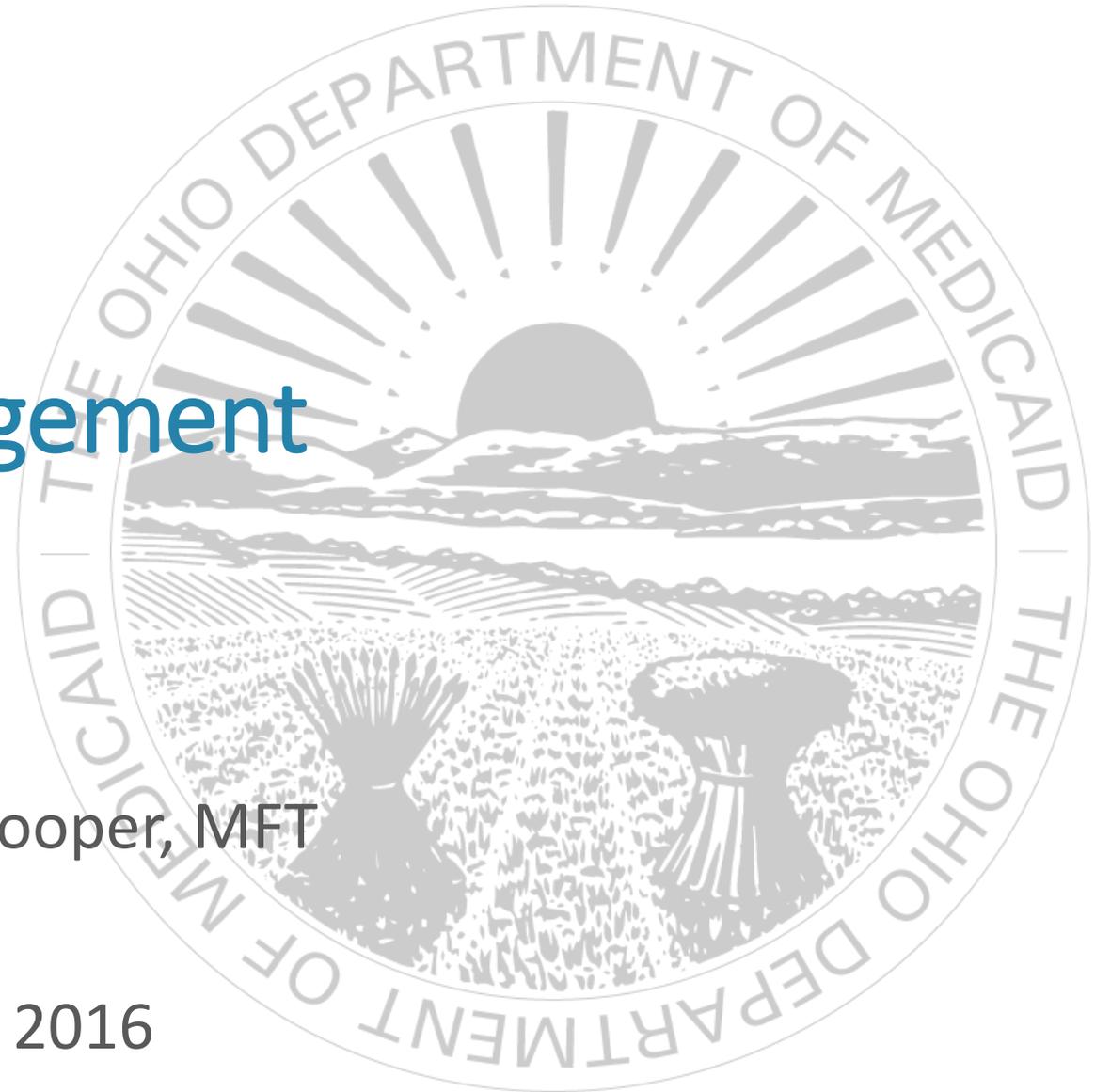


HOME Choice Case Management

Sally Johnston BSW, LSW; Alexandria Cooper, MFT

Transitional Services- CareStar

HOME Choice Provider Training Spring 2016



Making Ohio Better

Communication

- Pre-discharge activities
 - » Discharge planning meeting
- Follow-up throughout the 356 day demonstration period
- Home visits throughout the year to assure needs are being met in the community
 - » Identifying needs that otherwise may not be identified via phone
- Monthly contact at minimum
 - » No contact procedure

