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# 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](mailto:Jay.Silva@ncmail.net) or [Denise.Erwin@ncmail.net](mailto: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:

ICF/MR Survey Team  
2718 Mail Service Center  
Raleigh, North Carolina 27699-2718

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## **Comments from the Chief**

Greetings Ladies and Gentleman:

The chief has been away from her office working on various recommendations, ongoing Senate bills and changes and has asked the Survey Team to pass on several things.

First, it is our hope that your Holidays for 2004 were everything you expected and that the New Year finds each of you safe and happy. We look forward to working with each and every one of you in 2005.

Future editions of Comments from the Chief will strive to keep you informed on the various issues and legislative changes that affect our communities and state.

It is also time for annual renewals and fees to be submitted to the Division for all facilities.

For the Chief,  
The ICF/MR Survey Team

## ICF/MR Surveys for North Carolina - Numbers for the 4th Quarter

October 1 through December 31, 2004

79 recertification surveys, 7 follow-up surveys and 14 complaint surveys were conducted this quarter resulting in a total of 421 W tags cited. Specifically they included:

Standard Level citations:	413
Conditions cited:	
W 102 Governing Body	0
W 122 Client Protections:	1
W 195 Active Treatment:	4
W 266 Client Behavior and Facility Practices:	0
W 318 Health Care:	3

No conditions of participation were cited as the result of complaint surveys. No Immediate Jeopardies were cited this quarter.

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

<b><i>W-249 Implementing the Program Plan</i></b>	<b><i>61</i></b>
<b><i>W-227 Specific Objectives for Client Needs</i></b>	<b><i>20</i></b>
<b><i>W-288 Substitution for Active Treatment</i></b>	<b><i>14</i></b>
<b><i>W-436 Client Equipment Maintenance</i></b>	<b><i>12</i></b>
<b><i>W-263 Human Rights – Informed Consent</i></b>	<b><i>12</i></b>
<b><i>W-257 Review and Revision</i></b>	<b><i>11</i></b>
<b><i>W-154 Evidence of Investigations</i></b>	<b><i>11</i></b>
<b><i>W-247 Choice and Self-Management</i></b>	<b><i>10</i></b>
<b><i>W-242 Training in Personal Skills</i></b>	<b><i>9</i></b>
<b><i>W-368 Compliance with Physician's Orders</i></b>	<b><i>9</i></b>
<b><i>W-240 IPP describes Relevant Interventions</i></b>	<b><i>9</i></b>
<b><i>W-189 Staff Training</i></b>	<b><i>9</i></b>

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.)

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

- Mantle Court Group Home in Charlotte**
- VOCA Mason Group Home in Apex**
- Ridgefield Home in Maxton**
- Karen Lane Group Home in Maxton**

**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](mailto:Joseph.Milanese@ncmail.net) and we will include it in the next edition of the newsletter.**

**Statistics for 2004:**

**The most frequently cited deficiencies for the calendar year 2004 are:**

<b>TAGS</b>	<b>Total Times Cited</b>
<b>W-249 Implementing the Program Plan</b>	<b>230</b>
<b>W-227 Specific Objectives for Client Needs</b>	<b>60</b>
<b>W-154 Evidence of Investigations</b>	<b>60</b>
<b>W-288 Substitution for Active Treatment</b>	<b>55</b>
<b>W-257 Review and Revision</b>	<b>52</b>
<b>W-242 Training in Personal Skills</b>	<b>48</b>
<b>W-263 Human Rights – Informed Consent</b>	<b>38</b>
<b>W-436 Client Equipment Maintenance</b>	<b>36</b>
<b>W-369 Observed Medication Errors</b>	<b>34</b>
<b>W-153 Reporting Abuse, Neglect and Abuse</b>	<b>29</b>

**In addition to annual recertification surveys, 2 new facilities received initial surveys.**

***21 Follow-ups surveys resulted in facilities being re-cited and/or new citations being written.***

***54 Complaint Surveys were conducted with 9 of those resulting in COPs being cited and 1 Immediate Jeopardy.***

***There were 1781 citations written with 33 of those being at the Condition level. On 6 occasions citations resulted in Immediate Jeopardies being called and facilities receiving additional penalties and fines.***

