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Difficult-To-Place Work Group

December 17, 2009

Webinar



Problems Identified

- Macro
 - Due to advances in health care, aging boomers and increase in life span there is a growing population of patients with co-occurring physical and behavioral health needs.
 - No comprehensive coordination of post-acute care across the state for patients with co-occurring physical and mental health needs
 - Lack of adequate state funding for behavioral health services
 - Siloed services – hospitals, nursing facilities, residential care facilities, DMH facilities, community services
 - Difficult-to-place patients are passed from one institution to another



Problems Identified

- Micro level
 - Not enough beds for residents with skilled nursing needs and behavioral problems
 - Not enough beds for residents needing assistance with ADLs and behavioral problems
 - Patients remain in the hospital, the most costly and restrictive environment, while awaiting placement or PASRR review
 - Protective oversight for “normal” residents vs. rights of behavioral problem residents
 - Real regulatory barriers or regulatory interpretation barrier by regulators and providers
 - Real or actual IMD threat



Problems Identified

- Micro level
 - Transfer delays related to COMRU and PASRR process
 - Delays related to lack of knowledge of the PASRR and COMRU process and forms or knowledge of available post-acute facilities
 - Problem shifting – Emergency discharges to hospital as a way dealing with difficult residents and avoid post-acute care facility requirement to find alternative placement.
 - LTC facilities and hospitals need assistance from state in finding appropriate placement.



Discharge Process

- Hospital to skilled or intermediate care facility
- Hospital to assisted living or residential care facility

Sharon Burnett

Vice President of Licensure,
Regulation and Accreditation
Missouri Hospital Association



Overview of PASRR Process

Mark Stringer

Director, Division of Alcohol and Drug Abuse and
Comprehensive Psychiatric Services, Missouri
Department of Mental Health



State Statutes and Regulation Review

Bryant McNally
Director of Licensure and Regulation
Missouri Hospital Association



Statutory Requirements

Nursing Home Admission and Discharge

RSMo 198.088 2) Policies relating to admission, transfer, and discharge of residents shall assure that:

- (a) Only those persons are accepted whose needs can be met by the facility directly or in cooperation with community resources or other providers of care with which it is affiliated or has contracts;
- (b) As changes occur in their physical or mental condition, necessitating service or care which cannot be adequately provided by the facility, residents are transferred promptly to hospitals, skilled nursing facilities, or other appropriate facilities; and
- (c) Except in the case of an emergency, the resident, his next of kin, attending physician, and the responsible agency, if any, are consulted at least thirty days in advance of the transfer or discharge of any resident, and casework services or other means are utilized to assure that adequate arrangements exist for meeting his needs through other resources



Statutory Requirements

Nursing Home Admission and Discharge

RSMo 198.088 (6) Each resident admitted to the facility:

- (d) Is transferred or discharged only for medical reasons or for his welfare or that of other residents, or for nonpayment for his stay. No resident may be discharged without notice of his right to a hearing and an opportunity to be heard on the issue of whether his immediate discharge is necessary. Such notice shall be given in writing no less than thirty days in advance of the discharge except in the case of an emergency discharge. In emergency discharges a written notice of discharge and right to a hearing shall be given as soon as practicable and an expedited hearing shall be held upon request of the resident, next of kin, legal guardian, or nursing facility;



Statutory Requirements

Assisted Living Facility Admission

RSMo 198.073 4. Any facility licensed as an assisted living facility, as defined in section 198.006, except for facilities licensed under subsection 3 of this section, may admit or retain an individual for residency in an assisted living facility only if the individual does not require hospitalization or skilled nursing placement, and only if the facility

- (8) Ensures that the residence does not accept or retain a resident who:
 - (a) Has exhibited behaviors that present a reasonable likelihood of serious harm to himself or herself or others



Regulatory Requirements

19 CSR 30-81.030 Evaluation and Assessment Measures for Title XIX Recipients and Applicants in LTC Facilities

6. (D) Nine (9) points if assessed as requiring maximum behavioral assistance in the form of extensive supervision due to psychological, developmental disabilities or traumatic brain injuries with resultant confusion, incompetency, hyperactivity, hostility, severe depression, or other behavioral characteristics. This category includes residents who frequently exhibit bizarre behavior, are verbally or physically abusive, or both, or are incapable of self-direction. **Applicants or recipients who exhibit uncontrolled behavior that is dangerous to themselves or others must be transferred immediately to an appropriate facility.**



