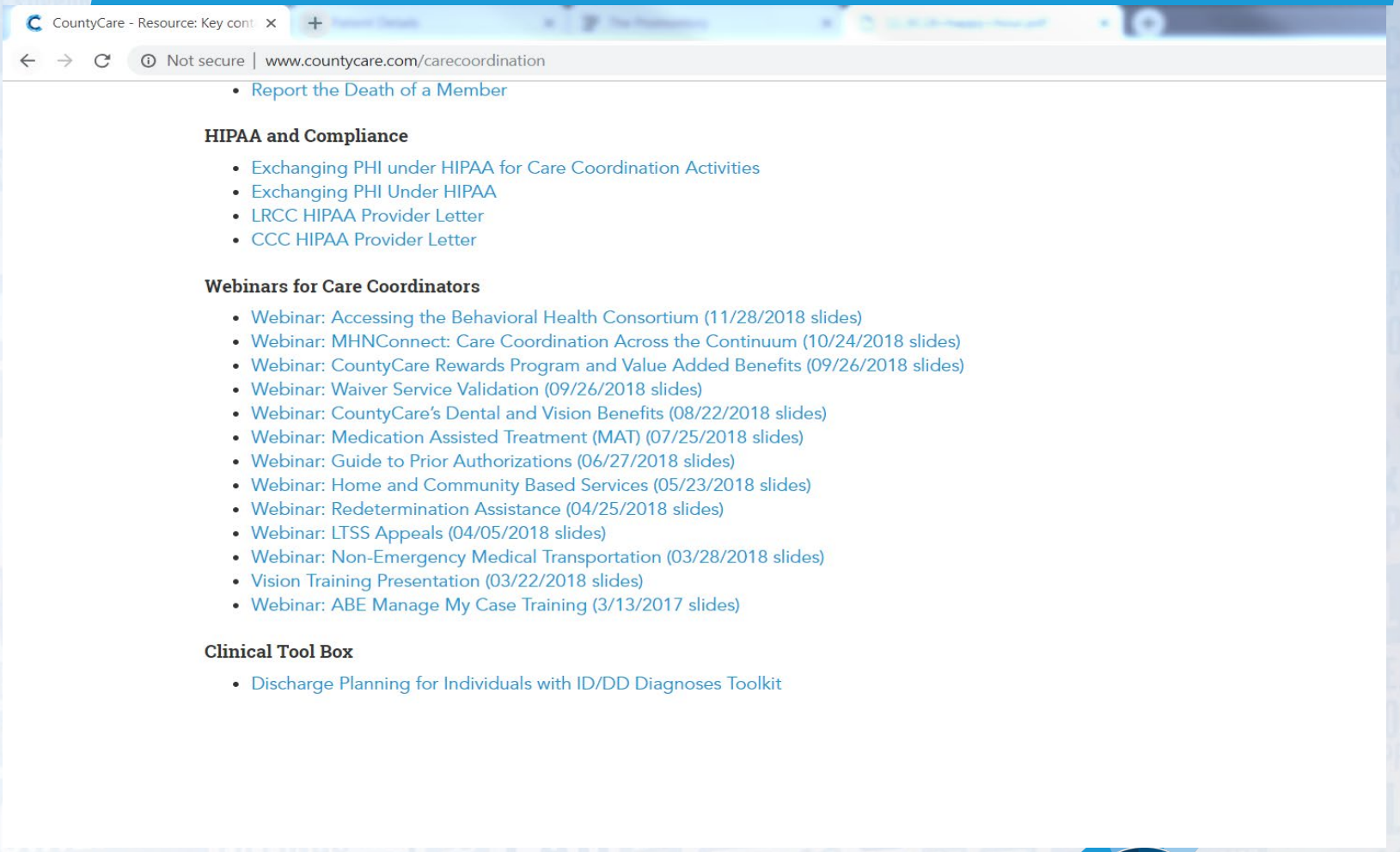
Monthly Care Coordinator Webinar: March 27, 2019

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Webinar Agenda

1. Canary Telehealth Presentation
2. HEDIS Spotlight
3. Pharmacy Benefit Manager Changes
4. Transportation Card Changes
5. Care Coordinator Thank You Spotlight
6. Community Spotlight: Home Delivered Meals
7. Questions

Just a reminder…Visit CountyCare Care Coordination Website



CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Canary Telehealth

Carla Robinson, CEO
Sam Robinson, Founder and President

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Canary Telehealth Overview

❖Canary Telehealth provides telehealth and telephonic services to improve access to care for underserved populations, help close gaps in care, and reduce healthcare disparities.

❖Our services help detect issues early, reduce hospitalizations and ED visits, avoid complications, and improve performance on quality measures.

❖ Canary Telehealth has served healthcare organizations with diabetic retinopathy screening, remote patient monitoring, and health screening services.

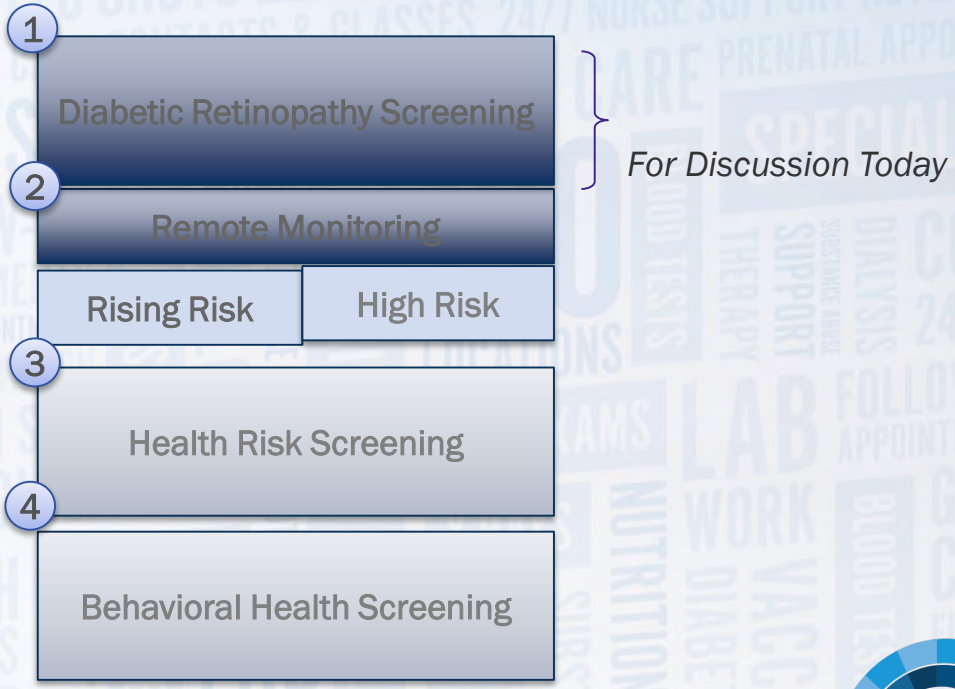
❖ With our foundation in home care, we have helped individuals adhere to their treatment regimen and avoid acute episodes for 14 years.

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Canary Telehealth Services

Canary Telehealth Provides Telehealth Services In The Home Setting to Support Population Health Management Strategies

Home-Based Telehealth Services for Population Health Management



CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

In Home Retinopathy Screening

1 Diabetic Retinopathy Screening

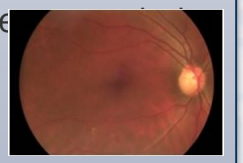
Canary Telehealth™ Provides In-Home Retinopathy Screening to Close Gaps in Diabetes Care

Situation

- Diabetic retinopathy is leading cause of adult blindness
- 98% of visual loss can be prevented
- Treatment cost escalates drastically as retinopathy progresses
- Low adherence with annual screening

Canary Telehealth Intervention

- Take image of the retina in patient's home or other convenient location
- Transmit to an eye care professional
- Send evaluation to:
  - PCP for follow up
  - CountyCare for NCQA and HEDIS credit
- Potential Future: Conduct diabetes lab tests in the home



CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Who Qualifies For This Service at CountyCare?

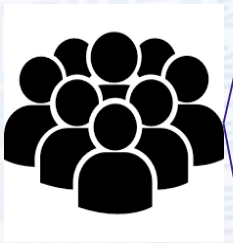
- Member who are included in the HEDIS CDC-Eye Exam Measure
- Adults 18–75 years of age with diabetes (type 1 or type 2) and have not received a diabetic retinal eye exam during the calendar year

** MHN ACO has opted its members out of this program because those medical homes have their own retinal cameras in-house.

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Patients Identified with Pathology Can Be Referred for Appropriate Care

Diabetic Retinopathy Screening Findings



Retinopathy detected in ~13% of people screened

Some type of pathology in ~25% of people screened

Referred for Treatment

Member Quality of Life

Cost Avoidance

- Vitrectomy (retinal detachment surgery)
- Ongoing cost of blindness

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

CountyCare Process

Staff from Canary Telehealth will call CountyCare members and offer in-home services.

Canary Telehealth will travel to the member's home and provide services.

Retinal images are sent to the CCH Ophthalmology Department via e-Consult.

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

CountyCare Process Cont.

CCH Ophthalmology Department will read the images and send the result back to Canary Telehealth.

Canary Telehealth will fax the results to the member's PCP.

If the result is abnormal, Canary Telehealth will call the member's PCP and help coordinate a follow-up appointment.

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Letter Sent To Members- Sent Dec. 2018

CountyCare HEALTH PLAN

<<Date>>

<<Member Name>>
<<Member Address>>
<<City>>, <<STATE>> <<Zip Code>>

Dear <<Member First Name>>,

Our records show you are due for a diabetic eye exam. This exam is an important part of your diabetes care to help avoid vision loss.

