
ICF/MR BRANCH NEWSLETTER

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

Volume 2, Issue 4

September 2003

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:

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

IN THIS ISSUE

Stats for the Past Quarter

Deficiency Free Surveys

CMS Notes

Net Connections

Emergency Relocation of Clients

Comments from the Chief

Ladies and Gentlemen:

The subject of this quarter's "Comments from the Chief" is not a popular subject, but it was something I felt was important to communicate. As a part of the budget passed by the General Assembly this past session, effective October 1, 2003, DFS will be charging annual license fees for mental health, developmental disability and substance abuse (mhdds) facilities that have beds or in other words, 24-hour facilities. The legislation does not affect mhdds facilities without beds, such as day programs, outpatient programs, etc. The fees are being charged to offset more than \$2 million of state appropriations the General Assembly will be taking from DFS's annual operational budget. In addition mhdds facilities, fees will also be collected for other facilities that DFS licenses including hospitals, home care agencies, adult care homes, nursing homes, etc.

License renewal applications will be sent out in the next month or so and each facility that has beds will be charged the annual license fee. For mhdds facilities with licenses that do not expire at the end of this year, they will be sent an invoice to pay the amount of the annual license fee. (Continued on page 5)

ICF/MR Surveys for North Carolina - Numbers for the 2nd Quarter

July 1 through September 30, 2003

52 recertification surveys, 3 Follow-up surveys and 14 complaint surveys were conducted this quarter resulting in a total of 408 W tags cited. Specifically they included:

Standard Level citations: 400

Conditions cited:

W 102 Governing Body:	0
W 122 Client Protections:	6
W 195 Active Treatment:	2
W 266 Client Behavior and Facility Practices:	0
W 318 Health Care:	0

Additionally, conditions of participation resulted in 2 Immediate Jeopardies being cited and penalties being assessed as a result of a recertification survey. No COP's were cited due to follow-up or complaints this quarter. 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, 3rd quarter:

<i>W-249</i>	<i>59 times</i>
<i>W-227</i>	<i>20 times</i>
<i>W-257</i>	<i>18 times</i>
<i>W-154</i>	<i>16 times</i>
<i>W-242</i>	<i>15 times</i>
<i>W-130</i>	<i>14 times</i>
<i>W-369</i>	<i>13 times</i>
<i>W-120</i>	<i>13 times</i>
<i>W-149</i>	<i>11 times</i>
<i>W-153</i>	<i>10 times</i>
<i>W-247</i>	<i>10 times</i>

The information listed above does not include citations from life safety code surveys.

The following facilities had deficiency-free annual recertifications since March 2003:

Laurelwood Group Home, Marion, N.C.

Guildford I Group Home, Greensboro, N.C.

Centerpoint Human Services Stokes ICF/MR, King, N.C.

Pitt County Group Home for MR Autistic Persons, Grifton, N.C.

Dalmoor Drive Group Home, Charlotte, N.C.

Cherryville ICF/MR Group Home, Cherryville, N.C.

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.

Center for Medicaid and Medicare Services (CMS) Notes

CMS announced on August 14, 2003 the discontinuance of Form HCFA-1513, "Ownership and Control Interest Disclosure Statement and HCFA 2572, "Statement of Financial Solvency" effective June 15, 2003.

CMS stated, "The decision to discontinue the reproduction and use of these forms is in accordance with CMS's efforts to reduce the paperwork burden as recommended by the Secretary's Regulatory Reform Task Force." At this time North Carolina has no alternative form designated to collect this information.

CMS continues to update and improve their online web services. One of those services is "The CMS Quarterly Provider Update." The "Update" is a national online source of information for Medicare Providers. The most current issue, April 2003, covers issues for January through March 2003. CMS has also added an online listserver that will allow you to receive the most recent changes to both regulatory and non-regulatory issues regarding Medicare providers. For more information go to <http://cms.hhs.gov/providerupdate/>. There are additional links on this page for the listserver and email.

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>.

