# Residential Provider Meeting

## Office of Developmental Programs

July - August 2018

## Why We Are Meeting

**To dialogue with providers about improvements in residential services based on recent developments and advisory publications.**

- Publication by HHS, OIG, ACL and OCR - "Ensuring Beneficiary Health and Safety in Group Homes Through State Implementation of Comprehensive Compliance Oversight";
- What we've learned from the Federal OIG investigation of Pennsylvania's incident management system;
- Analysis of incidents of deaths, serious injuries, neglect;
- Analysis of licensing actions;
- Findings from the root cause analysis of residential licensing action.

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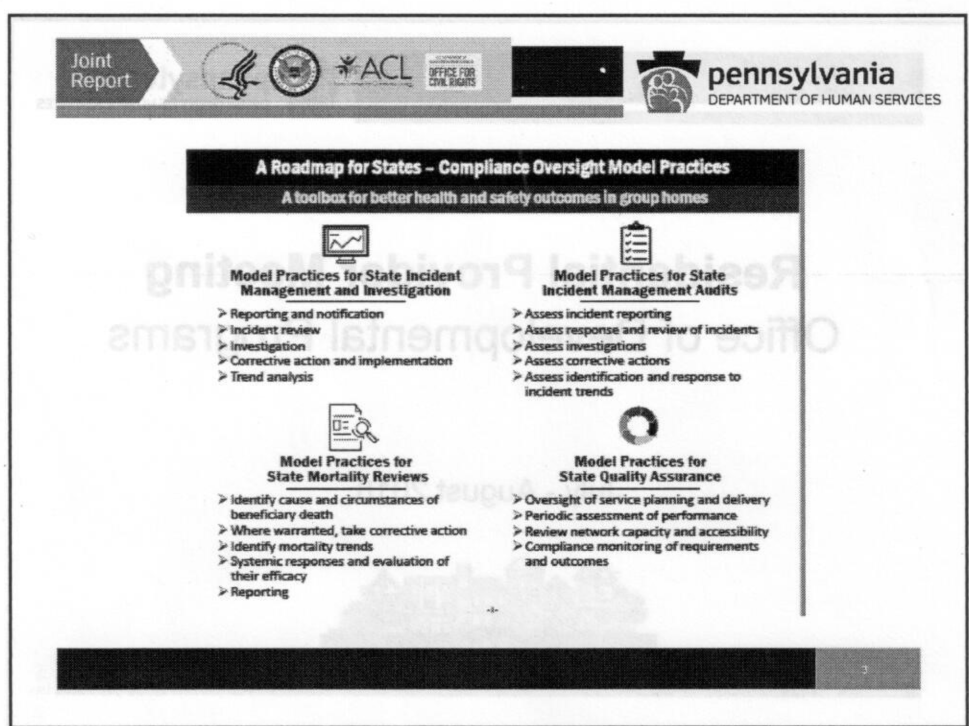


## Analysis of Incidents

**Choking with Eating**

- Between January 1, 2016 and March 31, 2018, ODP received 700 incident reports where people experienced a choking episode while eating. On average, 13 "choking while eating" incidents are reported each week.
- Fourteen (14) participants who experienced a choking episode while eating died within 7 days of the event as a direct or indirect result of the choking event.
- 201 of the above incidents were investigated by an ODP-Certified Investigator. Investigation confirmed that neglect contributed to the choking episode in 85 cases.

