

# Children in Nursing Facilities Annual Report

Activities 2014 – June 2021

# **Children in Nursing Facilities Reporting:**

The Preadmission Screening and Resident Review (PASRR) process is a federal requirement put in place to help ensure that individuals (adults and children) with intellectual/developmental disabilities and serious mental illness are not inappropriately placed in nursing facilities for long-term care.

In 2016, the Commonwealth worked with the Department of Medical Assistance Services to determine the number of children in nursing facilities as of July 2015. This group of children became the baseline for tracking future disposition of these children. The number of <u>Baseline</u> <u>Children in Nursing Facilities</u> (Table 1) was recorded to be 50 children on July 1, 2015. This report shows children no longer under review and their disposition (discharged, deceased, or persistent vegetative state). As of June 2021, 23 of these children are still residing in a nursing facility setting while 27 are no longer under review. Of those 27 no longer under review, 2 have gone into a persistent vegetative state, 9 have passed away, and 16 have discharged to a lesser restrictive community environment.

# Table 1

# Fiscal Year 21

Baseline Children in NF										
Number of Baseline Children in NF as of Mar 2016	Children No Longer Under Review	PVS	Deceased	Discharged	Number of Children Still Under Review as of Jun 2021					
50	27	2	9	16	23					

#### Fiscal Year 20

Number of Baseline Children in NF as of Mar 2016	Children No Longer Under Review	PVS	Deceased	Discharged	Number of Children Still Under Review as of Feb 2020
50	24	2	7	15	26

#### Fiscal Year 19

Baseline Children in NF								
DOJ NF Timeline Report for CDR								
Number of Baseline Children in NF as of Mar 2016	Children No Longer Under Review	PVS	Deceased	Discharged	Number of Children Still Under Review as of Sept 2018			
50	22	1	6	15	28			

The <u>Children Identified or Children Found</u> (Table 2) report was also created in 2016. This report tracks any children that were not identified in the baseline but were later determined to have a developmental disability and reside in a nursing facility. These children sometimes get the diagnosis of ID/DD later in life, to be able to fully complete all the testing needed to assure a proper lifelong diagnosis. This report currently shows 45 children have been identified as residing in a nursing facility prior to July 2015 and were not identified in the baseline group. As of June 2021, of this group of 45 children, 19 children remain in a nursing facility receiving regular resident reviews, 1 is diagnosed in persistent vegetative state (PVS), 5 are deceased, and 20 have moved to a lesser restrictive community environment.

#### Table 2

#### Fiscal Year 21

Children Identified in NF DOJ NF Timeline Report for CDR								
Number of Children Identified in NFs after Mar 2016	Children No Longer Under Review	PVS	Deceased	Discharged	Number of Children Still Under Review as of Jun 2021			
45	26	1	5	20	19			

# Fiscal Year 20

Number of Children Identified in NFs after Mar 2016	Children No Longer Under Review	PVS	Deceased	Discharged	Number of Children Still Under Review as of Feb 2020
42	21	1	4	16	21

#### Fiscal Year 19

Children Identified in NF								
DOJ NF Timeline Report for CDR								
Number of Children Identified in NFs after Mar 2016	Children No Longer Under Review	PVS	Deceased	Discharged	Number of Children Still Under Review as of 09/30/2018			
37	12	1	1	10	25			

In 2014, a report of children with developmental disabilities referred for nursing facility placement through Preadmission Screening and Resident Review (PASRR) (Table 3) was created to identify and track individuals receiving a pre-admission screening prior to admission to a nursing facility. As of June 2021, 66 children have gone through the PASRR screening process. Of those 66children, 34 children have been admitted and 32 have been diverted from nursing facility placement. Of the 34 children admitted to a nursing facility, 30 were admitted for medical rehabilitation (services to help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because of illness, injury, or disability; these services may include physical or occupational therapy, speech-language pathology, etc.), 1 for hospice (services that provide support and comfort for persons near end-of-life and their families), 2 for respite services (provides short-term relief for primary caregivers), and 1 for long term residential at the request of the mother (this child has since discharged). Of the 33 children admitted for nursing facility placement, 25 have since discharged to a less restrictive environment, and 9 remain in a nursing facility setting.

#### Table 3

#### Fiscal Year 21

Children Referred for NF Placement through PASRR DOJ NF Timeline Report for CDR Dec 2014-Jun 2021									
Number of Children Referred for Level II for Preadmission to NF as of December 2014	Total Number Admitted	Number Admitted for Med Rehab	Number Admitted for Hospice	Number Admitted for Respite	Number Admitted for Long Term Residential	Number Diverted from NF	Number Discharged since Admission	Number Remain in NF	
66	34	30	1	2	1	32	25	9	

# Fiscal Year 20

Children Referred for NF Placement through PASRR DOJ NF Timeline Report for CDR Dec 2014-Dec 2020									
Referred for Level II					Number		Number		
for Preadmission to	Total	Number	Number	Number	Admitted for	Number	Discharged	Number	
NF as of December	Number	Admitted for	Admitted for	Admitted	Long Term	Diverted	since	Remain in	
2014	Admitted	Med Rehab	Hospice	for Respite	Residential	from NF	Admission	NF	
52	28	25	1	2	0	24	20	8	

