New Rules of Participation: Behavioral Health Considerations

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Objectives

1. Review important ROP behavioral health updates to facilitate best care practices that support regulatory compliance
2. Review best practices in integrating your behavioral health care consultants to support person-centered care efforts and regulatory compliance

ROP: Why is Behavioral Health Important?

483.40 Behavioral Health Services ROP Phase II (Nov. 2017)

- Each resident must receive, and the facility must provide, the necessary behavioral health care and services to ***attain or maintain the highest practical physical, mental, and psychosocial well being***.

ROP: Why is Behavioral Health Important?

483.40 Behavioral Health Services
ROP Phase II (Nov. 2017)

- A resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, *or who has a history of trauma and/or post traumatic stress disorder*, receives appropriate treatment and services.

ROP: Why is Behavioral Health Important?

483.40 Behavioral Health Services
ROP Phase II (Nov. 2017)

- The facility must have sufficient staff with the appropriate competencies and skill sets to reach the above goals as determined by resident assessments and individual plans of care.

What **F-Tags** are Impacted?

- F-Tag **329**: Unnecessary Drugs
- F-Tag **309**: Dementia Care
- F-Tag **320**: No Development of Mental Problems
- F-Tag **250**: Social Services
- F-Tag **319**: Trauma Informed Care

F-Tag 329: Unnecessary Drugs

- The intent of CMS's F-Tag 329 is to ensure:
  - Each resident receives only those medications, in appropriate **dosages** for the appropriate **duration**, clinically **necessary** to treat the resident's assessed symptoms
  - ***Non-pharmacological*** interventions are considered and used instead of, or in addition to, medication when indicated
  - The medication helps promote or maintain the resident's highest practical functioning
  - Risks for adverse consequences or negative outcomes as a result of medications are minimized

F-Tag 329: Unnecessary Drugs

- Now includes ALL psychotropic medications:
  - Antipsychotics
  - Anti-anxiety
  - Antidepressants
  - Hypnotics/sedatives

F-Tag 329: Unnecessary Drugs

Practical Considerations:

- Develop a protocol for indentifying all residents on psychotropic medications
- Include psychology referrals and evaluations (as appropriate) as part of the IDT assessment and to help determine potential individualized non-pharmacological interventions
- Conduct regular behavioral management/GDR review meetings
- Emphasize interdisciplinary efforts in:
  - Identifying
  - Documenting
  - Implementing

  non-pharmacological interventions to reduced psychiatric symptoms and behavioral challenges

F-329: Potential Survey Probes

- Are the continued need and appropriate use for psychotropic medications being regularly assessed?
- Are non-pharmacological interventions attempted first prior to implementing psychotropic medications?
- Are non-pharmacological interventions implemented along with psychotropics to support the reduction of behaviors and need for medication treatments?

F-Tag 309: Dementia Care

The intent of CMS's F-Tag 3o9 – Dementia Care is to ensure:

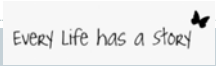
- The care process for a patient with dementia includes an IDT approach that is person-centered and focuses holistically on the needs of the resident
- The facility should have systems and procedures in place to ensure:
  - Assessments are timely, accurate, interdisciplinary, and person centered
  - Appropriate efforts to identify and understand triggers/causes of BPSD
  - A care plan that reflects individualized approaches and treatment interventions
  - Interventions are described, consistently implemented (across staff and shifts), monitored, and revised as needed
  - Monitoring of symptoms and effectiveness of care plan
- Appropriate (required) staff training is conducted

F-Tag 309 Dementia Care

Practical Considerations:

- Consider and implement protocols to best assess, monitor, and treat new and ongoing BPSDs
  - Reduce unnecessary psychotropic medication (behavioral management/GDR meetings)
  - Improve use of non-pharmacological interventions to address behavioral symptoms (include psychological/behavioral assessment)
- Provide ongoing education and trainings to facility staff to maintain best care practices for residents with dementia diagnoses

F-309: Potential Survey Probes



- Do initial assessments include a person-centered approach that informs treatment planning? (Understanding patient's ***life story***)
- Do initial assessments include an interdisciplinary approach? Including appropriate consultants/specialists?
- Are interventions individualized based on or understanding of the patients likes, dislikes, triggers, and needs/unmet needs?
- Does treatment include an effort to reduce BPSD, symptoms of mental illness, and to improve coping and adjustment?
  - Especially through non-pharmacological interventions?
- Are staff educated on dementia symptoms, behavioral management, and person-centered care approaches to care delivery?

F320: *No Development of Mental Problems*

483.40 Behavioral Health Services

- A resident whose assessment did not reveal or who *does not have a diagnosis* of a mental or psychosocial adjustment difficulty or **a documented history of trauma and/or post-traumatic stress disorder**, does not display a pattern of decreased social interaction and/or increased withdrawn, angry, or depressive behaviors, unless the resident's clinical condition demonstrates that development of such a pattern was unavoidable.

F320: *No Development of Mental Problems*

Practical Implications:

- It is essential to have appropriate diagnostic accuracy and description of emotional and behavioral issues at initial assessment

- Change in status (that was unavoidable) should be clearly assessed and documented

F-320: Potential Survey Probes

- Did the facility evaluate the potential causes and risk factors for psychiatric symptoms/behaviors not associated with living at the facility?
- Did the facility conduct an interdisciplinary process for determining triggers for behavioral problems and reduced psychosocial well-being?
- What care was provided to the resident to maintain his mental or psychosocial functioning?

