

# Facilities Task Force

## 2013-2017 Recap

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Wyoming  
Department  
of Health

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# Facilities Task Force

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- Background and purpose
- Phase I
- Phase II
- Phase III
- Ongoing considerations
  - Wyoming Retirement Center
  - Institutions for Mental Disease (IMD) exclusion
  - Admission criteria and facility capacity

# Task Force: Background and Purpose

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- Joint Task Force established in 2014
- Purpose
  - To review the condition assessment and master plan (HDR Architecture) of all five WDH facilities; and,
  - Make recommendations to the legislature on how to move forward.

# Task Force: Phase I

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- 2014-2015
  - 2 from Senate; 2 from House; 4 appointed by Gov.
- Problems identified
  - Condition assessment (2013) showed facilities needed repair (esp. WSH/WLRC)
  - Capacity to treat difficult/challenging populations;
  - Unclear continuum of care in Wyoming;
  - Long-term stays taking up short-term beds; and,
  - Acquired Brain Injury (ABI) program not receiving federal match.
- “Role of the State” discussion

# Task Force: Phase I

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- **Reviewing Facility Missions:**
  - What are the characteristics of the populations to be served?
  - What is the intended length of stay at each facility?
  - Is the facility a safety-net?
  - What is the State's role in providing direct care?
    - Are there reasons why these services cannot or will not be provided by the private sector / community?

# Phase I: First Client type to Setting Matrix

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<b>Client Type to Setting Matrix</b>	Veterans' Home	Pioneer Home	WRC	WSH	WLRC	Private ALFs	Private SNFs	PRTF	Medicaid - Private	CMHCs	Res-hab	Supported Living	Family	Not Served (Private / Waitlist / Etc.)	Total
Acquired Brain Injury					8						47	79	29	76	<b>239</b>
Adult Developmental Disabilities					64						604	282	323	233	<b>1506</b>
Child Developmental Disabilities											41	5	590	330	<b>966</b>
SED								318	116						<b>434</b>
SPMI				40					900	3535				5250	<b>9725</b>
Dual-diagnosed (DD/MH)					7						35	109	13		<b>164</b>
Dual-diagnosed (ABI/MH)					1						5	8			<b>14</b>
Gero-psych			12	12	5		43								<b>72</b>
Exceptionally-difficult behaviors				15											<b>15</b>
Forensic Psych				20										155	<b>175</b>
Elderly - Medical High			12	3			677								<b>692</b>
Elderly – Medical Low		48	49			217	1680								<b>1994</b>
Veterans	82														<b>82</b>
<b>Total</b>	<b>82</b>	<b>48</b>	<b>73</b>	<b>90</b>	<b>85</b>	<b>217</b>	<b>2400</b>	<b>318</b>	<b>1016</b>	<b>3535</b>	<b>732</b>	<b>483</b>	<b>955</b>	<b>6044</b>	<b>16078</b>

*\*Note that this was one of the earliest versions, in 2014. Multiple data sources used for compilation.*

# Phase I: Results

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- Interim report and recommendations
  - Options 1(a), 1(b), 2, and 3 developed for consideration by Governor and Legislature
  - Additional recommendations made regarding Veterans Home and Pioneer Home.
- Options presented in order of preference, containing:
  - Core populations served;
  - Facility changes needed to implement;
  - Capital requirements; and,
  - Needed legislation.
- Ultimately, Option 1(a) was chosen (see next page).