CountyCare has teamed up with experts at Canary Telehealth to provide your diabetic eye exam. They come to you and do it in the convenience of your own home. It is covered by CountyCare at no cost to you.

Please call **1-866-583-2967** to ask any questions about this service or to schedule an appointment with our trained staff to perform this quick, simple screening.

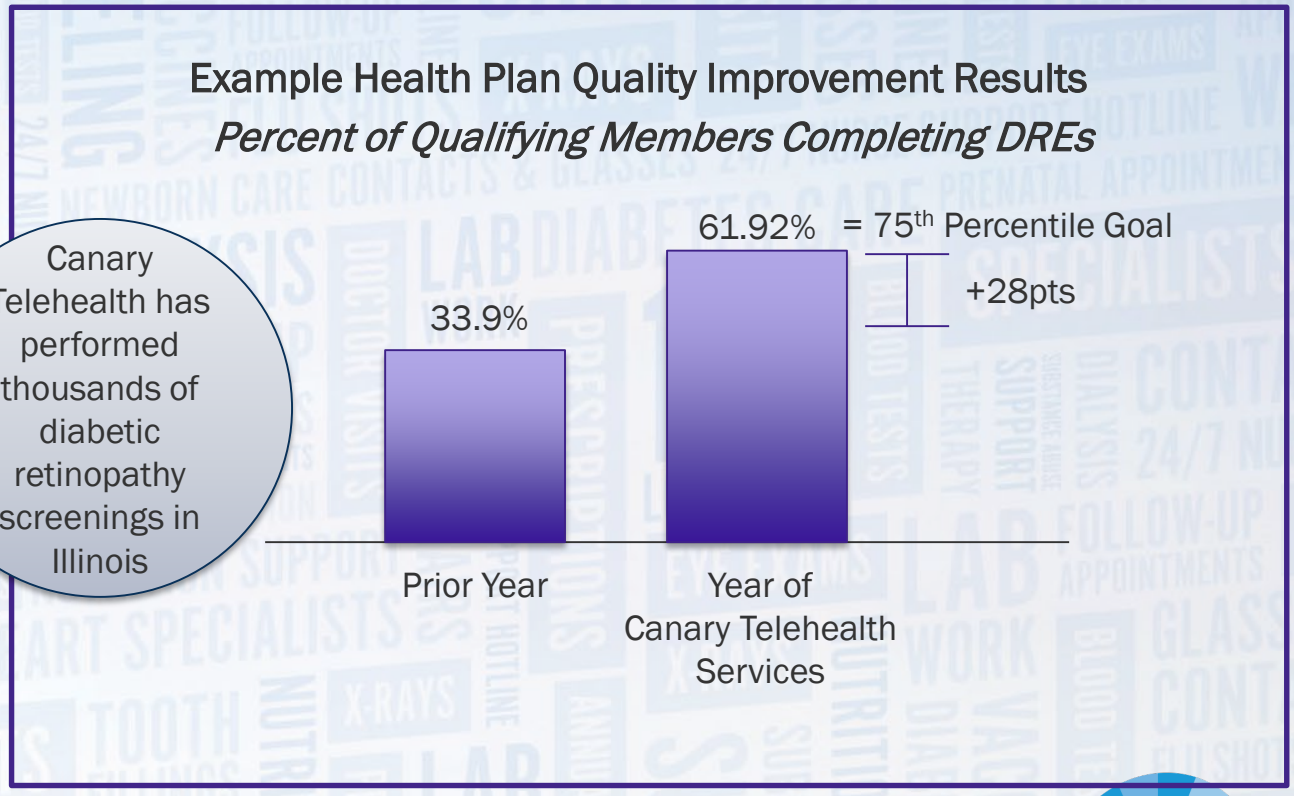
You will receive a CountyCare Rewards Card after completing this screening. You can use the card to buy needed items at stores like Walmart and Walgreens. Be sure to ask a representative about this reward at the time of scheduling.

Thank you again for choosing **CountyCare**.

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Quality Improvement Results Example

In-Home Retinopathy Screening Has Enabled Health Plans To Achieve Substantial Gains In Diabetic Retinopathy Screening Rates



CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Role of the Care Coordinator

- Remind your patients about the importance of getting a diabetic retinal eye exam by discussing:

✓The differences between vision screening and a diabetic retinal eye exam

✓Significance of early detection and the prevention of vision loss

✓The $25 CountyCare Rewards Card credit earned after exam completion

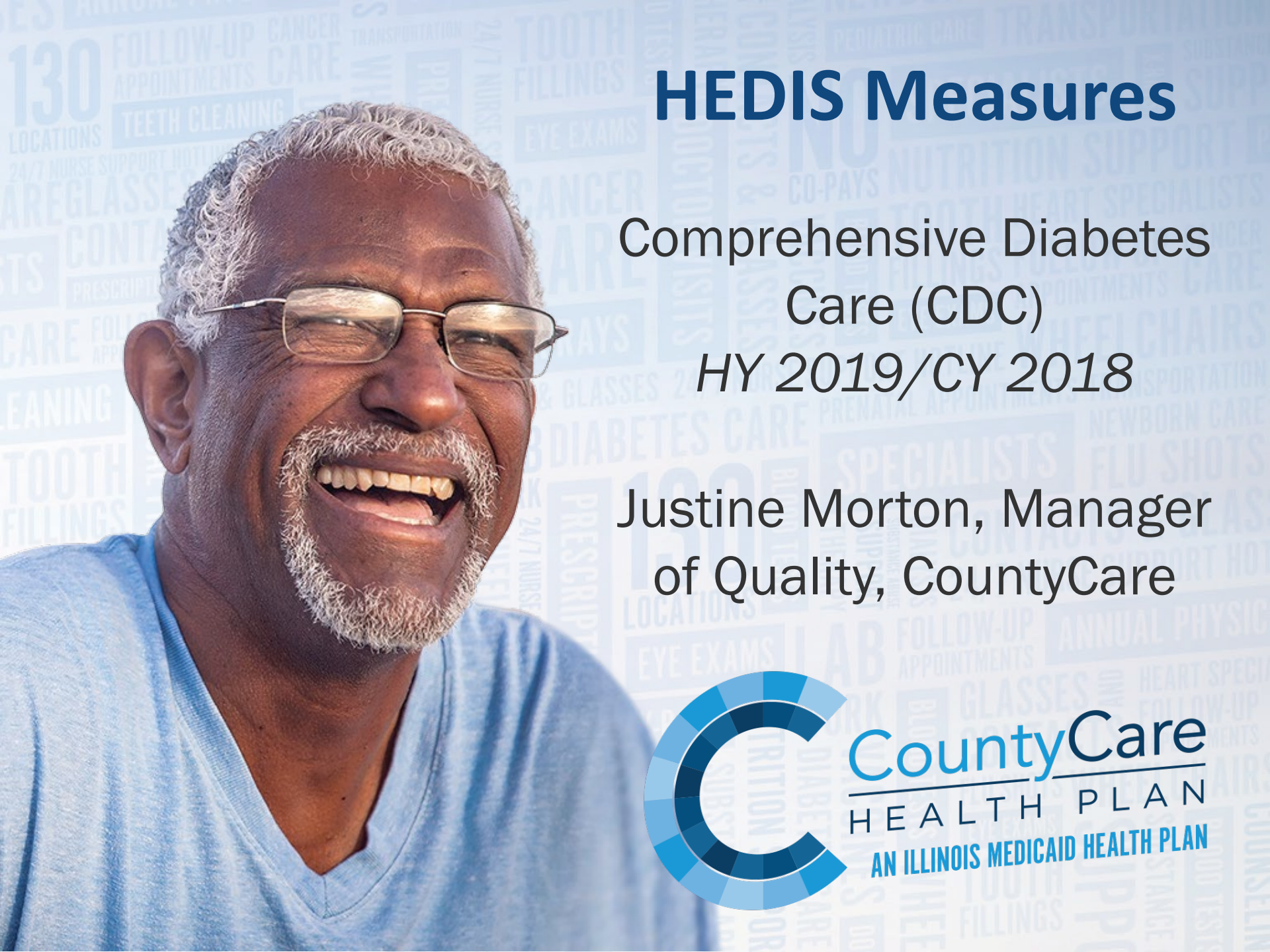
- Remind member's that the CountyCare Reward may take approximately 2 months to post to their account.
- Remind members that they must allow Canary Telehealth in their home for this service.
- **Encourage patients to call Canary Telehealth at 1-866-583-2967 with questions or to schedule a 30-minute appointment for their in-home diabetic retinal eye exam.**

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Care Coordinator Referrals

- If you have a member who may benefit from Canary Telehealth services and fits the qualifications please complete a referral form (will be sent after this presentation)
- Send the completed referral form to info@canarytelehealth.com

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN



HEDIS Measures

Comprehensive Diabetes Care (CDC)

HY 2019/CY 2018

Justine Morton, Manager of Quality, CountyCare

CountyCare HEALTH PLAN

AN ILLINOIS MEDICAID HEALTH PLAN

Members included in the sample

The percentage of members aged 18-75 years of age with diabetes (Type I & 2) who had each of the following:

- **Hemoglobin A1c (HbA1c) test performed in 2018**
  - Poor control ≥ 9%. Members who do not receive HbA1c testing counted in rate for poor control
  - Control < 8%
- **Retinal eye exam performed in 2017 or 2018**
  - A retinal or dilated eye exam by an optometrist or ophthalmologist in 2018
  - A negative retinal or dilated exam by an optometrist or ophthalmologist that shows negative for retinopathy in 2017
  - A fundus photograph of retinal abnormalities indicating the date when the photograph was performed and evidence that an optometrist or ophthalmologist reviewed the results
- **Medical attention for nephropathy in 2018**
  - Evidence of nephropathy (e.g., renal transplant, ESRD, visit to nephrologist) or a positive urine microalbumin test with the date performed and the result.
  - Evidence of ACE inhibitor/ARB therapy.
- **Blood Pressure < 140/90**

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Members excluded from the Sample

- Members who do not have a diagnosis of Diabetes
- Members in hospice
- Members diagnosed with Gestational Diabetes
- Members with a diagnosis of Steroid Induced Diabetes
- Members categorized as advanced illness and frailty

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

CDC Results for HY 2019

Measure	Numerat	Denominat	HY 2019 Rate (A)	HY 2018 Rate (H)	60th %ile	80th %ile
HbA1c Testing	12979	15618	82.10%*	88.81%	88.69%	91.20%
Retinal Eye exam	5301	15618	33.94%*	53.53%	60.48%	65.69%
Medical attention for Nephropathy	13569	15618	86.88%*	92.21%	90.94%	92.51%

* Rates are expected to increase for HY 2019 upon completion of hybrid chart chases.

