Connecticut Valley Hospital
Whiting Forensic Hospital

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Glossary of Terms

- 42CFR – The Federal Conditions of Participation fall under section 42 of the Code of Federal Regulations.
- Abuse - “The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish.” This can be found in 42 CFR Part 488.301.
- Accreditation - An evaluative process in which a healthcare organization undergoes an examination of its policies, procedures and performance by an external organization ("accrediting body") to ensure that it is meeting predetermined criteria. It usually involves both on- and off-site surveys.
- Accredited - Means having a seal of approval. Being accredited means that a facility or health care organization has met certain quality standards. These standards are set by private, nationally recognized groups that check on the quality of care at health care facilities and organizations. Organizations that accredit Medicare Managed Care Plans include the National Committee for Quality Assurance, the Joint Commission on Accreditation of Healthcare Organizations, and the American Accreditation HealthCare Commission/URAC.
- Agents of Centers for Medicaid and Medicare Services (CMS) - Any individual or organization, public or private, with whom CMS has a contractual arrangement to contribute to or participate in the Medicare survey and certification process. The State survey agency is the most common example of a "CMS" agent as established through the partnership role of the State agency (SA) plays in the survey process under the provisions of 1864 of the Act. A private physician serving a contractual consultant role with the SA or CMS regional office as part of a survey and certification activity is another example of a "CMS agent". In Connecticut, the Department of Public Health function as agents of CMS. The Department’s team of surveyors are all registered nurses with experience in working within a health care facility or staff trained in Life Safety Code to review the environment of care. They are also required to have specified training from CMS.

Glossary of Terms

- Care Plan/Treatment Plan - A written plan for your care. It tells what services you will get to reach and keep your best physical, mental, and social well-being. The patient and treatment interdisciplinary team collaboratively develop the patient's treatment plan. The treatment plan is patient centered and the outline of what the hospital has committed itself to do for the patient, based on an assessment of the patient's needs. The plan should include data collection, goals, objectives, interventions and outcomes with input from the interdisciplinary team.

- CMS – Federal Center for Medicare and Medicaid Services. CMS is responsible for oversight of HIPAA administrative simplification transaction and code sets, health identifiers, and security standards. CMS also maintains the HCPCS medical code set and the Medicare Remittance Advice Remark Codes administrative code set. The federal agency that runs the Medicare program. In addition, CMS works with the States to run the Medicaid program. CMS works to make sure that the beneficiaries in these programs are able to get high quality health care.

- Certification - This means a hospital has passed a survey done by a State government agency. Being certified is not the same as being accredited. Medicare only covers care in hospitals that are certified or accredited. In order for someone to receive reimbursement from Medicare and Medicaid they must be certified by the CMS

- Condition level deficiencies – Noncompliance with requirements in a single standard or several standards within the condition representing a severe or critical health or safety breach. Health and safety standards that include Patient Rights, Nursing Services, Physical Environment, Infection Control, Governing Body, etc. There is a 90-day termination of the Medicare contract if condition level compliance is not achieved. Condition level findings are measured by the manner and degree of the non-compliance.

Glossary of Terms

- Conditions of Participation - CMS develops Conditions of Participation (CoPs) and Conditions for Coverage (CfCs) that health care organizations must meet in order to begin and continue participating in the Medicare and Medicaid programs. These health and safety standards are the foundation for improving quality and protecting the health and safety of beneficiaries. CMS also ensures that the standards of accrediting organizations recognized by CMS (through a process called "deeming") meet or exceed the Medicare standards set forth in the CoPs / CfCs.

- De-Certification - loss of certification

- Deemed Status - Some States use the findings of private accreditation organizations, in part or in whole, to supplement or substitute for State oversight of some quality related standards. This is referred to as "deemed compliance" with a standard. Designation that an Medicare + Choice organization has been reviewed and determined "fully accredited" by a Healthcare Financial Management Association (HCFA)-approved accrediting organization for those standards within the deeming categories that the accrediting organization has the authority to deem.

