



# Home and Community Based Waiver Services



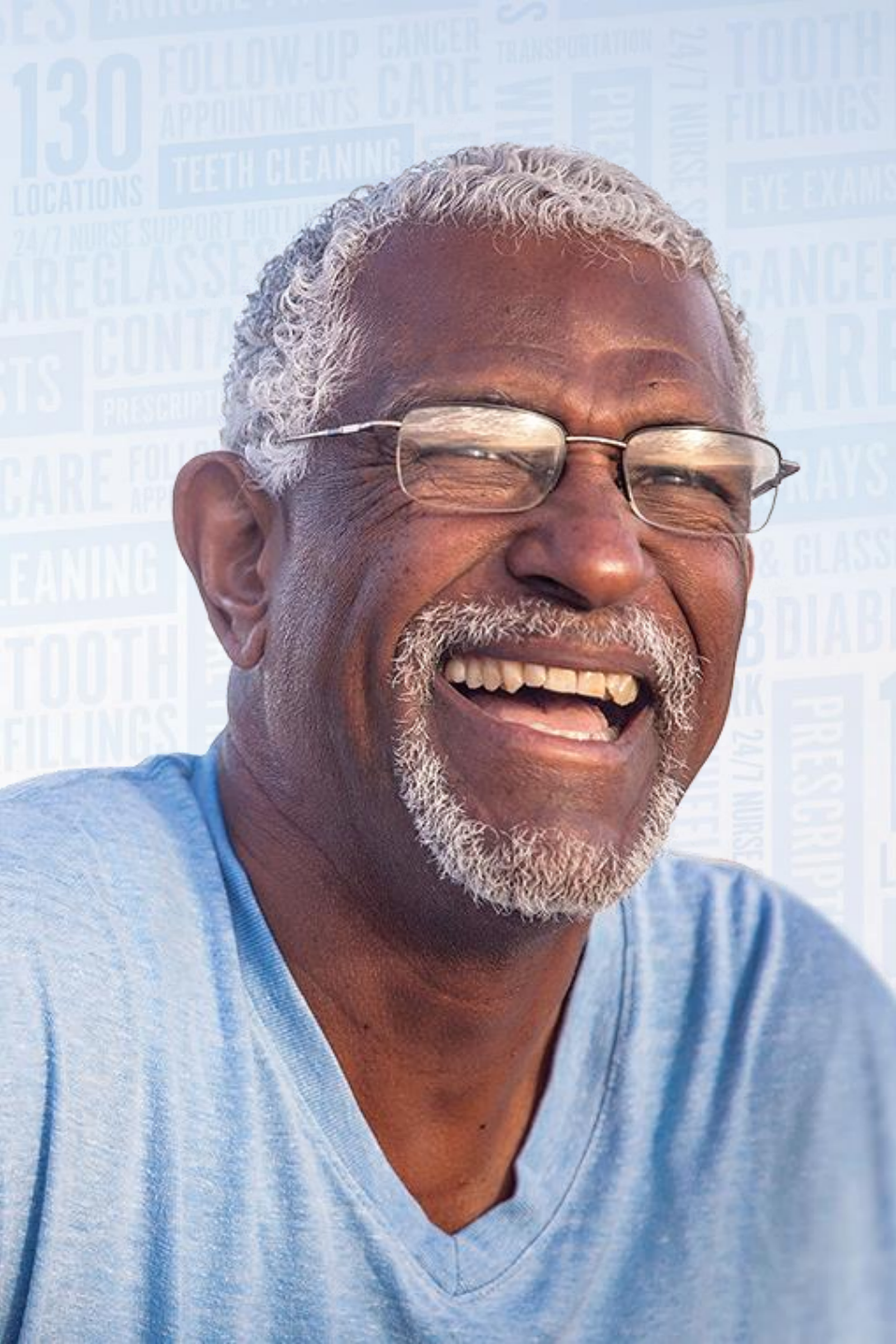
**CountyCare**  
HEALTH PLAN  
AN ILLINOIS MEDICAID HEALTH PLAN

# Webinar Agenda

- ✓ History and Philosophy of HCBS
- ✓ Waiver Terminology 101
- ✓ HCBS Eligibility
- ✓ Determination of Need
- ✓ Service Available
- ✓ Case Progression:
  - Referral to Formal Eligibility
- ✓ Reintegration
- ✓ CountyCare HCBS Program







# Introduction to HCBS Services



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# History of the HCBS Program

## HCBS movement can be traced back to the early 1980's:

- Disproportionate % of Medicaid resources going to long-term care (LTC)
- 1/3 of people in Medicaid funded LTC facilities capable of living at home/community setting if provided additional supportive services
- Facility residents frequently reported an unsatisfactory quality of life
- “Institutional bias” in the Medicaid benefit and eligibility structure
- A number of court cases resulted in court orders to deinstitutionalize persons with developmental disabilities



# History of the HCBS Program

- Established in 1981 when Section 1915(c) was incorporated into the Social Security Act
- Section 1915(c) “waives” the requirement that Medicaid dollars be spent on services provided in a facility and instead allows these dollars go to services provided in the community

## 6



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# Waiver Terminology 101

- **CCP** – Community Care Program (the Aging Waiver Program)
- **CCU** – Care Coordination Unit (entities contracted with IDoA to do eligibility assessments and provide care coordination in fee-for-service)
- **DON** – Determination of Need (assessment that determines waiver eligibility)
- **HCBS** – Home and Community Based Services
- **HSP** – Home Services Program (the DRS Waiver Program)
- **IDoA** – Illinois Department on Aging
- **LTC** – Long-term Care

