Addressing Serious Mental Illness in Long-term Care

City of Philadelphia

January 2023

AGENDA

1. Define the Problem
2. Path to Program Development
3. Program Description
4. Barriers to Expansion Regionally/Nationally
5. Next Steps

Case Examples

74-year-old AA female

Diagnoses:
- Schizoaffective Disorder, Bipolar with Catatonia
- IDDM, HTN, Urinary Incontinence, Asthma, Edema

Current Environment: Extended Acute Psychiatric Unit 20+ yrs

ADLs: Total Care

BARRIERS FOR DISCHARGE:

- Unpredictable behavior
- Safety concerns (physically lashes out, climbs out of bed, and crawls on floor)

60-year-old Asian male

Diagnoses:
- Neurocognitive disorder, Schizophrenia, Bipolar
- CVA left-sided paralysis, HTN, chronic low vision

Current Environment: 2nd floor of an LTSR for 10 years without an elevator or handicap accessible shower

ADLs: Unable to walk down the stairs, difficulty showering, high risk of falling

BARRIERS FOR DISCHARGE:

- Physical aggression towards staff and property
- Intrusive (yelling/screaming)

Serious Mental Illness (SMI)

Mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI. Common disorders per SAMHSA for SMI are: Bi-polar Disorder, Major Depressive Disorder, and Schizophrenia.

Dementia is not a serious mental illness. Individuals with SMI can also have dementia as a secondary condition.

Historical Context

Deinstitutionalization of individuals with SMI began in 1955 with the use of new-to-market psychotropic drugs with the goals of reducing the population size of residential settings and reforming psychiatric care.

Deinstitutionalization scaled across the US by 1994 where individuals requiring secure and therapeutic settings were moved to community-based long-term residential settings licensed and funded through Medicaid programs.

Now, 30 years later, individuals with SMI have aged in place, are frail and have worsening medical conditions that are outside of the level of care available in community mental health residential programs.

https://www.frontiersin.org/articles/10.3389/fpsyt.2021.575108/full
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Defining the Problem in the U.S.

AGING POPULATION

The number of adults 65+ has increased by **33%** in the last decade and is projected to **double** by 2060.

3-9% of adults 65+ live in an institutional setting – most commonly a nursing facility

SERIOUS MENTAL ILLNESS POPULATION

1 in 20 adults has SMI

In 2020, there were an estimated 14.2 million adults aged 18 or older in the United States with SMI.

Prevalence of individuals with SMI living in nursing facilities has risen by 54% between 2007 and 2021

PROGRAM DESCRIPTION

City of Philadelphia

Gaps In Care Delivery

WHO?

Frail older adults with SMI and requiring medical and personal care:

- living in Extended Acute Care (EAC) psychiatric units at high cost to Community Behavioral Health for months to years
- living in Long-term Structured Residences (LTSRs), Community Rehabilitation Residences (CRRs) or other residential programs without access to necessary resources provided by appropriately trained staff

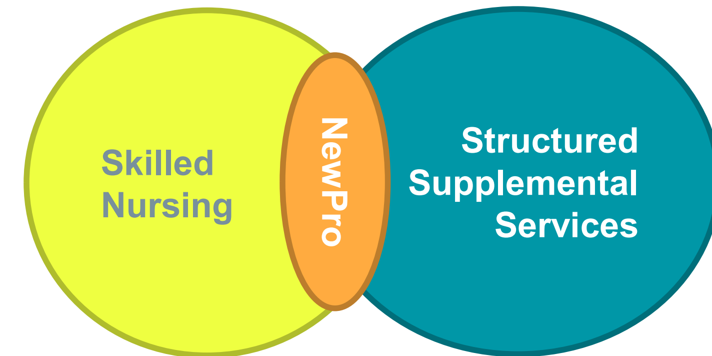
CHALLENGES

- Skilled long term care reimbursement inadequate to fund needed behavioral health resources
- Additional behavioral health staffing needed at appropriate hourly rates
- Staff training and qualifications needed to work with the population
- Physical changes to a unit to create safe environments and consistent with regulations
- Guardianship challenges
- One to one staffing
- Safety of the other residents and staff
- Multiple state agency stakeholders (OMHSAS, DOH, and OLTL involvement)
- Transfer trauma
- Individuals with SMI have barriers to accessing entitlement programs and living in inappropriate settings

Proposed Framework – Long-term care and behavioral health

Guiding principles

- Least restrictive, most inclusive, non-judgmental
- Access state and federal resources available
- Create sustainable programs to support providers willing to provide care to this special populations
- Patient and staff safety



