IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF IOWA
CENTRAL DIVISION

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| UNITED STATES OF AMERICA,<br><br>Plaintiff,<br><br>v.<br><br>STATE OF IOWA,<br><br>Defendant. | Civil No. 4:22-cv-00398-RGE-SBJ<br><br>IMPLEMENTATION PLAN - YEAR 2 |

IMPLEMENTATION PLAN – YEAR 2

Pursuant to Paragraphs 262-264 of the Consent Decree and in accordance with the procedures laid out in those paragraphs, the State has completed its Implementation Plan for Year 2 of the Consent Decree and incorporates it in this filing.

Respectfully submitted,

**BRENNA BIRD**
Attorney General of Iowa

***/s/Lisa Reel Schmidt***
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ATTORNEYS FOR THE STATE OF IOWA

*Original E-Filed.*
*Copies E-filed to parties of record.*

**PROOF OF SERVICE**

The undersigned certifies that the foregoing instrument was served upon each of the persons identified as receiving a copy by delivery in the following manner on July 31, 2024

- ☐ U.S. Mail
- ☐ FAX
- ☐ Hand Delivery
- ☐ Overnight Courier
- ☐ Federal Express
- ☐ Other
- ☒ PACER System Participant (Electronic Service)

Signature: /s/Jasmina Tartic

IOWA | Health and Human Services

Kim Reynolds, Governor Adam Gregg, Lt. Governor Kelly Garcia, Director

July 17, 2024

Via Email

Benjamin O. Tayloe, Jr.
Deputy Chief
Special Litigation Section-4CON
U.S. Department of Justice
Civil Rights Division

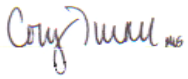
James M Bailey MCD-CCC-SLP
Bailey and Associates Consulting LLC

Re: Glenwood Resource Center Annual Implementation Plan – Year 2

Dear Mr. Tayloe and Mr. Bailey,

Enclosed is the final version of the required implementation plan for year 2 as stipulated in paragraph 260 on the consent decree. We have provided the planned (and/or taken) actions in each area, the person or positions responsible, the resources needed (as appropriate), the target completion date(s), monitoring/completion measures, and expected outcome. Additionally, as part of the year 2 implementation plan, HHS is providing a brief summary/assessment of actions that worked and adjustments that were or will be made moving forward.

Respectfully,



Cory Turner, M.L.S.
State-Operated Specialty Care Division Director
Iowa Department of Health and Human Services (HHS)

Year 2 Final Implementation Plan

**Community Integration.**

**H. Individual Support Planning, Discharge Planning, and Transition.**

**iv. Community Integration Management.**

*201.* The Lead Community Integration Manager (CIM) will carry a caseload of former GRC residents who have transitioned to the community. The Lead CIM will attend all Interdisciplinary Team (IDT) meetings for the Lead CIM's assigned members and provide insight and guidance to the IDT with respect to issues or barriers to the members' continued community integration. With respect to the members for which the Lead CIM has responsibility, the Lead CIM will be the primary contact for Managed Care Entity (MCE) case managers, Money Follows the Person (MFP) transition specialists, providers, post-move monitors, other HHS staff, and stakeholders. The Lead CIM will visit those members to which the Lead CIM is assigned on a regular basis. For issues that arise related to those members, the Lead CIM will be responsible for ensuring that those issues are resolved by collaborating with case managers, transition specialists, providers, other HHS staff, and stakeholders.

In addition to specific responsibility for former GRC residents assigned to the Lead CIM, the Lead Community Integration Manager (CIM) will be responsible for ensuring all services and supports for former Glenwood Resource Center (GRC) residents who have transitioned to the community are in place and maintained. As needed, the Lead CIM will be the liaison between the TCMs or Regional CIMs and MCEs, HHS staff, the Home and Community Based Quality Improvement Organization, providers, post-move monitors, the Woodward Resource Center of Excellence, and other stakeholders. The Lead CIM will meet with Regional CIMs on a regular basis. The Lead CIM will identify opportunities for training for case managers and providers and facilitate those opportunities.

