



MENTAL HEALTH BULLETIN

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF PUBLIC WELFARE

DATE OF ISSUE

February 14, 1994

EFFECTIVE DATE

Immediately

NUMBER

OMH-94-03

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
Long Term Care Units
South Mountain Restoration Center
County MH/MR Administrators

PURPOSE: To reissue the policy and procedure for providing nursing facility services in long term care units of state mental hospitals and the South Mountain Restoration Center.

BACKGROUND:

In the mid 1970's, many patients in the state mental hospital system were identified as no longer in need of inpatient psychiatric services. Through review processes such as Utilization Review, annual Medical Assistance inspection of care reviews, and treatment team discharge planning efforts, many patients were identified in need of services provided in a nursing care facility. Hospital placement efforts to relocate such patients in community nursing care facilities were generally unsuccessful because of a lack of long term care (LTC) beds. Patients rarely had sufficient personal financial resources or entitlements to cover cost of care in community placement.

As a result of the lack of LTC resources, eligibility for Medical Assistance reimbursement of patients in state mental hospitals who needed LTC services was jeopardized. The Department therefore undertook a study to determine alternatives to meet the program and service needs of patients who required LTC treatment. Based on this study, a decision was made that selected state mental hospitals would develop nursing care units as distinct parts of the state mental hospitals. On February 20, 1975, the Department issued formal policy enabling state mental hospitals to provide skilled nursing and intermediate care services to patients from within the state mental hospital system who needed LTC services.

The statutory bases for LTC units were Sections 301 and 332 of the Public Welfare Code, as amended, and Section 1905 (a) (14) of the Social Security Amendments of 1972.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

AREA DIRECTORS

POLICY:

A LTC unit, including the South Mountain Restoration Center (SMRC), must meet federal regulations applicable for certification as a nursing care facility under Title XIX as well as State Department of Health licensure regulations for nursing facilities.

A LTC unit is organized as a distinct part of the state mental hospital, with line responsibility from the Superintendent to the LTC unit director/administrator. The unit is staffed and operated within existing resources of the hospital. The organization and deployment of resources to the unit is the responsibility of the Superintendent. The SMRC is managed by a licensed Nursing Facility Administrator (NFA) who is supervised by the OMH Central Area Director.

Admission to a LTC facility, including SMRC, is limited to patients within the state mental hospital system. No patient shall be admitted directly from the community.

Patients aged 65 and over have priority for admission to the unit.

Admission to a LTC facility or the SMRC must follow the procedures outlined in the Omnibus Budget Reconciliation Act of 1987 (OBRA '87), Public Law 100-203, and the Omnibus Budget Reconciliation Act of 1990 (OBRA '90), Public Law 101-506. These regulations define the preadmission screening and annual resident review process.

A LTC unit at one state mental hospital may serve the nursing care needs of patients in another state mental hospital. The placement of patients from a state mental hospital into a LTC unit at another state mental hospital, or at SMRC, should be made with the consent of the patient or his/her family or legal representative, as applicable. The level of care needed for the individual must remain an important factor in determining the most appropriate placement options.

PROCEDURE:

Patients from state mental hospitals recommended for admission to LTC units, including the SMRC, must be referred to the Options/Area Agency on Aging, as designated by the Office of Medical Assistance Programs, for preadmission screening as part of the OBRA regulations. Evaluation of the reports from Options/Area Agency on Aging and determinations of need for nursing facility services and/or specialized services for mental illness will be conducted by the OMH Area Office. Individuals who do not have a mental illness, or who are diagnosed with Dementia, are excluded from the screening process.

Patients from state mental hospitals who continue to need inpatient psychiatric hospital services are not to be admitted to a LTC unit. The primary diagnosis must reflect the patient's current physical condition in order for the patient to be admitted to a LTC unit. This condition must support the need for the level of service being recommended. If the patient has a current primary diagnosis of mental illness, the patient should remain in the psychiatric inpatient hospital. If the patient no longer requires inpatient psychiatric treatment and does not meet the criteria for LTC

services, the patient should be referred to the County MH program for community placement with appropriate psychiatric and community support services.

Patients approved for placement in the LTC units will be discharged from inpatient psychiatric hospital services at the time of admission to the SMRC/LTC unit. Discharge summaries and documentation of predischARGE planning, including involvement of the patient, family and County MH program, must be included in the patient's clinical record.

