



# Meeting the Needs of Nursing Home Residents with Mental Illness

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North Central Texas Council of Governments



# Today's Agenda (1)

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- Discuss incidence of issue
- Explore reimbursement issues
- Present best practices in medication management
- Determine extent to which PASARR is helping residents access behavioral health supports



# Today's Agenda (2)

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- Provide overview of managed care carve-in of nursing facilities
- Present resources for nursing home residents who wish to relocate
- Discuss coverage of behavioral health services in Medicaid waiver programs



# Today's Format <sup>(1)</sup>

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- Webinar, with separate log-ins for morning and afternoon sessions
  - Will send log-in information after morning session concludes
- Participants in listen-only mode
  - To unmute, hit \*1 or use chat feature to ask question
- May attend one or more sessions

# Today's Format (2)

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- Must attend all sessions in order to receive complimentary CEUs
  - Must also complete on-line evaluation
  - Link to on-line evaluation will be emailed to all participants after conclusion
  - After you've completed evaluation, send email to Doni Green, requesting CEUs and providing mailing address for certificate



# Mental Illness as Risk Factor for Placement

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- Diagnosis of general mental disorder increases risk of institutionalization by 65%
- Higher with nonorganic psychotic conditions



# Estimated Prevalence of Mental Illness (MI) among Residents

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- Two-thirds have mental illness
  - 560,000 nationwide
- Depending on study, up to 47% have depression
- 20% have other psychiatric disorders
  - 7% have schizophrenia
  - 9% have bipolar disorder



# Estimated Prevalence of Behavioral Symptoms

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Approximately 70% of residents exhibit agitated behaviors, including physical agitation (e.g., pacing) and verbal agitation (e.g., screaming)





# Changes in Prevalence of MI among NF Residents

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41% increase between 2002 and 2008

- Younger persons with MI accounted for 9% of all residents in 2008, up from 6% in 2002



# Factors Increasing Prevalence of MI in Facilities

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- Downsizing of state hospitals
- Scarcity of community-based services
  - Treatments
  - Housing
- Increased detection of depression



# Medications as Most Common Facility Intervention

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More than 1 in 4 given antipsychotics

- According to US Inspector General, 83% prescribed for off-label conditions
- 22% don't comply with CMS guidelines for dosing
- 40% of those with behavior problems but no psychosis receive antipsychotics
- 15% of those without cognitive impairment or behavior problems receive antipsychotics



# Profile of Residents with MI

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- Tend to be younger: 54% of new admissions with MI are under age 65
- Tend to be long-term: 45% of new admissions with MI have lengths of stay over 90 days, compared with 24% of new admissions without MI



# Severe MI and Care Risks

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- Residents with severe mental illness more likely to attempt suicide
- High levels of suicidal ideation
- Many die from indirect suicide
  - Refusal to eat
  - Refusal to take medication



# Facilities Challenged to Respond

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Of facilities surveyed in 2007, 50% reported serious lack of mental health resources

# Medicare Coverage of Behavioral Health (1)

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- Part A: hospital inpatient care, room, meals, nursing care, other related services and supplies
  - Care can be provided in a general hospital or a psychiatric hospital
  - Services measured in benefit periods
  - No limit to the number of benefit periods when services obtained in general hospital
  - Lifetime limit of 190 days in psychiatric hospital

# Medicare Coverage of Behavioral Health (2)

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- Part B: visits to doctors' offices, visits with clinical psychologist or social worker, lab tests, and partial hospitalization
  - Individual and group psychotherapy
  - Family counseling if main purpose is to help with treatment
  - Testing to find out if getting services needed and if current treatment is working
  - Psychiatric evaluation
  - Medication management



# Medicare Coverage of Behavioral Health (3)

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## ○ Part B (cont.)

- Occupational therapy that's part of mental health treatment
- Certain prescription drugs that aren't self-administered
- Individual patient training and education
- Diagnostic tests
- Yearly depression screen conducted in primary care doctor's office or primary care clinic that's equipped to provide follow-up

# Medicare Coverage of Behavioral Health (4)

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- Part B (cont.)

- Partial hospitalization: structured program of outpatient active psychiatric treatment that's more intense than care in doctor's or therapist's office, and doesn't require overnight stay
- Biofeedback training
- Electroconvulsive therapy
- Substance use disorder treatment



# Medicare Coverage of Behavioral Health Care (5)

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- Part D: medication therapy



# Improvements in Medicare Coverage of Behavioral Health

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- Medications can be covered under Medicare A, B or D
  - Starting in 2015 prescribers need to be enrolled in Medicare or have an “opt-out” on file in order to write scripts
- Mental illness is covered by Medicare Part B as any other illness. Usually Medicare pays 80% and the beneficiary is responsible for 20% coinsurance



# Barriers to Accessing Behavioral Health Care in Facility

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- Medicare payment is conditioned to delivery of service by specific professionals and in certain settings
- Facility may not have qualified professionals on-site, and/or professionals won't conduct facility visits
- Medicare Advantage plans have network requirements



# CMS Concern with Medicare Overpayments to Facilities

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- Analysis of 2006 claims data found 39% of Part B claims during non-Part A NF stays didn't meet requirements for coverage
  - Medically unnecessary
  - Undocumented
  - Inadequately documented



# Medicaid Coverage of Behavioral Health Services

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- Visits to doctors offices
- Medication therapy
- Facility obligated to provide necessary therapies as part of daily nursing rate



# Questions?

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