

COMMISSION TO STUDY DIFFICULT-TO-PLACE PATIENTS

MEETING AGENDA

**Monday, December 7, at 9:00 am
Room 216, Cross State Office Building, Augusta**

- 9:00 a.m. Welcome and introductions
- 9:05 a.m. Public comment opportunity on draft Commission report
- 9:30 a.m. Staff overview of draft Commission report and further discussion, deliberation and voting on report language and recommendations by Commission members
- 12:00 p.m. Adjourn

DRAFT LEGISLATION

Resolve, To Establish the Commission To Continue the Study of Difficult-to-place Patients

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, the Commission To Study Difficult-to-place Patients, established pursuant to Resolve 2015, chapter 44, reviewed and deliberated on numerous issues related to difficult-to-place patients with complex medical conditions and the feasibility of making policy changes to the long-term care system for those patients; and

Whereas, this resolve establishes the Commission To Continue the Study of Difficult-to-place Patients to address various complex, important and unresolved issues identified by the Commission to Study Difficult-to-place Patients; and

Whereas, immediate enactment of this resolve is necessary to provide the Commission to Continue the Study of Difficult-to-place Patients adequate time to complete its work; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore, be it,

Sec. 1. Commission established. Resolved: That, notwithstanding Joint Rule 353, the Commission To Continue the Study of Difficult-to-place Patients, referred to in this resolve as "the commission," is established; and be it further

Sec. 2. Commission membership. Resolved: That the commission consists of 13 members appointed as follows:

1. Two members of the Senate appointed by the President of the Senate, including members from each of the 2 parties holding the largest number of seats in the Legislature;
2. Three members of the House of Representatives appointed by the Speaker of the House, including members from each of the 2 parties holding the largest number of seats in the Legislature;
3. The Commissioner of Health and Human Services or the commissioner's designee;
4. Four members, appointed by the President of the Senate, who possess expertise in the subject matter of the study, as follows:
 - A. The director of the long-term care ombudsman program described under the Maine Revised Statutes, Title 22, section 5106, subsection 11-C;
 - B. An individual representing a statewide association of hospitals;

- C. An individual representing a statewide organization advocating for people with mental illness; and
 - D. An individual or a family member of an individual with a complex medical condition; and
5. Three members, appointed by the Speaker of the House of Representatives, who possess expertise in the subject matter of the study, as follows:
- A. An individual representing a statewide association of long-term care facilities;
 - B. An individual representing the organization that represents people with disabilities described under the Maine Revised Statutes, Title 5, chapter 511; and
 - C. An individual representing an organization promoting independent living for individuals with disabilities; and be it further

Sec. 3. Chairs; subcommittees. Resolved: That the first-named Senate member is the Senate chair and the first-named House of Representatives member is the House chair of the commission. The chairs of the commission are authorized to establish subcommittees to work on the duties listed in section 5 and to assist the commission. Any subcommittees established by the chairs must be composed of members of the commission and interested persons who are not members of the commission and who volunteer to serve on the subcommittees without reimbursement. Interested persons may include individuals with expertise in placing individuals with complex medical conditions in long-term care placements, individuals who provide long-term care to individuals with complex medical conditions, individuals affected by neurodegenerative diseases and individuals affected by mental illness; and be it further

Sec. 4. Appointments; convening of commission. Resolved: That all appointments must be made no later than 30 days following the effective date of this resolve. The appointing authorities shall notify the Executive Director of the Legislative Council once all appointments have been completed. After appointment of all members and after adjournment of the Second Regular Session of the 127th Legislature, the chairs shall call and convene the first meeting of the commission. If 30 days or more after the effective date of this resolve a majority of but not all appointments have been made, the chairs may request authority and the Legislative Council may grant authority for the commission to meet and conduct its business; and be it further

Sec. 5. Duties. Resolved: That the commission shall study the following issues and the feasibility of making policy changes to the long-term care system for patients with complex medical conditions:

- 1. Identification of medical staffing needs in the State and the barriers to and, with input from the Department of Labor, solutions for increasing the availability of trained staff across the spectrum of care;

