REPORT OF
THE DEPARTMENT OF SOCIAL SERVICES

REPORT ON THE LICENSURE OF ADULT CARE RESIDENCES

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

SENATE DOCUMENT NO. 4

COMMONWEALTH OF VIRGINIA
RICHMOND
1999

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DEPARTMENT OF SOCIAL SERVICES

Clarence H. Carter
Commissioner

October 1, 1998

TO: The Honorable James S. Gilmore

and

The Honorable Jay W. DeBoer, Co-chairman
The Honorable Phillip A. Hamilton, Co-chairman
House Committee on Health, Welfare and Institutions

and

The Honorable Yvonne B. Miller, Chairman
Senate Committee on Rehabilitation and Social Services

and

The Honorable Kenneth R. Melvin, Chairman
Joint Commission on Health Care

The report contained herein is pursuant to Senate Joint Resolution 119 as passed by the 1998 General Assembly.

In response to Senate Joint Resolution 119, the Department of Social Services (DSS) has prepared the attached report which indicates what actions have been taken, or are being planned, as a result of the recommendations found in the 1997 Joint Legislative Audit and Review Commission (JLARC) study on adult care residences (ACR) services for the mentally disabled. The report also discusses the training needs of the adult care component of the DSS licensing program and the extent to which the licensure process is being used to encourage continuous quality improvement.

