

# Virginia State Report 2025

By Martha Bryant

Virginia has a single Training Center open, the Southeastern Training Center in Chesapeake. It's ICF license only currently with 66 residents and the capacity of 75.

Hiram Davis medical center Petersburg DBHDS operated has 18 residents with ID and has other populations including mental health, dementia and sex offenders. Recent census 33. My son Tyler is in skilled nursing second floor.

Hiram Davis was represented to the federal court as a Training Center in the Settlement Agreement with 1084 individuals impacted closing 4 of 5 statewide centers.

Now Hiram Davis is proposed to close to patient care by December 2026. Only 5 of 18 current are proposed to move to SEVTC Chesapeake. DBHDS plans renovations for 10 skilled beds, 5 from transfers and 5 upskill who are aging at SEVTC. Proposed moving by May 2026. Presumptive community discharge for 13 some to group homes, 1 ICF and community nursing facility care.

Latest waiver waiting list was 15, 486 as of December 2024. CMS has on hold a proposal to combine assistive technology and environmental modification to \$10,000. Providers are citing reimbursement denials and workforce shortages as barriers.

CVTC Lynchburg closed in 2020 and remains unsold. 2 properties are sold and 2 are unsold and appear blighted.

Hiram Davis has many onsite services including pharmacy, lab, x-ray, dental clinic and clinic specialists. These are shared with the nearby Central State MH psychiatric hospital.

The proposal doesn't offer comparable care citing nearby services and contractors.

Chesapeake ICF was built as a regional center and has 15 detached cottages of 5 beds per house on 3 residential streets, 5 houses per street. It an urban location at the far East corner of Virginia. Hiram Davis is centrally located in Petersburg South of Richmond.

Care delivery in ICF uses unlicensed direct care staff and several nurses who drive golf carts to the homes. There is a leased administration building and day support location. Pharmacy, food service and therapists are contracts. There is a homeless shelter on the nearby street. Land sold with the downsizing from 200 beds to 75 are primarily commercial, industrial buildings.

I'm involved with 3 subgroups planning mtgs with virtual participation. The draft proposal goes to Commissioner Nelson Smith by August 1, less than a year from the announcement.

The legislative committees receive his final Proposal November 1st.

My son Taylor was recently admitted to a hospital with 8 ICU days and IV antibiotics. His change of condition and onsite lab essential in early diagnosis and treatment. He returned to Hiram Davis medical bed for 6 more days of IV antibiotics and close monitoring including labs.

Concerns about inadequate capacity statewide, increasing distance from families, disruption of medical providers, specialists and continuity.

Virginia is a Medicaid expansion state so cuts in federal funding may impact thousands and the match rate would have to be made up by the General Assembly or reduced services.

I have joined a Medicaid Advisory Committee and give public comments.

I'm a proud whistleblower and goal is safety first. One son died in 2017 soon after his forced transfer. He was moved 9 times in less than 60 days, became homeless in the hospital and had abrupt termination of multiple medications. Do No Harm has been my message. My other son, Tyler Bryant, died at age 23.

Taylor is now 31 and facing another move to a new model of care and farther from home.