2. With input from the Department of Health and Human Services and the Board of Nursing, an examination of the feasibility of implementing in-house staff certification programs, such as a certified nursing assistant training program, by medical providers;
3. Determination of existing capacity and demand for additional capacity in appendix C private non-medical medical institutions in the State and options to expand or reconfigure the State's appendix C private non-medical medical institution system to better meet identified demands;
4. Examination of the feasibility of implementing a presumptive eligibility option whereby a medical facility would be authorized to presume a patient's eligibility for MaineCare and receive reimbursement for the patient's eligible care costs prior to final approval of eligibility by the Department of Health and Human Services;
5. With input from the Department of Health and Human Services, identification of efficiencies that can be implemented to expedite the MaineCare application process for patients already in a facility;
6. Review of options for amending the MaineCare application process to better address financial exploitation of an applicant by a family member or relative of the applicant;
7. Examination of methods of expediting the Department of Health and Human Services' placement process for open geropsychiatric beds, including a review of the application of the Preadmission Screening and Resident Review process within the placement process and the application of the geropsychiatric placement criterion that a patient have a long history of mental illness;
8. Determination of existing need for medical facility "step-down" options for geropsychiatric and other patients who no longer require the level or type of care they are receiving at a specialized facility, as well as addressing issues relating to geropsychiatric patients that develop dementia, expansion of residential care options at facilities that offer geropsychiatric services and a discussion of applicable assessment criteria for admission and discharge at geropsychiatric facilities;
9. Evaluation of the feasibility of facilitating and/or funding long-term care contracts for behavioral health support at long-term care facilities for care plan consults, treatment and staff education;
10. Review of the Department of Health and Human Services' adult protective services and public guardianship processes to identify efficiencies that can be implemented to facilitate more expedient resolutions, and to evaluate, with input from representatives of the State's judiciary, the feasibility of implementing a temporary guardianship process to facilitate hospital discharge for patients awaiting guardianship; and
11. Any other issue identified by the commission; and be it further

Sec. 6. Staff assistance. Resolved: That the Legislative Council shall provide necessary staffing services to the commission; and be it further

Sec. 7. Information and assistance. Resolved: That the Commissioner of Health and Human Services shall provide information and assistance to the commission as required for its duties; and be it further

Sec. 8. Report. Resolved: That, no later than December 15, 2016, the commission shall submit a report that includes its findings and recommendations, including suggested legislation, for presentation to the joint standing committee of the Legislature having jurisdiction over health and human services matters.

Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved.

SUMMARY

This resolve establishes the Commission to Continue the Study of Difficult-to-place Patients, which is charged with studying the following issues and the feasibility of making policy changes to the long-term care system for patients with complex medical conditions:

1. Identification of medical staffing needs in the State and the barriers to and, with input from the Department of Labor, solutions for increasing the availability of trained staff across the spectrum of care;
2. With input from the Department of Health and Human Services and the Board of Nursing, an examination of the feasibility of implementing in-house staff certification programs, such as a certified nursing assistant training program, by medical providers;
3. Determination of existing capacity and demand for additional capacity in appendix C PNMI facilities in the State and options to expand or reconfigure the State's appendix C PNMI system to better meet identified demands;
4. Examination of the feasibility of implementing a presumptive eligibility option whereby a medical facility would be authorized to presume a patient's eligibility for MaineCare and receive reimbursement for the patient's eligible care costs prior to final approval of eligibility by the Department of Health and Human Services;
5. With input from the Department of Health and Human Services, identification of efficiencies that can be implemented to expedite the MaineCare application process for patients already in a facility;
6. Review of options for amending the MaineCare application process to better address financial exploitation of an applicant by a family member or relative of the applicant;

7. Examination of methods of expediting the Department of Health and Human Services' placement process for open geropsychiatric beds, including a review of the application of the Preadmission Screening and Resident Review process within the placement process and the application of the geropsychiatric placement criterion that a patient have a long history of mental illness;

8. Determination of existing need for medical facility "step-down" options for geropsychiatric and other patients who no longer require the level or type of care they are receiving at a specialized facility, as well as addressing issues relating to geropsychiatric patients that develop dementia, expansion of residential care options at facilities that offer geropsychiatric services and a discussion of applicable assessment criteria for admission and discharge at geropsychiatric facilities;

9. Evaluation of the feasibility of facilitating and/or funding long-term care contracts for behavioral health support at long-term care facilities for care plan consults, treatment and staff education;

10. Review of DHHS' APS and public guardianship processes to identify efficiencies that can be implemented to facilitate more expedient resolutions, and to evaluate, with input from representatives of the State's judiciary, the feasibility of implementing a temporary guardianship process to facilitate hospital discharge for patients awaiting guardianship; and

11. Any other issue identified by the commission.

No later than December 15, 2016, the Commission shall submit a report that includes its findings and recommendations, including suggested legislation, for presentation to the joint standing committee of the Legislature having jurisdiction over health and human services matters.