Respectfully Submitted

Clarence H. Carter

Clarence H. Carter
Commissioner

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An Equal Opportunity Agency

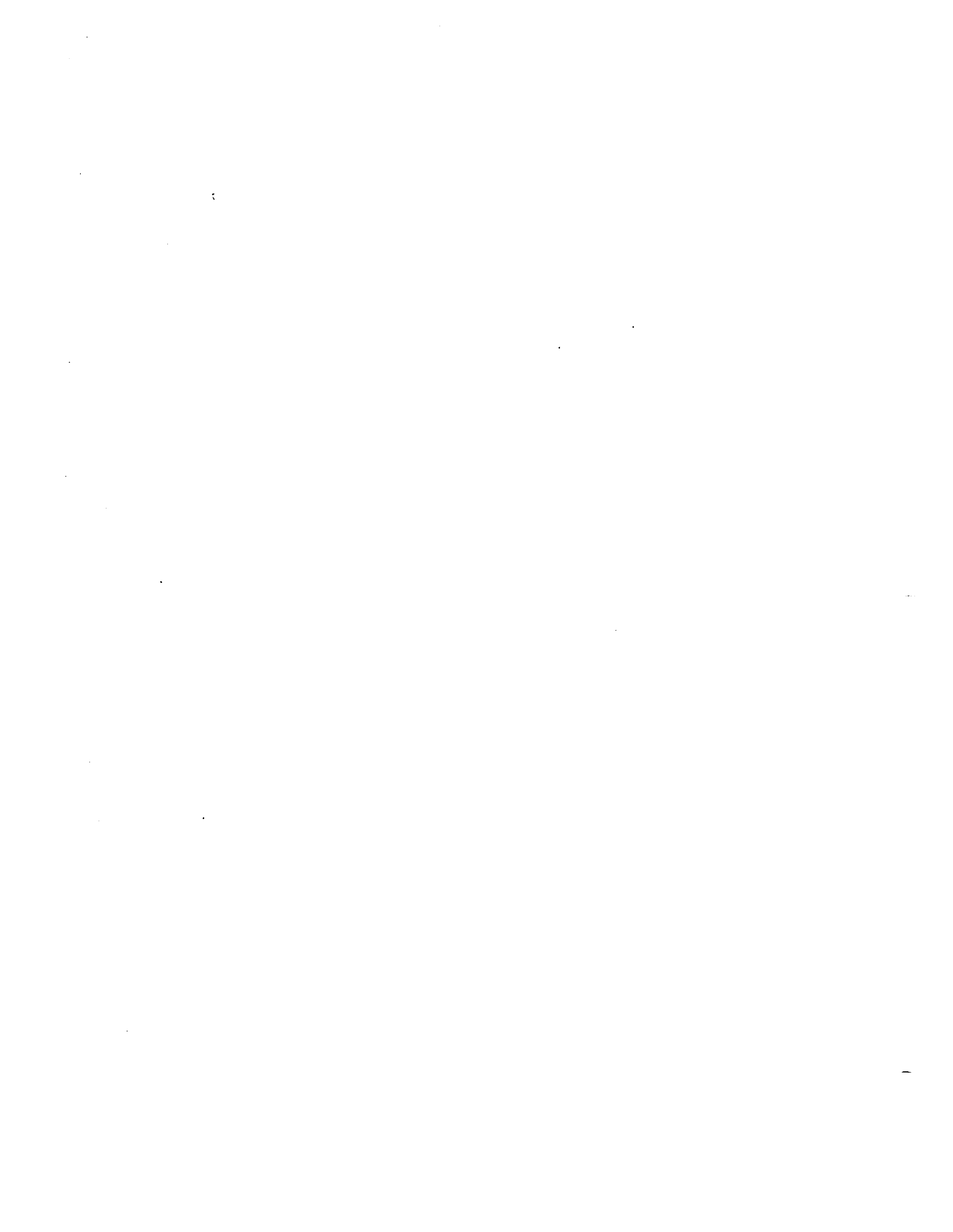
SENATE JOINT RESOLUTION 119

REPORT ON THE LICENSURE OF ADULT CARE RESIDENCES

Prepared by:

Virginia Department of Social Services

October 1, 1998



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REPORT ON THE LICENSURE OF ADULT CARE RESIDENCES

Introduction

Senate Joint Resolution 119 directs that the "*Department of Social Services report to the Chairmen of the House Committee on Health, Welfare and Institutions; the Senate Committee on Rehabilitation and Social Services; and the Joint Commission on Health Care by October 1, 1998, regarding the status of its implementation of recommendations made by JLARC, the extent to which the licensure process is being used to encourage continuous quality improvement; and staffing and training needs with the adult care component of the DSS licensure program (See Appendix I for the complete resolution).*" This report responds to the SJR 119 directive.

The Adult Care Residences (ACR) industry continues to be characterized by growth in the number of facilities and beds statewide. In 1997, when the Joint Legislative Audit and Review Commission (JLARC) conducted the study discussed in this report, there was a total of 612 licensed facilities with 27,537 beds. As of June 30, 1998, the number of ACRs had increased 7% to 654 facilities with a total of 31,989 beds[1], a 16% increase.

The Department of Social Services (DSS) carries the regulatory responsibility for ACRs. The *Code of Virginia* mandates all ACRs receive at least two inspections annually. Licensing staff, based in eight field offices across the state, are responsible for: on-site inspections; issuing both new and renewal licenses; monitoring for on-going compliance; conducting complaint investigations; and sanctioning facilities that pose a risk to resident health and safety. In addition, these inspectors investigate all reports of illegally operated facilities.

The Department also sponsors approximately 50 provider training sessions annually for ACR administrators and staff to enhance service delivery through care giver skills development. Further, quarterly training is provided for facility staff on use of the Uniform Assessment Instrument (UAI) for private pay residents. The UAI is the screening and evaluation tool used to determine an individual's care needs, service eligibility, and appropriate level of care. While only staff of public agencies are allowed to conduct assessments for auxiliary grant recipients, trained facility staff may complete private-pay resident assessments.

Since the 1970's, ACRs have been of concern and interest to the General Assembly and to the Joint Legislative Audit and Review Commission (JLARC) because these facilities represent an important segment of the long-term care continuum. As well as the elderly, ACRs serve adults with physical, mental and developmental disabilities.

The 1998 JLARC study focused specifically on ACR services for the mentally disabled. Senate Joint Resolution 119 directed DSS to report to the Chairs of the House Committee on Health,

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[1]Includes pending new applications

Welfare and Institutions, the Senate Committee on Rehabilitation and Social Services and the Joint Commission on Health Care the actions that have been taken, or are being planned, as a result of that study.

