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# Department of Social Services

July 17,2019

# History of HSC Geriatric Program

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1976- SD Legislature approves $1.2 million in funds to renovate the Pierce Building's fire safety, air conditioning, and therapeutic environment.

1978-1979 After going through the survey and certification process, the program is licensed as a Medicaid Certified Nursing Facility.

The program is licensed for 119 beds.

# History of HSC Geriatric Program

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*"One goal of this program is to upgrade the quality of care and services afforded to our total patient population. In addition, the Pierce project will provide psychiatric nursing home care for other nursing home residents in South Dakota whose needs cannot be met in those nursing homes."*

*Humanist Newsletter Vol. 1, No.9, September 1978*

# History of HSC Geriatric Program

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1996- The Geriatric Program moves from the Pierce Building to the newly constructed Mickelson Center for the Neurosciences. (91 Beds)

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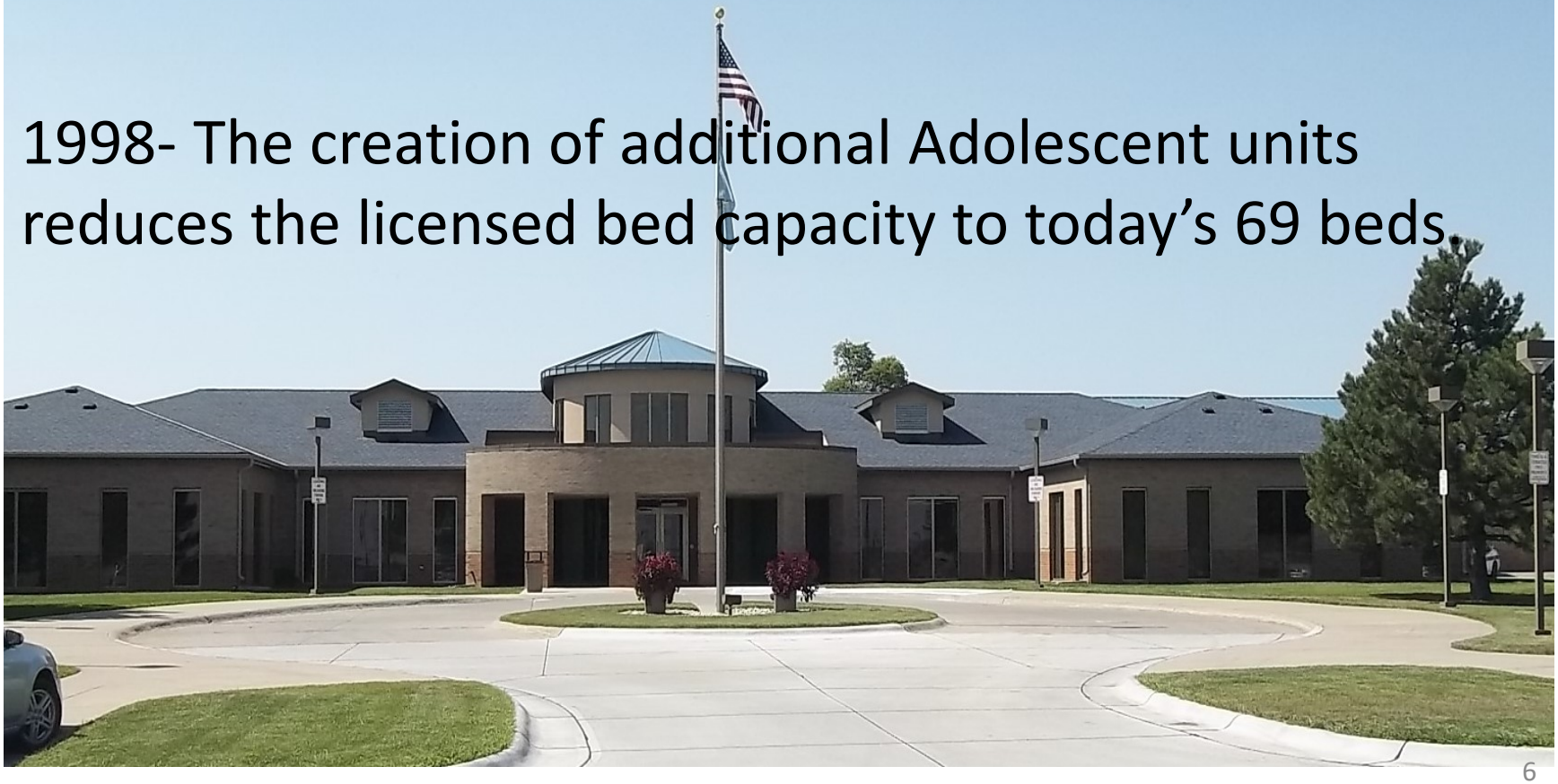
1998- The creation of additional Adolescent units reduces the licensed bed capacity to today's 69 beds.



