



Strategic Action Planning Group on Aging

Complex Service Solutions Council Notes

Problem Statement:

The problem that was focused on was individuals in Long Term Care facilities with complex behavioral and/or medical needs that has a crisis (or is very difficult to manage in the facility) that ends up in the Emergency Department/Hospital and for whom appropriate placement or services cannot be found.

Root Causes:

1. Staff Related
 - a. More complex patients in the system that in the past
 - b. Recruitment/retainment of staff in difficult
 - c. Lack of education/training
2. Lack of Care Coordination
 - a. Information sharing lacks – different roles that need different types of info
 - b. Risk of keeping a patient that could harm staff/residents drives discharges and impacts care
 - c. Regulatory structures work against nursing homes who take on risk of complex behavioral patients
 - d. Risk of fines
 - e. Issues with payers, what is covered, and provider requirements
3. Lack of Accountability Throughout Process – see process mapping link below

Process mapping for individual with dementia and behavioral health diagnoses – follow [link](#)
Also see the tabs for those with intellectual or developmental disability

Potential Solutions

1. Real time data on Emergency Department admits for Single Entry Points, Community Care Boards, and Regional Accountability Entities
2. Workforce recruitment
3. Respite support at nursing homes
4. Specialized facility that addresses mental health needs of complex individuals
5. Enhanced reimbursement rates to facilities who take on behaviorally complex individuals
6. “Step-down” facilities
7. Enhanced coordination between CDPHE, HCPF, and DHS
8. Health information exchange to coordinate information
9. Standardized care coordination across the state
10. Training facilities and discharge planners to engage Regional Accountability Entities
11. Address regulatory restrictions and allow for more appropriate intervention and/or reduce agency risk



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HB 19-1160 Mental Health Facility Pilot Program

- Regulations limit the percentage of individuals with a behavioral health diagnoses or intellectual and developmental disability who may reside in a nursing home. This limits access to care for these individuals. Current state and federal regulations do not facilitate community transition support for these individuals.
- The intent of the pilot program is to establish a new licensed facility model to provide a variety of services to individuals with dual diagnoses – physical and behavioral health – in a more cost-efficient setting that supports independence and community transitions
- Statute requires a partnership between a skilled nursing residence and either an acute care hospital or psychiatric hospital in order to ensure transfers to higher levels of care as appropriate
- The selected facility must demonstrate a collaborative and coordinated relationship with a hospital and must be in a community that has resources to support transitions to less restrictive care settings
- Two locations to be selected (unless only one applies) – one to be in an area with a population of 100,000+ and the other to be in an area with less than a population of 100,000
- State Long-Term Care Ombudsman, Leah McMahan at CO Disability law, will have access to premises and residents for oversight and advocacy
- Selection to be made by Feb 1, 2020 – Union Printers in CO Springs was selected but was shut down by CDPHE on Feb 11, 2020 – this raises its own concerns about the vetting and selection process