Framework

- Partners will meet PA DOH LTC regulations, PA Code (Human Services and Health and Life Safety), DEA regulations
    - Skilled nursing + structured supplemental behavioral health services
- Behavioral health in skilled nursing facilities will include access to Medicare, Medicaid and other entitlement programs for relevant eligible services
- Community Behavioral Health reimbursement model will be developed to fund defined behavioral health level services in skilled nursing
- Fully align with Community Health Choices resources

Path to Program Development

Q1 2022

DBHIDS Project Initiation

Establish City Steering Committee

Q2 2022

Identify and initiate stakeholder workgroups

Obtain buy-in: PA DHS, DOH, and DOA secretaries

Initiate City-State steering committee and workgroups

Complete regulatory gap analysis

Finalize staffing, clinical and financial models

Q3 2022

Finalize program requirements

Review regulatory questions with CMS

Q4 2022

Select behavioral health provider

Obtain program funding approval from OMHSAS

Develop long-term sustainability plan

Execute behavioral health provider contract

Spring 2023

Behavioral health provider executes contract with LTCF

Finalize Evaluation Plan (including resident/family interviews)

Complete physical plant modifications

Hire and orient staff

Develop admission criteria

LAUNCH PROGRAM

Partnering for Program Development

- **City of Philadelphia:** Department of Behavioral Health and Intellectual disAbility Services, Office of Homeless Services, Department of Public Health
- **Community Behavioral Health**
- **Area Agency on Aging**
- **Acute Care Hospitals & Skilled Nursing Providers**
- **Behavioral Health Providers** (Long Term Structured & Community Rehabilitation Residences, Justice Partners)
- **Advocacy groups** (Leading age, Pennsylvania Health Care Association, Ombudsman Offices, and Senior Law)
- **Quality and Compliance experts**

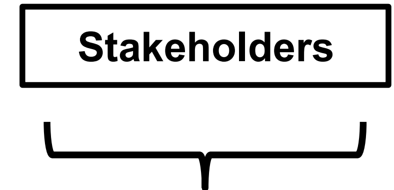
- **Pennsylvania:** Department of Health, Department of Aging**,** Department of Human Services, Governor's Office

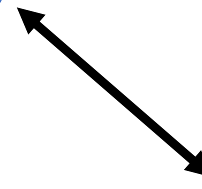
- **Centers for Medicare & Medicaid Services**
- **Substance Abuse and Mental Health Services Administration**

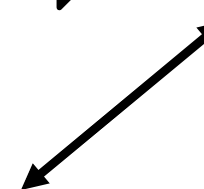
LTCF PARTNERS

- Monumental Post-Acute Care (MPAC)
- Bedrock
  - York Nursing and Rehabilitation
  - Maplewood Nursing and Rehabilitation
- Genesis – Chapel Manor
- St. Ignatius

Philadelphia DBHIDS – Commonwealth Partnership







***DBHIDS:** Philadelphia Department of Behavioral Health and Intellectual disAbility Services

Path to Program Development

Results of 90-day sprint

1. Consensus: no regulatory barriers were identified preventing the launch of the pilot program
2. Consensus: the clinical model and associated funding model
3. Consensus: the importance of comprehensive individualized care plans for older adults with SMI addressing unique needs and honoring resident rights including safety and security
4. Consensus: the importance of alternative interpretation of applicable long term care regulations unique to the needs of vulnerable older adults with SMI with specific priority for
    - the informed consent process,
    - psychiatric advanced directives, and
    - behavioral health specialized medication management processes
5. Recommendation to collaborate with CMS
6. Recommendation to create a Collaborative Compliance Education and Quality (CCEQ) team to monitor implementation, educate staff, and ensure adherence to regulatory compliance

Initial Long-term Care Population

PHASE 1: *<u>Must</u>* have a Level 1 or 2 PASRR Assessment determination *<u>and</u>* meet one of the following criteria:

- Serious Mental Illness

Inclusion Criteria

- All past histories of substance use disorder (SUD) including using any type of substance
- Philadelphians with a forensic history including individuals on probation or parole as well as individuals coming from Norristown State Hospital, Department of Corrections, or Philadelphia Department of Prisons

**Veterans will be included in the unit*

Included on a case-by-case basis

- Megan's Law (Considering Tier I only but need to review)
- Under 60
- Prescribed MOUD
- Co-occurring Dementia and SMI
- Traumatic brain injuries

Sub-populations excluded:

