

Steps to deal with a crisis due to inadequate staffing – Group Home Services

While it is likely that you have been in a position for more than a year of having high vacancy levels among DSPs, using excessive overtime and having multiple shifts each week filled by supervisory staff; the workforce crisis seems to be getting worse, not better, for a variety of reasons:

- Reimbursement rates do not allow for wages that are competitive
- Periodic infusions of federal or state monies are unpredictable and not sufficient to build a sustainable plan for staff incentives
- Competition for workers for far less stressful jobs is increasing
- Staff DSP and supervisory levels who have held out and worked hard during the pandemic are exhausted, and
- The external pressures primarily driven by the multiple inspections/reviews and related time-consuming and challenging tasks required to satisfy DOJ, HSBC or other requirements have forced multiple changes in practice and procedures which require additional time and energy.

If (or when) you reach a point that you determine that the health and safety of the individuals you support and/or your staff is in serious jeopardy, the following should be reviewed/considered:

12VAC35-105-530 (The entire Section is linked [here](#))

G. In the event of a disaster, fire, emergency, or any other condition that may jeopardize the health, safety, or welfare of individuals, the provider should first respond and stabilize the disaster or emergency. After the disaster or emergency is stabilized, the provider should report the disaster or emergency to the department, but no later than 24 hours after the incident occurs.

Relocation may be:

- To other residential sites you operate into existing vacancies
- To the care of their family or another willing provider
- To other residential sites into space that **to the degree possible** meets the requirements of 12VAC35-105-340 and/or 360 (square footage requirements for bedrooms and privacy)
- To other locations which would provide emergency care on a short term basis, eg. Emergency Rooms

These options should be considered in consultation with the individual and the family, in the order presented above, in whatever time you have to make preparations.

When relocation has been completed and notifications to families as appropriate, Support Coordinators and DBHDS Office of Licensing are complete, Service Modifications, if necessary, should be submitted as soon as possible. A Service Modification is necessary if:

- The increased census in any location exceeds the current licensed capacity, but falls within the maximum capacity of the site, or
- The increased census in any location exceeds the current licensed capacity, but falls above the maximum capacity of the site

When the Modification is complete and reflected in WaMS, Service Authorizations will need to be modified to adjust the “size” factor in the tiered billing system. It is likely that the billing adjustments will need to be retroactive to the date of the move for all residents of the site.

There is one extraordinary circumstance that will require additional action:

- If the licensed capacity (group home and respite beds) of the site changes from six or fewer to more than six, a request for permission to bill must be sent to DMAS (ann.bevan@dmas.virginia.gov)
- The request must outline the reason, the “licensed capacity” including respite beds of the site to be used and, to the best of your ability, a plan for bringing the number of “group home” beds back to six or fewer as quickly as possible.
- The request must include clear commentary on the reason for the decision to relocate individuals and the alternative placement opportunities which were considered.

The governing regulations are:

12VAC30-122-390 (in part)

*A. The number of licensed beds in a setting reimbursed for group home residential services shall not exceed six. Group home settings larger **than six licensed beds that became DD Waiver providers prior to March 31, 2021, may continue to operate and receive Medicaid reimbursement.** If a group home larger than six licensed beds changes ownership, the group home will be considered a new setting and the licensed bed capacity limit of six beds shall apply for Medicaid reimbursement purposes.*

It is the intent to make allowance in the Manual for exceeding the limit in an emergency situation; it is to be determined whether denial by DMAS for the exceptional circumstance will result in denial of authority to bill for all residents or only for those moved into the site which caused the site to exceed the census of six individuals. However, if the choice is of placing an individual into a larger home with qualified staff who can maintain the consistency of supports vs discharging the individual with no planning and taking them to the nearest hospital ER, it should be an easy decision to support.