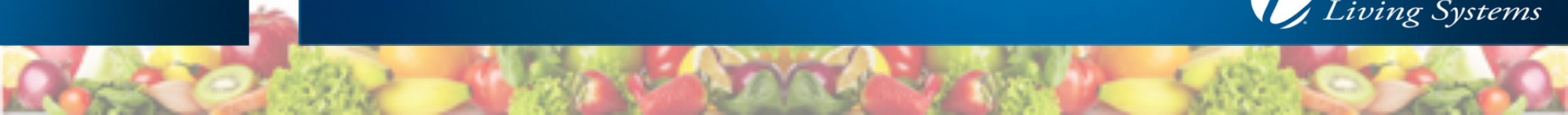




HCBS
CONFERENCE
Home & Community-Based Services



Collaborative Transition of Care Models: Lessons learned during a pandemic



PANEL



Josefina Carbonell
President
Florida Community Care



Maureen Lillis
Chief Operating Officer
Independent Living Systems



James Henderson
Chief Innovation Officer
Independent Living Systems



Tatiana Pita
VP Care Management
Independent Living Systems

Agenda



Agenda Topics

- Introduction to ILS
 - Meals Programs
 - Care for 12,000 seniors
- COVID-19 in South Florida
- Avoiding hospitalization
- Reductions in hospital LOS
- What we found

ABOUT US

Who We Are

Independent Living Systems, LLC, offers a comprehensive range of clinical and third-party administrative services to managed care organizations and providers that serve high-cost, complex member populations in the Medicare, Medicaid and Dual-Eligible Market.

ILS has been an industry leader in managing home and community-based programs for over 18 years providing assistance beyond the clinical realm at every stage of care from hospitalization to the treatment of chronic illnesses to personalized care management including nutritional support.

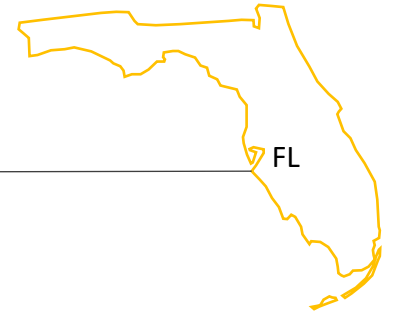
ILS is one of the country's leading providers of Nutritional Support Services and medically tailored meals. ILS provides nutrition counseling and home delivered meals for individuals transitioning from acute settings to the home as well as for those combatting the effects of one or more chronic diseases.

WHAT SETS US APART
TAILORED INTEGRATION MODELS

- Improve Clinical Outcomes
- Address Social Determinants of Health
- Proven to Reduce Costs
- Increase Member Satisfaction

Care for Seniors in South Florida

Care Coordination



ILS is the parent company of Florida Community Care, a Long-Term Care Plus Plan serving ~ 14,000 LTSS members across all Florida counties:

- Acute care, long term care and home and community-based services all resident in one plan of care
- Arrangements with community-based organizations and provider groups that include:
 - Delegated management of provider networks
 - Quality assurance and quality improvement activities
 - Medicaid eligibility redetermination assistance



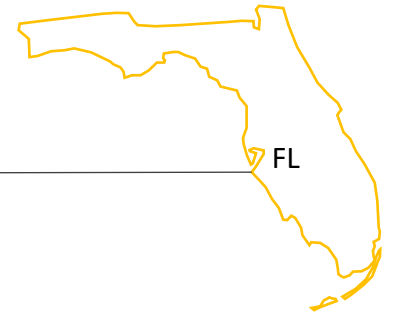
ILS is the Lead agency for the Miami-Dade Community Care for the Elderly (CCE) Program which provides community-based services to help functionally impaired elders live in the least restrictive yet most cost-effective environment suitable to their needs.

Services or Activities:

Eligible clients receive a wide range of goods and services, including: adult day care, adult day health care, case management, case aide, chore, companionship, consumable medical supplies, counseling, escort, emergency alert response, emergency home repair, home-delivered meals, home health aide, homemaker, home nursing, information and referral, legal assistance, material aid, medical therapeutic services, personal care, respite, shopping assistance, transportation, and other community-based services.

