
ICF/MR BRANCH NEWSLETTER

NC Department of Health and Human Services
Division of Facility Services
Mental Health and Licensure Certification Section

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The purpose of this Newsletter is to provide information and updates on ICF/MR issues in North Carolina. We ask that you pass it on to the homes, facilities and organizations that serve your clients. Additionally, if you have any questions, comments or suggestions, do not hesitate to contact us at Jay.Silva@ncmail.net or Denise.Erwin@ncmail.net. You may also contact us by calling (919) 855-3795 and asking for an ICF/MR facility consultant or writing to:

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2718 Mail Service Center
Raleigh, North Carolina 27699-2718

IN THIS ISSUE

Comments from the Chief

Stats for the Past Quarter

Deficiency Free Surveys

Special Announcement

CMS Notes

Net Connections

Active Treatment

Final Notes

Comments from the Chief

Greetings Ladies and Gentleman:

In the last newsletter I provided an update on the permanent rules resulting from Senate Bill 163 and Senate Bill 926. Since that time, there have been three memorandums from the Division of MH/DD/SAS providing guidance for the implementation of the SB 163 monitoring and incident reporting rules. Therefore, this column will be devoted to the SB 163 rules.

The three memos regarding the monitoring and incident reporting rules can be found on the DMH/DD/SAS announcements page:
<http://www.dhhs.state.nc.us/mhddsas/announce/index.htm>

The memos are as follows:

10/4/04: New Forms for Reporting Incidents & Deaths

8/10/04: Interim Steps for Implementing Permanent Rules 10A NCAC 27G .0600 Regarding LME Monitoring of Facilities and Services

6/30/04: Implementation of Permanent Rules 10A NCAC 27G .0600 Regarding LME Monitoring of Facilities and Services

Continued on the next page.

The most recent announcement, dated 10/4/04, includes the new DHHS Incident and Death Report form. This form replaces the old Critical Incident and Death Reporting Form, and is to be used by all providers licensed under 122-C except hospitals. This form is to be used in reporting incidents to LMEs as well as deaths to LMEs and DFS. It includes (pages 5 & 6) criteria for determining the level of the incident and the appropriate response to the incident. For a concise overview of what to report to whom, please see the memo dated 8/10/04. On page 2 of that memo there is a table that outlines reporting requirements that meet the various administrative code requirements, which incorporates the statutory requirements in GS 122C-31 (Report required upon death of client).

The 10/4/04 announcement also includes the DHHS Restrictive Intervention Details Report. This form supports the reporting requirements specified in 10A NCAC 27 G .0604 that states that ICF/MR's are expected to report Level II and Level III incidents to LMEs. It also supports the reporting requirements in 10A NCAC 27E .0104. In addition, 10A NCAC 27 G .0604 (d) includes a quarterly reporting requirement of some types of Level I incidents to the host LME. The Division of MH/DD/SAS is currently working on a template for this report. The first quarterly report is due in January, 2005.

Please let us know if you have any questions or need clarification of the information contained in these rules, forms, and memos.

Stephanie Alexander, Chief
DFS Mental Health Licensure and Certification Section.

ICF/MR Surveys for North Carolina - Numbers for the 3rd Quarter

July 1 through September 30, 2004

95 recertification surveys, 2 follow-up surveys and 21 complaint surveys were conducted this quarter resulting in a total of 459 W tags cited. Specifically they included:

Standard Level citations: 454

Conditions cited:

W 102 Governing Body	0
W 122 Client Protections:	1
W 195 Active Treatment:	2
W 266 Client Behavior and Facility Practices:	0
W 318 Health Care:	2

Additionally, conditions of participation were cited in 2 of the complaint surveys with 1 of those complaint surveys also resulting in an Immediate Jeopardy with penalties being assessed.

The information listed does not include citations from life safety code surveys. Only those follow-ups resulting in citations are included above.

