



Montana Presentation

January 2024

Behavioral Health Solutions

Who we are

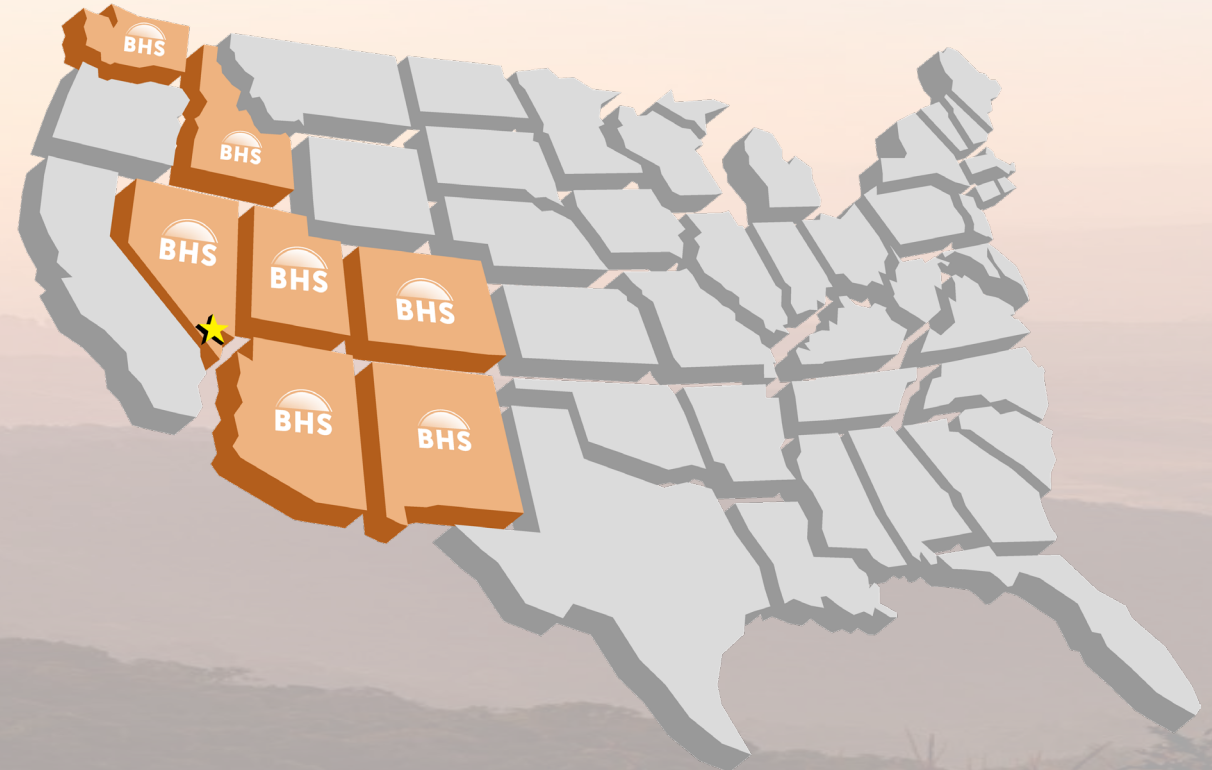
Established in 2017 through the administration of a specialized program within Skilled Nursing Facilities (SNF's), Behavioral Health Solutions (BHS) has emerged as a pioneering force in behavioral health. With its roots in Nevada, BHS has rapidly expanded its reach and solidified its position as the foremost behavioral provider group in the western region, offering comprehensive services that span over 250 Skilled Nursing Facilities in 7 states, showcasing its commitment to delivering quality behavioral health solutions in the communities we serve.

- **Services**

- Administration of Behavioral Programs
- Psychiatry
- Medication Management
- Therapy

- **Areas of Expertise**

- Behavioral Health Programs in Skilled Nursing
- Skilled Nursing and Long-Term Care Facilities
- Outpatient Behavioral Health Services



Behavioral Health and Facility Trends

- **Historically low census**, less knees, hips, and sweet little old ladies
- **Younger demographic** is entering facilities due to SUD and conditions
- **Increased demand** for behavioral health services due to the psychological effects of COVID-19, such as social isolation, trauma, and stress
- **Complex patient populations** with co-occurring mental and physical health conditions, such as homelessness, substance abuse disorder, dementia, and chronic diseases
- **Staffing challenges** due to the nursing shortage, staff turnover, burnout, and lack of education and training on behavioral health issues
- **Regulatory changes** that require SNFs to provide behavioral health services as part of the comprehensive person-centered care plan, and to monitor and report the quality of those services

Patient Demographic

Facility trends

- **Rising Prevalence of Dementia:**

- With the increasing median age of nursing facility residents, there's a notable surge in the prevalence of dementia at later stages.
- Residents aged over 85 face a 50/50 chance of developing Alzheimer's disease, underlining the need for specialized care.