Service Planning

- Each individual is offered the HOME Choice services
 - » Individual's choice of service delivery and provider
- Accepting referrals and providing information
 - » Background
 - » Supports
 - » Barriers
 - » Diagnoses- physical, mental health
 - » CRT (Community Readiness Tool)

Collaboration

- Team meetings
 - » Phone conferencing if needed
- Weekly phone conference/ several individuals in common
- Preferred method of contact
- The more communication we have as providers, the more assistance we can provide to our individuals!

Incident Reporting

Responsibility of the HCCM, but requires collaboration

<p>Describe Incident (Who? What? When? Where?)</p>	<p>Add to Incident Description</p> <div data-bbox="461 439 1735 648"></div> <p>HCCM received the following email update from CSC and will continue to follow:</p> <p>"Hello Ginger, Just wanted to give you an update. I spoke to J.W. Mom-Amanda. to check-in and schedule a home visit. Amanda informed me that J.W. went into the hospital on Saturday-1/30/16. His Oxygen levels have dropped dramatically and he also has Crup, an Ear Infection and a Respiratory Virus. Amanda informed me that J.W. is in a regular ICU room but he is on 24 Hour Oxygen presently. Amanda informed me that she would update me on J.W. status. Just wanted to give you an update. Thank You. Katina Crozier Community Support Coach Access HOME Choice 8100 Ravines Edge Ct. Suite 200 Columbus, Ohio 43235 614-468-8542 (Office)"</p>
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Incident Reporting

- Describe incident, immediate intervention, follow-up and create prevention plan.
- Example of follow-up with collaboration:

Follow-Up	<p>Add to Follow-Up</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
	<p>HCCM contacted Wendy O'Brien, EmanciCare HHC to inform them, Ronald did not make it to his PCP as he indicated he got lost on the bus. Wendy advised that she was going to contact the skilled nurse assigned and have them follow up with Ronald for evaluation and treatment.</p> <p>HCCM contacted guardian Andrew Russ via telephone to advise him of Ronald's situation and status and requested his returned phone call.</p> <p>HCCM contacted TC, Adrienne Lee to follow up on transportation concerns regarding Ronald getting lost on the buss and his need to be taken to the emergency room. Adrienne advised that she will go to see Ronald and take him to the emergency room so he can get the needed medical treatment and evaluation of his glucose situation. Adrienne , TC will advise Derek Mortland, assigned to Ronald as well of the further assistance needed to teach Ronald how to take a bus to medical appointments or arrange for Medicaid transportation services where the transportation will pick Ronald up at his door.</p>

Incident Reporting- Prevention Planning

Final Prevention Plan <i>(The prevention plan should be objective, measurable, attainable, realistic (including timelines), and sustainable. It should address the cause(s) and contributing factors and effects of the occurrence.)</i>	
<p>What - Describe steps to prevent the incident from occurring again (e.g. services modified, additional contacts being made, home modifications made, durable medical equipment ordered, additional resources, assessments, linkage to HOME Choice, medical or community resources, training of caregivers). What is being done to prevent or mitigate the risk of recurrence of this incident?</p> <p>Who - Identify providers who will participate in the prevention planning, implementation, and monitoring processes? Who is responsible for follow-up?</p> <p>When - Indicate timelines and frequency of monitoring, education, training, follow-up etc. When will follow-up be completed?</p> <p>How - Describe how monitoring and follow-up will occur to ensure that the prevention plan is working as intended, or that it is modified as needed. How will success be measured?</p>	<p>Add to Final Prevention Plan 5000 characters left.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Ronald will cooperate with all physician orders, medication orders, glucose treatment and monitoring as prescribed. Ronald will attend all medical appointments as required. He will contact CSC & IL to assist him in transportation to and from medical appointment by arranging with them medicaid transportation to all medical appointments timely. Ronald will cooperate with all home health skilled nursing visits, treatment follow up recommendations as needed to assure his health and safety with regards to his glucose levels and Parkinson's treatment and monitoring. He will take all medications and glucose coverage as prescribed. Ronald will call 911 or allow skilled nursing to call 911 if he needs transported by ambulance to an emergency room for further evaluation and treatment. Ronald will maintain regular monthly contact via telephone and or visits with HCCM as required. Ronald will work with his CSC & IL providers in learning and accessing needed resources to assure his health, safety and successful community living.</p>

