Services Provided to Seniors Through the ADPH Bureau of Home and Community Services

Satellite Conference and Live Webcast Wednesday, August 17, 2011 2:00 – 4:00 p.m. Central Time

Produced by the Alabama Department of Public Health Video Communications and Distance Learning Division

Faculty

Carolyn O'Bryan-Miller, LCSW, PIP
Home Health Social Work Consultant
Bureau of Home and Community
Services
Alabama Department of Public Health

BHCS: Services Provided Through Home Care

- What can you do when you or your loved one can no longer manager safely at home?
 - You have recently been in an auto accident and having difficulty regaining strength

BHCS: Services Provided Through Home Care

- Your father has been diagnosed with diabetes and recently discharged from the hospital
- Your mother is getting very confused and unable to manage her daily care

BHCS: Services Provided Through Home Care

- Home health
- Elderly and Disabled Waiver
- 530 Waiver
- Life care
- Telehealth

Home Health

- ADPH Home Health Services provided under:
 - Medicare reimbursement is a
 lump sum for every 60 day period
 - Alabama Medicaid Pays for up to 104 visits per year
 - -Third Party Payor Blue Cross Blue Shield, CIGNA, Tricare, etc.

Home Health

- Requirements
 - Patient must be homebound
 - Patient must be under the care of a physician
 - Skilled care is needed by the patient under Medicare

Homebound Status

- The patient must meet the homebound criteria for admission
 - Existence of a condition due to illness or injury which will require a considerable taxing effort when leaving home

Homebound Status

- Absences from home are infrequent and of short duration, and/or to receive health care treatment
- Occasional absences for nonmedical purposes are acceptable such as attending church or going to the beauty salon or barber

Home Health Requirements

- The patient must be under the care of a physician
- The patient must have visited their physician within 90 days prior to admission or 30 days after admission
- The purpose of the appointment must be related to the reason for home health services

Home Health Requirements

- The physician must document the need for home health services and the reason that the patient is homebound
- The physician must provide orders to the Home Health Agency specific type of services provided, the discipline providing the service, frequency and duration, and supplies

Home Health Requirements

- A skilled need is required for the patient to be seen under Medicare or most insurance policies
 - -This may include:
 - Administering medications such as injections
 - Wound care

Home Health Requirements

- Education on a new diagnosis or disease progression
- Physical, occupational, or speech therapy

Scope of Services

- Intermittent Care
 - -Home health is a part-time service
 - It can only provide care that is less than eight hours for any specific service

Scope of Services

- Services available include:
 - -Skilled Nursing
 - Home Health Aide
 - -Physical Therapy
 - -Occupational Therapy
 - Speech-Language Pathology
 - Medical Social Services

Skilled Nursing

- Wound care
- Intravenous therapy
- Diabetic care
- Cardiovascular care
- Post-hospital assessment and teaching
- · Urinary catheter management

Home Health Aide Services

- Bathing
- Dressing
- Skin care
- Nail care
- Range of motion exercises
- · Minimal clean up

Physical Therapy

- Provides skilled intervention to improve the patient's level of functioning
- Establish a safe and effective maintenance program
- Therapy may address endurance, ambulation, fall prevention, transfers

Occupational Therapy

- The goal of occupational therapy is to help patients acquire the skills necessary to accomplish activities of daily living
 - Bathing, dressing, feeding, and medication management

Occupational Therapy

 Interventions generally focus on equipment needs, upper extremity function, and fine muscle coordination

Speech Language Pathology

- Speech therapy services are provided to patients who have speech and language problems, delays in language development, or problems swallowing
- Therapy activities may relate to talking on the phone, eating, or managing oral secretions

Medical Social Services

- Assist patients and families with social and emotional problems impeding the health or medical treatment of the patient through:
 - -Community resources
 - -Financial assistance
 - -Counseling/crisis intervention
 - -Long-range planning
 - Advocacy

Diabetic Patient

- Nurse to monitor blood sugars and provide diabetic teaching
- Home Health Aide to provide personal care
- Medical social services to assist with acquiring diabetic supplies

Stroke Patient

- Skilled nurse to assess post hospitalization and teach regarding new medications
- Physical therapy to regain strength and adjust to any limitations
- Occupational therapy to assist with relearning activities of daily living

Stroke Patient

 Medical social services to address adequacy of home environment and assist with long-range planning

Elderly and Disabled Waiver

 Medicaid Waiver Program that provides services to patients in their home as an alternative to nursing home placement

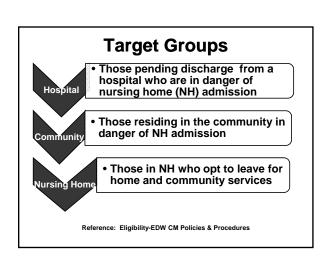
Elderly and Disabled Waiver

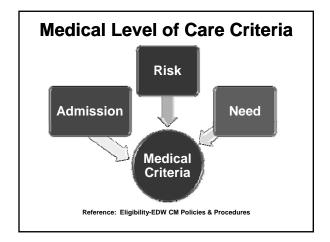
- Services provided under the E/D Waiver Program include:
 - -Case management
 - Personal care
 - -Homemaker
 - -Companion

Elderly and Disabled Waiver

- -Skilled and unskilled respite
- Adult day health
- -Home delivered meals
 - Frozen
 - Breakfast
 - Shelf-stable