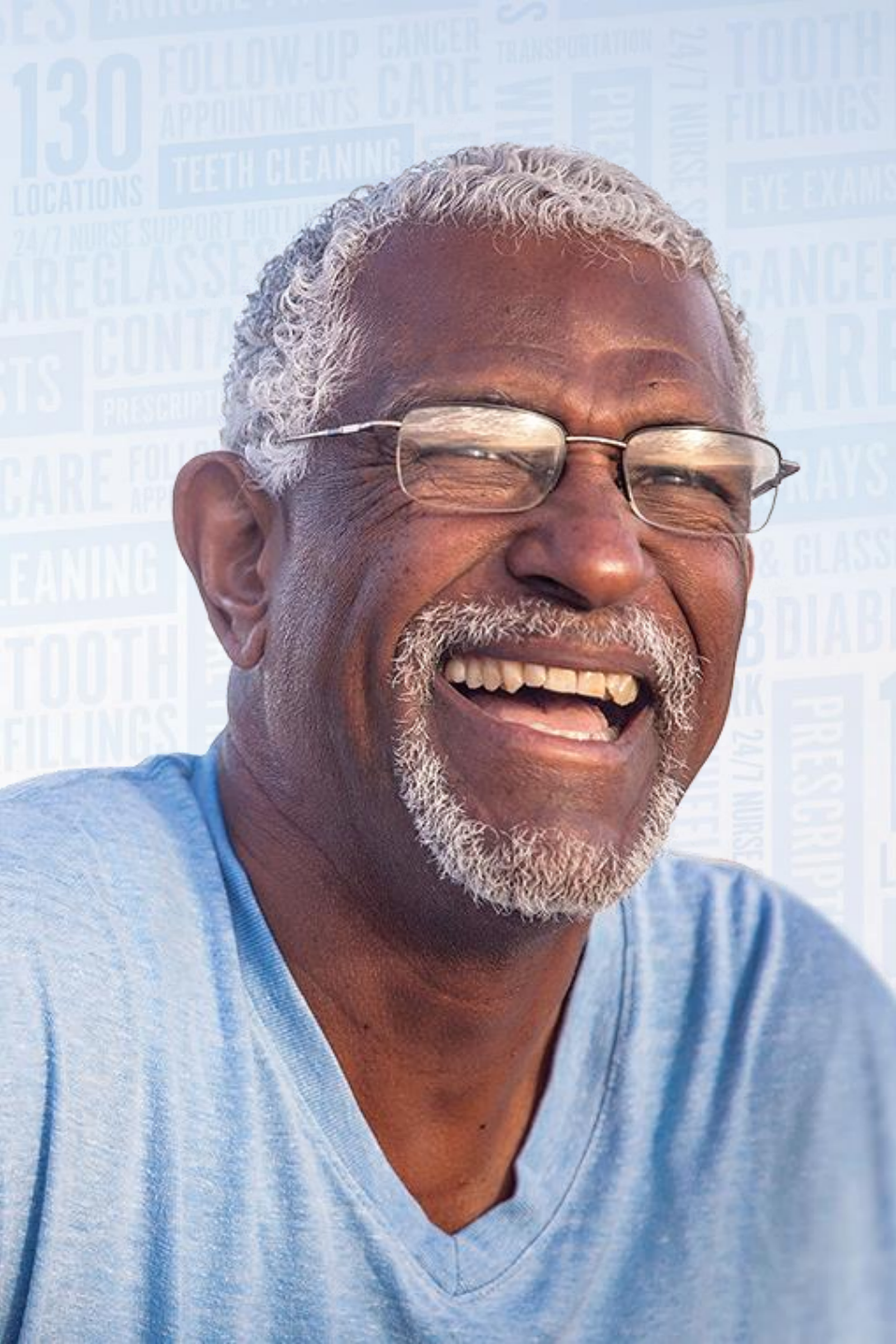





# Waiver Terminology 101

- **LTSS** – Long Term Services and Supports (LTC + HCBS)
- **MLTSS** – Managed Long Term Services and Supports (LTC + HCBS for Medicare-Medicaid “dual eligible” population)
- **NF** – Nursing Facility
- **Service Package II** – LTC (custodial care 90+ days) and HCBS covered services
- **SLF** – Supportive Living Facility
- **Waiver** – population specific HCBS alternatives to institutionalized care





# HCBS Eligibility



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# Agencies that Determine Eligibility

1. DRS – Division of Rehabilitation Services
2. IDoA – Illinois Department on Aging
3. HFS – Health Care and Family Services





