John D. Rockefeller IV
Governor

L. Clark Hansbarger, M.D.
Director

State of West Virginia

DEPARTMENT OF HEALTH
CHARLESTON 25305

Certification

Interpretive Rule: Interim Health Facilities Plan for the Fiscal Year 1982-83, Chapter 16-1, Series I (1982)

The above titled interpretive rule constitutes the official rule adopted by the West Virginia Board of Health on March 19, 1982 and filed pursuant to law in the Office of the Secretary of State, State of West Virginia.

L. Clark Hansbarger, M.D.
Secretary
West Virginia Board of Health

July 1, 1982
Entered

FILED IN THE OFFICE OF
A. JAMES MANCHIN
SECRETARY OF STATE
THIS DATE 7/1/82
Administrative Law Division

OFFICE OF THE DIRECTOR
1800 WASHINGTON STREET, EAST
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Promulgation History and Amendments

Interpretive Rule: Interim Health Facilities Plan for the Fiscal Year 1982-83, Chapter 16-1, Series I (1982)

The West Virgnia Board of Health approved an initial draft of the above mentioned interpretive rule for Public Hearing at their meeting on November 14, 1982. Notice of Public Hearing and the text of the rules were filed with the Secretary of State on December 8, 1981.

Pursuant to the Notice of Hearing, a Public Hearing was held on January 8, 1982 in Conference Room E, Building 7, 1900 Washington Street, East, Charleston, West Virginia 25305 at 10:00 A.M.

In addition to filing the Notice of Hearing, press releases were furnished to the wire services and to the Charleston newspapers. Copies of the proposed rule were mailed to a number of interested persons.

Following the Public Hearing, the Interim Plan was revised. This second proposed Interim Plan was approved for Public Hearing by the West Virginia Board of Health at their meeting of January 15, 1982. Pursuant to Notice of Hearing filed with the Secretary of State on January 27, 1981 in conjunction with the revised text of the proposed rule, a Public Hearing was held on Friday, February 26, 1982 in Conference Room E, 1900 Washington Street, East, Charleston, West Virginia 25305. Press releases and copies of the proposed rule were circulated as for the initial Public Hearing of January 8, 1982.

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This interpretive rule is a planning document; therefore, expenditures with respect to this rule must be made in accordance with the approved budget enacted by the West Virginia Legislature. The State Legislature enacted the 1982-83 Budget Bill, House Bill 1150, on March 3, 1982. Expenditures authorized by the legislature differed from the proposed plan as follows: 1) Additional expenditures for Welch Emergency Hospital and a personal care unit at Huntington Hospital; 2) Deletion of the expenditure for a planner; and 3) Establishment of priority rankings for expenditures. The Interim Health Facilities Plan has been amended to correspond to provisions enacted by the State Legislature. The plan as amended by the Legislature was approved for final filing by the West Virginia Board of Health at its regular meeting of March 19, 1982.

This interpretive rule constitutes a fiscal document and therefore a separate fiscal note has not been prepared. Mailing lists and comments are available for inspection and copying at the West Virginia Department of Health.

L. Clark Hansbarger, M. D.
Secretary
West Virginia Board of Health

July 1, 1982
Entered

WEST VIRGNIA INTERPRETIVE RULES

BOARD OF HEALTH

INTERIM HEALTH FACILITIES PLAN

FOR THE FISCAL YEAR 1982-83

Interpretive Rule 16-1

Series I

(1982)

FILED IN THE OFFICE OF
A. JAMES MANCHIN
SECRETARY OF STATE
THIS DATE 7/1/82
Administrative Law Division

Interim Health Facilities Plan
for the Fiscal Year 1982-83

Interpretive Rule 16-1
Series I
(1982)

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WEST VIRGINIA INTERPRETIVE RULES
BOARD OF HEALTH

Interpretive Rule 16-1
Series I
(1982)

Subject: Interim Health Facilities Plan for the Fiscal Year 1982-83

Section 1. General

1.01. Scope - These interpretive rules establish an interim one 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 for such facilities, and for development and revision of the plan. This regulation outlines the process, staffing and budget for the development of the five year health facilities long-range plan. Anticipating that the development of a five year plan will require twelve months or more while the hospital services revenue account will begin accumulating funds January 1, 1982, this regulation also proposes expenditures of $4,749,792 million for the fiscal year July 1, 1982 through June 30, 1983. All improvements will be subject to review under the State Certificate of Need law and Section 1122 of the Social Security Act.

