

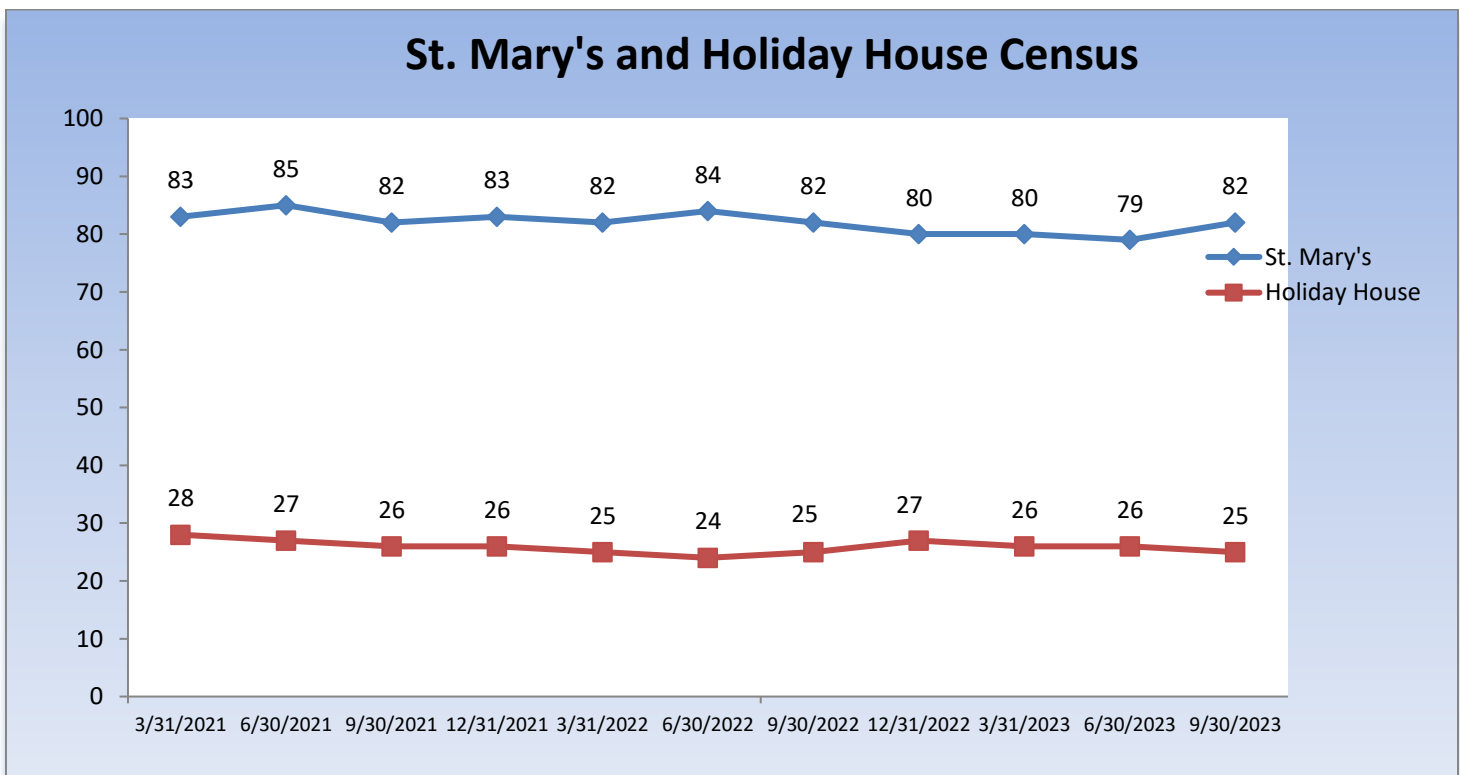
Children ICFs/IID Cumulative 1st Quarter Report- FY24

Children's ICFs

Cumulative Data				
Census as of January 1, 2017	Total Children Admitted to date (1/1/17-9/30/2023)	Total Children Discharged to date (1/1/17-9/30/2023)	Deaths	Census as of end of 1 st Quarter FY24
109	114	104	11	107
1 st Quarter FY24 (7/1/2023-9/30/2023)				
Census July 1, 2023	Admissions	Discharges	Level of Care Reviews (Indicator 18.12)	Post Move Monitoring Contacts
105	6	4	24	11

Census

During the 1st quarter of FY24 (July 1, 2023 – September 30, 2023), there was **1** admission and **2** discharges at Holiday House bringing the census to **25**. St. Mary's Home had **5** admissions, **2** discharges bringing the census to **82**. There were no deaths this quarter. The total census as of September 30, 2023, remains at **107**.



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Table 1: St. Mary’s and Holiday House Census

Level of Care Reviews (Indicator 18.12)

During the 1st quarter of FY24 (July 1, 2023 – September 30, 2023), **17** Level of Care Reviews were completed for St. Mary’s Home and **7** were completed for Holiday House. Issues noted during the 1st^h quarter continued to center around the accurate completion of the VIDES. Issues identified included staff not answering the correct questions based on the individual’s age, completing the wrong version of the VIDES, to no annual VIDES being completed. Additional issues included failure to secure the physician’s signature on the continued stay reviews, missing signature for the responsible party, and a late quarterly review. FRC continues to offer recommendations regarding areas of noncompliance. The facilities are provided 6 months to respond to deficiencies and other recommendations provided.

