





Who We Are

An innovative and class-defining behavior health insurer developed exclusively for the long-term care setting; we are transforming the way healthcare is delivered. Our model of care focuses on using dedicated care teams and leading-age technology that works alongside the individual. Established by a consortium of mental health professionals, nursing homeowners, and insurance specialists, Senior Behavior Wellness is a community-based and clinician led coordinated approach to behavioral health care and wellness – making it easier for individuals and facilities to get the quality, proactive and whole-person care they deserve.



Our plan is designed to give the coverage and options you need to maintain the mental health and wellness of your residents as well as the added security of our facility-based programs to ensure regulatory compliance, enhanced staff training, and loss mitigation. We strive to keep quality high by working with our extensive network of providers to deliver personalized, coordinated care you can trust, where and when you need it. Our plan is at NO cost to the facility.



How we differ from what's available

What you get today

- Reactive care. Typically, services are provided following an incident with a resident.
- Intermittent services that are often difficult to schedule.
- A small percentage of residents are seen with a limited understanding of the OBRA standards required by the facility to ensure compliance during Public Health surveys.
- Limited involvement with family members and primary care physicians to maximize coordination of care.
- Limited availability of services to residents with Public Aid. Medicaid in many states does not cover psychology services to allow for non-pharmacological support.
- Lack of participation in Behavioral Team Meetings, Care Conferences and other IDT meetings to fully integrate behavioral services to your facility.
- A lack of support when inpatient needs arise.

What you should be receiving

- A proactive model of care including regular Wellness visits for all Members. Our goal is to provide care prior to the emergence of an acute mental health issue.
- All residents can benefit from plan services not just those in crises at the moment.
- Improved risk management and liability mitigation as it applies to claims made related to aggressive behaviors, sexual assault, and wandering and elopement.
- Decreased need for inpatient psychiatric care or emergency room transfers leading to better census maintenance.
- Greater staff retention, job satisfaction, and reduced need for 1:1 staffing which can be extremely costly.
- Expanded availability of services to residents with Medicaid or other replacement plans.
- Enhanced communication with facility staff, family members and primary care to better support your nursing and social service team.
- Greater security during your Public Health Survey to ensure all OBRA standards are maintained, and documentation is available in the medical record.
- Ability to maintain your existing clinicians with enhanced support offered through our insurance program provider network. For facilities with no access to behavioral support we can arrange regular coverage.
- Enhanced staff training and in-service programs.
- Improved response time for on-call and after-hours support.



Here's How It Works

A nursing home resident that is on Medicaid must generally turn over all their monthly income to the nursing facility, except \$30 (varies by State) per month for personal funds. However, there are allowable expenses that the resident can use their income for prior to paying the nursing facility. One of the allowable expenses is the cost of purchasing a behavior health insurance plan. Given the limited benefits generally available under Medicaid and other insurance plans, our policy allows for a significant expansion of coverage to maintain the individuals' behavioral health and well-being.

Medicaid Allowance Process

Senior Behavior Wellness Insurance Plans* qualifies as an eligible deduction to the patient's liability to the Long-Term Care Facility. Medicaid Residents with income who enroll may qualify for the comprehensive Behavior Wellness benefits even if they currently have a limited Behavior Health benefits.**

The Senior Behavior Wellness is available at no additional cost to those eligible or the facility.



Resident receives
Social security



Resident keeps
personal allowance



Medicaid allows for
Insurance Premium*



Resident lowers
payment to home by
Premium amount



Facility/Family RP
pays Insurance
Premium



Medicaid reimburses
Facility

* Insurance premiums are an allowable use of income under Title 42, Part 435, Subpart I of the Code of Federal Regulation, Public Health. This does not impact the resident's personal allowance or revenue to the long-term care facility.

** Qualification for a no additional cost is dependent upon a Medicaid resident having enough Social Security or Retirement income to cover the cost of the insurance plan.



What We Offer

For your Residents and Families

Behavioral health services can be costly whether for a short-term or chronic condition. Our program offers a monthly rate that can be lower than typical co-pays. Only one rate for all services with no additional surprise fees or co-pays reduces the burden of costs that can add stress to an already stressful time.