The Resolution also calls for a report on the training needs of the adult care component of the DSS licensing program and on the extent to which the licensure process is being used to encourage continuous quality improvement.

Response to the Joint Legislative Audit and Review Commission Report

The 1998 JLARC Study (House Document Number 4) included 23 recommendations. A number of measures have been taken toward their implementation.

Recommendation 1: The Department of Medical Assistance Services should more fully utilize Uniform Assessment Instrument data by summarizing, analyzing, and sharing it with the local agencies which helped collect it, and with other service providers.

No action has been taken on this recommendation to date. The Department of Medical Assistance Services (DMAS) is willing to provide the service, but additional funding will be required. Currently, DMAS receives completed Uniform Assessment Instruments (UAIs), but the data have been difficult to manage. For the information to be useful, the DMAS Long-Term Care Information System will require programming for development of a reporting system able to analyze it and make it meaningful. At this time, funding for this effort is not available in DMAS.

Recommendation 2: The Department of Mental Health, Mental Retardation, and Substance Abuse Services should provide additional training to local agency personnel on how to properly assess individuals with mental illness.

The Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) has not yet participated in additional training to local agency staff. However, it is preparing a Certification Training Program for all Preadmission Screening Evaluators which will be conducted statewide by December 31, 1998. This training will be conducted in two parts.

First, all community services boards (CSB) staff in Virginia who perform assessments to determine the need for hospitalization will be trained through video conferences and regional forums on:

- Procedural Expectations for Preadmission Screening Evaluators and Use of the Uniform Preadmission Screening Form

- Risk Assessment

- Capacity to Consent for Treatment

- Training in Statutory Provisions of the Code of Virginia

In the second part of this initiative, the same staff will be trained at their local CSBs on:

- Crisis Intervention and Crisis Stabilization Techniques
- Clinical Assessment
- Psychotropic Medications and Their Side Effects
- Continuity of Care Procedures
- Familiarity with Local Resources and Procedures
- Human Rights, Patient Rights, and Confidentiality

Additionally, CSBs across Virginia have adopted a uniform set of guidelines for minimum qualifications for staff who perform these assessments.

To support strengthening the UAI, the ACR Pilot Project (for details see recommendation four) will, in part, develop and test a proposed addendum to the UAI that will address the needs of people with mental disabilities.

Recommendation 3: The Secretary of Health and Human Resources should establish an interagency task force to address the limitations of the Uniform Assessment Instrument as a tool for assessing the needs of individuals with mental disabilities. The task force should reconsider the criteria for levels of care for residents with mental disabilities. The task force should include, but not be limited to, staff from the Department of Mental Health, Mental Retardation and Substance Abuse Services, community services boards, the Department of Medical Assistance Services, the Department of Social Services, the Department of Rehabilitative Services, area agencies on aging, and adult care residences.

The Secretary of Health and Human Resources has established an interagency committee to improve coordination and collaboration in the provision of services for long term care. Agencies include the Departments of Social Services; Aging; Health; Medical Assistance Services; Mental Health, Mental Retardation and Substance Abuse Services and Rehabilitative Services. To date their focus has been on development of UAI training. The group, however, has also been requested, by the Secretary, to examine the limitations in the UAI as a tool for assessing the needs for the mentally disabled and to recommend any needed changes.

The current assessment process has been strengthened through the work of this inter-agency committee. They established a Uniform Assessment Instrument (UAI) Training Task Force with

representation from each participating agency. This task force, along with community services providers, planned a series of statewide training efforts around the use of the UAI. While the UAI is required for use by all public human services agencies to assess individuals requesting public-pay long-term care services, no formal training had been offered to assessors since the implementation of the UAI in the Spring of 1994. In the Spring of 1998 a series of 11 one-day UAI training sessions were held statewide. Approximately 1500 persons attended and were trained on the use of the UAI and DMAS waivered services.

Additionally, as a part of this interagency training effort, staff of the DSS Adult Services Program Unit revised the UAI User's Manual with input and guidance from the task force. The revised manual was distributed to local departments of social services, area agencies on aging, CSBs, local departments of health, centers for independent living, State facilities operated by DMHMRSAS, and pre-admission screening teams in acute-care hospitals. The DSS Adult Services Program Unit will continue to be responsible for updates to the UAI User's Manual as needed.