**Table 1: Options for State Hospital, Life Resource Center and Retirement Center.**

Options	Option 1(a)	Option 1(b)	Option 2	Option 3
	"One campus, long streets"		"Status quo plus upgrades"	"One facility"
Task Force Preference	1	2	3	4
Task Force Vote for Preference	7 for, 1 against	7 for, 1 against	7 for, 1 against	6 for, 2 against
Core Populations	Change population mix to focus on core clients: ABI/DD with exceptionally-difficult behaviors, Title 25 and Title 7 commitments, "gero-psych", high-medical, "hard to place" and emergency placements.		No changes to populations served or patient care delivered. This option is inconsistent with the Task Force "safety net" recommendation.	Change population mix to focus on core clients: ABI/DD with exceptionally-difficult behaviors, Title 25 and Title 7 commitments, "gero-psych", "hard to place" high-medical and emergency placements.
Facility Changes	State Hospital focuses on acute crisis-stabilization.		Implement recommended upgrades to the WSH and WLRC, right-size for the future per the HDR study	Close all three facilities, construct new facility (one campus, multiple licensures) with smaller footprint.
	WLRC focuses on intermediate and long-term care.	WLRC focuses on intermediate care (i.e., discharge plan to community in place).		
	Retirement Center is privatized or closed.	Retirement Center focuses on long-term care.		
Est. Capital Requirements	TBD	\$113,000,000	\$113,000,000	~\$90,000,000
Rank of Est. Cost Savings (Appendix A)	2	3	4	1
Legislation	Appropriation		Appropriation	Appropriation
	Upgrading of employee positions (<5)			Possible Constitutional amendment
	Change to facility missions			Change to facility missions
	Elimination of choice btw. facility and community			Elimination of choice btw. facility and community

# Task Force: Phase II

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- Continued study/planning on Option 1(a)
  - Population estimates (WDH)
  - Necessary statute changes
  - Potential cost-savings
  - Wyoming Retirement Center considerations
- “Role of the State” recommendations
- Level 1 & 2 study
  - Architectural firm hired; and,
  - Completed at the State Hospital and Life Resource Center.

# Phase II: Role of the State

**Table 1:** Recommended role of the State

	Type of Care		
	Acute	Intermediate	Long-term
Acquired Brain Injury			
Adult Developmental Disability			
Child Developmental Disability			
Dual-diagnosed (MH/DD-ABI)			
ABI/DD with exceptionally difficult behaviors			
Severe and Persistent Mental Illness (SPMI)			
Non-SPMI			
Title 25 - Civil Commitments			
Title 7 - Forensic Psych			
Gero-psych			
High Medical			
Medium Medical			
Low Medical			
"Hard to place"			
Emergency placements			

# Phase II: Role of the State

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**Table 2:** Populations and Settings under Option 1(a)

	Type of Care		
	Acute	Intermediate	Long-term
ABI/DD with exceptionally difficult behaviors	■	■	
Title 25 - Civil Commitments	■		
Title 7 - Forensic Psych	■	■	■
Gero-psych	■	■	■
High Medical		■	■
"Hard to Place"			■
"Emergency Placements"	■	■	■