**Person Responsible:** Shawnna Eganhouse, Lead Community Integration Manager.
**Date to be Completed:** The Lead CIM is already in place and undertaking the duties identified above.
**Resources Needed:** No additional resources needed.
**Completion Status Measure:** Former GRC residents who have transitioned to the community will continue to receive supports needed to maintain their community placement.
**Expected Outcome:** Continuous oversight over former GRC residents for approximately 365 days post-transition from GRC. Responsibility for former GRC residents who have moved to community settings will shift to the Lead CIM.

*201.* Two (2) Targeted Case Managers (TCMs) were reassigned to provide the Lead CIM with assistance for transitions and will continue to provide post-transition support for former GRC residents who have transitioned to the community. Four Regional CIMs will replace the TCMs. Each TCM or CIM, as applicable, will be assigned a caseload of former GRC residents. The TCM or CIM, as applicable, will attend all IDT meetings for their assigned members and provide insight and guidance to the IDT with respect to issues or barriers to the members' continued community integration. With respect to the members for which the TCM or CIM has responsibility, the Lead CIM will be the primary contact for MCE case managers, Money Follows

the Person (MFP) transition specialists, providers, post-move monitors, other HHS staff, and stakeholders. The TCM or CIM will visit those members to which they are assigned on a regular basis. For issues that arise related to those members, the TCM or CIM will be responsible for ensuring that those issues are resolved by collaborating with case managers, transition specialists, providers, other HHS staff, and stakeholders. The TCM or CIM will meet with the Lead CIM on a regular basis and ensure that the Lead CIM is informed about all issues and outcomes related to the members assigned to them.

**Person Responsible:** Elizabeth Matney, Director, Iowa Medicaid & Division of Administration and HHS Deputy Director; Shawnna Eganhouse, Lead Community Integration Manager.
**Date to be Completed:** The TCMs are in place. Regional CIMs will be hired and on-boarded by 9/30/2024.
**Resources Needed:** Two (2) Targeted Case Managers (in place); four Regional CIMs.
**Completion Status Measure:** Former GRC residents who have transitioned to the community will continue to receive supports needed to maintain their community placement.
**Expected Outcome:** Improved CIM support for GRC residents who have transitioned to the Community.

*205.* Woodward Resource Center (WRC) will track the number of former GRC residents that are living at WRC.

**Person Responsible:** Marsha Edgington, Superintendent.
**Date to be Completed:** 6/30/2024.
**Resources Needed:** Tracking mechanism to identify former GRC residents living at WRC.
**Completion Status Measure:** Complete when the term of the Consent Decree ends.
**Expected Outcome:** Former GRC residents living at WRC will be tracked.

*206.* Community Integration Dashboard will continue to be available at the following link: Microsoft Power BI (powerbigov.us)

*207.* Resource Center (RC) 2023 Annual Barrier report will be published in the Fall of 2024 for the calendar year 2023. This report contains data about the identified barriers of all persons residing in the Resource Centers' Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDs) programs as of December 31, 2023, and who have been identified as having at least one barrier to moving from the campus to a community setting.

**Person Responsible:** Marsha Edgington, Superintendent.
**Date to be Completed:** 12/1/2024.
**Resources Needed:** No additional Resources Needed.
**Completion Status Measure:** Data and information will be collected, aggregated, and analyzed regarding identified barriers to living in the most integrated setting for all persons living in a resource center.
**Expected Outcome:** Publication of the report.

*207.* Policy subject matter experts (SMEs) for the Learning Management System (LMS) will review the Barrier Report and use the information to develop new learning modules or supplement existing learning modules for case managers and providers.

**Person Responsible:** Elizabeth Matney, Director, Iowa Medicaid & Division of Administration and HHS Deputy Director.
**Implementation and Completion Dates:** Barrier reports will be reviewed by March 31, 2025; learning modules complete by June 30, 2025.
**Completion Status Measure:** Learning module revision or completion.
**Expected Outcome:** Case managers and providers are educated on barriers to transition and their solutions; better outcomes for former GRC residents living in the community.

*207.* Barrier reports will be distributed to Lead CIM and Regional CIMs to determine whether changes in procedures or approaches to post-transition processes are needed to prevent barriers from impeding the continued integration of former GRC residents who have moved to the community.