Concurrently, DSS was contracting with the Virginia Institute of Social Services Training Activities (VISSTA) at Virginia Commonwealth University to prepare an institutional two-day UAI training curriculum which would be offered to supervisors and line workers in all human service delivery systems throughout the Commonwealth. Curriculum development is complete and certification of trainers has begun. As a result, beginning in January 1999, training will be available, on a regular basis, to all assessors using the UAI for public-pay long-term care services.

Recommendation 4: Better communication between community services boards, adult care residences, and the Department of Mental Health, Mental Retardation and Substance Abuse Services is needed to ensure that placement policies are followed. Community Services Boards should carefully monitor new adult care residence placements in which they play a role. Community services board staff should routinely visit and communicate with the staff of adult care facilities to ensure they are aware of changes in services.

The General Assembly has allocated funds to develop pilot projects in areas that have high concentrations of ACRs. The DMHMRSAS, in cooperation with the Department of Social Services, has approved two pilot projects to identify and provide the appropriate treatment and supports for persons with mental illness, mental retardation and substance abuse problems who reside in ACRs.

Richmond and the Washington County/Bristol area of Southwest Virginia were selected as demonstration sites. Richmond Behavioral Health Authority and Highlands Community Services are the participating CSBs. These pilots will implement and evaluate a variety of service models to be delivered within the ACR and in the community. These include improved communications between CSBs. ACRs and DSS, education and training of ACR and CSB staff, and careful monitoring of the participating residents.

It is anticipated these two-year pilots will result in models of cooperative service delivery that can be replicated in other localities.

Recommendation 5: In order to coordinate care between adult care residences and community services boards, the General Assembly may wish to amend the Code of Virginia to require a resident's community services board case manager (where one is assigned) to participate with the adult care residence in the development and updating of individualized service plans. Community services boards staff should also participate with the Department of Social Services licensing staff to provide training on the development and implementation of service plans.

DSS understands that the CSBs agree this recommendation reflects best practices, but lack resources for the training. No legislative action has been taken. DSS suggest that the patron of SJR 119 seek a response from the CSBs directly.

The Department of Social Services (DSS) will request CSB staff to participate in the agency's Spring 1999 provider training program on the development and implementation of service plans. Additionally, DSS has already begun provider training in this area (Appendix II).

Recommendation 6: The Department of Social Services licensing requirements should provide for more than one staff person at an adult care residence to be trained in medication administration or require the ACR to enter into a contractual arrangement with a certified service provider to ensure that all medication is dispensed by individuals certified in medication administration. The Department should also consider improper administration of medications and inadequate monitoring of medications to be a serious violation of health and safety standards, and may want to impose financial penalties for such violations.

Standards already require that medications be administered as ordered and by qualified staff. The recommendation will be considered for purpose of clarification when the Standards are revised. Revision is scheduled to begin in Spring 1999.

Legislation that became effective July 1, 1998 gives authority to the Commissioner to impose fines for violation of standards. DSS has issued guidance to field staff in the use of this and other intermediate sanctions.

Recommendation 7: The Department of Social Services standards for adult care residences should be revised to include a more specific requirement for direct care staff to receive training in the behavioral symptoms of individuals with mental disabilities and how to effectively monitor behavior of individuals with mental disabilities.

The Department plans to begin revision of the ACR standards in Spring 1999. During the revision process the agency will consider a more specific requirement for training and monitoring as specified in the recommendation.

Recommendation 8: The General Assembly may wish to amend the Code of Virginia to require community services boards to routinely offer training in the behavioral symptoms of mental disabilities and how to effectively monitor behavior of individuals with mental disabilities to adult care residence staff.

DSS understands that the CSBs support this recommendation, but additional funding for staff would be required. DSS suggest that the patron of SJR 119 seek a response from the CSBs directly.

DSS has begun addressing this recommendation through its provider training program (Appendix III).