Glossary of Terms

- Directed Plan of Correction (DPoC)- means to take action within specified time frames. The purpose of the DPoC is to achieve correction and continued compliance with the Conditions of Participation. A DPoC differs from a traditional Plan of Correction in that the State, not the facility, develops the Plan of Correction. Achieving compliance is the provider's responsibility, whether or not a DPoC was followed. If the facility fails to achieve substantial compliance after complying with the DPoC, the State may impose another alternative sanction (or sanctions) until the facility achieves substantial compliance or it is terminated from the Medicare/Medicaid program. The DPoC includes all elements of a traditional plan of correction as well as when the corrective action must be accomplished, and how substantial compliance will be measured.

- Immediate Jeopardy - A situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident. This can be found in 42 CFR Part 489.3. If immediate jeopardy is not removed there is a 23-day termination of the Medicare contract.

- Joint Commission (TJC) - is an independent, not-for-profit group in the United States that administers voluntary accreditation programs for hospitals and other healthcare organizations. TJC is an approved accreditation organization program for hospitals, psychiatric hospitals, critical access hospitals, home health agencies, hospice, and ambulatory surgery centers.

- Life Safety Code (LSC) - The LSC is a set of fire protection requirements designed to provide a reasonable degree of safety from fire. It covers construction, protection, and operational features designed to provide safety from fire, smoke, and panic. The Health Care Facilities Code is a set requirements intended to provide minimum requirements for the installation, inspection, testing, maintenance, performance and safe practices for facilities, material, equipment and appliances.

Glossary of Terms

- Neglect - “Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.” This can be found in section 42 CFR Part 488.301.

- Plan of Correction - Measures such as the requirements for an acceptable plan of correction emphasize the ability to achieve and maintain compliance leading to improved quality of care. The provider may or may not be required to submit a written response to deficiencies. This response is known as the Plan of Correction (POC). The POC must identify the steps that have been or will be taken to attain compliance with the regulation and must identify the time that correction has been or will be achieved by the provider. DPH and/or or CMS must accept the POC in order to allow the provider to continue in the federal certification program.

- Practitioner Licensure – Means a person licensed pursuant to Title 20 of the General Statutes which includes, but are not limited to, a physician, psychiatrist or physician assistant licensed pursuant to chapter 370, an advanced practice registered nurse, registered nurse or licensed practical nurse licensed pursuant to chapter 378, a psychologist licensed pursuant to chapter 383, and a social worker licensed pursuant chapter 383b.

- Standard level deficiencies - Noncompliance with any single requirement or several requirements within a particular standard. Standard level deficiencies do not substantially limit a facility’s capacity to furnish adequate care, or doesn’t jeopardize the health or safety of patients if the deficient practice recurred.

- State Licensure - means a health care institution has met the requirements for a license to operate from the State of Connecticut pursuant to chapter 386v of the General Statutes. The psychiatric hospitals operated under the Department of Mental Health and Addiction Services are exempt from this chapter.

Glossary of Terms

- Standard Health Code) and/or Connecticut General Statutes. The violation letter usually requests a plan of correction.
- State Regulations – Sections 17-227-14a to 17-227-14m of the Regulations of Connecticut State Agencies regulates psychiatric hospitals in Connecticut. The hospitals with the exception of Whiting Forensic Hospital, operated under the Department of Mental Health and Addiction Services are exempt from these regulations.
- State Statutes – Means the requirements for obtaining and maintaining licensure through Chapter 386v
- Surveys:
  - Full Certification Survey- The activity conducted by State survey agency or other CMS agents under the direction of CMS and within the scope of applicable regulations and operating instructions and under the provisions of the 1864 of the Act whereby surveyors determine compliance or noncompliance of Medicare providers with applicable Medicare requirements for participation.
  - Re-certification survey –same as above for a renewal
  - Complaint investigations- A complaint survey is a more focused survey to investigate compliance with Conditions of Participation related to the nature of the complaint.
- Violation Letter – A letter issued to the provider to identify noncompliance with the Regulations of Connecticut State Agencies (Public Health Code) and/or Connecticut General Statutes. The violation letter usually requests a plan of correction.

