

Assessment of
**INTERMEDIATE
CARE FACILITIES**
for Individuals with
Intellectual Disabilities



While Virginia transitions people with disabilities from institutions to home- and community-based settings, it should also ensure the well-being of those who remain in institutions. People with disabilities are at a higher risk of abuse and neglect. They also have more difficulty communicating when abuse and neglect happens.

Our 2021 assessment found that the utilization and cost of ICF/IIDs have increased in recent years, and there have been minimal consequences to providing substandard care. A summary of key findings and recommendations is below, organized into four main topic areas.

1

MINIMIZING ICF/IID UTILIZATION

Virginia has substantially increased its reliance on ICF/IIDs, despite reducing its reliance on state-operated ICF/IIDs known as Training Centers. The number of ICF/IIDs and their residents increased by 69% and 42%, respectively, between 2010 and 2020. Only one other state added more ICF/IIDs. This increased reliance is likely due to historically limited state oversight of ICF/IID development, admissions, and discharges. The report offers nine recommendations, including the following:

- Virginia General Assembly amend the Code of Virginia to require ICF/IIDs with more than six beds to obtain a Certificate of Public Need
- Department of Behavioral Health and Developmental Services (DBHDS) expand its annual Level of Care Reviews to include all ICF/IIDs, not just children's ICF/IIDs
- Virginia General Assembly require the Department of Medical Assistance Services (DMAS) to annually report on the utilization of community ICF/IIDs

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MINIMIZING ICF/IID COSTS

Virginia has overlooked the cost of care for people who remain in ICF/IIDs, instead focusing on avoiding institutional costs by transitioning people to less-expensive home- and community-based settings. The cost of ICF/IID services varied widely in 2018, from \$309 to \$1,304 per day depending on the ICF/IID. There is little incentive for ICF/IIDs to provide efficient and effective care in Virginia, unlike most other states. The report offers two recommendations:

- DMAS website include current information on ICF/IID rates and related methodology
- Virginia General Assembly require DMAS study of ICF/IID rates

3

ENSURING HEALTH AND SAFETY IN ICF/IIDS

The Commonwealth has relied too heavily on ICF/IIDs to regulate themselves, which poses a conflict of interest that jeopardizes the well-being of the people who live there. DBHDS has relied heavily on providers to investigate critical incidents, and the Virginia Department of Health (VDH) has not adequately verified that providers addressed deficiencies. Both DBHDS and VDH have been hesitant to use enforcement tools beyond corrective action plans. The report offers 10 recommendations, including the following:

- VDH use on-site visits to verify that ICF/IIDs have implemented their Plans of Correction when deficiencies involve quality of care
- VDH periodically provide additional training to ICF/IID certification surveyors on how to identify condition-level deficiencies
- DMAS, in consultation with VDH, seek federal approval to establish and impose alternative remedies for ICF/IID certification that are in proportion to the severity of the deficiency

4

IMPROVING COORDINATION OF ICF/IID OVERSIGHT

The Commonwealth's oversight of ICF/IIDs is fragmented across three state agencies. This fragmentation likely limits Virginia's ability to effectively oversee ICF/IIDs. The report offers five recommendations, including the following:

- Virginia General Assembly establish a workgroup to facilitate ICF/IID oversight that includes staff from DMAS, VDH, DBHDS, and the disAbility Law Center of Virginia
- Virginia General Assembly require DMAS, in consultation with DBHDS and VDH, to annually report on quality of care at ICF/IIDs