**Key**

- The Wyoming State Hospital
- The Wyoming Life Resource Center

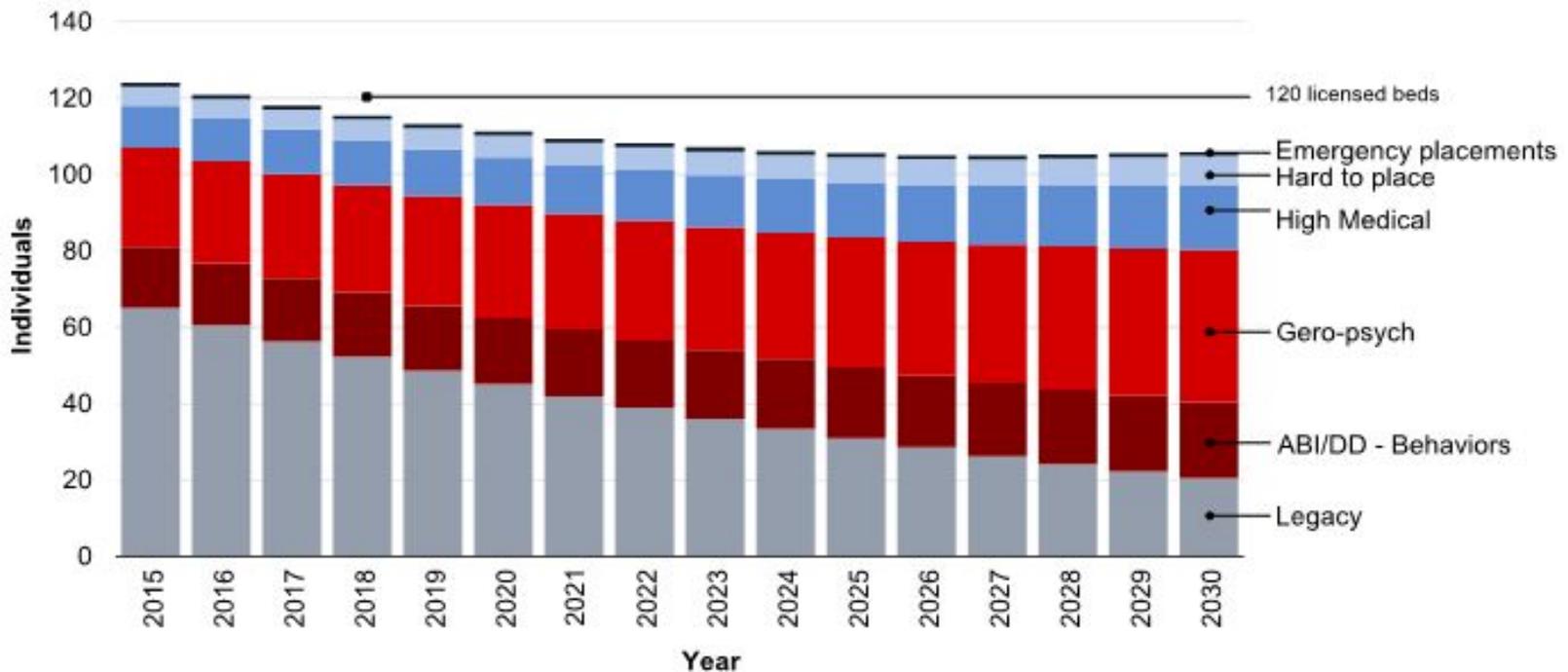
# Phase II: Projected need at WLRC

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## Projections

The Life Resource Center is projected to serve approximately 105-110 clients out to 2030, as shown in the figure below. Assuming some flexibility with occupancy, this will require approximately 120 licensed beds.

