John D. Rockefeller IV
Governor

L. Clark Hansbarger, M.D.
Director

State of West Virginia

DEPARTMENT OF HEALTH

CHARLESTON 25305

NOTICE OF PUBLIC HEARING

Pursuant to Section five, Article three, Chapter twenty-nine-A of the Code of West Virginia, one thousand nine hundred thirty-one, as amended, the Regulatory Services Division of the West Virginia Department of Health shall convene a public hearing at 1:00 p.m. on Thursday, January 6, 1983, Building 3, Room 522, 1800 Washington Street, East, Charleston, West Virginia for the purpose of taking evidence pertaining to the filing of the proposed Five Year Health Facilities Plan for the Fiscal Years 1984-89, Chapter 16-1, Series I.

Any citizen or other interested party may appear in person to present evidence. Any citizen or other interested party may submit written evidence to the West Virginia Department of Health, Regulatory Services Division, Room 416, 1800 Washington Street, East, Charleston, West Virginia 25305 not later than 5:00 p.m., January 6, 1983.

The issues to be heard shall be limited to the actual information contained in the proposed and abovementioned regulations. Copies of the regulations may be obtained from the Regulatory Services Division, address heretofore appearing or by telephoning 304-348-2411.

L. Clark Hansbarger, M.D.
Director

FILED IN THE OFFICE OF
A. JAMES MANCHIN
SECRETARY OF STATE
THIS DATE 12-6-82
Administrative Law Division

Entered

FISCAL NOTE FOR PROPOSED RULES

Rule No. 16-1, Series I

Subject Five Year Health Facilities Plan for Fiscal Years 1983-89

Type of Rule: ☐ Legislative ☒ Interpretive ☐ Procedural

Agency Health Department

Address 1800 Washington Street, East
Charleston, WV 25305

Authorized Representative _____ Phone _____

1. Effect of Proposed Rule	ANNUAL		FISCAL YEAR		
	Increase	Decrease	Current	Next	Thereafter
Estimated Total Cost	$	$	$	$	$
Personal Services					
Current Expense					
Repairs and Alterations					
Equipment					
Others					

2. Explanation of above estimates.

The proposed rule is a fiscal document. Recommended expenditures are submitted to the Legislature through the routine appropriation process. A separate fiscal note is therefor not submitted.

3. Date _____ Agency Health Department

Signature of Agency Head

L. Clark Hansbarger, M. D.

Signature of Authorized Representative

FILED IN THE OFFICE OF
A. JAMES MANCHIN
SECRETARY OF STATE
THIS DATE 12-6-82
Administrative Law Division

PROPOSED

WEST VIRGINIA INTERPRETIVE RULES
BOARD OF HEALTH

Five Year Health Facilities Plan for the Fiscal Years 1984-89

Chapter 16-1
Series I
(1983)

FILED IN THE OFFICE OF
A. JAMES MANCHIN
SECRETARY OF STATE
THIS DATE 12-6-82
Administrative Law Division

December 1, 1982
For Public Hearing
January 6, 1983 at 1:00 p.m.
Bulding 3, Room 522
1800 Washington Street, East
Charleston, WV 25305

WEST VIRGINIA INTERPRETIVE RULES
BOARD OF HEALTH

Five Year Health Facilities Plan for
the Fiscal Years 1984-89

Chapter 16-1
Series I
(1983)

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WEST VIRGINIA INTERPRETIVE RULES
BOARD OF HEALTH

Chapter 16-1
Series I
(1983)

Subject: Five Year Health Facilities Plan for the Fiscal Years 1984-89

Section 1. General

1.1. Scope - These interpretive rules establish a five year health facilities plan for utilization of funds from the hospital services revenue account for the purpose of improving the delivery of health and mental health services at state health and mental health facilities, for maintaining or obtaining certification or accreditation for such facilities, and for development and revision of the plan. This document replaces the interim health facilities plan for the fiscal year 1982-83 when the projects approved by the 1982 legislature are complete. In keeping with the intent of the legislature, the recommendations for expenditures focus exclusively on capital improvements for facilities serving the population currently institutionalized. In order to provide a less restrictive setting for some individuals now residing in state institutions, this plan provides for improvements in state institution, as well as recommending the renovation or construction of a number of beds in the community. Renovations or new construction proposed in this plan will meet high quality standards for a therapeutic environment. All improvements will be subject to review under the state certificate of need law, found at Chapter 16 Article 2D, Section 1 et seq of the West Virginia Code of 1931, as amended, and Section 1122 of the Social Security Act, found at 42 USC Section 1320a-1. This plan states major general goals for the department; identifies specific objectives; and recommends expenditures to accomplish the objectives. The recommenda-

tions in this plan are for the fiscal years 1983-84 and 1984-85. Recommendations to meet the other objectives in the plan will be developed next year and submitted to the legislature in 1984. The objectives and recommendations in this plan are subject to approval by the governor and the legislature.

1.2. Authority - These interpretive rules are issued under the authority of Chapter 16, Article 1, Section 15a and are related to Chapter 26, Article 11 and Chapter 27, Article 2 of the West Virginia Code of 1931, as amended.

1.3. Filing Date - These interpretive rules were promulgated on the _____ day of _____ 19___ , and were filed on the _____ day of _____ 19 __, in the Secretary of State's office.

1.4. Effective Date - These interpretive rules became effective on the _____ day of _____ 19___ and shall expire on the 30th day of June, 1989.

Section 2. Definitions

2.1. Continuum of Care - A system of services such as nursing, medical, and other health and social services available to an individual in an appropriate setting over an extended period of time as a result of such individuals changing health status.

2.2. Crib Ward - The building at Colin Anderson Center which houses approximately two hundred mentally retarded persons with severe physical handicaps.

2.3. Deinstitutionalization - The process of releasing patients from inpatient psychiatric hospitals or developmental disabilities centers to treat-

ment and support services in the local community.

2.4. Developmental Disability - A severe, chronic disability of a person which: a) is attributable to a mental or physical impairment or a combination of mental and physical impairment; b) is manifested before the person attains age twenty-two (22); c) is likely to continue indefinitely; d) results in substantial functional limitations; and e) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment or other services which are individually planned and coordinated.

2.5. Functionally Geriatric - Persons at state hospitals who are under sixty-five (65) years of age but who have disabilities requiring a degree and intensity of nursing care generally associated with the disabled over sixty-five (65) years of age.

2.6. Medically Fragile - Developmentally disabled persons who require more than skilled nursing care and the services of a physician at least weekly.

2.7. Medley Class - Persons with mental retardation under the age of twenty-three (23) years old as of April 1979 who are citizens of West Virginia and who now reside or will come to reside in state residential institutions during the time that the decree issued by the United States District Court, S.D. West Virginia in Medley et. al. versus Ginsberg, et al. (492 F. Supp. 1294, June 10, 1980).