Facility Licensing & Investigations Section ("FLIS")

- Conducts inspections for health care institutions as defined in the General Statutes of Connecticut, section 19a-490
  - Licensure inspections
  - Complaint inspections
  - Life safety code inspections when renovation construction being completed
- Focus:
  - Assess for compliance with state and federal laws and regulation
  - Survey teams are comprised of registered nurses, however, not mental health specialists/practitioners/experts
- License 23 different levels of institutions (2087 total licenses) and frequency established in statute
- Contractor for the Centers or Medicare and Medicaid Services ("CMS") for certification surveys for Medicare certified entities, including in part, hospitals, psychiatric hospitals, nursing homes, and home health agencies

Hospitals

- In order to participate in Medicare, a hospital must meet all Federal Requirements
  - Civil Rights attestation
  - Enrollment (855 Form)
  - Conditions of Participation Survey
- In order to receive Medicaid, a hospital must meet the requirements to participate in Medicare
- Once the Centers for Medicare and Medicaid Services (“CMS”) determines a hospital has met all the Federal Requirements to participate in Medicare, CMS certifies the hospital
- Certified hospital includes all departments of the hospital
- ***CMS certifies***, Accreditation Organizations (“AO’s”) accredit. Only national AO’s whose standards and processes have been reviewed and approved by CMS may grant accreditation

Hospitals: Certification

- Hospitals are defined in the Social Security Act, section 1861(e) (1)
  - An institution primarily engaged in providing, by or under the supervision of physicians, inpatient diagnostic and therapeutic services or rehabilitation services.

- Psychiatric hospital is defined in Social Security Act, section 1861

- The term “psychiatric hospital” means an institution which:

  - (1) is primarily engaged in providing, by or under the supervision of a physician, psychiatric services for the diagnosis and treatment of mentally ill persons;

  - (2) satisfies the requirements of Sec. 1861 paragraphs (3) through (9) of subsection (e);

Hospitals: Certification

- (3) maintains clinical records on all patients and maintains such records as the Secretary finds to be necessary to determine the degree and intensity of the treatment provided to individuals entitled to hospital insurance benefits under part A; and

- (4) meets such staffing requirements as the Secretary finds necessary for the institution to carry out an active program of treatment for individuals who are furnished services in the institution.