Each member shall receive a minimum of a bi-annual “Wellness Evaluation”. We expect our older adult population to slow down as they age, but a significant drop in energy level, mental status, or a marked change in mood or behavior can signal a more serious matter. As such, regular wellness evaluations upon admission and on a routine basis can provide proactive identification and treatment of:

- Depression
- Agitation and behavior disturbances
- Pinpointing undetected underlying medical conditions
- Preventing suicide
- Maintaining mental health and maximizing quality of life

Provide regularly scheduled psychiatric professionals for the diagnosis and treatment of members with a mental illness or dementia diagnosis.

Provide regularly scheduled psychologist and social work staff for supportive therapy, group therapy and cognitive testing as needed.

Rapid response team available to address emergent behavioral health concerns to prevent unnecessary inpatient psychiatric hospitalizations and unnecessary use of psychoactive medications. When inpatient care is indicated, our team will assist in placement to ease the burden on facility staff.



What We Offer

For your Residents and Families

On-call and telemedical services are available.

Provide regular updates and personalized support to family members, obtain medication consents, and coordinate care with primary care team.

Participation in care conferences as needed.

Development of individualized non-pharmacological care plans for nurses, CENA's, and other support staff in the care of treatment of members to maximize quality of life.



Attends and participates in behavior management meetings and conduct Gradual Dose Reductions and AIMS testing on a regular schedule.

This will assist in ensuring that sufficient documentation is provided to justify the use of medication(s) including diagnosis, failed alternative options, regular review and documentation of why it would be contraindicated to withdraw such medications, and any objective data available in the medical record to support the efficacy of the medication (i.e., behavioral tracking data, nurses notes, etc.).



Our Benefits For Your Facility

Recent data indicates that the proportion (approximately one-fourth) of new nursing home admissions have a mental illness other than dementia as defined by schizophrenia, bipolar disorder, other psychotic disorders, and depression.

The growing number of persons with mental illness entering nursing homes has greatly strained existing systems of care and significantly increased exposure to civil and criminal liability.

Liability Risk Mitigation-General and Professional liability insurance is of growing importance and cost for the nursing home to protect themselves against claims arising regarding their services.

One example from a recent case involved an Alzheimer patient that wandered away from a Facility that was supposed to have a locked ward for patients at risk of elopement. Patient was found three days later deceased in the woods. Indemnity Paid: \$500,000. Defense Costs Paid: \$27,623. Numerous additional examples are available and detailed in the references at the end of this presentation.

In addition, some states provide criminal penalties for the abuse, neglect, or other mistreatment of nursing home residents. Recently, there have been more and more prosecutions of such actions. Often times, these claims are related to residents with underlying mental illness or dementia.

Some of the most common lawsuits against nursing homes include: Sexual and physical assault, Errors in administering medication, Failure to properly diagnose and/or treat residents, Improperly maintaining the facility, resulting in resident injury or illness, Failure to hire adequately trained staff, or Violating resident rights.

Through the incorporation of our structured behavioral program, caregiver education, and access to rapid response teams; decreased incidences of physical aggressiveness, wandering and elopement, and inappropriate sexual behavior can result in significantly less litigation risk to nursing home ownership.



Our Benefits

For Your Facility

Research has shown that nursing home staff have less incentive to work in facilities with a high rate of mental illness. Outcome studies have demonstrated that staff retention, satisfaction, and psychological workload dramatically improve with access to structured behavioral programs.

The additional cost burden to facilities to manage this population (i.e., higher need for 1:1 staffing, disproportionate amount of time staff spends with this population compared to the non-mentally ill population) can be dramatically reduced and overall quality of care for all residents improved.

Reduce the need for segregated units at the facility which can create a significant cost burden.

Pre-admission screening protocols and consultation are available to your facility to better identify the needs of individuals prior to placement.

Regulatory oversight can be enhanced to better ensure compliance with existing OBRA standards and the expansion of the Mega-rule pertaining to unnecessary medication use. Our team is also available during your Public Health Surveys.

Reducing Medicare Part-A costs as related to inpatient care, unnecessary medication use, and exacerbation of underlying medical comorbidities secondary to psychiatric concerns (which the facility is responsible to pay while resident under their skilled days).

Staff Ability to Manage Complex Behavioral Cases is often Limited. Our program provides routine in-services on current research and trends in geriatric mental health issues to all facilities to help support the work of staff at your facility.

A wide range of topics are available and all facilities shall receive inservicing for multiple shifts at no cost. In addition, an extensive on-line library of educational webinars and can offer CEU's to our Facility customers including social workers, nursing staff, and administration.



