

Mood and Behavior Program Policy

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MOOD AND BEHAVIOR POLICY

PREFACE

This facility promotes and supports a resident centered approach to care. The purpose of this policy is to define and set expectations regarding mood and behavioral health services to attain or maintain the highest practicable well-being in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident's whole emotional and mental well-being, therefore an individualized approach to care is essential.

POLICY

It is the policy of the facility that each resident must receive and the facility must provide the necessary behavioral health care and services and medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment (483.20) and plan of care. The interdisciplinary team will utilize information from the PASARR process as well as to complete a comprehensive assessment of resident needs, strengths, goals, life history and preference using the resident assessment instrument (RAI) specified by CMS.

OBJECTIVE OF THE MOOD AND BEHAVIOR POLICY AND PROCEDURE

The objective of the Mood and Behavior Policy and Procedure is to provide a plan of care that is individualized to the residents needs based upon the comprehensive assessment by the interdisciplinary team. This plan of care will include medically related social services to address mood and behavioral health services to attain or maintain the highest practicable well-being

CENTERS FOR MEDICAID AND MEDICARE SERVICES (CMS) - DEFINITIONS

- **Behavior** – Behavioral symptoms that may cause distress or are potentially harmful to the resident, or may be distressing or disruptive to facility residents, staff members or the environment. *(CMS MDS 3.0 RAI Manual)*
- **Delusion:** a fixed, false belief not shared by others that the resident holds even in the face of evidence to the contrary. *(CMS MDS 3.0 RAI Manual)*
- **Hallucination:** The perception of the presence of something that is not actually there. It may be auditory or visual or involve smells, tastes or touch. *(CMS MDS 3.0 RAI Manual)*
- **Mood** – Signs and symptoms of mood distress *(CMS MDS 3.0 RAI Manual)*

- **Delirium:** Acute confusional state.
- **PASARR:** Preadmission Screening and Annual Resident Review: The PASARR process consists of the completion of a Level I screen per State and federal requirements as well as the review and implementation of the Level II recommendations upon admission into the facility.
- **PHQ-9©:** Patient Health Questionnaire for D0200 (Resident Mood Interview) is a validated interview that screens for symptoms of depression with a standardized severity score and rating, for the MDS 3.0 to screen for the presence or absence of specific clinical mood indicators in order to provide a rating for evidence of a depressive disorder. If the resident is not able to complete the PHQ-9© scripted interview, staff members who know the resident well should complete the Staff Assessment of Resident Mood (PHQ-9-OV©).
- **Behavioral or Psychological Symptoms of Dementia (BPSD)** is a term used to describe behavior or other symptoms in individuals with dementia that cannot be attributed to a specific medical or psychiatric cause. The term “behaviors” is more general and may encompass BPSD or responses by individuals to a situation, the environment or efforts to communicate an unmet need.
- **Resident representative.** For purposes of this subpart, the term resident representative means any of the following:
 - (1) An individual chosen by the resident to act on behalf of the resident in order to support the resident in decision-making; access medical, social or other personal information of the resident; manage financial matters; or receive notifications;
 - (2) A person authorized by State or Federal law (including but not limited to agents under power of attorney, representative payees, and other fiduciaries) to act on behalf of the resident in order to support the resident in decision-making; access medical, social or other personal information of the resident; manage financial matters; or receive notifications;
 - (3) Legal representative, as used in section 712 of the Older Americans Act; or.
 - (4) The court-appointed guardian or conservator of a resident.
 - (5) Nothing in this rule is intended to expand the scope of authority of any resident representative beyond that authority specifically authorized by the resident, State or Federal law, or a court of competent jurisdiction.
- **Treatment** – refers to interventions provided to maintain or restore health and well-being, improve functional level, or relieve symptoms

PROCEDURE FOR MOOD AND BEHAVIOR

PROCEDURE

1. Preadmission and PASARR Process

- a. Identifying potential mood and behavior changes, support and care plan interventions is part of the assessment process as well as coordination of care. It is the policy of the facility to screen all potential admissions on an individualized basis.
 - I. As part of the preadmission process, the facility participates in the Preadmission Screening and Resident Review (PASRR) screening process (Level I) **(*Insert State and facility Specific requirements here)** for all new and readmissions per requirement to determine if the individual meets the criterion for mental disorder (SMI/SMD), intellectual disability (ID) or related condition. (See PASARR Policy and Procedure)
- b. Annually and with any significant change of status, the facility will complete the PASARR Level I screen for those individuals identified per the Level II screen requiring specialized services.
- c. The facility will report any changes as identified via the screen to the state mental health authority or state intellectual disability authority promptly. The below circumstances, while not an exhaustive list, may determine the need for a referral for a Level II Resident Review Evaluation:
 - A resident who demonstrates increased behavioral, psychiatric, or mood-related symptoms.
 - A resident with behavioral, psychiatric, or mood related symptoms that have not responded to ongoing treatment.
 - A resident who experiences an improved medical condition—such that the resident’s plan of care or placement recommendations may require modifications.
 - A resident whose significant change is physical, but with behavioral, psychiatric, or mood-related symptoms, or cognitive abilities, that may influence adjustment to an altered pattern of daily living.
 - A resident who indicates a preference (may be communicated verbally or through other forms of communication, including behavior) to leave the facility.
 - A resident transferred, admitted, or readmitted to a NF following an inpatient psychiatric stay or equally intensive treatment.
 - A resident whose condition or treatment is or will be significantly different than described in the resident’s most recent PASRR Level II evaluation and determination. *(Reference MDS 3.0 RAI Manual)*