**Person Responsible:** Shawnna Eganhouse, Lead Community Integration Manager.
**Date to be Completed:** March 31, 2025.
**Resources Needed:** None.
**Completion Status Measure:** CIMs will complete review and identify any changes in policies or procedures that would prevent pre-transition barriers from becoming post-transition barriers.
**Expected Outcome:** Improved CIM support for former GRC residents living in the community.

*209.* Three Social Workers were hired and trained to replace GRC staff who had been conducting post-move monitoring before GRC's closure. As vacancies occur, they will be filled and trained. The assigned Social Worker will conduct in-person post transition monitoring follow-up visits at 7, 30, 60, and 90 days. Virtual or telephone post-move monitoring visits will be completed at 120, 150, and 180, 240 and 300 days. A final in-person post transition visit will be scheduled between 350-365 days. Oversight will be transferred to external case management at 365 days, unless the totality of the circumstances indicates that continued facility-led post-move monitoring is necessary to ensure the safety of the transitioned individual. Post-move monitoring visits will be documented using the standard checklist (Appendix A.: Resource Center Transition Monitoring Checklist) and the documentation will be included in the individual's Interdisciplinary Program Records (IPR) chart. PMM will include ensuring that the new provider has a current person-centered individual support plan in place, consistent with the requirements of paragraph 183.

**Person Responsible:** Marsha Edgington, Superintendent of WRC.
**Date to be Completed:** Approximately July 1, 2025. The Social Workers have been hired and have already undertaken the post-move monitoring. They will continue post-move monitoring until each transitioned individual is approximately 365 days post transition.
**Resources Needed:** Social Workers.
**Completion Status Measure:** All former GRC residents are approximately 365 days post-transition.
**Expected Outcome:** The individual's provider is adequately addressing supports, required services are in place according to the timeframes agreed upon in the individual's transition plan, and ensuring the new provider has a current person-centered ISP in place.

*209.* The State will fairly distribute the workloads of the PMM Social Workers according to cadence of visits, acuity of the individuals assigned, the geography of the individuals, and the acuity of the provider. It will alter the assignments if needed. The State will use its GRC Post-Move Monitor SharePoint data to identify trends specific to the Social Workers and their effectiveness at identifying and resolving issues for the transitioned individuals.

**Person Responsible:** Marsha Edgington, Superintendent.
**Date to be Implemented:** 7/1/2024.
**Date to be Completed:** 6/30/2025.
**Resources Needed:** Superintendent review.
**Completion Status Measure:** The needs and supports of former GRC residents who have transitioned to the community continue to be timely addressed and resolved.

*210.* Post-Move Monitoring Social Workers will continue to work with Managed Care Organizations (MCO) case workers and Money Follows the Person (MFP) transition specialists to ensure community case management is provided to former GRC individuals that have transitioned to the community for 365 days post transition.

**Person Responsible:** Marsha Edgington, Superintendent.
**Date to be Implemented:** 6/30/2024.
**Date to be Completed:** 6/30/2025.
**Resources Needed:** Three Social Workers to work with MCO case managers and MFP transition specialists (already in place).
**Completion Status Measure:** Oversight of all individuals who have transitioned from GRC has been transferred to external case management.
**Expected Outcome:** All individuals continue to be supported in the community living option of their choice.

*210.* MCO case managers and MFP transition specialists that provide case management services to former GRC residents will receive training in Post-Move Monitoring and Post-Move Monitoring Community Thresholds.

**Person Responsible:** Marsha Edgington, Superintendent; Shawnna Eganhouse, Lead Community Integration Manager.
**Date to be Completed:** 12/31/2024.
**Resources Needed**: None, Consent Decree Monitor and/or Monitor Team members have completed development of and instruction. The training has been recorded to be used to train case managers and transition specialists who have not yet received the training.
**Completion Status Measure:** MCO case managers and MFP transition specialists have received training in Post-Move Monitoring and Post-Move Monitoring Community Thresholds.
**Expected Outcome:** MCO case managers and MFP transition specialists will have a better understanding of the requirements of post-move monitoring per the Consent Decree and the additional follow-up and tracking of post-move monitoring community thresholds. This training will allow for documented improvement in identification, tracking, and resolving issues/incidents experienced by individuals who have left GRC.

*210.* MCO and MFP contracts will be reviewed to ensure consistency with the requirements of paragraph 210 of the Consent Decree and, if the contracts are not consistent with the Consent Decree, the contracts will be updated to reflect additional oversight.

