Operational Guide for a Coordinated Response to a Sudden Closure of a Child Residential Care Facility

December 2021

Introduction and Background

North Carolina has a vested interest in and responsibility for the health and safety of children living in licensed residential care facilities, which include child group homes, psychiatric residential treatment facilities, family care homes, and supervised living facilities for people with mental illness and intellectual developmental disabilities, commonly called 5600 group homes. Because a fire, hurricane, tornado, or other natural occurrence can have an immediate and dramatic effect on the residents of such facilities, the Department of Health and Human Services (DHHS) needs to be well prepared for assisting local service agencies in the event of such an incident. Coordinated support of local service agencies is also essential when the health and safety of facility residents are placed at risk for other reasons. These may include but are not limited to a license revocation, summary suspension notice, and the sudden or unannounced closure of a facility by owners and operators. DHHS is committed to assisting managed care organizations, provider agencies, and other local partners in anticipating and preparing for such possible situations.

Coordinated Response

Any emergency closure of a residential care or treatment facility that results in the displacement of residents requires prompt, appropriate and well-coordinated actions. Information about an emergency closure can be received from a variety of sources, including notification from the Division of Health Service Regulations (DHSR) regarding changes in licensure status, provider self-report, citizen complaints, or media reports. The first step is to verify the emergency closure. The second step is to develop a coordinated response. To facilitate the communications and other actions necessary to a coordinated DHHS response, essential processes and relevant tools have been developed. These are outlined below.

To ensure a well-coordinated response, DHHS has established three distinct interdivisional Response Teams: one for Adult Care Homes, a second for adult Mental Health Group Homes, and a third for Child Group Homes and Facilities, including Psychiatric Residential Treatment Facilities. This document focuses on group homes and facilities serving children. Response Teams are activated only in the event of an emergency facility closure, when a license revocation is in effect, or other sudden closure. The table below lists the members for the Response Team for child residential programs.

	Principal DHHS Response Team Members	Additional DHHS Response Team Members	Local Response Team Members
Child Mental Health Group Homes and Facilities (.1300, .1700, .1800, .1900, and child serving .5600 homes)	• Division of Health Service Regulation (DHSR) • Division of Mental Health/Developmental Disability/Substance Abuse Services (DMH/DD/SAS)	• Division of Health Benefits (DHB) • Division of Social Services • Division of Child and Family Well-Being	• All LME/MCOs with an affected member/resident • All county Departments of Social Services with affected members/residents

Attachment A reflects the roles and responsibilities for each member of the Response Team. Additionally, The DHHS Office of Communications provides support to each of the Response Teams.

To aid in the communication of vital recipient information among the involved DHHS agencies and their local partners, the DHHS Office of Privacy and Security has determined that certain information [including that identified as confidential by the Health Insurance Portability and Accountability Act (HIPAA), the N.C.G.S. Identity Theft Statute, and/or the Social Security Administration] can be shared to the extent that it is necessary to ensure the health and safety of residents requiring relocation in an emergency situation (Attachment B). Use of encrypted emails is expected.

The provider agency will continue to be responsible for the health and safety of each resident throughout the transition and closure process. The agency will give regular updates on the status of discharges, compliance with regulatory requirements, and other information necessary for the LME-MCOs and DHHS to provide a coordinated response. Provider agencies are expected to work closely with LME-MCOs and DHHS by assisting with discharging planning, transferring records and personal belongings, and other activities necessary for a coordinated discharge and transition process.

Response Team Processes and Resources

During an emergency closure, DHHS will facilitate daily calls with all Response Team members. To help the Response Teams in tracking progress and facilitating the work of the local partners, DHHS agencies will use or assist the local partners in using several tools:

- the Discharge Tracking Log documents the affected residents (consumers) and tracks their discharge status (Attachment B); and

- the Daily Situation Call Report provides a uniform set of questions to help assess and track the status of the facility and the residents and to identify any need for assistance from DHHS (Attachment C).

Post Event Activities

While effective actions of the Department and its local partners are most vital during the immediate aftermath of an emergency closing to safeguard the health and safety of the affected residents, DHHS involvement does not abruptly end with the transfer of residents to other locations, whether in the community or other facilities. The DHHS Response Teams will follow up with the local partners to assure continuity of appropriate care for the affected residents and to identify and analyze any issues that need to be immediately addressed as well as those that would enhance the State's response in any future situations. The DHHS Response Teams will conduct an "After Event" Debrief Conference Call following each instance in which the Hub was activated (Attachment D)

Training and Communication

Upon approval of this document, it will be placed on the DMH/DD/SAS website. A communication bulletin will be issued with a link to the document. The Community Mental Health Section Chief or their designee will provide a training and review of this document and related processes for LME-MCOs and other payers. At least annually the Community Mental Health Section Chief or their designee will review and update the document as needed.

Attachment A: Child Residential Response Team Activation/Roles and Responsibilities

DHSR determines if emergency closure response is needed. (If not, no further action is needed)

DHSR notifies:

- Deputy Secretary, Director, Chief Medical Officer at DMH/DD/SAS and other Department Leadership regarding any emergency closure including summary suspension or notice of revocation.
- LME-MCO (or Standard Plan, based on resident payers) Chief Executive Officer and Chief Medical Officers.
- Guardians (caregivers and/or local DSS).

DMH/DD/SAS Leadership:

- DMH/DD/SAS leadership notifies the Community Mental Health Section Chief, Customer Service Community Rights (CSCR) team, LME-MCO Liaison team and other applicable section leads.
- Activates Response Team/Plan.