- **Impact of State Inpatient Facility Closures:**

- The closure of state inpatient facilities has led to a shift in the landscape, with nursing facilities now catering to a diverse range of patients, including the Chronically Mentally Ill (CMI).

- **Rehabilitation Trends:**

- Conditions like traumatic brain injury, stroke, and other rehabilitative needs are increasingly being addressed in long-term care (LTC) facilities rather than hospital-based settings, reflecting a shift in the delivery of specialized care.

- **Psychiatric Disorders on the Rise:**

- Recent studies illuminate a concerning trend, indicating that over 70% of residents in LTC facilities grapple with various psychiatric disorders or disturbances that demand specialized treatment.
- A comprehensive study published in the Journal of Long-Term Care revealed that more than 51% of LTC facility residents are prescribed psychoactive medications, emphasizing the critical role of mental health care in these settings.

Nursing Facilities

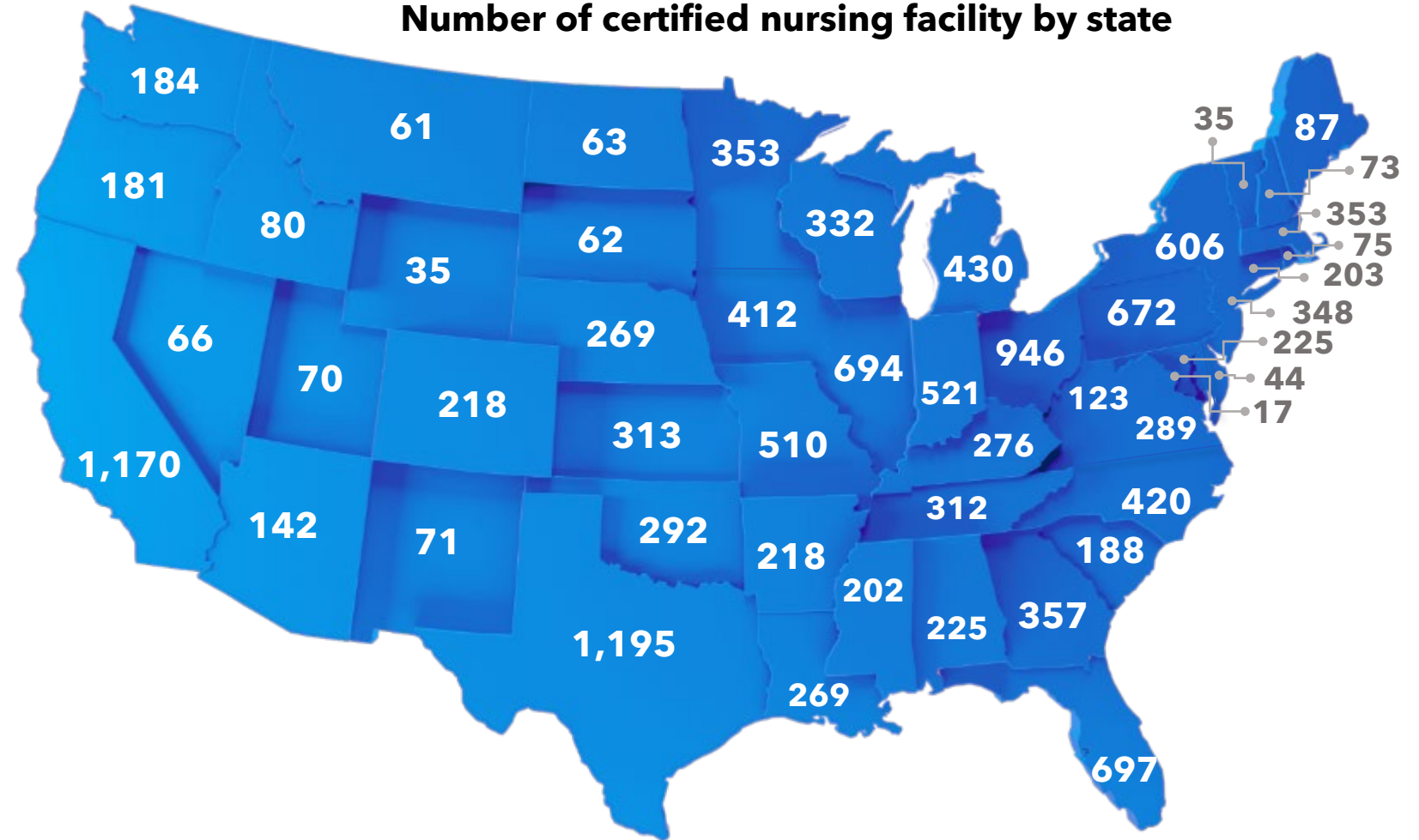
Current state of nursing facilities

As of 2023, there are roughly 1.2 million residents in nursing homes throughout the U.S.

47.8% of residents suffer from Alzheimer's disease or other dementias, becoming the 2nd most common condition in nursing home residents.

Between 65% and 90% of nursing home residents have a mental or behavioral health problem, based on a study from the American Geriatrics Society.

