

Feds slice \$21M from SIDC funds

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The federal Department of Health and Human Services has decided to cut off \$21 million in Medicaid funding to the Staten Island Developmental Center (SIDC) for allegedly failing to comply with federal standards on patient care, the Advance learned yesterday.

But the commissioner of the state Office of Mental Retardation and Developmental Disabilities (OMRDD) said last night the decision was "unfounded" and vowed to appeal it.

"I was totally surprised, it came out of the blue," said Arthur Webb, commissioner of OMRDD. "I have constant internal control here, and with the intense attention that has been given to the problems here, there's no way it could have the problems they say.

"They inspected here in February, and if it's as serious as they say I don't know why they didn't call me first instead of just sending a letter," he added. "We will definitely appeal."

The \$21 million in jeopardy represents half of the operating budget for SIDC, which houses about 600 mentally retarded clients. The other half of the center's budget is funded equally by the state and city governments.

The decision to remove SIDC from the Medicaid program was based on the institution's "chronic history" of failing to address longstanding problems, said Alan Saperstein, associate regional administrator of the Health Care Finance Administration (HCFA), a division of Health and Human Services which monitors Medicaid-funded institutions.

SIDC may appeal the decision before it becomes effective on June 14. If an appeal is filed, funding will continue until a decision on the case is made by an administrative law official. Once the funding is discontinued, it will not be restored until the institution complies with the federal standards.

If no appeal is filed and the federal money is withdrawn, the state must pay the difference, according to Saperstein.

In a letter sent this week to SIDC Director James Walsh, Saperstein said the decision was made after a survey of the center in February. At that time, federal officials found that deficiencies cited in last year's federal survey still had not been corrected.

"We have corresponded and discussed with you the deficiencies that were found in SIDC during the February 1984 federal survey," the letter said. "We informed you of the seriousness of the deficiencies and that if the deficiencies were not corrected, your participation in the Medicaid program would be jeopardized.

"However, the deficiencies still remain and have limited the capacity of your facility to render care without hazard to the health and safety of your patients. Consequently, HCFA is canceling the approval of your participation in the Medicaid program."

Saperstein would not release the February 1985 survey report, which is still being reviewed by SIDC. However, he said the center did not meet federal standards in 55 areas, including safety and sanitation; philosophy, objectives and goals; policy and procedures; staff-resident communications; resident clothing; resident living areas, including space, furniture and bedding; education and training, and diet requirements and meal services.

Among the more serious problems, Saperstein said, was the lack of active treatment for pa-

tients. While SIDC provides clients with the mandated 30 hours of training and education each week, the programs are often ineffective, Saperstein said.

"In some cases, it's a lack of goals," said Annemarie Schmidt, director of survey and certification for Saperstein's office. "In other cases, there's a lack of integration of the program into the client's life outside of the classroom."

For instance, a patient whose program includes learning to dress himself should be working on those skills not only in the classroom, but when he or she dresses and undresses each day. But Ms. Schmidt said that kind of reinforcement is not occurring for some SIDC clients.

Another serious issue is use of drugs, Ms. Schmidt said. About 50 percent of the SIDC clients are prescribed psychotropic drugs; while that of itself may not be a problem, Ms. Schmidt said, many clients with seizures problems connected to the drugs are not being monitored.

Staffing is still another problem. "There's just not sufficient supervision of the clients — the high number of incident reports and patient deaths is an indication of that," Saperstein said.

According to SIDC officials, the institution has the highest patient-staff ratio of any New York institution for the mentally retarded, but Saperstein said the high staffing levels exist only on paper and that in actuality, the staffing is eroded by high absenteeism.

Webb said of the charges: "I think some of the problems are real, and we're addressing them. But you can find deficiencies in any place, and we've more than complied with the regulations."

Ironically perhaps, Saperstein acknowledged that SIDC has made substantial improvements since the early 1970s, when the institution was popularly regarded as a "snakepit." But the upgrading of the institution has fallen short, he said.

"I'm not going to say the situation at SIDC has gotten worse" over the past few years, he said. "But taking a look at the circumstances — at the critical attention that the institution has received over the past 10 years — we would expect to find much more to have been done."

Another factor in his agency's evaluation of SIDC is that Health and Human Services is becoming much more aggressive about enforcing federal standards at such facilities, Saperstein said.