# Geriatric Program

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- Geriatric Nursing Home
  - Program provides care and treatment for patients who can not be served in a community nursing home
  - 69 beds
  - FY18 Average Length of Stay: 752.6 days (FY16: 489.44/FY17: 489.6)

# Length of Stay

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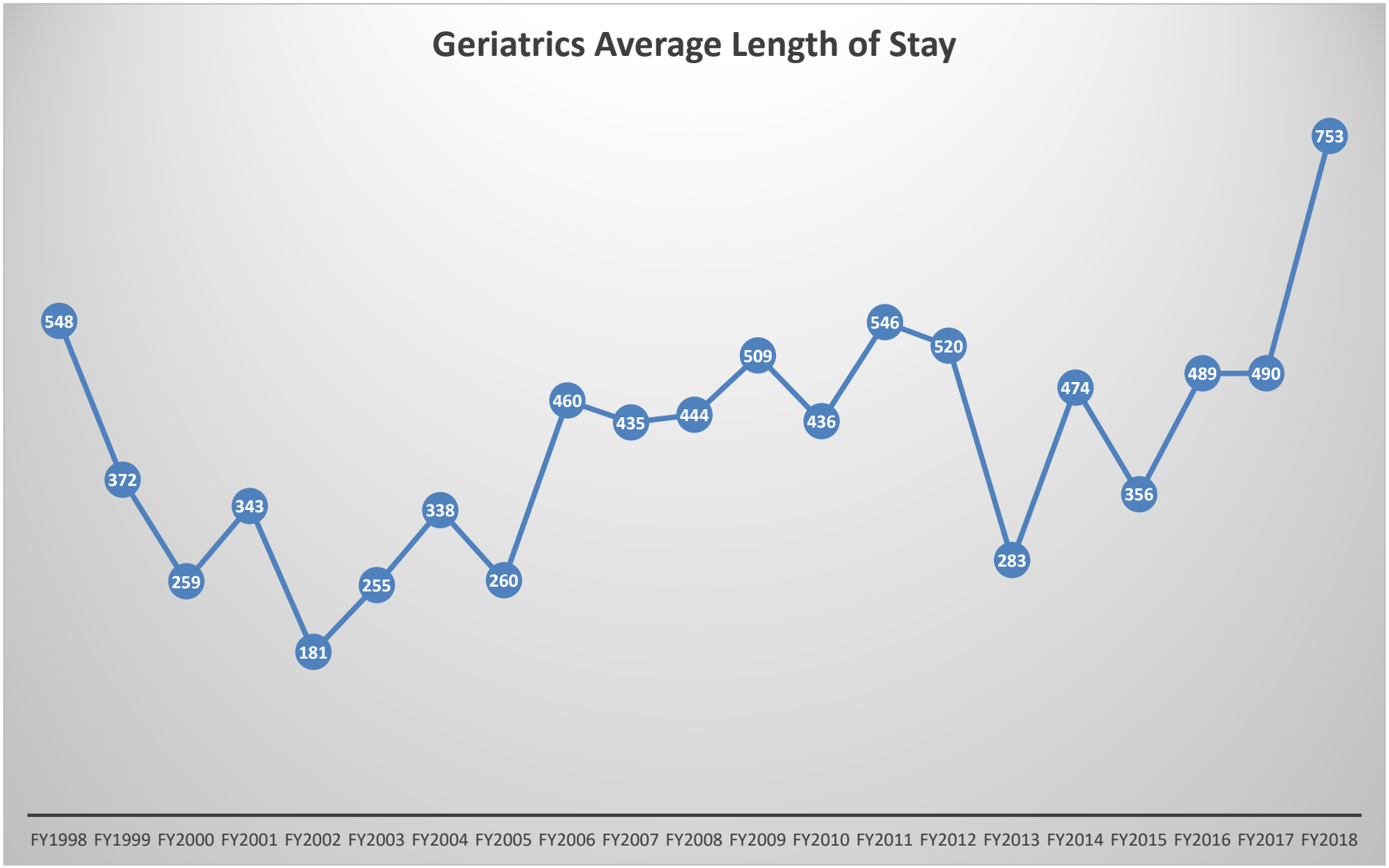