2. Admission

- a. Social Services will complete a Social Services Initial Assessment which includes the following areas (*insert state and facility specific requirements here*)
 1. Admission
 - i. Admitted from
 - ii. Admission Diagnosis
 - iii. Preadmission assessment findings
 2. Outline of social history
 - i. Familial
 - ii. Personal
 - iii. Past and Current life roles (work, family, community, religious, etc.)
 3. Decision making abilities and responsibilities
 4. Advance Directives
 5. Religious affiliation/preference
 6. Placement goals
 7. Discharge Plan
 8. Cognition status
 9. Communication patterns
 10. Psychosocial status
 - i. Personality and preferences
 - ii. Relationships
 - iii. Current life stressors or grief concerns
 11. Current Mood status
 12. Current Behavior status and patterns
 13. History of Mental Disorder, Mental Health Treatment, Trauma or Post Trauma Stress Disorder
 14. PASARR Level II Completion (as applicable)
 15. Substance use
 16. Personal preferences
 17. Identify interventions already in place.
- b. An initial care plan identifying resident mood and behavior needs will be completed and communicated to care givers.
- c. Any mood and behavior symptoms will be documented by the interdisciplinary team while caring for the resident, as well as interventions attempted and outcome.

4. RAI Process

- a. The RAI process (MDS, CAA's and Care Planning) will be completed by the Interdisciplinary Team to determine person-centered care plan goals and approaches based upon the comprehensive assessment.
 - a. MDS 3.0 completed including the PHQ-9
 - b. Care Area Assessments as triggered by the MDS 3.0
 - i. Psychosocial Well-Being
 - ii. Mood State
 - iii. Behavioral Symptoms
 - iv. Psychotropic Medication Use
- b. Based upon the assessment findings, the interdisciplinary team will complete a comprehensive Person-Centered Care Plan including specific mood and behavior interventions and approaches as applicable.
- c. Recognition and Management of Dementia:
 - a. The facility will assess and determine individualized behavioral care plan interventions for individuals with dementia.
 - b. Behavioral interventions are individualized approaches (including direct care and activities) that are provided as part of a supportive physical and psychosocial environment, and are directed toward understanding, preventing, relieving, and/or accommodating a resident's distress or loss of abilities.

5. Mood and Behavior Tracking

- a. Mood and Behavior tracking documentation will be completed by front line staff, based upon comprehensive assessment outcomes, to identify any mood and behavior patterns, interventions attempted and outcome of approaches.
- b. Mood and behavior tracking will be reviewed by the interdisciplinary team on a quarterly basis or more often as needed to determine trends and effectiveness of care plan interventions (see Behavior Tracking Policy and Procedure).
- c. Mood and behavior tracking will be reviewed by the charge nurse per facility policy to determine trends and effectiveness of care plan interventions (see Behavior Tracking Policy and Procedure).

6. Psychotropic Medications

- a. Resident's with orders for Psychotropic Medications will follow the guidelines as outlined in the facility Psychotropic Medication Use Policy and Procedure (Insert facility specific information here)

7. Care Coordination

- a. The Interdisciplinary Team will initiate and continue care coordination for each resident by reviewing with the resident, resident representative and review of the medical record, making recommendations as applicable for:
 - a. Referrals to behavior management committee
 - b. Behavioral health services
 - c. Psychological evaluations and clinical evaluation based on assessment
 - d. Potential for PASARR Level II screen based upon a change of condition (See PASARR Policy and Procedure)
 - e. Ongoing resident documentation of mood and behavior signs and symptoms as well as outcome of approaches

8. Documentation

- a. The interdisciplinary team will document assessment findings, care plan approaches/interventions and behavior/mood tracking results in the medical record per facility policy. This documentation will be completed, but not limited to: *(Edit and insert facility and state specific requirements below)*
 - a. Weekly Summary
 - b. Admission
 - c. Quarterly
 - d. Monthly per Behavior Management Committee protocols
 - e. As needed

9. Emergent Changes

- a. If resident displays behaviors or mood changes that are a potential danger to the safety, health or welfare of themselves or others, the interdisciplinary team will assess the resident's current status and in conjunction with the discharge policy, make appropriate intervention or placement decisions. (see Discharge Transfer Policy and Procedure)

References

Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities
10/04/16:

- <https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities>

CMS Memo Ref: S&C 17-07-NH: Advance Copy – Revisions to State Operations Manual (SOM),
Appendix PP- Revised Regulations and Tags, 11/09/16:

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-07.pdf>

CMS, MDS 3.0 RAI Manual:

- <https://www.cms.gov/Medicare/Quality-Initiatives-patient-assessment-instruments/NursingHomeQualityInits/MDS30RAIManual.html>