State Health Services Plan Task Force SIMCOM Meeting

Agenda

April 24, 2025, at 10:30 a.m.

VIA WEBEX

1. Call to Order and Welcome – Paul Dreyer, Chair
2. Roll Call
3. Review of Agenda – Val Hornsby, Policy Analyst
4. Approval of Meeting Minutes
5. Public Comment Period
6. Review of Recommendations – Val Hornsby, Policy Analyst
    a. Discussion & Voting
7. Discussion of HB 2119/ SB 1203
8. Wrap-Up and Next Steps
9. Meeting Adjournment

SIMCOM = Substance Abuse, ICF/IID, and Medical-Rehabilitation Services Committee

SIMCOM Meeting

April 24, 2025 Meeting

Roll Call

Review of the Agenda

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Public Comment Period

Public Comment Period

- There is a two-minute time limit for each person to speak
- After the two-minute public comment limit is reached, we will let you complete your sentence and move of to the next attendee

Review of Meeting Materials

SIMCOM Recommendations

ICF/IID Services Recommendations

- Maintain the following standards set in the State Medical Facilities Plan:
- Alternatives to proposed service are not available in the service area;
- Documented source of referrals for the proposed new facility;
- Continuum of care standard;
- Distinct factors affecting access to care that require development of a new ICF/IID;
- Alternatives to creating a new ICF/IID consistent with the Medicaid waiver program considered;
- Ancillary and supportive services needed for the new facility are available;
- Service alternatives for residents of the proposed new facility are available;
- Transfer agreement for emergencies; and
- ICF/IIDs meet licensure standards from DBHDS.
- Change standard that new facility will have a maximum of 12 beds as consistent with DBHDS.

Medical-Rehabilitation Services Recommendations

- Maintain 60-minute drive time standard.
- Maintain formula and standard for determination of need for medical-rehabilitation beds.
- Maintain 80% utilization standard for expansion of services for medical-rehabilitation beds.
- Maintain standard of demonstrating need and that service does not exist in planning district.
- Maintain preference for expansion by conversion of underutilized medical/surgical beds.
- Maintain physician staffing standard.

Substance Use Disorder Services Recommendations

- Maintain 60-minute drive time standard.
- Maintain formula and standard for determination of need for substance use disorder services.
- Maintain indigent care requirements.
- Maintain standards for formal agreement with community service boards.
- Maintain TDO preference for substance use disorder services.
- Adopt changes proposed for substance use disorder services that the full SHSP Task Force adopted for psychiatric services.

Discussion & Voting

Discussion of HB 2119/SB1203

Wrap-Up and Next Steps

Meeting Adjournment

Agenda
April 8, 2025, at 2:00 p.m.
Hearing Room 2, Perimeter Center
9960 Mayland Drive, Henrico, VA 23233

Task Force Members in Attendance (alphabetical by last name): Karen Cameron; Paul Dreyer; Deepak Madala; Tom Orsini.

Staff in Attendance (alphabetical by last name): – Erik O. Bodin, COPN Director, VDH OLC; Geoff Garner, Senior Policy Analyst, VDH OLC; Val Hornsby, Policy Analyst, VDH OLC.

1. Call to Order and Welcome – Paul Dreyer, Chair

   Mr. Dreyer called the meeting to order.

2. Roll Call

   Mr. Hornsby took the role.

3. Adoption of Virtual Policy & Bylaws

   Mr. Hornsby explained the necessity to adopt a remote participation policy and bylaws for the committee and that the full Task Force will readopt its expired remote participation policy and bylaws at the next full Task Force meeting. At that upcoming Task Force meeting, the bylaw changes will reflect that the remote participation policy and bylaws for the SHSP Task Force will apply to all future committees who would then not need to adopt said policies.

   The committee adopted the bylaws and virtual policy of the Task Force with the amendment that the committee may have 50% of meetings or 2 meetings, whichever is greater, in accordance with § 2.2-3708.3 of the Code of Virginia.