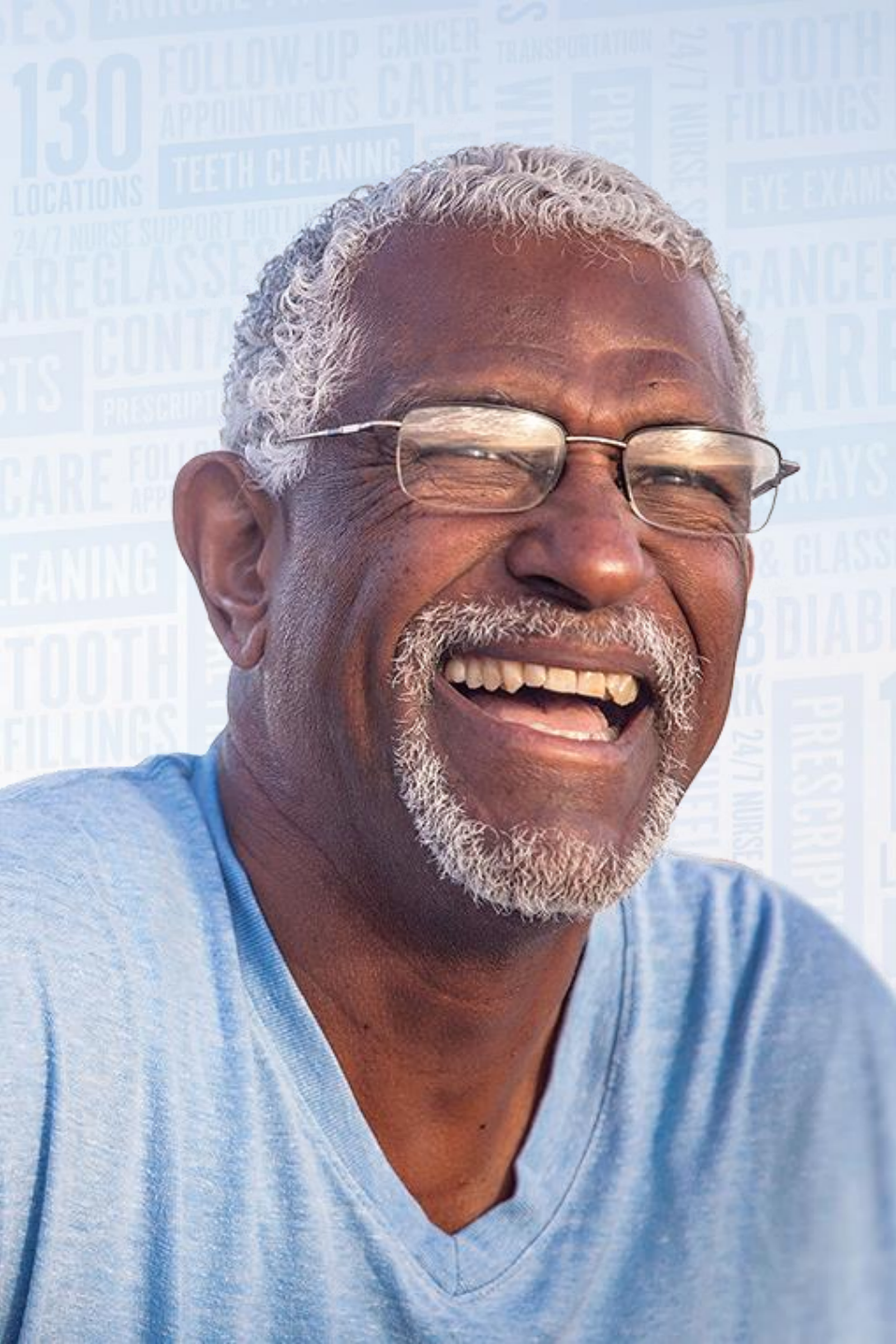
## *Eligible Populations*

- Elderly (60+)
- Persons with Disabilities (under 60 at time of application)
- Persons with HIV/AIDS (of any age)
- Persons with Brain Injury (of any age)
- Persons age 22-64 who have a physical disability per SSA or persons age 65+ (applies to SLF)

# Eligibility Criteria

- Must be a US citizen or have documented legal status
- Resident of the State of Illinois
- Meet Medicaid financial eligibility criteria
- Have an assessed need for long term care via the Determination of Need (DON) and deemed at risk of institutionalization
- Estimated cost of community based care is less than the estimated cost for institutional care
- \*additional criteria for SLF acceptance – no DD or SMI, sex offender status, TB test)





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# Determination of Need (DON)

- A functional assessment (not a clinical or medical evaluation)
- Emphasis on the ability to do a task, not the diagnosis, disease, or assumed impairment
- Assessors are not medical staff and information regarding an individual's conditions are self-reported (from individual, family/friends, facility staff, etc.)
- The DON consists of 2 parts:
  - Mini Mental State Examination (MMSE) which measures cognitive functioning
  - Functional assessment



# Determination of Need (DON)

Functional Assessment assesses 15 items

## Activities of Daily Living (ADLs) - personal tasks

1. Eating
2. Bathing
3. Grooming
4. Dressing
5. Transferring
6. Continence

## Instrumental Activities of Daily Living (IADLs)- non-personal tasks

7. Meal preparation
8. Laundry
9. Managing money
10. Routine health
11. Being alone
12. Housework
13. Special health
14. Outside home
15. Telephoning

# Determination of Need (DON)

The assessor scores the level of impairment and the unmet need for care for each of the 15 items on the DON

**Formula:**

Impairment Score + MMSE Additional Points + Unmet Need Score

=Total DON Score \_\_\_\_\_



# Mini-Mental and DON

## MINI-MENTAL STATE EXAMINATION

Client Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Care Coordinator is to administer all 11 questions equivalent to a score of 30.