**STATE OF MAINE
127th LEGISLATURE
FIRST REGULAR SESSION**

Commission to Study Difficult-to-Place Patients

December 2015

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Executive Summary

The Commission to Study Difficult-to-place Patients (hereinafter “the Commission”) was created in 2015 by the 127th Legislature to address the challenge of ensuring the availability of appropriate treatment options in the State for patients with complex medical conditions and the feasibility of making policy changes to the long-term care system for those patients.

The Commission was established by Resolve 2015, chapter 44 (see Appendix A) and was composed of two members of the Senate, three members of the House of Representatives and nine public members.¹ A list of Commission members is included as Appendix B. The Commission’s duties are set forth in the enacting legislation and include the following:

- Identification of categories of patients with complex medical and mental health conditions unable to be discharged from hospitals because no facilities or providers are able to care for them or accept them for care;
- Determination of how these patients are placed currently and identify primary barriers to placement of these patients;
- Review of the facilities in which these patients are currently placed, including the location of these facilities and the facility costs associated with these patients’ care;
- Identification of options for increasing availability of residential and long-term care facilities for specialized populations that are difficult to place for care, such as ventilator-dependent patients, geropsychiatric patients and bariatric patients; and
- Determination of rates of reimbursement necessary to operate facilities to manage patients with complex medical conditions.

The Commission held five public meetings in Augusta on October 26, November 5, November 20, December 2 and December 7. All meetings were open to the public and were broadcast by audio transmission over the Internet. Although this report contains several appendices, additional resources and background materials, including materials submitted by Commission members or presenters, are available at:
<http://legislature.maine.gov/legis/opla/difficulttoplacepatients.htm>.

Due to the broad nature of the Commission’s duties as set forth in the enacting legislation, the Commission relied upon the guidance and expertise of its members, as well as representatives of executive branch agencies and other individuals and organizations who participated in and provided valuable information and insight at the Commission’s meetings. Section III of this report provides an overview of the Commission process, as well as a description of the participants and information provided at each Commission meeting.

¹ Michael Lemieux was appointed to the Commission by the Governor to represent an individual or a family member of an individual with a complex medical condition, but later resigned his seat on the Commission. No replacement was appointed in his place.

The Commission's final recommendations include proposals for immediate legislative action during the Second Regular Session of the 127th Legislature, as well as proposals to be addressed in the future through the establishment of a Commission to Continue the Study of Difficult-to-place Patients (see Appendix TBD). Specific recommendations, including the votes in favor of each recommendation, are as follows:

1. Provide authority for expansion of geropsychiatric facility capacity

At present, there are only 3 facilities in Maine that specialize in the care of geropsychiatric patients. Hawthorne House in Freeport and Gorham House in Gorham provide geropsych services in a nursing facility setting, while Mount Saint Joseph in Waterville provides those services in a PNMI setting. In total at these 3 facilities, there are between 50 and 55 geropsych beds. Testimony before the Commission indicated that these beds are in high demand and rarely vacant, indicating an immediate need for additional capacity. Moreover, the Commission understands that there has been no expansion of geropsychiatric facility capacity in the State in the last 25 years.

Under the existing Certificate of Need (CON) statutory provisions, CON unit approval from DHHS is required for new nursing facility services including expansion of capacity, relocation of beds from one nursing facility to another, replacement nursing facilities, changes in ownership and control of nursing facilities, and building modifications and capital expenditures by nursing facilities. Criteria for the CON application are established in 22 MRSA §335 as well as in the Department's applicable rules. The CON process and criteria focus only on the need in the area where the beds were previously located. In order to increase the overall number of beds, the nursing facility MaineCare funding pool would have to be increased.