Number of certified nursing facility by state

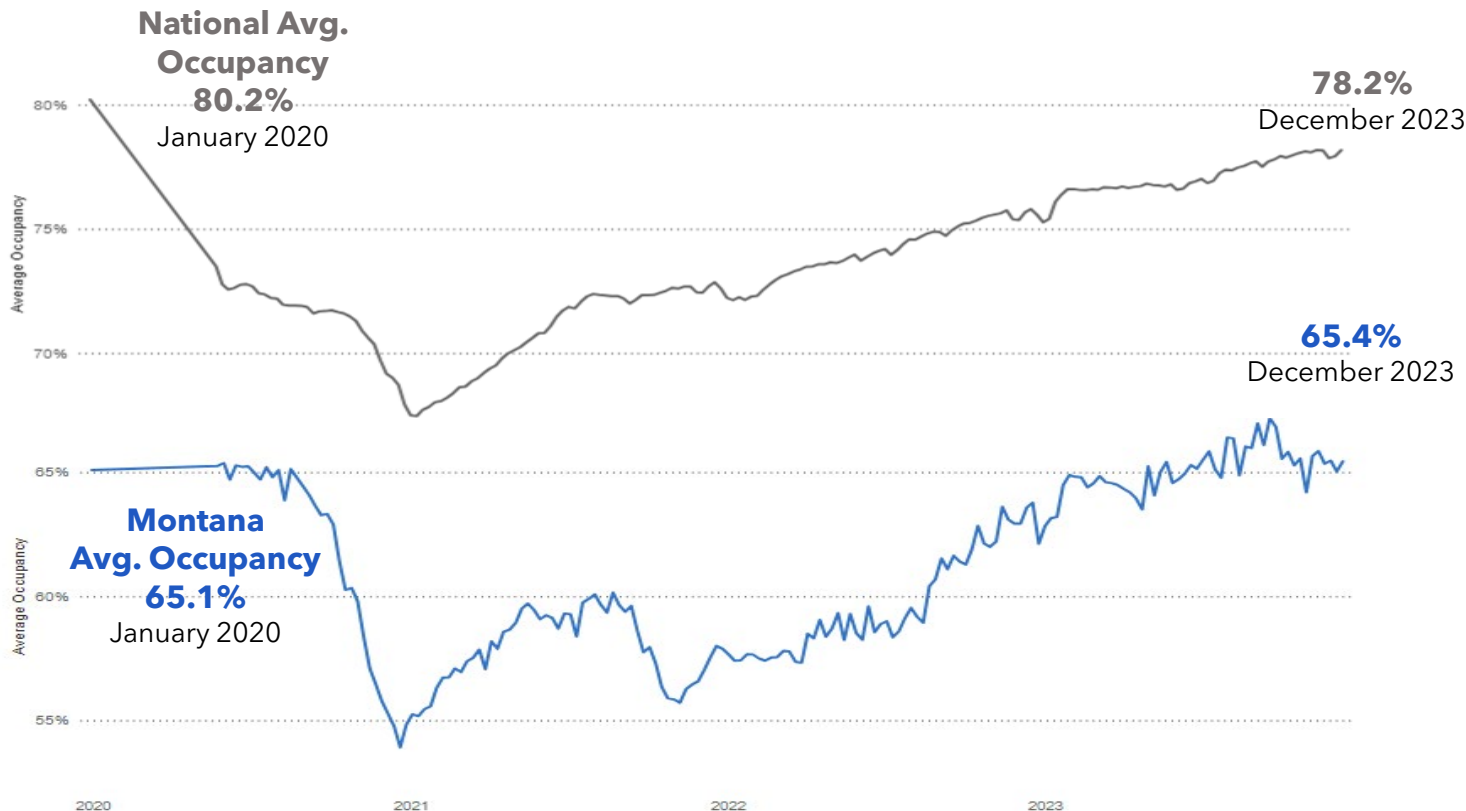


Source: July 2023,
Statista [Certified nursing facilities U.S. 2023 | Statista nursing-home-statistics](#)

Facility Occupancy

January 2020- December 2023

As facilities are seeing a historical low census, there's a notable shift in the patient demographics of nursing and long-term care facilities as they are actively accepting behavioral patients.