- (5) 1. What is the (year) (season) (day) (date) (month) ?  
\_\_\_\_\_
- (5) 2. Where are we (state) (county) (town) (nursing facility/hospital) (floor) ?  
\_\_\_\_\_
- (3) 3. Name 3 objects. Allow 1 second to say each. Ask the client all 3 after you have said them. Give 1 point for each CORRECT answer in the first trial only. Then repeat the 3 objects until the client learns all 3. Count trials and repeat the 3 objects until the client learns all 3. Count trials and record. Trials \_\_\_\_\_
- (5) 4. Spell "WORLD" backwards. Score 1 point for each letter in the CORRECT order.  
\_\_\_\_\_ "D" \_\_\_\_\_ "L" \_\_\_\_\_ "R" \_\_\_\_\_ "O" \_\_\_\_\_ "W"
- (3) 5. Ask for the three objects repeated in question 3. Give 1 point for each CORRECT answer.  
\_\_\_\_\_
- (2) 6. Identify a pencil and a watch.  
\_\_\_\_\_

- (1) 7. Repeat the following: "No ifs, ands or buts."  
\_\_\_\_\_
- (3) 8. Follow a 3-stage command: "Take a paper in your right hand, fold it in half and put it in your lap."  
\_\_\_\_\_
- (1) 9. Read and obey the following: CLOSE YOUR EYES.  
\_\_\_\_\_
- (1) 10. Write a sentence.  
\_\_\_\_\_
- (1) 11. Copy a design.  
\_\_\_\_\_

Maximum score is 30. or TOTAL correct answer for MMSE score. 11

1. For MMSE box below: If score is equal or more than "21" - enter "0"; if score is "20" or less - enter "10"
2. For the MMSE Plus score: If score is additional 10 points to the total MMSE Box below, if appropriate documentation is provided for as stated below. (Rule 240:715, d) 1) C))

Court adjudication as incompetent or disabled; Physician/Psychiatrist certifies need for 24 hour supervision; and, Physician/Psychiatrist certifies presence of Alzheimer's disease, OBS, or dementia.

A. NON-COGNITIVE PROBLEM is affecting the MMSE score: ☐ Yes ☐ No If yes, check the correct non-cognitive problem below:  
☐ Vision/Hearing Problem ☐ Language Barrier ☐ Low Education/Can't Read ☐ Physical Impairment ☐ Other: \_\_\_\_\_

If Mini-Mental State Examination score total is: 21-30, proceed with the DON; informant not needed. 20 points or less: An informant may be needed.

1. Informant Available: ☐ Yes ☐ No 2. Informant Used: ☐ Yes ☐ No 3. Name: \_\_\_\_\_ 4. Relationship: \_\_\_\_\_

## E. DETERMINATION OF NEED (Functional Status - Activities of Daily Living/Instrumental Activities of Daily Living)

FUNCTION	A. LEVEL OF IMPAIRMENT				B. UNMET NEED FOR CARE				A. Case Notes	B. Case Notes
1. Eating	0	1	2	3	0	1	2	3		
2. Bathing	0	1	2	3	0	1	2	3		
3. Grooming	0	1	2	3	0	1	2	3		
4. Dressing	0	1	2	3	0	1	2	3		
5. Transferring	0	1	2	3	0	1	2	3		
6. Continence	0	1	2	3	0	1	2	3		
7. Managing Money	0	1	2	3	0	1	2	3		
8. Telephoning	0	1	2	3	0	1	2	3		
9. Preparing Meals	0	1	2	3	0	1	2	3		
10. Laundry	0	1	2	3	0	1	2	3		
11. Housework	0	1	2	3	0	1	2	3		
12. Outside Home	0	1	2	3	0	1	2	3		
13. Routine Health	0	1	2	3	0	1	2	3		
14. Special Health	0	1	2	3	0	1	2	3		
15. Being Alone	0	1	2	3	0	1	2	3		
TOTAL	0				0					



# Accessing Services



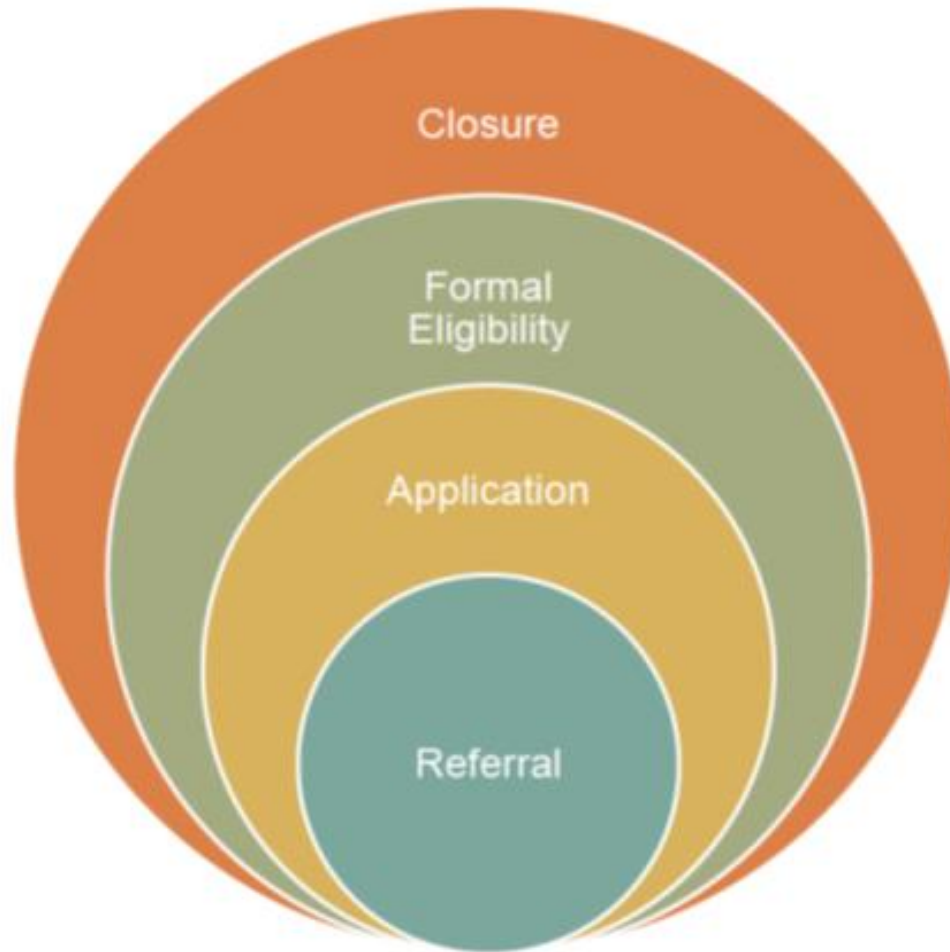
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# Services Available

