



Behavioral Health Solutions

Proposed BH Stabilization Model-SNF





Behavioral Health Solutions

Who We Are

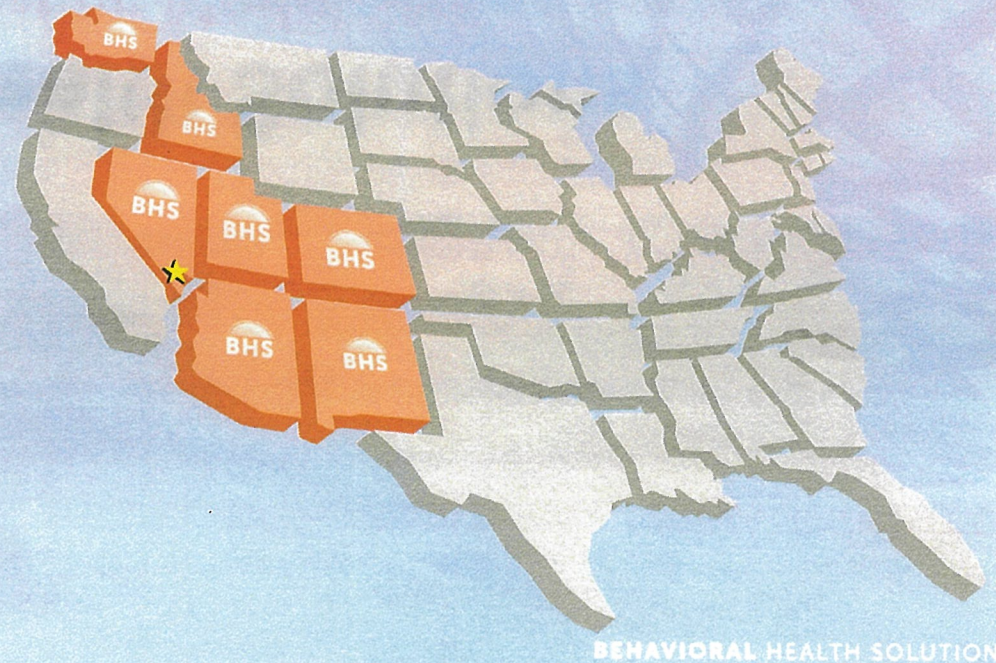
Established in 2017 through the administration of a specialized program within Skilled Nursing Facilities (SNF's), Behavioral Health Solutions (BHS) has emerged as a pioneering force in behavioral health. With its roots in Nevada, BHS has rapidly expanded its reach and solidified its position as the 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**

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

- **Areas of Expertise**

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



LTC Facility Trends

- Changing patient demographic:
 - Increased prevalence of dementia at later stages, as median age of residents increases
 - Residents over 85 years 50/50 chance of Alzheimer's disease
- Chronically Mentally Ill (CMI)
 - State Inpatient facility closures
- Traumatic brain injury, stroke and other conditions that require rehabilitation most commonly provided in LTC rather than a hospital-based setting.
- Recent studies have suggested that over 70% of residents in long-term care (LTC) facilities have some form of psychiatric disorder or disturbance that requires specialized treatment.
- A previous study in the Journal of Long-Term Care indicated that over 51% of residents in long-term care (LTC) facilities receive some type of psychoactive medication.



Governor Michelle Lujan Grisham

Dedication to mental health services

"We have to do better. We have to do more. We have to make sure that every single New Mexican has access to quality, affordable health care, including mental health care."

-New Mexico press conference, September 9, 2023

"Mental health care is health care, and New Mexico must and will meet those needs, no matter the circumstances."

-2021 State of the State Address to New Mexico legislature , January 26, 2021

"New Mexico continues to rebuild the behavioral health system dismantled by the previous administration," said Gov. Michelle Lujan Grisham. The governor went on to say the state needs "to make services affordable and accessible and will continue making critical investments to grow the number of providers and expand delivery of rural services."

