group homes and/or Medicaid Waiver services.

4. **Question: What about CVTC health and safety issues which were given as the major reasons for approving the bond funds?**

Answer: There is no question that there are serious concerns about the health and safety of residents at CVTC; however, there is no reason why the state cannot meet these life safety needs by transitioning to community-based group homes just as expediently as would occur in large-scale renovations.

5. **Question: Can small community homes handle the special needs of the CVTC residents?**

Answer: CVTC is an ICF/MR facility. Currently there are over 31 community-based ICF/MR group homes located around the Commonwealth. These residences operate under the same regulations and service requirements as the Training Centers, but have the capability of providing a life in the community instead. Additionally, over 7,000 people with intellectual disabilities use services through the Medicaid MR Waiver which has the same eligibility criteria as an ICF/MR.

6. **Question: Doesn't it cost a lot more to have small homes spread around the community rather than have one big central complex?**

Answer: The average cost per person in a Training Center is \$148,755, while the average cost of a community ICF/MR is \$116,665. The cost of services through the Medicaid MR Waiver is even lower, with an average cost of \$67,516 per person per year.

7. **Question: What will be the impact on current CVTC employees?**

Answer: It is up to the state to determine the impact on CVTC staff. Under this proposal, current direct-care workers would transition to working in community-based group homes in lieu of large institutional settings.

8. **Question: What will be left on the current CVTC site?**

Answer: There will be no long-term residential buildings left at the current CVTC site; however, the CVTC campus may continue to host administrative offices and outpatient therapeutic services such as dental, occupational therapy and physical therapy.

9. **Question: What about the special medical, dental, and therapy needs of the CVTC residents? How will they be addressed?**

Answer: Over 7,000 people with intellectual disabilities already receive medical and therapeutic supports in the community through the Medicaid Home and Community Based Waivers. The state should continue to serve as the safety net with regards to unmet significant medical needs such as skilled nursing. These services, however, should be delivered in the community instead of in a large institution. Dental care is a concern for all Virginians with intellectual disabilities, regardless of where they live, because dental services for adults are not covered by Medicaid. The state should keep the Dental Clinic open at CVTC until this service gap is resolved.

10. **Question:** How does the decision about CVTC affect the other four state Training Centers and those on waiting lists for the Medicaid waiver?

Answer: Over one-third of Virginians with developmental disabilities who are institutionalized reside at CVTC; therefore, the policy and fiscal implications of this decision are significant. Right now, 460 people are being housed at CVTC for a price-tag of over \$75 million per year. In the community, 1,110 people (more than twice as many) could be served through the Medicaid MR Waiver for the same cost.

Changing the policy direction of CVTC (as well as other state Training Centers) is directly correlated with the state's ability to reduce the waiver wait lists and strengthen Virginia's community-based system of support. Currently, the state spends over 250 million per year on state Training Centers.

BOTTOM LINE:

The policy direction concerning the use of CVTC capital outlay dollars is a *civil rights issue* for people with developmental disabilities.

A partial commitment will only send a mixed message and Virginia cannot afford to wait any longer to make the commitment to "A Life Like Yours" in the community.