

## REPORT SUMMARY

### The Issue

A significant problem exists within Connecticut's (CT) health care system, one that affects the health, safety, and quality of life of individuals who need nursing home care. Multifaceted, the problem springs from a misalignment of regulations, reimbursement, and policy that impacts nursing homes and hospitals.

Specifically, there is a growing concern around the care of nursing home residents who display challenging behaviors, sometimes viewed as "problem," "disruptive," or "unacceptable" behaviors. In most cases, these behaviors indicate distress from the resident's point of view, but for some, they may reflect life-long personality traits. Behaviors can be termed challenging when they are of such intensity, duration, or frequency that the physical safety of the person displaying the behavior or others is placed in serious jeopardy. Examples include aggressive behaviors, particularly striking out at other residents or nursing staff, verbal communications or interaction that are threatening to others, and inappropriate sexual behaviors. Other behaviors such as wandering, screaming, and resistance to care are also termed challenging, but may not risk immediate safety. However, they are disruptive and also may indicate distress.

Much of this concern has been generated by rare, but highly publicized, incidents that have occurred in nursing homes involving residents displaying challenging behaviors. However, other recurring issues within the state's health care system are raising questions about its approach to caring for persons with such behaviors. These issues include the following:

- The transfer of nursing home residents with challenging behaviors to acute care hospitals sometimes resulting in the nursing homes' refusal, or inability, to readmit them to their facilities. This leads to lengthy hospital stays which are not only costly, but also seriously disruptive for the residents. Often, pressure is placed on the State Mental Health Authority to intervene

despite the fact many of these residents do not have a serious and persistent mental illness, but rather a diagnosis of dementia. Some of the reasons noted for refusal or inability to readmit include the facility believing they are not able to provide ongoing safety; regulatory intolerance for using restraints more commonly used in the hospital setting; the fear that if further incidents occur resulting in resident or staff harm, they will be cited by the state for failure to protect; and insufficient reimbursement rates.

- Reports of some nursing homes refusing to admit anyone with a history of challenging behaviors, even after the person has improved or is stabilized.
- The lack of clarity regarding the type of care being delivered in some nursing homes operating locked special care units, known as "behavioral" or "dementia" units.
- The increasing number of adults under the age of 65 with psychiatric disabilities being evaluated for admission to CT nursing homes. This most likely reflects insufficient community-based services and supported housing options.

On a systemic level, the matter of delivering optimum care for nursing home residents with challenging behaviors is complex. Multiple factors, including staffing levels, staff education and training, definition of job roles, the facility's organizational structure, reimbursement, hospital practices, and regulatory pressures all have a bearing on the ability of nursing homes to provide care for these individuals. The fact that some nursing homes are reluctant to care for residents with challenging behaviors indicates the State of CT and the nursing home industry must begin to address not only residents' treatment needs, but also the capacity of nursing homes and their staff to take to care of them. Challenging behaviors, if left untreated, diminish the quality of life of residents displaying the

behaviors as well as other residents, create stressful work environments for staff, and often result in costly transfers to acute care hospitals.

### **Principal Findings**

The following represent principal findings of an extensive review of the literature and data related to CT nursing home residents:

- (1) Regardless of clinical diagnosis, challenging behaviors are not uncommon among the nursing home population.
- (2) In CT, 51% of nursing home residents have dementia. With regards to mental illness, 36.4% of residents have varying degrees of depression and less than 10% have a serious and persistent mental illness, such as schizophrenia and bipolar disorder.
- (3) Research has shown that in nursing homes, challenging behaviors are most often associated with a diagnosis of dementia, such as Alzheimer's disease. In a study of 477 residents in dementia programs in 17 CT nursing homes, it was found that 41% engaged in aggressive behaviors at least once a week to several times a day. Nursing home staff in these same facilities reported that in a given month, during approximately 85% of their work time, they experienced verbal and physical abuse from residents.
- (4) The literature points out that residents displaying challenging behaviors are often in distress, communicating an unmet need. Therefore, a thorough assessment of the behavior is the first step towards determining appropriate interventions in any particular clinical situation. Such interventions include simultaneous treatment of acute medical and psychiatric conditions, review of the social and environmental factors, and development of behavioral care plans.
- (5) In addition to treating acute medical and psychiatric conditions, or ruling such illnesses out, federal nursing home regulations recommend the use of behavioral interventions, such as modifying communications between

caregivers and residents as well as environmental factors. Behavioral interventions remain an underutilized, but powerful, treatment strategy in dementia care and are associated with higher quality of life in nursing homes.

- (6) Three important points about nursing home staff:
  - (a) Staff behaviors influence the occurrence, severity, and frequency of challenging behaviors in residents. Staff behavior is particularly important in the way residents are communicated with and responded to when a behavior problem occurs; and
  - (b) Studies have shown that long-term care staff receives insufficient education and training about dementia, mental illnesses, and behavioral interventions.
  - (c) Research has shown that formal on-the-job training is essential for nursing staff to perform new behavior management skills. A formal system of supervision and feedback is also recommended.

#### **Other Findings**

- (7) Research on the effectiveness of special care units is inconclusive because their milieus are so varied, consistent admission and outcome standards are lacking, and no assessment tool has been developed.
- (8) Regulatory practices may inadvertently discourage the use of behavioral interventions because there is a low tolerance for safety violations and behavioral interventions take time to implement.
- (9) The payment methodology by which nursing homes are reimbursed for residents' care underestimates the cost of high quality, or even adequate dementia care because individuals with behavioral problems require more time, supervision, and interventions.
- (10) Under Medicare, it is not widely known by psychiatrists and psychologists that behavior management is a reimbursable treatment. However, in CT,

under Medicaid, which is the primary payer for nursing home care, behavior management is not a billable treatment.