## Analysis of Incidents

- Between January 2015 and December 2016, 452 distinct participants receiving services in a 6400 Community Home presented at an emergency room at least once with at least one of the above disorders. The numbers below show the number of emergency room visits by disorder (Note: numbers will not sum to 452 as some participants presented with more than one disorder):
- Bowel Obstruction / Constipation - 124 participants
- Aspiration – 23 participants
- Dehydration – 40 participants
- Seizure – 158 participants

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## Qualitative Analysis of Incidents

- **Staff caring for the participant had little-to-no experience working in the home or with the participant.** Staff on duty at the time of fatalities usually did not work in the home before the event, or only did so on occasion, and did not have any experience supporting the participant prior to the day the event occurred.
- **Staff caring for the participant were not trained on the participants' needs.** Investigation of deaths consistently finds that staff were not provided with a copy of the ISP and were not trained to meet the participant's specific needs. To the extent that staff are familiar with the person's needs, it is usually via word-of-mouth, i.e. another staff person provided some sort of nonspecific guidance.
- **Inconsistencies in participants' care plans.** Medical and support records of participants who died are frequently unclear or inconsistent. In cases of choking fatalities, terms such as "pureed," "soft," "mechanically soft," etc. are used interchangeably and supervision needs are vague (e.g. "needs supervision while eating," "needs to be reminded to chew slowly," etc.) or in conflict at different points (e.g. "Jane is independent at mealtimes / Jane needs supervision while eating / Jane cannot have lunchmeat").

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## Qualitative Analysis of Incidents

Qualitative analysis of incidents and regulatory violations found five reoccurring conditions that consistently resulted in or contributed to unexpected death in 6400-licensed residential settings:

- **A documented history of at least one similar event.** Post-event analysis finds that participants who died as a result of an event (e.g. choking) had at least one prior event of a similar nature.
  - Example, participants with choking fatalities had at least one choking event before the event that led to death. The event usually does not have health consequences that are immediately apparent (such as the need for hospitalization), which suggests that such events are not recognized as sentinel events.
- **Previous recommendations by medical professionals were not acted upon.** Post-event analysis finds that participants who died as a result of an event or serious medical condition finds evidence that specialized evaluation or treatment was recommended at some point in the past but not acted upon.
  - Example: records of multiple participants who died as a result of wandering behavior contained examination results showing the onset or worsening of dementia.

## High-Risk Regulatory Violations

**ODP has identified four regulations that pose the highest risk of harm:**

§ 6400.16. Abuse / § 6400.33(a) - Abuse of an individual is prohibited / an individual may not be neglected, abused, mistreated or subjected to corporal punishment.

§ 6400.62(a) - Poisonous materials shall be kept locked or made inaccessible to individuals who cannot safely use them.

§ 6400.68(b) - Hot water temperatures in bathtubs and showers may not exceed 120° F.

- 139 violations for hot water above the allowable maximum.
- For most adults, a second-degree burn will occur after 24 seconds of exposure to water that is 130° F; in 54 cases, the water temperature was 130° F or higher.
- For most adults, a second-degree burn will occur after 5 seconds of exposure to water that is 140° F; In 11 cases, water temperature exceeded 140° F.

§ 6400.144. - Health services, such as medical, nursing, pharmaceutical, dental, dietary and psychological services that are planned or prescribed for the individual shall be arranged for or provided.

## Our Core Customers

- Behavioral health
  - Trauma
  - Mood/Anxiety Disorder
  - Psychotic Disorder
  - Neurodiversity/Autism Spectrum
- Physical disabilities
  - Mobility Impairment
  - Dysphagia – Swallowing difficulties
  - Neurologic – low muscle tone, seizures
- Health Conditions
  - Diabetes
  - Respiratory
  - Heart Disease
  - Age related conditions – falls, dementia, changes in metabolism

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## The Fatal Four – Dr. Greg Cherpes

Health Risks – the Fatal Four

- Constipation,
- Aspiration,
- Dehydration,
- Epilepsy

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# Service Definition
# Residential Habilitation



## Residential Habilitation – Principles

- **Every participant has the capacity to engage in lifelong learning.** Participants will acquire, maintain, or improve skills necessary to live more independently and to participate meaningfully in community life.
- The type and amount of assistance, support and guidance are informed by the
  - **Person-centered** planning processes
  - **Personal preferences**
  - **Personal desired outcomes**
- **Residential Habilitation services are the primary residence of the participant and as such, it is his or her home.**
- **Respect for personal routines, rhythms, rights, independence, privacy** and personalization are intrinsic to the service as is access to experiences and opportunities for personal growth.

