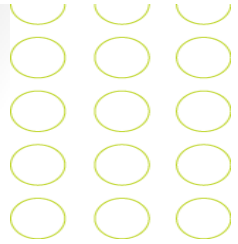




IPMG Professional Development Workshop
Medicaid Waiver and Hospice Partnerships
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IPMG

Professional Development Workshop

This training has been approved for 1.0 Advocare external training credit. Case Managers should submit the confirmation of attendance email sent from publicrelations@gotoipmg.com, per Advocare instructions, to receive this credit. If, for some reason, you do not receive a confirmation of attendance email within 2 business days, please contact IPMG customer service at customerservice@gotoipmg.com

Within 2 business days of the training, a link to the training recording, associated materials, and Q&A will be sent to all registrants and attendees via email and will also be available on IPMG's website, www.gotoipmg.com, and social media sites.

IPMG welcomes and appreciates your feedback! A survey regarding the workshop will launch immediately after the PDW has ended.





Premier Hospice

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Medicare Sets The Guidelines

- *Guidelines are interpreted by fiscal intermediaries*
- *Physician certifies terminal status*
- *Six-month prognosis (this a Medicare guideline)*
- *The benefit is designed to continue past six months, if the patient continues to qualify*

Payment

- *All hospice staff, in addition to medications, treatments and DME related to the hospice diagnosis:
~ Covered by Medicare and Medicaid benefits*
- *Equipment includes: walker, wheelchair, bedside commode, shower chair, oxygen, hospital bed, etc..*

Staffing

- A nurse visits between 1-3 times a week depending on the acuity of the patient. Visits can increase to daily, as a person declines. On call is available 24/7.
- A home health aide is provided a couple of times a week for showers, feeding, etc.
- A Social Worker, Chaplain, and Volunteers are available to meet the spiritual and psychological needs of the patient and family.
- Bereavement support is provided for 13 months after a patients passing.

24 Hour On-Call

- RN's are available 24 hours a day, 7 days a week, 365 days a year for any major change of condition, (pain, nausea, agitation, and shortness of breath etc.)
- Chaplains and Social Workers are available to provide support to patients and family members.

Remember

- *Asking for a hospice screen or family meeting does not commit the patient/family to anything. It does help to:*
 - ~ *Clarify the patient's condition*
 - ~ *Help the decision maker understand the benefit*
 - ~ *Increase the comfort and peace-of-mind of the patient/family by removing the fear of the word hospice*

The Journey with Premier Hospice

- Meeting patients & families where they are in their journey
- 24/7 Referrals & Admissions including holidays
- 7 day visits for hospital discharges to home
- Re-hospitalization scoring for daily evening phone checks
- Visits made with every change of condition (big or small)
- Proactive vs reactive
- All insurances accepted & unfunded
- Specialty services
- GIP & SNF contracts

Hospice Admission Guidelines

Refer a patient for evaluation when you see one or more of the following:

- ~ Weight loss
- ~ Recurrent infections, especially pneumonia & UTI's
- ~ Increasingly frequent trips to the Hospital/ER
- ~ Significant decrease in ADL performance

- ~ Using oxygen much more or is now on f/t
- ~ sPO₂ = <88%
- ~ Increased heart or lung symptoms with exertion or at rest
- ~ No longer able to ambulate
- ~ No longer able to communicate basic needs

Proactive vs Reactive The Premier “Full Package” offered to every patient.

Remote Bed with
½ rails

Over bed Table

Wheelchair

Shower Chair
Bedside commode

Rollator Walker

Oxygen

Equipment delivered
2-4 hours
24/7

Comfort Care comes in many forms during the journey.

AIRVO
MACHINES

COUGH
ASSIST

CPAP, BIPAP,
VPAP

DOBUTAMINE
DRIPS

PALLIATIVE
RADIATION

TERMINAL
VENT WEAN

TRIOLOGY
MACHINES

Medicaid Services and Hospice

Medicaid Waiver

- Can be provided with hospice
- We do not send a HHA due to those services being provided by waiver hours (unless they are coded for hhc as companionship hours only)
- We prefer to use a different diagnosis than the home health agency (if possible but not required)
- We make a call to the home health agency to coordinate services; they should in turn contact Council on Aging.
- We must share each other's POC

Medicaid Services and Hospice

Medicaid Prior Authorization (PA)

- Can **SOMETIMES** be provided with hospice services
- We do not send a HHA as those services will be provided by PA hours
- If Medicaid PA is paying for nursing hours, those must be discontinued for duplication of services
- We **MUST** use a different diagnosis than the home health agency (coordination of care is VERY important)
- MAKE** a call to Medicaid (Stacy in the Hospice area 1-800-269-5720), and the home health agency (they should in turn contact the local Council on Aging) to get approval for adding our services.


We must share each other's POC

EXAMPLES.....