2.8. Medley et al. versus Ginsberg et al. - A class action brought on behalf of mentally retarded children and young adults in United States District Court, S.D. West Virginia to redeem alleged deprivation of federal

constitutional and federal and state statutory rights arising from institutionalization of plaintiffs by the state (supra).

2.9. Medley Management Team - Representatives of the departments of health, education, welfare and vocational rehabilitation charged with the responsibility of implementing the Medley decree.

Section 3. The Planning Process - The facilities administered by the department of health serve approximately 3,200 persons; have a combined budget of over $52 million, employ a staff of over 3,800; and are located in twelve (12) communities throughout the state. Figures I and II present a statistical description and show the location of the facilities. In some counties, the state's facilities are the largest employers and thus have a major impact on local economies. Consequently, the state's facilities impact upon many people's lives in a variety of ways. In establishing a planning process for the state's institutions, the department of health has been committed to a process reflecting the variety of interests which exist in the state vis-a-vis the health care institutions. Consequently, a revenue committee of forty-nine (49) members was established consisting of legislators, health department and other state agency officials, consumers and advocates. The committee established three working task forces to develop the plans related to psychiatric services, long term and acute care services and services for the developmentally disabled. The revenue committee reviewed the plans of the task forces and made recommendations for improvement projects to the director of health. All members of the revenue committee and the task forces were appointed by the director of health.

The development of the health facilities revenue plan will be a con-

FIGURE I

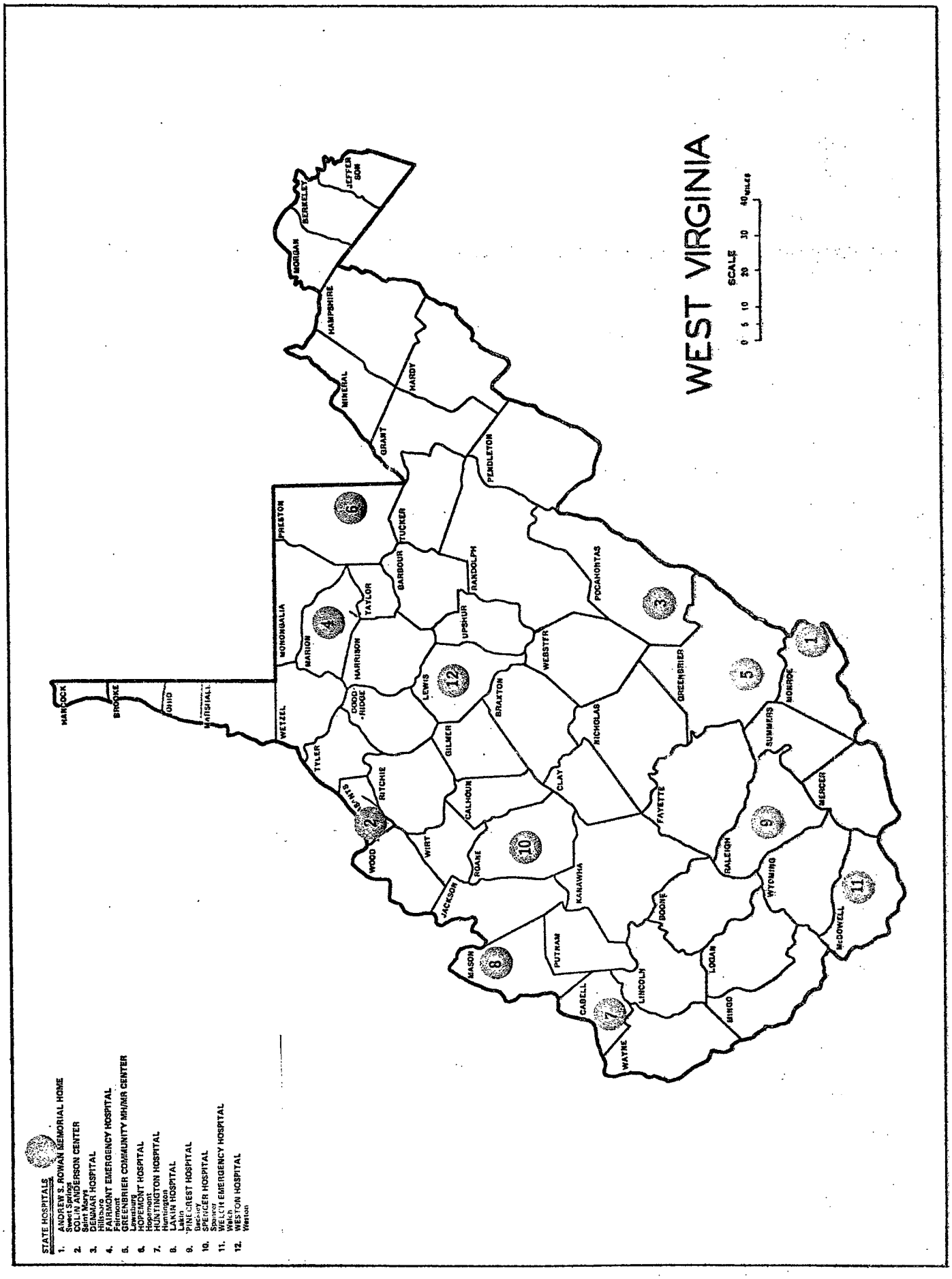
STATE HEALTH CARE FACILITIES

	Capacity	Average Daily Census 1981	Number of Certified Beds	Number of Staff	Expenditures 1981-1982	Cost per Patient Day
I. Long Term Care Facilities						
1. Hopemont (250 beds personal care)	300	300	-0-	386	$4,763,804	$43.50
2. Pinecrest	250	248	93	340	4,937,907	54.54
3. Andrew S. Rowan (personal care)	200	196	-0-	98	1,486,644	20.77
4. Denmar (20 beds personal care)	175	165	155	242	3,279,663	54.45
5. Lakin*	162	146	136	225	3,126,902	58.67
II. Developmental Disability Facilities						
6. Colin Anderson Center	500	450	156	668	8,194,964	49.89
7. Greenbrier Center	50	50	-0-	96	1,253,729	63.60
III. Psychiatric Facilities						
8. Huntington Hospital	500	475	-0-	554	7,817,098	45.08
9. Weston Hospital	500	494	-0-	697	9,760,234	54.12
10. Spencer Hospital	300	300	-0-	360	4,858,103	44.36
IV. Emergency Medical Hospitals						
11. Welch Emergency **	59	59	-0-	108	1,642,091	76.25
12. Fairmont Emergency	44	44	-0-	61	1,037,657	64.61
TOTAL	3040	-	540	3,835	$52,158,796	-

* Lakin has 136 long term care beds and an additional 26 bed children's unit.