# Funding

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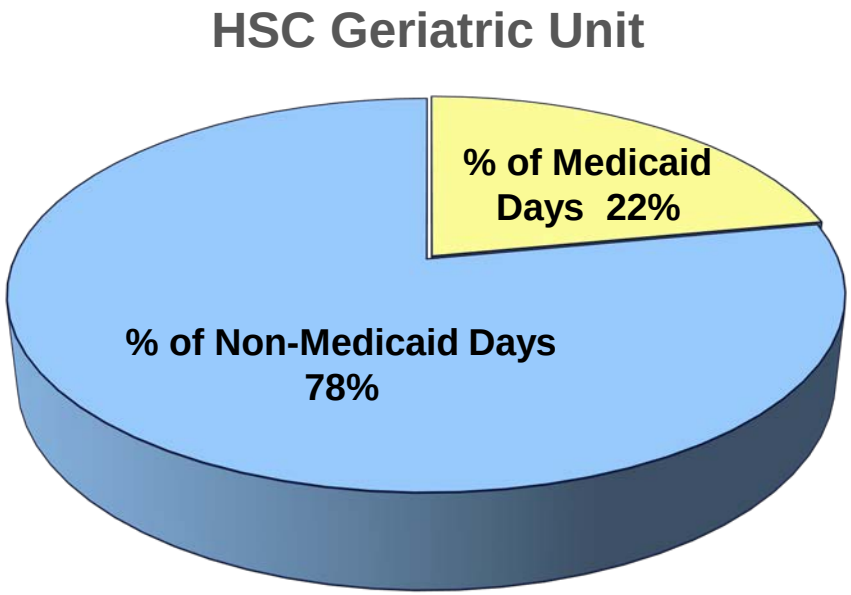
- Estimated SFY19 HSC Geriatric Days




- Operating Budget – approx. $6M
- Estimated SFY19 Federal Medicaid Revenue $1.3M
  - Billing – Medicaid is cost settled quarterly and FY19 daily rates range from $497 - $592
- Estimated SFY19 non-Medicaid Revenue $700,000
  - Daily rates range from $19.73 (county) up to $550 (private pay)

# Involuntary Admission

- *A person is subject to involuntary commitment if:*
  - a. The person has a severe mental illness;
  - b. Due to the severe mental illness, the person is a danger to self or others or has a chronic disability; and
  - c. The individual needs and is likely to benefit from treatment (27A-1-2)

# Involuntary Admission

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- *"**Severe mental illness"** is defined as:*

