| Cumulative Data | | | | | | | | |
|---------------------------------|--|--|--|---|--|--|--|--|
| Census as of January 1, 2017 | Total Children Admitted to date (1/1/17-6/30/2023) | Total Children Discharged to date (1/1/17-6/30/2023) | Deaths | Census as of end of 4 th Quarter FY23 | | | | |
| 109 | 108 | 100 | 11 | 105 | | | | |
| | 4 th Quarter FY23 (4/1/2023-6/30/2023) | | | | | | | |
| Census April 1, 2023 | Admissions | Discharges | Level of Care Reviews (Indicator 18.12) | Post Move Monitoring Contacts | | | | |
| 106 | 9 | 6 | 23 | 8 | | | | |

Children's ICFs

Census

During the 4th quarter of FY23 (April 1, 2023 – June 30, 2023), there were **3** admissions and **3** discharges at Holiday House bringing the census to **26**. St. Mary's Home had **6** admissions, **4** discharges and **3** deaths bringing the census to **79**. The total census as of June 30, 2023, remains at **105**.

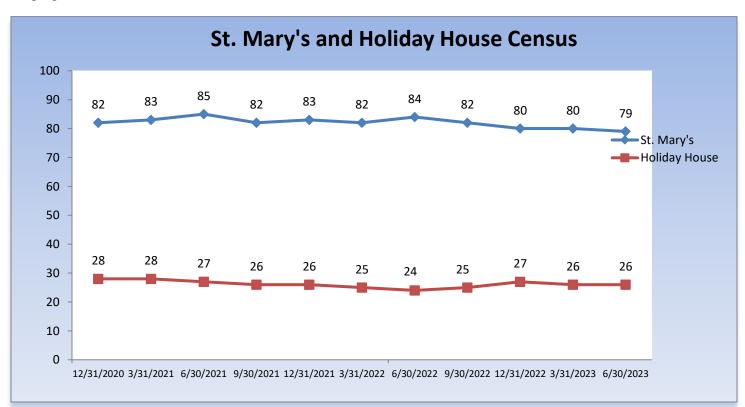


Table 1: St. Mary's and Holiday House Census

Level of Care Reviews (Indicator 18.12)

During the 4th quarter of FY23 (April 1, 2023 – June 30, 2023), **19** Level of Care Reviews were completed for St. Mary's Home and **4** were completed for Holiday House. Issues noted during the 4th quarter continued to center around the accurate completion of the VIDES. Issues identified included staff either answering the wrong questions or not answering appropriate questions based on the individual's age, and staff not accurately completing the scoring sheet for the VIDES. Additional issues included no signature for the beneficiary or responsible party, and late quarterly reviews. 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 | Utilization | Certification | Certification | Plan of | Plan of | Discharge | Discharge |
|----------|-----------|-------------|-------------|---------------|---------------|-----------|-----------|-----------|-----------|
| | | Plan | Plan Non | Compliant | Non | Care | Care Non | Planning | Planning |
| | | Compliant | Compliant | | Compliant | Compliant | Compliant | Compliant | Non |
| | | | | | | | | | Compliant |
| St. | 19 | 19 | 0 | 16 | 3 | 14 | 5 | 19 | 0 |
| Mary's | | | | | | | | | |
| Holiday | 4 | 4 | 0 | 3 | 1 | 4 | 0 | 4 | 0 |
| House | | | | | | | | | |
| Total | 23 | 23 | 0 | 19 | 4 | 18 | 5 | 23 | 0 |

Demographic Information

| | | Aging Out | | |
|----------|-------|-----------|-------|-------|
| Facility | 0-10 | 11-17 | 18-20 | 21-22 |
| | Years | Years | Years | Years |
| St. | 24 | 38 | 14 | 3 |
| Mary's | | | | |
| Holiday | | | | |
| House | 2 | 15 | 6 | 4 |
| Total | 28 | 49 | 26 | 3 |

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 |
|------------|----------|---------------------|---------------------|---------|------------|--------------------------|
| 105 | | To Adult ICF | | | | |
| 106 | | 5/18/2023 | | | | March 2024 |
| 107 | | 6/7/2023 | | | | April 2024 |
| 108 | | (Pending screening) | | | | |
| 109 | Х | | | | | |
| 110 | | 6/20/2023 | | | | April 2024 |
| 111 | | 6/6/2023 | | | | April 2024 |

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| 112 | | | Х | |
|------|---|-----------|---|------------|
| 113 | | 6/20/2023 | | April 2024 |
| 114 | | 6/22/2023 | | April 2024 |
| 115 | | 4/11/2023 | | Feb 2024 |
| 116 | Х | | | |
| *99 | | 4/10/2023 | | Feb 2024 |
| *103 | | 4/3/2023 | | Feb 2024 |

VIDES (Indicator 18.10)

| Cumulative Data-VIDES (May 1, 2018-June 30, 2023) | | | | | | | |
|--|--|---|----|-----|---|--|--|
| Total Screened | Total ScreenedTotalTotal PendingTotalTotal ReferredTotal DeniedDivertedDivertedAdmittedto RSTAdmission | | | | | | |
| 110 | 15 | 1 | 85 | 109 | 7 | | |

| 4th Quarter FY23-VIDES (April 1, 2023-June 30, 2023) | | | | | | | |
|---|---|---|----|---|---|--|--|
| Total Screened | Total ScreenedTotal DivertedTotal PendingTotalTotal ReferredTotal DeniedAdmittedto RSTAdmission | | | | | | |
| 10 | 2 | 1 | 10 | 9 | 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 | | | |
| 60 | 9 | 26 | | | |

4th Quarter FY23- Overview

- VIDES process: Eleven families/legal guardians received a phone contact to discuss more integrated options. The Community Transition Guide was emailed to all eleven families/legal guardians. (Indicator 18.10)
- Community Transition Guides are mailed/emailed to families during June 2023. Guides are also provided upon request. (Indicator 18.13)
- One child in the ten and under category was discharged to the hospital this quarter. She was subsequently readmitted to St. Mary's Home. Additionally, two children passed away this quarter. (Indicator 18.15)
- Twenty-seven families of children 10 and under were contacted for the quarterly calls. Messages were left and/or no working number was documented for eight families. (Indicator 18.15)
- Nineteen annual contacts were completed with families to develop/update the Family Outreach Plantwelve for St. Mary's Home and 7 for Holiday House. (Indicator 18.16, 18.17, &18.18)
- Ten Admission Awareness Letters were provided to Community Services Boards. (Indicator 18.22)
- Five families were linked to the Virginia Commonwealth University's (VCU) Family to Family Network of Virginia this quarter. Only two families responded and were linked to a family navigator. (Indicator 18.19)
- Nine adult VIDES Requests were received this quarter.

Diversions

There have been 15 diversions for children since May 1, 2018.

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.

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.