***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 a 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](mailto: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/>

The President’s Committee for People with Intellectual Disabilities

<http://www.acf.hhs.gov/programs/pcpid/index.html>

We routinely receive requests on how to access the ICF/MR regulations online. To get the regulations online go to [http://www.cms.hhs.gov/manuals/107\\_som/som107index.asp](http://www.cms.hhs.gov/manuals/107_som/som107index.asp)? This takes you to CMS's web page for the State Operations Manual (SOM), which includes the W tags (Appendix J). Scroll down to Appendices and double click on [Table of Contents](#). Scroll down to Appendix J – Intermediate Care Facilities for Persons With Mental Retardation. You can select to download a PDF file or a Zipped Word File. The PDF will open immediately and can then be saved to your computer. The Zip file can be opened online and/or saved to your computer. You can also use this link to access Appendix Q – Determining Immediate Jeopardy, the regulations that govern identifying Immediate Jeopardies so that they can be corrected.

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

## **Communication Disorder**

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



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](mailto:Joseph.Milanese@ncmail.net) and identify the link so we can correct it in the next issue of the Newsletter. Thank you in advance.

## **Program Review and Revision**

Overall Active Treatment is designed to assist a client to learn new skills and/or increase or maintain old skills. The Individual Program Plan (IPP) is developed to identify client needs and ensure clients are progressing and that they are as independent as possible in their daily activities. The IPP then includes specific plans (programs) to address the identified needs the client has. Failure to revise these client programs in a timely manner is an area that is frequently cited in North Carolina by the ICF/MR survey teams. This is a fundamental area (specific W-tags) we look at during the re-certification process. The regulation at §483.440 (f) of the Code of Federal Regulations requires that: “The individual program plan (IPP) must be reviewed at least by the qualified mental retardation professional (QMRP) and revised as necessary, including, but not limited to situations in which the client - -”

“W 255 ... has successfully completed an objective or objectives identified in the individual program plan,”

“W 256 ... Is regressing or losing skills already gained,”

“W 257 ... Is failing to progress toward identified objectives after reasonable efforts have been made ...”

### **The Application Process**

The regulation(s) does not define specific periods of time for carrying out reviews and/or revisions. The time frame is basically at the discretion and/or per the policy of a facility, but W 255 is fairly straight forward. If a client successfully completes a program the IPP must be revised to reflect this as soon as possible.

Furthermore, while each individual is different and it may take some time to identify trends to establish hard data that a client is losing skills or failing to progress (W 256 & 257), the survey team looks at number of factors in determining if reviews have been done in a timely manner. These factors can include policies and procedures the facility has, how they have previously reviewed programs, how they actually review and assess hard data, and what is routinely done at other facilities in the ICF/MR community. The survey teams



experience is that many facilities review ongoing programs to establish a regression or failure to progress at a minimum of every 90 days and at many facilities as often as every 30 days. Once the data shows that a client has fallen into one of these areas, again, the IPP must be revised to reflect this as soon as possible.

Preferably the review process is carried out by the Interdisciplinary Team (IDT), but must be done at the very least by the qualified mental retardation professional (QMPR). If the team thinks the person will benefit from training on the same objective; a determination must be made if the same method for the objective is functional or if technical revisions need to be made. The team must also determine a new objective statement which will accurately reflect the new expectations of the team.

Typically when a person acquires a new adaptive skill, bathing for example, and further training is identified in the same domain, in this case self-care, a revision of the actual method would be required.

The application of program revision requirements to methods used in behavioral intervention plans is more complex. The intent of these objectives is often to eliminate or decrease some maladaptive behavior. If a particular objective statement is successfully completed, clearly the IPP must be revised to reflect this positive outcome. In addition the QMRP and IDT must consider if the present actual method(s) for the objective can be continued as it is or if it must be modified. Either way, if the objective is to be implemented, a new objective statement must be developed.

In some cases a survey team will conclude, based on the findings that the existing method of a successful objective is so specific that some methodological changes must be made if the treatment team chooses to continue the objective.

It is our hope that this information will help you to better understand the steps and information the survey team uses to judge compliance issues for the review and revision tags at W-255, 256, and 257.

**(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**