** The new facility at Welch will have 100-120 beds.

Figure II


WEST VIRGINIA
SCALE
0 5 10 20 30 40 MILES
STATE HOSPITALS
1. ANDREW S. ROWAN MEMORIAL HOME
Glenville
2. COLIN ANDERSON CENTER
Gassaway
3. DENMAR HOSPITAL
Salem
4. FAIRMONT EMERGENCY HOSPITAL
Fairmont
5. GREENBRIER COMMUNITY MH/MR CENTER
Lewisburg
6. HOPEMONT HOSPITAL
Hopemont
7. HUNTINGTON HOSPITAL
Huntington
8. LAKIN HOSPITAL
Lakin
9. PINE CREST HOSPITAL
Beckley
10. SPENCER HOSPITAL
Spencer
11. WELCH EMERGENCY HOSPITAL
Welch
12. WESTON HOSPITAL
Weston
HANCOCK
BROOKE
OHIO
MARSHALL
WETZEL
MARION
MONONGALIA
PRESTON
TYLER
DODDRIDGE
HARRISON
TAYLOR
BARBOUR
TUCKER
MINERAL
GRANT
HARDY
HAMPSHIRE
MORGAN
BERKELEY
JEFFERSON
PENDLETON
RANDOLPH
UPSHUR
LEWIS
GILMER
BRAXTON
WEBSTER
POCAHONTAS
PARKERS
RITCHIE
CALHOUN
CLAY
NICHOLAS
GREENBRIER
MONROE
WOOD
WIRT
ROANE
JACKSON
KANAWHA
FAYETTE
SUMMERS
MERCER
MASON
PUTNAM
BOONE
RALEIGH
WYOMING
CABELL
LINCOLN
LOGAN
MINGO
MCDOWELL
WAYNE

tinuous process. After approval of this document, planning for further refinements and development of the major goals of the plan will begin again and amendments to the plan will be submitted to each legislature.

Section 4. The Revenue Fund - As of June 30, 1982, the revenue account had accumulated $2,897,735. The 1982 legislature approved expenditures of $12.5 million from the account. It is anticipated that by January 1984, the account will have accumulated the necessary funds for those expenditures. Between January 1984 and June 30, 1985, it is expected that the account will accumulate a minimum of $13.5 million. Figure III (pages 8-10) is a projection of the accumulation of funds in the hospital services revenue account. These figures may change depending upon the certification process of state facilities.

Section 5. Certification, Life Safety and Energy Efficiency

5.1. Goal I - All facilities operated by the state department of health shall be certified, safe, and energy efficient.

In keeping with the intent of the legislation establishing the revenue account, maintaining certification or meeting federal certification standards when it is cost effective to do so will always be a major goal of the health facilities revenue fund plan. Of the approximately 3,200 beds operated by the state health department in twelve (12) facilities, 880 are either certified or funds for renovation or construction to make them certifiable have been appropriated by the 1982 legislature. (See Figure IV.) The long term care facilities now providing skilled and intermediate nursing care operate 384 certified beds. After current renovation projects are completed, an additional 134 beds will be certified leaving 116 nursing care beds in operation

FIGURE III

WEST VIRGINIA DEPARTMENT OF HEALTH
HOSPITAL SERVICES REVENUE ACCOUNT

JANUARY 1, 1982 THROUGH MAY 31, 1982

	MEDICAID	PRIVATE PAY	3RD PARTY	OTHER	TOTAL
Weston		$183,112	$ 125	$2,635	$185,872
Spencer		145,308	1,636	446	147,390
Huntington		289,220		445	289,665
Lakin		74,903		127	75,030
Greenbrier		792		100	892
Colin Anderson	$454,941	177,848	11,958	653	645,400
Hopemont		187,938			187,938
Denmar	147,393	223,259	40	1,677	372,369
Pinecrest		136,226		75	136,301
Fairmont		53,025	1,096	314	54,435
Welch		11,638			11,638
Andrew S. Rowan	640	61,238	1,260		63,138
	$602,974	$1,544,507	$16,115	$6,472	$2,170,068
Interest					44,470
					2,214,538
Estimated for June					657,430
Interest estimated for June					25,753
Total Fiscal Year 1982					$2,897,721

FIGURE III (CONTINUED)

WEST VIRGINIA DEPARTMENT OF HEALTH
HOSPITAL SERVICES REVENUE ACCOUNT

ESTIMATED REVENUE FISCAL YEARS - 1983 & 1984		CUMULATIVE TOTALS
Balance FY 1982		$2,897,721
Income FY 1983	$5,208,000	
Interest (adjusted to estimated expenditure)	677,000	
Estimated Income (end of FY 1983)	$5,885,000	$8,782,721
Income FY 1984	$7,889,160	
Interest (adjusted to estimated expenditure)	1,141,755	
Total estimated income (end of FY 1984)	$9,030,915	$17,813,636[1]
PROJECTED REVENUE INCLUDING NEW CERTIFICATION[2]		
Balance FY 1982		$2,897,721
Estimated income FY 1983	$6,301,516	
Estimated interest	819,197	
Estimated total income FY 1983	$7,120,713	$10,018,434
Estimated income FY 1984	$8,982,676	
Estimated interest	1,206,755	
Estimated total income FY 1984	$10,189,431	$20,207,865

[1]This estimate is based on actual revenues being received and does not reflect future certification.

[2]Projected increase due to additional certified beds includes only Pinecrest and Denmar. During FY 1982 they were involved in patient certification. Additional revenue is expected during FY 1983 & 1984.

FIGURE III (CONTINUED)

WEST VIRGINIA DEPARTMENT OF HEALTH
HOSPITAL SERVICES REVENUE ACCOUNT

PROJECTION OF ADDITIONAL REVENUE AFTER CERTIFICATION[3]

	LAKIN	FAIRMONT	GREENBRIER	TOTAL
FY 1983	$657,000	$136,874	$167,250	$ 961,124
FY 1984	$657,000	$273,748	$328,500	$1,259,248

[3]Lakin, Fairmont and Greenbrier have not been included in the total projections because of possible reductions in certification by the department of welfare.

FIGURE IV

CURRENT AND PROJECTED BED
CERTIFICATION IN STATE FACILITIES

		Total Beds	Effective Date of Certification		
			1982 or before	82-84	84-85
1.	Pinecrest	250	93	90	66
2.	Welch	100-120	-	120	-
3.	Andrew S. Rowan*	200	-	-	-
4.	Denmar*	175	155	-	-
5.	Fairmont	44	-	44	-
6.	Hopemont*	300	-	-	-
7.	Colin Anderson Center	500	156	-	-
8.	Greenbrier Center	50	-	50	-
9.	Lakin	136	136**	-	-
10.	Lakin Adolescent Unit	26	-	36	-
11.	Huntington	500	-	-	60
12.	Weston	500	-	-	70
13.	Spencer	300	-	-	-
	TOTAL	3101	540	340	196

* All of Andrew S. Rowan's beds are personal care for which there is currently no federal reimbursement. 125 beds at Hopemont are now being converted to personal care; 20 beds at Denmar are personal care beds.