SERVICES	AGING WAIVER	DISABILITY WAIVER	HIV/AIDS WAIVER	BRAIN INJURY WAIVER
Adult Day Service	✓	✓	✓	✓
Adult Day Service Transportation	✓	✓	✓	✓
Behavioral Services				✓
Day Habilitation				✓
Home Delivered Meals		✓	✓	✓
Home Health Aide		✓	✓	✓
Home Adaptions		✓	✓	✓
Homemaker	✓	✓	✓	✓
Nursing, Intermittent		✓	✓	✓
Nursing, Skilled		✓	✓	✓
Occupational Therapy		✓	✓	✓
Personal Assistant		✓	✓	✓
Personal Emergency Response System	✓	✓	✓	✓
Physical Therapy		✓	✓	✓
Prevocational Services				✓
Respite		✓	✓	✓
Specialized Medical Equipment and Supplies		✓	✓	✓
Speech Therapy		✓	✓	✓
Supported Employment				✓

# Case Progression





# Referral Process

- DRS Referrals:
  - Refer via the DHS website [www.dhs.state.il.us](http://www.dhs.state.il.us)
- IDoA Referrals:
  - Send an email to [Aging.Advisor@Illinois.gov](mailto:Aging.Advisor@Illinois.gov) with the following:
    - Name, DOB, RIN
    - Address with Zip Code, and Phone
    - Brief history of member's medical condition (why sending referral), type of tasks needing assistance with, indicate if assistance is needed during the assessment (clients with dementia, guardian or family member request to be present, power of attorney, etc.)
    - Need for translator with language
  - Department on Aging Senior HelpLine: 1-800-252-8966
- SLF Referrals:
  - Contact a supportive living facility (SLF) directly
    - <https://www.illinois.gov/hfs/MedicalPrograms/slf>

# DRS Referral Online

## DHS: Rehabilitation Services: Apply Online

If you live in Illinois and have a disability, the Division of Rehabilitation Services may be able to help you find a job. To apply for services, begin by completing the form below. Once you have submitted this form, a counselor will contact you about the services we can provide.

To learn more about the types of services available, please see [Rehabilitation Services](#).

Service

- ☐ I would like help getting or keeping a job  
☐ I would like help living independently at home

I have the <i>most</i> difficulty	<input type="text"/>
First Name	<input type="text"/>
Middle Name	<input type="text"/>
Last Name	<input type="text"/>
Gender	<input type="text"/>
Date of Birth	<input type="text"/>
Social Security Number	<input type="text"/>
Zip Code	<input type="text"/>
Street Address	<input type="text"/>
Apartment Number	<input type="text"/>
City	<input type="text"/>
County	<input type="text"/>
Phone Number	<input type="text"/>
Phone Mode	<input type="text"/>
Phone Type	<input type="text"/>
Email Address	<input type="text"/>
Verify Email Address	<input type="text"/>
Language Preference	<input type="text"/>
Other Language	<input type="text"/>
Referral Source	<input type="text"/>

Please enter security code **922383** \*

Submit





# Hospital Discharge Referrals - Pre-Screening

- Older adults and individuals 18-59 with disabilities (not including DD or SMI) who are at risk of facility placement must be pre-screened for community based services
- Members must be informed and explained in detail all options available to them
- Member must be afforded choice of available services including their right to refuse NF placement, community based services, or both
- Pre-screening should be viewed as an opportunity to prevent unnecessary institutionalizations
  - Once in a NF it becomes harder to transition back into the community

# Application Process

- All members are required to complete an application for services
- DRS/IDoA is responsible for gathering all of the information needed to complete the application and determine eligibility
- An incomplete application can result in case closure



# Formal Eligibility

- Formal eligibility is achieved when the member has a combined Adjusted Mini-Mental & Impairment score of at least 15 points and a Need score of 14 or higher on the Determination of Need (DON) and the member has submitted all required documentation
- CountyCare is notified of member's new waiver eligibility
- Member gets assigned to a CME that manages waivers, based on the CountyCare CME algorithm