   Ms. Cameron moved the virtual policy to which Mr. Madala seconded, and the committee approved unanimously. Ms. Cameron moved the bylaws to which Mr. Orsini seconded, and the committee approved unanimously.

4. Review of Agenda – Val Hornsby, Policy Analyst

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Mr. Hornsby reviewed the agenda.

5. Public Comment Period

No members of the public signed up for public comment.

6. Review of Data and Recommendations – Val Hornsby, Policy Analyst

Mr. Hornsby began reviewing the data and recommendations with the committee members.

The committee decided not to vote on any recommendations at this meeting but wait until the next meeting.

a. Discussion

VDH staff explained that currently, ICF/IIDs are not issued a license by the Department of Behavioral Health and Developmental services for a facility with more than 12 beds, and any projects reviewable by COPN would be over that threshold of beds, so there are not projects reviewable by COPN for ICF/IIDs at present.

Mr. Madala offered a study that gave recommendations on COPN to VDH staff regarding ICF/IIDs.

Mr. Hornsby presented the data and recommendations on Medical-Rehabilitation services.

The committee members discussed what a 20-30 bed standard would look like for these services based off of what VDH staff was seeing in other states.

VDH staff explained that this may be challenging given the services vary with a medical rehabilitation hospital versus med-rehab beds in a hospital which would have a significantly lower need.

The committee agreed that given the nuances of how medical rehabilitation services are offered, a bed standard does not make sense for Virginia.

VDH staff presented the data and recommendations on substance abuse services.

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Ms. Cameron asked about the methodology for substance abuse services to which Mr. Bodin replied that it is the same as inpatient psychiatric services.

The committee and VDH staff discussed how more services had moved to a residential and outpatient setting for substance abuse services, which are not regulated under COPN.

The committee members discussed how Medicaid expansion has affected inpatient substance abuse services as well as how a Medicaid standard makes sense for COPN review criteria.

The committee suggested breaking substance abuse services separately from psychiatric services and referring to these services as "substance use disorder services" instead of "substance abuse services."

7. Wrap-Up and Next Steps

The committee decided on Thursday April 24th, at 10:30 AM for their next meeting, which will be held virtually.

8. Meeting Adjournment

The committee adjourned at 3:05 PM.

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SIMCOM Recommendations

ICF/IIDs

- Maintain the following standards set in the State Medical Facilities Plan:
    - Alternatives to proposed service are not available in the service area;
    - Documented source of referrals for the proposed new facility;
    - Continuum of care standard;
    - Distinct factors affecting access to care that require development of a new ICF/IID;
    - Alternatives to creating a new ICF/IID consistent with the Medicaid waiver program considered;
    - Ancillary and supportive services needed for the new facility are available;
    - Service alternatives for residents of the proposed new facility are available.
    - Transfer agreement for emergencies; and
    - ICF/IIDs meet licensure standards from DBHDS.
- Change standard that new facility will have a maximum of 12 beds as consistent with DBHDS regulations.

Medical Rehabilitation Services

- Maintain the following standards set in the State Medical Facilities Plan:
    - 60-minute drive time standard;
    - Formula and standard for determination of need for medical rehabilitation beds;
    - 80% utilization standard for expansion of services for medical rehabilitation beds;
    - Standard of demonstrating need and that service does not exist in planning district;
    - Preference for expansion by conversion of underutilized medical/surgical beds; and
    - Physician staffing standard.

Substance Use Disorder Services

- Maintain the following standards set in the State Medical Facilities Plan:
  - 60-minute drive time standard;
  - Formula and standard for determination of need for substance use disorder services;
  - Indigent care requirements;
  - Standards for formal agreement with community service boards; and
  - TDO preference for substance use disorder services.
- Adopt changes proposed for substance use disorder services that the full SHSP Task Force adopted for psychiatric services which is as follows:
  - Remove the paragraph beginning “for the purposes of this methodology;” and
  - The following paragraph as a replacement for 12VAC5-230-860.C. with the prpopsed change in language from "substance abuse services" to "substance use disorder services."