A substantial organic or psychiatric disorder of thought, mood, perception, orientation, or memory which significantly impairs judgment, behavior, or ability to cope with the basic demands of life. Intellectual disability, epilepsy, other developmental disability, alcohol or substance abuse, or brief periods of intoxication, or criminal behavior do not, alone, constitute severe mental illness; (27A-1-1 (24)

# Involuntary Admission

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- ***"Chronic disability is defined as:***

A condition evidenced by a reasonable expectation, based on the person's psychiatric history, that the person is incapable of making an informed medical decision because of a severe mental illness, is unlikely to comply with treatment as shown by a failure to comply with a prescribed course of treatment outside of an inpatient setting on two or more occasions within any continuous twelve month period, and, as a consequence, the person's current condition is likely to deteriorate until it is probable that the person will be a danger to self or others; (27A-1-1(4)

# Involuntary Admission

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- ***"Danger to others" is defined as:***

A reasonable expectation that the person will inflict serious physical injury upon another person in the near future, due to a severe mental illness, as evidenced by the person's treatment history and the person's recent acts or omissions which constitute a danger of serious physical injury for another individual. Such acts may include a recently expressed threat if the threat is such that, if considered in the light of its context or in light of the person's recent previous acts or omissions, it is substantially supportive of an expectation that the threat will be carried out;(27A-1-1(6)

# Involuntary Admission

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- ***"Danger to self" is defined as:***
- (a) A reasonable expectation that the person will inflict serious physical injury upon himself or herself in the near future, due to a severe mental illness, as evidenced by the person's treatment history and the person's recent acts or omissions which constitute a danger of suicide or self-inflicted serious physical injury. Such acts may include a recently expressed threat if the threat is such that, if considered in the light of its context or in light of the person's recent previous acts or omissions, it is substantially supportive of an expectation that the threat will be carried out; or
- (b) A reasonable expectation of danger of serious personal harm in the near future, due to a severe mental illness, as evidenced by the person's treatment history and the person's recent acts or omissions which demonstrate an inability to provide for some basic human needs such as food, clothing, shelter, essential medical care, or personal safety, or by arrests for criminal behavior which occur as a result of the worsening of the person's severe mental illness; ( 27A-1-1(7)

# Voluntary Admission

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**II. Voluntary Inpatient Treatment For Adults**

**Requirements for admission of voluntary patients (27A-8-1)**

The facility director or administrator may receive as a voluntary patient any person eighteen years of age or older who understands the nature of voluntary inpatient treatment, is capable of giving informed consent, and voluntarily executes a written application for admission, if the following requirements are met:

(1) If, after examination by a staff psychiatrist, the facility director or administrator determines that the applicant is clinically suitable for inpatient treatment. In the event of the unavailability of a staff psychiatrist, admission may be granted pending an examination by a staff psychiatrist within one working day;

(2) A less restrictive treatment alternative is inappropriate or unavailable;

(3) The person is in need of and will likely benefit from treatment which is available at the facility;

(4) The requirements in § 27A-8-15 have been met; and

(5) The person does not have medical needs which are beyond the capacity of the center or inpatient psychiatric facility.

If a person eighteen years of age or older voluntarily seeks admission to an inpatient psychiatric facility without any element of force, duress, threat or other form of coercion and the facility director or administrator determines, after the explanation required in § 27A-8-15, that the person is incapable of exercising an informed consent to the admission, the person may be admitted upon exercise of a substituted informed consent in accordance with §§ 27A-8-18.1 and 27A-8-19.

