

Office of Regulatory Management
Economic Review Form

Agency name	Department Behavioral Health and Developmental Sciences
Virginia Administrative Code (VAC) Chapter citation(s)	12VAC-35-190 and 12VAC35-200
VAC Chapter title(s)	Regulations for Voluntary Admissions to State Training Centers and Regulations for Emergency and Respite Care Admission to State Training Centers
Action title	Streamlining and updating admissions regulations
Date this document prepared	July 12, 2023; Updated March 26, 2024; Updated March 28, 2024
Regulatory Stage (including Issuance of Guidance Documents)	Fast Track

Cost Benefit Analysis

Table 1a: Costs and Benefits of the Proposed Changes (Primary Option)

<p>(1) Direct & Indirect Costs & Benefits (Monetized)</p>	<p>This regulatory action combines two existing regulatory chapters having to do with admissions to state training centers by repealing Chapter 190, Regulations for Voluntary Admissions to State Training Centers, and amending Chapter 200, Regulations for Emergency and Respite Care Admission to State Training Centers, to incorporate most of the language from Chapter 190 while streamlining regulatory requirements and updating regulatory language to reflect current practice.</p> <p>1.) Removal of the definition of “respite care,” as the agency has permissive language in the Code of Virginia that it ‘may’ allow respite and respite admissions can still occur under emergency admissions.</p> <ul style="list-style-type: none"> • Direct Costs: Respite care is a service that provides short-term relief for primary caregivers. At DBHDS training centers, this service was used in the past for temporary admission to a training center to provide respite to the individual’s primary caregiver. As a result of the US DOJ’s Settlement Agreement with Virginia, the expansion of IDD waiver slots, and increased rates of service for private
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	<p>providers, respite service has been an unutilized service at DBHDS training centers for several years. As more community-based services have become available and accessible for individuals who may have previously been served in training centers, the use of respite care for non-emergent events has declined drastically. There has been only five regular respite or emergency respite admissions to training centers since 2017.</p> <p>While the elimination of this service in theory may result in additional costs to families who previously utilized this service, given the recent trends in utilization, the cost impact is expected to be negligible. The elimination of this service for non-emergent situations is in line with the policy goals of the Commonwealth to provide high-quality care in the least restrictive setting possible that is most suitable to an individual's needs.</p> <ul style="list-style-type: none"> • Direct Benefits: Clarification of regulatory language to align with current practice – cannot be quantified. <p>2.) Changes deadline for training centers to inform the CSB of an individual's eligibility for emergency admission into a training center from 24 to 72 hours.</p> <ul style="list-style-type: none"> • Direct Costs: This change could potentially result in costs to families or caregivers of individuals due to increased wait time when seeking emergency admission to a training center. However, this change is not expected to result in significant costs, as the number of emergency admissions to training centers has greatly declined over the past ten years. This change has occurred as a result of Virginia's increased investment in community-based services for individuals with developmental disabilities. Emergency admissions are increasingly rare at DBHDS training centers, with a total of five regular respite or emergency respite admissions occurring since 2017. When emergency admissions do occur, training centers typically provide eligibility information in 72 hours, and work to prioritize the most urgent requests to ensure care is available to those in need. Applications are often incomplete, and this additional time has been needed to request and collect documentation required to make an informed decision regarding admission. As of April 2020, there is only one remaining training center and additional time may be necessary to convene the professional staff needed to review the request as some are parttime, contracted positions. Given the significant decline in the number of emergency admissions, any cost impact is expected to be negligible. • Direct Benefits: This change will align regulations to
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	<p>current practice and provide a buffer for requests that may be received late in the business week or that require coordination from key professional staff involved in reviewing the request for admission.</p> <p>Indirect costs and benefits: Combining the contents of Chapter 190 and 200 will provide more clarity for individuals needing or receiving training center services and their authorized representatives. Amendments are made to reflect the most current admissions practices.</p>	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) \$0	(b) \$0
(3) Net Monetized Benefit	\$0	
(4) Other Costs & Benefits (Non-Monetized)	\$0	
(5) Information Sources		

Table 1b: Costs and Benefits under the Status Quo (No change to the regulation)