**Person Responsible:** Elizabeth Matney, Director, Iowa Medicaid & Division of Administration and HHS Deputy Director.
**Date to be Completed:** 12/31/2024.
**Resources Needed:** No additional resources.
**Completion Status Measure:** Contracts are reviewed and, if needed, revised.

**Expected Outcome:** MCO and MFP contracts will consistently reflect the requirements of the Consent Decree.

*210.* The State will require MCOs to develop a comprehensive program for monitoring, on an ongoing basis, the effectiveness of the case management processes. The program must include a description of the program, along with its policies and procedures and must include remediation of all individual findings identified through its monitoring process; tracking and trending such findings and remediation to identify systemic issues of marginal performance and/or noncompliance; implementing strategies to improve CBCM processes and resolve areas of non-compliance and measuring the success of such strategies in addressing identified issues. The MCO contract managers will verify contract compliance and monitor remediation and corrective actions.

**Person Responsible**: Elizabeth Matney, Director, Iowa Medicaid & Division of Administration and HHS Deputy Director.
**Implementation Date:** 7/1/2024.
**Date to be Completed**: 6/30/2025.
**Resources Needed:** No additional resources. This is required in the current MCO contract, and the current MCO contract managers have oversight over MCO compliance.
**Completion Status Measure**: MCOs develop and implement a case management monitoring process.
**Expected Outcome**: MCO case management services ensure that former GRC residents who have transitioned to the community are receiving the supports needed for continued community integration.

*210.* The State will require Transition Specialist Supervisors to provide quality oversight by completing reviews of a minimum of 10% of person-centered service plans and documentation completed by transition specialists each month. Results of the reviews will be provided to the MFP Contract Manager each month using a reporting tool for quality oversight provided by the Agency. The MFP contract manager will verify contract compliance and the MFP Policy Program Manager will verify quality of services through monthly desk monitoring of written work products submitted and bi-weekly and review the results of monthly oversight activities related to documentation. The MFP Contract Manager will issue any notifications of contract compliance issues and monitor remediation and corrective actions.

**Person Responsible:** Elizabeth Matney, Director, Iowa Medicaid & Division of Administration and HHS Deputy Director.
**Implementation Date**: 7/1/2024.
**Date to be Completed:** 6/30/2025.
**Resources Needed:** No additional resources. This is required in the current MFP contract and the current MFP contract manager and MFP Policy Program Manager have oversight over MFP compliance.
**Completion Status Measure:** The reviews have been conducted in accordance with the oversight requirements.
**Expected Outcome**: MFP transition specialist services ensure that former GRC residents who have transitioned to the community are receiving the supports needed for continued community integration.

*210*. The State shall require MCOs and the MFP contractor to ensure that all case managers and transition specialists serving the Target Population complete the Agency-identified initial

LTSS training curriculum on the Agency's Learning Management System (LMS) platform and complete the refresher LTSS curriculum on an annual basis. The State will require the MCOs and the MFP contractor to maintain documentation of staff names and completion dates of all State required training.

**Person Responsible:** Elizabeth Matney, Director, Iowa Medicaid & Division of Administration and HHS Deputy Director.
**Implementation Date:** MCO case managers 7/1/2024; MFP transition specialists 12/31/2024.
**Date Completed:** 06/30/2025.
**Resources Needed:** Training created and delivered.
**Completion Status Measure:** Training is complete and case managers and MFP transition specialists demonstrate competence.
**Expected Outcome:** MCO case managers and MFP transition specialists ensure that former GRC residents who have transitioned to the community are receiving the supports needed for continued community integration.

*211.* Prior to closure, a GRC Strike Team was developed to assist with transitions, provide support to community providers, and assist with post-move monitoring. Providing support to community providers included offering both general and specialized training for community providers before and after individuals transitioned to the community. Those post-transitions duties have been transferred to the WRC Center of Excellence Outreach Team. As of June 21, 2024, the WRC Center of Excellence has hired a team of clinicians, including a Social Worker 2, an Occupational Therapist, a Physical Therapist, a Speech and Language Pathologist, a Registered Nurse, a Board-Certified Behavioral Analyst and two Training Specialists. The Outreach Team will also include an Accounting Technician and a Licensed Psychologist. The Outreach Team is providing and will continue to provide consultative and assistive services, including reducing the risk for individuals with an intellectual disability, by helping community providers identify barriers to health living. The team will improve systemic support to community providers to serve individuals with complex care needs in integrated settings by offering consulting services, assessment, training, and assistance with plan development.