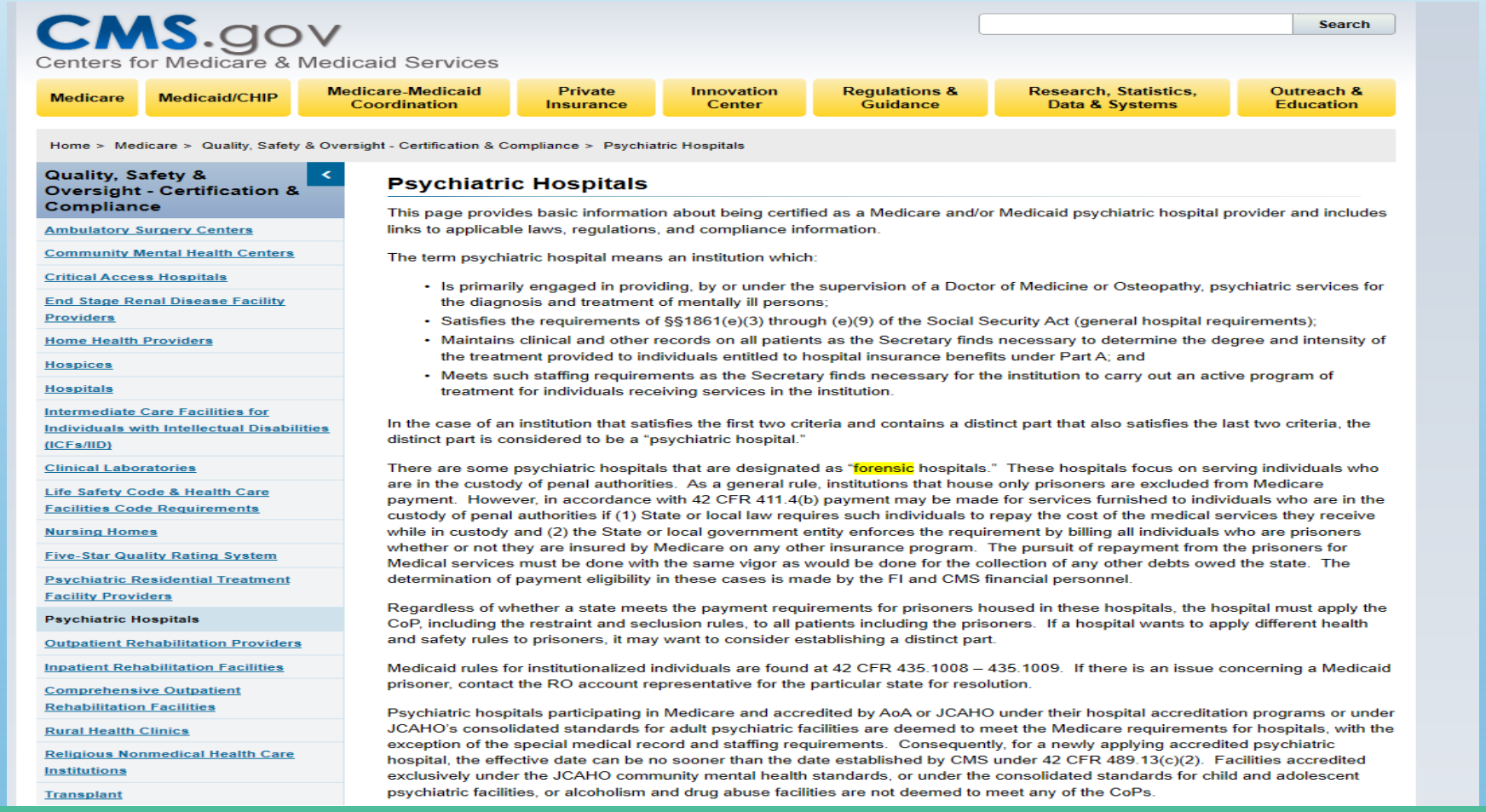
- Participation in the Medicare program is voluntary

- If participation elected, the entity must comply with the Conditions of Participation ("CoP")

Hospitals: Certification

- CMS developed CoP's to ensure that healthcare institutions are meeting the health and safety standards which are the foundation for improving quality and protecting the health and safety of beneficiaries
- 23 CoP's for Hospitals which include in part, Patient's Rights
  - Condition is comprised of standards which further define the condition of participation's expectations
- If certified as a Psychiatric Hospital, 2 additional CoP's, Staffing and Medical Records
- An initial certification survey is conducted prior to CMS certifying

Psychiatric Hospitals



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Quality, Safety & Oversight - Certification & Compliance

- Ambulatory Surgery Centers
- Community Mental Health Centers
- Critical Access Hospitals
- End Stage Renal Disease Facility Providers
- Home Health Providers
- Hospices
- Hospitals
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)
- Clinical Laboratories
- Life Safety Code & Health Care Facilities Code Requirements
- Nursing Homes
- Five-Star Quality Rating System
- Psychiatric Residential Treatment Facility Providers
- **Psychiatric Hospitals**
- Outpatient Rehabilitation Providers
- Inpatient Rehabilitation Facilities
- Comprehensive Outpatient Rehabilitation Facilities
- Rural Health Clinics
- Religious Nonmedical Health Care Institutions
- Transplant

Psychiatric Hospitals

This page provides basic information about being certified as a Medicare and/or Medicaid psychiatric hospital provider and includes links to applicable laws, regulations, and compliance information.