** Renovations for certification are complete and certification is expected by early 1983.

that are not certified. This plan recommends renovations of 66 beds at Pinecrest leaving only 50 long term care beds not certified.

Federal reimbursement is also available for facilities providing services to the developmentally disabled and for acute care psychiatric facilities. West Virginia has 156 beds at Colin Anderson Center certified for intermediate care for the mentally retarded (developmentally disabled) and funds have already been appropriated to certify 50 beds for intermediate care for the mentally retarded (developmentally disabled) at Greenbrier Center.

Replacing all beds for the developmentally disabled with certified beds is not the right approach without a careful consideration of the appropriate level of care required by the institutionalized developmentally disabled. Therefore, the issue of certification of intermediate care beds for the mentally retarded will be explored under the goal (Goal II) addressing service needs of the developmentally disabled and in light of the state's policy and mandates of the courts to provide services in the least restrictive setting appropriate. Certification of facilities serving psychiatric patients will also be discussed under the goals addressing the particular needs of that population.

This plan also emphasizes life safety renovations and renovations for energy conservation in order to provide a safe and comfortable environment for the patients and to help to control that portion of the facilities' budgets which goes to energy costs. Utility costs made up from 3.5 to 11 percent of the facility budgets in 1981-82 and will continue to increase. (See Figure V.)

5.2. Objectives for Goal I

FIGURE V

UTILITY COSTS

		1980-81 Actual Cost	Total Budget 1980-81	Percent of Total Budget 1980-81	1981-82 Actual Cost	Total Budget 1981-82	Percent of Total Budget 1981-82
1.	Weston	$623,533	$8,888,904	7	$731,231	$9,760,234	7
2.	Spencer	265,928	4,593,210	5.7	296,694	4,858,103	6
3.	Huntington	409,700	7,054,614	5.8	481,348	7,817,098	6
4.	Lakin	383,730	2,735,964	14	345,077	3,126,902	11
5.	Greenbrier	69,532	1,079,790	6.4	90,601	1,253,729	7
6.	Colin Anderson Center	325,261	7,599,509	4.2	292,483*	8,194,964	3.5
7.	Hopemont	260,582	4,171,017	6.2	317,367	4,763,804	6.6
8.	Pinecrest	410,000	5,886,094	6.9	446,076	4,937,907	9
9.	Fairmont Emergency Hospital	52,710	938,475	5.6	62,520	1,037,657	6
10.	A. S. Rowan	154,800	1,350,074	11	148,337	1,486,644	9.9
11.	Denmar	176,475	2,926,233	6	132,067	3,279,667	4
	TOTAL	$3,132,251	$47,223,884	6.6	$3,343,801	$50,516,709	6.6

*Colin Anderson Center receives some free gas from on site wells.

Welch Emergency Hospital is not included in this chart because a new facility is under construction.

5.2.1. Objective 1.1 - By December 1985, at least 90 percent of all state operated skilled nursing and intermediate care beds will meet physical standards for certification for federal reimbursement.

After current plans for renovations of long term care facilities are complete, the department of health will operate approximately 116 skilled and intermediate care beds in long term care facilities that do not meet federal certification standards. Sixty-six (66) beds are at Pinecrest Hospital and fifty (50) are at Hopemont Hospital. Renovations at Hopemont Hospital to meet intermediate care certification standards are not considered cost effective; therefore, no plans for such renovations have been developed. At the present time, federal reimbursement for personal care is not available so renovations for certification for personal care beds at Hopemont and Andrew S. Rowan are not planned.

5.2.2. Objective 1.2 - By December 1988, all buildings of state operated health facilities scheduled for continued use for five years or more will be energy efficient.

5.3. Recommendations for Goal I

5.3.1. $870,000 should be allocated to Pinecrest Hospital for renovations for certification and energy conservation.

5.3.2. $260,000 should be allocated for Lakin Hospital for emergency power generators and kitchen renovations to meet certification requirements.

5.3.3. $195,000 should be allocated for Denmar Hospital for energy conservation renovations.

5.3.4. $375,000 should be allocated to Andrew S. Rowan Memorial Home for life safety renovations.

5.3.5. $300,000 should be allocated to Hopemont Hospital for a sewage treatment plant.

5.3.6. $200,000 should be allocated for life safety and energy conservation renovations at Greenbrier Center.

5.3.7. $40,000 should be allocated for roof replacement at Fairmont Emergency Hospital.

TOTAL $2,240,000

Section 6. Developmental Disability Continuum of Care

6.1. Goal II - Developmentally disabled persons in West Virginia institutions shall be served by a system that provides for a continuum of care with an emphasis on the least restrictive alternatives appropriate to their level of functioning.

The task force on developmental disabilities of the health facilities revenue fund plan endorses a continuum of care concept with a limited and well defined role for state operated residential facilities. The significance of the continuum of care concept for the health facilities revenue fund plan is that it suggests caution in making capital investments at state residential facilities for the developmentally disabled, and suggests that some health facilities revenue fund money to improve facilities for the state's institutional population would be more appropriately spent in the community when such expenditures facilitate community placement. Approximately 870 developmentally disabled persons are presently institutionalized at Spencer Hospital (89), Huntington Hospital (129), Weston Hospital (176), Colin Anderson (438), and Greenbrier Center (47).

The revenue committee recommends that services for the develop-

mentally disabled at Huntington, Weston, and Spencer be discontinued either through the development of group homes in the community or small residential centers separate from existing psychiatric facilities.

Greenbrier Center

The revenue committee also recommends that Greenbrier Center should continue to function as a short term training facility serving the population at risk of being institutionalized, that is, those who cannot function in their home or in public schools without special training and support. Greenbrier Center has the physical plant, staff and programs to effectively serve forty to fifty clients at any given time and to provide specialized training and experiences appropriate to individual needs. The Center is ably equipped to teach each of the behaviors and classes of skills most often needed to allow a person to live in the community. Those who need self-care skills such as toilet training and eating are taught such skills. Those who need to learn to participate cooperatively in a public school program are taught the relevant behavior such as sitting, riding a bus, and cooperative play. Those who need vocational training are offered a wide variety of options tailored to individual needs and abilities. Virtually all clients are taught skills or given optional mechanisms for coping with various real life situations, such as money management, meal preparation, shopping, clothing selection and care, and housekeeping. Recreation is a major deficit among the population being served and is included for the purpose of physical fitness and to teach clients how to stay fit and entertain themselves when living independently in the community. For those who may be able to live in more independent environments, the Center is preparing a program that

offers a continuum of group home experiences, from intensely supervised to unsupervised. Various other adjunct services such as communication therapy, physical therapy, horticultural therapy, and therapeutically oriented horseback riding are also offered to improve individual skills and meet specific personal needs. In all cases, the programs delivered are intended to better equip the at risk person to live outside of an institution.