Most frequently cited deficiencies for the 3rd quarter:

<i>TAGS</i>	<i>Total Times Cited</i>
<i>W-249 Implementing the Program Plan</i>	<i>62</i>
<i>W-288 Substitution for Active Treatment</i>	<i>21</i>
<i>W-257 Program Revision</i>	<i>20</i>
<i>W-369 Observed Medication Error</i>	<i>17</i>
<i>W-242 Client Skills Training</i>	<i>17</i>
<i>W-263 Human Rights – Informed Consent</i>	<i>15</i>
<i>W-154 Evidence of Investigations</i>	<i>15</i>
<i>W-227 Specific Objectives for Client Needs</i>	<i>14</i>
<i>W-247 Choice and Self-Management</i>	<i>11</i>
<i>W-436 Client Equipment Maintenance</i>	<i>9</i>

The information listed above does not include citations from life safety code surveys. (**Note: All W tags may be evaluated and cited by the General Health Survey Teams.*)

A new group home/ facility was added to the ICF/ MR community in September. Please welcome Carolina Farms Group Home #2, which is operated by Group Homes for the Autistic, Inc., in Albemarle

The following facilities had deficiency-free annual recertifications since April 2004:

College Park Group Home in Laurinburg received a deficiency-free survey during the previous quarter and was not listed in the July Newsletter.

VOCA-Obie Group Home in Durham

SCI-Roanoke House in Roanoke Rapids

Pitt County Group Home #2 in Ayden

Carolina Farms Group Home #2 in Albemarle (This was the home's initial survey.)

Webster Children's Group Home in Webster

Dalmoor Drive Group Home in Charlotte

Fanjoy Home #1 in Statesville

If you did receive a deficiency-free annual survey (General and Life Safety) and we failed to identify your facility, please notify us at Joseph.Milanese@ncmail.net and we will include it in the next edition of the newsletter.

Special Announcement!!

As you are all aware the ICF/MR Survey Team is also tasked with addressing complaints filed by providers, clients and the general public regarding the care of any ICF/MR client. In the past such complaints might be taken by a member of the ICF/MR Survey Team or by someone else within the Division of Facility Services (DFS). DFS has many teams covering a variety of areas such as ICF/MR, psychiatric hospitals and nursing homes just to name a few. In order to assure that information from such complaints is gathered accurately and consistently, the DFS has formed a Complaints Section that assumed receiving and dispatching all complaints to the appropriate DFS team on July 1, 2004. You may contact the Complaints section at (800) 624-3004 or (919) 733-8499. You may also Fax the section at (919) 715-7724.

Center for Medicaid & Medicare Services (CMS) Notes

Specific additional information about ICF/MR programs can be found at the CMS ICF/MR Home Page: <http://cms.hhs.gov/medicaid/icfmr/default.asp> .

Update on “Look-Behind” Surveys:

The Centers for Medicare & Medicaid Services (CMS) has had “look-behind” authority from the Federal government for ICF/MR facilities since the mid-1980’s. This was the result and response to reports and investigations of substandard care in the industry.

In September 2000 a contract was awarded to *The Council on Quality and Leadership in Supports for People with Disabilities* of Towson, Maryland to conduct the ICF/MR Federal Monitoring and Oversight project. The contract was for one year with additional one-year options available.

A recent report on the findings of the Federal Survey Teams (FST) has demonstrated that the “look-behind” surveys have met the mandate to identify problem areas in various State Agencies (SA). As a result CMS has accepted a recommendation to continue the “look-behind” surveys conducted by FST surveyors.

The bottom line is that North Carolina ICF/MR facilities will continue to have FST’s conducting look-behind surveys in close conjunction to routine annual recertifications by SA surveyors. The FST’s are also authorized and do conduct follow-up and complaint surveys.

For more information on the ICF/MR Federal Monitoring and Oversight project visit <http://www.cms.hhs.gov/medicaid/icfmr/icfcont.asp> online.

Net Links:

We have identified a number of Net Links which may be helpful to you in the care of your clients. If you know of others please let us know at Joseph.Milanese@ncmail.net and we will add them for the benefit of others in the ICF/MR community. To use the list click on the link below or cut and paste it to the location (Netsite) field on your browser page.

Federal

CMS has made major changes to its Web Pages so you may want to update your bookmarks.

