



Texas Association for
Home Care & Hospice

Care Stronger

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Interim Charge

- ***Explore strategies to support the needs of aging Texans, including best practices in nursing home diversion, expediting access to community services, and programs to assist seniors and their families in navigating the long-term care system with the goal of helping seniors remain in the community.***

Study the guardianship program implemented by DADS and DAPS including the efficiency and effectiveness of the program, the relationship between the two agencies, the appropriate rights of parents, and whether clients and their assets are adequately protected to ensure the state is appropriately identifying seniors in need of protection.

Recommendations

1. Create “At Risk Pool of CBA waiver slots”,
2. Allow “presumptive eligibility”,
3. Elect the “Community First Choice” Medicaid State Plan Option,
4. Create a home telemonitoring benefit in Medicaid home health and waivers.

Create “At Risk Pool of CBA Waiver Slots”

- Create an “at-risk” pool of Community Based Alternatives waiver slots for individuals at imminent risk of nursing facility placement.
- 2010-2011 General Appropriations Act: funded 196 Home and Community-based Services (HCS) for individuals with intellectual and developmental disabilities (IDD) at-risk for placement in an ICF/MR as a result of emergency or crisis situations
- 82nd Legislature should create a similar provision for individuals at-risk for placement in a nursing facility

Create “At Risk Pool of CBA Waiver Slots”

- Basic screen could be performed to determine eligibility for those “at risk” immediately.
- Recent Data from DADS:
 - only 10% of persons released from the CBA interest list were actually enrolled
 - 30% were not eligible
 - 53% declined services
 - 6% did not respond
 - 5% deceased
 - 5% other

Allow “Presumptive Eligibility”

- Allow “presumptive eligibility” for persons requiring attendant services through the Primary Home Care (PHC) or Community Attendance Services (CAS).
- Determine a person is eligible for these services prior to the completion of the full review, and authorize services
- This could be limited to crisis situations

Allow “Presumptive Eligibility”

- If the person was later determined to be eligible, Medicaid could pay for the services retroactively to the beginning date
- If they were not eligible, the services would need to be paid for with General Revenue funds.
- **This also addresses the portion of your charge: *expediting access to community services.***

Elect the “Community First Choice” Medicaid State Plan Option

- Outlined in the recent health care reform legislation passed by Congress (Sec. 2401).
- Option Provides:
 - expanded Medicaid home and community support attendant services for individuals with disabilities who require an institutional (hospital, nursing home, ICF-MR) level of care
 - states with an enhanced federal matching rate of an additional 6% for reimbursable expenses in the program

Elect the “Community First Choice” Medicaid State Plan Option

- Huge step in streamlining waivers and furthering the vision of HB 2292 which merged the aging, physical, and intellectual disabilities into DADS.

Create a Home Telemonitoring Benefit in Medicaid Home Health and Waivers

- Home telemonitoring holds great potential in helping chronic disease patients avoid unnecessary hospitalizations.
 - each time a person cycles through the emergency room and hospital admission due to an exacerbation of a chronic illness they become more debilitated
- Will also prevent premature or unnecessary nursing home placement

Create a Home Telemonitoring Benefit in Medicaid Home Health and Waivers

- Technology Overview:
 - Can transmit data on a scheduled real time basis and prevent hospitalizations
 - Identifies symptoms early and prompting adjustments in care before a crisis occurs
- Types of data captured & transmitted to Home Health Agency:
 - Weight
 - Vital signs
 - Pulse oximetry for blood oxygen saturation
 - Blood sugar

Create a Home Telemonitoring Benefit in Medicaid Home Health and Waivers

- Nurses review the data to determine if the patient's health data is outside prescribed norms, and work in coordination with the physician to determine whether changes in medications or treatment is needed, and if additional patient education and/or visits are necessary to achieve compliance with the patient's treatment plan.

Create a Home Telemonitoring Benefit in Medicaid Home Health and Waivers

- Texas should create a home telemonitoring benefit under Medicaid provided by licensed home health agencies that targets Medicaid recipients with one or more specific chronic diseases who exhibit two or more of the following risk factors:
 - (A) two or more hospitalizations in the past year;
 - (B) frequent, recurrent, repeated, or regular use of the emergency room;
 - (C) a documented history of poor adherence to ordered medication regimens;
 - (D) a documented history of falls within the past six months;
 - (E) limited or absent informal support systems;
 - (F) lives alone or is home alone for extended periods of time; or
 - (G) a documented history of care access challenges.

Create a Home Telemonitoring Benefit in Medicaid Home Health and Waivers

- These limitations would ensure that such monitoring is being targeted to those Medicaid recipients who face multiple challenges in managing their chronic disease
- Benefit should also be designed in such a way to ensure that:
 - Home telemonitoring services is shared with the patient's physician;
 - Does not duplicate existing disease management program services that the recipient may be receiving.

Fragmented Access to Information

- Interim charge: *programs to assist seniors and their families in navigating the long-term care system.*
- Our current system is fragmented:
 - DADS regions
 - AAAs
 - MRAs
 - ADRCs
- While we do not have the answer, we believe there needs to be a concerted effort by the state agencies and all provider and consumer stakeholders to design one.

Fragmented Access to Information: Recommendations

- Comprehensive, searchable data base available
 - Contains State, regional, and local programs, licensed providers and/or contractors of services
 - Any one can go to determine programs available and to screen what a person may be eligible for

Fragmented Access to Information: Recommendations

- Phone centers and web based information should be the emphasis rather than a “place” since people do not want to have to “go” anywhere:
 - If a “place” is not located conveniently in my community then it doesn’t matter where it is—I’m not going there
 - A Single place will no doubt create a huge bottleneck
 - Adopt a “no wrong door” concept