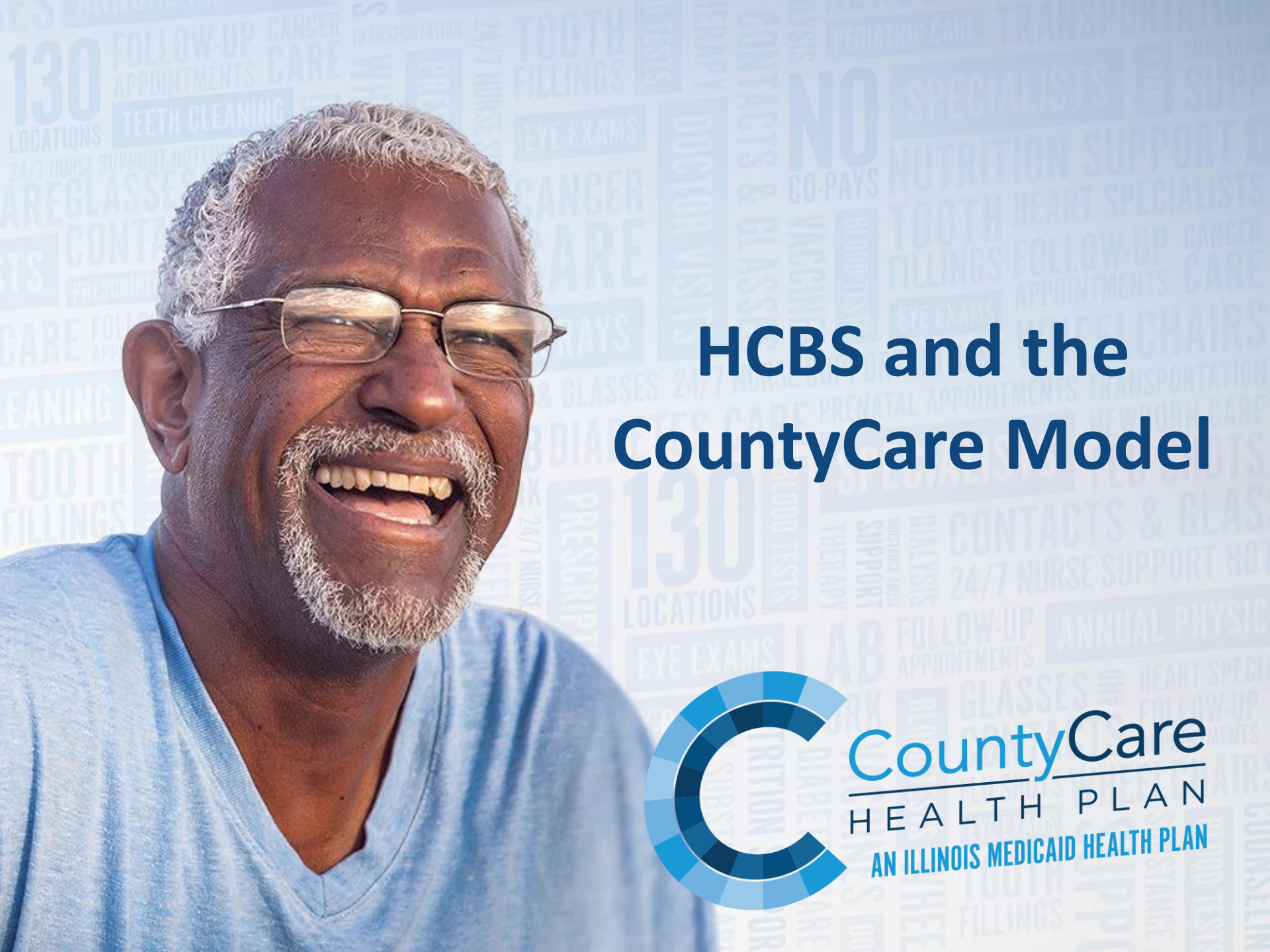
# Reasons for Case Closure

- Unable to locate the customer
- Refused to cooperate with the Medicaid application process
- Failure to cooperate
- Service plan cannot be developed within the Service Cost Maximum
- Condition improved, services not needed
- Not/no longer at risk of institution
- Customer refused services
- Over assets
- Entered institution
- Transferred to another agency
- Pre-application not returned
- Death



# Reintegration

- We can't keep all individuals out of a NF—sometimes their needs are too great to be maintained in the community
- BUT, once an individual is admitted to a NF, they can return home
- Waiver and other community based supports should be considered to assist members transition home or back to a community setting