Centers for Medicare & Medicaid Services <http://cms.hhs.gov/>

ICF/MR <http://cms.hhs.gov/medicaid/icfmr/default.asp>

Medicare <http://cms.hhs.gov/medicare/>

Medicaid <http://cms.hhs.gov/medicaid/>

Laws and Regulations <http://www.hcfa.gov/regs/>

We routinely receive requests on how to access the ICF/MR regulations online. To get the regulations online go to http://cms.hhs.gov/manuals/Pub_07.asp . This takes you to the CMS's web page for the State Operations Manual (SOM), which includes the W tags (Appendix J).

Double click on Appendices for the Appendices from D to N. You will be required to save the file to your computer and it will arrive as a ZIP file, which you will then have to unzip and save as well. The regulations for Appendix J begin with the file "somap j 02," (starts with W tag 100). They go through file "somap j 15," (which ends with the final tag, W tag 488). File "somap j 01" tells how the survey process is done by the Survey Team. You can also access the regulations that govern identifying and correcting Immediate Jeopardies, also called Appendix Q, from this link.

State

N.C. Government <http://www.ncgov.com/>

N.C. General Assembly <http://www.ncleg.net/homePage.pl>

North Carolina Department of Health and Human Services <http://www.dhhs.state.nc.us>

The Division of Facility Services <http://facility-services.state.nc.us/>

Nurse Aide I and Health Care Personnel Registry <http://www.ncnar.org/>

ICF/MR Organizations and Information Sources

North Carolina Association of Community Based ICF/MR Providers
<http://www.ncicfmr.org/>

National Association of QMRP <http://www.qmrp.org/>

American Association on Mental Retardation (AAMR) <http://www.aamr.org/>

The ARC <http://www.thearc.org>

Best Buddies (Information on MR) <http://www.bestbuddies.org/>

Research Center at UCLA <http://www.mrrc.npi.ucla.edu>

National Down Syndrome Society <http://www.ndss.org>

Special Olympics <http://www.specialolympics.org>

Council for Exceptional Children <http://www.cec.sped.org/>

The Association for the Severely Handicapped <http://www.tash.org/>

The ICF/MR branch has an extensive list of Internet sites to a variety of organizations in a variety of areas. We will be listing some of them here for your convenience in the months to come. This letter's group covers Emotional Disturbances and Communication Disorders:

Emotional Disturbance

Educational Management Techniques Research and Training Center for Children's Mental Health	http://interact.uoregon.edu/wrrc/Behavior.html
Tourette Syndrome Association	http://lumpy.fmhi.usf.edu/CFSroot/rtc/rtchome.html
American Academy of Child and Adolescent Psychiatry	http://www.tsa-usa.org/
Anxiety Disorders Association of America	http://www.aacp.org/
American Institutes for Research	http://www.adaa.org
Autism Society of America	http://www.air-dc.org/web/aacap/
Jay Lenches BD tips	http://www.autism-society.org
	http://www.geocities.com/behaviordisorders/Behavior_Disor/Behavior_Disox.html
Residential Summer Camp	http://www.campnuhop.org/
CCBD of CEC	http://www.ccbd.net/
Children and Adults of Attention Deficit/Hyperactive Disorder	http://www.chadd.org
Public Schools of North Carolina	http://www.dpi.state.nc.us/
US Office of Special Education Programs sponsored www sites	http://www.ed.gov/about/offices/list/osers/index.html?src=oc
Potpourri of Mental Health and Children sites	http://www.fenichel.com/violence.shtml
Center for Mental Health Services	http://www.mentalhealth.org/mhlinks/MHLINKS.HTM
U.S. Office of Juvenile Justice	http://virlib.ncjrs.org/JuvenileJustice.asp
National Depressive and Manic Depressive Association	http://www.ndmada.org
National Institutes on Drug Abuse	http://www.nida.nih.gov/
National Institutes of Mental Health	http://www.nimh.nih.gov/
National Mental Health Association	http://www.nmha.org/
Obsessive Compulsive Disorders	http://www.ocfoundation.org/
Substance Abuse and Mental Health Services Administration	http://www.samhsa.gov/
University of Kentucky Behavior Problem site	http://www.state.ky.us/agencies/behave/homepage.html
Willie M. parents website	http://www.willieparents.com/whatis.html
National Alliance for the Mentally Ill	http://www.nami.org/