In accordance with the provisions of Chapter 16, Article 1, Section 15a of the West Virginia Code of 1931, as amended, actual expenditures related to this plan must conform to the approved State Budget as enacted by the State Legislature. Therefore expenditures authorized by the West Virginia Legislature as detailed in Section 10 of this interpretive rule may deviate from the recommendations of other sections of the rule.

1.02. 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.

1.03. Filing Date - These rules were promulgated on the 8th day of January, 1982, and filed on the 1st day of July 1982, in the Secretary of State's office.

1.04. Effective Date - These interpretive rules became effective on the 1st day of August 1982.

1.05. Expiration Date - This rule shall expire on the 30th day of June, 1983.

Section 2. The Planning Process - The facilities administered by the department of health serve approximately 3,200 persons who are elderly, developmentally disabled, and/or mentally ill. They have a combined budget of over $55 million and a staff of over 3,800. 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 is committed to the policy that the process reflect the variety of interests which exist in the state vis-a-vis the health care institutions. Consequently, a two tiered structure described as a working committee and a review panel has been established. The working committee consists of legislators, health department and other state agency officials. Its responsibilities include developing a plan for review and comment and advising the director of health on the adoption of a plan. The review panel consists of representatives from advocate groups, employee

Figure I

State Health Care Facilities

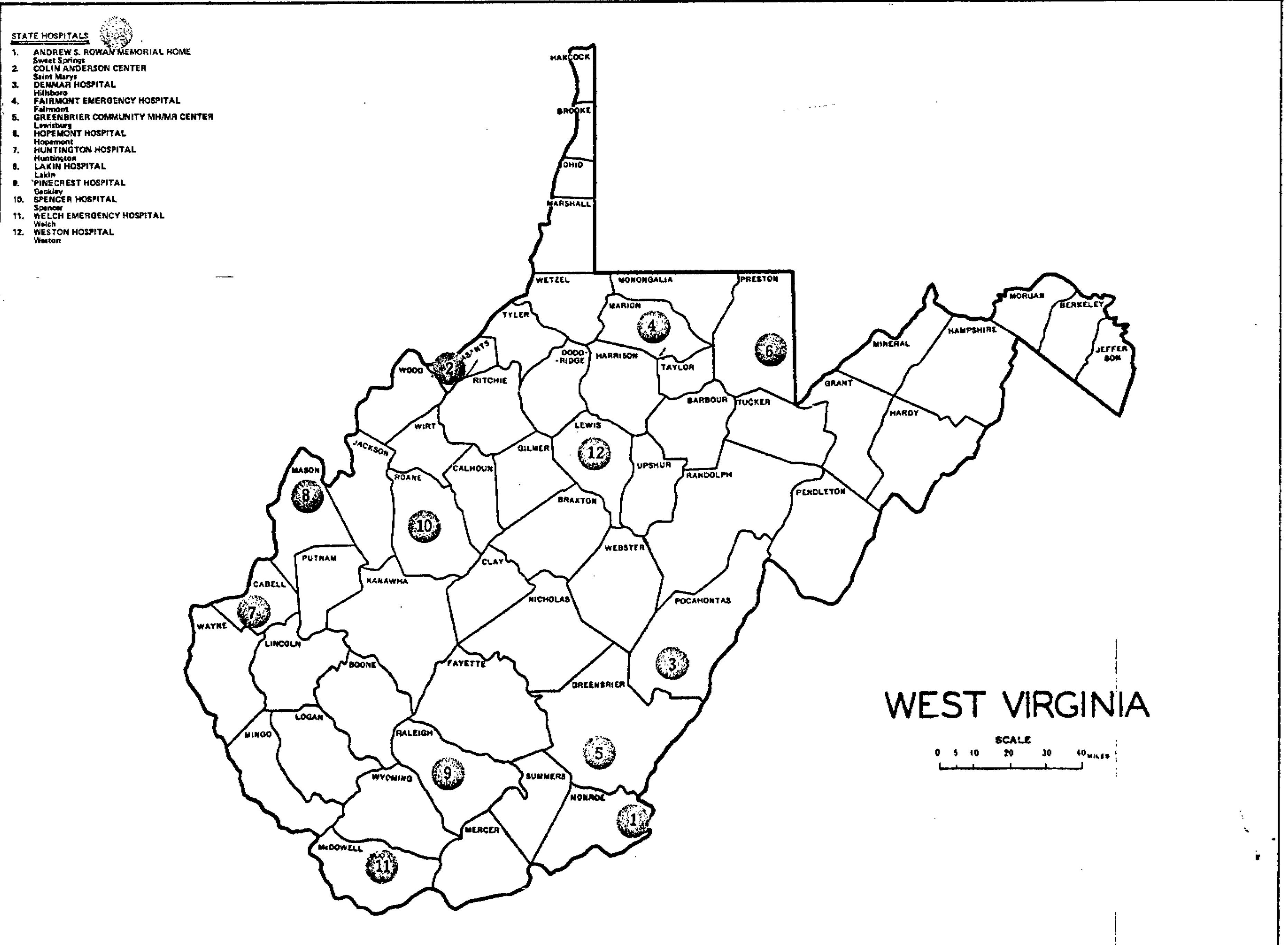
1981

		Capacity	Number of Certified beds	Number of Staff	Expenses	FY 1981 Collections
I.	Long term Care Facilities					
1.	Hopemont	304	-0-	386	$ 5,088,420	$ 478,258
2.	Pinecrest	248	93	340	5,336,801	418,443
3.	Andrew S. Rowan	196	-0-	98	1,565,100	153,749
4.	Denmar	165	155	242	3,635,433	535,165
5.	Lakin	167	-0-	225	3,325,749	
II.	Developmental Disability Facilities					
6.	Colin Anderson Center	500	156	668	8,735,497	1,396,303
7.	Greenbrier Center	54	-0-	96	1,297,823	7,397
III.	Psychiatric Facilities					
8.	Huntington Hospital	657	-0-	554	8,231,362	1,372,787
9.	Weston Hospital	600	-0-	697	10,450,374	
10.	Spencer Hospital	478	-0-	360	5,112,509	
IV.	Emergency Medical Hospitals**					
11.	Welch Emergency (new facility)	59	-0-	108	1,843,645	32,064
12.	Fairmont Emergency	44	-0-	61	1,185,487	116,686
	Total	3,639	404	3,835	55,808,200	4,510,852

* Lakin has 120 long term care beds and an additional 20 bed childrens' unit.

** These hospitals provide primarily long term care services.

Figu II



associations, professional organizations, the state's medical schools and others. The review panel has the opportunity to make recommendations and comment upon the plan developed by the working committee. Members of the working committee and review panel are appointed by the director of health.