**Person Responsible:** Marsha Edgington, Superintendent.
**Date Implemented:** June 30, 2024.
**Date to be Completed:** Accounting technician to be hired by 8/31/2024; licensed psychologist to be hired or contracted by 11/1/2024.
**Resources Needed:** WRC Center of Excellence Outreach Team will include ten (10) positions: Social Worker 2, Occupational Therapist, Physical Therapist, Speech and Language Pathologist, Registered Nurse, Board-Certified Behavioral Analyst, Psychology Administrator (Licensed Psychologist), two Training Specialists, and an Accounting Technician 2.
**Completion Status Measure:** Individuals are provided personalized, formalized, and comprehensive support for 365 days post-transition as outlined in the GRC Consent Decree. The Outreach Team activities extend beyond GRC residents; therefore, the Outreach Team will continue in its capacity as a resource for all transitions beyond 365 days post transition.
**Expected Outcome:** Improve transition outcomes and enhance services provided in the community to individuals living with an intellectual disability.

*209/211.* A quality assurance review will be completed on a 10% sample of the Post Move Monitor (PMM) checklists completed each month for former GRC residents within at least 365-day post-discharge follow-up period. The 10% sample will be based on the scheduled post-transition follow-up visits.

**Person Responsible:** Marsha Edgington, Superintendent.
**Date to be Implemented:** 6/30/2024.
**Date to be Completed:** 7/1/2025.
**Resources Needed:** Establishment of a new PMM QA review group upon GRC closure.
**Completion Status Measure:** Improved, thorough completion of the PMM Checklists with improved identification and follow-up of any areas of concern or unmet supports for the individuals.
**Expected Outcome:** The individual's provider is adequately addressing supports and required services are in place according to the timeframes agreed upon in the individual's transition plan.

*211.* The GRC Post-Move Monitor SharePoint site will continue to track incidents meeting any of the identified community thresholds for former GRC residents within the 365-day post discharge follow-up period. An incident must be entered into the GRC SharePoint site as a Post-Move Monitoring Incident Report. Once a threshold has been met, a record will be created in the Community Threshold Log SharePoint site. Documentation pertaining to any incident identified as a community threshold will be documented into the GRC SharePoint site as well as documented into the individual's electronic medical record (IPR). Appropriate follow-up will be completed, with additional follow-up completed by WRC clinicians, as needed.

**Person Responsible:** Marsha Edgington, Superintendent.
**Date to be Completed:** On-going until all former GRC residents have completed their 365-day post discharge follow-up period.
**Resources Needed:** Continued support from the Office of Specialty Care Executive Officer 3 to monitor and maintain the PMM SharePoint site.
**Completion Status Measure:** All former GRC residents have completed their 365-day post discharge follow-up period and incidents/thresholds have been addressed, risk mitigated, and the individual is back to baseline.
**Expected Outcome:** Issues will be addressed with **r**esponses reflecting the individualized identified needs and the level of urgency needed to mitigate any identified risks.

**K. Effective Quality Management.**

*230.* The State will use and refine the GRC Post-Move Monitor SharePoint site to collect and evaluate reliable data with respect to former residents of GRC who have transitioned to the community for 365 days post-transition. Aggregate community threshold incident data collected via the GRC Post-Move Monitor SharePoint site will be reviewed on at least a monthly basis by the HHS Central Office Management Analyst 3, the HHS Central Office Executive Officer 3, WRC Superintendent, HHS Community Integration Manager and the Division Director, State-Operated Specialty Care Division (Iowa HHS Central Office) to identify trends in the data by individual, provider, or threshold type to determine any needed actions/additional follow-up is required and if a Performance Implementation Plan may be warranted.

Findings and actions from these reviews will be documented and assembled into the 6-month reports to be completed in January 2025 and July 2025. The report will include the data, measures, and trends; preventative, corrective, and improvement actions taken; and the effectiveness of those actions. At an individual level, the State will continuously incorporate into the IPR the individual data, measures, and trends; preventative, corrective, and improvement actions taken; and the effectiveness of those actions.