As such, the Commission's recommendation on this matter is to expand available geropsychiatric facility capacity in the State. The Commission recognizes that this proposal, in the case of adding additional geropsych beds in the nursing facility context, will require an exemption from the CON statutory requirements. The Commission further recognizes that regardless of whether additional nursing facility or PNMI geropsych beds, or a combination thereof, are added, this proposal will also require an exemption from so-called MaineCare neutrality fulfillment requirements.

While we do not recommend whether this expansion should be of nursing facility or PNMI beds, or a combination thereof, this Commission does recommend that total approved expansion not exceed a maximum of 25 new beds. That expansion need not be restricted to a single new or expanded facility. This Commission also recognizes that existing geropsychiatric facilities are located in Gorham, Freeport and Waterville and that there is accordingly insufficient geropsych capacity in the northern portion of this State. As such, we recommend that any expansion of geropsychiatric facility capacity give highest priority to proposals to add new beds located north of Waterville, especially in Northern Maine and/or the Greater Bangor area.

This Commission also recognizes that any such expansion will result in additional fiscal costs to the State. Testimony received by the Commission indicated that existing nursing facility geropsych beds receive daily reimbursement rates of \$328 to \$344 per day, a rate that includes

the cost for a private room, while existing PNMI geropsych beds receive a rate of \$227 per day. If we assume that the total proposed expansion of 25 beds is approved, that all new beds are located in nursing facilities, and use a highest rough estimate of reimbursement costs of \$350 per day, the total cost for expansion would be \$3,193,750 (\$350 per bed per day x 365 days per year x 25 new beds). Accordingly, the State's share of that cost would be \$1,064,584, and this Commission recommends the approval of funding in that amount to support the above-described expansion of geropsychiatric facility capacity in Maine.

2. Expand Long-term Care Ombudsman program

Testimony received by the Commission indicated that the Long-term Care Ombudsman program provides invaluable assistance to patients, families and providers in facilitating the successful and appropriate placement of patients with complex medical conditions. The Ombudsman expressed an interest in expanding the program's provision of these services, but indicated that additional staff would be necessary to accomplish this as the program currently has no staff specifically dedicated to provide this support. The Ombudsman estimated for the Commission that the total cost of adding these two additional staff to the program would be roughly \$150,000. That total would include not only staff salaries, but all applicable taxes, benefits, mileage reimbursements and other incidentals.

The Commission's recommendation on this matter is to provide this funding (roughly \$150,000) adequate to support two additional full-time equivalent (FTE) staff to the Ombudsman program to provide assistance in placement of patients with complex medical conditions, including assistance to facilities post-placement.

The Commission also recommends that the Ombudsman's statutory authority contained at 22 M.R.S.A. §5107-A be amended to reflect these additional duties relating to assistance in the placement of patients with complex medical conditions.

See Appendix TBD for legislation.

3. Expand resources provided by Department of Health and Human Services

Testimony received by the Commission indicated that the nurse education consultant position at DHHS is an important resource for many facilities in the State. This individual, who is a trained nurse, visits facilities to assess patients and meets with staff to consult on and make recommendations for patient care as well as to assist in medication changes. Information provided by the DHHS to the Commission indicated that the estimated total costs of adding an additional nurse education consultant position would be as follows:

<u>Nursing Education Consultant position (pay range 23)</u>	
Salary	\$57,304.00
Benefits	<u>\$30,888.00</u>
	\$88,223.20
All Other costs for the position	\$6,278.00

*This position is split 50/50 with MaineCare.

The Commission's recommendation on this matter is to provide this funding (\$94,501) to support one additional FTE nurse education consultant position at DHHS.

4. Examine feasibility of providing enhanced rates for home care services

Testimony indicated that a major barrier to community placement of patients with complex (and non-complex) medical conditions is lack of staffing support, both in terms of staff training and staff availability. State reimbursement for home care services is currently a low, flat rate that does not account for the needs of the patient.

The Commission's recommendation on this matter is to direct the DHHS, Office of Aging and Disability Services to develop and implement a demonstration project to allow enhanced rates for home care services, with participation limited to patients with complex medical needs currently enrolled in the Homeward Bound program. These enhanced rates must provide additional reimbursement for services provided by Personal Support Specialists (PSS) and for on-site training of PSS staff prior to the commencement of services to promote quality of care and retention of staff. DHHS should be directed, following the completion of the demonstration project, to report back to the Legislature regarding its findings and recommendations regarding the expansion of enhanced rates for home care services.

