

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

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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 non-medical 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 Eligibility Criteria

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

Target Groups

- Hospital**
 - Those pending discharge from a hospital who are in danger of nursing home (NH) admission
- Community**
 - Those residing in the community in danger of NH admission
- Nursing Home**
 - Those in NH who opt to leave for home and community services

Reference: Eligibility-EDW CM Policies & Procedures

Medical Level of Care Criteria

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

Reference: Eligibility-EDW CM Policies & Procedures

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

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