Section 3. The Revenue Fund - The current annual income of all the state health facilities combined is $4.5 million. The certification of 155 beds at Denmar and 93 beds at Pinecrest will generate an additional $1.6 million per year. Assuming that in ten years (1992), the state will have reached its goal of having all beds certified and further assuming that approximately 2,500 persons will continue to be served by state facilities and reimbursed at $25. a day, then the revenue fund should have an annual income of well over $16 million a year. Figure III is a projection of the accumulation of funds in the hospital services revenue account. With expenditures of approximately $4.7 million, the revenue account is projected to accumulate $5.7 million by July 1, 1983.

Section 4. The Institutional Population - Approximately 3200 individuals are presently being served by the 12 state operated health facilities. Approximately one third of these individuals are over 65 years old and are in long term care facilities; one third are developmentally disabled; and one third are psychiatric patients.

In recent years, there has been a shift from the state hospitals towards community treatment. This shift has been viewed as desirable by state governments for both therapeutic and financial reasons and this plan endorses that trend. In West Virginia the implementation of the court decreed "Comprehensive Plan for Community Based Services for Developmentally Disabled Persons" will mean that within the next three to five years, the institutional population may

Figure III

Hospital Services Revenue Fund Projections

DATE-QUARTER ENDING	NORMAL INCOME	CERTIFIED PINECREST	CERTIFIED DENMAR	CERTIFIED LAKIN	CERTIFIED FAIRMONT	CERTIFIED GREENBRIER	TOTALS
*(FUNDS FROM PINECREST & DENMAR FOR OCT. 1981 - DEC. 1981 WILL BE RECEIVED IN JAN. - JUNE 82. $408,343)							
March 31, 1982	$1,000,000	$ 152,843	$255,500				$1,408,343
		*152,843	*255,500				408,343
June 30, 1982	1,000,000	152,843	255,500				1,408,343
Sept. 30, 1982	1,000,000	152,843	255,500	$ 164,250			1,572,593
Dec. 31, 1982	1,000,000	152,843	255,500	164,250			1,572,593
March 31, 1982	1,000,000	152,843	255,500	164,250	$68,437	$82,125	1,723,155
June 30, 1983	1,000,000	152,843	255,500	164,250	68,437	82,125	1,723,155
FY 81-82		3,225,029	PLUS $50,000 INTEREST (ESTIMATED) = $3,275,029				
FY 82-83		6,591,496	PLUS $500,000 INTEREST (ESTIMATED) = $7,091,496				

be expected to decline. Even with the most optimistic projections for community placement, however, the state will continue to be responsible for an institutional population of 2,000-2,500 individuals. These will be acute and chronic psychiatric patients, the criminally insane and that portion of the geriatric population that has no access to private nursing homes for medical or economic reasons. The state may also have to continue to provide care for many developmentally disabled.