# <u>Fiscal Year 19</u>

Children Referred for NF Placement through PASRR DOJ NF Timeline Report for CDR Dec 2014 - Sept 2018								
Number of Children								
Referred for Level II					Number		Number	
for Preadmission to	Total	Number	Number	Number	Admitted for	Number	Discharged	Number
NF as of December	Number	Admitted for	Admitted for	Admitted	Long Term	Diverted	since	Remain in
2014	Admitted	Med Rehab	Hospice	for Respite	Residential	from NF	Admission	NF
44	25	22	1	2	0	19	16	9

# **Outreach to Nursing Facilities**

In 2017, the Registered Nurse Community Integration Consultant and the Community Transition Nurse within the Office of Integrated Health (OIH) at DBHDS began close work with the two children's nursing facilities in Virginia, to offer assistance in facilitating children's discharges to a less restrictive community environment. The assistance provided includes ensuring that 1) the child's home Community Service Board (CSB) is notified when a child from their catchment area is admitted to a nursing facility and when the formal discharge planning process begins; and 2) families of children admitted and/or seeking admission are provided information about community based resources. When a child is admitted to a nursing facility, the Community Transition Nurse sends an Awareness Letter to the child's home Community Service Board. This letter is to inform the CSB, a child from their catchment area has been admitted to a nursing facility to allow them the opportunity to become involved in that child's care to begin discharge planning as early as possible.

- > Involvement of Community Service Boards (CSB)
- > The Action Letter

In March of 2018, the Office of Integrated Health, Registered Nurse Community Integration Consultant and the Community Transition Nurse, created a protocol to ensure CSBs are notified of children working towards discharging from nursing facilities to a community setting, and offered 120 days of state funding to support case management transition activities. This funding is supplemental to the 30 days of Medicaid funded case management. When the Community Transition Nurse (CTN) is notified that a child is in an "active discharge status" (or within 90 days of proposed discharge date), the CTN will send an Action Letter to the CSB. This Action Letter explains the availability of additional funding to assistance with the work involved in discharging a child to a less restrictive community environment.

Along with the letter is an Individualized Status Report form that a representative of the CSB will fill out and send back to DBHDS if they plan to request funding. There have been 15 action letters sent (one sent twice due to a delayed discharge) and two CSBs have requested state funding. Whether or not the CSB accepts the discharge funding, they still remain involved during the discharge process and follow up with the family post-discharge from a nursing facility.

# Family Outreach

Beginning in April/May 2019, the DBHDS Office of Integrated Health began a process of Family Outreach to families/guardians/authorized representatives of children less than 22 years of age who resided in nursing facility settings. The protocol requires the Community Transition Nurse (CTN) to send an initial contact letter and a copy of the Community Transition Guide to the family/guardian/authorized representative of those children receiving nursing facility care as an informational resource.

The Community Transition Guide is a resource that provides children and their families, who are preparing for transition from the nursing facility to a community setting. The Guide offers information of different community options, waiver options, information about the Office of

Integrated Health, and different community service options. After the initial letter is mailed to the family/guardian/authorized representative of the child, a Registered Nurse Care Consultant (a nurse within the Office of Integrated Health who works in the community) will call to discuss the Community Transition Guide to ensure the family is aware of services available to the child in the community and to answer any questions that may have come up after their review of the Community Transition Guide. The Registered Nurse Care Consultant (RNCC) will attempt to reach the family/guardian/authorized representative three times in order to discuss the letter and Community Transition Guide. If the family/guardian/authorized representative requests further information, the CTN will then work to connect the family/guardian/authorized representative to the social worker at the nursing facility and to the CSB. In the <u>Outreach to Families in</u> <u>November/December of 2020</u>, there were 31 letters and Community Transition Guides mailed. The table below reflects the most recent outcomes (Table 4) of Family Outreach.

# Table 4

Family Outreach- November/Dece	mber 2020
Result Categories	Number of Families
Community Transition Guide and Letters Sent	31
No Answer After Three Attempts*	18
Happy with Placement/Request No More Calls	2
Family Has No Questions/Family Will Call Us If Needed	8
Individual Deceased**	1
Individual Working Toward Discharge***	1
Change in Living Situation	1
Additional Breakdown	
Number of Individulas 10 years and younger	12
Number of Individuals 11 to 18 years old	13
Number of Individuals 19 years old and up	6
*Family requested a new letter be sent; however, note	d to the RNCC they
were aware of the resources with no plan to discharge.	Letter was resent, with
no answer after three attempts to call again. Child disc	harged home without
services 12/10/2020	
**No phone call was made to this family after the letter	r was sent because we
were notified of the child passing away	
***Child discharged with CSB involvement after letters	were sent out

\*\* There are three attempts made before a family is placed in the "no answer" result category. They will be resent the letter and Community Transition Guide, and receive phone calls in the next Outreach to Families.