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Virginia Department of
Behavioral Health and
Developmental Services

# DBHDS Updates

***Community Capacity Expansion for Individuals with Intellectual Disability and Recent CMS Actions***

Joint Commission on Health Care
Behavioral Health Care Subcommittee

May 17, 2011



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## *Community Capacity Expansion for Individuals with Intellectual Disability*

**Heidi R. Dix**
Assistant Commissioner
Developmental Services

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# Creating Opportunities Plan
## *Developmental Services Area*

**Goal: Build community capacity to enable individuals, including those with multiple disabilities, to be fully integrated in the community**

- Collect and organize information about needs of individuals in training centers and needs of individuals on the wait lists for services
- Collect and organize information about provider capacity to serve those with the most complex needs
- Significantly expand waiver capacity and modify structure of waivers
- Revise current waiver rate structure, particularly for residential services
- Expand access to community-based medical, dental, behavioral, and other clinical services; crisis management; and community respite alternatives
- Improve quality assurance and oversight resources
- Develop plan for allocating the $30 million Trust Fund



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# Creating Opportunities Plan
## *Next Steps*

- Each team has defined the various strategic initiative products, action steps, and implementation timeframes
- DBHDS and stakeholders involved in the plan will continue to implement action steps including:
  - Continued refinement of initiative implementation activities
  - Collection and analysis of services system data
  - Assessment of resource requirements for identified services system investments
  - Development of policy and potential legislative or regulatory recommendations
  - Implementation of training and skill development
  - Establishment of performance and oversight monitoring expectations

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# Providing Supports to Those with Complex Needs

- **Data:**
  - According to Supports Intensity Scale (SIS) data:
    - Medical needs of those in training centers are more complex, on average, than those in the community
    - Behavioral needs of those in training centers are, on average, similar to those in the community
- **In Practice:**
  - If you look at two individuals with the same medical and behavioral profiles, one may be served in a training center and one may be served in a community based ICF/MR or waiver program
- **Conclusion:**
  - With appropriate supports and service built around individuals, those with significant medical and behavioral needs can be served in the community
  - However, improvements must be made to Virginia's waiver programs to make it much easier to provide intensive supports and services for those with complex needs who would like to live in the community
  - 11 states have closed all institutions
  - 41 states have closed at least one institution
  - Over 195 institutions have been closed since 1960, 162 remain open



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# Ensuring Appropriate Discharges from our Training Centers

Virginia Statute:

- **§ 37.2-837. Discharge from state hospitals or training centers, conditional release, and trial or home visits for consumers.** Training center may discharge, after the preparation of a discharge plan:

  3. Any consumer in a training center who chooses to be discharged or, if the consumer lacks the mental capacity to choose, whose legally authorized representative chooses for him to be discharged. Pursuant to regulations of [CMS] and [DMAS], no consumer at a training center who is enrolled in Medicaid shall be discharged if the consumer or his legally authorized representative on his behalf chooses to continue receiving services in a training center.

- **§ 37.2-505. Coordination of services for preadmission screening and discharge planning.** The discharge plan shall:
  - Shall be completed prior to the person's discharge.
  - Shall be prepared with the involvement and participation of the consumer or his representative and must reflect the consumer's preferences to the greatest extent possible.
  - Shall include the [ ] services that the consumer will need upon discharge into the community and identify the public or private agencies that have agreed to provide these services.
  - No person shall be discharged from a state hospital or training center without completion by the community services board of the discharge plan

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## Ensuring Appropriate Discharges from our Training Centers

- In practice:
  - Authorized representatives are invited to participate in all annual meetings where discharges and supports needed to live in the community are discussed
  - Authorized representatives are invited to participate in any active discharge planning meetings, in visits to providers, and meetings with CSB case managers
  - Discharge cannot occur without authorized representative signature on the discharge plan
- Conclusion:
  - Both by statute, and in practice, individuals cannot be discharged from training centers without authorized representative consent



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## *Recent CMS Actions*

**Olivia J. Garland, Ph.D.**
Deputy Commissioner

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## Southside Virginia Training Center (SVTC) *(ICF/MR) – Survey Process*

| Annual Survey November 2010 | Revisit Survey February 2011 |
|---|---|
| Immediate Jeopardy/ Condition of Participation | Five deficiencies were cited |
| Termination citations – no formal letter | Plan of Correction (POC) required |
| Approximately 23 federal laws/deficiencies were cited | POC developed. It was accepted and facility was deemed to be in compliance |



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## SVTC (ICF/MR) – Nov. 2010 Survey *Deficient Practice Cited*

- Insufficient staff to monitor residents' active treatment program and to prevent harm
- Failure of the governing body to monitor events and to take corrective actions to prevent negative outcomes
- Failure to review, approve and monitor medications and items used for behavior modifying purposes and prolonged use of restraints
- Qualified Mental Retardation Professional (QMRP) failed to coordinate, integrate and monitor the active treatment program
- Failure to prevent abuse, neglect and mistreatment (e.g. sleeping while surveyors on site)
- Medications not administered as ordered – nursing did not take the blood pressure prior to administering medications as ordered; transcription errors; system failure to detect inconsistent documentation

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## SVTC Corrective Actions

- Facility Quality Leadership Council is to review events on a monthly and/or quarterly basis to evaluate for patterns and trends
- Additional supervisory positions were hired to provide oversight, monitoring, training and leadership to the Direct Support Associates (DSAs)
- Following through with all aspects of the POC, especially monitoring medication administration as ordered by physicians



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## Hancock Geriatric Treatment Center

*CMS Inspection Overview - Decertification*

- Routine CMS Inspection conducted 3/12/10 – 7 deficient categories: dignity, staffing, activities, quality of care
- Revisit inspection conducted 5/14/10 – 6 deficient categories: Patient rights, patient abuse, treatment planning
- 2nd Revisit inspection conducted 7/15/10 – 4 deficient categories: Patient abuse, staffing, quality management **all repeats**
- 3rd Revisit inspection conducted 9/01/10 – 3 deficient categories: Patient rights, quality of care, management of patient abuse
- Decertification effective 9/12/10

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## Hancock Geriatric Treatment Center
*Recertification (Application for Initial Certification)*

| | |
|---|---|
| **December 1, 2010** | Recertification application submitted |
| **December 15-17, 2010** | Initial Life Safety Inspection: ZERO Deficiencies |
| **February 11, 2011** | Initial Survey for Certification – 7 deficient categories: No repeats from previous surveys. 6 of 7 documentation missing. POC required. |
| **March 1, 2011** | Plan of correction submitted and was accepted |
| **March 14, 2011** | Certification achieved |



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## Hancock Geriatric Treatment Center
*Corrective Personnel Actions*

| | |
|---|---|
| **September 10, 2010** | • Assistant chief nurse for geriatrics hired<br>• 2 additional patient abuse investigators hired<br>• Nursing home administrator hired |
| **October 1, 2010** | • Chiles CMS Consulting hired<br>• Director of quality management created for HGTC |
| **October 18, 2010** | DBHDS director of facility operations relocated to HGTC |
| **November 22, 1010** | ESH facility director hired |

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# Hancock Geriatric Treatment Center

## *Quality of Care Actions*

- Clinical wound specialists contracted via MCV for training and assessment
- Mary Chiles Consulting retraining staff on CMS regulations, patient dignity, documentation, patient assessments, quality management processes
- Dietary consultant in-serviced all staff on feeding of patients
- Re-training of all staff on patient rights
- Re-training of all staff on patient abuse
- Numerous on-going clinical and administrative audits put in place to ensure compliance
- Staffing has improved significantly, but remains a problem in a competitive market