- Clients currently receiving HCBS may also elect hospice services.
- Example #1
- A client receiving home and community-based services may elect the Medicare or Medicaid hospice benefit as deemed eligible. The HCBS case manager may request additional home and community-based services as long as those home and community-based services are not duplicative of hospice services. Within the Division of Disability and Rehabilitative Services, additional home and community-based services may only be requested when reflected within the client/participant's individualized support plan and at the agreement of the participant's support team. The hospice provider must provide all required services to meet the needs of the client in relation to the terminal diagnosis.
- A client receiving hospice may supplement services by adding HCBS, effective September 1, 2009.
- Example #2
- A client who is currently receiving the Medicare or Medicaid hospice benefit may supplement services by applying for HCBS through the appropriate Division as long as those HCBS are not duplicative of hospice services and are available through the applicable source. Although no waiting list exists for the Aged and Disabled Medicaid waiver within the Division of Aging, within the Division of Disability and Rehabilitative Services, the otherwise eligible client/applicant may be placed on a waiting list for Indiana Medicaid HCBS waiver services unless specific priority criteria is met, enabling the participant to enter into waiver services at the time of application. The hospice provider must provide all required services to meet the needs of the client in relation to the terminal diagnosis.

Examples cont....

- A client who is eligible to receive Medicaid state plan services may elect hospice benefits.
- Example #3
- A client who is currently receiving Medicaid state plan services may elect Medicare or Medicaid hospice benefits for his/her terminal illness. The client may receive unduplicated services through both programs.
- A client who is currently receiving hospice benefits may elect to discontinue those hospice benefits and seek alternate means of meeting his/her health care needs.
- Example #4
- A client who is currently receiving Medicare or Medicaid hospice benefits may withdraw from the hospice program at any time. The client may choose to seek alternate means of meeting his/her health care needs at any time.



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Hospice Diagnosis Include:

- ▶ Unspecified Protein-Calorie Malnutrition
- ▶ ALS/Neuromuscular Diseases
- ▶ Dementia
- ▶ Heart/Lung Disease
- ▶ Stroke and Coma
- ▶ Liver Disease
- ▶ Renal Disease
- ▶ Cancer
- ▶ HIV/AIDS

Remember.....

- ▶ Refer early for the patient, family and staff to get the true benefit of all hospice services.
- ▶ Focus on the words supportive care vs. hospice
- ▶ Let the family know hospice doesn't just mean cancer and immediate death.
- ▶ Hospices focus can be staying ahead of a disease process and does not speed up a patient's passing.
- ▶ Although a family may want more than anything to stop what is happening to their loved one, they cant. But they can make sure their loved one is comfortable for whatever time they have left.



Hospice...

It's about how you LIVE.

Hospice:

Affirms life, but never denies death. Recognizes dying as a normal process of life.

Honors wishes. Offers choices.

Brings commitment and compassion. Strengthens families. Is about faith, hope and caring.



The Journey

With Premier Hospice

What about the patient/client that.....

- You aren't quite sure needs hospice*
- Is still seeking aggressive tx*
- Is wanting to give therapy a chance*
- Has family isn't quite ready to make the hospice decision*



The Premier Journey meets patients & families where they are.

Patient & family meetings available while still on their curative path to prepare for the future. Planning for the “just in case it doesn’t work”.

Pulling in resources to help along the journey.

Building the relationship

“The Journey” w/Premier Hospice

Home Journey

- Patients still receiving curative care but also meets hospice criteria
- Works with hospital/clinic staff while in hospital/clinic. Meets with pt./family/hosp. together as a collaborative team
- Weekly contact by liaison building relationships, providing resources for POA, HCR, POST, CICOA, Non Medical HHC, Medicaid Apps etc.
- Referrals 24/7
- Helps decrease rehospitalization

SNF Journey

- Patients going to snf on MCR A/PC MCR days but meets hospice criteria.
- Works with snf/hospital staff while in hospital. Meets with pt./family/hosp. together as a collaborative team.
- Weekly contact by liaison building relationships, providing resources for POA, HCR, POST, CICOA, Non Medical HHC, Medicaid Apps etc.
- Referrals 24/7
- Helps decrease rehospitalization

The Journey w/Premier Hospice

What's needed to be on the Journey Program?

- Referral to liaison
- Face sheet/demographics w/pt. & family contact information
- Order to evaluate for hospice
- Most recent h&p, office visit notes, hosp. notes etc.
- Med list

****all of this is to ensure pt. is in the correct program for their journey. They will not be admitted to hospice services while they are seeking aggressive tx., just supportive services. Having all records at time of referral is a proactive approach vs reacting in a crisis situation.*



Premier Hospice

Providing quality hospice services wherever patients call home. Preventing extended hospitalizations and rehospitalization by providing top notch, innovative services.