Facts & Statistics

Contextualizing Nursing Home Claims and Liability

Why have claims against nursing homes grown so dramatically?

As the number of residents admitted to nursing homes with later stage dementia and mental health conditions grows, the number of claims for elder abuse and neglect has proportionally increased. Elder abuse and neglect in nursing homes depends entirely on the individual nursing home, the quality that they uphold, how experienced their staff are, and generally, how the nursing home is operated, and the support staff have. Other reasons for elderly mistreatment can be attributed to understaffing, inexperienced staff, poorly supervised and managed staff, shortage of behavioral resources and training, and individual caregiver issues.

What are the 6 types of elder abuse?

According to National Council on Aging, the six types of elder abuse most commonly resulting in litigation against nursing homes include:

- Physical abuse; inflicting pain, bruises, or unexplained falls.
- Sexual abuse; fondling, touching, intercourse or any sexual activity, without consent.
- Emotional abuse; verbal threats, harassment, or knowingly intimidating.
- Negligence.
- Financial exploitation; fraud, missing property and belongings, or forged financial documents.
- Abandonment; intentionally deserting an older adult. Wandering and elopement from a facility.





Facts & Statistics

Contextualizing Nursing Home Claims and Liability

What is the average settlement for nursing home neglect, abuse and other claims?

According to a study completed by Project Hope, the average settlement for nursing home abuse or neglect is approximately \$406,000 per claim, doubling a typical malpractice claim. In this study, the researchers conclude that this substantial amount can elevate quality care concerns due to the re-diversion of resources to litigation.

What are the 3 most common complaints about nursing homes?

Complaints about nursing homes can be split into two: those of the residents and those of their families. These complaints shine a light on the lack of quality care that residents may receive. The three most common complaints include slow responses to calls, lack of social interaction with other residents and family members, and abuse and neglect.

Usually, a nursing home will enter into a contract with a resident, in which it sets out what services it will provide, and the cost of those services. If the perceived abuse or neglect of the nursing home or its employees is contrary to promises made in the contract regarding the care of residents, the nursing home can be sued under a breach of contract theory. Many contracts require only that the home provide such services as are "reasonably necessary" for the resident's well-being, but even under this standard, a nursing home could be found negligent if it failed to meet the basic needs of a resident.





Senior Behavior Wellness vs Medicaid

Medicare Coverage

Nursing homes that rely the most on Medicaid tend to have the hardest time providing adequate care for their residents-not just the people covered by the program but also those who pay privately or have traditional Medicare coverage. This is due to multiple factors:

- Reimbursement can be 45% less than traditional Medicare so clinicians are less incentivized to see these residents.
- IL Medicaid limits services provided for psychiatry and does not reimburse psychological services.
- Many Medicaid replacement plans require preauthorization for care and is time consuming and difficult to obtain.
- Payments take inordinately long to receive (sometimes greater than 6 months).
- Facilities with a high Medicaid population have less staff available to care for needs of residents due to low per diem rates and, as result, care suffers.

2018 CDC Facts

The Centers for Disease Control and Prevention (CDC) report that as of 2018 there were 15,600 licensed nursing homes in the U.S., 1.7 million nursing home beds, and 1.5 million nursing home residents.

Mental Illness Rates

In addition, up to 25% of all new admissions to a nursing home have a history of mental illness. This clearly indicates a growing need to develop more specialized programs for this population.

Medicare Plans

An average of 65% of residents are on Medicaid and other supplemental plans and do not have access to traditional Medicare or have Medicare/Medicaid replacement plans.

State Medicare Reduction

There is fear that there will be further reductions in State Medicaid payments, growing Medicaid replacement plans that further reduce benefits and the quality and quantity of care offered to the most vulnerable populations would deteriorate further.



Senior Behavior Wellness vs Medicaid

Limited Services

Medicaid pays significantly less than other insurers and limits the amount of services that can be provided to these residents and in many states does not cover certain types of mental health services such as psychological care. This has resulted in many psychiatric and psychological providers either refusing to see or severely limiting the services provided to these residents. Ironically, these residents are statistically the most likely to exhibit behavioral disturbances or present with significant mental health issues and result in citations to facilities during annual survey, most likely to engage in resident to resident or staff violence, and lead to a higher percentage of litigation nursing homes face.

Critical Behavioral and Mental Health Services

Senior Behavioral Wellness Insurance Plan allows your facility to offer these resident's greater access to critical behavioral and mental health services, proactive care, and services more at par with traditional Medicare coverage. SWB has the resources and clinical leadership to assist our participating facilities in reimbursing services to accommodate the unique needs of these populations.