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

What is CountyCare doing to increase CDC rates

- Canary Telehealth began providing in-home diabetic retinal exams to non-Medical Home Network CDC non-compliant members on 02/04/2019. 233 retinal eye exams were completed out of over 700 call backs last month
- Since Canary Health's inception, members have been awarded over $5800, $25 each for completion of eye exam and a member can earn an additional $25 each if member completes annual exam and receives an HbA1C test and nephropathy testing
- MHN has purchased retinal cameras for use in MHN clinics
- CCH E-consult used to communicate results back and forth between CCH and MHN and Canary

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

How can care coordinators help

- Coordinate with the patient and multidisciplinary team to ensure that a HRS/HRA is completed that includes baseline and additional factors such as patient preferences and engagement level, among others
- Work with patients and other healthcare providers to individualize diabetes care plans
- For appropriate patients, facilitate access to other diabetes care support services such as diabetes self-management education, nutrition therapy and exercise
- Encourage continued monitoring and communication among patients, family/caregivers, and all providers to ensure adequate understanding of the care plan, patient self-care responsibilities (eg, glycemic assessment, foot care, lifestyle changes, etc), and the importance of adherence to therapy

Pharmacy Benefits Manager (PBM) Changes

CountyCare HEALTH PLAN

AN ILLINOIS MEDICAID HEALTH PLAN

MedImpact: New Pharmacy Benefits Manager

- MedImpact is the new Pharmacy Benefit Manager (PBM)
- No Change to Pharmacy benefits
- Members will receive new CountyCare ID cards
- Members have been notified by letter of the change
- Members and Pharmacies have been provided with MedImpact contact information
- MedImpact has the option to send medications by mail
- See MedImpact FAQs for program details

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

MedImpact Direct Specialty

- MedImpact Direct Specialty
  - This program sends certain specialty medications directly to members or his/her doctor (for physician-administered drugs)
  - Members who participate in the program will receive a letter in the mail describing the program.
  - The member will also be contacted by phone in an effort to enroll him/her in MedImpact Direct Specialty
  - Members who participate in the program will be eligible for at least one transition fill at an in-network retail pharmacy

- MedImpact Direct Specialty phone number: (855) 873-8739
  - 7am-7pm CST, Monday-Friday

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

MedImpact Direct Specialty

- Care management follow up:
  - Health Plan will provide CMEs an update about one month after go live on members who have not been enrolled
  - Care Management outreach is needed to engage the member for enrollment, it is important to note that these members will all be receiving high-cost medication and will potentially be high risk members.

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

MedImpact Users Guide

- Covered medications
  - 1st check formulary; ctrl + F, to search formulary for covered medications
  - If prior authorization required there will be a “PA” indicator
- 90 Day Transition Period for new members
  - Member can fill non formulary medication one time
  - After 1st time, they will need to switch or submit formulary exception form
- Escalation Process
  - MedImpact Help desk: 888-402-1982 (starting Apr 1, avail. 24/7/365)
- CMEs are required to complete a non-disclosure agreement to display claims in their clinical platform

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

MedImpact Resources

- MedImpact help desk (24/7/365)
  - 888-402-1982
- MedImpact member portal
  - www.MP.MedImpact.com
  - members who register can search for pharmacies, medications and other information
- Pharmacies Search tool
  - http://www.countycare.com/find-a-provider
  - Click on “Find a Pharmacy”
- CountyCare website pharmacy information/formulary link
  - http://www.countycare.com/pdl
  - CountyCare search function key word “Pharmacy”

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

MedImpact Summary of change

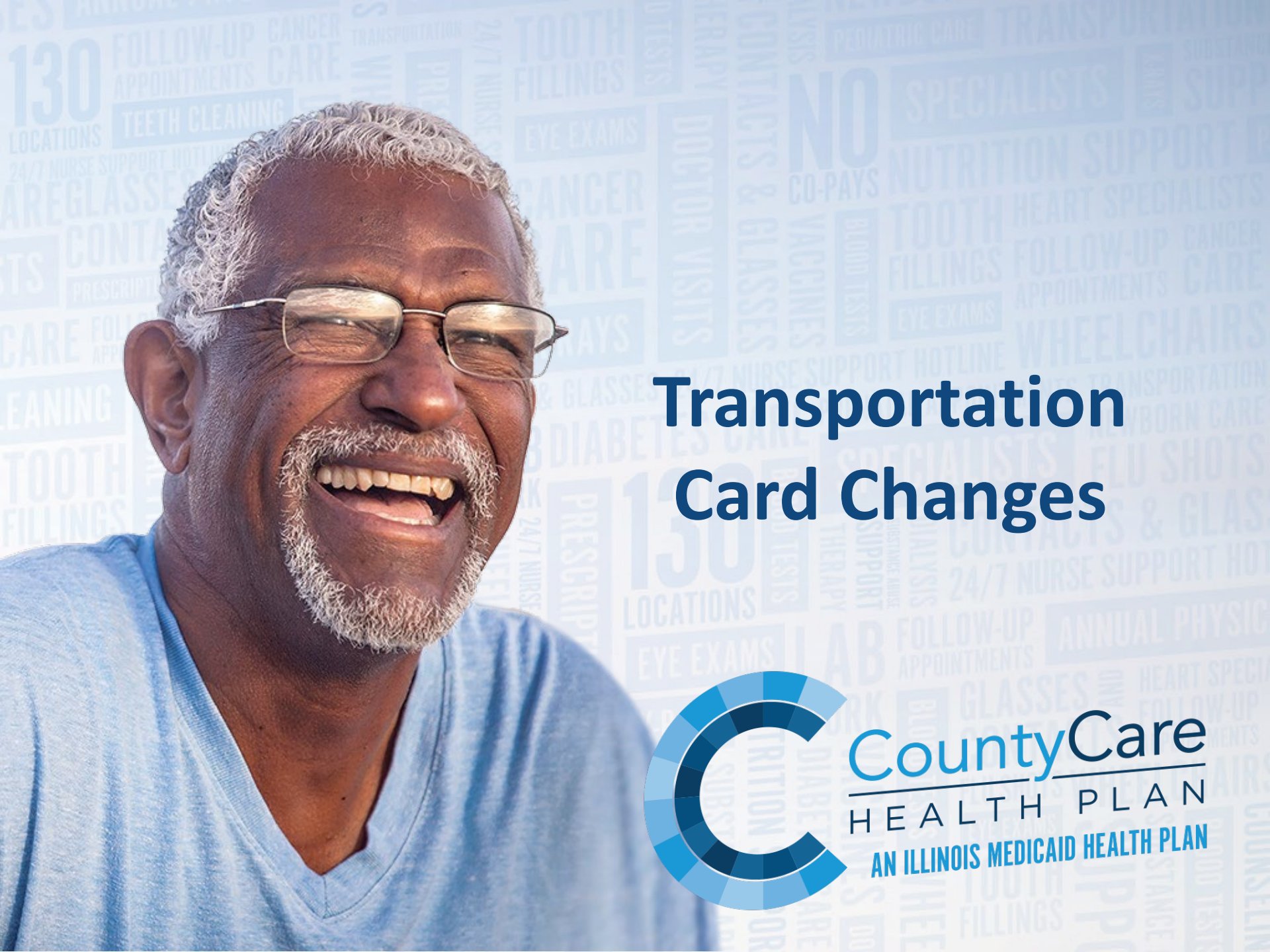
	No Change	Change
Pharmacy benefits	X	
Participating Pharmacies		X (minimal)
Formulary	X	
Appeals Process	X	
Prior Authorization Process	X (new form / fax)	
Grievances	X	
Claims data in CME systems	X	

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

What to do if a member doesn't have an ID card

- If a member does not have their new ID card available, they can still pick up a prescription
- Members should provide their pharmacy with the following information (see FAQs):
  - Rx: MedImpact
  - RxBIN: 017142
  - RxPCN: ASPROD1
  - RxGRP: CCX01

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN



Transportation Card Changes

CountyCare HEALTH PLAN

AN ILLINOIS MEDICAID HEALTH PLAN

Transit Pass: New Process

- Members call CountyCare member services to obtain ride card
  - Provide appointment provider name, date, time, location
  - Member services verifies appointment
  - Ride Cards are mailed to members (allow 10 days for delivery)
  - If ride cards are used, can not also use First Transit
- Care coordinators may call to request cards on the member's behalf
  - Care Coordinator will need to provide name, CME, and contact number
- Transit cards are mailed to members
  - Member Services will make only two attempts if member does not receive
  - Cards can be mailed to an alternative address; provide "care of" mailing instructions