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

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

Medicare <http://www.hcfa.gov/medicare/mcarpti.htm>

Medicaid <http://www.hcfa.gov/medicaid/medicaid.htm>

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

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://facility-services.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/>

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

Best Buddies (Information on MR) <http://www.gate.net/~bestbud>

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 Autism and Learning Disability:

Autism:

Autism of America <http://www.autism-society.org>

Autism Research Institute <http://www.autism.com>

Autism <http://www.autism.org>

Autism Network for Dietary Intervention <http://www.AutismNDI.com>

National Institute of Neurological Disorders & Stroke <http://www.ninds.nih.gov/autism>

Asperger Syndrome <http://www.udel.edu/bkirby/asperger/>

Learning Disabilities

American Academy of Child and Adolescent Psychiatry <http://www.aacap.org>

Children and Adults with Attention Deficit Disorder <http://www.chadd.org>

Learning Disabilities Association <http://www.ldanatl.org>

Learning Disabilities Online <http://www.ldonline.org>

“Comments from the Chief”

Continued from page 1 –

A facility’s license to operate could be jeopardized if it fails to pay the annual license. For reference purposes, I have copied the applicable statute pertaining to license fees for mhdds facilities below and have also listed the license categories for the 24-hour facilities for which the fees apply. If there are any questions concerning this process or the fees, please do not hesitate to contact our office at (919) 855-3795.

Jeff Horton, Chief

DFS Mental Health Licensure and Certification Section.

G.S. 122C FACILITIES AND LICENSURE FEES

G.S. 122C-23 (h) states:

The Department shall charge facilities licensed under this Chapter that have licensed beds a nonrefundable annual base license fee plus a nonrefundable annual per-bed fee as follows:

Type of Facility	Number of Beds	Base Fee	Per-Bed Fee
Facilities (non-ICF/MR):	6 or fewer beds	\$125.00	\$0
	More than 6 beds	\$175.00	\$6.25
ICF/MR Only:	6 or fewer beds	\$325.00	\$0
	More than 6 beds	\$325.00	\$6.25

Licensed 122C facilities REQUIRING licensure fees

- .1300 Residential Treatment for Child/Adol
- .1500 Intensive Residential Treatment for Child/Adol
- .2100 Specialized Community Res. Ctr. for Ind. w/DD
- .3100 Nonhospital Medical Detox for Ind. w/SA
- .3200 Social Setting Detox. for SA
- .3400 Residential Tx for SA
- .4100 Res. Recovery for Ind. w/SA and Their Children
- .4300 Therapeutic Community
- .5000 Facility Based Crisis for Ind. of all Disability Groups
- .5100 Community Respite for Ind. of all Disability Groups
- .5200 Therapeutic Camps for Child/Adol of all Disability Groups
- .5600 Supervised Living for Ind. of all Disability Groups
- .6000 Inpatient Hospital Tx for Ind. w/MI or SA

122C facilities NOT REQUIRING licensure fees

- .1100 Partial Hospitalization
- .1200 Psychosocial Rehabilitation
- .1400 Day Treatment for Child/Adol
- .2200 Before/After School and Summer Dev. Day Services for Children
- .2300 Adult Dev. and Voc. Prog. for Ind. w/DD
- .2400 Dev. Day Serv. For Child with or at Risk for Dev. Delays, DD or Atypical Dev.
- .2500 Early Child Int. Services for Child with or at risk for Dev. Delays, DD or Atypical
- .3300 Outpatient Detox. for SA
- .3500 Outpatient for Ind. w/SA
- .3600 Outpatient Opioid Tx
- .3700 Day Tx for Ind. w/SA
- .3800 DWI Center (Note: These facilities are charged a fee by DMHDDSAS)
- .3900 Drug Education Schools

- .4000 Tx Alternatives to Street Crime
- .4200 SA Primary Prevention Services
- .5400 Day Activity for Ind. of all Disability Groups
- .5500 Sheltered Workshops for Ind. of all Disability Groups
- .5700 Assertive Community Treatment Service
- .5800 Supported Employment for Ind. of all Disability Groups
- .5900 Case Management for Ind. of all Disability Groups

G.S. 131E-267. Fees for departmental review of health care facility construction projects.

The Department of Health and Human Services shall charge a fee for the review of each health care facility construction project to ensure that project plans and construction are in compliance with State law. The fee shall be charged on a one-time, per-project basis, as follows, and shall not exceed twelve thousand five hundred dollars (\$12,500) for any single project:

<u>Institutional Project</u>	<u>Project Fee</u>
Hospitals	\$150.00 plus \$0.10/square foot of project space
Nursing Homes	\$125.00 plus \$0.08/square foot of project space
Ambulatory Surgical Facility	\$100.00 plus \$0.08/square foot of project space
Psychiatric Hospital	\$100.00 plus \$0.08/square foot of project space
Adult Care Home more than 7 beds	\$87.00 plus \$0.05/square foot of project space

<u>Residential Project</u>	<u>Project Fee</u>
Family Care Homes	\$87.00 flat fee
ICF/MR Group Homes	\$137.00 flat fee
Group Homes: 1-3 beds	\$50.00 flat fee
Group Homes: 4-6 beds	\$87.00 flat fee
Group Homes: 7-9 beds	\$112.00 flat fee
Other residential:	
More than 9 beds	\$112.00 plus \$0.038/square foot of project space.

