



Excellence Through *Senior* Advocacy

1344 Silas Deane Hwy  
5th floor suite 512  
Rocky Hill, CT 06067  
(860) 986-7800  
Fax (860) 257-1920

My name is Nicole Croyle RN, BSN. I am a Director of Patient Services at Patient Care. I am providing a response to the proposed Medication Administration program changes on behalf of our four Behavioral Health branches in Connecticut.

The medication administration program continues to be a necessary service for the behavioral health population in Connecticut. This program continues to grow to support the needs of this population. Behavioral Health is a complex specialty. Mental health affects everyone regardless of economic condition. People with mental health concerns are found in every family, on every street. Medication compliance and frequent assessment is key to recovery and prevention of relapse. Unfortunately, professional resources are already limited for those with low income. Home Health has proven to be an effective source of support for this population. "Housing" this population in skilled nursing facilities, long term care hospitals, has not been as successful in fostering their human rights.

Home Health allows the development of a plan of care to support the behavioral health patient within the community. The Plan of Care is developed by educated professionals specializing in behavioral health. Sometimes this involves a high frequency of visits related to the need for medication administration and psychiatric assessment. The term "medication administration visit" was adopted from a financial billing perspective to distinguish these visits from "skilled" visits. But, medication administration visits are in fact, "skilled" by clinical definition.

The proposed changes to the behavioral health services we provide in Connecticut with the under valued "Medication Administration" program will be a significant injustice to the population it serves.

A mental health assessment is required at every behavioral health medication administration visit. It is been argued, "How can anyone possibly be assessing anything in 15 minutes?" As nurses, we are trained to observe our patients and their surroundings within seconds of any interaction. If you ask any nurse, they can tell you a lot by any brief interaction with a patient (medically or behaviorally compromised). Behavioral health home care nurses are educated to recognize both medical and psychiatric decline during each visit. The point of a medication administration visit for a behavioral health patient goes beyond administering pills. A behavioral health nurse assesses the effectiveness or ineffectiveness of the medication regimen. They can assess compliance and evaluate progress of a patient towards the teaching provided. Every visit involves teaching about medications, disease process, behavior modification and safety. Nurses assist physicians in making decisions on treatment and care. They are trained to be advocates. The idea that what these licensed professionals do can be simplified and



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performed by a home health aid presents considerable risk. Many of these patients are without family and community supports to assist them at the frequency necessary to maintain independence in the community. The education required to be a home health aid does not meet this population's mental health needs. We are of the strong opinion, that a week of education to prepare a home health aid to take on this role is not equivalent to a nursing degree (even if the HHA is provided oversight by a nurse).

It is of great concern that a patient with a primary mental health illness is not afforded the same rights and skilled services that a medical patient is; i.e. a patient with diabetes. The proposed changes appear to have been suggested without a valid acknowledgement of the gravity of symptoms that a person with mental illness endures. There is also a negligent assumption that this will not have a profound negative outcome on our community as a whole.

We understand the need to provide more cost effective care and the economic deficit that this state is facing. We believe that we will not see the expected outcome by this proposal. We may see a reduction in medication administration costs utilized by home health but, we anticipate this will only increase the health care utilization in other areas. For example increased costs in emergency room visits, physician appointments, hospitalizations and correction facilities.

A more viable option may be to continue developing individualized treatment plans to meet the needs of each person we serve rather than, limiting their resources for licensed professional assistance. Home Health agencies have a responsibility to provide services that are medically necessary. Over utilization of services should be addressed appropriately but, not by increasing the risk of harm to our patients and the community.

Nicole Croyle RN, BSN  
Director of Patient Services