Specialized Care Needs Are Growing

With the huge number of dementia and behavioral patients and the growing need for specialized care, it's worth asking if the care people receive is actually at par or better than the care they would receive in a population of long-term residents with traditional Medicare coverage.

Enhanced Mental Health Benefits

Senior Behavioral Wellness Insurance Plans offers facilities the opportunity to provide enhanced mental health benefits for resident's that are receiving only Medicaid or other replacement plans and can even the playing field in terms of the overall care received for your most at-risk population.



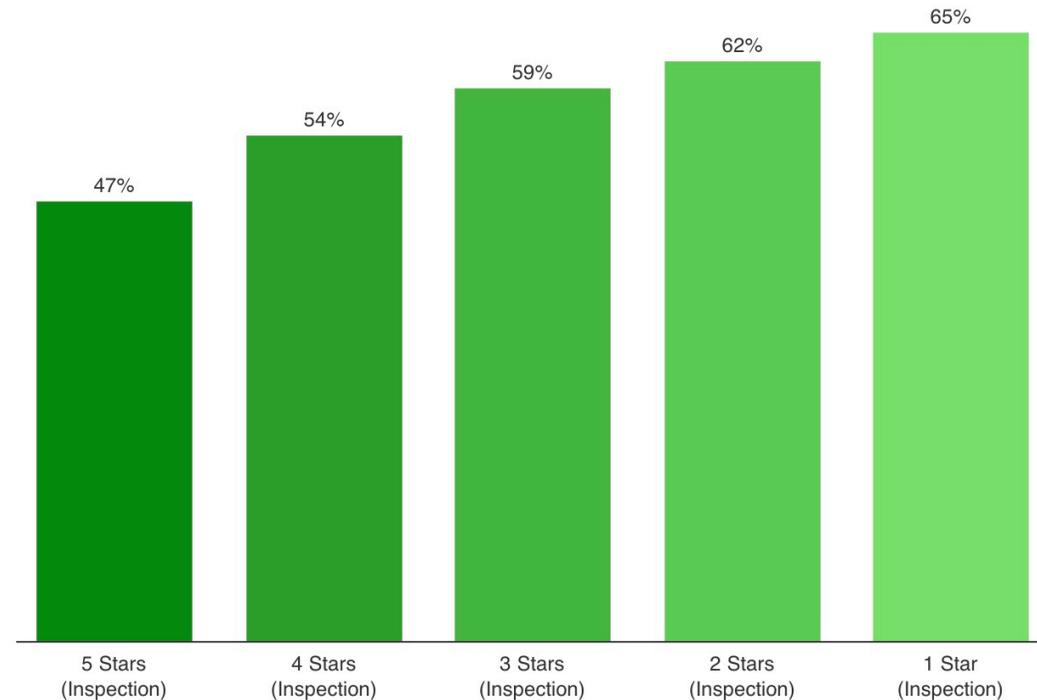
Senior Behavior Wellness vs Medicaid

Overall Quality Rating

The government rates nursing homes on a scale from one to five stars, based on overall quality. One of the leading deficiencies that result in a lower star rating is how residents with mental health issues are cared for including use of certain classes of medications (particularly anti-psychotic use) which is highest amongst those on Medicaid due to limited availability of clinicians who can see these individuals or provide greatly reduced services due to reimbursement limitations.

The chart here shows how facilities with more health violations also have more Medicaid only beds.

More Medicaid Beds — More Health Violations



Source: Kaiser Health News analysis of September 2016 skilled nursing facility census by payer from Centers for Medicare & Medicaid Services and August 2017 Nursing Home Compare. • Created with Datawrapper