Recommendation 9: The General Assembly may wish to provide the Department of Social Services with the authority to develop an appropriate staffing standard to ensure the adequate supervision and care of ACR residents. Additionally, the Department of Social Services should consider the use of financial penalties to enforce standards related to supervision of adult care residents.

The Department plans to begin revision of the ACR standards in Spring 1999. During the revision process the agency will consider a more specific staffing standard. Legislation that became effective July 1, 1998 gives authority to the Commissioner to impose fines for violation of regulations. DSS has issued procedural guidance to field staff in the use of this and other intermediate sanctions.

Recommendation 10: Community services boards should ensure that adequate staff are available to provide emergency services to individuals within their catchment areas. Community services boards should be required to provide emergency services in adult care residences. In addition, community services boards should provide training to adult care residence administrators and direct care staff on the legal parameters of emergency services, how to manage emergency situations, crisis interventions, side effects of medications, and dealing with aggressive behaviors.

CSBs are charged by the *Code of Virginia* with providing the independent pre-admission screening evaluation for any individual for whom a Temporary Detention Order (TDO) is sought. Such evaluations are generally provided on-site where the consumer lives. In order to be eligible for a TDO, the consumer must meet commitment criteria. If the resources for the training defined in this recommendation are made available, and if ACR staff are encouraged to utilize the practices set forth in the training, there may be fewer instances when emergency services are required.

DSS has previously offered limited training in emergency services (Appendix III). CSBs will be requested to participate in future provider training sessions offered statewide.

Recommendation 11: The General Assembly may wish to amend the Code of Virginia to require adult care residences which accept auxiliary grant recipients to allow community services board case managers into their facilities to assist residents. Community services boards should ensure that their case managers actually spend adequate face-to-face time with their clients to determine whether their residents' needs are being addressed.

DSS understands that the CSBs agree this recommendation reflects best practices. DSS will consider whether the recommendation can be implemented through regulation revision or, if it would require statutory change. DSS suggest that the patron of SJR 119 seek a response from the CSBs directly.

Recommendation 12: The Department of Social Services and the Department of Mental Health, Mental Retardation and Substance Abuse Services should consider developing staffing and programming standards for adult care residences with significant populations of residents with histories of substance abuse. These could include: (1) standards for staffing sufficient to limit residents' access to street drugs, (2) requirements permitting adult care residences to accept persons with active substance abuse problems as residents only if enrolled in a suitable treatment program, and (3) standards to require that services be provided by the community services boards or other qualified provider of substance abuse services.

DSS plans to begin revision of the ACR standards in Spring 1999. During the revision process, which the agency anticipates will take at least two years to complete, staffing and programming standards as recommended will be considered. Input from DMHMRSAS will be invited. Also, the Virginia Association of Community Services Boards supports this recommendation.

Recommendation 13: The General Assembly may wish to consider providing sufficient funding for each community services board with a threshold number of clients who reside in ACRs to have a staff position focused on ensuring that services are provided to this population. Key ancillary duties would include training and technical assistance to adult care residence staff.

DSS understands that the CSBs believe this recommendation could greatly benefit individual consumers, the ACRs and CSBs, but sufficient funding would be necessary to implement these activities. DSS suggest that the patron of SJR 119 seek a response from the CSBs directly.

Recommendation 14: The Department of Social Services should revise adult care residence standards to more clearly define the differences in services to residents between residential living, assisted living, and intensive assisted living.

DSS plans to begin revising the ACR standards in Spring 1999. During the revision process the agency will consider standards relating to differing services for different levels of care.

Recommendation 15: A stronger enforcement process should be established by the Department of Social Services, with clear time lines for enforcement action to be taken. The General

Assembly may wish to consider authorizing the Department to levy financial penalties as an additional means for obtaining compliance with the licensing standards. Consideration should also be given to establishing a list of basic standards pertaining to resident health, safety, welfare, and rights, for which any verified breach of these standards would result in a financial penalty.

At the time of the JLARC study, the Department had the authority to impose fiscal penalties for violation of regulations. Imposition required petitioning a court to impose the penalty. Legislation that became effective July 1, 1998 gives authority to the Commissioner to impose fines after an informal conference.

