

**MSSNY's Long Term Care Subcommittee
Minutes
September 21, 2016**

Evelyn Dooley- Seidman, MD, Chair

Cornelius Foley, MD

Eugene Kalmuk, MD

Steven Kaner, MD

Ruth Kleinman, MD

John Ostuni, MD

Jay Slotkin, MD

Joan Cincotta, Alliance,

Al Cardillo, HCA

Thomas Lee, Assistant Commissioner, DGA

Nancy LaVeille, Invited Guest, Senior Director, Member Operational Support, HFA

Liz Dears, Esq.

Moe Auster, Esq.

The minutes from the May 18th meeting of the LTC Subcommittee were unanimously approved.

The Subcommittee first focused on the question of adequacy of mental health services in nursing homes. An article entitled *Mental Illness in Nursing Homes: Variations Across States* and a power point by Steven Bartels were provided to the Subcommittee members to facilitate discussion on this topic. Ms. Nancy LaVeille, Senior Director and Member Operation Support from the Health Facilities Association participated in this discussion. She has a long background in nursing and with nursing homes and the VA system serving the needs of the geriatric and psychiatric population.

Over 500,000 residents in nursing homes nationwide exist without a diagnosis of dementia but with a diagnosis of mental illness. In NYS if consider only patients with the diagnosis of schizophrenia or bipolar disorder, 2.7 of new admissions in nursing homes will have one of those two diagnoses and 27.4% will have either one of those diagnoses or depression or anxiety.

Ms. LaVeille discussed her extensive background in this area. How do we use the psychiatrists and multi-disciplinary team to address the needs of the mental health population in nursing homes. She noted that psychiatrists come into the nursing facility principally to address medication needs. Psychologists spend more time with these individuals on care plans and work with the care team on implementation of the care plan.

In her opinion, Ms LaVeille fees that education of staff is the most important thing we can do to enhance care for persons living with mental illness in nursing facilities. It is especially important because in nursing facilities geriatric and psychiatric need/patients are intertwined. Many times staff are unable to adequate address the care needs of people living with mental health in nursing facilities. She asked whether there are better models or training initiatives to help the staff in nursing homes to understand the complexities of mental health diagnoses and care plans.

Dr. Lee observed that there is little intervention for dementia. But there is for other diagnoses? He asked whether there is a standard screening protocol for admission in nursing facilities. Yes. The PASRR screen must be completed by referring entity if a psychiatric condition is identified, then the patient should be referred to the community to ascertain is there are services that can be provided for the individual. Nursing home staff is required to follow up on the treatment plan. However, there are instances when they do not get the PASRR and the nursing home admits the patient without

knowledge of the mental illness which complicates patient access to needed care for their mental illness. In addition, there are major delays in getting people access to community based mental health care.

Need accurate and complete information on intake forms. Some residents are admitted without knowledge of mental illness which impacts on interpersonal relationships and cause many of the disruptive behaviors seen in the nursing facilities.

Dr. Dooley asked the physicians how they provide for mental health services for residents of their facilities. Many noted that they have very limited psychiatric resources available to them which limits what they can do. Once a person is accepted at the facility, staff is obligated to provide the MH care. Another physician stated that his nursing home is attached to the community hospital so that by leveraging the relationship and proximity to the hospital, the nursing home is able to use the residents for interview and follow up/treatment program.

Another physician indicated that even if you have all of the elements, there is still fragmentation between the health professionals who treat the patient. Not only is education on how to care for the patient with mental illness important but also important is educating the professionals on how to work together. He uses a train the trainer+model to do so.

Dr. Dooley noted that reimbursement for mental health services is FFS for the consultation by psychiatrist but there is nothing that addresses the continuum of care that is needed to meet the needs of this population.

Ms. LaVeille noted that a lot of the education can be accomplished by health professionals conducting their rounds together to set , implement and monitor the treatment plans for people with significant mental health illnesses. Need to create a team that is strong in mental health as opposed to geriatric work.

Dr. Foely indicated that the PPSs in Queens and Staten Island, are working to address needs of elderly with mental illness. Need to identify resources that exist and do not exist within the community. Short stay subacute care needs push elderly out to community by hospital ie. Medication needs of people with dementia; when patients are weaned off the medication find underlying illnesses that were suppressed by the medication while in the hospital. Trying to arrange for appropriate mental health care in the community is a great difficulty especially with everyone being concerned about hospital readmissions.

Ms. Dears was asked to describe Resolution 107 from the 2015 HOD entitled "MSSNY-VA collaboration+which Ms Dears noted was a bit of a misnomer because the HOD changed the title of the resolution from "Expansion of the collaborative partnership with MSSNY and the VA to Enhance LTC+to "Collaborating with Federal and State Agencies To Assure The Provision of Long Term Care Services and then asks the Subcommittee to work with all relevant state and federal agencies to assure that LTC services are integrated into and paid for through new initiatives such as DSRIP, Medicare Shared Savings ACOs and FIDA. Everything and the kitchen sink is put into this Resolution and while your staff at MSSNY is following what is happening with DSRIP, MSSP-ACOs and FIDA, we need better direction as to what you would like to focus on. It's a very expansive resolution and we need to hone in on what you would like staff to address and whom to bring to the committee to discuss issues involving the VA.