- High or medium risk to harm self, property, or others
- Active SUD of any illegal substance
- Active suicidality or actively homicidal
- Open/Pending Charges
- Individuals with a forensic history that are on parole outside Philadelphia County
- Ventilator-dependent

High Level Program Staffing Model for 32-bed Unit

Staffing	Base LTC Required	Structured Supplemental Services	
Certified Nursing Assistants	2.00 HPPD		
LPN	0.75 HPPD		
Mental Health Workers*		2.75 HPPD*	
RN		0.75 HPPD	
BH Social Worker		0.25 HPPD	
BH Life Enrichment		.50 HPPD	
BH Clinical Program Director		.18 HPPD	
BH Clinical Liaison		.18 HPPD	
Psychiatrist Unit Director		.07 HPPD	
Total HPPD	**2.75 HPPD**	**4.18 HPPD**	6.93 HPPD

* Supplemental services for 1:1 would be available @ an additional 24.0 HPPD

Funded by LTCF traditional revenue stream

Funded by OMHSAS Structured Supplemental Services

Behavioral Health in Long Term Care Program Overview

PHYSICAL ENVIRONMENT PROGRAM REQUIREMENTS

1. Secure unit with keypad and emergency release
2. Census of 24 to 32 residents
3. At least 1/3 rooms individual occupancy
4. No rooms setup with occupancy greater than two
5. Common private bathroom with shower and/or tub/whirlpool
6. De-escalation/Snoezelen room
7. Recliner chairs in all rooms
8. Lighting and nurse call without the use of long cords
9. Adequate ability for residents to move freely within hallways and accessible recreation space
10. Enclosed courtyard
11. Camera at entrance/exit of nurses' station
12. Accessible nursing station within secure unit
13. Sign in/sign out process at entrance/exit to track visitation
14. Flat screen TVs mounted and secured to the wall
15. Accessible call bell/TV remote
16. iPad for resident use (1 or 2 for each neighborhood)
17. Wi-Fi in common spaces and not in individual rooms
18. Fall prevention equipment such as low beds and lifts
19. A room or space with a wall mounted iPad for telehealth

Behavioral Health in Long Term Care Program Overview

STAFF TRAINING PROGRAM REQUIREMENTS

NURSING REQUIREMENTS: Administer Intramuscular meds

PROVIDER REQUIREMENTS: Education on psychotropics, PRN medications, gradual dose reduction regulations

INTERDISCIPLINARY TEAM REQUIREMENTS: Importance of clear documentation in the individualized care plan and process of informed consent

ALL STAFF FACILITY REQUIREMENTS: Staff education per CBH requirements and competency skills' assessments

POLICY AND PROCEDURE PROGRAM REQUIREMENTS

- Proactively offering Psychiatric Advanced Directive
- Document visitation and personal item alternatives in the individualized care plan
- De-escalation and redirection attempts with individuals prior to discharging to another level of care
- Include in admissions contract:
    - Informed consent
    - Guardianship/alternatives
    - Transfer from demonstration unit to another unit in LTCF
    - Transfer agreement with psychiatric and medical acute care provider

Program Status

Philadelphia

- ✓ Ongoing collaboration with local AAA, advocacy groups, acute care hospitals, LTCFs, and behavioral health providers
- ✓ Clinical and financial structured supplemental services model
- ✓ Behavioral health provider
- ✓ Long-term care provider
- ✓ Program evaluation plan

State

- ✓ Ongoing Pennsylvania DHS, DOA, and DOH collaboration with Philadelphia DBHIDS and CMS
- ❑ Continue to work towards approval of structured supplemental services
- ❑ Continue to work on updating Case Mix Index (CMI)
- ❑ Path to expansion across the commonwealth (CCEQ)

Federal

- ✓ Ongoing CMS, CMMI and SAMHSA collaboration with Philadelphia DBHIDS and Pennsylvania DHS, DOA, and DOH
- ❑ Path to expansion into other SMI populations in addition to those with schizophrenia
- ❑ Model for expansion nationally

Next Steps

If your organization has a 24-32 bed secure unit available and are interested in providing this program in your facility, please complete the Readiness Survey by **February 10th, 2023**

- ❖ https://dbhids.co1.qualtrics.com/jfe/form/SV_6sf6VOMV706Aiqy
  The survey must be completed at one time therefore we will send a PDF of the survey out today for you to review and gather responses with your team.

- ❖ Program eligibility: Long-Term Care facility needs to be credentialed with Medical Assistance and located in the City of Philadelphia.