F205: Social Services

- The facility must provide medically-related social services to attain or maintain the *highest practical physical, mental and psychosocial well-being of each resident.*

F250: Social Services

- Intent and interpretive guidelines for "*Medically Related Social Services*" include services such as:
  - Identifying and seeking ways to support residents' individual needs, as well as their physical and emotional needs
  - Providing alternatives to drug therapy or restraints by understanding what residents are attempting to communicate and what needs the staff must meet
  - Providing or arranging provision of needed counseling services
  - Meeting the needs of residents who are grieving

F250: Social Services

- Interpretive Guidelines: Types of conditions to which the facility should respond with social services that can be supported by the psychology consultant:
  - Behavioral symptoms
  - Presence of chronic disabling medical or psychological conditions, including Dementia
  - Depression
  - Chronic or Acute pain
  - Difficulty with personal interaction and socialization skills
  - Abusive alcohol and other drugs
  - Inability to cope with loss of function
  - Need for emotional support
  - Changes in family relationships, living arrangements, and/or resident's condition or functioning
  - Residents with a chemical restraint
  - Residents with or who develop mental disorders as defined by the DSM IV

F205: Social Services

Practical Implications:

- Support a comprehensive assessment for possible *"Mental and Psychosocial Adjustment Difficulties"*
- Include psychological/psychiatric consultants to enhance the comprehensive assessment and individualized treatment planning
- Support appropriate treatment for mental adjustment difficulties, includes:
  - Individual psychotherapy
  - Group psychotherapy
  - Family psychotherapy
  - Crisis interventions
- Facilitate staff training

F-250: Potential Survey Probes

- How does facility staff implement social services interventions to assist the residents in meeting treatment goals?
- How does social service staff monitor the residents' progress in improving physical, mental, and psychosocial functioning?
- How does social services evaluate and update care plan as needed?

F319: Trauma-Informed Care

483.25 Trauma Informed Care (phase 3: Nov 2019)

- The facility must ensure that residents who are "trauma survivors" receive culturally competent, trauma-informed care in order to eliminate or mitigate triggers that may cause re-traumatization of the resident

F319: Trauma-Informed Care

483.25 (m)

- The facility must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care…in order to eliminate or mitigate triggers that may cause re-traumatization of the resident.

483.40 (b) (1)

- A resident…who has a history of trauma and/or post traumatic stress disorder, receives appropriate treatment and services to correct the assessment problem or to attain the highest practicable mental and psychosocial well being.

What is "Trauma Informed Care?"

- Trauma informed care is a "**person-centered**" approach to care delivery that focuses on improving an individuals' all around wellness and adjustment
- It encourages **assessment** for the presence of trauma history
- When trauma history is identified, it takes into account knowledge about the trauma (individualized practice) to **inform care**, **service delivery**, and **treatment** practices
- This approach helps **avoid re-traumatization**
- It increases successful emotional healing and coping with new stressors

"Trauma Informed Care?"

Practical Implications:

- Include an evaluation of possible "traumatic" experiences at initial assessment
  - Reflects an understand individual differences in terms of triggers and coping mechanisms
- Develop a plan for informing all staff on individual preferences and needs of each resident (person-centered care) – communicating care plans across all staff and shifts
- Identify and document interventions to reduce impact of trauma and avoid re-traumatization
- Support staff training on trauma-informed care and PTSD

F-319: Potential Survey Probes

- Has the resident received a psychological evaluation to evaluate, diagnose, and treat his/her condition if necessary?
- Has the treatment team identified triggers and causal factors for decline, potential for decline, or lack of improvement, as well as triggers for negative mood states?
- Are mental and psychosocial adjustment difficulties individually addressed in the care plan?

Integrate your Behavioral Health Specialist/s

- Your behavioral health consultants can support person-centered patient care and regulatory compliance
- Incorporate your behavioral health experts into the initial and ongoing assessments, treatment planning, individualized intervention identification, monitoring, and staff education

You are not alone!

Comprehensive Behavioral Health Services Include:

- Initial evaluations (or documented attempt)
- Psychotherapy treatment
  - Individual
  - Group
  - Family/couples
- One-time visits and documentation for "incidents"
- Cognitive/neuropsychological evaluations
- Formal staff education/In-service trainings
- Documentation support
- Attendance of behavioral meetings



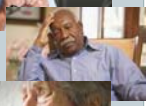


Best-Practices in Integration of Psychology Services

- High-presence model
- Consistent of service
- Communication with treatment team
- Non-pharmacological expertise
- Staff support & education
- Assessment, treatment, and documentation support regulatory compliance


Common Reasons for Referrals

1. **History of a psychiatric diagnosis**: E.g. in the patients record includes a diagnosis of depression, anxiety, schizophrenia, sleep disorder, etc.
2. **Psychotropic medications:** (antipsychotic, antidepressant, anti-anxiety, hypnotic) to assess for non-pharmacological interventions
3. **Behavioral disturbances & noncompliance**
4. **Observed new onset of possible psychiatric symptoms** (e.g. paranoia, hallucinations, delusions, clear depression/anxiety, withdrawal, tearfulness, irritable)
5. **Signs of difficulty adjusting** (e.g. frequent complaints, mild agitation, signs of sad/anxious affect, etc.).
6. **Current/past trauma exposure**
7. **New onset stressors** (e.g. loss of loved one, grief, decline in health status, significant or terminal medical diagnosis, etc.)

Thank You!

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