“To ensure the appropriate levels of patient care, providers of acute psychiatric and acute substance abuse treatment must show evidence of providing or the commitment to provide a continuum of ambulatory services, aligned to their acute care patient population. The continuum may be accomplished through formal relationships with community-based providers.”

Virginia Board for People With Disabilities ICF/IID Recommendations

Recommendation 1:
The Virginia General Assembly should amend the Section 32.1-102.1:3 of the *Code of Virginia* to require ICF/IIDs with more than six beds to obtain a Certificate of Public Need prior to development.

Recommendation 2:
The Virginia General Assembly should amend Section 37.2-315 of the *Code of Virginia* to specify that the Department of Behavioral Health and Developmental Services' Comprehensive State Plan should address future demand versus supply for Medicaid residential services for people with disabilities, by type of service including ICF/IIDs. The analysis of future demand and supply should consider the barriers to serving people in home- and community-based settings, and the impact of feasible options for addressing those barriers.

Recommendation 3:
The State Health Services Plan Task Force should consult with the Department of Medical Assistance Services and the Department of Behavioral Health and Developmental Services when identifying recommended Certificate of Public Need criteria for ICF/IIDs in the revised State Health Services Plan.

Recommendation 4:
The State Health Services Plan Task Force should recommend the adoption of, and the Board of Health should adopt, the following Certificate of Public Need criteria for ICF/IIDs in the forthcoming State Health Services Plan for ICF/IIDs: i) Criteria in the current State Medical Facilities Plan, per 12 VAC 5-230-870, amended per Recommendation 24 to reduce the bed limit from 20 to 12; ii) The ICF/IID is in an area that needs additional ICF/IID capacity, as identified by the Department of Behavioral Health and Developmental Services' Comprehensive State Plan amended per Recommendation #2 to include ICF/IIDs; iii) The ICF/IID would be consistent with Virginia's Settlement Agreement with the U.S. Department of Justice to serve individuals in the most integrated setting, consistent with individual choice; and iv) The ICF/IID's operations will enable individuals to fully participate in their communities.

Recommendation 5:

The Department of Behavioral Health and Developmental Services should expand its annual Level of Care Reviews, which are currently conducted for children's ICF/IIDs, to include all ICF/IIDs.

Recommendation 6:

The Department of Behavioral Health and Developmental Services should expand its annual training on alternative services in the community, which is currently offered to staff at children's ICF/IIDs, to include all ICF/IIDs so they can adequately conduct their comprehensive assessments and reassessments required per 12 VAC 30-60-361.

Recommendation 7:

The Virginia General Assembly should provide any additional funding necessary for the Department of Behavioral Health and Developmental Services to expand its annual Level of Care Reviews (see Recommendation 5) and annual training on alternative community services (see Recommendation 6), from children's ICF/IIDs to all ICF/IIDs.

Recommendation 8:

The Department of Behavioral Health and Developmental Services should expand its quarterly Regional Support Team report to include (i) Analysis of the barriers specific to individuals seeking admission to, or discharge from, ICF/IIDs; and (ii) Analysis of the barriers that were resolved, with respect to individuals seeking admission to or discharge from ICF/IIDs, including the percentage resolved by type of barrier and the resulting outcome. DBHDS should continue to make these reports available to the public on its website.

Recommendation 9:

The Virginia General Assembly should require the Virginia Department of Medical Assistance Services, in consultation with the Virginia Department of Behavioral Health and Developmental Services, to submit an annual report on the utilization of community ICF/IIDs that includes the following: (i) the number of ICF/IIDs, by size and ownership type, over time; (ii) the number of ICF/IID residents, by facility size and ownership type, over time; (iii) cost of ICF/IIDs to the state over time, by facility ownership type; (iv) barriers to serving ICF/IID residents in more integrated settings; and (iv) steps taken to address the barriers.