- (11) Implementing prevention strategies in nursing homes would allow facilities to respond and intervene before a catastrophic event occurred, decreasing costs associated with hospitalization, and reducing the distress experienced by residents, families, and staff.
- (12) Within the operations of CT's Nursing Facility Transition Grant Project, it has been documented that transitioning nursing home residents with psychiatric disabilities to the community is very difficult due to limited community services and housing options. Subsequently, individuals are often stranded in an inappropriate placement.

### **Conclusion**

As the state's population ages and the demand for long-term care services increases, failure to act on this critical issue will result in the escalation of problems related to challenging behaviors. The Policy and Regulations Committee strongly recommends that the State of CT develop and implement a systemic approach to meeting the long-term care needs of nursing home residents with challenging behaviors, an approach that promotes quality care, avoids costly and unnecessary hospital stays, and assures a safe environment for residents and staff. Accomplishing this goal requires a broad-based collaborative effort, one that addresses multiple factors, but most importantly, nursing home funding, regulations, and staff education and training. Key solutions center on education for health care system managers and nursing home staff, an examination of appropriate reimbursement to nursing homes, and alternative placements for individuals who do not need nursing home care.

**To this end, under the auspices of the Office of the State Long-Term Care Ombudsman, the CT Workgroup on Challenging Behaviors will take the lead in working with state policymakers to bring about the change necessary to**

address the assessment and treatment of nursing home residents with challenging behaviors and the capacity of nursing homes and their staff to care for them. Recommendations that speak to this multifaceted problem are listed below in no particular order of priority.

### Recommendations

- (1) Identify best practices for caring for residents with challenging behaviors being utilized in CT nursing homes. Hold ongoing statewide forums to present and share this information.
- (2) Develop an assessment tool and collect data on the special care units currently operating in the State of CT with respect to criteria and procedures for **admission, transfer**, and discharge, the special services provided, and staff levels, training, and supervision.
- (3) Require nursing homes operating special care units to fully disclose to state agencies, **as mandated by statute (C.G.S. Sections 17b-262 and 19a-512a)**, as well as to the public, the criteria and procedures for **admission, transfer**, and discharge, the special services provided, and staff levels, training, and supervision for such units.
- (4) **Upon review of the following efforts:**
  - **Two studies conducted by the Legislative Program and Review Investigations Committee in 2000 and 2001 respectively: *Staffing in Nursing Homes* and *Medicaid Rate Setting in Nursing Homes*;**
  - **The *Final Report of the Ad Hoc Task Force on Nursing Home Costs in Connecticut* issued in 2002; and**
  - **The current U.S. Department on Health and Human Services Nursing Home Quality Initiative wherein the Center for Medicare and Medicaid Services is undertaking an aggressive action plan for nursing home improvements, including improved accuracy of the Medicare payment systems; improved access for those with**

**greatest care needs; and directing the appropriate level of resources to nursing homes to furnish high quality care, including performance incentives related to quality;**

- the CT General Assembly, in consultation with the CT Workgroup on Challenging Behaviors, should examine** the reimbursement methodology for long-term care facilities to determine what is needed to adequately cover the cost of staffing, training, and programming required to meet the behavioral health needs of residents.
- (5) Pilot a mobile care integration team (CIT) that would travel to nursing homes specifically to work with nursing staff on implementing appropriate interventions with residents with challenging behaviors. The CIT would be interdisciplinary and would not only assist in the assessment of residents, but also in the development of behavioral care plans. The CIT would also be responsible for educating and training staff in behavioral management as well as about dementia and mental illness.
  - (6) Assure that hospital **staff** and nursing home management receive education about assessment and treatment of individuals with challenging behaviors, including the importance of their role in supporting the efforts of direct care staff.
  - (7) Assure that the programs educating and training practical nurses for licensure and nurses' aides for certification place adequate emphasis on behavior management training, including the understanding of dementia and mental illnesses. Behavioral interventions for persons with dementia are different from those utilized for persons with serious and persistent mental illness.
  - (8) Assure that nursing homes provide regular, ongoing staff education and training in assessment of challenging behaviors, and the understanding of dementia and mental illnesses.

- (9) While this document does not specifically focus on nursing home residents with mental illness, the next four recommendations would improve the mental health services and placement options provided them:
- (a) Reinstate Annual Resident Review (ARR), originally mandated under OBRA 1987, but terminated in CT in 1996. Under ARR, nursing home residents identified to have a serious mental illness would be evaluated by qualified mental health professionals (QMHPs) at least annually, and more often as necessary, to assess their psychiatric status. This would allow the QMHPs to consult with nursing home staff about residents' conditions and needs.
  - (b) Request that the Department of Social Services (DSS), the Department of Mental Health and Addiction Services (DMHAS), and the Department of Mental Retardation (DMR) review the current PASRR process to assess whether any changes would improve the screening and evaluation of nursing home applicants/residents with serious mental illness and/or mental retardation.
  - (c) Request that the Department of Public Health (DPH), under their responsibilities to license and certify CT nursing homes, review facilities' implementation of the mental health services recommendations specified in Preadmission Screening Resident Review (PASRR) Determination Notices issued to nursing home residents with serious mental illness.
  - (d) DSS and DMHAS should explore the feasibility of implementing a home and community-based services waiver for adults with psychiatric disabilities who are at risk for admission to, or long-term stay in, a nursing home.