-September 26, 2022, Press Release from the Office of the Governor

HOPE for Alzheimer's Act, co-sponsored by Michelle Lujan Grisham

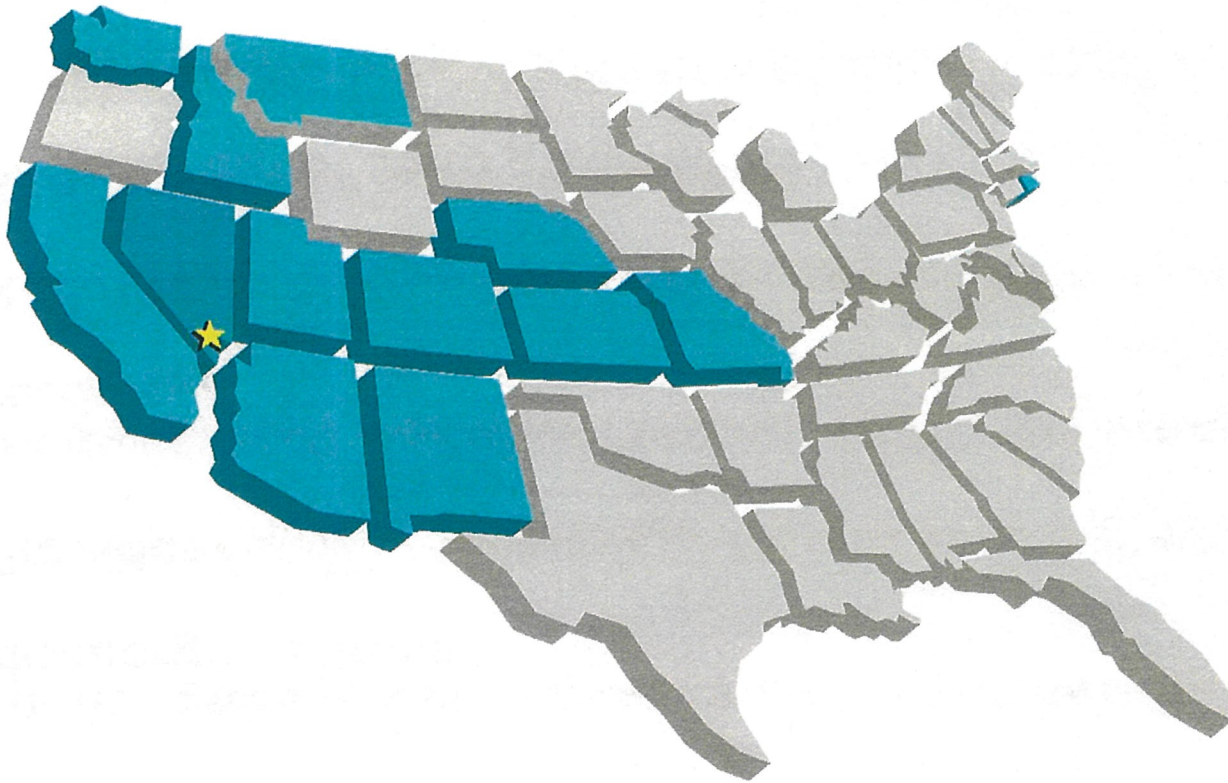
Congressional Summary: This Act is to increase diagnosis of Alzheimer`s disease and related dementias, leading to better care and outcomes for Americans living with Alzheimer`s disease and related dementias. Congress makes the following findings:

- **As many as half of the estimated 5.2 million Americans with Alzheimer`s disease have never received a diagnosis.**
- **An early and documented diagnosis and access to care planning services leads to better outcomes for individuals with Alzheimer`s disease.**

-Source: S.709/H.R. 1507 13-H1507 on April 11, 2013

State Funded Behavioral Programs

Current Programs and Opportunities in Skilled Nursing



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



Map is representative of BHS operating or 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**

Sample of Existing State Programs



Nevada

Behaviorally Complex Care Program (BCCP)



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



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

- 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

Clinical Services for Success

- Consistent and available Psychotherapy
- Routine Psychiatric Care & Medication Management
- Staff Training Including Topics Dealing with Mental Health and Managing Behaviors
- Neuropsychological Assessment
- Cognitive Care Planning
- Peer Support Services
- Collaborative Care Needs
- Staff Wellness Programs and Burnout Prevention
- Quarterly CMS Training
- Crisis or Urgent Care Planning
- Monthly Gradual Dose Reduction Meetings
- CMS Schizophrenia Diagnosis Audit Review





