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SUBJECT Responsibilities of South Mountain Restoration Center/Long Term Care Facilities Regarding Implementation of Nursing Home Reform Legislation

BY


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SCOPE: State Mental Hospital Superintendents
State Mental Hospital Long Term Care Unit Administrators
South Mountain Restoration Center Administrator
County MH/MR Administrators

BACKGROUND:

Federal regulations regarding the Omnibus Budget Reconciliation Acts (OBRA) of 1987 and 1990 have required the implementation of screening and annual resident review procedures for persons with mental illness (MI), mental retardation (MR), and other related conditions (ORC) who are applying for admission to or are residing in nursing facilities, including state mental hospital Long Term Care Facilities (LTCFs) and the South Mountain Restoration Center (SMRC). The regulations were enacted to ensure that individuals in these target groups were appropriately placed in nursing facilities and were receiving appropriate services for their individual conditions

The regulations require that the screenings and evaluations of persons with MI applying to or residing in nursing facilities be completed by an independent agent. The Department of Public Welfare has directed these functions to the Office of Medical Assistance Programs (OMAP), which has contracted the processes to Options/Area. Agency on Aging (AAA) for Pre- Admission Screening (PAS) functions and to Utilization Management Review Teams (UMRTs) for Annual. Resident Reviews (ARR).

The LTCFs and SMRC have some additional responsibilities to ensure that the intent of the OBRA regulations are met.

PURPOSE:

To identify the responsibilities of state mental hospital Long Term Care facilities and the South Mountain Restoration Center regarding compliance to the OBRA regulations of '87 and '90.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

AREA DIRECTORS

DEFINITIONS: The following definitions may assist in clarifying the responsibilities of the LTCFs and SMRC in providing services to individuals who have been targeted or identified as having MI:

1. **Nursing Facility Services:** A wide range of medical and rehabilitative services developed to meet the needs of individuals who qualify for admission or continued placement in a nursing facility as regulated by the Department of Health licensure requirements. These services include:

- a. Nursing and related services and health rehabilitative services for persons with MI provided in order to attain or maintain the highest practicable physical, mental, and psycho- social well-being of each resident;
- b. Medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident;
- c. Pharmaceutical services;
- d. Dietary services that assure that the meals meet the daily nutritional and special dietary needs of each resident;
- e. An ongoing program of activities, directed by a qualified professional, designed to meet the interests and the physical, mental, and psychosocial well-being of each resident; and
- f. Routine dental services.

2. **Health Rehabilitative Services for MI:** A wide range of services, less intensive than "specialized services," as defined below, which address the needs of individuals with MI who also need nursing facility services. Health rehabilitative services for MI may include:

- a. Systemic plans which are designed to change inappropriate behavior.
- b. Drug therapy and monitoring for effectiveness and side effects of medications;
- c. Structured environment (i.e., structured social activities to diminish tendencies toward isolation/withdrawal);
- d. Programs designed to teach individuals daily living skills to enhance self-determination and independence;
- e. Crisis intervention services;
- f. Individual, group, and family therapies;
- g. Personal support networks (i.e., Alcoholics Anonymous, Bereavement and Loss Support Groups, etc.), and
- h. Formal behavior modification programs.

3. **Specialized Services:** Specialized Services for MI shall be defined as inpatient psychiatric hospitalization or those appropriate community-based mental health services needed by the individual, including services currently provided by the county community mental health system such as:

- a. Case Management (i.e., intensive case management, resource coordination, administrative case management);
- b. Supervised living arrangements (i.e., Community Residential

Rehabilitation, Long-Term Structured Residence, supported housing, personal care homes);

- c. Psychiatric outpatient clinic services;
- d. Partial hospitalization services;
- e. Crisis and emergency services;
- f. Psychosocial rehabilitation; and
- g. Any other appropriate county mental health services.

RESPONSIBILITIES:

State mental hospital Long-Term Care Facilities (LTCFs) and the South Mountain Restoration Center (SMRC) will be responsible for the following actions:

1. Reevaluate all residents who were in the LTCF/SMBC before July 1, 1992 and report the names of all residents who are targeted as having MI using the new forms which will be distributed by the Office of Medical Assistance Programs (OMAP).

2. Distribute and post notices to all residents informing them that they may be eligible for community services if they do not need nursing facility services. The notices will be developed by OMAP and will provide telephone numbers of program offices for more information.

3. Provide health rehabilitative services for individuals targeted with mental illness (MI), based on information from the Preadmission Screening and Annual Resident Review, (PASARR) evaluations. The LTCF/SMRC is not under obligation to provide specialized services for MI within the LTCP/SMRC, but does remain responsible for providing health rehabilitative services to individuals who need them, including individuals with MI, regardless of whether the individual also needs specialized services for MI. The major difference between specialized services and health rehabilitative services is the level of intensity, with specialized services being the most intensive.