Communication Disorder

American Speech, Language and Hearing Association	http://www.asha.org/
Association of Young People who Stutter	http://friendswhostutter.org/
National Stuttering Association	http://www.nsastutter.org
Stuttering Foundation of America	http://www.stutterSFA.org

Survey team members are constantly on the lookout for links and information to assist us in doing our jobs. As a result, one of the team members recently found "Special Child: For Parents of Children with Disabilities" at <http://www.specialchild.com/index.html>. The site

was developed and is part of a non-profit group, The Resource Foundation for Children with Challenges, which was developed by a family with a special needs child. As many of our other net links we provide information on, it appears to be a good resource with a wide variety of topics for parents and guardians as well as professionals. As with any online source you should review the terms and conditions published for that group and always confer with appropriate professionals in the care of your client.

We make every attempt to ensure web links are up to date, but they do change from time to time. If you should have problems accessing a link, simply send a message to Joseph.Milanese@ncmail.net and identify the link so we can correct it in the next issue of the Newsletter. Thank you in advance.

Active Treatment

The Condition of Participation for Active Treatment is at W tag 195 and the standard for Active Treatment is at W 196. Active treatment “includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward – (i) The acquisition of the behaviors necessary for the client to function with as much independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status.”

W 249, often referred to, as the “Active Treatment Tag,” is the W tag cited most often in the ICF/MR Program in North Carolina. This W-tag requires the implementation of the client’s individual program plan (IPP) and that needs identified in the IPP are addressed either formally or informally through the process of active treatment. Specifically, it requires that the client receive the “needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.” Active treatment requires that every opportunity be taken for a client to reach a goal, not just when a program is scheduled to run.

Active treatment is considered to be ongoing if each client is getting the training and services noted in the current IPP. Staff must use the equipment, devices, supports and other items identified in his IPP as needed to accomplish the objectives or goals. Staff must consistently implement the program “in all environments.” The observed interaction between staff and clients “supports the active treatment program.” Specifically, staff use informal opportunities to reinforce the achievement of the overall program, that is “needs are addressed as they present themselves.”

The facility does not delay or suspend active treatment and client activities “support the accomplishment of the IPP objectives.” If a client consistently refuses to participate in a program, the interdisciplinary team addresses this issue.

Guidelines for the survey team procedures include:

New clients are provided the services and activities identified in the pre-admission assessment while the interdisciplinary team continues to evaluate the client before formulating his initial IPP.

The active treatment program is consistent and not simply a set of disconnected, but formal interventions within a program schedule.

“The criteria of what constitutes a ‘sufficient’ number and frequency of interventions’ are based on the individual's assessment and the progress the individual makes toward achieving IPP objectives.”

The structure of the program is based on the individual’s ability, whether it is directed by staff or self-directed by the client, and must take into account the client’s abilities, age-appropriateness and appropriate adaptive behaviors. The program should be designed to maximize the individual’s development and refinement of appropriate skills.

Finally, “For the active treatment process to be effective, the overall pattern of interaction between staff and individuals must be accountable to the comprehensive functional assessment and the IPP process. During the overall observation of individuals, you should be able to track that: the individual's comprehensive assessment identified the specific developmental need or strength justifying the activity, technique or interaction; in the case of a "need," the team projected a measurable objective or target to address it; and the technique, interaction, or activity which is observed, produced the desired target, produced a close approximation of the target, or was modified based on the individual's response.”

The survey team evaluates if “the activity schedule and the content of the activities relate directly to the strengths, needs and objectives in the IPP for each individual or are the activities/content ‘make work,’ generalized, non-developmental time fillers?”

The survey team may interview various levels of staff to ensure staff can “describe how activities relate to strengths, needs and IPP objectives.”

The facility can ensure that IPP’s are implemented by thorough training of all staff. Staff then can maximize their ability to carry out active treatment by ensuring they are familiar with the client’s IPP, specific programs and capabilities.

We hope that this information will help you and your staff members to carry out the programs and achieve the goals that will ensure all clients receive routine and consistent active treatment in your facility.

(We hope that you have found all the information we have provided helpful and educational. The ICF/MR Branch has a common goal with the various ICF/MR facilities in North Carolina to ensure the clients have the best life experience available to them.)

ICF/MR SURVEY BRANCH