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Transit Pass Overview

- Single ride Ventra card (CTA ride card)
  - Single ride card $3.00 value(includes transfers)
  - Good for two hours, one ride and up to two transfers

- Seven-day Ventra Card (CTA ride card)
  - Seven days of unlimited rides
  - One month supply of seven day ride cards issued for ongoing transportation needs, e.g., Chemo therapy, Methadone treatment

- Blue plastic Ventra cards A.K.A. Pace ride card
  - One per appointment
  - $10 value

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Transit Pass Alternatives

- CCH Fleet "Ride" program; 312-864-ride (CCH appointments)
  - Cook County provider locations only
  - Methadone treatment at Family Guidance Center
- Seniors and persons with disabilities free public transit program
  - "Illinois Benefit Access Program"
  - https://www2.illinois.gov/aging/BenefitsAccess/Pages/Ride-Free-Transit-Benefit.aspx
- Reduced fare public transportation
  - Regional Transportation Authority (RTA) reduced fare permits
  - https://www.rtachicago.org/index.php/rider-resources/reduced-fare/reduced-fare-permits

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Transit Pass Alternatives

- RTA Americans with Disabilities Act (ADA) Paratransit program
  - Flexible option for member who can not use fixed route transportation
  - https://www.rtachicago.org/index.php/rider-resources/accessible-transit/paratransit-certification
- First Transit
  - Request rides for scheduled medical appointments
    - 630-403-3210
    - 312-864-8200

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Transit Pass - FAQs

- Q: *Member is homeless or can't receive mail at listed address. How can they receive transit cards?*
  - A: Member may provide an alternative address; shelter, friend or relative. Cards can also be mailed to a care coordinator to deliver to the member.
- Q: *How many cards can a member receive in one mailing?*
  - A: Cards will be mailed for each scheduled appointment within the next 30 days. Members going to ongoing appointments such as chemo, dialysis or methadone will be mailed four 7-day passes at a time.
- Q*: Member has limited minutes and is unwilling to call. How can they request cards?*
  - A: Member can request cards via the member portal at countycare.com. Member must provide date, time and location of all appointments as well as address to mail cards. Care coordinator or provider may also call on the member's behalf to make the request.

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Transit Pass - FAQs

- Q: *The provider has scheduled the member's appointment(s) for less than 10 days. How can the member get cards in time?*
  - A: Member should call First Transit or 312-864-Ride (CCH locations) to schedule a ride. CountyCare also encourages providers to utilize their existing patient transportation policies when these situations arise.
- Q: *Member was able to come to an appointment using his/her own funds or a friend/relative, but he/she does not have transportation home. What should the provider do?*
  - A: Member should call First Transit or 4-Ride (CCH locations) to schedule a ride. CountyCare also encourages providers to utilize their existing patient transportation policies when these situations arise.
- Q: *In the past, FT has been unable to accommodate last minute requests or refused to pick up a member. Are there alternatives?*

  A: Every attempt should be made to schedule the ride 48 hours before the appointment. CountyCare also encourages providers to utilize their existing patient transportation policies when these situations arise.

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Transit Pass - FAQs

- Q: Will Bus cards be provided to member's utilizing non- CCH Clinics?
  - A: Yes, member should call member services and provide date and location of all medical appointments.
- Q: Many FQHC's only schedule out for two weeks -- so it's not possible to reliably get cards in advance?
  - A: Member should call First Transit or 312-864-Ride (CCH locations) to schedule a ride. CountyCare also encourages providers to utilize their existing patient transportation policies when these situations arise.
- Q: Can a patient use Pace for methadone treatment if they dont go to CCH?
  - A: Yes, member should call and request PACE cards.

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Transit Pass- FAQs

- Q; What about when a patient goes to ER or IP stay and needs an appointment ASAP...and doesn't have a ride?
  - A: Member should call First Transit or 312-864-Ride (CCH locations) to schedule a ride. CountyCare also encourages providers to utilize their existing patient transportation policies when these situations arise.
- Q: Do the blue plastic Ventra calls only work on PACE fixed route rides?
  - A: Yes, CountyCare mails members requesting PACE cards a card with a $10 value.

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Community Spotlight

Home Delivered Meals

Phillip Lanier, Nutrition Outreach Specialist

CountyCare HEALTH PLAN

AN ILLINOIS MEDICAID HEALTH PLAN

Why Refer Members for Home-Delivered Meals?

AgeOptions. Agency on Aging Northeastern Illinois

CountyCare Health Plan
An Illinois Medicaid Health Plan

Home Delivered Meals Overview

- HDMs reduce the average length of hospital stays for those readmitted and reduce the number of overall complications.[1]
- Trained HDM delivery drivers provide a regular, face-to-face safety check and report apparent changes in health status. This means earlier interventions, lower treatment costs and fewer hospitalizations.[2]

[1] Thirty Years of the Older Americans Nutrition Program. *Journal of the American Dietetic Association,* March, 2002. 102(3)
[2] Thomas, K.S. & Mor, V. The Relationship Between Older Americans Act Title II I State Expenditures and Prevalence of Low-Care Nursing Home Residents. *Health Services Research Journal*, June, 2013 48(3)

AgeOptions. Agency on Aging Northeastern Illinois

CountyCare Health Plan An Illinois Medicaid Health Plan

Three Kinds of Home Delivered Meal Programs

- Private-pay services, i.e.
  - Mom's Meals
  - Seattle Sutton's, etc.
- Meals on Wheels America
- Home Delivered Meals funded by
  - Older Americans Act
  - Title IIIC
  - No means test

AgeOptions

Agency on AGING NORTHEASTERN ILLINOIS

CountyCare HEALTH PLAN AN ILLINOIS MEDICAID HEALTH PLAN

Home Delivered Meal Eligibility Guidelines

Must be in eligible service area

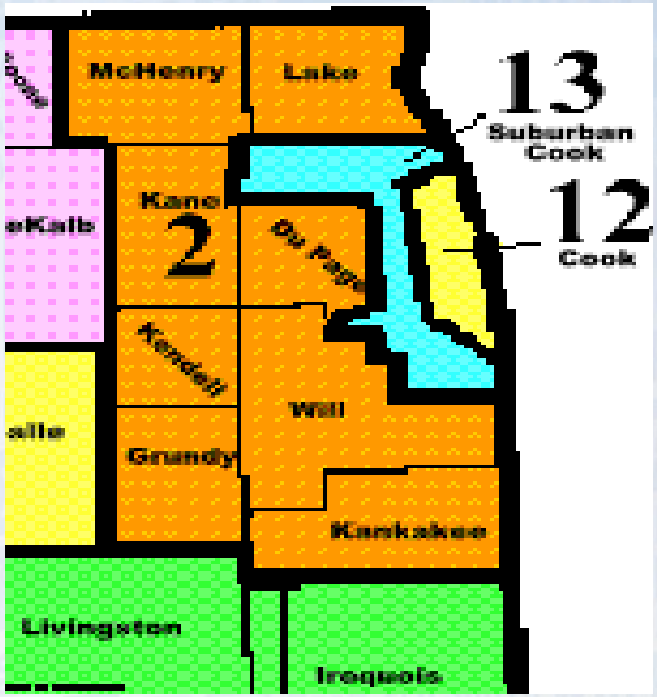
AgeOptions =
Planning Service Area (PSA) 13
Suburban Cook County

Agency on Aging =

Planning Service Area

(PSA) 2

Collar Counties



AgeOptions

Agency on AGING
NORTHEASTERN ILLINOIS

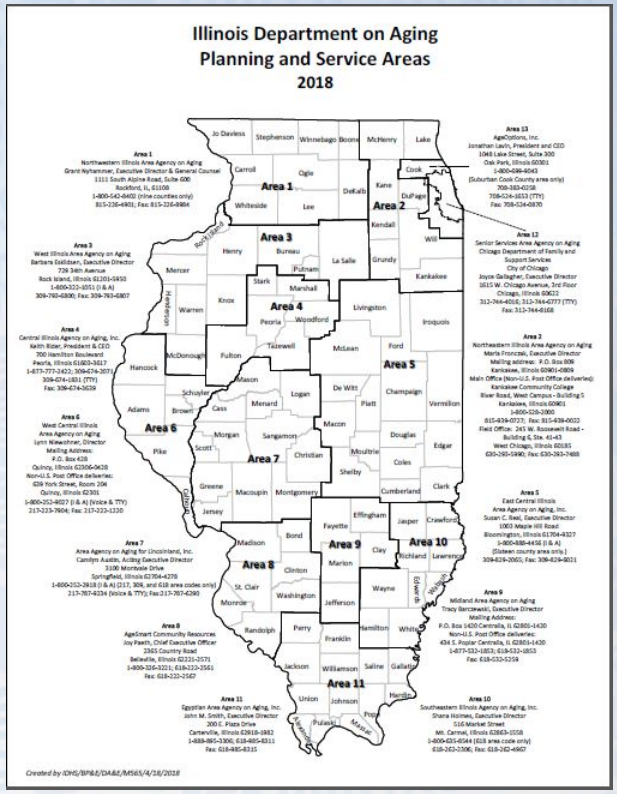
CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Home Delivered Meal Eligibility Guidelines

For members in other areas of Illinois, please contact the Area Agencies on Aging where the member lives.