## Service Definition - Scope of Service

1. **Activities of daily living** - personal grooming and hygiene, dressing, making meals and maintaining a clean environment.

2. **Develop and maintain positive interactions and relationships** with residents of the home, sharing meals and activities.

3. **Learn and develop practices that promote health and wellness**

   Meal planning, regular exercise, carrying through prescribed therapies and exercises, awareness and avoidance of risk including environmental risks, exploitation or abuse; responding to emergencies in the home such as fire or injury, knowing how and when to seek assistance.

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## Service Definition (Continued)

4. **Manage/participate in the management of his/her medical care**

   Scheduling and attending medical appointments, filling prescriptions and self-administration of medications, and keeping health logs and records.

5. **Manage his/her mental health and emotional wellness**

   Self-management of emotions such as disappointment, frustration, anxiety, anger, and depression; applying trauma informed care principles and practices and accessing mental health services.

   The service should include: a comprehensive behavior assessment; design, development and updates to a behavior support plan that includes positive practices and least restrictive interventions; development of a Crisis Intervention Plan; and implementation of the behavior support plan, Crisis Intervention Plan and/or the skill building plan which involve collecting and recording the data necessary to evaluate progress and the need for plan revisions.

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## Service Definition (Continued)

6. **Participate in the development and implementation of the service plan** and direct the person-centered planning process including identifying who should attend and what the desired outcomes are.

7. **Make decisions** including identifying options/choices and evaluating options/choices against a set of personal preferences and desired outcomes, including assistance with identifying supports available within the community.

8. **Achieve financial stability** through managing personal resources, general banking and balancing accounts, record keeping and managing savings accounts and programs such as ABLE accounts.

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## Service Definition (Continued)

**9. Communicate** with providers, caregivers, family members, friends and others face-to-face and through the use of the telephone, correspondence, the internet, and social media. The service may require knowledge and use of sign language or interpretation for individuals whose primary language is not English.

**10. Use a range of transportation options** including buses, trains, cab services, driving, and joining car pools, etc. The Residential Habilitation provider is responsible for providing transportation to activities related to health, community involvement, and the service plan. The Residential Habilitation provider is not responsible for transportation for which another provider is responsible.

**11. Develop and manage relationships in the home** as appropriate, share responsibilities for routines such as preparing meals, eating together, carrying out routine home maintenance such as light cleaning, planning and scheduling shared recreational activities and other typical household routines, resolving differences and negotiating solutions.

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## Service Definition (Continued)

**12. Develop and maintain relationships with members of the broader community** and to manage problematic relationships.

**13. Exercise rights as a citizen and fulfill his or her civic responsibilities** such as voting and serving on juries; attending public community meetings; to participate in community projects and events with volunteer associations and groups; to serve on public and private boards, advisory groups, and commissions, as well as develop confidence and skills to enhance their contributions to the community.

**14. Develop personal interests**, such as hobbies, appreciation of music, and other experiences the participant enjoys or may wish to discover.

**15. Participate in preferred activities of community life** such as shopping, going to restaurants, museums, movies, concerts, dances and faith based services.

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## Integration of Behavioral Support

**Inclusion of behavioral support professionals in residential provider agency organization strengthens provider's ability to build internal capacity.**

- Behavioral support interventions/plans must be developed in the context of the entire home and all of the residents living in the home.
- Behavioral support professionals must be members of the entire team serving the home.
- As an internal resource, behavioral support professionals can be available immediately without the need to request a service plan modification, predict the number of units needed and obtain authorization.