The term psychiatric hospital means an institution which:

- Is primarily engaged in providing, by or under the supervision of a Doctor of Medicine or Osteopathy, psychiatric services for the diagnosis and treatment of mentally ill persons;
- Satisfies the requirements of §§1861(e)(3) through (e)(9) of the Social Security Act (general hospital requirements);
- Maintains clinical and other records on all patients as the Secretary finds necessary to determine the degree and intensity of the treatment provided to individuals entitled to hospital insurance benefits under Part A; and
- Meets such staffing requirements as the Secretary finds necessary for the institution to carry out an active program of treatment for individuals receiving services in the institution.

In the case of an institution that satisfies the first two criteria and contains a distinct part that also satisfies the last two criteria, the distinct part is considered to be a "psychiatric hospital."

There are some psychiatric hospitals that are designated as "forensic hospitals." These hospitals focus on serving individuals who are in the custody of penal authorities. As a general rule, institutions that house only prisoners are excluded from Medicare payment. However, in accordance with 42 CFR 411.4(b) payment may be made for services furnished to individuals who are in the custody of penal authorities if (1) State or local law requires such individuals to repay the cost of the medical services they receive while in custody and (2) the State or local government entity enforces the requirement by billing all individuals who are prisoners whether or not they are insured by Medicare on any other insurance program. The pursuit of repayment from the prisoners for Medical services must be done with the same vigor as would be done for the collection of any other debts owed the state. The determination of payment eligibility in these cases is made by the FI and CMS financial personnel.

Regardless of whether a state meets the payment requirements for prisoners housed in these hospitals, the hospital must apply the CoP, including the restraint and seclusion rules, to all patients including the prisoners. If a hospital wants to apply different health and safety rules to prisoners, it may want to consider establishing a distinct part.

Medicaid rules for institutionalized individuals are found at 42 CFR 435.1008 – 435.1009. If there is an issue concerning a Medicaid prisoner, contact the RO account representative for the particular state for resolution.

Psychiatric hospitals participating in Medicare and accredited by AoA or JCAHO under their hospital accreditation programs or under JCAHO's consolidated standards for adult psychiatric facilities are deemed to meet the Medicare requirements for hospitals, with the exception of the special medical record and staffing requirements. Consequently, for a newly applying accredited psychiatric hospital, the effective date can be no sooner than the date established by CMS under 42 CFR 489.13(c)(2). Facilities accredited exclusively under the JCAHO community mental health standards, or under the consolidated standards for child and adolescent psychiatric facilities, or alcoholism and drug abuse facilities are not deemed to meet any of the CoPs.

Accreditation Organizations (“AO”)

Accreditation/Deemed Status

Section 1865(a)(1) of the Social Security Act provides that accreditation of a provider entity by a national accreditation body approved by CMS, demonstrates that all of the applicable conditions or requirements of the CoP’s are met or exceeded— the entity (hospital) is relieved of certification surveys which assess for compliance with federal regulations and laws. However, this does not exempt an institution from licensure, but, extends the license to 4 years	Deemed status constitutes a determination that the entire certified hospital meets or exceeds the CoP’s.	Voluntary process	Validation surveys may be conducted subsequent to a Accrediting Organization (“AO”) survey at the request of CMS to assess congruence of State Survey Agency survey with AO’s

Hospitals

- Licensed every 2 years; however, if accredited, every 4 years until or unless accreditation status is lost
- CoP level non-compliance identified during an inspection results in loss of accreditation until such time CMS reinstates (usually after revisit to assess the plan of correction)
- If condition level non-compliance is identified during a complaint investigation, a full Medicare survey may then be requested by CMS

DPH Hospital Inspection

- DPH conducts licensure surveys and; as the contractor for CMS, conducts concurrent certification surveys in hospitals

- Complaint surveys
  - Sources
    - Consumer
    - Media
    - State Agencies
    - Other stakeholders
    - DPH has ability to investigate all complaints within DPH jurisdiction, and in facilities licensed by DPH. “Certified Only” facility complaints are investigated with authority from CMS only.

DPH Hospital Inspection

- At the conclusion of the survey, a deficiency statement is issued detailing the non-compliance with the CMS conditions of participation. Additionally, a violation letter is issued for non-compliance with the Regulations of Connecticut State Agencies (licensure).

- As a result of the statutory exemption, CVH is not licensed by DPH, however certified through CMS and accredited through Joint Commission, therefore
  - No licensure inspections
  - No ability to investigate all complaints within jurisdiction of DPH, unless the allegation is at a certain threshold, of Condition level non-compliance which then will be authorized by CMS.

Hospitals

- Upon identification of Federal non-compliance, a Plan of Correction ("POC") may be requested by CMS
  - Condition level non-compliance
    - POC required
  - Standard level non-compliance
    - POC optional

Elements of a POC

- Six elements

1. Plan for correcting each specific deficiency
2. Plan for process improvement
3. Procedure for implementing the POC
4. Completion date
5. Monitoring and tracking to ensure that POC is effective
6. Title of the person responsible for implementing the POC

Immediate Jeopardy

Immediate jeopardy is a situation in which a recipient of care has suffered or is likely to suffer serious injury, harm, impairment or death as a result of a provider's, supplier's, or laboratory's noncompliance with one or more health and safety requirements.

Immediate jeopardy represents the most severe and egregious threat to the health and safety of recipients, as well as carries the most serious sanctions for providers, suppliers, and/or laboratories.

- Likelihood instead of potential – The previous version of Appendix Q suggested that a potential for serious harm might constitute immediate jeopardy. Core Appendix Q makes it clear that in order to cite immediate jeopardy in situations where recipients have not already suffered serious injury, harm, impairment or death, the nature and/or extent of the identified noncompliance creates a likelihood (reasonable expectation) that such harm will occur if not corrected, not simply the potential for that level of harm to occur.

- Culpability has been removed – The previous version of Appendix Q made culpability a required component to cite immediate jeopardy. Because the regulatory definitions of immediate jeopardy do not require a finding of culpability, that requirement has been removed and has been replaced with the key component of noncompliance, since the definitions of immediate jeopardy require noncompliance to be the cause of the serious injury, harm, impairment or death, or the likelihood thereof.

Immediate Jeopardy ("IJ")

- Psychosocial harm – Core Appendix Q includes a section instructing surveyors to consider whether noncompliance has caused or made likely serious mental or psychosocial harm to recipients. In situations where the psychosocial outcome to the recipient may be difficult to determine or incongruent with what would be expected, the guidance instructs surveyors to use the reasonable person concept to make that determination. The reasonable person approach considers how a reasonable person in the recipient's position would be impacted by the noncompliance (i.e. consider if a reasonable person in a similar situation could be expected to experience a serious psychosocial adverse outcome as a result of the same noncompliance).

Immediate Jeopardy ("IJ")

- No automatic immediate jeopardy citations – Core Appendix Q makes it clear that each immediate jeopardy citation must be decided independently and there are no automatic immediate jeopardy citations.

(See 42 CFR Part 489.3.)

» Source: Appendix Q, CMS State Operations Manual

- Collaboration with CMS when determining, if an IJ situation exists

- Starts a 23 day termination track if allegation of IJ is not removed

Connecticut Valley Hospital (CVH)

- Certified through the Centers for Medicare and Medicaid Services (“CMS”) for 386 beds, including the Whiting Forensic Division
  - Pursuant to a request dated August 18, 2017 and effective April 1, 2017, the Whiting Forensic Division beds (total 91) were decertified
  - January 2, 2018, 138 Dutcher unit beds were decertified
- Accredited through Joint Commission (“JC”)
  - “Full Event” survey last conducted 2/25-2/28/19
  - Typically accreditation reports not shared with state survey agency when completed
    - Posted on JC website, however, broad in conclusions

Timeline: DPH/CVH Visits 2017 Activity

12/23/16
- Complaint investigation
- Immediate jeopardy

2/10/17
- Full Medicare survey pursuant to complaint investigation
- Immediate jeopardy