Facility Service Program

Services provided

- **Assessments and Acute Referral Coverage for Uninsured and VA**
- **Dedicated Care Coordinator Assigned to Assist with:**
 - **Processing Referrals Both Routine and Urgent**
 - **Helping Identify Residents that Could Benefit from Both Psychiatric and Therapy Services**
 - **Coordinating the Completion of Consents and Assist as Needed**
- **Manage State Survey Related Requests**
- **Coordinate M.D. Attendance for Facility Meetings (Psychopharm/GDR/QAPI)**
- **Coordinating with BHS and Facility to Maintain Compliance with PASRR II Patients**
- **Coordinate Scheduling of In-Services, Education, and Training for Staff**
- **Regulatory and Reimbursement Advocacy**
- **Assist in Facilitating Routine Telehealth Visits with Clinicians**
- **Assistance in Resolving Urgent Facility, Resident or Family Concerns**
- **Collaborative Care with Other Community Services**
- **Monthly CEU Opportunities**
- **Individual Care Plans to Support Specialty Behavioral Programming**
- **Administrative Support: Provider Recruitment & Staffing, Insurance Verification, and Scheduling**
- **Urgent Psych Consults**
- **Live GDR's**
- **CMS Support/Survey Assistance**
- **CMS Regulatory Compliance (e.g. Schizophrenia Audits)**

Proposed Program Model (mirrors WA state)

Stabilization program in Skilled Nursing Facilities

Qualifications:

1. Patient has medically based behavioral disorder including psychosis, schizophrenia, bipolar disorder, depression, dementia w/ behavioral disturbance, TBI, autism, intellectual disability, etc.
2. Patient significantly taxes facility resources and staffing due to constant demands and/or need for behavioral redirection/intervention.
3. Patient has history of frequent or prolonged in-patient admissions, homelessness, or difficulty maintaining stable care placement.

Proposed Program Model

Stabilization program in Skilled Nursing Facilities

Qualifications (Continued):

4. Patient has history of persistent, disruptive behaviors that require moderate to frequent intervention including:
 - a. **Verbal Aggression:** Regularly curses, yells, and creates loud disruptions; may trigger similar behaviors in others.
 - b. **Self-Endangering Behaviors:** Suicidal thoughts and non-compliance with vital medications, risking harm or exacerbation of symptoms.
 - c. **Physical Aggression:** Recent history of hitting, kicking, grabbing, biting, scratching, and pushing; needs increased staffing or specialized interventions.
 - d. **Intrusiveness:** Demands frequent attention, poses risks by entering other residents' rooms; requires additional staffing for prevention.
 - e. **Intractable Psychiatric Symptoms:** Chronic delusions, paranoia, and disruptive behaviors; demands consistent, carefully designed care.
 - f. **Problematic Medication Needs:** High demand for PRN psychiatric meds, necessitating monthly visits from a psychiatrist or nurse practitioner.
 - g. **Sexual Inappropriateness:** Recent incidents of exposure, public masturbation, and unwanted physical contact.
 - h. **Elopement Behaviors:** Expresses daily desire to leave facility and lacks survival skills outside the facility.
 - i. **Regressive Behaviors:** Includes throwing/smearing food or feces, urinating/spitting inappropriately, and hoarding trash/food, creating dangerous conditions.

Proposed Program Model

Stabilization program in Skilled Nursing Facilities

Program Proposal:

- Qualifying patients are identified in the acute and nursing facility setting by clinical team consisting of facility staff and contracted behavioral support professionals
- Once identified, a patient application accompanied by clinical and behavioral documentation is submitted to state agency for approval
- Upon approval a treatment and behavioral support plan is developed and implemented
- Clinical professionals team meets with state agency representative quarterly to review patient progress
- A behavioral program is developed in all participating nursing facilities that consists of wrap around behavioral services and specialized staff training provided by contracted behavioral support professionals



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

Nevada Program Build

Growth over the years

Program Growth Over 5 Years:

- Year 1: 100 patients
- Year 2: 300 patients
- Year 3: 500 patients
- Year 4: 650 patients
- Present Year: 714 patients
- Future Budget Consideration:
 - Anticipate a steadily increased budget over at least a 5 year period to accommodate the program's expansion.

Ready to Launch

- BHS is established in New Mexico with a local NPI and most major payor contracts
- BHS COO, Brian Martin, a healthcare executive with over 20 years of experience, was born and raised in Albuquerque and attended the University of New Mexico. Brian's previous experience includes working with Lovelace Health System, Molina Healthcare and most recently HME Specialist, the largest durable medical equipment company in the state. Brian resides in Albuquerque with his wife and 3 children.
- BHS Executive team has a long-standing relationship with most major nursing home operators in New Mexico and is a supporter of the New Mexico Healthcare Association.



Thank you