Regulatory Requirements

19 CSR 30-86.047 Administrative, Personnel and Resident Care Requirements for Assisted Living Facilities

- (29) The facility shall not admit or continue to care for a resident who:
- (A) Has exhibited behaviors that present a reasonable likelihood of serious harm to himself or herself or others; I/II



Regulatory Requirements

19 CSR 30-86.042 Administrative, Personnel and Resident Care Requirements for New and Existing Residential Care Facilities

(30) The facility shall not admit or continue to care for residents whose needs cannot be met. If necessary services cannot be obtained in or by the facility, the resident shall be promptly referred to appropriate outside resources or discharged from the facility. I/II

(32) Residents admitted to a facility on referral by the Department of Mental Health shall have an individual treatment plan or individual habilitation plan on file prepared by the Department of Mental Health, updated annually. II



Regulatory Requirements

19 CSR 30-86.042 Administrative, Personnel and Resident Care Requirements for New and Existing Residential Care Facilities

(34) Requirements for facilities which admit or retain residents with mental illness or mental retardation diagnosis and residents with assaultive or disruptive behaviors:

(A) Each resident who exhibits mental and psychosocial adjustment difficulty(ies) shall receive treatment and services to address the resident's needs and behaviors as stated in the individual service plan; I/II

(B) If specialized rehabilitative services for mental illness or mental retardation are required to enable a resident to reach and to comply with the individualized service plan, the facility must ensure the required services are provided; and II

(C) The facility shall maintain in the resident's record the most recent progress notes and personal plan developed and provided by the Department of Mental Health or designated administrative agent for each resident whose care is funded by the Department of Mental Health or designated administrative agent. III



Regulatory Requirements

19 CSR 30-86.042 Administrative, Personnel and Resident Care Requirements for New and Existing Residential Care Facilities

(35) The use of interventions to manage disruptive or assaultive resident behaviors shall be employed with sufficient safeguards to ensure the safety, welfare and rights of the resident and shall be in accordance with the therapeutic goals for the resident. I/II



Regulatory Requirements

19 CSR 30-82.050 Transfer and Discharge Procedures

- (5) The notice of transfer or discharge described in this rule shall be made by the facility no less than thirty (30) days before the resident is to be transferred or discharged. In the case of an emergency discharge, the notice shall be made as soon as practicable before the discharge when it is specifically alleged in the notice that—
- (A) The safety of individuals in the facility would be endangered under subsection (2)(C) of this rule and the notice contains specific facts upon which the facility has based its determination that the safety of said individuals would be so endangered;
 - (B) The health of individuals in the facility would be endangered under subsection (2)(D) of this rule and the notice contains specific facts upon which the facility has based its determination that the safety of said individuals would be so endangered;
 - (C) The resident's health has improved sufficiently to allow a more immediate transfer or discharge under subsection (2)(B) of this rule;
 - (D) An immediate transfer or discharge is required by the resident's urgent medical needs under subsection (2)(A) of this rule; or
 - (E) The resident has not resided in the facility for thirty (30) days.



Regulatory Requirements

19 CSR 30-82.050 Transfer and Discharge Procedures

(14) If the decision is that there is no cause for discharge, the resident shall be permitted to remain in the facility. If the decision is in the facility's favor, the resident shall be granted an additional ten (10) days after the decision is received for purpose of relocation, and the facility shall assist the resident in making suitable arrangements for relocation. If the resident prevails and has already been discharged, the facility shall notify the resident, the qualified representative, or any other responsible party who will assure that the resident is made aware of the decision and that the resident may return to the facility. In the event that there are no beds available, the facility shall admit the resident to occupy the first available bed without regard to any waiting list maintained by the facility.



Next Steps

Action Item

- Identify extent of problem
- Identify available facilities and number of beds
- Make recommendations to improve PASRR process
- Make recommendations to improve the pre-LTC screening process

Responsibility

- MHA, hospitals and MHD
- DHSS, DMH and LTC associations
- DMH
- DHSS, MHA, LTC associations



Next Steps

Action Item

- Share existing DHSS guidance to LTC on emergency discharges with hospitals
- Review current laws and rules R/T emergency discharges and make recommendations
- Review and revise ALF assessment form and form guidelines

Responsibility

- DHSS
- MHA, LTC associations, DHSS
- DHSS and LTC associations



Next Steps

Action Item

- Explore IMD issues
- Explore demonstration project/pilots for SNF-MI, ALF-MI

Responsibility

- DMH, DHSS, LTC associations
- DMH, DHSS, MHD, LTC associations, MHA