Greenbrier Center is currently directing its principle efforts at serving ambulatory developmentally disabled children and young adults and it is this population for whom current services are most appropriate. In the further, Greenbrier Center may develop the capacity to serve other populations. For example:

(a) As current plans for physical plant improvements become reality, Greenbrier Center will be able to serve some physically handicapped, developmentally disabled persons.

(b) If funds were made available to build an appropriate structure for housing and training of behaviorally disturbed retarded persons, and if a small number of trained staff were supplied, the Center could very easily provide an intensive program for such clients. This is a major need in West Virginia.

(c) With little more than a few added staff and minor programming expenditures, the Center could also begin to serve a small group of autistic children - another population for whom services are currently lacking.

(d) With proper staffing, Greenbrier Center could be intimately involved in family counseling, and transitions of children back into the community. This role, which is currently a difficult one to perform due to

staffing levels, is basic to the process of deinstitutionalization.

Colin Anderson Center

Colin Anderson Center should continue to provide specialized long term services on a statewide basis, until such services can be developed in the community. These services include: a) intensive treatment and training of mentally retarded persons with severe behavior problems including autism; b) residential and limited training services for geriatric mentally retarded persons; and c) intensive training and care for nonambulatory profoundly mentally retarded persons requiring frequent medical and nursing monitoring. The role of Colin Anderson in serving this population should be more clearly articulated after completion of the assessment described in Objective 2.1.

Another mission of the facility should be to serve as a regional center for the northwest center of the state providing: a) intensive services for school age mentally retarded persons of any level of functioning or with any handicapping condition residing in the region, (services would be brief in duration, typically two years or less with specific programmatic achievements which would facilitate placement in the community); and b) long term residential and training services for the adult mentally retarded from the region. Finally, the facility should continue to serve as a site for personnel training and research.

This plan has no specific recommendations for expenditures at Colin Anderson Center for the next two years. However, a number of objectives and recommendations have implications for the Center. For example, it is one of the objectives of the department of health to close the ward building through the construction of group home beds in the community. The pro-

posed facility for the medically fragile will also free a number of beds in the crib ward and some of the multi-handicapped persons in that building may be placed in some other more appropriate setting as determined by the professional assessment of objective 2.1. A small number of beds for individuals who are both developmentally disabled and behaviorally disturbed and who may also be autistic as discussed in objective 2.4 could be developed at Colin Anderson, as could one of the regional centers for the adult developmentally disabled discussed in objective 2.5.

6.2. Objectives for Goal II

6.2.1. Objective 2.1 - By December 1983, a professional assessment will be completed to determine the apropriate level of care of the multi-handicapped in state facilities.

The multi-handicapped in state institutions are those with severe physical handicaps and retardation. Many of these people are currently housed in the crib ward at Colin Anderson Center. Others are in the chair-bed unit at Weston and the geriatric wards at Spencer and Huntington. The appropriate level of care for the multi-handicapped may range from skilled nursing care to care to care in a home setting with the proper rehabilitative and support services. In West Virginia, no assessment has been done to determine the rehabilitative potential of these people. The task force recommends that a team of professionals with expertise in rehabilitative medicine and rehabilitation in general be put under contract to determine the appropriate level of care and treatment services required for the approximately two hundred (200) individuals who are severely physically handicapped and mentally retarded.

6.2.2. Objective 2.2 - By July 1988, 250 beds will be constructed or renovated in the community for group homes, supervised apartments or other living arrangements to provide for a less restrictive, more appropriate level of care for the developmentally disabled persons currently residing in state institutions.

Approximately 150 Medley class members could be served in a group home or supervised apartments in the community according to their individual program and development plans. Staff at Spencer, Huntington and Weston Hospitals estimate that 150 adult developmentally disabled persons in those institutions would be better served in the community. In addition, 15 percent of the 189 non-Medley class members at Colin Anderson Center are currently ready for such programs; others may be ready with additional training.

To stimulate the development of group homes and supervised apartments, the department of health will make available, $1,250,000 per year beginning January 1984 through 1988 from the revenue fund for the construction or renovation of beds to serve the developmentally disabled currently residing in Spencer, Huntington, Weston, Colin Anderson and Greenbrier. It is also anticipated that a number of additional beds will be constructed with funds available through the West Virginia housing development fund.

Programming for these facilities will not be provided through the revenue fund but through community groups using available local, state and federal funds. Programs for Medley class members are now being initiated with funds available through the Medley management team, and renovation

and construction of group homes and apartments will be coordinated through the Medley managment team with funding for community programs. Residential costs including room and board and supervision will range from $30 to $50 per day per client in the group homes. Current institutional costs at Greenbrier Center and Colin Anderson Center range from $50 to $64 per day per client.

6.2.3. Objective 2.3 - By July 1986 the department of health will construct a fifty (50) bed facility for the evalution, diagnosis, treatment, respite care and long term care for persons with severe, rare and complicated medical, psychological, educational and physical needs.

The crib ward at Colin Anderson Center currently houses 35 persons described as medically fragile. Located in a rural area, Colin Anderson Center does not have the staff resources necessary to provide appropriate services for such persons.

The medically fragile should be served in a facility located near a major medical and research center which can provide state of the art diagnosis and treatment. In addition to providing treatment for the currently institutionalized population, such a facility would provide a variety of sophisticated resources (medical, physical therapy, educational, psychological) to appropriately evaluate, diagnose and prescribe appropriate treatment for the medically fragile and multi-handicapped. It would also offer respite care for some individuals who can be appropriately served at home or in foster care settings on an ongoing basis.

6.2.4. Objective 2.4 - By July 1988, one hundred (100) beds will be developed serving the developmentally disabled behaviorally disturbed,

autistic or those with autistic-like behavior in facilities housing six to ten (6-10) persons each.

An estimated one hundred (100) institutionalized persons in or from West Virginia have a diagnosis of mental retardation coupled with agressive, self abusive or severely withdrawn behaviors. About thirty-five (35) of these (primarily adolescents) are currently being served in out-of-state facilities at a cost of approximately $500,000 to the departments of welfare and education. These funds might be channeled into operating funds for such facilities. Another thirty to forty (30-40) developmentally disabled behaviorally disturbed are residents of Colin Anderson Center; two to three (2-3) are residents of Greenbrier Center; twenty (20) are residents of Huntington Hospital; twelve (12) are residents of Weston Hospital; and two to three (2-3) are residents of Spencer Hospital.

