Virginia Department of Behavioral Health & Developmental Services

Update on the Hancock Geriatric Treatment Center

Joint Commission on Healthcare

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The national landscape is changing

- *Olmstead v. L.C.* and ADA require individuals be served in the most integrated setting.
- Many states have moved gero-psychiatric services into community based-settings.
- Across the healthcare spectrum, CMS is emphasizing home and community based services options .

The Commonwealth's landscape is changing

- DBHDS' transformation efforts are committed to building a full array of community services across the life span.
- The General Assembly requested two reports in 2015 which study and provide recommendations on:
  - Establishing a planning process to provide geriatric, adult, and forensic services as close to the individuals' home as possible; and
  - A review of Piedmont and Catawba Hospitals.

HGTC's Certification History

- In the early 1970s HGTC was certified as a nursing home by CMS and VDH.
- In 2010, CMS decertified HGTC due to quality of care issues.
- In 2011, HGTC regained its certification.
- From 2011 through 2014 HGTC was surveyed 10 times by CMS and VDH:
  - Received citations for standards of care but none for failing to meet the definition of a nursing home;
  - Continued to serve the same population of individuals; and
  - Used the same operational policies and procedures.

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The Problem - Evolving Standards

- In March 2015, CMS determined that HGTC failed to meet the federal definition of a nursing home.
- CMS gave HGTC 120 days to come into substantial compliance.
  - On May 26, 2015, CMS discontinued payment for new admissions.
  - On August 26, 2015, CMS terminated the provider agreement and all payments ceased. As is common practice, payments continued for 30 days after termination of the provider agreement. This resulted in the dates of service through September 25, 2015 being covered.
- CMS interprets the standards to require HGTC to provide the kinds of rights and freedoms one expects in their own home.

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The Problem - Operational Impact

- CMS's new interpretation of a nursing home requires a change to most of HGTC's operational procedures.
- HGTC's existing operational procedures are focused on ensuring the safety of individuals:
  - with severe and persistent symptoms of mental illness;
  - who present a significant risk of harm to themselves or others; and
  - with dementia who are unable to provide for their own basic safety and self-care needs.
- Examples of such shifts in operational procedures would include:
  - unlocking interior and exterior doors;
  - keeping valuables including sharp objects such as knives, scissors, and razors;
  - possessing cell phones; and
  - choosing a doctor outside of the hospital.

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The Challenge

- DBHDS has determined that given the complex medical, clinical, and behavioral needs of the current HGTC population, we cannot achieve substantial compliance with the nursing facility standard.
- DBHDS has also determined that no other federal certification appropriately describes the clinical care provided at HGTC.

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The Population

The Needs of Individuals

- HGTC's heterogeneous population has a variety of psychiatric needs coupled with a variety of medical needs.
- The table below identifies the number of individuals in each category.

	Low Medical Needs	High Medical Needs
High Psych Needs	14	37
Low Psych Needs	14	10

High Medical Need = ADL score between 0-4
High Psychiatric Need = Clinician review of patient diagnosis and acute incidents and behaviors.

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The Risk

Premature decisions about services and placement:

- Will place vulnerable individuals at significant risk of receiving less than adequate and appropriate services in the community; and
- Will increase chances of re-hospitalization and risk of avoidable medical morbidity and possibly even mortality.

HGTC also has "last resort" and forensic services obligations.

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Community Service Gap

Identifying Needed Hospital and Community Resources

- In collaboration with the PPR V CSBs and private providers DBHDS developed a matrix of the array of services and supports needed to meet the needs of these individuals.
- This array includes such things as community based inpatient psychiatric, nursing homes, assisted living facilities, supported housing, specialty care (increased psychiatric, medical, or nursing support services), and other community based and in-home services.
- These services do not exist in PPR V and discharging the vulnerable individuals at HGTC without the array of needed services and supports would place them at significant risk.

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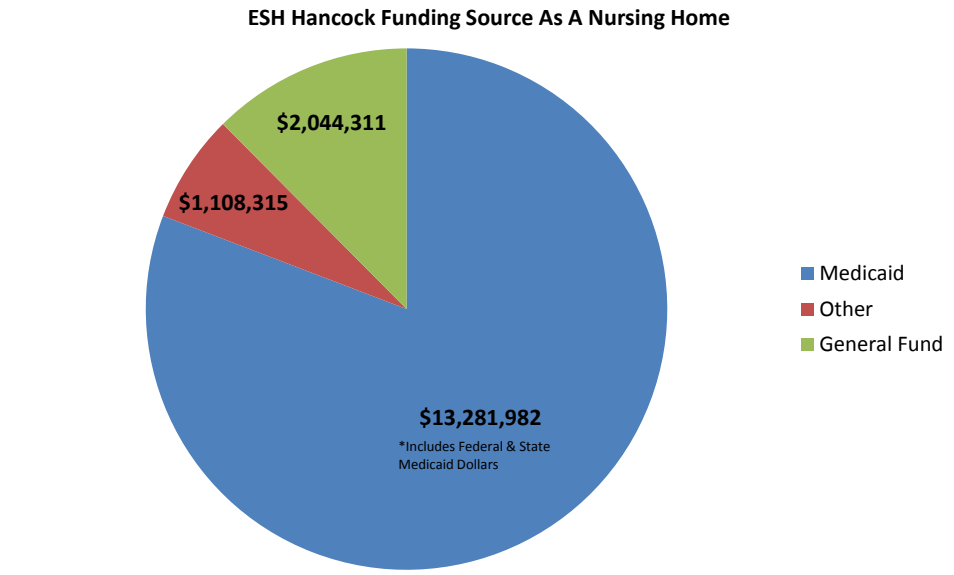
HGTC Funding As A Nursing Home



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Budgetary Implications

- As a result of HGTC's decertification, Eastern State Hospital (ESH) will have a resource gap in FY 2016 and in future years.
- DBHDS has requested $4.4 M GF in FY 2016 and $8.2 M GF in the 2016-2018 biennium including:
  - $5.7 million to continue to operate the 80 beds at Hancock geriatric, and
  - $2.5 million in LIPOS and DAP funding.

	FY 2016 GF Cost	FY 2017 GF Cost	FY 2018 GF Cost	Three Year Cost	FY 2019 GF Cost	FY 2020 GF Cost	FY 2021 GF Cost (Annual)	FY 2021 (ANNUAL) GF Appropriation	Capital Costs
Keep Open IPH July 1, 2016	$4,432,600	$8,252,321	$8,252,321	$20,937,242	$8,252,321	$8,252,321	$8,252,321	$16,937,623	$1,393,600

Moving Forward

- DBHDS will continue to focus on building capacity to support a community based system of care.
- DBHDS' priority is to ensure that services provided are the right services, in the right place, at the right time, and in the right amount to meet an individuals needs.

Questions