Recommendation 22:

The Virginia General Assembly should establish a workgroup to facilitate ICF/IID oversight that includes staff from the Virginia Department of Medical Assistance Services, Virginia Department of Health, Virginia Department of Behavioral Health and Developmental Services, and disAbility Law Center of Virginia. The group should meet at least twice per year to share findings and concerns from their ICF/IID oversight activities, identify barriers to and gaps in oversight activities, and produce an annual report described in Recommendation 23.

Recommendation 23:

The Virginia General Assembly should require the Department of Medical Assistance Services, in consultation with the Virginia Department of Behavioral Health and Developmental Services and the Virginia Department of Health, to submit an annual report on quality of care at ICF/IIDs that includes (i) a summary of all state oversight activities pertaining to ICF/IID during year; (ii) a summary of findings from the oversight activities, including the number, frequency, and nature of identified problems; and (iii) trends over time in the conduct and findings of oversight activities; (iv) steps that were taken to address any undesirable findings, and additional steps that could be taken to address them; and (v) any barriers to, and gaps in, overseeing ICF/IIDs and steps that can be taken to address these barriers.

Recommendation 24:

In its identification of Certificate of Public Need criteria for ICF/IIDs per Recommendation 4, the State Health Services Plan Task Force should recommend the adoption of, and the Board of Health should adopt, a 12-bed limit for ICF/IIDs. This limit would align with the Board of Behavioral Health and Developmental Services' 12-bed limit per 12 VAC 35-105-330.

Recommendation 25:

The Virginia Department of Health should verify the number of ICF/IID licensed beds with the Department of Behavioral Health and Developmental Services, prior to processing any changes to the number of beds through the certification process or the Certificate of Public Need Process.

Recommendation 26:

The Department of Medical Assistance Services should align the alternative remedies that it establishes for the ICF/IID certification process, per Recommendation 16, with the enforcement tools in the Department of Behavioral Health and Developmental Services' licensure process.

VIRGINIA ACTS OF ASSEMBLY - 2025 SESSION

CHAPTER 397

An Act to direct the State Health Services Plan Task Force to develop recommendations for establishing an expedited application and review process for certain projects for which a certificate of public need is required.

[H 2119]

Approved March 24, 2025

Be it enacted by the General Assembly of Virginia:

1. *§ 1. That the State Health Commissioner shall direct the State Health Services Plan Task Force (the Task Force) to develop recommendations, including project eligibility criteria, for establishing an expedited application and review process for projects for which a certificate of public need is required that are located in an area that meets at least two of the following criteria: (i) does not have a hospital or health care provider (a) within a 30-mile radius where the population density is estimated to be less than 1,500 residents per square mile or (b) within a 15-mile radius where the population density is estimated to be more than 1,500 residents per square mile; (ii) has less than one primary care physician per 3,500 residents; or (iii) has an annual poverty rate of at least 20 percent, according to the latest data provided by the U.S. Census Bureau.*

VIRGINIA ACTS OF ASSEMBLY - 2025 SESSION

CHAPTER 410

An Act to direct the State Health Services Plan Task Force to develop recommendations for establishing an expedited application and review process for certain projects for which a certificate of public need is required.

[S 1203]

Approved March 24, 2025

Be it enacted by the General Assembly of Virginia:

1. *§ 1. That the State Health Commissioner shall direct the State Health Services Plan Task Force (the Task Force) to develop recommendations, including project eligibility criteria, for establishing an expedited application and review process for projects for which a certificate of public need is required that are located in an area that meets at least two of the following criteria: (i) does not have a hospital or health care provider (a) within a 30-mile radius where the population density is estimated to be less than 1,500 residents per square mile or (b) within a 15-mile radius where the population density is estimated to be more than 1,500 residents per square mile; (ii) has less than one primary care physician per 3,500 residents; or (iii) has an annual poverty rate of at least 20 percent, according to the latest data provided by the U.S. Census Bureau.*