

## **Behavioral Health Taskforce Geriatric Subcommittee**

**Date:** Friday, March 16, 2012

**Present:** Judy Carroll, Melissa Gale, Senator Jean Hunhoff, Amy Iversen-Pollreisz, Jeremy Johnson, Marilyn Kinsman, Julie Kuchta, Steve Lindquist, Ken Senger, Dr. Ramesh Somepalli, Dr. Tom Stanage, Lori Tracy, Steve VandeKop, Pam VanMeeteren, Dr. Vicki Walker, Diana Weiland, and Ginger Wells.

1. Review of the minutes from 12-1-11 meeting.
2. **Add on Pay:** Marilyn Kinsman presented on the Medicaid State Plan for add on payment. A hand out was provided that further explained the process and the types of services that were eligible for add on pay. Long term care facilities have received this information as well. At this time there have been no requests for add on pay for behavioral health needs other than Canistota. The Good Samaritan Center in Canistota continues to receive add on pay for behaviorally challenging residents admitted who meet the criteria. Questions were raised about the process for securing add on pay.
3. **Occupancy:** Marilyn distributed a current listing of occupancy of nursing facilities across the state. It was noted that there are several nursing facilities with high occupancy that have never referred residents to HSC.
4. **Acute Geriatric Unit at HSC** – Consensus of the group remains that geriatric admissions to HSC should be admitted to a specific unit designated for geriatrics. Discussion occurred about options for creating capacity at HSC. This included transitioning one of the current long term care units into an admission unit, or converting a psychiatric rehab unit into taking an existing geriatric unit and changing to an acute geriatric admission unit. It was recommended that a review process for appropriateness of admission, similar to the State Placement Committee for adolescents, be considered.

Discussion around creating more community-based capacity in nursing facilities, specifically for dementia patients who exhibit behaviors such as wandering and resistance to care. Often transfers to HSC come for placement rather than treatment. It was suggested that HSC may need capacity limits to ensure that geriatric admissions would not overflow into the general adult acute admission units. Statute changes would need to occur to ensure that HSC would not be financially responsible if there were not bed capacity. The group also discussed the need for more education to community providers.

5. **Dementia diagnosis vs. SPMI** – The increased number of geriatric admissions to HSC are persons with a diagnosis of dementia and not persons with a severe mental illness. Dr. Vicki Walker indicated that of the residents currently on the geriatric unit 28 had a primary diagnosis of dementia, 10 residents had TBI or spinal cord injury and 10 residents had a primary diagnosis of mental illness. Most geriatric patients being admitted to HSC are first time admissions with a dementia diagnosis.
6. **DOH Nursing Home Regulations** – Diana Weiland from the Department of Health distributed regulations pertaining to bed-holds and discharge expectations from long term care facilities. The regulations indicate that nursing facilities are expected to take residents back to the facility within five days or when the next available bed opens. This often does not occur as nursing facilities are indicating that they would prefer to accept the citation from the DOH, but will not accept the resident back. Often safety of other residents is cited as the reasons. The DOH is aware of this concern and has been addressing the issue with individual nursing facilities. South Dakota does not have a monetary penalty for citations as some states do. Refusals to follow regulations should be followed up with DOH and DSS.
7. **Geropsych services in surrounding states** – Services in Iowa, Minnesota, North Dakota were discussed. North Dakota has created a partnership between the state hospital

and a community nursing home. The hospital serves as the gatekeeper for admission to the nursing facility. Originally the hospital was responsible for training of the staff and set a psychiatric team to the nursing home for patient assessment and medication management. That has now been transitioned to a community behavioral health service. Iowa has 23 beds available for geropsych services. Once the beds are full they do not admit additional residence. They remain in community nursing homes. Iowa has not had an admission for over a year as all beds have been full. Nebraska does not have geropsychiatric services as part of their state system. Douglas County in Omaha is a large nursing facility that accepts residents throughout Nebraska. They have three units designated for behavioral/dementia residents.

- 8. Association of Medical Directors** – Dr. Walker discussed involvement in this group. This is a group of physicians that serve as Medical Directors in community nursing homes and have a specific interest in this area. Also discussed that there are many long term care facilities in the state that have never referred anyone to HSC.

## **9. Summary of Possible Goals**

- Work with select community nursing homes (possibly on a regional basis) to develop the capacity to better serve individuals with challenging behaviors and dementia, similar to how the Canistota program serves individuals with serious mental illness;
- Modify the intake process at HSC and create the capacity for an acute geriatric admission unit,
- Review statutes that pertain to five day emergency commitment of geriatric residence currently in long term care facilities.
- Develop a state placement team/process that would review long-term placements and screen appropriateness of geriatric admissions to HSC.

- Coordinate with DOH to provide education/training for nursing facility staff regarding appropriate responses to challenging behaviors/behavioral health issues and provide re-education on basic nursing facility requirements;
- Develop the capacity for HSC to provide psychiatric review/consultation to nursing facilities to assist them with challenging behaviors/behavioral health issues (to reduce inappropriate admissions);