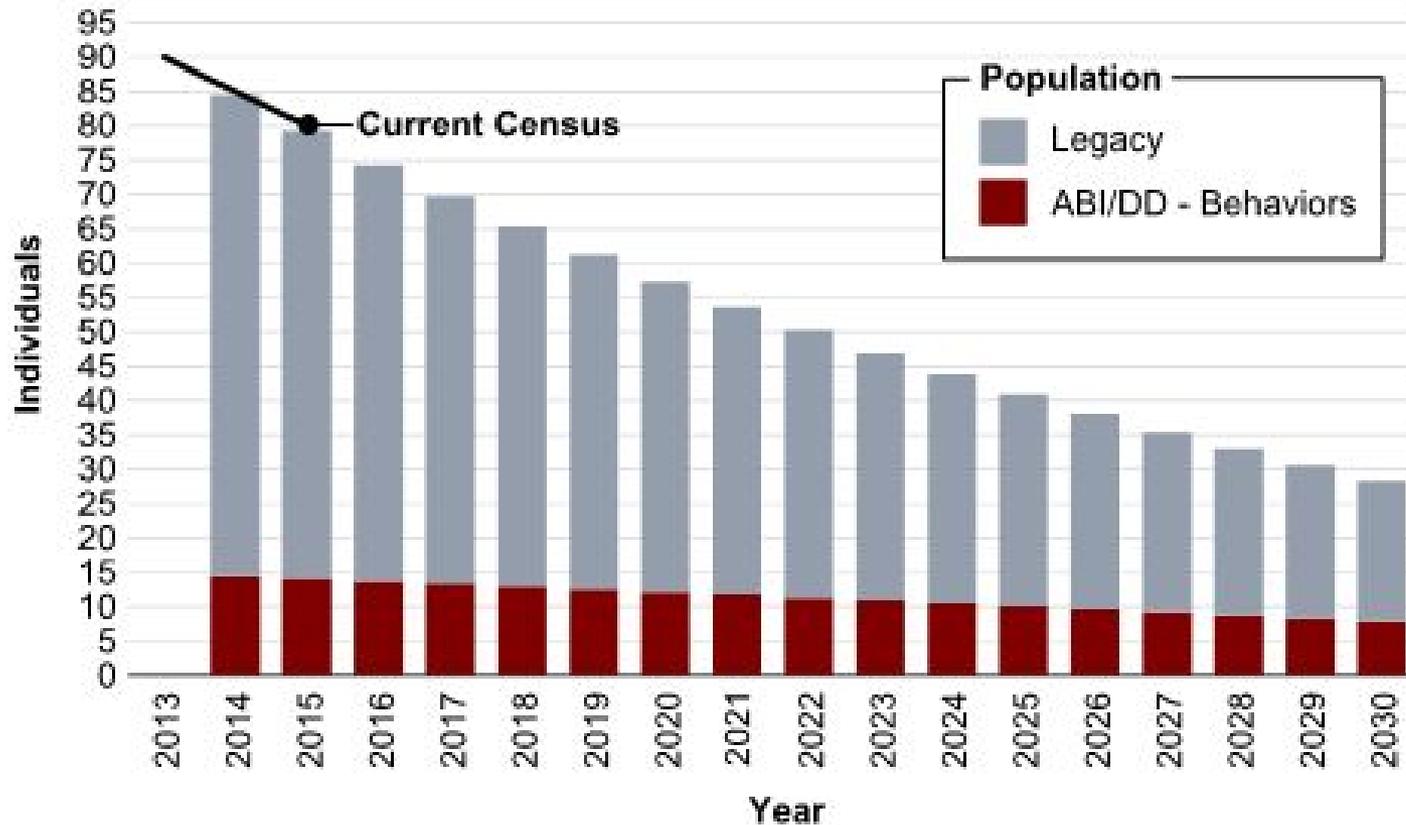
Figure 1: WLRC Projected Demand



\*2015

# Phase II: Projected census