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TESTIMONY

In Support of

LD 821 Resolve, To Improve Access to Neurobehavioral Services

Maine Long-Term Care Ombudsman Program

Before the Joint Standing Committee on Health and Human Services

March 21, 2023

Good afternoon, Senator Baldacci, Representative Meyer and members of the Joint Standing Committee on Health and Human Services.

My name is Laura Harper. I am a Senior Associate at Moose Ridge Associates. I am here today to provide testimony on behalf of the Maine-Long Term Care Ombudsman Program. The Ombudsman Program is a state-wide non-profit organization that provides advocacy for older adults and adults with disabilities who receive long-term services and supports throughout the state. We serve residents in nursing homes, residential care, assisted living facilities, and recipients of home care services. Additionally, we serve patients in hospitals who experience barriers in accessing long-term care services when they are ready for discharge.

We are pleased to provide testimony in support of this legislation that requires the Department of Health and Human Services (DHHS) to provide by September 1, 2024, 16 new neurobehavioral beds in one or more neurobehavioral centers. These centers would serve individuals with significant behavioral challenges and complex medical needs who need short term evaluation and treatment before transitioning to a long-term care environment either in the community or a long-term care facility. The Commission to Study Difficult to Place Patients (December 2015) discussed the need to establish neurobehavioral treatment beds. In response, the DHHS, Office of Aging and Disability Services (OADS) agreed to reach out to providers with a request for information (RFI) to determine interest in providing these services.

In March 2016, OADS issued an RFI for neurobehavioral center services that would provide the following: up to 16 beds, nursing facility level of care, an environment more like a residential home than a medical facility, an interdisciplinary team approach utilizing the latest evidence-based approaches to neurobehavioral treatment, a medical director as well as specialized staff training. Admission would be short term for 6-12 months, focusing on attaining and improving independence skills, maximizing self-sufficiency and social competency as well as compensating

for deficits. OADS staff indicated that the RFI received some interest from providers of neurobehavioral services.

As you know, the Ombudsman Program provides advocacy for patients in hospitals who cannot access long-term services and supports when they are ready for discharge. Sometimes the services needed cannot be accessed due to behaviors that would place other frail older residents at risk. These patients wait months or longer, remaining in the hospital without an acute medical need. Sometimes, one to one staffing is required to provide safety in the hospital environment, due to the behaviors of the patient. Some of these behaviors include wandering into other patient's rooms, risk of elopement, aggressive or assaultive behavior, as well as a history of assaultive behavior. There simply is no available long-term care facility or setting for these individuals. Often, the behaviors were the reason for the hospitalization.

Examples of patients referred to the Ombudsman Program who would benefit if neurobehavioral services were available:

A hospital reached out to the Ombudsman Program to refer a patient that had been waiting in the hospital for 4 months for a safe and appropriate discharge plan. Since then, the Ombudsman Program has been working for 6 months to try to find placement for this patient who has a Traumatic Brain Injury and a mental health diagnosis, The patient had been assaultive to staff and other residents in a long-term care facility prior to admission to the hospital. The patient needs a neurobehavioral setting with a dedicated team of professionals who are specially trained on how to address the assaultive behavior. Without this resource, this patient will likely remain hospitalized or be sent to an out of state setting.

A family contacted the Ombudsman Program seeking assistance in bringing their family member back to Maine from an out of state long-term care facility. This has caused a separation from family of hundreds of miles, making visitation very difficult. Here again, complex medical and behavioral needs resulted in an inability to find a long-term care facility in Maine. The Ombudsman Program has been working for 6 months to try and find a facility here in Maine. Once an individual has been moved out of state, it is very difficult to transition them back home.

There is a need for one or more neurobehavioral centers to provide an in-state resource for individuals whose behaviors make it impossible for them to receive services in long-term care facilities or in the community. Additionally, it is not an appropriate use of an acute care bed for individuals who no longer need hospitalization. The neurobehavioral centers would provide the evidence-based approaches to care to allow the individuals served to transition to a less restrictive setting.

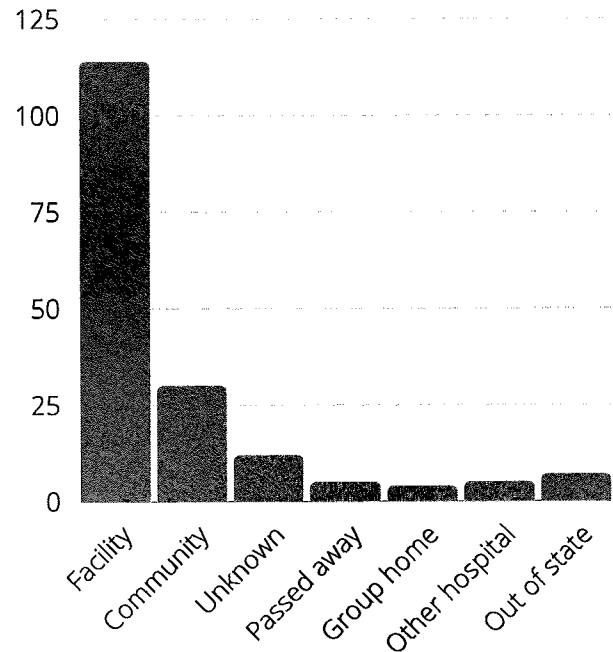
Thank you for your consideration.

FY22 LTCOP Hospital program data

In FY 2022, the Long-Term Care Ombudsman Program (LTCOP) opened cases for 217 patients.

The top three most common barriers to placement were mental health, behaviors and complex medical needs.

Graph to the right indicates discharge location of patients placed. At the end of FY 22, 37 patients were still open



Graph below indicates how many days between date of the referral to LTCOP and date of discharge. It does not include the patient's time in the hospital prior to the referral to LTCOP.

Over half of the referred patients were discharged by day 60