**Person Responsible:** Marsha Edgington, Superintendent.
**Implementation Date:** 7/15/2024.
**Date to be Completed:** 7/31/2025.
**Resources Needed:** Continued support from the State-Operated Specialty Care's Office of Facility Support (OFS), Executive Officer 3 for Data and Quality Management to refine, monitor and maintain the PMM SharePoint site and create reports as requested.
**Completion Status Measure:** When all former GRC residents are 365 days post transition, and the July, 2025 report is completed.
**Expected Outcome:** Improve post-transition outcomes.

**What Worked.**

Over the past year, new policies, procedures, and protocols have been written and implemented, and existing policies, procedures, and protocols have been reviewed and revised to meet or be consistent with the Consent Decree. These include but are not limited to the following areas: medical, nursing, psychiatry, human rights, post move monitoring, transition planning, restraints, and restrictive interventions.

Research is no longer being completed at GRC. The GRC Research policy was revised and trained to GRC staff. The policy required the GRC Superintendent to monitor for policy compliance by confirming with GRC Leadership and Department Heads, on a quarterly basis, whether research had been conducted at GRC. The policy required that confirmation be documented and be kept by the Superintendent's Secretary. The policy required an HHS Central Office designee to annually review whether research had been conducted at GRC.

On 2/4/2023, Dr. Jose Angel was hired as Chief Medical Officer to oversee medical services at GRC. Over the past year, Dr. Angel's leadership has improved medical services and practices at GRC. He has promoted and provided a space for collaborative efforts among medical, nursing, psychiatry, and psychological services. Dr. Angel is the Chairperson for the morning medical meetings. The morning medical meetings are multidisciplinary meetings to discuss individuals that have been hospitalized or individuals seen in the ER, pertinent events from the last 24 hours or weekend depending on acute and chronic changes in clinical condition, and to discuss treatment goals and treatment options.

Individuals' diagnoses on the face sheet in their Interdisciplinary Program Records (IPR) chart are reviewed at each quarterly drug regimen review and at the individual's annual medical exam. Diagnoses are updated and clarified.

An Antibiotic Stewardship program and the McGeer screening tool for antibiotic prescribing were implemented. A procedure outlining the Antibiotic Stewardship program was written and implemented, and staff were trained on the procedure. Monthly Infection Control Committee meetings are held and include review and monitoring of trends related to facility infection rates. The committee also monitors for proper implementation of and adherence to infection control policies and procedures.

The Nurse Clinician continues to make visits to the hospital for those admitted, to ensure supports are appropriate, and to monitor individual for skin breakdown. The initial visit occurs no later than 24 hours after admission, with consecutive visits occurring every 2 days thereafter until discharge.

The Medication Variance Committee continues to meet once a week (pending cases) to ensure timely trainings or management action is put in place. This has assisted in the reduction of medication variances.

Qualified Intellectual Disability Professionals (QIDP) medication administration observation monitors are completed and reviewed at the Medication Variance Committee meeting and, if there are any discrepancies, a plan of correction is put in place including training, retraining or management action. Resident Treatment Supervisors (RTS) also complete additional weekly medication administration observation monitors. This has assisted in the reduction of medication variances.

Nurses are utilized for medication administration on every shift, both shifts with very minimal CMA utilization only when absolute need arises. This has assisted in the reduction of medication variances.

On October 25-26, 2023, GRC's Mortality Review Committee including the Superintendent, Director of Quality Management, medical providers, Treatment Program Administrators, Administrator of Nursing, Assistant Superintendent of Program Services, investigators, and HHS Management Analyst 3 completed a Mortality Review and Death Investigations training provided by LRA Consultants. The training covered the following topics: typologies of death, the mortality review process and its relationship to incident management and quality improvement, the relationship of death investigations to the investigation of other serious incidents, the investigatory question in the context of investigating a death. investigative tools when responding to incidents of death, explanation: proximate, antecedent and root cause(s) of death, special problems in conducting interviews related to death, conducting medical reviews and an introduction to root cause analysis.