# HCBS and the CountyCare Model



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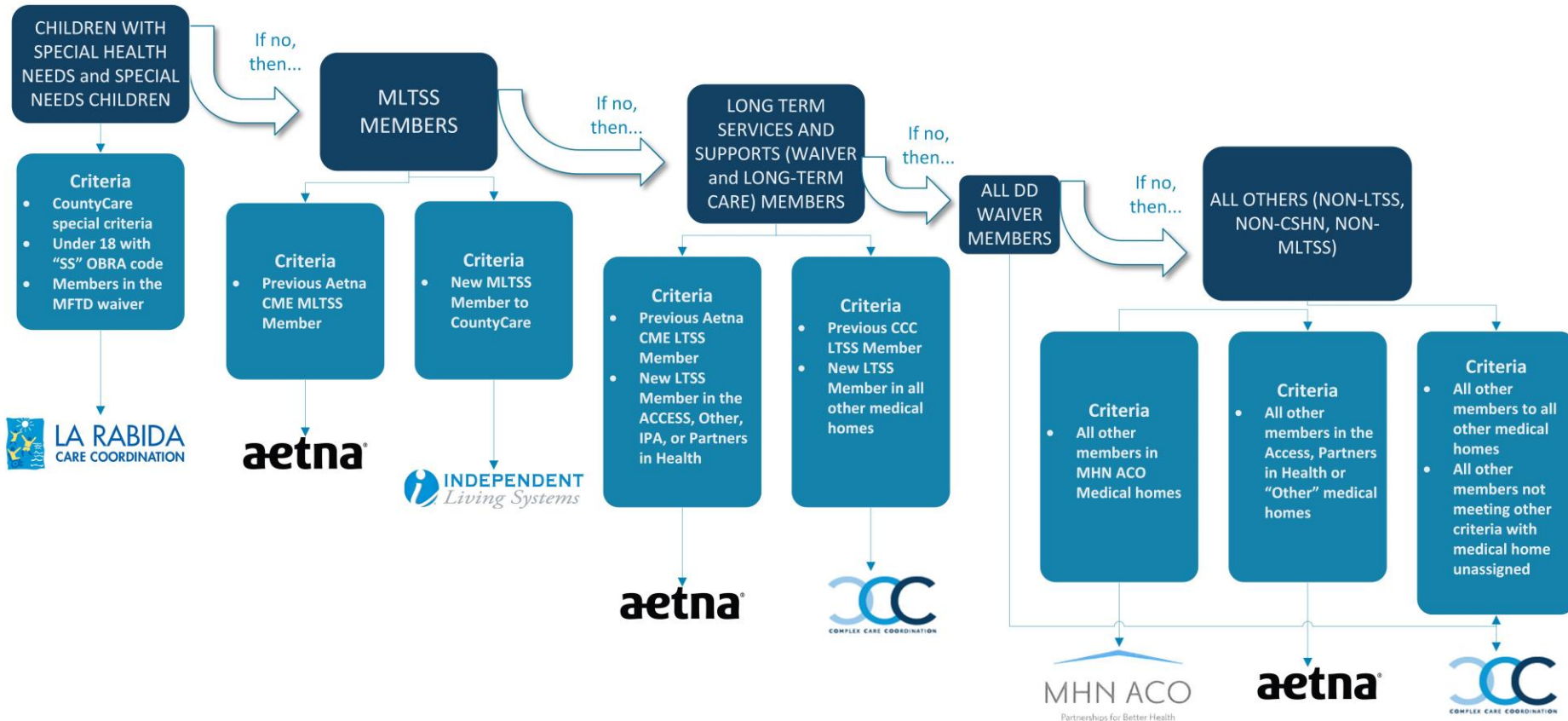


# Care Management Entity Algorithm

February 2018



CME ASSIGNMENT HIERARCHY



# CountyCare Waiver Program Membership

## CountyCare May 2018 Waiver Membership

- 3387 waiver members (LTSS)
- 3698 waiver members (MLTSS)
- Waiver program breakout:
  - 4465 Aging
  - 1902 PWD
  - 395 BI
  - 227 HIV/AIDS
  - 96 SLF

# Collaboration and Hand-Offs

- CountyCare members who become newly waiver eligible will be reassigned to a CME that manages waiver members
- The waiver CME is responsible for all care management activities for the member including medical coordination, service planning and routine face-to-face/home visits
- In development: process to share care plans internally between CME's. Any other pertinent case information – upcoming appointments, contact info, etc should be shared as well



# Care Management Activities in HCBS



- **All members receiving HCBS services receive:**
  - Comprehensive Health Risk Assessment
  - Individualized Plan of Care
  - Service Plan
  - Frequent face-to-face and in-home contact with their care manager, up to every 60 days

# Soon to Come... the MFTD Waiver

## Medically Fragile Technologically Dependent Children

- The MFTD Waiver
  - Persons under age 21 who are medically fragile and technology dependent, meet nursing home level of care and are at risk of institutionalization
- These children will be part of the HealthChoice Illinois managed care expansion for Special Needs Children.
- Enrollment for these children is expected: 10/1/2018



# CountyCare HCBS Contacts

- CountyCare Centralized Waiver Inbox
  - [countycarewaivers@cookcountyhhs.org](mailto:countycarewaivers@cookcountyhhs.org)
- Marcy Elamin, LTSS Program Manager
  - [melamin@cookcountyhhs.org](mailto:melamin@cookcountyhhs.org)
  - 312-466-2955



[illegible]

## Questions from April Webinar - REDE

### Contact:

Heather Holberg, CountyCare Enrollment Manager

[hholberg@cookcountyhhs.org](mailto:hholberg@cookcountyhhs.org)

**SHIELD HEALTHCARE  
COUNTY CARE'S  
PREFERRED  
DISPOSABLE MEDICAL SUPPLY PROVIDER**

PRESENTED BY:

Maura Flanary

Christie Hines



**STRONGER WITH SHIELD**





# WHO IS SHIELD HEALTHCARE?

A corporate culture of caring employees is at the heart of Shield HealthCare, with:

- **400 employees** across 10 sales locations & 4 distribution centers
- Over 30% of employees have been with Shield **>10 years**
- Over **16,000 hours** of employee training every year
- On-staff **product experts** and Registered Dietitians to support patients and their families
- Community involvement, supporting a variety of health organizations and causes
- Serving Illinois locally since 1995
- Partner with Cook County Hospital since 1996
- Partner with County Care since September 2013



Every specialized department at Shield has a skilled team of dedicated employees, all supporting one goal:

**THE SATISFACTION OF OUR CUSTOMERS.**



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## What Are Customers Saying About Shield HealthCare?