(1) Direct & Indirect Costs & Benefits (Monetized)	<p>The current regulation outlined Chapter 190 does not reflect current admission practice.</p> <ul style="list-style-type: none"> • Direct Costs: Without this change, regulations would not be reflective of actual practice, which could create confusion for individuals and caregivers. The Code of Virginia states that DBHDS training centers <i>may</i> provide respite services, which are provided upon request. However, there has not been a request for regular respite care since 2018. Currently, any request for respite care would be under an emergency admission, as the General Assembly has increased funding for community-based services for this population over the past several years to meet the requirements of the DOJ Settlement Agreement. Therefore, individuals would only request respite care in an emergency situation in which all other community options have been exhausted. As the number of respite admissions has decreased significantly over time, with no regular respite or emergency respite admissions since 2018, this is not expected to impact a significant population. Failure to change this regulation could result in confusion for families and caregivers who may assume that because respite care is
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	<p>named in the regulation it is the preferred source of respite care for this population. It is the goal of the Commonwealth to serve individuals in the least restrictive setting as possible most suitable to the needs of the individual, therefore, community-based care is preferable for individuals, families, and DBHDS.</p> <p>Direct Benefits: This change will clarify and streamline DBHDS regulatory requirements.</p>	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) \$0	(b) \$0
(3) Net Monetized Benefit	\$0	
(4) Other Costs & Benefits (Non-Monetized)	\$0	
(5) Information Sources		

Table 1c: Costs and Benefits under Alternative Approach(es)

(1) Direct & Indirect Costs & Benefits (Monetized)	<p>Not merging Chapters 190 and 200 but amending language to reflect current admission practice could help clarify regulations to a degree, however, it would not be as beneficial as the proposed regulatory change to incorporate all regulations related to training center admissions into a single chapter. This approach would encompass the same costs as those described in Table 1a but would reduce the benefits of greater clarification and ease of use for the general public.</p>	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) \$0	(b) \$0
(3) Net Monetized Benefit	\$0	
(4) Other Costs & Benefits (Non-Monetized)	\$0	
(5) Information Sources		

Impact on Local Partners

Table 2: Impact on Local Partners

(1) Direct & Indirect Costs & Benefits (Monetized)	Local service partners include local community services boards (CSBs) who work with individuals needing or receiving services and are the mandated point of request for emergency admission into a DBHDS training center. As this regulatory change aligns regulations to current practice, there is no substantive change expected to impact CSBs as local partners. Some CSBs may benefit from having all regulations pertaining to training center admissions streamlined into a single regulatory code section, however, such benefit cannot be quantifiably calculated.	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) \$0	(b) \$0
(3) Other Costs & Benefits (Non-Monetized)	\$0	
(4) Assistance		
(5) Information Sources		

Impacts on Families

Table 3: Impact on Families

(1) Direct & Indirect Costs & Benefits (Monetized)	<ul style="list-style-type: none"> • Costs: With a small number of individuals admitted to respite care and 2018 being the last instance in which an individual was admitted for regular respite or emergency respite care, this change in regulation should not cause significant costs for families. Seeking respite care can ease the burden through helping to relieve stress and promoting balance for caregivers. This regulatory action removes the definition of respite care but respite admissions could still occur as emergency admissions. The removal of respite care as a distinct form of admission creates potential burden and inconvenience on families, however, there is still an option to seek assistance from CSBs for respite care in their community and with any additional needs and concerns. Community-based care is the preferred
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	<p>method of care over care in a state facility, as it allows individuals to be served in a less restrictive setting. Therefore, any costs are expected to be alleviated through the increased availability of community-based care.</p> <ul style="list-style-type: none"> • Benefits: Families are given more clear instruction in the role of CSBs in their communities as the point of entry when seeking admission to a training center, requesting emergency care if needed, and seeking assistance from CSBs in initiating a judicial proceeding if approved for an emergency admission expected to extend beyond 21 days. 	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) \$0	(b) \$0
(3) Other Costs & Benefits (Non-Monetized)	\$0	
(4) Information Sources		

Impacts on Small Businesses

Table 4: Impact on Small Businesses

(1) Direct & Indirect Costs & Benefits (Monetized)	This regulation is not expected to have any costs or benefits to small businesses.	
(2) Present Monetized Values	Direct & Indirect Costs	Direct & Indirect Benefits
	(a) \$0	(b) \$0
(3) Other Costs & Benefits (Non-Monetized)	\$0	
(4) Alternatives		
(5) Information Sources		

Changes to Number of Regulatory Requirements

Table 5: Regulatory Reduction

Change in Regulatory Requirements

VAC Section(s) Involved*	Authority of Change	Initial Count	Additions	Subtractions	Total Net Change in Requirements
	(M/A):	17	0	0	0
	(D/A):	13	0	0	0
	(M/R):	0	0	0	0
	(D/R):	0	0	0	0
Grand Total of Changes in Requirements:					(M/A): 0 (D/A): 0 (M/R): 0 (D/R): 0

Cost Reductions or Increases (if applicable)

VAC Section(s) Involved*	Description of Regulatory Requirement	Initial Cost	New Cost	Overall Cost Savings/Increases
N/A				

Other Decreases or Increases in Regulatory Stringency (if applicable)

VAC Section(s) Involved*	Description of Regulatory Change	Overview of How It Reduces or Increases Regulatory Burden
N/A		