It was noted that the VA system is in turmoil right now. It is an opportunity if we can think through how to approach it before the next meeting. The VA is the pioneer in telehealth and have given us good grounds to incorporate telehealth into our work.

Ms. Dears and Al Cardillo summarized the recommendations from the first meeting of the MSSNY-HCA Task Force on LTC as follows:

1.) For further action:

- clarify the definition of originating site under both Medicare and Medicaid; understand how it differs under each program and advance legislation on the federal level to allow for the use of telehealth for home care under both Medicare and Medicaid.
- It was recommended that the Task Force, while pursuing broader federal/state resolution of the F2F problem, create work arounds to address F2F in the short term, including:
 - Requiring certification prior to patient discharge from the hospital.
 - Imbed F2F elements into EHR systems prompting the physician to enter all data/documentation to support the order for home care services.
- MSSNY and HCA co-author a series of articles on F2F and publish them in the MSSNY's monthly News of New York. In particular, the first article should focus on the definition of F2F.
- MSSNY and HCA should work to secure passage of legislation or regulation to allow PAs and NPs to sign the F2F documents.
- MSSNY, HCA and Iroquois should follow up the initial DOH meeting on easing the Medicaid F2F burden by next bringing the issue directly to the State Medicaid Director Jason Helgeson and Deputy Commissioner of OHSM, Dan Sheppard.

2.) For further discussion:

- Should the Task Force recommend a requirement that home care agencies have a medical director resolve the F2F problem on the community level. If so, is additional regulatory/legislative change needed to allow him/her write orders for non-patients, and increased funding needed for home care agencies to support a medical director function.
- Quantify how many claims are denied by fiscal intermediaries for failure to adequately comply with F2F requirements.
- Conduct a study to ascertain the cost implications of requiring certification prior to patient discharge from the hospital.

Doctors noted that there is confusion with regard to the certification sheet. Mr. Cardillo noted that a separate attestation form was required initially but this requirement was eliminated. Even so, CMS still requires significant documentation which supports need for home care services to be contained in the physician's and hospital's records; practically speaking all of the information that would have been on the form. We will discuss this issue in one of those articles.

Concern was raised about the impact of home care costs on ACOs; overuse or underuse? This needs to be reviewed.

A question was asked as to where home care referrals emanate. The majority of referrals come from hospitals when Medicare is involved. Under Medicaid referral would most likely come from the community physician.

Dr. Foley noted that it is hard to find community based physicians to become involved with patients being discharged to home. Liability issues for responsibly managing these patients often are of concern. Focus should be on the discharge process. Need to know who the physician of record is. How do you get the discharge summary on that particular physician's desk? How do you assure that the summary is correct so that the physician can responsibly manage the care for the patient?

If not in the hospital, a community based physician needs proper information from the hospital if they are to do the F2F properly. Must tell primary care what should be put in the note.

Physicians can help the process if certification was done prior to discharge and information was transmitted to the community based physician.

Update on Face to Face was provided by Al Cardillo. F2F implemented by Medicare and then states told that they must implement F2F for Medicaid effective 7/1/16 with an overture that they would not enforce until 7/1/17. MSSNY and HCA are working together to seek ways to mitigate the burden under Medicaid. The feds have recognized that if a patient is receiving care through Medicare Advantage then the physician need not complete F2F. Our goal is to see if state would exempt from F2F for any patient in Medicaid M/C plan or any ACO or DSRIP. At least exempt those areas that the feds have been willing to exempt. Now that we had this initial meeting, we should meet with Helgerson and Sheppard.

A FIDA update is needed. We have had two presentations in the past but it doesn't seem to be working.

Hospice was discussed and Al Cardillo provided an overview of issues that have arisen with hospice: (1) there has been a focus on palliative care and when is it appropriate to begin hospice (earlier than six months before end of life); (2) other providers moving into the hospice space without complying with Article 40 requirements as hospice programs do; hospice programs feeling threatened; should we require the other providers to comply with Article 40; (3) creating clinical competency of social workers and nurses to examine practice opportunities for hospice caregivers.

For next meeting on January 11th:

- 1. Bring in someone from OMH to discuss mental health in Nursing Homes; should also bring in someone from the NYS Psychiatric Association and Psychologists to participate in this discussion. In particular, need to look into what services are available in the community to address the mental health needs of patients in a nursing home.**
- 2. Co-Author articles on Face- to- Face. The first article should focus on the definition of F2F and its requirements.**
- 3. Invite someone from DOH (Kissinger) to provide an update on FIDA. They asked for a copy of the FIDA White Paper. I have attached a link to the LTC White Paper:**
https://www.health.ny.gov/health_care/medicaid/redesign/docs/ltc_forum_white_paper.pdf
- 4. We should have an update on hospice and palliative care provided at nursing homes or through home care. Dr. Foley recommended that everyone look at TED talk:**
<https://www.youtube.com/watch?v=BI-CnsKyOuk>. Al recommended that we invite the Chair of the State Palliative Care Council, Beth Popp, MD, FACP. Contact information in folder.