**99%**  
Customers satisfied  
with *helpfulness* of  
phone personnel



**98%**  
Customers satisfied  
with *shipping time*



**98%**  
Customers satisfied  
with *timeliness* of  
order.



**99%**  
Customers felt we  
understood their needs



**99%**  
Likelihood of customers  
using our services again



**99%**  
Would recommend  
Shield HealthCare

# Wow!

The unprecedented 99% score we received this year indicates **overwhelming satisfaction** of our customers.





# ILLINOIS DISTRIBUTION CENTER



**LOCAL TEAM**

**LOCAL SERVICE**

**TO BETTER SERVE YOU!**

- 99% Customer Satisfaction Rating
- Local Distribution Center with over 3,000 products
- Product samples available
- Local, multi-lingual service agents
- On-staff product experts
- **Next day delivery to the entire state**
- **Same day delivery as needed**

# Adult and Pediatric Products and Services

## Incontinence

Disposable Briefs/Pull Ups  
Disposable Underpads  
Liners/Pads  
IAD Treatment & Prevention  
Skin Care Products



## Ostomy

One & Two Piece Systems  
Drainable & Closed End Pouches  
Adhesives & Removers  
Stoma Site Skin Care Products



## Urological

Foley Catheters  
Intermittent Catheters  
Male External Catheters  
Leg Bags & Accessories  
Skin Preservation Products



## Enteral Nutrition

Enteral Pumps  
Feeding Bags  
NG/G Tubes & Accessories  
Adult & Pediatric Formulas  
Stoma Site Skin Care Products



## Wound Care

Surgical Tape  
Gauze Sponges, Pads & Rolls  
Stretch Bandages  
Foam/Hydrocolloid Dressings  
Advanced Skin/Wound Care



## Breast Pumps

Breast Flanges  
Nursing Pads  
Breast Milk Storage Bottles  
Breast Milk Storage Bags



# Incontinence Solutions

Products For Every Level of Incontinence

Briefs



Undergarments



Underpads



Liners



Pull-ups



Pant/Pad System





# Incontinence Solutions



## Product Samples

- Sampler kits include a variety of briefs, liners and underpads



## Reference Tools

- Incontinence Newsletter
- Product Selection Guide
- Reimbursement Guide
- Sizing Chart



## Online Community

- Helpful articles and resource materials on shieldhealthcare.com's Incontinence blog



## Clinician Education

- In-services and webinars with clinician guest speakers



## Product Experts

- On-staff specialists trained in incontinence care solutions



## Skin Preservation Program

- Educational materials and resources for maintaining optimal skin health

# Enteral Nutrition Support Program

- The first enteral nutrition support program of its kind
- Established in 2004
- Managed by local Registered Dietitian- Aimee J
- RD completes home enteral pump setup in hospital or home- within 3 hours
- Review's feeding administration, treatment plan, care of tube and stoma site, prevention of clogs, hydration, etc.
- Completes comprehensive nutrition assessment
- Coordinates treatment plan with all members of the healthcare circle
- Quarterly member monitoring



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# Benefits of the Enteral Nutrition Support Program

- Increased adherence to the treatment plan
  - Member and caregiver education
  - We talk to the member every month
- Improved tube feeding tolerance
  - Comprehensive assessment
- Fewer tube feeding complications
  - RD communication with health care team
- Reduced Re-Admits
  - “228 hospital readmissions from a total of 280 patients were avoided due to direct action taken by home enteral feed (HEF) dietitians.”

White S. et al. Supporting patient with percutaneous endoscopic gastrostomy (PEG) in the community: developing a home enteral feed programme to avoid hospital readmissions, Gut 2011; 600 A96.





# Placing an Order

## 4 Easy Ways to Order Medical Supplies:

1. Call 1-800-675-8847 option 1
2. Fax 1-630-617-5218
3. Online via SHC SHARP Portal
4. Call your designated SHC Territory Sales Representative
  - Eric Morrow 1-630-532-4253 (north of 290)
  - Mat Schmidt 1-630-776-8236 (south of 290)

**Customer Service**  
**800.675.8847**

**Fax Line**  
**630.617.5218**

# Once You Place an Order....

## Our Dedicated Team Takes It From There

- Contact the member/caregiver and verify sizes/ products
- Sample products if needed
- Obtain verbal orders
- Ship product to the member- same day if needed!
- WE GET THE PRESCRIPTION
- WE OBTAIN THE AUTHORIZATION WHEN REQUIRED
- Call the member 5 days post shipment to verify use and answer any questions
- Call County Care member every month to place reorder
- Predictive Documentation Renewal Program



# THANK YOU!!!

- Any questions
- Additional Questions you can contact
  - Eric Morrow 1-630-532-4253 (north of 290)
  - Mat Schmidt 1-630-776-8236 (south of 290)
  - Christie Hines 1-773-558-9656
  - Maura Flanary 1-630-776-8103

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