SPECIFIC CRITERIA Be in a Target Group Meet Medical Level of Care Criteria Meet Financial Criteria Not be Excluded for other reasons Reference: Eligibility-EDW CM Policies & Procedures





Medical Level of Care Admission Criteria

- Is based on current nursing home admission criteria
- Must receive at least TWO required services identified in the nursing home admission criteria

Reference: Eligibility-EDW CM Policies & Procedures



Medical Level of Care "Risk" Criteria

- Must be at-risk for nursing home admission
 - -Requires physician
 certification and other supporting documentation

 -Requires physician
 Risk
 Risk
 Risk
 Criteria

Medical Level of Care "Risk" Criteria

- Includes such considerations as deficiency in functional, health, cognitive/emotional, and informal support
 - Considers dependency on primary caregivers

Reference: Eligibility-EDW CM Policies & Procedures

Medical Level of Care "Need" Criteria

- Clients must have a need for assistance that can be met through the provision of waiver services
 - Waiver services must help ensure clients health and safety in the community setting

Medical Level of Care "Need" Criteria - Help delay or prevent nursing home admission Risk Medical Criteria Reference: Eligibility-EDW CM Policies & Procedures

Financial Eligibility Criteria

- Must be elderly or disabled and eligible for Medicaid through one of the following programs:
 - -SSI recipients
 - -SSI-related groups
 - Continuous "pickle" Medicaid
 - Widow/widowers under age 60

Financial Eligibility Criteria

- Widow/widowers age 60-64
- Certain disabled adult children
- State supplementation
- State or Federal adoption subsidy
- 300% eligibility

Reference: Eligibility-EDW CM Policies & Procedures

Eligibility Exclusions

- Waiver services may not be delivered to an individual in the following circumstances:
 - -In licensed assisted living facility
 - -In nursing home
 - Can provide recruitment

Eligibility Exclusions

- Receiving services from another HCBS Waiver
 - Or ADSS for E/D Waiver services
- With a primary diagnosis of mental retardation/illness
- Is not approved for services on Care Plan
- -Chooses nursing home care

Eligibility Exclusions

- Moves to another state
- Refuses to sign the waiver application
- Whose health and safety is at risk in the community
- Who does not cooperate with providers

Eligibility Exclusions

- Who has Medicaid eligibility blocked
- -Who is in the hospital
 - Can provide recruitment and assist with discharge planning
- Who is in a hospital PEC bed/swing bed

Eligibility Exclusions

- -Who is in an ICF/MR Facility
- -Who receives Medicaid Hospice
- -Who resides in a boarding home
 - Can provide CM and adult day health only
 - Can provide waiver services to foster care recipients

Eligibility Exclusions

- Who is unable to provide a healthy and safe environment in which waiver services can be delivered
- Who is unable to sustain an environment in which providers are treated with dignity and respect

Reference: Eligibility-EDW CM Policies & Procedures

530 Waiver Program

- For persons diagnosed with HIV/AIDS who are at-risk for nursing home placements
- Medical and financial eligibility is similar to E/D Waiver

530 Waiver Program

- Differences from E/D Waiver include:
 - Individual must have a diagnosis of HIV/AIDS and related illnesses
 - -Individual must be age 21 or older
 - Individual with Medicaid through the MLIF Program is financially eligible

530 Waiver Program

 Waiver services include skilled nursing, but do not include adult day health or home delivered meals

Life Care Services

- Provides home care services under federal and state funded programs for the disabled, low income, and elderly
- Services may be purchased individually through the Options Program

Life Care Services

- To qualify for life care services, you must meet one of the qualifying eligibility requirements:
 - Medicaid Elderly and Disabled Waiver
 - Medicaid HIV/AIDS Waiver
 - Alabama Head Injury Foundation
 - Alabama Cares
 - -Options 1

Life Care Services

- Services include:
 - Homemaker
 - -Companion
 - -Nursing
 - -Personal care
 - -Skilled and unskilled respite

Patient First In-home Monitoring Program

- Provides in home monitoring through a land line or cell phone
- Helps to prevent ER visits and hospitalizations
- · Reduces on call nurse visits

Patient First In-home Monitoring Program

- Requirements:
 - Patient First Medicaid
 - Physicians order
 - -Cell phone or a landline phone
 - A speaker phone is provided, if needed
 - Patient or caregiver willing and able to use the equipment

Patient First In-home Monitoring Program

- Diagnostic requirement:
 - Diabetes
 - -Congestive heart failure
 - Hypertension

Patient First In-home Monitoring Program

- · Referral sources:
 - Medicaid database
 - Medical providers
 - -Home health
 - -Patient First Care Coordinators
 - E/D Waiver Case Managers
 - -Life care

Patient First In-home Monitoring Program

- Patient or caregiver uses glucometer, blood pressure cuff, and scales as directed by physician
- A phone call is made to an automated phone message system
- Patient enters the data regarding weight, blood pressure, and blood sugar levels

Patient First In-home Monitoring Program

- Data automatically appears on computer screen for Home Health staff and medical provider
- Life Care Nurse monitors information and contacts the patient if the data is not within normal limits

Patient First In-home Monitoring Program

 The patient may recheck their blood pressure, weight, or blood sugar levels and report the results to the Life Care Nurse

Patient First In-home Monitoring Program

- If the levels are not within normal limits, the physician is notified as ordered
 - A decision is made whether the nurse makes a home visit or patient goes to the physician's office or ER