These persons are best served in small, intensely staffed facilities housing no more than six to ten (6-10) persons. The development of such facilities should provide for a variety of programs for different ages and levels of functioning (i.e. homogeneity within each facility and variety among facilities). Such facilities may be developed as regional centers at existing state institutions such as Colin Anderson Center and Greenbrier Center as well as in the urban areas of Charleston, Huntington, and Wheeling. Within each urban area, a number of facilities scattered throughout the area may share professional staff. Some of these facilities would be state operated (e.g. Greenbrier and Colin Anderson Centers) while others would be operated by state funded or privately funded community agencies.

6.2.5. Objective 2.5 - Four (4) regional intermediate care training

centers of twenty to fifty (20-50) beds each will be constructed to serve the adult developmentally disabled currently residing at Weston, Huntington and Spencer Hospitals.

The task force recommends the physical separation of facilities serving the developmentally disabled and mentally ill. Approximately 100 of the currently institutionalized developmentally disabled at Spencer, Huntington, and Weston are considered poor candidates for community placement and may be best served in small residential centers specializing in developmental disabilities.

These residential centers would provide long term care, respite care and crisis intervention for the adult developmentally disabled. They would have approximately twenty to fifty (20-50) beds arranged in living units of eight to ten (8-10) beds grouped around a community or activities building. The centers would be dispersed throughout the state in areas where they can be managed by the appropriate community behavioral health center and where they can supplement and complement existing community programs. The development of the residential center should be guided by the proposal for a "Model Community Placement Program for the Developmentally Disabled" developed by the division of behavioral health services in 1980.

Operating costs for the centers with a proposed staff to patient ratio of 1.68 including a number of professionally trained staff will be considerably higher than operating costs at Spencer, Huntington or Weston. Based on the staffing patterns outlined in the "Model Community Placement Pro-

gram", per diem costs are projected at $130 per bed. This compares to per diem costs at Spencer Hospital of $44.36 per bed. It should be noted, however, that the latter has a staff to patient ratio of .58 and does not provide the extensive day training services proposed in the "Model Community Placement Program."

6.3. Recommendations for Goal II

6.3.1. $1,250,000 per year for five (5) years should be allocated for the construction or renovation of group homes and apartments for the developmentally disabled. (Total: $6,250,000)

6.3.2. $5,000,000 should be allocated for the construction of a fifty (50) bed facility for the medically fragile near a major university medical center.

6.3.3. $1,000,000 per year for five (5) years should be allocated for community and state facilities for the developmentally disabled behaviorally disturbed, autistic or autistic-like. (Total: $5,000,000)

6.3.4. $10,000 should be allocated from the contingency fund described in Section 10 for a professional assessment of the developmentally disabled multi-handicapped in state institutions.

TOTAL $7,250,000

Section 7. Short Term Admission and Treatment

7.1. Goal III - Acute psychiatric patients admitted to state hospitals shall receive evaluation and treatment designed to stabilize them and return them to the community in special short term admission and treatment units accredited by the Joint Commission on Accreditation of Hospitals.

It is the goal of the department of health to have all acute psychiatric

patients admitted to a state hospital evaluated and treated in a small, short term admission unit, where the treatment resources of the facility can be concentrated and focused. The admission unit should have sufficient staff to provide immediate and appropriate treatment designed to modify or eliminate the behavior necessitating the admission to an inpatient facility. The aim of the treatment should be to stabilize and discharge the patient to the care of the community mental health center, personal physician or other community provider. Those few patients requiring long term inpatient psychiatric care (over ninety (90) days) should be moved to a long term treatment unit of the facility.

The advantages of an admission unit are that it provides a focus for the scarce treatment resources of the state hospital; it keeps newly admitted patients separate from long term institutionalized patients; and by being time limited, it promotes more timely discharge for the majority of patients. Spencer Hospital, for example, which has operated an admission unit for two years, returns 70 percent of its admissions to the community within forty-five (45) days or less. The average length of stay in Spencer's admission unit is twenty-three (23) days.

The admission units at state hospitals should meet requirements for federal reimbursement as well as standards developed by the Joint Commission on the Accreditation of Hospitals. Meeting standards will make it possible for the department to receive third party reimbursement, which is estimated to contribute 10 percent to the operating costs; it will also improve patient care and enhance the department's ability to hire and retain professional staff.

This plan will emphasize capital expenditures for renovations to proposed and existing admission units at Huntington and Weston. There is no recommendation to improve the admission unit at Spencer Hospital because it is the intention of the department to use Spencer as a referral hospital for the care and treatment of geriatric patients requiring long term treatment. Section 8, goal IV of this plan recommends that a new facility be constructed at Spencer.

7.2. Objectives for Goal III

7.2.1. Objective 3.1 - By January 1985, Huntington Hospital will have an accredited admission unit of at least sixty-three (63) beds to accomodate all acute psychiatric admissions.

In 1981, Huntington Hospital had approximately 900 admissions. Of the total, approximately 37 percent were first time admissions and 63 percent were repeat admissions. Assuming that the average length of stay in the proposed admission unit would approximate the experience at Spencer, then 57 beds would be sufficient to accomodate all admissions (total admissions multiplied by average length of stay divided by 365).

With the conversion of Spencer, approximately 360 additional admissions per year can be anticipated as Huntington Hospital becomes the admission point for residents from Kanawha, Clay, Boone and Putnam Counties. However, the proposed psychiatric unit to be established at Pinecrest Hospital to serve seven (7) southern counties (see Interim Health Facilities Plan, Board of Health, Interpretive Rule 16-1, Series I) will relieve Huntington of approximately 250-300 admissions currently being received from the southern counties of Fayette, Raleigh, Wyoming,

McDowell, Mercer, Monroe and Summers. Therefore, the total number of additional admissions is projected to be approximately 100 per year. Based on the projected 1000 admissions per year, the admission unit should have sixty-three (63) beds.

7.2.2. Objective 3.2 - By January 1985, Weston Hospital will have an accredited admission unit of seventy (70) beds to accomodate all acute psychiatric admissions.

Weston Hospital has had an admission unit since January 1982. In its initial phase, it accepted only first admissions. In July 1982, it was expanded to serve those who had been previously admitted. Weston currently has approximately 860 admissions per year. With the addition of the Region IV Counties of Jackson, Wood, Roane, Wirt, Ritchie, Calhoun, Pleasants and Tyler, Weston can anticipate another 240 admissions per year for a total of approximately 1100 admissions. Assuming an average length of stay of 23 days, Weston will need an admission unit of approximately 70 beds. Wards A, B, D, E will be renovated to house the admission unit.

7.3. Recommendations for Goal III

7.3.1. $2,000,000 from the special revenue account should be allocated for renovations or construction of an admission unit at Huntington Hospital.

7.3.2. $400,000 from the special revenue account should be allocated for renovations for the admission unit at Weston Hospital.