at WLRC (2015)

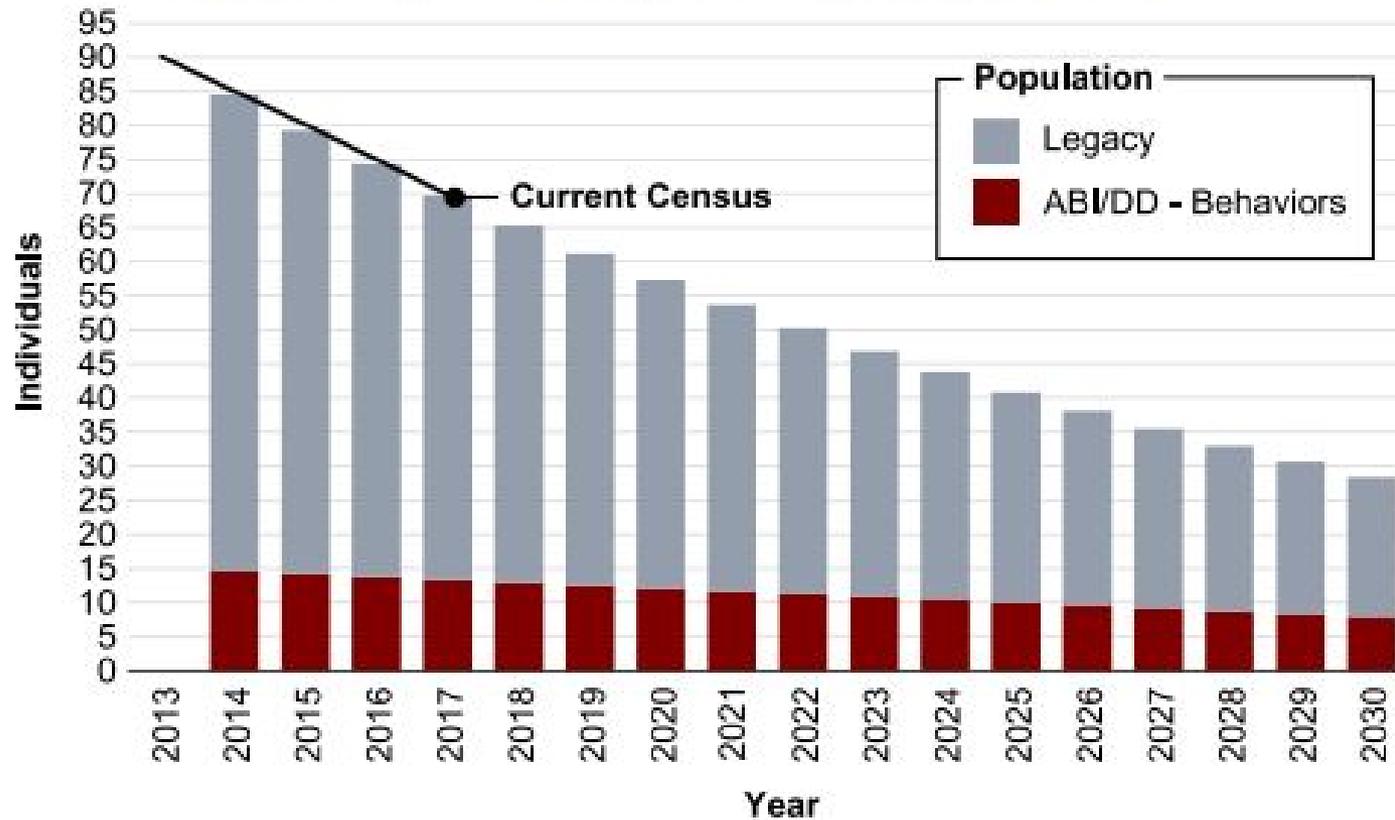
Figure 2: Projected census for current clients - WLRC