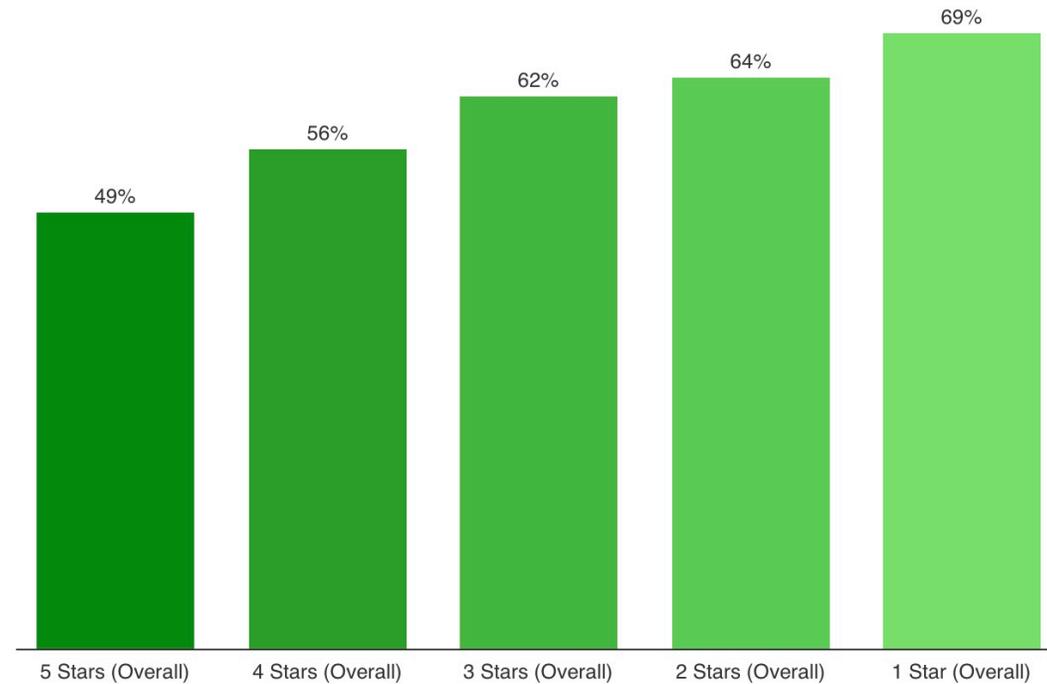
Senior Behavior Wellness vs Medicaid

Fewer Star Ratings

The chart here shows the big picture: Nursing homes with higher percentages of residents covered by Medicaid earn fewer stars on the federal government's quality rating system.

One-star homes average 69% of residents with Medicaid only; Five-star average 40% of residents on Medicaid only.

More Medicaid Beds — Fewer Stars



Source: Kaiser Health News analysis of September 2016 skilled nursing facility census by payer from Centers for Medicare & Medicaid Services and August 2017 Nursing Home Compare. • Created with Datawrapper



Senior Behavior Wellness vs Medicaid

Better Quality Care & Improved Health Outcomes

A study out of the Department of Health Care Policy at Harvard Medical School discovered that dementia and mental health residents who resided in a long-term facility with enhanced mental health coverage for under-insured residents had better quality of care and improved health outcomes. More specifically, the study found that such facilities reduced inappropriate anti-psychotic use, physical or chemical restraints, pressure ulcers and exacerbation of other underlying medical conditions, hospitalizations, and the overall liability risk for the facility. In addition, facilities were able to accept a broader range of residents that otherwise would not have been admitted.

Long-term Dementia Study

Harvard researchers indicate that around 750,000 of the people living in a long-term care facility have a diagnosis of dementia—that's half of all long-term care home residents.

Full Access to Mental Health Care Professionals

We offer full access to mental health care professionals that can complement your existing team of care providers and manage this segment of the facility population or provide full facility coverage in those homes lacking adequate services, so the most vulnerable populations receive the highest level of care similar to those receiving Medicare and other private insurance benefits.

Get More Details

The full coverage options offered through Senior Wellness Behavior Insurance is detailed in the accompanying presentation.



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*Some additional language regarding litigation risk we could add-

Usually, a nursing home will enter into a contract with a resident, in which it sets out what services it will provide, and the cost of those services. If the perceived abuse or neglect of the nursing home or its employees is contrary to promises made in the contract regarding the care of residents, the nursing home can be sued under a breach of contract theory. Many contracts require only that the home provide such services as are "reasonably necessary" for the resident's well-being, but even under this standard, a nursing home could be found negligent if it failed to meet the basic needs of a resident.

There are many ways in which nursing homes can be held responsible for injuring others as a result of their negligence, abuse, false imprisonment, or violations of criminal statutes, as well as violations of regulations pertaining to their licensing, maintenance, and general operation. An act of abuse, neglect or exploitation of an older person might give rise to one or all of the following types of proceeding: 1) an investigation and finding by an adult protective services agency; 2) a civil cause of action for damages (a lawsuit); and/or, 3) a criminal prosecution.