The Department agrees that some violations of licensing standards pose more immediate, rather than cumulative, risks and should therefore be viewed as more urgent. However, the Department also believes that the severity of a violation must be judged in context and that flexibility must be retained by the Department to determine how best to achieve protection and compliance with a case-by-case consideration of circumstances. The Department does not favor trying to develop a list of violations with "automatic' responses attached to particular standards.

The Department has taken measures to strengthen enforcement. In June 1998, all licensing inspectors participated in statewide training on enforcement actions and practices. Also, the agency's enforcement tools have been strengthened by the 1998 statutory change effective July 1 which allows the Commissioner to impose intermediate sanctions through "special orders." Instructions on implementation of special orders were issued to all staff in July. Additionally, the new licensing automated system currently under design will further support timely enforcement by identification of repeat violations and patterns of violations both by facilities and within Social Services regions.

Recommendation 16: The General Assembly may wish to amend the Practitioner Self-Referral Act to make its provisions applicable to physicians and psychiatrists who refer patients for care in any adult care residence in which they have a financial interest.

DSS plans to begin revising the ACR standards in Spring 1999. During the revision process this recommendation will be examined and considered for implementation by standards or statutory change.

Recommendation 17: The General Assembly may wish to expand adult care residence standards by identifying State agencies in addition to the Department of Social Services which should develop modules of specific adult care residence standards, such as for the care of mentally ill, mentally retarded, and substance abuse residents. All adult care residences should be required to meet a set of core standards, and facilities that wish to serve these specific populations would be required to meet standards developed specifically for those groups. Agencies which develop special modules should also be charged with determining compliance with those standards.

DSS plans to begin revising the ACR standards in Spring 1999. During the revision process this recommendation will be examined with the Secretariat and DSS and considered for implementation by standards and statutory change.

Recommendation 18: The General Assembly may wish to abolish the current rate setting process and cost reporting forms used to set monthly auxiliary grant rates for individual adult care residences. Instead, the Department of Social Services should recommend an appropriate rate annually in the State budget.

DSS has always proposed annual revision to the ACR rate in the State budget as permitted within administrative budget guidelines. As described under Recommendation 19, a joint recommendation with DMAS regarding a new rate setting process is forthcoming. Also, as a result of this work, a new rate level may be recommended for inclusion in the upcoming State budget.

Recommendation 19: The Department of Medical Assistance Services should collect appropriate financial data for prospective rate setting for assisted living services. The Department of Medical Assistance Services should take steps to improve the accuracy of financial information reported by ACRs.

DMAS and DSS are jointly completing audits on a sample of ACR provider cost reports to determine the (1) accuracy of the financial data reported; (2) the capability of the ACRs to properly account for cost of providing Auxiliary Grants (AG) and Assisted Living Services; (3) the ACRs' capability to complete accurate cost reports; and (4) proper management and accounting of recipient personal needs allowance.

Recommendation 20: The Department of Social Services licensing standards should be adjusted to reflect the need for additional personal assistance in the assisted living category of care. Consideration should be given to identifying in the Department of Social Services standards an enhanced level of care which would correspond to the intensive assisted living level of payment provided by the Department of Medical Assistance Services.

The *Code of Virginia* establishes two levels of licensing. During the Spring 1999 revision process, the agency will consider standards relating to additional personal assistance for the assisted living level of care. This will include review of care plan requirements to assure appropriate service planning and delivery for residents assessed as qualifying for intensive assisted living payments.

Recommendation 21: The General Assembly may wish to consider amending the Code of Virginia to authorize the Department of Medical Assistance Services to reduce, withhold, or suspend assisted living and intensive assisted living payments to ACRs with provisional licenses.

The Office of the Attorney General is reviewing the feasibility of implementing this

recommendation without a *Code of Virginia* change. If a *Code* change is not necessary, DMAS will take steps to administratively implement the recommendation as soon as possible.

Recommendation 22: The Department of Medical Assistance Services and the Department of Social Services should explore the feasibility of developing a medical reimbursement account for auxiliary grant residents in ACRs. DMAS should report its findings to the 1998 session of the General Assembly.