4. For individuals targeted with MI, who require NF services and have been determined to need specialized services for MI, and have resided in the LTCF/SMRC for 30 months or longer, and choose to remain in the LTCFs/SMRC, the LTCF/SMRC must interact with County Mental Health (MH) Programs to enable the counties to assist in arranging for inpatient or other necessary "specialized services" in the community.

5. For individuals targeted with MI, who have been determined to no longer need nursing facility services, but who have been determined to require specialized services for MI, and have resided in a LTCF/SMRC for more than thirty (30) consecutive months and choose to leave the LTCF/SMRC, the LTCF/SMRC must interact with the County MH Program to develop placement plans. These plans will include

- a. A discussion with the resident regarding placement options and services needed;
- b. evaluations for the resident's readiness for community placement;

- c. discussions with the resident to assure he/she has made an informed choice in the place of a residence;
- d. assuring that documentation exists regarding a plan for discharge and resident's choice of placement. A choice form has been developed by the Office of Mental Health (OMHI to be used by nursing facilities (see attached copy). The Office of Medical Assistance Programs (OMAP) will monitor compliance of these activities.

6. Notify the OMH Area Office of all NF residents with MI who are discharged to the community after July 1, 1993. This notification must be in writing on the required forms (see attached) and must be issued prior to the resident's discharge (discharge cannot be completed until approval has been given from the Area OMH). The notification shall include:

- a. The date of planned discharge,
- b. The location and type of placement;
- c. The county responsible for providing follow-up services. The LTCP/SMRC will need to consult with County MH Programs to identify the responsible program. If several counties are involved, the responsibility must be agreed upon. If agreement cannot be obtained, the LCTF/§MRC should contact the OMH Area Office

Questions regarding the implementation of these activities should be referred to the appropriate Area Director.

RESIDENT CHOICE FORM

I, _____, have been notified by _____ of the right to choose between remaining in the nursing facility, or being discharged to a community residence of my choice, and receiving or choosing not to receive specialized services as determined appropriate for my condition.

I have chosen the following option:

() 1. To remain in the facility and receive appropriate community-based specialized services.

() 2. To remain in the facility, but I decline, at this time, community-based specialized services determined to be appropriate for my condition.

() 3. To move to a community residence and receive appropriate services in that community, as defined by the plan for specialized services developed by the County MH Program, the NF and me.

() 4. To move to a community residence, but I choose not to receive specialized services provided.

My County of responsibility is _____.

The community residence I have selected is a _____ bed residence.
(number)

The name of the residence I selected is _____.

(address)

Date visited

OTHER SITES VISITED: _____/Date _____

_____/Date _____

_____/Date _____

RESIDENT'S SIGNATURE: _____/Date _____

FAMILY/REPRESENTATIVE SIGNATURE _____/Date _____

WITNESS SIGNATURES: _____/Date _____

_____/Date _____

RESIDENT DISCHARGE PLAN

NAME: _____
(Last) (First) (MI)

#1 – SOCIOLOGICAL DATA

Present Living Situation: _____

Work History: _____

Life Stressor: _____

Coping Methods: _____

Cultural Needs: _____

Spiritual Needs: _____

#2 – CURRENT FUNCTIONING LEVEL

Medical Problems/ Needs: _____

Psych Problems/ Needs: _____

Functional Limitations/ Needs: _____

Strengths: _____

#3 – DISCHARGE READINESS INFORMATION

(Counseling, Preparation & Education Given While a Resident of SMRC/LTCF)

Describe Involvement in all aspects of Discharge Readiness Program and how that involvement relates to meeting the needs and using the strengths described in (1) and (2) above. (Medication teaching, safety precaution class, mental health education class, alcoholics anonymous involvement, individual counseling, activities of daily living class, nutrition class, money management, etc.)

#4 – PLACEMENT PROCESS

(Describe the placement process, including any services that have been implemented while a resident of SMRC/LTCF.)

Resident Choice: _____

Family Involvement: _____

County Involvement: _____

Mental Health Counseling: _____

AAA Involvement: _____

Case Management: _____

#4 – PLACEMENT PROCESS
(continued)

Preplacement Visits: _____

Description of Chosen Placement Facility: _____

Reason for County Location, if not resident's home county: _____

#5 – Aftercare Services and Supports Prearranged in County of Placement

(Examples: AAA Programming, AA Contact, Religious and Cultural Supports, Mental Health Services, and Transportation, Medication Checks, etc.)

#6 – FURTHER RECOMMENDATIONS