# Path to Admission to HSC Geriatric Program

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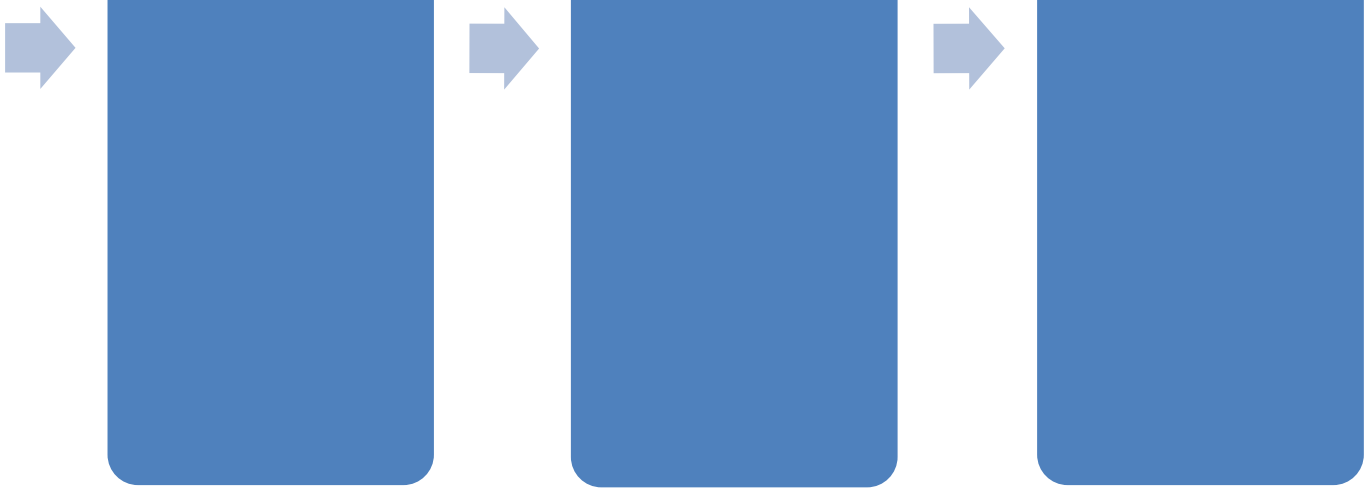
Where does a person start?

-Home with Caregiver

-Community Nursing Home

-Regional Psychiatric Hospital

(Avera, RCR West)



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Crisis or behavioral change:

Placed on a 5 Day Emergency Mental Illness Hold or Commitment

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Admission to HSC:

Admit to the HSC Adult Acute Psychiatric Program

Discharged from HSC

# Path to Admission to HSC Geriatric Program

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| Where does a person start? | Crisis or behavioral change: | Admission to HSC: | Transfer to the HSC Geriatric Program: |
|---|---|---|---|
| -Home with Caregiver<br>-Community Nursing Home<br>-Regional Psychiatric Hospital<br>(Avera, RCR West) | Placed on a 5 Day Emergency Mental Illness Hold or Commitment | Admit to the HSC Adult Acute Psychiatric Program | After assessment in Adult Acute Psychiatric and Referral<br>Or<br>Referral from HSC Psychiatric Rehabilitation |

# Diagnosis Categories for Residents

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SFY19 Primary and Secondary Diagnosis

92 Residents

Neurocognitive Disorder (Dementia)- 83% (76)

with Behavioral Disturbance- 49%(45)

Other Mental Illnesses- 59% (58)

(Schizophrenia, Bipolar Disorder, Anxiety, and Personality Disorders)

Depressive Disorders- 47% (43)

Traumatic Brain Injury- 10% (9)

# Common Discharge Barriers

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## Behavioral Changes related to Dementia

- Aggression towards Caregivers
  - Striking out during personal cares (Bathing, Toileting, Ambulating)
  - Loss of Safety Awareness/ Staff redirection
- Aggression towards Peers
  - Loss of boundaries
  - Intrusive
  - Misperception of threat
- Community NHs report unable to manage
  - Staffing
  - Training

# Family Involvement

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Department of Human Services Guardianship- **1**

Tribal Court Guardianship- **8**

Family/Legal Representatives notified:

-Quarterly Treatment Plan Reviews

-Any change in resident status

Geographic distance challenges for family and placement visits

*data as of June 7, 2019*