National economic and political trends should be carefully considered in planning for the future of the state's institutions. It is important to understand that the existing community services and private agencies have developed under an expansive social welfare system. National policy seems intent upon the contraction of that system. Consequently, we might expect that in the future, social, educational and medical services might be less available in the community, at the same time that demands for services may be increased.

Section 5. GOAL I - THE STATE'S INSTITUTIONAL POPULATION SHALL BE SERVED BY FACILITIES WHICH MEET FEDERAL STANDARDS FOR MEDICAID AND MEDICARE CERTIFICATION.

The State of West Virginia has been losing millions of dollars in federal reimbursement for patients eligible to receive Medicare and Medicaid payments. Of the 12 state operated health facilities, only three, Colin Anderson Center (156 beds), Pinecrest (93 beds), and Denmar (155 beds) have beds which meet the standards for federal reimbursement. Pinecrest and Denmar received certification October 1, 1981. Their certification, which was accomplished with an investment of $800,000, should realize an additional $1.6 million in federal dollars for the state next year.

Some facilities, such as Weston or Spencer, will require large investments

for major renovations or new construction to make them eligible for certification. It is the goal of the state health department to plan for the eventual certification of all of its facilities, not only because of the availability of the federal dollars but also because certification will assure that West Virginia's state hospital population will receive better care in facilities which are safe and comfortable commensurate with national standards.

While the development of a five year plan which will address the issue of certification at all the facilities is in progress, the state can make some relatively small investments at Fairmont Emergency Hospital, Greenbrier Center and B-Wing at Pinecrest Hospital. For an estimated $847,512, an additional 182 intermediate care facility beds could be certified to realize an additional $1.2 million per year. The assumptions for arriving at this figure are that 182 intermediate care facility beds will have a 90% occupancy rate and that 80% of the occupants will be eligible for reimbursement and be reimbursed at $25 per day.

Fairmont Emergency Hospital has served primarily as an intermediate care facility with 35 long term care beds and 6 acute care beds since its opening in a new building in 1980. Its current census is 41. Two deficiencies keep Fairmont Hospital from being certified: (1) Incomplete stairs leading away from a fire exit to the rear of the building, and (2) a laboratory ventilation system inadequate for venting fumes from toxic substances. When Fairmont Hospital is certified as an intermediate care facility, it is anticipated to generate approximately $273,000 in additional funds per year. No additional full time staff positions will be required to meet minimal certification staffing patterns.

Greenbrier Center is a short term training facility serving primarily the mentally retarded 5-23 years of age. Its current census is 50. Deficiencies which preclude Greenbrier Center from certification under Intermediate Care/ Mental Retardation standards include fire safety violations and the lack of accessibility for the handicapped. When Greenbrier Center is certified, it is expected to generate $328,000 per year. No additional staff will be required.

Pinecrest Hospital is a long-term care facility providing skilled, intermediate and personal care for an average of 225 people. C-Wing with 93 beds has recently been renovated and certified for Medicaid/Medicare reimbursement. The renovation of B-Wing will add an additional 90 certifiable beds, increasing revenues to Pinecrest Hospital by approximately $593,000 per year. No additional staff will be necessary for the certification of B-Wing.

Recommendations

1. Fairmont Emergency Hospital should receive $48,000 from the Hospital Services Revenue Fund to extend the stairs of the fire exit and correct its laboratory ventilation system.
2. Greenbrier Center should receive $263,580 from the Health Facilities Revenue Fund to correct fire safety violations and make Greenbrier Hall and the Activities Building accessible to the handicapped.
3. Pinecrest Hospital should receive $535,932 from the Health Facilities Revenue Fund to renovate B-Wing as an intermediate care facility.

Resource Requirements for GOAL I

1.	Fairmont Emergency Hospital	$ 48,000
2.	Greenbrier Center	$ 263,580

3.	Pinecrest Hospital, B Wing	$ 535,932
	Total	$ 847,512

Section 6. GOAL II - THE STATE'S INSTITUTIONAL POPULATION SHALL BE SERVED IN FACILITIES WHICH ARE SAFE, COMFORTABLE, AND IN GOOD REPAIR.