You can find a complete list of AAAs, with contact information, at this link:

http://ageoptions.org/gallery/wp-content/uploads/2018/08/AAA-Service-Area-Map-Contact-List-5-14-18.pdf



AgeOptions

Agency on AGING NORTHEASTERN ILLINOIS

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Home Delivered Meal Eligibility Guidelines

Plus all of the following:

a) Age 60 or over

b) Frail **and/or** homebound 3+ days with acute/chronic/incapacitating illness

c) Isolation - unable to shop/prepare/obtain meals

d) Unable to attend congregate meal

e) Able to benefit from the HDMs offered. For example, if the member is diabetic, that member will be eligible for diabetic meals only

AGEOPTIONS

Agency on AGING NORTHEASTERN ILLINOIS

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Home Delivered Meal Eligibility Guidelines

f) Not receiving HDM from another source*

g) No adult available/willing to prepare meals

h) Client agrees to cooperate with delivery procedures of HDM Provider

***Waivers may be considered if the meals from another source don't meet the client's dietary requirements.** For example, a diabetic who is receiving general-diet meals from another source would be eligible

AgeOptions

Agency on AGING NORTHEASTERN ILLINOIS

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Two types of referrals

- **Regular Referrals**—start within 5 days.

  Require reassessment in 1 year.

- **Emergency Referrals**—start within 2 days.

Assessment within 30 days; Reassessment at end of approved meal term (if designated), but not longer than 1 year.

AgeOptions

Agency on Aging Northeastern Illinois

CountyCare Health Plan
An Illinois Medicaid Health Plan

Regular Referrals

- **MCO Role**

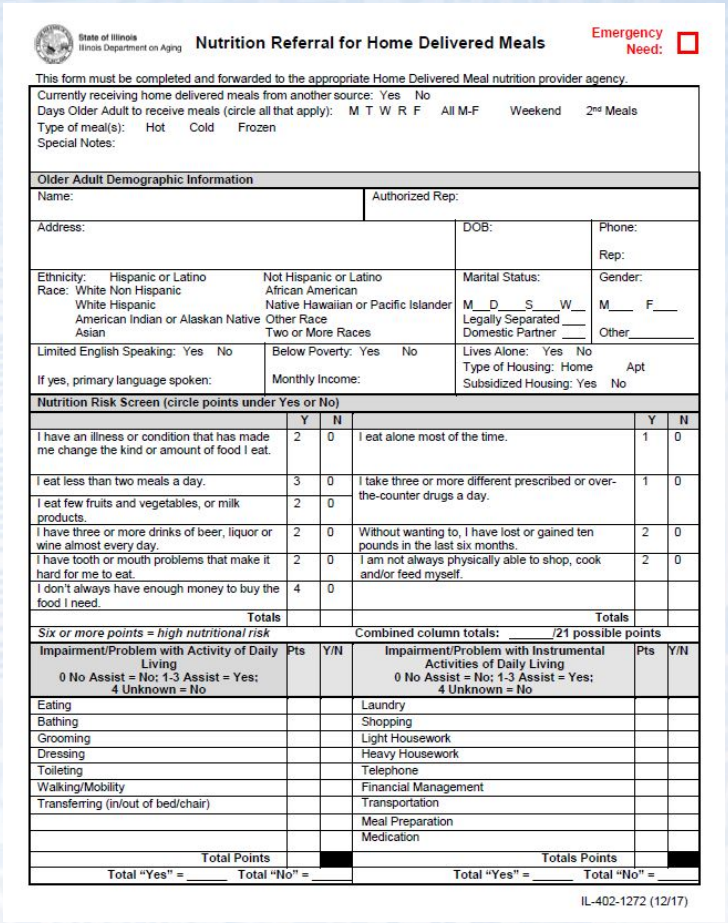
  - Conduct in-home assessment to determine need/eligibility
  - Use the IDOA Referral Form (next slide)
  - Also, share the donation-request letter and answer any questions your client might have.

AgeOptions

Agency on Aging Northeastern Illinois

CountyCare Health Plan
An Illinois Medicaid Health Plan

IDOA Referral Form



State of Illinois
Illinois Department on Aging

Nutrition Referral for Home Delivered Meals

Emergency Need: ☐

This form must be completed and forwarded to the appropriate Home Delivered Meal nutrition provider agency.

Currently receiving home delivered meals from another source: Yes No
Days Older Adult to receive meals (circle all that apply): M T W R F All M-F Weekend 2nd Meals
Type of meal(s): Hot Cold Frozen
Special Notes:

Older Adult Demographic Information

Name:		Authorized Rep:	
Address:		DOB:	Phone: Rep:
Ethnicity: Hispanic or Latino / Not Hispanic or Latino Race: White Non Hispanic / African American White Hispanic / Native Hawaiian or Pacific Islander American Indian or Alaskan Native / Other Race Asian / Two or More Races		Marital Status: M__D__S__W__ Legally Separated ___ Domestic Partner ___	Gender: M___ F___ Other_____
Limited English Speaking: Yes No If yes, primary language spoken:	Below Poverty: Yes No Monthly Income:	Lives Alone: Yes No Type of Housing: Home Apt Subsidized Housing: Yes No	

Nutrition Risk Screen (circle points under Yes or No)

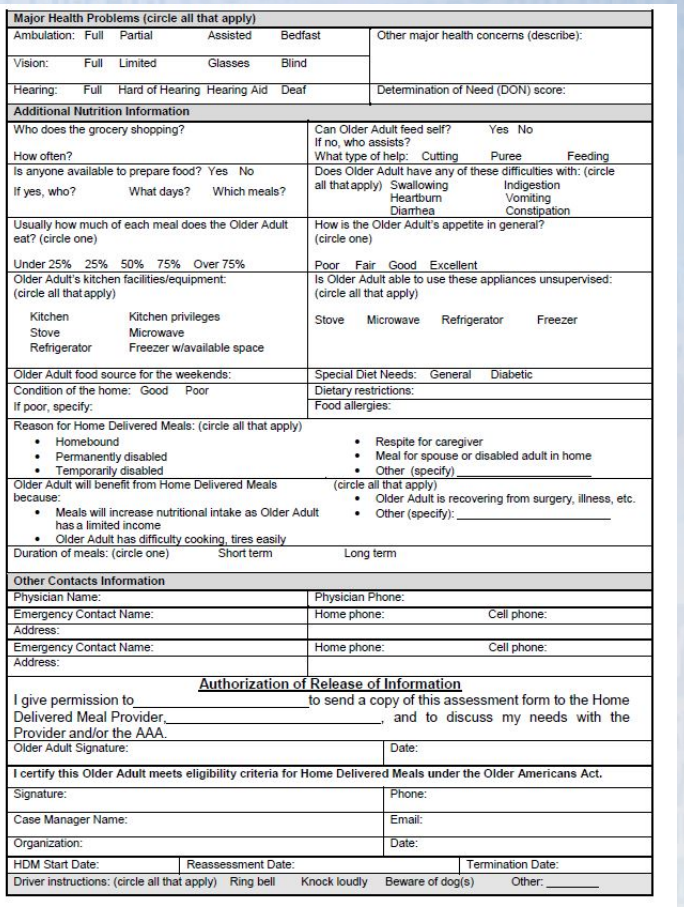
	Y	N		Y	N
I have an illness or condition that has made me change the kind or amount of food I eat.	2	0	I eat alone most of the time.	1	0
I eat less than two meals a day.	3	0	I take three or more different prescribed or over-the-counter drugs a day.	1	0
I eat few fruits and vegetables, or milk products.	2	0			
I have three or more drinks of beer, liquor or wine almost every day.	2	0	Without wanting to, I have lost or gained ten pounds in the last six months.	2	0
I have tooth or mouth problems that make it hard for me to eat.	2	0	I am not always physically able to shop, cook and/or feed myself.	2	0
I don't always have enough money to buy the food I need.	4	0			
Totals			Totals		

Six or more points = high nutritional risk — Combined column totals: _____/21 possible points

Impairment/Problem with Activity of Daily Living 0 No Assist = No; 1-3 Assist = Yes; 4 Unknown = No	Pts	Y/N	Impairment/Problem with Instrumental Activities of Daily Living 0 No Assist = No; 1-3 Assist = Yes; 4 Unknown = No	Pts	Y/N
Eating			Laundry		
Bathing			Shopping		
Grooming			Light Housework		
Dressing			Heavy Housework		
Toileting			Telephone		
Walking/Mobility			Financial Management		
Transferring (in/out of bed/chair)			Transportation		
			Meal Preparation		
			Medication		
Total Points			Totals Points		
Total "Yes" = _____ Total "No" = _____			Total "Yes" = _____ Total "No" = _____		

IL-402-1272 (12/17)

Front



Major Health Problems (circle all that apply)

Ambulation: Full Partial Assisted Bedfast	Other major health concerns (describe):
Vision: Full Limited Glasses Blind	
Hearing: Full Hard of Hearing Hearing Aid Deaf	Determination of Need (DON) score:

Additional Nutrition Information

Who does the grocery shopping? How often?	Can Older Adult feed self? Yes No If no, who assists? What type of help: Cutting Puree Feeding
Is anyone available to prepare food? Yes No If yes, who? What days? Which meals?	Does Older Adult have any of these difficulties with: (circle all that apply) Swallowing Indigestion Heartburn Vomiting Diarrhea Constipation
Usually how much of each meal does the Older Adult eat? (circle one) Under 25% 25% 50% 75% Over 75%	How is the Older Adult's appetite in general? (circle one) Poor Fair Good Excellent
Older Adult's kitchen facilities/equipment: (circle all that apply) Kitchen Kitchen privileges Stove Microwave Refrigerator Freezer w/available space	Is Older Adult able to use these appliances unsupervised: (circle all that apply) Stove Microwave Refrigerator Freezer
Older Adult food source for the weekends:	Special Diet Needs: General Diabetic
Condition of the home: Good Poor If poor, specify:	Dietary restrictions: Food allergies:

Reason for Home Delivered Meals: (circle all that apply)
- Homebound
- Permanently disabled
- Temporarily disabled
- Respite for caregiver
- Meal for spouse or disabled adult in home
- Other (specify) _____

Older Adult will benefit from Home Delivered Meals because: (circle all that apply)
- Meals will increase nutritional intake as Older Adult has a limited income
- Older Adult has difficulty cooking, tires easily
- Older Adult is recovering from surgery, illness, etc.
- Other (specify): _____

Duration of meals: (circle one) Short term Long term

Other Contacts Information

Physician Name:	Physician Phone:	
Emergency Contact Name:	Home phone:	Cell phone:
Address:		
Emergency Contact Name:	Home phone:	Cell phone:
Address:		

Authorization of Release of Information

I give permission to _____ to send a copy of this assessment form to the Home Delivered Meal Provider, _____, and to discuss my needs with the Provider and/or the AAA.