Table 2: Completed Level of Care Reviews

Facility	Completed	Utilization Plan Compliant	Utilization Plan Non Compliant	Certification Compliant	Certification Non Compliant	Plan of Care Compliant	Plan of Care Non Compliant	Discharge Planning Compliant	Discharge Planning Non Compliant
St. Mary’s	17	13	4	11	6	14	3	17	0
Holiday House	7	7	0	7	0	7	0	7	0
Total	24	20	4	18	6	21	3	24	0

Demographic Information

Facility	Age			Aging Out
	0-10 Years	11-17 Years	18-20 Years	21-22 Years
St. Mary’s	25	37	16	4
Holiday House	2	15	5	3
Total	27	52	21	7

Single Point of Entry (Indicator 18.10)

The Single Point of Entry process for admission into Intermediate Care Facilities was implemented effective May 1, 2018.

Identifier	Diverted	Admitted	Denied Admission	Pending	Discharged	Date of LOC Review
108		7/18/2023				May 2023
124		8/22/2023				June 2023
125		8/22/2023				June 2023
126		7/26/2023				
127	x	Therapeutic Foster Home)				
128				X		
129				X		

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130				X		
131				X		July 2023
132		9/5/2023				July 2023
*112		7/11/2023	(previous quarter)			May 2023

VIDES (Indicator 18.10)

Cumulative Data-VIDES (May 1, 2018-September 30, 2023)					
Total Screened	Total Diverted	Total Pending	Total Admitted	Total Referred to RST	Total Denied Admission
120	23	4	89	89	6

1 st Quarter FY24-VIDES (July 1, 2023-September 30, 2023)					
Total Screened	Total Diverted	Total Pending	Total Admitted	Total Referred to RST	Total Denied Admission
9	1	4	6	6	0

Additional Data		
Total Remaining in ICF	Total Discharged/Death prior to Annual LOC Review	Total remaining in the ICF at the time of next Annual Level of Care Review
63	9	27

1st Quarter FY24- Overview

- VIDES process: Nine families/legal guardians received a phone contact to discuss more integrated options. The Community Transition Guide was emailed to nine families/legal guardians. (Indicator 18.10)
- Community Transition Guides are mailed/emailed to families during January and June 2023. Guides are also provided upon request. (Indicator 18.13)
- There were two children in the ten and under category discharged this quarter. One was discharged home and the other was discharged to the hospital with the intent to return to the facility. (Indicator 18.15)
- Twenty-five families of children 10 and under were contacted for the quarterly calls. Messages were left for three families. Two emails were sent to families with no updated contact information. (Indicator 18.15)
- Fifteen annual contacts were completed and seven messages were left for families to develop/update the Family Outreach Plan for St. Mary's Home. Additionally, three families were contacted and seven messages left for Holiday House. (Indicator 18.16, 18.17, &18.18)
- Nine Admission Awareness Letters were provided to Community Services Boards. (Indicator 18.22)
- Four referrals were completed for the VCU Family to Family Network this quarter. There were no families linked to a family navigator. (Indicator 18.19)

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At the completion of this report, FRCM was notified that there had been an unscheduled discharge at St. Mary's Home. FRCM was unable to include that data in the 1st Quarter-FY24 report. It will, however, be reflected in the 2nd Quarter-FY24 report

DOJ Indicators:

DBHDS continues to screen children through a VIDES assessment prior to admission to an ICF/IID. During the screening, DBHDS collects information from the family regarding the reason ICF/IID placement is being sought. (18.10)

DBHDS tracks individuals under 22 who have received a PASRR screening for nursing facility entry or a VIDES assessment for ICF/IID entry and have been admitted. Children in ICFs receive annual Level of Care reviews and children in nursing facilities receive required resident reviews every 180 days at a minimum. (18.12)

DBHDS provides a Community Transition Guide to families of children in nursing facilities and ICFs/IID. For those seeking ICF/IID placement, the Guide is provided when a request for a VIDES assessment is made and every 6 months thereafter. The Guide is designed to provide practical information to children and their families who are preparing to make decisions related to the type of care that best suits their support needs or are preparing to transition from nursing facilities and ICFs/IID to homes in the community. The Guide assists families in preparing to move to a new home through an explanation of resources and services such as DD Waivers, CSBs, and the DBHDS Community Transition Team that can assist the family with the transition process. (18.13)

DBHDS includes children aged 10 years and under as a priority group for discharge from ICF/IID settings per the ICF Community Transition Protocol, including prioritizing waiver slots to facilitate their discharge. (18.15)

DBHDS implements a Family Outreach Plan that provides an avenue of communication with families/guardians/ARs of individuals with DD under 22 years of age receiving long term care services in nursing facilities and ICF/IIDs. Contact with parents/guardians/ARs is initially made by mail with follow-up phone calls. All families are provided with the Community Transition Guide as described in indicator #10 above. (18.16)

Families/Guardians/ARs interested and open to discussion of available community services are contacted not less than semi-annually. All families receive an annual contact unless there is a request for no contact. (18.17)

Contact through the Family Outreach Plan will also involve individualized information in a manner that accommodates their cognitive disabilities, addresses past experiences of living in community settings and concerns and preferences about community settings, and includes facilitating visits and direct experiences with the most integrated community settings that can meet the individual's identified needs and preferences. (18.18)

DBHDS facilitates with families a contact by a family-to-family peer support facilitator who shall contact families of children on at least a semi-annual basis for children aged 10 years and under, and on an annual basis for children aged 11 to 21 years, unless the family refuses contact. (18.19)

Definitions:

Admission- admission occurs when the requesting facility completes their screening and review process and the individual moves into the facility.

Diversion- diversion occurs when the Substitute Decision Maker (SDM) and /or Legal Guardian (LG) agrees to explore and consequently selects more integrative options in the community.

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Denial- denial occurs when the requesting facility completes the screening/review process and it is determined that the facility is unable to adequately meet the individual's needs.

Pending- pending status occurs when the SDM or LG declines to explore more integrated options and the facility is completing the screening/review process.