Continuity of care for patients being discharged from inpatient psychiatric treatment, including those to be admitted to LTC units, is a joint responsibility of the state mental hospital or restoration center and the county mental health program. Letters of agreement between state mental hospital Superintendents and the county Administrators of the designated county programs served by the state facilities shall define accountability for discharge procedures. Continuity of care for patients being discharged from the LTC units and SMRC is also the joint responsibility of the hospital Superintendent/center Administrator and the county Administrators.

Under no circumstances will the involuntary provisions of Act 143, the Mental Health Procedures Act of 1976, as amended, be imposed upon a patient of a LTC unit or the SMRC. There can be no implicit or explicit involuntary commitment to a nursing facility. If a patient protests placement in a LTC unit or the SMRC, efforts should be made to help the patient accept this placement. Efforts must be made to address the level of care needed by the individual, and the importance of appropriate placement. If that fails, the patient should be continued in the inpatient psychiatric service or placed in the community with the appropriate level of care.

If a LTC/SMRC patient requires inpatient psychiatric treatment, LTC/SMRC unit staff must arrange for the patient's readmission to the state mental hospital which discharged the patient, or to a community hospital, and must inform the county MH program serving the patient's place of legal residence. The admission/commitment provisions of Act 143 apply for the LTC/SMRC patient's readmission to the mental hospital. If emergency (302) or other involuntary (304) hospital commitment is necessary, the LTC unit medical director or the patient's attending physician shall certify the need for examination and treatment.

LTC units are not to be used as infirmaries for psychiatric patients except in cases where the patient has been admitted from an acute care hospital for a limited period of treatment. If the period of treatment exceeds 30 days, the Utilization Management Review Team must be notified in accordance with procedures established in the Omnibus Budget Reconciliation Acts of 1987 and 1990. A psychiatric patient who remains under the provisions of Act 143 shall be placed on authorized medical leave to the LTC unit. If the degree of psychiatric disturbance or behavior is such that the patient cannot be managed safely on the unit, the hospital shall make alternative care arrangements or assign psychiatric service staff to "special duty" the patient.

Agreements with non-state mental hospital providers, e.g., local general hospitals, county MH program(s), must address issues of continuity of care with regard to transfer of patients, admission or discharge to and from inpatient psychiatric facilities and LTC units.

Patient medical eligibility for LTC/SMRC shall continue to conform with the provisions of 55 Pa. Code, Chapter 1381, Nursing Facility Care.

Responsibility for the LTC unit ultimately rests with the Superintendent of the state mental hospital or the Administrator of the restoration center. If at all possible, guardianship should be obtained for individuals who are not legally competent to make their own decisions in order to provide for consent on behalf of the patient with regard to self-determinations for medical services. Substitute consent on behalf of a patient may be provided by a Superintendent for elective medical procedures pursuant to Section 417 (c) of the Mental Health and Mental Retardation Act of 1966. The applicability of Section 417 (c) will be determined on a case-by-case basis. Area legal counsel should be contacted for assistance.

Patient Census Information Systems (PCIS), providing a method for maintaining a separate automated LTC unit census, are coded as follows:

1. Item 9 - Legal Status indicates the patient is no longer committed under the Mental Health Act. The codes are 0000-000 for ICF, 0001-000 for SNF, and 0002-000 for Heavy Care Intermediate,
2. Item 31 - Primary Diagnosis is to remain unchanged but considered an item of historical information, not a description of the patient's current mental status.
3. Item 32 - ICD9 - Primary Diagnostic Code 2 (MH) (Primary Physical Disorder) must be recorded for all patients in LTC units.

Questions regarding PCIS items should be directed to the Information Systems Section, Bureau of Program Management, Office of Mental Health, P.O. Box 2675, Harrisburg, PA 17105.

OTHER RELATED BULLETINS/DOCUMENTS:

- Mental Health Bulletin 99-83-19, (5-26-83), Continuity of Care.
- Commonwealth of Pennsylvania Mental Health Procedures Act of 1976, as amended, 1978.
- Omnibus Budget Reconciliation Act of 1987 (OBRA '87), Public Law 100-203, and Omnibus Reconciliation Act of 1990 (OBRA '90), - Public Law 101-506.

OBSOLETE BULLETINS:

- Mental Health Bulletin 99-81-47, (8-7-81), Procedures for Discharge of State Mental Hospital Patients and Admission to Hospital Long Term Care Units.
- Mental Health Bulletin 99-83-32, (9-8-83), Skilled Nursing and Intermediate Care Units of State Mental Hospitals.