Older Adult Signature:	Date:

I certify this Older Adult meets eligibility criteria for Home Delivered Meals under the Older Americans Act.

Signature:		Phone:
Case Manager Name:		Email:
Organization:		Date:
HDM Start Date:	Reassessment Date:	Termination Date:

Driver instructions: (circle all that apply) Ring bell Knock loudly Beware of dog(s) Other: _____

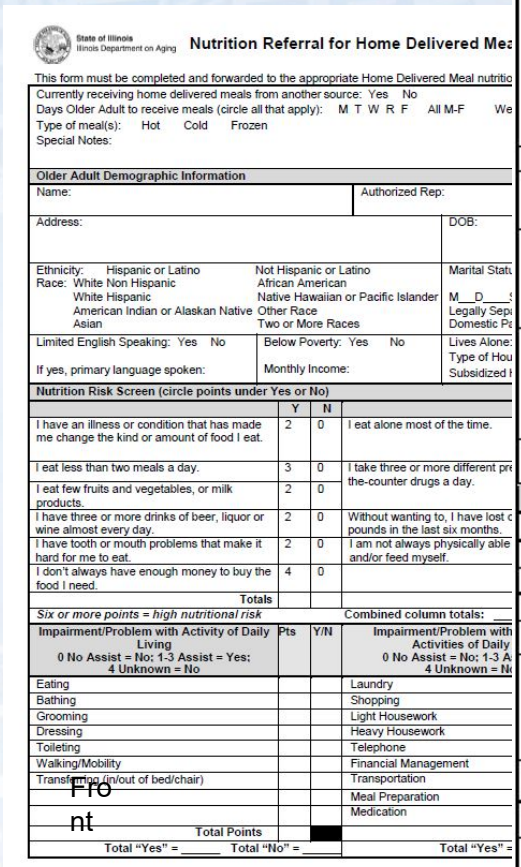
Back

AgeOptions

Agency on Aging
Northeastern Illinois

CountyCare Health Plan
An Illinois Medicaid Health Plan

IDOA Referral Form



State of Illinois
Illinois Department on Aging

Nutrition Referral for Home Delivered Mea

This form must be completed and forwarded to the appropriate Home Delivered Meal nutritio

Currently receiving home delivered meals from another source: Yes No
Days Older Adult to receive meals (circle all that apply): M T W R F All M-F We
Type of meal(s): Hot Cold Frozen
Special Notes:

Older Adult Demographic Information

Name: | Authorized Rep:
Address: | DOB:
Ethnicity: Hispanic or Latino | Not Hispanic or Latino | Marital Statu
Race: White Non Hispanic | African American
White Hispanic | Native Hawaiian or Pacific Islander | M__D__
American Indian or Alaskan Native | Other Race | Legally Sepa
Asian | Two or More Races | Domestic Pa
Limited English Speaking: Yes No | Below Poverty: Yes No | Lives Alone:
If yes, primary language spoken: | Monthly Income: | Type of Hou
Subsidized

Nutrition Risk Screen (circle points under Yes or No)

	Y	N	
I have an illness or condition that has made me change the kind or amount of food I eat.	2	0	I eat alone most of the time.
I eat less than two meals a day.	3	0	I take three or more different pr
I eat few fruits and vegetables, or milk products.	2	0	the-counter drugs a day.
I have three or more drinks of beer, liquor or wine almost every day.	2	0	Without wanting to, I have lost c pounds in the last six months.
I have tooth or mouth problems that make it hard for me to eat.	2	0	I am not always physically able and/or feed myself.
I don't always have enough money to buy the food I need.	4	0	
Totals			

Six or more points = high nutritional risk Combined column totals: ___

Impairment/Problem with Activity of Daily Living 0 No Assist = No; 1-3 Assist = Yes; 4 Unknown = No	Pts	Y/N	Impairment/Problem with Activities of Daily 0 No Assist = No; 1-3 A 4 Unknown = N
Eating			Laundry
Bathing			Shopping
Grooming			Light Housework
Dressing			Heavy Housework
Toileting			Telephone
Walking/Mobility			Financial Management
Transferring (in/out of bed/chair)			Transportation
			Meal Preparation
			Medication
Total Points			
Total "Yes" = _____ Total "No" = _____			Total "Yes" =

Fro
nt

Feeding with: (circle

eat? (circle one)

Under 25% 25% 50% 75% Over 75%

(circle one)

Poor Fair Good Excellent

Older Adult's kitchen facilities/equipment: (circle all that apply)

Kitchen
Stove
Refrigerator
Kitchen privileges
Microwave
Freezer w/available space

Is Older Adult able to use these appliances unsupervised: (circle all that apply)

Stove Microwave Refrigerator Freezer

Older Adult food source for the weekends:

Special Diet Needs: General Diabetic

Condition of the home: Good Poor

If poor, specify:

Dietary restrictions:

Food allergies:

Reason for Home Delivered Meals: (circle all that apply)

- Homebound
- Permanently disabled
- Temporarily disabled
- Respite for caregiver
- Meal for spouse or disabled adult in hom
- Other (specify) _____

Older Adult will benefit from Home Delivered Meals because:

- Meals will increase nutritional intake as Older Adult has a limited income
- Older Adult has difficulty cooking, tires easily

(circle all that apply)

- Older Adult is recovering from surgery, illness, etc.
- Other (specify): _____

Duration of meals: (circle one) Short term Long term

Other Contacts Information

Physician Name:	Physician Phone:	
Emergency Contact Name:	Home phone:	Cell phone:
Address:		
Emergency Contact Name:	Home phone:	Cell phone:
Address:		

Authorization of Release of Information

I give permission to _____ to send a copy of this assessment form to the Home Delivered Meal Provider, _____, and to discuss my needs with the Provider and/or the AAA.

Older Adult Signature:	Date:

Bac
k

I certify this Older Adult meets eligibility criteria for Home Delivered Meals under the Older Americans Act.

Signature:	Phone:
Case Manager Name:	Email:
Organization:	Date:

AGEOPTIONS
Agency on AGING
NORTHEASTERN ILLINOIS

HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Regular Referrals

- **MCO Role**

➢ Determine HDM meal provider:

In service area 13 (suburban Cook County), use the AgeOptions Referral Website: https://services.ageoptions.org/ (see next slide)

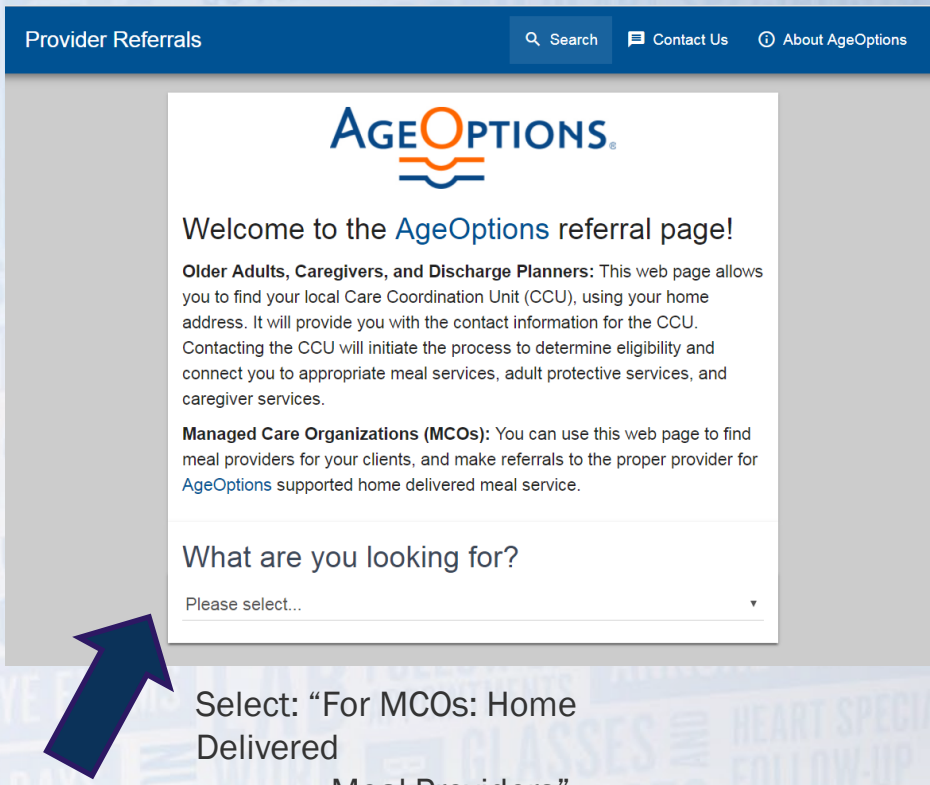
In service area 2 (Collar Counties), refer to this list by County: https://www.ageguide.org/wp-content/uploads/2018/12/HDM-Provider-List.pdf

AgeOptions. Agency on Aging Northeastern Illinois

CountyCare Health Plan An Illinois Medicaid Health Plan

AgeOptions Referral Website

- To find the appropriate meal provider in suburban Cook County, enter member's address at: https://services.ageoptions.org/
- Click to the next slide for a short video demonstrating