TOTAL $2,400,000

Section 8. Chronic Mental Illness Continuum of Care

8.1. Goal IV - The chronically mentally ill in West Virginia institu-

tions shall be served by a continuum of care with an emphasis on the least restrictive alternative appropriate to their level of functioning.

The chronically mentally ill are those persons who suffer certain mental or emotional disorders that erode or prevent the development of their ability to function in daily life and that erode or prevent the development of their economic self-sufficiency. Within state institutions, the chronically mentally ill are those with a psychiatric diagnosis who have been residents for ninety (90) days or more. A number of the institutionalized chronically mentally ill may be served more appropriately in some less restrictive setting such as a group home or apartment or some other living situation that provides for some supervision and programming from the most minimal to the more structured.

The chronically mentally ill may also be the functionally geriatric patients, who require nursing care in addition to programming and treatment addressing their particular mental disability. The health department's policy is to develop Spencer Hospital as a facility specializing in the treatment of the psychiatric geriatric patient. Because of the age and architectural design, the department of health has determined that the renovation of the existing facility is neither cost effective nor appropriate and proposes the construction of a new facility with an appropriate design to meet Spencer's new mission. The new facility should have 120-180 beds. If, at the time of construction, it is clear that 180 beds will not be sufficient, then a policy decision must be made to increase the size of the facility or to build another, similar facility elsewhere.

The appropriate level of care for the chronically mentally ill currently

residing in Weston, Spencer and Huntington has not been delineated. Some will continue to be most appropriately served at those facilities, others may require placement in some less restrictive setting in the community. Those who remain in institutions should be served in facilities which meet the standards for accreditation of the Joint Commission on Accreditation of Hospitals. Prior to planning for renovations at Weston and Huntington, an assessment of the patient population should be made to determine the appropriate level of care. The revenue fund should be used for capital development in the community for those patients whose assessment prescribes community placement. For the remainder, beds should be renovated at the institutions according to the levels described below. The assessment should be done through an instrument such as or similar to the level of care survey adopted by the New York department of mental hygiene. This survey instrument addresses a broad range of physical, psychiatric, behavioral and social variables for each patient. The results are analyzed by computer and assessments reflect: 1) the extent to which individual characteristics allow individual functioning in socially determined roles; 2) the degree of competence in the performance of activities of daily living; and 3) the degree to which physical and psychiatric problems interfere with daily activity. The result of the level of care survey is an aggregate listing of the number of patients in the survey population who fall into each of ten defined levels of care. These levels reflect analysis of the combination of assessed variables and are related to specific types of placements for which the patient group can be considered eligible. The levels are:

1. Community residential settings: independent living; supervised care facility; health related facility; skilled nursing facility.

2. Rehabilitative psychiatric environment: supervised care; intermediate care; skilled nursing care.

3. Intensive psychiatric treatment environment: supervised care; intermediate care; skilled nursing.

8.2. Objectives for Goal IV

8.2.1. Objective 4.1 - By December 1983, an assessment will be completed to determine the appropriate level of care and placement of the chronically mentally ill in state institutions.

In the next revision of this plan, objectives and recommendations will be developed for construction in the community and at Weston and Huntington based on the level of care survey.

8.2.2. Objective 4.2 - By December 1988, a specialized long term care facility of 120-180 beds shall be constructed at Spencer for psychiatric geriatric patients requiring long term care and treatment.

8.2.3. Objective 4.3 - By December 1985, all beds at Huntington and Weston for chronic psychiatric patients will meet the standards of the Joint Commission on Accreditation of Hospitals or funds for renovations to meet standards will have been allocated.

Section 9. Continuum of Care for the Elderly

9.1. Goal V - West Virginia's elderly population shall be served by a continuum of care with an emphasis on the least restrictive alternative appropriate to their level of functioning.

This plan recommends a flexible approach to the state's long term

care facilities. As the mission of the state's tuberculosis sanitariums changed to meet the needs of an elderly population for intermediate nursing care, a need which is now increasingly being met by the private sector, so the state facilities should now be prepared to serve unmet needs of the communities in which they are located and to promote the legislated policy of this state to "establish, encourage, and promote the availability and delivery of continuum of care services within the state and its communities to the elderly, disabled, terminally ill, and their families," found at Chapter 16, Article 5D, Section 1 of the West Virginia Code of 1931, as amended.

The health facilities revenue fund committee recommends that the state's long term care facilities become community centers which are flexible enough to serve the changing needs and circumstances of the residents and the communities which they serve. Such facilities would provide for a wide array of alternatives in living arrangements for the aged and disabled. They would emphasize preventive health and restorative services, incorporating outreach programs and day care centers. Remotivation, reality orientation and resocialization would be emphasized. Such centers would be organized to provide various levels of care so that varying needs may be met in one setting without subjecting individuals to the trauma of frequent moves.

In the rural areas of the state where most of the state's long term care facilities are located, the need for services is the greatest. Denmar Hospital and Andrew S. Rowan Memorial Home have already opened their facilities to provide the space that community groups can use for services

to the residents as well as to the wider community. In response to a need for personal care, Hopemont Hospital has begun renovations converting 125 beds to personal care and phasing out a like number of intermediate nursing care beds. Hopemont will also continue to operate fifty (50) intermediate care beds.

As a result of the West Virginia supreme court decision in Harper versus Zegeer (___S.E. 2D___(May 18, 1982)), the department of health is faced with the probability of providing additional programs and facilities for the public inebriate. At the state's long term care facilities, group home or personal care beds could be renovated or constructed for such a purpose. The projects for personal care beds at Pinecrest and Denmar, for example, could be used to house programs for public inebriates.

9.2. Objectives for Goal V

9.2.1. Objective 5.1 - By July 1988, Pinecrest Hospital will have a therapeutic center to serve the elderly and disabled who are residents of Pinecrest and of the community.

Pinecrest Hospital is located in a rapidly growing urban area of West Virginia. Raleigh County, in which it is located, has a population of 86,821 of which 16.7 percent are sixty (60) years old or older. A therapeutic center at Pinecrest would also serve parts of Fayette, Wyoming, Mercer, and Summers Counties. The therapeutic center would offer courses in woodworking, arts and crafts, clay modeling and sculpturing, painting, macrame, quilting and taxidermy. It would also offer a resident education program offering courses in hypertension, accident prevention, reality orientation, proper diet and nutrition, proper methods of transfer, maximum

breathing exercises and current events. Therapeutic recreational opportunities such as fishing and swimming which offer both recreation and therapy would also be made available. In addition a greenhouse would be constructed in close proximity to the facility and a horticulture therapy program established.