See Appendix TBD for legislation.

5. Review adequacy of home care services

As stated in the prior recommendation, a major barrier to community placement is lack or inadequacy of available home care services. To ensure a complete understanding of the current state of home care services available in the State, the Commission recommends that DHHS, Office of Aging and Disability Services, Home Care Quality Review Committee is directed to review the adequacy of home care services provided for individuals with complex needs under the MaineCare Benefits Manual, Chapter II, section 19, Home and Community Benefits for the Elderly and Adults with Disabilities. This review shall include, at a minimum, consideration of quality of care, emergency department visits and hospital admissions by individuals receiving services under section 19. In conducting this review, the Home Care Quality Review Committee should be directed to request input, at a minimum, from consumers, care coordination agencies, patient advocacy organizations and home care agencies. DHHS should be directed, following the completion of this review, to report back to the Legislature regarding its findings and recommendations regarding the adequacy of home care services provided under section 19.

See Appendix TBD for legislation.

6. Facilitate reporting of data regarding facility refusal of placement

When a patient with complex medical conditions is refused placement at a facility (PNMI or nursing facility), that facility's basis for refusing placement is often not communicated to the patient, the patient's provider or the State. The reasons a facility may refuse placement of such a

patient may relate to a lack of an available bed, but could also relate to a lack of appropriate staffing, specialized equipment or other resources. An understanding of these reasons for refusal of placement is critical to removing barriers to placement for patients with complex medical conditions.

Several commission members have volunteered to work together to identify a process for the Office of the Long-term Care Ombudsman to receive and track information relating to a facility's decision to deny placement to a patient with complex medical needs, as well as a method for appropriately maintaining and distributing this newly collected data to interested agencies, organizations, individuals and the Legislature. The parties that have agreed to work on further development of this proposal include the following: the State's Long-term Care Ombudsman, the Maine Health Care Association, the Maine Hospital Association, the Maine Department of Health and Human Services, the Consumer Council System of Maine and Disability Rights Maine. The Commission appreciates the initiative taken by these parties and anticipates that the stakeholders will be able to report on their recommendations under this section to the HHS Committee during the Second Regular Session of the 127th Legislature.

7. Increase prosecution of financial exploitation cases

A MaineCare eligibility determination involves a DHHS review of an applicant's financial assets. In most situations where an applicant's family members or relatives have improperly taken that applicant's assets prior to the filing of the application, the applicant will be denied for failing to meet MaineCare's asset limits. This financial exploitation by family members or relatives can often be prosecuted as elder abuse; however, for a number of reasons, these cases are often not prosecuted.

The Commission understands that DHHS, Office of Aging and Disability Services is in the process of creating a Financial Abuse Specialist Team (FAST), which will be operational in the very near future. This team will be dedicated to working with community partners to increase the prosecution of financial crimes against older persons and persons with disabilities, with primary goals of increasing the financial security of all older and vulnerable adults living in Maine by recovering assets that are stolen, mismanaged or misappropriated against the person's wishes; holding perpetrators of financial crimes accountable for their actions; and developing preventive options that will deter financial exploitation of Maine's older and vulnerable adult population.

The Commission's recommendation on this matter is to direct DHHS, Office of Aging and Disability Services, FAST to convene a stakeholder group to review the State's criminal statutes, the Maine Adult Protective Services Act (Title 22, Chapter 958-A) and any other relevant State statutes to identify amendments to enable and support criminal prosecution of crimes against the elderly and persons with disabilities, including the enhancement of penalties for such crimes. FAST should be directed to invite as participants in the stakeholder group, at a minimum, the Office of the Attorney General, including representatives of the Healthcare Crimes Unit; the Maine Sheriffs' Association; the Maine Chiefs of Police Association; the Maine State Police; the Maine Prosecutors' Association; the Maine Health Care Association; the State's Long-term Care Ombudsman; Legal Services for the Elderly; and the Maine Office of Securities. DHHS should

be directed, following the completion of this stakeholder group review, to report back to the Legislature regarding its findings and recommendations regarding changes to the State's laws to enable and support criminal prosecution of crimes against the elderly and persons with disabilities.