Some of the facilities operated by the state health department will require major investments for renovation or for replacement before they can meet standards for federal reimbursement. A long range plan will contain recommendations for these facilities so that ultimately all health care institutions operated by the State will meet the standards for certification. In the meantime, the existing facilities must be maintained to assure the safety and the comfort of those who inhabit them. Repairs must also be undertaken where necessary to protect the State's investment in the existing buildings and where possible to promote cost-effective alterations such as those which will lead to a conservation of energy or more efficient use of resources. A more efficient use of resources includes establishing Hopemont State Hospital as a personal care facility which will require fewer staff. State health planning statistics also show that there is a need for personal care beds in West Virginia. This plan therefore proposes budgeting $699,200 for improvements and alterations.

The recommendations for expenditures are based on the following criteria (1) safety (2) conservation of energy (3) efficiency (4) maintaining certification (5) maintaining or developing a comfortable environment.

Resource Requirements for Goal II (not listed in any order of priority)

Andrew S. Rowan	Energy conservation insulation	$ 18,000
Weston, Forensic Unit	Heating & Air Conditioning, System, Automatic Sprinkler	420,000

	System, Fire Alarm, Security System	
Hopemont	Renovation of Administration Building for 35-40 personal care beds	69,500
Spencer	Energy conservation, window replacement	22,700
Huntington	Replacement of 3 roofs	81,000
Colin Anderson Center	Replacement of 1 roof	88,000
	Total	$699,200

Section 7. GOAL III - WHERE IT IS COST EFFECTIVE, INPATIENT BEHAVIORAL HEALTH SERVICES SHALL BE AVAILABLE TO THOSE PERSONS SERVED BY THE STATE'S INSTITUTIONS IN THE MOST APPROPRIATE AND LEAST RESTRICTIVE SETTING.

This proposal recommends the establishment of an inpatient behavioral health services unit at Pinecrest State Hospital in Beckley to serve patients from Fayette, Monroe, Raleigh, Summers, Mercer, McDowell, and Wyoming Counties. The paramount objective of this unit will be provision of quality inpatient psychiatric services to patients now served by Huntington State Hospital in a setting much closer to their places of residence.

In Phase I of the renovation project, two floors of Pinecrest State Hospital Unit D will be reconstructed to provide 52 certified psychiatric inpatient beds at a cost of $1,312,632.00. If future funding permits, another 26 beds will be added under Phase II of the project.

The Department of Health will contract with Fayette-Monroe-Raleigh-Summers Mental Health Council (FMRS) to provide treatment staff and programming. Pinecrest Hospital will provide hotelling services. FMRS will have a sub-contract with Southern Highlands Mental Health Council to serve residents of Mercer, McDowell, and Wyoming Counties.

The primary philosophical tenet of this project is that psychiatric patients respond best to treatment offered in or near their communities where linkages to significant others and community based services are most readily available. A psychiatric unit at Pinecrest will offer greater continuity and quality of care as a result of treatment being offered in or near the patient's community, improved interagency communication, better patient transition from inpatient to outpatient care, a more efficient referral system, better qualified staff due to recruiting advantages, and partial relief of overcrowded conditions at Huntington State Hospital. It will meet the needs of an underserved population, and reduce the financial burden on families, and county governments for transportation costs.

This Pinecrest State Hospital and FMRS inpatient behavioral health services unit (Pinecrest-FMRS Unit) will meet the needs of subchronic patients who are defined as those who have extended term mental illnesses, need many periodic hospitalizations, and can usually be returned to their communities within 15 to 60 days with the aid of a treatment system that unifies psychiatric inpatient and outpatient community mental health services under one central administration.

A December 7, 1981 research study of Huntington State Hospital patients from the above cited counties indicated that the majority of the patients were subchronic as defined above and include individuals with extended illnesses, the developmentally disabled, and the aged. A June 1981 study indicated at least 200 of the 301 residents from the above cited counties admitted to Huntington State Hospital were classified as subchronic and would benefit from the program.

The Pinecrest-FMRS Unit is also designed to treat individuals often

referred to as "revolving door" patients or multiple admittees. The June 1981 study indicated that these individuals accounted for 18% of 301 patients studied. These multiple admittees were primarily male, aged between 20 and 40, suicidal, prone to violence, and accounted for 34% of all Huntington State Hospital admissions and 39% of total escapes during the study period.