Prevention Planning

- Prevention plan to avoid the same problem- or reduce the frequency/severity- in the future
- Frequently requires collaboration
- Emergency Back-Up Plan/Protection from Harm

Emergency Back-Up Plan/Protection From Harm



Emergency Response Plan

HOME Choice – “Protection from Harm” – Helping to Keep You Safe

The HOME Choice program is required to have a “Protection from Harm” policy in place to help you be safe in the community. One piece of “Protection from Harm” requires HOME Choice to have an **Incident Investigation and Reporting** system.

HOME Choice Operations at Medicaid manages that system with the help of your HOME Choice CareStar case manager and Public Consulting Group (PCG) who manages the incident reporting and investigation activities.

“Incidents” are situations that may cause harm or potential harm to you. Your HOME Choice case manager needs to know about things that may impact your health and safety in the community. For example, they need to know if you go to the ER, are hospitalized, have an accident, need to call the police, run out of medication, lose your money.

Once an incident is reported to your HOME Choice case manager they contact PCG who will investigate the situation. Next steps may include:

- Taking immediate steps to ensure your health and safety, for example helping you get the medical attention if you need it.
- Looking into incidents to help prevent them from happening again.
- Looking for clues that maybe you or your support system and/or providers could benefit from further instruction.
- Making sure that you have the services and supports you need to be safe and healthy.
- Making sure that you know how to report incidents when they occur.

Another important part of “Protection from Harm” is creating your own personal **Emergency Response and Back Up Plan**. The plan below was developed by you with the assistance of your HOME Choice case manager.

HOME Choice Participant: _____ Date: _____

HOME Choice Case Manager: _____ Phone: _____

If your case manager is not available or if you have an emergency during non-business hours, you can call this toll-free number, 1-800-616-3718 and follow the prompts to receive assistance from HOME Choice staff at CareStar.

Who are your emergency contacts? 1. _____
2. _____

HOME Choice Participant: _____

Do you have a landlord? (Contact info, if so): _____

If the following happens, what will you do?

Loss of Power:

Are you dependent on electric medical equipment?

Do you take medications that have to be refrigerated?

Unsafe Home Conditions (caused by fire, flood, loss of heat, etc.):

Need to evacuate your home in case of emergency:

Is an ambulance necessary for you to leave your home?

If environmental or weather conditions prevent helpers from getting to your home, what will you do?

Nursing care (medications, dressing changes, etc.):

Are your medications in a lock box?

Are you able to administer your medication independently?

Personal care (Bathing, dressing, grooming, etc.):

Meal Preparation:

Mobility:

Do you have an emergency response system?

Do you know how to access emergency help?

If an admission to a facility were necessary, how would you coordinate this?

In the case of an emergency, which nursing facility or hospital would you plan to go to?

Do you receive services from a Mental Health counselor, therapist or psychiatrist?

Do you have a history of suicidal thoughts or attempts?

If so, do you know the phone number to the crisis center? (1-800-273-8255)

Most recent attempt? _____

Do you have a history of drug or alcohol abuse?

Connections? _____

Who are your other important supports? _____

Disenrollment

- Sometimes, despite our best efforts, health and safety cannot be reasonably assured in the community.
- Informed Consent provides guidance:
 - » “My participation in the HOME Choice program may be terminated if my health and safety cannot be assured in the community.”
 - » “My refusal to participate and follow my service plan may result in my termination from the HOME Choice program.”
- Not taken lightly
- Requires collaboration- but please voice concerns with HCCM

Questions?

Alex Cooper, Transitional Services Supervisor, CareStar

513-904-7848

acooper@carestar.com

Sally Johnston, Transitional Services Supervisor, CareStar

513-692-8175

sjohnston@carestar.com

Tiera Rachel, PTCM Supervisor, CareStar

513-846-4510

trachel@carestar.com

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