# Phase II: Projected census at WLRC (2017)

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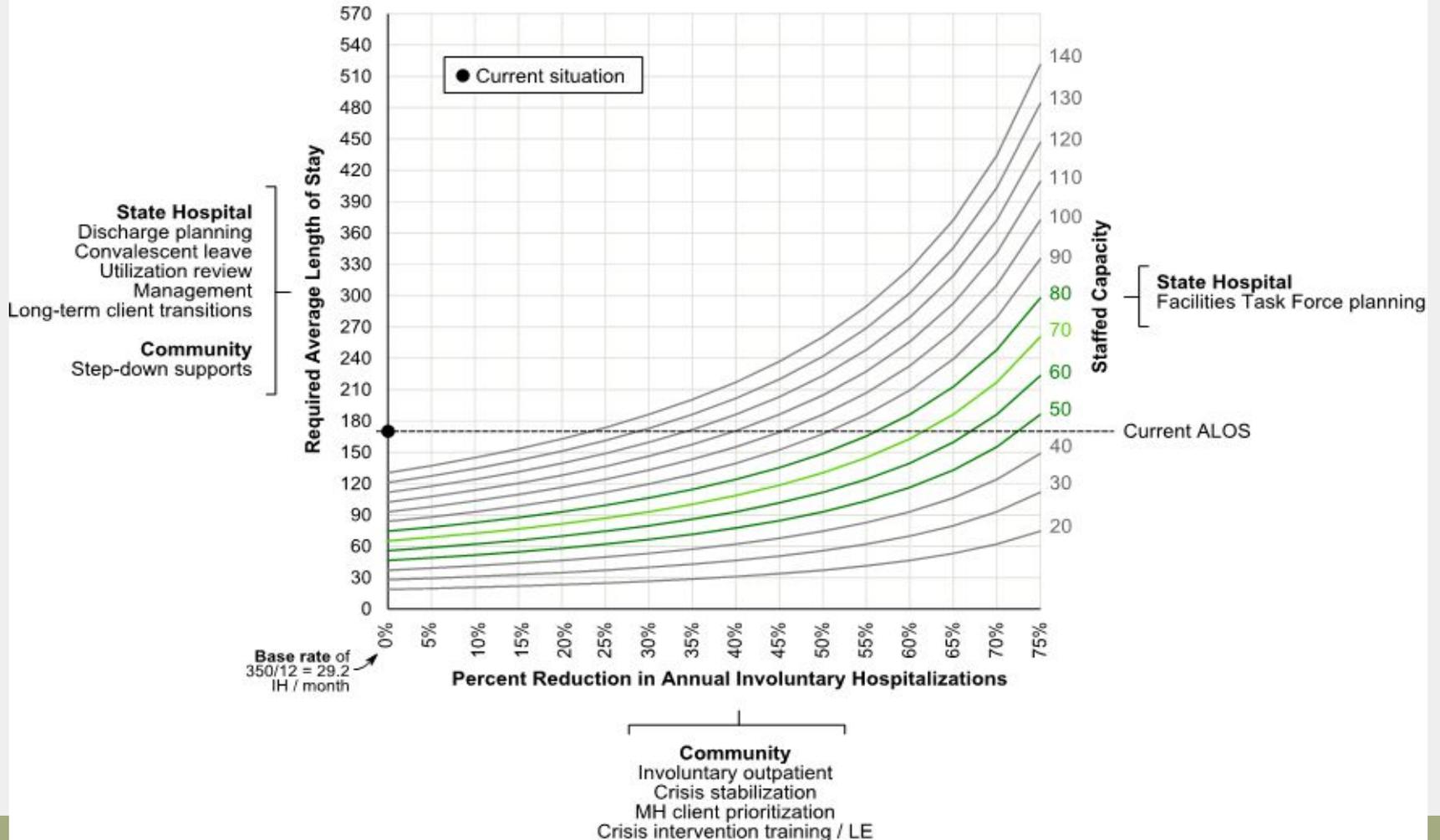
**Figure 2: Projected census for current clients - WLRC**



# Phase II: Projected need at WSH

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## State Hospital - Title 25 Capacity Planning Nomogram



# Phase II: Results

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- Level 1 & 2 studies completed
- Final Report
  - Final “Role of the State” recommendations; finalized new facility missions
- Statute changes
  - Statute (mission) changes recommended for WLRC
    - Approved by Legislature
- Identified issues:
  - Wyoming Retirement Center
  - Institutions for Mental Disease (IMD) designation
- Final recommendation from HOK reports
  - **110 beds at WLRC**
  - **92 beds at WSH**

# Task Force: Phase III (current)

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- Level III Design completed
  - Work group recommended, and Task Force approved, movement of beds from WLRC to WSH
    - From 110 to 100 at WLRC
    - From 92 to 104 at WSH
    - To accommodate needed flexibility for census mgmt
- Construction documents phase underway
- Ongoing considerations
  - Wyoming Retirement Center
  - Institution for Mental Disease (IMD) exclusion issue
  - WSH and WLRC capacity
    - Admission policies and criteria
    - Right-sizing

# Wyoming Retirement Center

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- WSH/WLRC missions, census, and populations served contemplated Retirement Center closure or privatization
  - “Safety net” populations currently served at Retirement Center would move to WLRC
- Maintaining status quo at Retirement Center changes potential population mix at new facilities, impacting:
  - Capacity; and,
  - IMD (census management).

# IMD Issue: Definitions

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## **Social Security Act §1905(i)**

The term “institution for mental diseases” means a hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services.

## **42 CFR §435.1010 - Definitions relating to institutional status**

Institution for mental diseases means a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services. Whether an institution is an institution for mental diseases is determined by its overall character as that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases, whether or not it is licensed as such. An institution for Individuals with Intellectual Disabilities is not an institution for mental diseases.