Trauma informed care training was delivered to each clinician in the psychology department as well as psychology assistants to better understand the behavioral manifestation of trauma in the ID population.

Psychology Standard Operating Procedures are continually revised as needed for changes in practice.

Two Quality Assurance Coordinators were hired in July 2023 to assist the Quality Management department to more actively participate in meetings and quality management practices.

Restrictions are reviewed at 30, 60 or 90 days, instead of annually by the IDT and the Human Rights Committee. This was huge undertaking by the IDTs but has challenged the teams to closely consider if the restriction is really currently needed and whether the restriction will be needed in the community.

The Woodward Resource Center (WRC) Pharmacist conducts Quarterly Drug Regimen Reviews (QDRR) for individual's currently living at GRC. Medical provider and psychiatrist, if applicable, will review the QDRR. Follow-up required from recommendations on the QDRR will be reviewed by the Pharmacy and Therapeutics Committee (P&T Committee).

Each individual living at GRC has a transition plan in place. The transition plans are continually updated throughout the transition process. A more comprehensive transition plan template was

implemented to ensure the individual is supported and successful in the community. This document is continually updated throughout the transition process. The document was first used on 6/2/2022, with the most recent revision completed on 2/28/2024. The 2/28/24 version incorporates the Consent Decree line items.

A Post-Move Monitoring tool was created for the 365-day period following an individual's transition. GRC's Post Move Monitor document was implemented on 11/20/23. When implemented, the Post-Move Monitoring Document was used for any former GRC resident with a monitoring visit scheduled at 240 days or less. This document outlines timelines for follow-up visits and identifies which visit s must be in person and which visits may be virtual or via telephone. The Post-Move Monitoring Document outlines the individualized supports needed for the individual. Post-Move Monitoring visits may be done in coordination with Money Follows the Person (MFP) transition specialists and Managed Care Organization (MCO) case managers.

The State implemented a GRC SharePoint site to track incidents that meet the 20 identified Community Thresholds for former GRC residents within the 365-day period post transition. An incident must be entered into the GRC SharePoint site as a Post-Move Monitoring Incident Report. Once a threshold is met, a record is created in the Community Threshold Log. Documentation related to any incident within the scope of Community Thresholds is documented in the SharePoint site and the Individuals IPR. Appropriate follow-up is completed and tracked on the site.

Social Work offices were moved to a more centralized, fully accessible location, which has helped increase individual and IDT attendance at transition meetings. An OWL video conferencing system was installed to improve the meeting experience for those attending virtually. The OWL system allows people attending virtually to see everyone in the room.

Town Hall meetings with the HHS Director are held on a regular basis, with separate meetings held for GRC and WRC guardians. These meetings are used to discuss guardian concerns and recommendations regarding the Consent Decree.

The HHS State-Operated Specialty Care Division Director, as well as other staff within the State-Operated Specialty Care Division continue to complete regular monthly in-person visits, engaging with persons served, guardians, and staff at various levels within the organization, with the goal of establishing multiple points of contact and sources of information. The Management Analyst 3 and/or Executive Officer 2 (SRC Liaison) regularly attends the following meetings: Quality Council, Incident Review Committee, Restraint Reduction, Pharmacy & Therapeutics, and Human Rights Committee. The HHS State-Operated Specialty Care Division Director regularly reviews the Quality Council reports and Restraint Reduction Committee documents prior to the meetings and provides comments or questions with a needed response form the committee. The minutes from these meeting reflect this input.

The HHS State-Operated Specialty Care Division Director continues to review and approve all policies and subsequent amendments. The HHS State-Operated Specialty Care Division Director continues to provide final approval on all GRC policies.

GRC prohibits the use of seclusion.

**Adjustments.**

On 3/27/2024, two (2) Targeted Case Managers (TCMs) were reassigned to provide the Community Integration Manager (CIM) with additional assistance for community monitoring under guidance of the CIM. The two (2) TCMs will assist the current CIM in overseeing facility to community transitions and will provide support for challenging placements.

On 3/28/2024, a Strike Team was developed and implemented to assist with transitions, provide support to community providers, and assist with post-move monitoring. Providing support to community providers includes offering both general and specialized training for community providers before and after individuals transition to the community. WRC clinicians will fulfill roles of the GRC Strike Team to bridge the gap between closure of GRC and finalization of the WRC Center of Excellence.