Select: "For MCOs: Home Delivered Meal Providers"
Enter: Member's address

AGEOPTIONS
Agency on AGING NORTHEASTERN ILLINOIS

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Emergency Referrals

- Usually involves sudden status changes, such as injuries or illness, or transition from care setting to home
- Extenuating circumstances, imminent risk in which HDM service is the only option
- Eligibility is Presumed
- Complete the Nutrition Referral Form, usually based on a phone conversation with client, and transmits to HDM Meal Provider
- In-home assessment must be done within 30 days

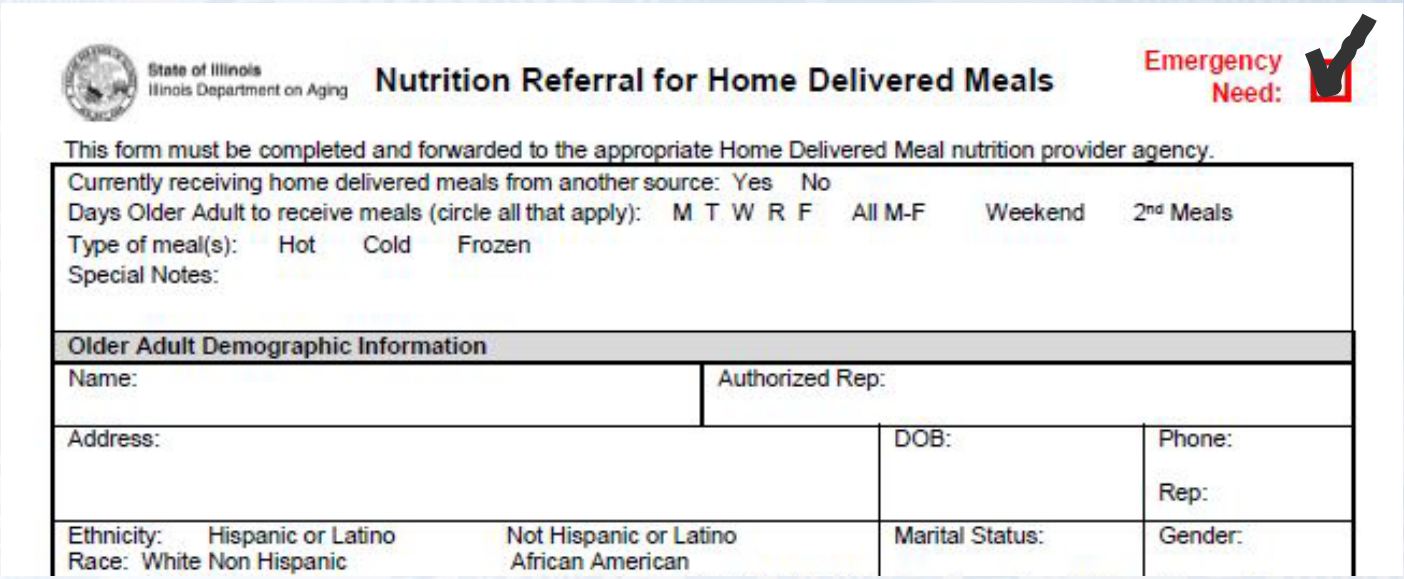
AgeOptions

Agency on Aging Northeastern Illinois

CountyCare Health Plan
An Illinois Medicaid Health Plan

Emergency Referrals

- Be sure to check the "Emergency Need" box at the top of Nutrition Referral Form.



State of Illinois
Illinois Department on Aging

Nutrition Referral for Home Delivered Meals

Emergency Need: ☑

This form must be completed and forwarded to the appropriate Home Delivered Meal nutrition provider agency.

Currently receiving home delivered meals from another source: Yes No
Days Older Adult to receive meals (circle all that apply): M T W R F All M-F Weekend 2nd Meals
Type of meal(s): Hot Cold Frozen
Special Notes:

Older Adult Demographic Information

Name:	Authorized Rep:		
Address:		DOB:	Phone: Rep:
Ethnicity: Hispanic or Latino Not Hispanic or Latino Race: White Non Hispanic African American		Marital Status:	Gender:

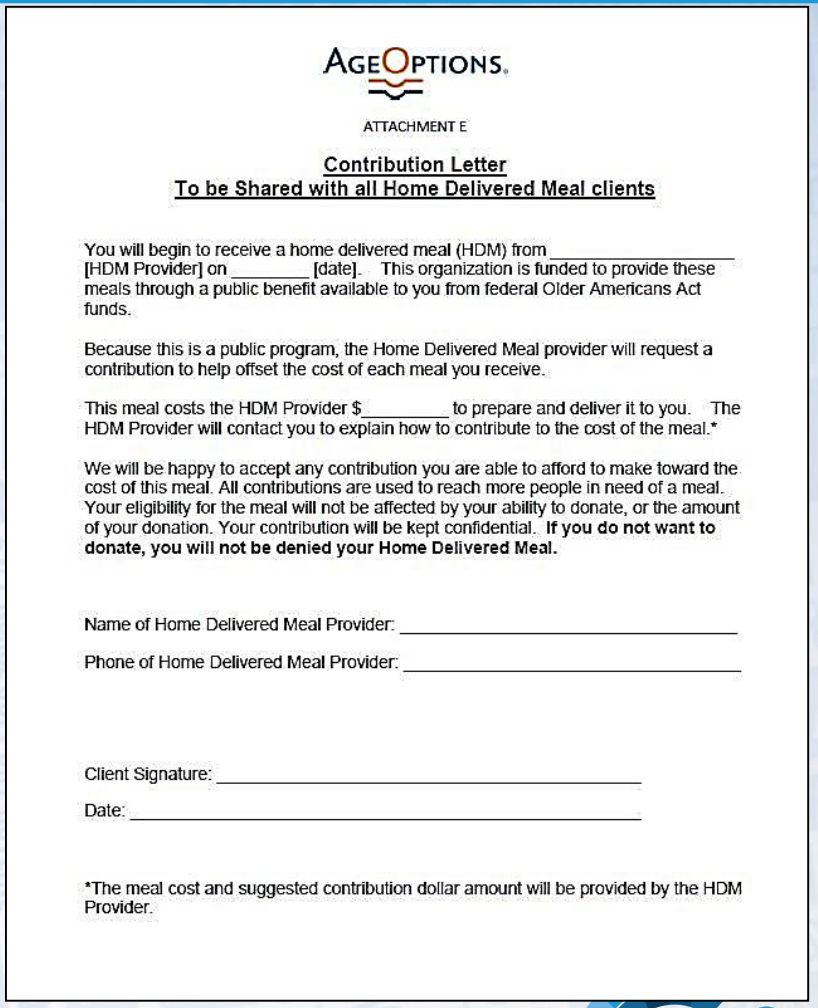
AgeOptions

Agency on AGING NORTHEASTERN ILLINOIS

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Donation Request Letter

- MCO must present and discuss the Donation Request Letter during the assessment
- It must be made clear to Client that a donation is a request NOT a requirement to receive meals.



AGEOPTIONS.

ATTACHMENT E

Contribution Letter
To be Shared with all Home Delivered Meal clients

You will begin to receive a home delivered meal (HDM) from _____ [HDM Provider] on _____ [date]. This organization is funded to provide these meals through a public benefit available to you from federal Older Americans Act funds.

Because this is a public program, the Home Delivered Meal provider will request a contribution to help offset the cost of each meal you receive.

This meal costs the HDM Provider $_____ to prepare and deliver it to you. The HDM Provider will contact you to explain how to contribute to the cost of the meal.*

We will be happy to accept any contribution you are able to afford to make toward the cost of this meal. All contributions are used to reach more people in need of a meal. Your eligibility for the meal will not be affected by your ability to donate, or the amount of your donation. Your contribution will be kept confidential. **If you do not want to donate, you will not be denied your Home Delivered Meal.**

Name of Home Delivered Meal Provider: _____

Phone of Home Delivered Meal Provider: _____

Client Signature: _____

Date: _____

*The meal cost and suggested contribution dollar amount will be provided by the HDM Provider.

AGEOPTIONS.

Agency on AGING
NORTHEASTERN ILLINOIS

CountyCare
HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Service Reassessment

- MCO conducts a new in-home assessment annually
- MCO transmits reassessment status to HDM Provider:
  - ✓ Continuation
  - ✓ Discontinuation
  - ✓ Physical/mental/environmental changes

AgeOptions

Agency on Aging Northeastern Illinois

CountyCare Health Plan
An Illinois Medicaid Health Plan

Therapeutic Special Diets Available in Service Area 13 (suburban Cook County)