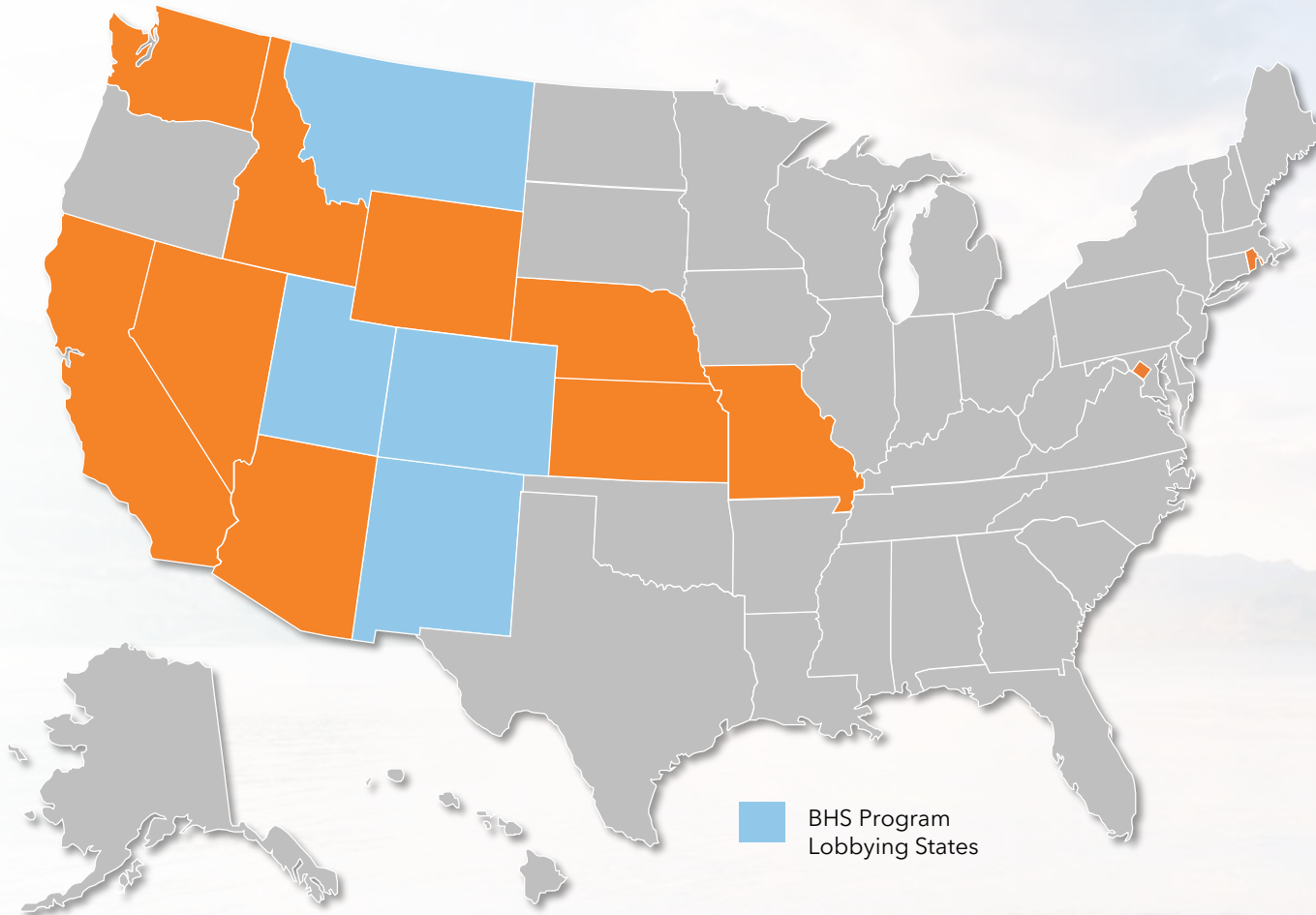


Recognizing the need to adapt and increase their census numbers for operational sustainability, these facilities are broadening their services to include patients with behavioral health needs. This adjustment underscores the need for facilities to partner with a company that specializes in behavioral health to provide services and maintain compliance with regulatory statutes. Adapting to this evolving landscape requires ensuring that the facility workforce is well-equipped with the necessary skills and resources to provide care for patients with behavioral health needs through their partner affiliation with our organization.

Data through: December 10th, 2023
Sources: Payroll-Based Journal (PBJ), and NHSN

State Funded Behavioral Programs

Current Programs and Opportunities in Skilled Nursing



States are implementing programs to address behaviorally challenged individuals, particularly those with complex needs. Providing funding to nursing facilities provides access to care, early intervention, and ongoing support. This approach reduces readmissions to higher-cost settings and enhances overall outcomes. By providing appropriate care and support, programs enable these individuals to live safer, healthier, and more fulfilling lives.

Potential/Current Programs:

- Nevada
- Washington
- Idaho
- Montana
- Wyoming
- Utah
- California
- New Mexico
- Arizona
- Colorado
- Nebraska
- Kansas
- Missouri
- Rhode Island
- Washington D.C

*Map represents BHS operating/roadmap states and is not an all-inclusive list of potential or current programs

Benefits of State Behavioral Programs

- **Allows SNFs to better partner with acute hospitals to address difficult to discharge patients**
- **Provides funding to increase resources to behaviorally complex patients**
- **Increases staff retention through additional funding, training, and staff resources**
- **Reduces acute transfers and decreases acute length of stay**
- **Reduces out of state placements**
- **Helps to stabilize patients in the lowest care setting**
- **Overall savings to the healthcare system**