In order to develop a medical reimbursement account for Auxiliary Grant recipients, it would need to be available for the entire Medicaid population. Federal law requires that the same amount, duration and scope of benefits must be available to all Medicaid recipients. If this is to be done, it would be at considerable cost. Therefore, no action can be taken without additional funds being appropriated to DMAS for this purpose.

Recommendation 23: The Department of Social Services should conduct a review of the typical costs incurred by adult care facility residents on a monthly basis and recommend an adjustment to the personal allowance in the annual State budget process. The full amount of any increment should be provided for the personal use of the recipients.

The Auxiliary Grant (AG) Program, administered by DSS, provides a state supplement to needy, aged, blind, and disabled persons who live in an adult care residence (ACR) or in approved adult family care homes and who are eligible for Supplemental Security Income (SSI) benefits or who would be eligible except for excess income. The program is a state (80 percent) and locally (20 percent) funded financial assistance program. As of July 1, 1998, the maximum grant for an individual with no countable income is $737 per month (except for Northern Virginia Planning District 8 where there is a 15 percent differential) plus a personal allowance which may be used by the recipient for meeting minimum personal needs. This allowance is often the only funding available to the individual for the purchase of small personal-use goods and services.

A DSS study of the personal care allowance, along with the JLARC report, indicated that the previous monthly AG personal allowance of $40 did not adequately meet the needs of the AG recipients who reside in an ACR, and, in some cases, did not allow needed medical services and items to be purchased.

The personal allowance is specified by the Appropriations Act. Therefore, DSS recommended, through the annual State budget process, the AG personal allowance be increased from $40 per month to $54 per month, per resident. The increase was approved by the 1998 Session of the General Assembly and became effective July 1, 1998.

ADULT CARE PROGRAM TRAINING NEEDS

Following the JLARC report, DSS surveyed the licensing inspectors, supervisors and managers on the training needs of the adult program staff. This assessment included identification of the skills required to regulate ACRs, evaluation of the skills and abilities of current regulatory staff and determination of additional training needed. Based on the survey findings, a statewide training plan has been developed for adult care program licensing inspectors (Attachment II). In addition to these specifically identified training goals, the agency is developing a professional certification curriculum for licensing inspectors. DSS is coordinating with other state and community agencies on this training initiative; however, additional funding will be required to fully implement the plan.

THE LICENSING PROCESS AND QUALITY IMPROVEMENT

Licensing standards are designed to prevent and reduce ordinary risks to health, safety and general well-being in group care but do not assure quality beyond that minimal level. Quality is encouraged through such strategies as training, consultation and recognition of achievement through outcome-based licensure techniques. Licensing application fees are the sole funding source for adult program provider training. Quality improvement efforts could be strengthened with additional resources for provider training and education, staff development and related provider and consumer development services.

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SENATE JOINT RESOLUTION NO. 119

Senate Amendments in [ ] — February 12, 1998

Requesting the Department of Social Services [and the Joint Commission on Health Care] to report on [~~its~~ the] implementation of recommendations made by the Joint Legislative Audit and Review Commission and other issues related to licensure of adult care residences and adult day care centers.

Patrons—Gartlan, Bolling, Lambert, Schrock, Walker and Woods; Delegates: Baker, DeBoer, Diamonstein, Hall and Morgan

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Referred to the Committee on Rules

WHEREAS, the Department of Social Services (DSS) is responsible for licensure of adult care residences and adult day care centers; and

WHEREAS, the licensure process is an important part of ensuring quality care in long-term care facilities; and

WHEREAS, the 1996 General Assembly directed the Joint Legislative Audit and Review Commission (JLARC) to study services for mentally disabled residents of adult care residences; and

WHEREAS, the JLARC study identified significant deficiencies in the DSS licensure program for adult care residences; and

WHEREAS, continuous quality improvement should be an important part of ensuring quality in long-term care; and

WHEREAS, adequate staffing and training of the adult care licensure program are important parts of the program's success; and