On 4/1/2024, Dr. Matt Horvath, WRC Psychiatrist, was temporarily reassigned to be on-site at GRC three days a week to provide dedicated psychiatry assistance and psychiatric leadership. Dr. Horvath will attend transition meetings, annual Individual Support Plan (ISP) meetings and Quarterly Integrated Review (QIR) meetings for individual's receiving psychiatric services at GRC. The lead psychiatrist will attend, in person or virtually, at least one transition meeting per individual transitioning from GRC that is receiving psychiatric services. This will usually be the 2nd or 3rd meeting to discuss the individual's psychiatry discharge report. The lead psychiatrist will prioritize attendance at transition meetings, then annual ISP meetings and then QIR meetings, as time allows in his schedule. A protocol was written to outline these expectations and Dr. Horvath was trained on the protocol.

In addition, a Psychiatry Discharge Summary form will be completed for each GRC individual that is receiving psychiatric services while a resident. This will include a "warm hand off" (phone call) to the individual's new psychiatric provider to discuss this individual. A copy of the form will be faxed, emailed, or mailed to the new provider for their records. A protocol was written outlining this expectation with training provided to the psychiatrists.

Individuals will also be present for their psychiatric encounters. Individuals will attend their psychiatric consultations, or the psychiatric consultation will be moved to accommodate the individual. If an individual was not able to attend their psychiatric encounter, the individual's psychiatrist is required to go to the individual's home to put "eyes on" the individual. Protocol and training were completed with psychiatrists, Medical Director, Qualified Intellectual Disability Professionals (QIDP), Treatment Program Administrator (TPA), Assistant Superintendent of Treatment Program Services, Superintendent and HHS Central Office Management Analyst 3.

On 4/3/2024, GRC contracted with a transition specialist to oversee and approve all future transitions from GRC. Weekly Transition Quality Assurance meetings have been implemented in coordination with the Transition Specialist and GRC Leadership members to ensure quality and ongoing reviews of recent and upcoming transitions from GRC.

A Quality Assurance Review of GRC Transition Plans Protocol was written on 3/26/2024 to outline the quality assurance process to be completed of an individual's transition plan prior to the individual moving from Glenwood Resource Center (GRC) to another placement. Prior to an individual's move, the individual's transition the GRC or WRC Assistant Superintendent of

Integrated Services will complete an initial quality assurance review. Once the initial quality assurance review has been completed, the transition plan will be sent to the HHS Community Integration Manager (CIM), HHS Central Office Management Analyst 3 (MA3), and GRC Director of Quality Management (QM) for quality assurance review. As part of this process, the CIM will complete the SRC Transition Approval Document and will send to the GRC Superintendent and HHS Central Office Management Analyst 3, documenting approval of the individual's transition plan and documenting approval for the individual to transition from GRC. A copy of the signed SRC Transition Approval Document will be keep in each individual's transition folder.

Three (3) Social Worker positions have been hired to continue to conduct Post-Move Monitoring visits post closure of GRC. The assigned Social Worker will conduct an in-person post transition monitoring follow-up visit at 7, 30, 60, and 90 days. Virtual or telephone post-move monitoring visits will be completed at 120, 150, 180, 340 and 300 days. A final in-person post transition visit will be scheduled between 350 – 365 days. Oversight will be transferred to external case management at 365 days. Post-move monitoring visits will be documented using the standard checklist (Appendix A.: Resource Center Transition Monitoring Checklist) with documentation completed in the individual's Interdisciplinary Program Records (IPR) chart.

On 4/1/2024, a G-J Tube Education plan was established with Sally Stimson, Interprofessional Simulation Administrator with Clarkson College. The education plan includes on-line training and testing followed by hands-on training and competency-based testing. As 5/8/2024, of GRC's thirty-two nurses, thirty have completed the on-line training and twenty-one have completed the hands-on training and testing. On 5/17/2024, the remaining nurses will complete the hand-on training and testing. 6/11/2024, a memo regarding the G/J tube training offered by Clarkson College was sent to seven (7) community providers of former GRC residents with a G, J or G/JJ tube. A memo was not sent to WRC, as WRC nurses were trained when GRC nurses were trained in May.