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## Behavioral Support

- The residential services provider must have behavioral specialists available (direct, contracted or in a consulting capacity) who, as part of the residential service, complete assessments, develop and update Behavioral Support Plans and Crisis Intervention Plans and train other agency staff.
- The behavioral specialist ensures behavioral support provided to the participant includes positive practices and least restrictive interventions and does not include chemical or mechanical restraints, and that physical restraints are used only in emergencies and not as planned support strategies.
- Behavioral Support: comprehensive assessment, development of strategies to support participant, provision of interventions and training to participants, staff, parents, and caregivers. Services must be required to meet current needs of the participant, as documented and authorized in the service plan.

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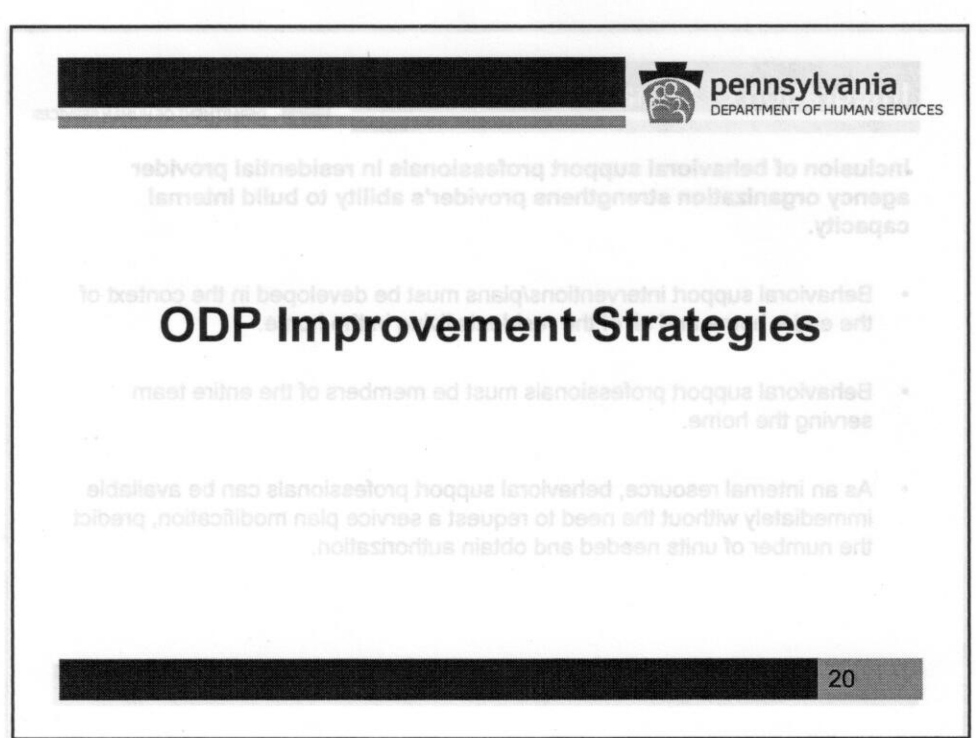

## ODP Improve Strategies

- Service definition and rates allow for hiring clinical staff professionals
- HCQUs training and technical assistance including on the Fatal Four
- Instituting through county agreements to establish a county routine risk assessment in conjunction with the support coordination organizations.
- Licensing Standards of Practice for licensing staff
- Interpretive licensing guidelines that target at risk residents
- Developed mortality review process

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## ODP Improve Strategies

- ISP revisions – to include risk assessment/mitigation
- Orientation Package for new providers
- Require residential providers to complete the dual diagnosis training
- Establish a Learning Collaborative for Residential Agencies
- Development of a Framework for a Successful Residential Program
- Adoption of the Health Risk Screening Tool (HRST) - a web-based screening instrument designed to detect health destabilization early and prevent preventable illness, health related events and even death.

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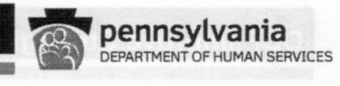


# Provider Strategies

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