For this purpose, the revenue committee recommends the renovation of "A" unit at Pinecrest, the renovation of the auditorium, the construction of a greenhouse, the development of a fishing pond, and the construction of a swimming pool. The expenditure of funds to provide adequate parking is also recommended. Any renovations related to the therapeutic center will meet appropriate life safety standards and federal standards for certification.

9.2.2. Objective 5.2 - By July 1985, Pinecrest will provide fifteen to twenty (15-20) personal care beds that meet West Virginia licensure standards.

Approximately fifteen to twenty (15-20) residents of Pinecrest could function in a less restrictive environment and are candidates for a personal care level facility. The revenue committee recommends renovating an existing building (currently used as men's barracks for staff) to house approximately twenty-five (25) geriatric personal care residents. Renovation would include widening doors to resident rooms, renovating two bathrooms, and construction of two multi-purpose rooms with a snack kitchen. An alternate use of the renovated facility would be as a placement for public inebriates.

9.2.3. Objective 5.3 - By July 1985, long term care patients at

Pinecrest Hospital will be evaluated in an admission unit to determine the least restrictive level of care appropriate.

Admitting patients to a short stay unit would permit Pinecrest to evaluate the appropriate level of care with the least disruption to the person being evaluated and to those on the permanent units. The committee recommends the renovation of twenty (20) beds for this purpose.

9.2.4. Objective 5.4 - By July 1983, Denmar Hospital will provide twelve (12) personal care units appropriate for use by couples.

Denmar Hospital is located in a rural area of Pocahontas County with a population of 9,919 of which 22.5 percent are sixty (60) years old or older. Denmar also serves the surrounding counties of Nicholas, Webster, Randolph, Pendleton and Greenbrier. Apartments would be for those elderly persons who are fairly self-sufficient but, who, because of the lack of housing in the towns of those counties and the harsh winters, have difficulty maintaining themselves. Denmar Hospital has buildings on its grounds which for a small amount of money could be renovated as suitable apartments. An affordable amount of rent would be charged for the apartments to pay for utilities and upkeep. For a small capital investment of approximately $50,000 the state could provide a valuable service. All the programs provided by the facility would be open to the apartment residents.

9.2.5. Objective 5.5 - By July 1988, the Andrew S. Rowan Memorial Home will expand its recreational therapy programs.

The Andrew S. Rowan Memorial Home located in Sweet Springs, Monroe County provides personal care services to approximately 200 resi-

dents. It also serves the elderly of the surrounding community through a number of programs and planned activities. The residents of Andrew S. Rowan are ambulatory and are able to function at a high level. Through the development of recreational therapy programs, such as horticulture and hydrotherapy, residents will be assisted in maintaining a high level of functioning. This plan recommends the construction of a greenhouse and an indoor swimming pool.

9.2.6. Objective 5.5 - By July 1988, all existing personal care beds operated by the West Virginia department of health will meet West Virginia licensure standards for personal care.

The state is not required by law to be licensed in order to operate personal care beds, nor is there a financial incentive for the state to meet standards, since at this time, there is no federal reimbursement for personal care. Nevertheless, the department of health is committed to providing quality services and strives to meet the same standards that the private sector is required to meet.

The revenue committee recommends that the proposed new personal care beds operated by the state and the existing personal care beds at Andrew S. Rowan, Denmar and Hopemont will meet West Virginia licensure standards for personal care. The administration of Andrew S. Rowan, Hopemont and other facilities operating a number of personal care beds should evaluate their facilities using the licensure standards and make requests to the health facilities revenue fund to correct deficiencies.

9.3. Recommendations for Goal V

9.3.1. Hopemont Hospital and Andrew S. Rowan Memorial Home

should evaluate their physical plants according to West Virginia licensure standards for personal care and make application to the department of health for any renovations necessary to meet those standards.

9.3.2. $175,000 should be allocated to Pinecrest Hospital for renovations for personal care.

9.3.3. During 1983, the revenue committee should evaluate the cost effectiveness of renovation versus new construction at Hopemont Hospital.

TOTAL $175,000

Section 10. Contingency Fund

In addition to the proposed major capital expenditures, the department is requesting a contingency fund of $700,000 to be used for equipment, planning to meet Joint Commission on Accreditation of Hospitals accreditation at state mental hospitals, and emergency items such as new boilers or roofs.

The department is also requesting an additional $1 million to supplement the $1.8 million allocated by the 1982 legislature for the construction of a new 36 bed facility for behaviorally disturbed juveniles to replace the 26 bed unit at Lakin. Upon recommendations from professionals in the field of juvenile services, the department has determined that two small facilities of 10-20 beds each will better meet the needs of the population to be served than one large facility. The department is, therefore, planning for the construction of one facility in the Huntington area, the site of the original proposed facility, and another facility in the northern part of the state. In addition, the department anticipates that the supreme court's decision in Harper versus Zegeer (supra) regarding public inebriates may require some capital improvements at state facilities to accomodate alcoholism programs.

10.1. Recommendations for Contingency Fund

10.1. $700,000 should be allocated for a contingency fund for planning, equipment and emergency expenditures.

10.2. $1,000,000 should be allocated for capital improvements for juveniles and public inebriates.

TOTAL $1,700,000

Section 11. Priorities - Reccommended priorities for expenditures between completion of projects approved by the 1982 legislature and June 30, 1985 are (projected completion date for approved projects is January 1984):

1. Additional funding for construction of an adolescent unit(s); $1,000,000
2. Renovations for a 25 bed personal care home at Pinecrest . .$ 175,000
3. Life safety, energy conservation, and certification renovations . . . . . $ 2,240,000
4. 50 group home beds for the developmentally disabled . . . $ 1,250,000
5. 20 specialized group home beds for the developmentally disabled behaviorally disturbed autistic . . . . . $ 1,000,000
6. Renovations for admission unit at Huntington . . . . . $ 2,000,000
7. Renovations for admission unit at Weston . . . . . $ 400,000
8. Contingency fund for equipment, planning and emergency repairs, consultation and surveys . . . . . $ 700,000
9. Contingency fund for juvenile and alcohol programs . . . $ 1,000,000
10. Construction of a 50 bed facility for the medically fragile . . . . . $ 5,000,000

TOTAL $14,765,000

Total projected available from the revenue fund $13,500,000

Section 12. Administrative Due Process - Those persons adversely affected by the enforcement of these interpretive rules desiring a contested case hearing to determine any rights, duties, interests or privileges shall do so in a manner prescribed in the West Virginia Procedural Rules, Board of Health, Chapter 16-1, Series I, 1981, Rules of Procedure for Contested Case Hearings and Declaratory Rulings. The aforementioned procedural rules are incorporated herein by reference.

Section 13. Severability - If any provisions of these rules or the application thereof to any person or circumstance shall be held invalid, such invalidity shall not affect the provisions or the application of these rules which can be given effect without the invalid provisions or application, and to this end the provisions of these rules are declared to be severable.