MT Nursing Facility Behavioral Program

Current Program



Initial Findings

- Minimal utilization found for funding program.
- Review of multiple facilities determined all applications for behavioral rate were denied
- Documentation burden limits access.

Opportunities

- Training and assistance to facilities for improved documentation.
- Ensuring requirements are specific, measurable, and achievable.
- Current rates insufficient to cover costs of supporting behaviorally complex patients.

Medicaid Nursing Facility Add-on Fee Schedule Selection

Initial Request: <input type="checkbox"/>	Reevaluation/Extension Request: <input type="checkbox"/>	Date of Previous Approval:
<i>Diagnosis or Problem</i>	<i>Example</i>	<i>Rate</i> <small>*Must choose <u>only one</u> charge</small>
Traumatic Brain Injury (TBI) <small>*Must have diagnosis AND behavior present</small>	<i>verbal and/or physical aggression, impulsiveness, self-harm, diminished safety awareness</i>	\$75.00 per day
Adverse Behavior Management <small>*Cannot be combined with TBI column. Only ONE behavior is allowed.</small>	<i>verbal and/or physical aggression, impulsiveness, self-harm, diminished safety awareness, elopement risk (no secure unit or wander-guard system)</i>	\$75.00 per day
	<i>inappropriate sexual behaviors</i>	\$80.00 per day
	<i>danger to self and/or others requiring care planned 1:1 staffing, supervision, and support</i>	\$100.00 per day

Sample of Existing State Programs



Description of Program

- Nevada's Behaviorally Complex Care Program (BCCP) was established in 2014 to address out of state transfers to neighboring states. Provides additional compensation to nursing facilities to care for behaviorally challenging patients that are Medicaid recipients

Qualifications

- Any Medicaid patient qualifies with documentation of behaviors including verbal and physical aggression, refusal of care, stealing, hoarding, sexually inappropriate, self injurious behaviors with a medically based behavioral disorder

Funded By

- State Medicaid

Estimated Savings

One Nevada Facility. One Year. 500 Patients.