See Appendix TBD for legislation.

8. Pay hospitals a “days awaiting placement” rate

Throughout its meetings, the Commission heard testimony on the issue of hospitalized patients who meet all medical criteria for discharge, but remain hospitalized due to the lack of an appropriate or available placement to which the patient can be discharged. Once discharge criteria are met, hospitals are no longer able to receive any reimbursement for medical care provided to the patient despite the patient having to be cared for by the hospital in the manner of a nursing facility (or specialized nursing facility). Under the current MaineCare manual, critical access hospitals are paid a “days awaiting placement” rate under the same circumstances.

The Commission's recommendation on this matter is to implement a “days awaiting placement” reimbursement rate for PPS hospitals for Medicaid-eligible patients only awaiting discharge after meeting applicable hospital discharge criteria. For Medicaid-eligible patients, the State's cost share is only one-third of eligible care costs. The “days awaiting placement rate” would be the same that is currently paid to critical access hospitals under the MaineCare manual, which is the statewide average nursing facility rate (currently just under \$200 per day). DHHS should be directed to amend its applicable rules to implement this rate and should be directed to provide for reimbursement under this rate for a period of time not to exceed 5 years. For the fiscal year in which this new rate is first implemented, total reimbursements to all eligible hospitals should be capped at \$500,000, resulting in a total cost to the State of \$166,667. This Commission further recommends that continued funding in the amount of \$166,667 per fiscal year is approved to fund the provision of this rate by DHHS.

See Appendix TBD for legislation.

9. Establishment of Commission to Continue the Study of Difficult-to-place Patients

In its work, the Commission identified a number of additional important issues relating to the placement of medically complex patients, but recognized that solutions to these particular problems would require additional study and consideration than the Commission could accomplish during its short existence. To solve these additional complex issues, input from various stakeholder groups will be necessary and the Commission recommends the continuation of its work by recommending the formation of a Commission to Continue the Study of Difficult-to-place Patients.

As set forth in the draft legislation contained in Appendix TBD, the issues and solutions to be considered by this new commission include the following:

- Identification of medical staffing needs in the State and the barriers to and, with input from the Department of Labor, solutions for increasing the availability of trained staff across the spectrum of care, including, with input from the Department of Health and Human Services and the Board of Nursing, an examination of the feasibility of implementing in-house staff certification programs, such as a certified nursing assistant training program, by licensed medical facilities;
- Determination of existing capacity and demand for additional capacity in appendix C PNMI facilities in the State and options to expand or reconfigure the State's appendix C PNMI system to better meet identified demands;
- Examination of the feasibility of implementing a presumptive eligibility option whereby a medical facility would be authorized to presume a patient's eligibility for MaineCare and receive reimbursement for the patient's eligible care costs prior to final approval of eligibility by the Department of Health and Human Services;
- With input from the Department of Health and Human Services, identification of efficiencies that can be implemented to expedite the MaineCare application process, and consideration of methods of prioritizing MaineCare application processing for hospitalized individuals eligible for discharge, but who are awaiting placement at an appropriate facility with available capacity;
- Review of options for amending the MaineCare application process to better address financial exploitation of an applicant by a family member or relative of the applicant;
- Examination of methods of expediting the Department of Health and Human Services' placement process for open geropsychiatric beds, including a review of the application of the Preadmission Screening and Resident Review process within the placement process and the application of the geropsychiatric placement criterion that a patient have a long history of mental illness;
- Determination of existing need for medical facility "step-down" options for geropsychiatric and other patients who no longer require the level or type of care they are receiving at a specialized facility, as well as addressing issues relating to geropsychiatric patients that develop dementia, expansion of residential care options at facilities that offer geropsychiatric services and a discussion of applicable assessment criteria for admission and discharge at geropsychiatric facilities;
- Evaluation of the feasibility of facilitating and/or funding long-term care contracts for behavioral health support at long-term care facilities for care plan consults, treatment and staff education; and
- Review of DHHS' APS and public guardianship processes to identify efficiencies that can be implemented to facilitate more expedient resolutions, and to evaluate, with input from representatives of the State's judiciary, the feasibility of implementing a temporary guardianship process to facilitate hospital discharge for patients awaiting guardianship.

