

BUILDING A BEHAVIORAL HEALTH PROGRAM

The Home Care Alliance of MA invites your agency to participate in a unique collaborative designed to help home health agencies develop capacity to serve unmet needs of elderly clients and improve overall health outcomes.

HCA will be holding an informational call on August 25th at 2:00pm

ABOUT THE PROGRAM

The HCA **Building a Behavioral Health Program** is a 12-month program that offers agencies the training necessary to deliver psychiatric home care services as well administrative guidance to launch behavioral health services that are compliant with Medicare regulations. This all-inclusive program provides on-site clinical training, a comprehensive operational manual, diagnosis-specific care guides, webinars and monthly teleconferences to give agencies a road to success during the first year of service delivery. The program is taught by nationally-recognized nurse consultants with a proven track record of developing successful, evidence-based psychiatric home care services.

WHAT ARE THE OBJECTIVES OF THE BUILDING A BEHAVIORAL HEALTH PROGRAM?

- Learn how to provide Behavioral Health Home Care and get staff trained.
- Allow your agency to provide Behavioral Health Home Care during the year of the project training.
- Improve patients care for clients with mental health conditions
- Improve overall patient outcomes, including re-hospitalization, ER utilization and compliance.
- Enhance your position in your service area, provide a new Niche of care and grow revenue.



WHAT IS INCLUDED IN PROGRAM?

Participants in this educational program will receive training, materials and support that comprise a “turn-key” product, enabling agencies to begin offering behavioral health services at the start of the project, it includes:

- **Clinical Training (on-site)**-Full-day professional training for RNs, designated therapy staff and administrative staff, which includes 8 hours of behavioral health training (6 CEUs) and one hour administrative training on program overview, management and marketing. One training will be conducted in November 2015 and a repeat training will be held in 6 months into the program. Maximum of 5 participants per agency at each program. One on-site half day training with each agency’s clinical champion before the 2nd full day training.
- **Rule of the Road Governing Care**-including Medicare and Medicaid regulations, admission criteria, exclusions, and types of patients who will benefit and standards of the program.
- **Implementation Process**-Job description for psychiatric nurse; sample interview questions; psychiatric nurse self-assessment; orientation to the program; self-learning quiz and key; psychiatric nurse competencies; self-learning modules for nurse; issues to be addressed with startup and much more.
- **Clinical Application**-OASIS and assessment of psychiatric symptoms; Assessment tools for a wide range of behaviors including aggression, anxiety, depression, mania, cognition and psychosis.
- **Road to Wholeness Manual**
- **Teaching Tools**-44 tools that allow the nurse to provide specific information about various psychiatric diagnoses, treatment, medications and cognitive-behavioral resources that help the patient to change behaviors.
- **Quickguides**-Cheat sheets for use by the clinician that detail vital assessment, required interventions per visit.
- **Careguides**-Mini-diagnosis specific guides (65-pages each) that contain care plans, key assessment tools, teaching tools, and telephone assessment tools. There are individual Careguides for depression, anxiety, bipolar disorder and schizophrenia.
- **12 Webinars**-These webinars will provide follow-up training on a variety of topics, including Careguide training on depression, anxiety, bipolar disorders and schizophrenia; handling psychiatric emergencies; use of key behavioral health assessment tools; marketing; outcomes tracking; coding and more.
- **12 Monthly Champion Conference Calls**-These call enable your agency to ask questions, submit case studies, and problem solve with nurse consultants.

The prevalence of depression in the homebound elderly ranges from 13.5% to 46%. **78%** are not receiving treatment.

WILL THIS TRAINING MEET MEDICARE REQUIREMENTS FOR THE PROVISION OF HOME CARE PSYCHIATRIC SKILLED NURSING AND WILL THEY REIMBURSE?

Yes and yes. Medicare requires that nurses have “special training and /or experience beyond the standard curriculum required for a RN”. The clinical training provided by C&V Senior Care provides **over 40 hours** of Behavioral Health training and competencies.

8.6 million inpatient stays involved at least one mental disorder (MD) or substance use disorder (SUD) diagnosis, accounting for 32.3 percent of inpatient stays in 2012.

WHO ARE THE CONSULTANTS?

C&V Senior Care Specialists, Inc. are the consultants in this project. **Dr. Verna Carson**, President of C&V, and **Katherine Vanderhorst**, Vice-President have been collaborating for 12 years and together have **over 30 years of combined experience** in behavioral health care.



Katherine Vanderhorst is a psychiatric nurse with 30 plus years of clinical experience. She has been a marketer for Fortune 500 companies, divisional sales director for a National home care and General Manager or a large agency in Western New York.



Dr. Carson is a board-certified clinical nurse specialist in psychiatric nursing. She has been recognized by the American Psychiatric Nurses Association for her pioneering work in psychiatric home health. She is widely published and a much sought after national speaker.

They published the findings of two research projects demonstrating the clinical and cost effectiveness of behavioral health home care. They are national experts on developing, operationalizing, and marketing financially successful programs. C & V Senior Care Specialists has assisted VNSNY and many other agencies in establishing successful programs. They recently have written two books on Alzheimer’s Care-Becoming an Alzheimer’s Whisperer: A Resource Guide for Families and Caregiving for Alzheimer’s Disease; A Compassionate Guide for Clinicians and Loved Ones.

Massachusetts has 1,209,941 Medicare beneficiaries with at least **163,342 to 556,573** of them with depression. It also has at least 10,523 beneficiaries with Alzheimer’s and related dementias.

HOW MANY POTENTIAL MEDICARE CLIENTS ARE THERE IN MASSACHUSETTS THAT MIGHT BE ELIGIBLE FOR BEHAVIORAL HEALTH HOME CARE?

Massachusetts has **1,209,941** Medicare beneficiaries with at least **163,342 to 556,573** of them with depression. Taking in to account minimum average incidence rate of depression(**13.5%**) and the minimum average Medicare home health utilization(**10%**), there are at least 12, 914 Medicare part A patients in Massachusetts who would be eligible for behavioral health home care. This does not include other conditions such as anxiety, bipolar or schizophrenia.

WILL THIS TRAINING COVER ALZHEIMER’S DISEASE?

Not initially. However if agencies are satisfied with the Massachusetts Behavioral Health Project, the Home Care Alliance of Massachusetts can offer **phase II** of the program with C&V Senior Care that provides similar training and materials for nursing, PT, OT, ST, SW and HHA for Alzheimer’s.

Between **14% and 20%** of the elderly population has a mental health or substance abuse disorder. The number of Americans in this group could reach 14.4 million by 2030.



WHAT IS THE NEXT STEP?

Home Care Alliance of Massachusetts will host a free webinar on **August 25 at 2:00p.m.** to present more details and answer questions. This is a free webinar open to all members.

Go to www.thinkhomecare.org/events to sign-up .

Contact Megan Fournier at mfournier@thinkhomecare.org or 617-482-8830 for any questions.



Medicare was the most common payer for stays involving MD diagnoses only

(37.4 percent).

Medicaid was the most common payer for SUD diagnoses only

(29.0 percent).