In-Patient Admit Current Year Estimated (Prior Year (PY) Avg (PY IP Admit/PY MMs) * CY MMs)	=	147
In-Patient Admit Current Year Estimated Reduction (IP Admit CY Estimated - IP Admit CY (121))	=	26
Average Length of Stay (ALOS) (Alta Current Year ALOS)	=	6.479
In-Patient Estimated Savings (IP Admit CY Est Reduction * ALOS * \$1900 Per Diem)	=	\$320,063

Nevada Program Build

Growth over the years

- In 2018, BHS started its NV program with just one dedicated provider, Dr. Kovacs.

Current Team Composition:

- Our team has expanded significantly, now comprising of:
 - 5 Psychiatrists
 - 28 Psychiatric Nurse Practitioners (NPs)
 - 26 Psychologists and Licensed Therapists
 - 10 Therapeutic Activities Professionals
 - 16 BHTs/Behavioral Coordinators
 - 2 Care Coordinators

Out-of-State Recruitment Success:

- 3 Psychiatrists
- 2 Psychologists
- 5 Therapists

Our committed team provides wraparound services exclusively to nursing home residents



Description of Program

- Patients within locked units with specialized staffing receive a higher reimbursement rate. Designed for patients whose psychiatric needs are interfering with their ability to obtain stable placement in a conventional long term care setting and do not meet the qualification for inpatient care.

Qualifications

- Residents are stratified into three categories based on:
 - Authorization from Skilled/LTC payor source
 - Clinical behavioral risk assessment and associated documentation
 - History of psychiatric diagnosis, verbal, physical or sexual aggression, and/or self harm

Funded By

- State Medicaid MCO's



Description of Program

- Special Treatment Program provides long-term care to patients 18 years of age or older, who display a severe and persistent psychiatric impairment and whose adaptive functioning is moderately to severely impaired. These patients require 24-hour care. Due to their chronic mental illness admission to a standard skilled nursing facility is prohibitive

Qualifications

- Residents admitted into the program have a mental disorder of: Schizophrenia, Schizoaffective Disorder, Bi-polar Disorder(s), Post Traumatic Stress Disorder, Major Depression Disorder, Obsessive Compulsive Disorder or Anxiety Disorders as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-V). Other DSM-V disorders may be considered on a case-by-case basis
- Must be age 18 and older
- Resident's legal status will be public or private conservatorship

Funded By

- **Medi-Cal add-on rate between \$200 and \$800 per day, driven through county contracts**



Description of Program

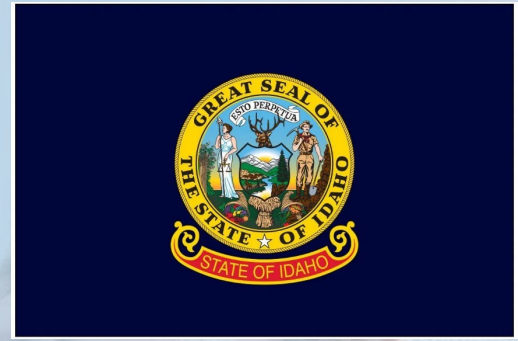
- The purpose of EBS in SNF is to serve individuals with both complex skilled and behavioral support needs. Behavioral patients receive add-on rates depending on level of resources necessary to care for their acute needs. Facilities must contract with HCS to license EBS and EBS+ beds

Qualifications

- Contract for licensed beds through HCS
- Patient must have a history of frequent or protracted psychiatric hospitalizations
- History of an inability to remain medically or behaviorally stable and exhibits challenging behaviors and has limited other setting options due to medical or behavioral complexity

Funded By

- Home and Community Services (HCS), Department of Social and Health Services



Description of Program

- Provides care to patients with medically based behavioral disorders that requires additional resources to care for these residents. Once a facility reaches a threshold of behavioral patients, all residents in the home receive the specialty rate and become BCUs

Qualifications

- Medically based behavioral disorders which causes significant disruption and high-level resource use
- Must provide individualized interventions

Funded By

- State Medicaid



Description of Programs

- Utah has two distinct programs; the Specialized Rehabilitative Services (SRS) and the Behaviorally Complex Program (BCP). Once approved, patients remain on program while in facility subject to Medicaid audits to review tracking of behavioral interventions and results

Qualifications

- Specialized Rehabilitative Services (SRS)- Residents must have intellectual disability or related condition and PASSR II
 - Requires behavioral modification plan and tracking
- Behaviorally Complex Program (BCP)-must have 4-6 documented behaviors in 7-day look back in MDS
 - Requires behavioral modification plan and tracking

Funded By

- State Medicaid



Thank you