Roles and Responsibilities

DMH/DD/SAS (Lead Agency):

- Community Mental Health Section Chief or designee coordinates/facilitates daily Response Team calls.
- Community Mental Health Section Chief or designee collects names, ID, discharge status, county of origin, guardian, and other relevant information from LME-MCOs (or Standard Plan) on all children at facility.
- CSCR Team monitors incident reports and shares information with Community Mental Health Section Chief or designee.
- Community Mental Health Section Chief or designee monitors for policy and/or clinical concerns.
- Documents assistance provided and communications with other partners.

DHB:

- Participate in daily Response Team calls.
- Assist guardians with placement and if NCHC is payer.
- Investigates fraud, if applicable.

Local DSS:

- Explores possible DSS placements as appropriate based on child's needs.
- Promptly considers all related CPS reports and expedite investigations of accepted reports.
- Communicates with the LME-MCO/SP and Provider daily until the medically necessary care is located and services are in place.

DHSR:

- Copy DMH/DD/SAS, DHB, LME/MCO, DSS, and DRNC on decisions imposing summary suspensions or licensure revocation.
- Make Child Protective Services report(s) as required by mandated reporting requirements.
- Participates in daily Response Team calls.
- Forward Statement of Deficiency Reports to DMH/DD/SAS, DHB, and LME-MCO (or Standard Plan).

State DSS:

- Participate in daily Response Team calls.
- Expedite the review of Interstate Compact requests.
- Facilitate communication with local DSS offices.
- Assist guardians with placement and Interstate Compact.

Child and Family Well-Being:

- Participate in daily Response Team calls.
- Assign child transition planning/support to RRT as appropriate.

LME-MCO/Standard Plan:

- Participates in daily Response Team calls.
- Communicates with all members impacted by the closure within 24 hours sharing information related to timeline, information on alternate services, plan for safety and monitoring of the facility during transition, etc.
- Identifies all residents at the facility and provides information to DMH/DD/SAS.
- While members remain in the facility, the LME-MCO/SP will be responsible for daily calls to the site, and site visits to ensure member safety or other monitoring as determined by the Response Team.
- Assists guardians with finding new services.
- Authorizes new services based on medical necessity.
- Work with the provider to ensure any private pay members are placed, receive appropriate services, etc.
- Assists guardians with interstate compact requests, if needed. Manages communication with provider regarding transitions, medications, personal belongings, private pay residents, etc.
- Follows up on discharged consumers to ensure effective transition to new services/providers.
- Communicates with DSS daily (for children with DSS guardians) until placement is found at the level of care medically necessary and any identified services are in place to support the placement.
- Develop communication to the provider as to steps that should be taken when there is a suspension/closure.

Attachment B: Discharge Tracking Log (Sample Log with Required Components)

LME-MCO or DSS	LME-MCO Contact Name	Contact Number and Email

Facility Name	Facility County	Facility Contact Information

Member Name	Date of Birth	Medicaid ID and Medicaid County	Guardian and Contact Info	Discharge Date and Destination

Attachment C: Daily Situation Call Report

This report is in response to a situation which requires displacement of residents from a residential care facility. The DSS and/or LME/MCO who are responding to the occurrence will participate in Daily Situation Conference Calls with the DHHS Response Team. These will occur each day.

Facility name: _____ Report Date: _____

1. When is the facility scheduled to close?
2. How many residents remain in the facility?
3. How many residents have been relocated to date?
4. Of the residents who have been relocated, provide details on the number by type of new placement? (Home with family, licensed facility, homeless shelter, community, etc.)
5. What is the overall impact on the residents? Are their health and safety needs being met?
6. Is your agency able to meet the scope of the situation with current staff? If no, are you getting support from other agencies?
7. Do you need assistance from DHHS?
8. What is the anticipated date last resident will be discharged from the facility?
9. Other comments (staffing, environment, medications, belongings, residents):
10. Other questions determined by NC DMH/DD/SAS?

During the last Daily Situation Conference Call with DHHS Response Team, an "After Event" Debrief Conference Call will be scheduled. Please be prepared to answer the questions in Exhibit G during the call. Also, feel free to use this time to include your own comments and to ask questions of DHHS.

Attachment D: After Event Debrief

- Tell us how you learned about the closing of the facility(ies) and how you organized your response?

- Did you have any idea that this might happen to the facility(ies)? If so, on what basis?
    - If not, would it have made a difference in your response if you had?

- Had your agency and/or other community partners already been engaged in any joint planning or communications about a scenario of this nature before it happened? If so, were any other community partners involved in this planning?

- When the event occurred, were any other community partners involved? If so, what was their role (e.g., Public Health)?

- What amount of additional local agency staff time was needed to deal with this event? How was it funded?

- In what ways was the State/DHHS most helpful? Were there ways that it was problematic and/or disappointing?

- What were the most challenging aspects of responding to this incident? How did you deal with them? Did the State/DHHS assist with these challenges?

- What else might the State/DHHS have done to assist you in preparing for and responding to this event?

- In reflecting on the information that you recorded about the residents and where they went, is it sufficient or is there additional information that you wish you had?

- Describe the overall effect on the residents of the facility(ies)? What were the most challenging issues for them?

- Did the way the owners closed the facility(ies) place the health and safety of the residents at serious risk?

- What else would you like to share?

- Do you feel your response plan addressed all aspects of this process? If not, will you revise your plan? What will you change?