# IMD Definition, cont'd

## **“Mental disease” definition - State Medicaid Manual §4390(D)**

For purposes of determining whether a facility is subject to the IMD exclusion, the term “mental disease” includes diseases listed as mental disorders in the International Classification of Diseases, 9th Edition, modified for clinical applications (ICD-9-CM), with the exception of mental retardation, senility, and organic brain syndrome.

### **Exception clarifications**

- “Mental retardation” - Intellectual/developmental disabilities (I/DD)
- “Senility” - Archaic word for dementia, which is a symptom (e.g. like “fever”)
- “Organic brain syndrome” includes:
  - ◆ Acquired Brain Injury (ABI) from trauma, hypoxia or hypercapnia
  - ◆ Cardiac-related: stroke, TIA, multi-infarct dementia, heart infections
  - ◆ Degenerative: Alzheimers, Creutzfeldt-Jacob, Lewy Body, Huntingtons, MS, Parkinsons
  - ◆ Metabolic-related
  - ◆ Alcohol/drug withdrawal state
  - ◆ Infections (encephalitis, septicemia, syphilis, prions)

# IMD Definition, cont'd

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- IMD designation is not licensure.
  - A facility can simultaneously be a hospital/nursing facility/ICF-ID *and* be designated an IMD.
- Why do we care if the WLRC is designated as an IMD?
  - The Social Security Act **prohibits federal match** to services provided to individuals between ages 21 - 65 in an IMD.
  - **Current federal match** to ICF residents under age 65 **would be at risk**, as well as potential future match for SNF residents.
  - WLRC currently receives ~**\$21M** per biennium in federal match.
  - Less than 25% of current census is over 65 years old (as of 12/2015).
  - If the WLRC were designated as an IMD today, would lose ~ **\$7 - 8M per year** in federal matching funds.

# IMD: Key Questions

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**Question 1.** Would the new Wyoming Life Resource Center be considered a single institution, for the purposes of IMD designation?

**Question 2.** Would this institution have more than 16 beds?

**Question 3.** Is the “overall character” of the institution that of one primarily engaged in treating individuals mental diseases?

**(a)** Will the new WLRC be under the jurisdiction of the State Mental Health authority?

-Yes

**(b)** Will the facility specialize in the diagnosis and treatment of mental illness?

-Maybe

**(c)** Does the current need for institutionalization for more than 50% of the patients result primarily from mental illness?

# Next Steps

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- Construction documents phase to be complete Dec. 2017
- Retirement Center status remains
- IMD risk mitigated by:
  - Census management (e.g., 50% MI); and,
  - Swing beds at State Hospital.
- Admission criteria and capacity discussions (w/ Protection and Advocacy).

# Protection and Advocacy (P&A)

- “Protection & Advocacy System, Inc. (“P&A”), established in 1977, is a nonprofit corporation authorized by Congress to implement several federal laws to protect the human, civil and legal rights of people with disabilities. P&A has federal authority to gain access to facilities, records, and persons to investigate allegations of abuse and neglect. P&A also helps people obtain state and federally funded services, such as vocational rehabilitation, mental health, intellectual, traumatic brain injury, assistive technology devices and services, other disability services, voting rights, and access to facilities and programs. P&A focuses on civil rights and discrimination issues. P&A promotes systemic change to enhance quality of life for children and adults with disabilities. P&A provides legal representation and individual advocacy, education and training, including help with self-advocacy skills, and information and referral services.”

<http://www.wypanda.com/>

# Admission criteria, etc.

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- WDH Behavioral Health Division working with P&A to develop facility admission criteria:
  - To facilitate appropriate client placements;
  - To minimize unnecessary institutionalization; and,
  - To give WDH Director flexibility for emergency placements, client safety, and appropriateness of care.
- Multiple meetings over past 6 months, discussing:
  - Admission criteria;
  - Title 25 statute, policy, and procedures; and,
  - Waivers.

# Questions?



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