The following memo was generated in April to address questions on what to do in case of conditions beyond the control of providers such as the recent hurricane. It is published here for your information. Please do not hesitate to contact our offices at (919) 855-3795 if you have any questions.



North Carolina Department of Health and Human Services
Division of Facility Services • Mental Health Licensure and Certification Section

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Michael F. Easley, Governor

Carmen Hooker Odom, Secretary

W. Jeff Horton, Chief

MEMORANDUM

April 25, 2003

To: All Licensed G.S. 122C 24-hour providers

From: Jeff Horton, DFS Mental Health Licensure and Certification Section

Re: Emergencies requiring relocation of clients

The issue has recently arisen regarding providers who operate licensed G.S. 122C 24-hour residential facilities such as group homes and the procedure to follow when the home is unavailable for use. The purpose of this memorandum is to set forth guidelines providers should follow should they experience an emergency, which makes the facility unavailable for use and requires relocation of clients. For purposes of this memorandum, the term "emergency" refers to any situation, which is sudden and unforeseen, such as a natural disaster, fire, or other facility catastrophe, which necessitates the removal of clients from the facility to protect their health and safety. The term does not apply to emergency placements of clients outside of a facility due to behavior problems. For illustration purposes, we have provided a few examples below, which fall within the category of "emergency".

- A hurricane, snowstorm, tornado or other natural occurrence in which allowing clients to remain in the facility may jeopardize their health or safety;
- A facility fire, poor or non-functioning heating or cooling system (in cold or hot weather, respectively), poor or non-functioning septic system, or other situation in which allowing clients to remain in the facility may jeopardize their health or safety; and
- Any other unforeseen occurrence not noted above in which allowing clients to remain in the facility may jeopardize their health or safety.

In the case where a facility must move clients from a licensed facility to an unlicensed facility due to an emergency situation as described above, it is recommended the facility, its director, owner or designee do the following:

1. First, ensure the safety and health of the clients by evacuating them to a safe and secure facility, where the clients' health needs will be met. There must be sufficient staff, food, medicine, medical equipment and supplies to ensure the safety and health needs of the clients in the facility to which the clients have been moved.

2. As soon as possible after evacuation, notify DFS Mental Health Licensure and Certification Section (919) 855-3795 or DFS Construction Section (919) 855-3893 via phone and explain the situation and the reason for relocating the clients.
3. If the notification is phoned in, submit in writing by facsimile (919) 715-8077 or mail the following information:
 - an explanation and rationale for evacuating the facility and moving the clients to a new location;
 - the name and address of the site where the clients were relocated;
 - how the facility can be contacted;
 - how the facility implemented their emergency plan in accordance with 10 NCAC 14V .0207 – Emergency Plans and Supplies;
 - a copy of the facility's emergency plan;
 - when the provider anticipates moving the clients back to the facility or in the case where the facility cannot be used (i.e. destroyed or otherwise unavailable for use), what provisions the provider is making to place the clients in a suitable setting; and
 - names and phone numbers of all client case managers including the date the case managers were notified of the evacuation and relocation.
4. In cases where the facility cannot be used in the immediate future or the facility is otherwise unavailable for use, it is imperative that the provider makes plans for relocating the clients to a permanent setting, which is appropriately licensed. If a provider has another facility that is currently not licensed or in use, DFS will work with the provider to get it licensed as soon as possible. However, it is still incumbent upon the provider to meet applicable licensure requirements.
5. The facility's emergency plan should include the identification of potential evacuation sites to which clients might be moved in the event of an emergency, with assurance that the evacuation site will be able to accommodate the health and safety needs of the clients.

In terms of time frames, after clients have been relocated due to an emergency situation, they should be placed in a licensed facility as soon as possible. As noted above, DFS will work with the provider in any way it can to assist the provider towards that end. If there are questions concerning any aspect of this memorandum, please do not hesitate to contact this office.

Cc: Fran Pedrigi, DFS Construction Section
Carol Robertson, DMA
Jim Jarrard, DMHDDSAS

We invite others who have questions or ideas for the Newsletter to please send them to us at Joseph.Milanese@ncmail.net.

(We hope that you have found 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