- ❑ Renal Diets
- ❑ Pureed
- ❑ Gluten-Free
- ❑ Vegetarian
- ❑ Diabetic Diets

Note: In Service Area 2 (Collar Counties) contact the HDM Provider in Member's County for availability and types of Special Diets:

https://www.ageguide.org/wp-content/uploads/2018/12/HDM-Provider-List.pdf

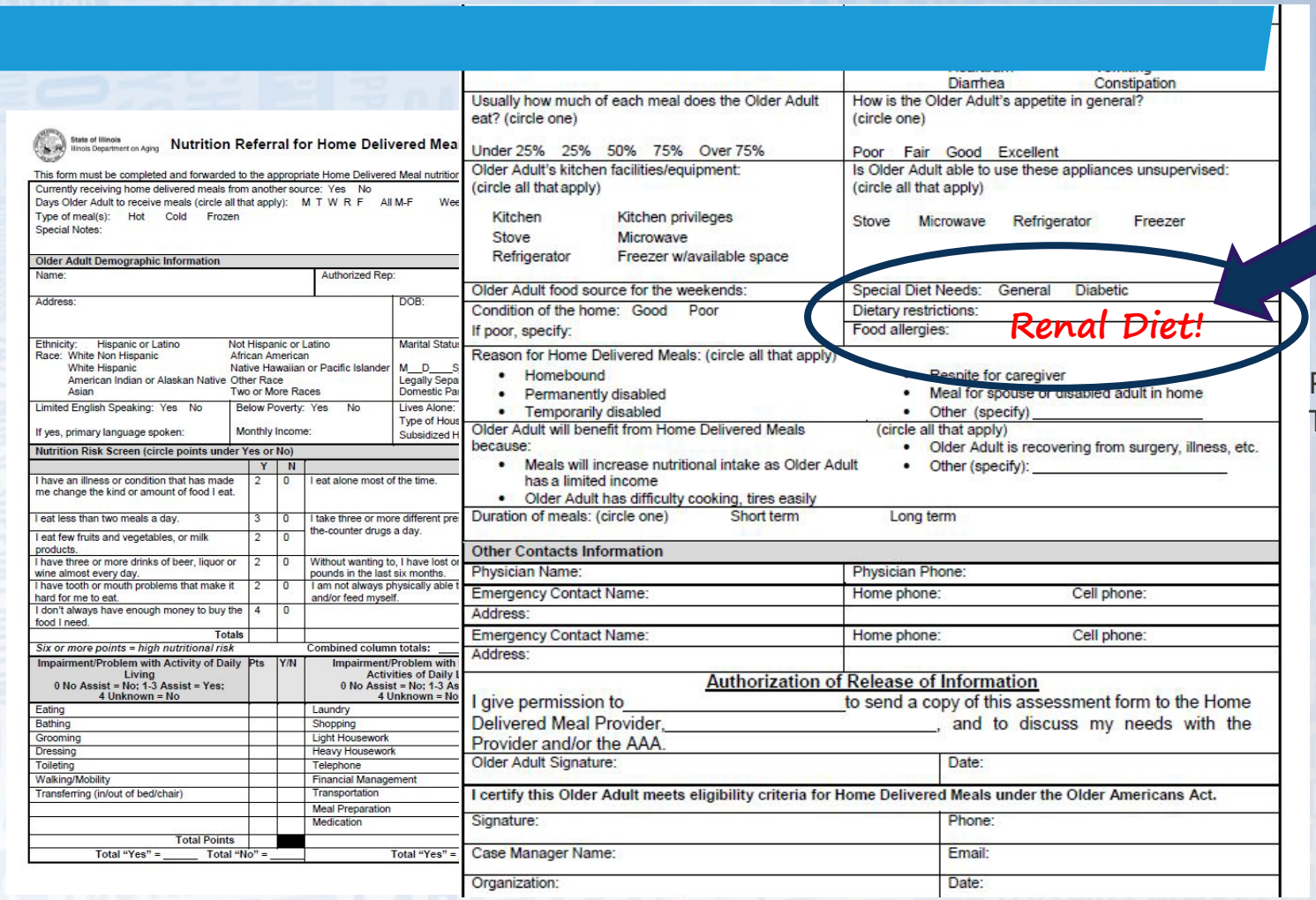
All General-Wellness diets provided by Older Americans Act Title IIIC nutrition programs meet the standards for "Low Sodium" and "Heart Healthy."

AgeOptions

Agency on Aging Northeastern Illinois

CountyCare Health Plan
An Illinois Medicaid Health Plan

IDOA Referral Form



State of Illinois Illinois Department on Aging **Nutrition Referral for Home Delivered Mea**

This form must be completed and forwarded to the appropriate Home Delivered Meal nutritior

Currently receiving home delivered meals from another source: Yes No
Days Older Adult to receive meals (circle all that apply): M T W R F All M-F Wee
Type of meal(s): Hot Cold Frozen
Special Notes:

Older Adult Demographic Information

Name: | Authorized Rep:
Address: | DOB:
Ethnicity: Hispanic or Latino | Not Hispanic or Latino | Marital Statu
Race: White Non Hispanic | African American
White Hispanic | Native Hawaiian or Pacific Islander | M__D__S
American Indian or Alaskan Native | Other Race | Legally Sepa
Asian | Two or More Races | Domestic Pa
Limited English Speaking: Yes No | Below Poverty: Yes No | Lives Alone:
If yes, primary language spoken: | Monthly Income: | Type of Hous
Subsidized H

Nutrition Risk Screen (circle points under Yes or No)

	Y	N	
I have an illness or condition that has made me change the kind or amount of food I eat.	2	0	I eat alone most of the time.
I eat less than two meals a day.	3	0	I take three or more different pre the-counter drugs a day.
I eat few fruits and vegetables, or milk products.	2	0	
I have three or more drinks of beer, liquor or wine almost every day.	2	0	Without wanting to, I have lost o pounds in the last six months.
I have tooth or mouth problems that make it hard for me to eat.	2	0	I am not always physically able t and/or feed myself.
I don't always have enough money to buy the food I need.	4	0	
Totals			

Six or more points = high nutritional risk Combined column totals: ___

Impairment/Problem with Activity of Daily Living 0 No Assist = No; 1-3 Assist = Yes; 4 Unknown = No	Pts	Y/N	Impairment/Problem with Activities of Daily L 0 No Assist = No; 1-3 As 4 Unknown = No
Eating			Laundry
Bathing			Shopping
Grooming			Light Housework
Dressing			Heavy Housework
Toileting			Telephone
Walking/Mobility			Financial Management
Transferring (in/out of bed/chair)			Transportation
			Meal Preparation
			Medication
Total Points			
Total "Yes" = _____ Total "No" = _____			Total "Yes" =

Page One

Diarrhea Constipation

Usually how much of each meal does the Older Adult eat? (circle one)
Under 25% 25% 50% 75% Over 75%

How is the Older Adult's appetite in general? (circle one)
Poor Fair Good Excellent

Older Adult's kitchen facilities/equipment: (circle all that apply)
Kitchen Kitchen privileges
Stove Microwave
Refrigerator Freezer w/available space

Is Older Adult able to use these appliances unsupervised: (circle all that apply)
Stove Microwave Refrigerator Freezer

Older Adult food source for the weekends:

Special Diet Needs: General Diabetic

Condition of the home: Good Poor
If poor, specify:

Dietary restrictions:
Food allergies:

Renal Diet!

Reason for Home Delivered Meals: (circle all that apply)
- Homebound
- Permanently disabled
- Temporarily disabled
- Respite for caregiver
- Meal for spouse or disabled adult in home
- Other (specify) _____

Older Adult will benefit from Home Delivered Meals because: (circle all that apply)
- Meals will increase nutritional intake as Older Adult has a limited income
- Older Adult has difficulty cooking, tires easily
- Older Adult is recovering from surgery, illness, etc.
- Other (specify): _____

Duration of meals: (circle one) Short term Long term

Other Contacts Information

Physician Name: | Physician Phone:
Emergency Contact Name: | Home phone: | Cell phone:
Address:
Emergency Contact Name: | Home phone: | Cell phone:
Address:

Authorization of Release of Information

I give permission to _____ to send a copy of this assessment form to the Home Delivered Meal Provider, _____, and to discuss my needs with the Provider and/or the AAA.

Older Adult Signature: | Date:

I certify this Older Adult meets eligibility criteria for Home Delivered Meals under the Older Americans Act.

Signature: | Phone:
Case Manager Name: | Email:
Organization: | Date:

Page Two

AgeOptions

Agency on Aging Northeastern Illinois

CountyCare Health Plan
An Illinois Medicaid Health Plan

Contacts

- AgeOptions (Suburban Cook County):
  - **Phillip Lanier, Nutrition Outreach Specialist**
    - (708) 383-0258
    - Phillip.lanier@ageoptions.org
  - **Paula Bartolozzi, Grants Administrator**
    - (708) 383-0258
    - Paula.bartolozzi@ageoptions.org

AgeOptions

Agency on Aging Northeastern Illinois

CountyCare Health Plan
An Illinois Medicaid Health Plan

Links

http://ageoptions.org/gallery/hdmreferralinfo/

- Self-Guided Online Referral Training, Units 1 – 4
- IDOA Nutrition Referral Form for Home Delivered Meals
- One-Page Reference Guide for Referral Process
- HDM Eligibility Quick Reference
- Donation Request Letter
- Home Delivered Meals Explainer Pamphlet for Members
- Mom's Meals Intake Forms (for HDM Providers)
- AAA Illinois Servicer Area Map Contact Information
- Service Area 2 (Collar Counties) HDM Provider Information
- AgeOptions Referral Website
- Special Diets Website

AGEOPTIONS

Agency on AGING NORTHEASTERN ILLINOIS

CountyCare HEALTH PLAN AN ILLINOIS MEDICAID HEALTH PLAN

Thank You!

- **Rocio Lozano** CHW for all her amazing work supporting the Non Waiver Team and the various housing programs for the homeless that she works with.
- **Lusina Hernandez** CHW for all her amazing work supporting the Waiver Team
- **Monica Puente** CHW for all her amazing work supporting the Non Waiver Team, CORE and Cermark Health Center.
- **Emma Matias** CHW for all her amazing work supporting the Non Waiver and Waiver teams.
- **Jackie Webb** CHW for all her amazing work supporting the Non Waiver and Waiver teams.

If you have a care coordinator you want to give a special Thank you, Please email them to **Lanisha.Thadison@cookcountyhhs.org**

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN


Questions?
CountyCare
HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

We need your Feedback!

Please take a short moment to complete the evaluation poll.

CountyCare HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN


Thank You!
CountyCare
HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN