

# **The City of Burien: Questions Regarding ESFs**

## **How are ESF residents identified?**

Individuals residing in an ESF typically have transitioned from in-patient mental health treatment at a state or local psychiatric hospital. These individuals are identified by hospital discharge staff to be stable, no longer requiring active inpatient psychiatric treatment, and ready to discharge from the hospital setting.

When an individual in a hospital setting is identified by hospital staff as needing assistance with daily living tasks such as dressing, medication reminders, bathing, etc., they are referred to DSHS Home and Community Services (HCS) staff to determine whether they meet functional and financial eligibility for services under Medicaid, and the level and type of long term care services they will need in a community setting.

Individuals are eligible for the ESF setting if they meet the specific eligibility criteria in the operational/program regulations found in WAC 388-106-0338 (see attached). Note that these same eligibility criteria are used to assist some individuals who choose to receive care and services in an adult family home or an assisted living facility.

In addition, some individuals may move into an ESF from other residential setting types (skilled nursing facilities, adult family homes, or assisted living facilities) when it is determined that the individual would benefit from the level of care and services provided in an ESF.

## **How is an ESF selected as a setting option?**

HCS staff discuss all potential setting options with the individual. Individuals eligible to receive services in an ESF are typically those who are transitioning directly from a state or local psychiatric hospital stay and, due to complex behavioral and/or medical conditions, benefit from the higher level of on-site staff that is required of an ESF licensed setting. The staffing requirements of an ESF include a nurse, behavior support professional and certified nursing assistants/home care assistants.

If an individual chooses an ESF, HCS staff will determine if the individual meets the ESF eligibility criteria and will then conduct a thorough review of the individual's records to determine if the individual could be successful in an ESF. If that determination is made, the local HCS staff contact the ESF Administrator, share the individual's assessment, and explain what the individual will need. The

ESF Administrator determines whether to consider the individual for the ESF and then will typically visit the individual in the hospital setting at least once. The individual also has a choice as to whether to move into an ESF or not; often, the individual will tour the ESF prior to making a choice.

### **What is the state's vision for ESFs? Are the current ESFs fulfilling the state's vision?**

The Long Term Care Provider Network is a continuum that provides a variety of service and provider options which promote choice for individuals to receive services in their private home, an adult family home, an assisted living facility or a nursing home. ESFs are the most recent addition to this provider network.

ESFs are licensed as a community based residential provider of long-term services and supports. They were developed to address the increased prevalence of behavioral health needs in the population receiving long-term services and supports. ESFs have additional staffing requirements that assist individuals with more complex medical and behavioral health needs to maintain services in the community.

There are currently four ESFs operating, with two new ESFs planning to open in early 2020 and three more with grant funds that are in the early stages of development. The Department of Commerce is currently reviewing grant applications for additional ESF development.

ESFs have been operating for five years and have been successfully providing care to individuals in the community who previously needed treatment for mental health diagnoses in a hospital setting.

### **How are ESFs regulated and monitored?**

Residential Care Services (RCS) conducts pre-licensing inspections in partnership with the Department Of Health Construction Review Services unit, and determines whether to issue an ESF license based on compliance with all initial licensing regulations. RCS conducts unannounced ongoing inspections of ESFs at least every 18 months with the state average interval between facility inspections of 15 months to determine continued compliance.

Complaints, facility and public reports, are investigated according to regulatory authority, and are also unannounced. Inspections and investigations may/may not result in citations for failed practice and will require a plan of correction for any failed practice. Enforcement remedies are available when needed depending on scope and severity of the outcomes of the failed practice.

RCS also provides regulatory oversight of all residential settings - adult family homes, assisted living facilities, skilled nursing homes, enhanced services facilities, and supported living agencies.

After an ESF is licensed, HCS conducts contract monitoring on a monthly basis for the first 12 months, then on a quarterly or as-needed basis afterwards. These monitoring activities are also unannounced visits.

ESF Administrators are encouraged to contact RCS or HCS for questions regarding regulatory or contractual requirements.

### **What are the general demographics of ESF residents?**

ESFs provide care and services to individuals over the age of 18. The average age of an ESF resident is 52. All ESF residents have behavioral health needs, as that is an element of the eligibility criteria. ESFs do not provide mental health or substance use disorder treatment services. Those services are accessed in an outpatient basis at local providers in the same way primary care and medical services are accessed. Some ESF residents have medical needs that are complex (such as insulin-dependent diabetes or traumatic brain injury), while others have more general needs for medical services (such as medication management or blood pressure monitoring).

DSHS conducts a comprehensive assessment of the individual's needs and works with hospital staff, the individual's support system and managed care organization to develop a plan of care that supports the individual in a community setting. All known behaviors and relevant history is shared with the ESF provider. ESFs, similar to all licensed providers, are responsible to meet the health and safety needs of the individual, other residents and to accompany individuals in the community when that need is identified.

### **What do ESF residents need?**

All ESF residents need some level of personal care services, which includes assistance with the activities of daily living such as bathing, toileting, personal hygiene, mobility, transferring, or eating. ESF residents may also receive assistance with routine activities such as housework, laundry, meal preparation, essential shopping, telephone use, and transportation to medical services.

ESF residents want to be treated with dignity and respect and want to be a part of the community. By Medicaid rules, ESF residents are required to have the opportunities that other community members have, unless there is an assessed need that precludes their participation in specific activities. Some current ESF

residents provide volunteer support at local food banks and animal shelters; others participate in community activities, shop at local stores, and utilize local medical services.