5/24/17
- Follow up survey
- Condition level non-compliance

7/12/17
- Whiting Complaint: Patient Abuse
- Condition level non-compliance
- Complaint initiated in April, however, competing criminal investigation

9/14/17
- Full Medicare survey pursuant to complaint investigation
- Immediate jeopardy

Timeline: 2/10/17

- Full Medicare survey pursuant to the 12/23/16 investigation

- Immediate Jeopardy identified
  - Governing Body
    - Governing body not actively engaged in facility operations when significant non-compliance had been identified
  - Patient Rights
    - Patients did not receive care in a safe setting which led to significant medication errors which resulted in patient transfer/hospitalization
    - Observation of verbal abuse
  - Quality Assessment and Performance Improvement (“QAPI”)
    - While significant medication errors had been identified, timely corrective action had not been completed campus wide

Timeline: 2/10/17

- Nursing Services
  - Systems were not in place to ensure safe medication administration
  - Patient assessments not done in accordance with physician orders and/or standards of practice
  - Treatment planning not comprehensive and/or individualized and/or staff failed to follow interventions
  - Failed to provide the required level of patient supervision in accordance with physician orders

- Medical Records
  - Medical record documentation not complete or accurate
  - Facility failed to demonstrate that active treatment was provided and/or structured or individual activities based on patient needs

Timeline: 5/24/17

- Follow up survey to the “B-tag” findings, conducted by federal consultants to the 2/10/17 survey
- Condition level non-compliance identified
  - Medical Records
    - Treatment plans did not reflect individualized interventions
    - Treatment plans did not demonstrate active treatment

Timeline: 7/12/17

- Whiting Complaint: Abuse complaint, while complaint investigation initiated in March of 2017, competing criminal investigations occurring. At the request of criminal investigators (Department of Emergency Services and Public Protection) FLIS provided “space” for the criminal investigation to move forward.
- Condition level non-compliance
  - Patient Rights; hospital failures
    - The hospital did not ensure that patients were free from all forms of abuse, neglect, or harassment (“abuse”). The abuse included willful infliction of injury, unreasonable confinement and intimidation or punishment
    - Ensure that incidents of “abuse” were reported, investigated and corrective actions taken to mitigate recurrence
    - Report to administration suspected/actual abuse
    - Report suspected/actual abuse to state agencies
    - Follow own policies regarding abuse; suspected/actual
    - Protect patients from abuse during allegations of abuse
    - Staff neglected their duties
    - Ensure that video monitoring of patient areas was reviewed and/or analyzed to mitigate patient risk
    - Ensure that patient rights were protected and honored

Timeline: 9/14/17

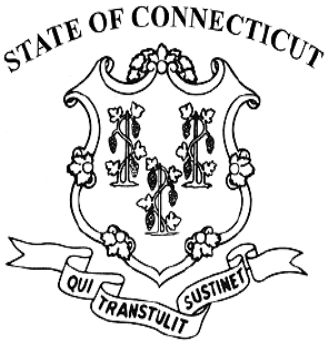
- Full Medicare survey pursuant to complaint investigation 7/12/17
  - Immediate Jeopardy
    - Physical Environment
      - Multiple ligature risks throughout all 4 buildings
  - Standard level findings
    - Patient Rights
      - The hospital did not ensure care was provided that promoted privacy and dignity
      - Failed to provide the level of supervision in accordance with physician orders to prevent harm
      - Inadequate restraint documentation, restraint and seclusion orders not specific
    - Medical Staff
      - Safety interventions not included in the treatment plan
    - Radiologic Services
      - Proper radiation safety precautions were not maintained
    - Medical Records
      - Psychosocial assessments not comprehensive
      - Psychiatric evaluations not comprehensive

CVH Remedies/Summary

- Plans of correction
- 23 day termination track, IJ
- 90 day termination track, CoP non-compliance

- 11 month history:
  - 3 incidents of IJ, 1 in Physical Environment and 2 in Patient Rights

Connecticut Law



Substitute Senate Bill No. 404

Public Act No. 18-86

AN ACT CONCERNING WHITING FORENSIC HOSPITAL AND CONNECTICUT VALLEY HOSPITAL.

Connecticut Law

(a) "Institution" means a hospital, short-term hospital special hospice, hospice inpatient facility, residential care home, nursing home facility, home health care agency, homemaker-home health aide agency, behavioral health facility, assisted living services agency, substance abuse treatment facility, outpatient surgical facility, outpatient clinic, an infirmary operated by an educational institution for the care of students enrolled in, and faculty and employees of, such institution; a facility engaged in providing services for the prevention, diagnosis, treatment or care of human health conditions, including facilities operated and maintained by any state agency; **[**, except facilities for the care or treatment of mentally ill persons or persons with substance abuse problems;**]** and a residential facility for persons with intellectual disability licensed pursuant to section 17a-227 and certified to participate in the Title XIX Medicaid program as an intermediate care facility for individuals with intellectual disability. "Institution" does not include any facility for the care and treatment of persons with mental illness or substance use disorder operated or maintained by any state agency, except Whiting Forensic Hospital;

Connecticut Law

- Connecticut General Statutes Section 19a-490
  - Sec. 19a-490. (Formerly Sec. 19-576). Licensing of institutions. Definitions.

  (a) "Institution" means a hospital, short-term hospital special hospice, hospice inpatient facility, residential care home, nursing home facility, home health care agency, homemaker-home health aide agency, behavioral health facility, assisted living services agency, substance abuse treatment facility, outpatient surgical facility, outpatient clinic, an infirmary operated by an educational institution for the care of students enrolled in, and faculty and employees of, such institution; a facility engaged in providing services for the prevention, diagnosis, treatment or care of human health conditions, including facilities operated and maintained by any state agency; and a residential facility for persons with intellectual disability licensed pursuant to section 17a-227 and certified to participate in the Title XIX Medicaid program as an intermediate care facility for individuals with intellectual disability. *"Institution" does not include any facility for the care and treatment of persons with mental illness or substance use disorder operated or maintained by any state agency, except Whiting Forensic Hospital.*

  (b) "Hospital" means an establishment for the lodging, care and treatment of persons suffering from disease or other abnormal physical or mental conditions and includes inpatient psychiatric services in general hospitals;

- Connecticut Valley Hospital (CVH) and all other Department of Mental Health and Addiction Services (DMHAS) hospitals are not licensed by the Department of Public Health (DPH). However, Public Act 18-86 provided for inclusion of Whiting Forensic Hospital (WFH) for DPH licensure. WFH is not a certified entity with the Centers for Medicare and Medicaid Services (CMS) as the provision of forensics is not a covered service.

Whiting Forensic Hospital

- Initial Licensure
  - Team conducted inspection July 18, 2018
  - License issued after August 21, 2018 after an approved plan of correction
  - License expires June 30, 2020

Complaint Visits

- Violation letter May 7, 2019, (visit concluded May 2, 2019)
  - Nursing Supervision
    - Patient to patient physical aggression
    - Inappropriate touching/inappropriate patient to patient contact
  - Staff Boundaries
  - Activities
    - Patients failed to meet their weekly group activities
  - Treatment Planning
    - Plans not updated after patient to patient physical aggression
  - Environmental Risks
    - Patient with known history of ingesting items had access to inedibles
  - Comprehensive Investigation
    - Not conducted after a patient on constant observation ingested inedibles
- Plan of correction received and approved May 23, 2019, an office conference was held June 4, 2019 to discuss the Department's concerns and the facility response.

Current complaint activity

- Current complaint activity
  - Open investigations, October to current which includes licensure
  - 15 complaints entered/investigated since initial licensure

Post initial licensure/May violation letter observations

- Reduction in restraint and seclusion utilization
- Improved staff to patient interactions/engagement
- Enhanced activity planning

Questions