WHEREAS, the Joint Commission on Health Care's Long-Term Care Subcommittee is curre studying long-term care licensure; and

WHEREAS, the Joint Commission on Health Care's 1997 study of long-term care identified concerns regarding the DSS adult care licensure program; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Department of Social Services report to the Chairmen of the House Committee on Health, Welfare and Institutions; the Senate Committee on Rehabilitation and Social Services; and the Joint Commission on Health Care by October 1, 1998, regarding the status of its implementation of recommendations made by JLARC, the extent to which the licensure process is being used to encourage continuous quality improvement; and staffing and training needs with the adult care component of the DSS licensure program; and, be it

[~~RESOLVED FURTHER, That the Joint Commission on Health Care shall consider the Department of Social Services' report, the 1997 JLARC study, and other information as may seem appropriate in formulating recommendations to the 1999 General Assembly regarding long-term care-related licensure.~~ RESOLVED FURTHER, That the Joint Commission on Health Care shall evaluate (i) the report of the Department of Social Services, (ii) the status of the recommendations made in JLARC's 1990 and 1997 reports on adult care residences, (iii) the appropriateness of current regulations for protecting the health, safety, and welfare residents of adult care residences as well as the interests of surrounding neighborhoods, and (iv) other issues as may seem appropriate.]

All agencies of the Commonwealth shall provide assistance to the Joint Commission on Health Care and its staff, upon request.

The Joint Commission on Health Care shall submit its findings and recommendations to the Governor and 1999 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

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Appendix II

DSS Licensing Staff Training Plan

- Basic accounting principles
- Recognizing and Working with Residents with Serious Cognitive Deficits
- Refresher Medication Management: Drug Interactions & Side Effects
- Food and Drug Interactions
- Aging Issues & Services
- Services for Younger Residents with History of Mental Illness - Definitions and Treatments
- Services for Residents with Diagnosis of Mental Retardation
- Activities Appropriate to Mentally and/or Physically Challenged Residents
- Preventing Aggression, Diffusing Aggression at the Verbal Stage
- Reviewing Medical Diagnoses, Treatments and Terms
- Evaluating Special Diets
- Nursing/medical needs of the Elderly and Disabled
- Basic Blueprint Reading

Appendix III

Adult Care Provider Training Sponsored by DSS
on
Development and Implementation of Service Plans

Workshop	Dates	No. of Sessions	Total Attendance
Individualized Service Plans	3/5/98 - 3/27/98	8	299
Individualized Service Plans: Making the ISP User Friendly	10/9/97	1	45
Individualized Service Planning	4/4/97 - 5/2/97	8	322

Adult Care Provider Training Sponsored by DSS FY93 - FY98
on
Emergency Services, Crisis Intervention, Medication and Aggressive Behavior

Workshop	Dates	No. of Sessions	Total Attendance
Refresher Course for Facility Trainers of Medication Aides	4/16/98 - 5/1/98	5	101
Emergency Preparedness	10/23/97	1	48
Train the Trainer: Facility Trainers of Medication Aides	9/12/97 - 10/31/97	4	59
Managing Problem Behaviors in the Adult Care Setting	6/4/97 - 6/27/97	8	304
Quality Assurance of Medication Management: A Workshop for Administrators of Adult Care Residences	10/18/96 - 11/15/96	8	177
Virginia Train-the-Trainer Program to Prepare Trainers of "Authorized Agents"	10/26/95 - 11/14/95	6	79
Crisis Management for the Mentally Ill	5/15/95	1	52
Positive Behavioral Support	5/9/95 - 6/28/95	8	367
Emergency Services Planning	6/28/94 - 6/29/94	2	64
Intervention Before the Crisis	3/28/94	1	18
Quality Care for the Person with Dementia/ Alzheimers Disease, Parts I and II	11/10/93 - 5/24/94	27	849
Training Staff to Care for Persons with Alzheimers and Other Dementias	8/17/93 - 8/23/93	4	193
Working with Dementia	2/6/96 - 2/20/96	8	282
Restraints: Use, Reduction and Elimination	2/21/97 - 3/21/97	8	206