Should the subchronic and multiple admittees not fill all Pinecrest-FMRS Unit beds on a continuing basis, other suitable patients (very chronic or developmentally disabled) could be admitted, or the catchment area could be expanded to include other southern West Virginia counties.

The Pinecrest-FMRS Unit is designed to serve patients not currently served by Beckley Appalachian Regional Hospital and Princeton Community Hospital. The aforementioned study indicated that on December 7, 1981 there were 211 patients at Huntington State Hospital from the targeted counties. On that particular day, even if the existing 40 psychiatric inpatient beds at the two local hospitals were filled with the identified Huntington State Hospital patients, a need would still exist for 171 beds at the Pinecrest-FMRS Unit. This would be more than enough to fill the 52 Phase I beds and the additional 26 Phase II beds.

With the completion of Phase I of 52 certified beds, revenues to the state are estimated at $691,891 per year. Completion of all 78 beds should bring the state $1,073,000 in revenue annually. The assumptions for this figure are: psychiatric beds are estimated at 90% occupancy rate; 60% of the occupants will be eligible for reimbursement at $70 per day.

In addition this plan recommends the expenditure of $1.8 million to construct a 36 bed unit for emotionally disturbed behaviorally disordered

adolescents at Huntington State Hospital. The current facility at Lakin Hospital does not meet fire safety standards or certification standards and is considered unsuitable for renovation. Since a new facility will have to be constructed, it is recommended that it be built at Huntington State Hospital. Locating the adolescent program in an urban area will make the specialized treatment services, particularly through Marshall University Medical School, more accessible and available.

Recommendations

1. Pinecrest Hospital should receive $1,312,632 to renovate 52 beds for use by psychiatric patients in Unit D.

2. 1.8 million should be appropriated for construction of a 36 bed adolescent behavioral health unit at Huntington Hospital.

Resource Requirements for Goal III

1.	Pinecrest - D Wing	$ 1,312,632
2.	Adolescent Unit at Huntington	1,800,000
	Total	$ 3,112,632

Section 8. Operating Cost - To develop the five year plan as mandated will require $90,448 for a planner, clerical support, fringe benefits, contracted architectural and engineering services, and associated office expenses. The responsibilities of the planner are: to develop data and make projections of numbers of people served by and services required by institutions; to coordinate and staff the committees of the plan development process; to develop options for presentation to the committees and director of health; to write a 5 year plan as developed by the committees; to coordinate the implementation of the plan; to work with the Treasurer's Office and Administrative Services on the revenue

fund; to carry the plan through the public review process; and to coordinate the implementation of the plan.

Section 9. Total Resource Requirements

GOAL I	Fairmont Emergency Hospital	$ 48,000	
	Greenbrier Center	263,580	
	Pinecrest Hospital - B Wing	535,932	
	Total		$847,512
GOAL II	A. S. Rowan	18,000	
	Weston Hospital/Forensic	420,000	
	Hopemont Hospital	69,500	
	Spencer Hospital	22,700	
	Huntington Hospital	81,000	
	Colin Anderson Center	88,000	
	Total		699,200
GOAL III	Pinecrest D	1,312,632	
	Huntington Adolescent Unit	1,800,000	
	Total		3,112,632
	Operating Costs	90,448	90,448
	TOTAL EXPENDITURES		$ 4,749,792

Section 10. Expenditures Authorized - The 1982 West Virginia legislature authorized expenditures from the Hospital Services Revenue Account (Special Fund) as shown below in House Bill 1150, enacted March 3, 1982. The legislature instructed that "Items and projects of this appropriation are to be begun as funds become available in the special fund, but only in the listed order of priority herein."

Various Capital Improvement Projects for Institutions	$1,250,000
Welch Emergency Hospital, Capital Outlay and Renovation	6,200,000
Weston Hospital, Capital Outlay and Renovation	420,000
Pinecrest Hospital, Capital Outlay and Renovation	1,300,000
Greenbrier Center, Capital Outlay and Renovation	265,000
Miscellaneous Capital Improvement Projects for Institutions	500,000
Huntington Hospital, Capital Outlay and Renovation	750,000
Pinecrest Hospital, Capital Outlay and Renovation for Certification	535,000
Huntington Hospital, Capital Outlay and Renovation	1,800,000

Section 11. Administrative Due Process - Those persons adverely affected by the enforcement for these interpretive rules desiring a contested case hearing shall do so in a manner prescribed in the West Virginia Procedure 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 12. 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 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.