Care for Seniors in South Florida

Care Coordination



Clinically Tailored Meals Designed by a team of Nutrition Specialists:

- Delivered directly to the member's door, with up-to-date delivery status
- Prepared in U.S. Department of Agriculture (USDA) inspected facilities
- Nutritionally balanced and carbohydrate, fat, sodium, and portion controlled
- Meets the Federal Nutrition standards
- Menus designed and reviewed by our registered, licensed Dietitians
- Designed as Healthy Lifestyle menus
- Flash frozen for guaranteed freshness
- Formulated to retain nutritional integrity



Overall Satisfaction with Meals received



Satisfaction with the number of meals



Satisfaction with the delivery staff



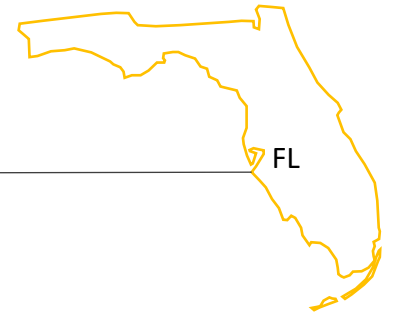
Satisfaction with the menu selection



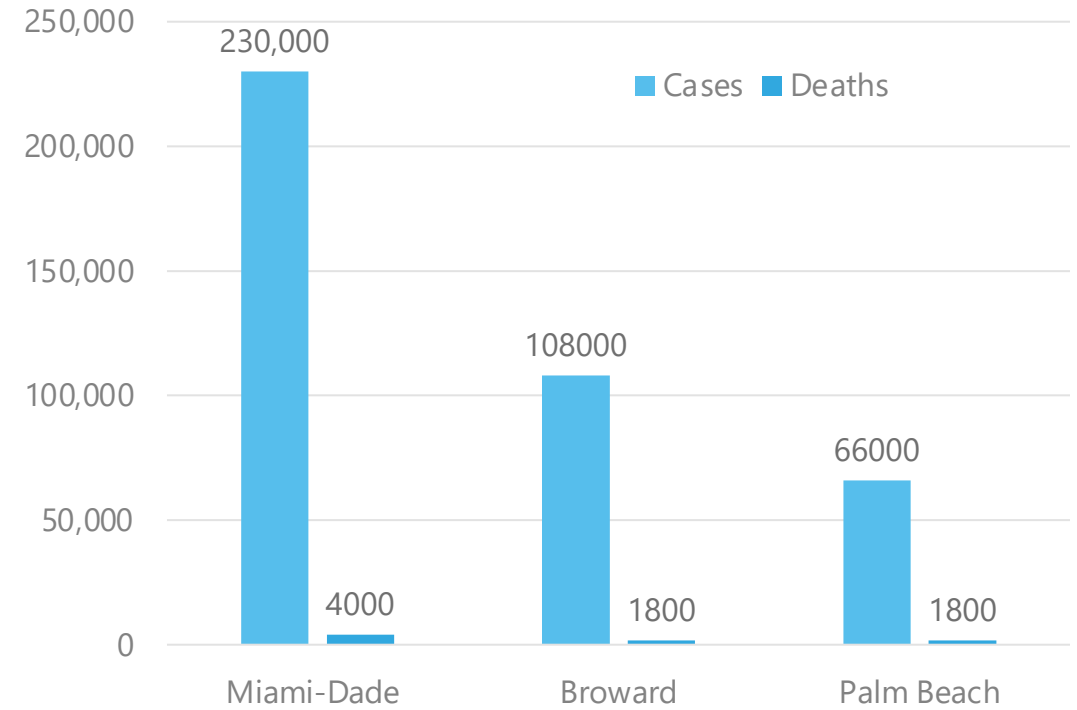
Did the meals aid in your recovery

South Florida

COVID-19 Impact

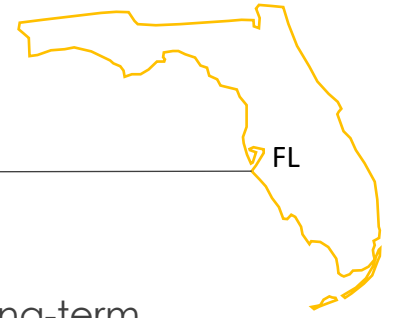


CUMULATIVE CASES ⓘ



South Florida

Overarching Goals



Limit exposure of seniors to COVID-19 by reducing hospitalizations and, if hospitalized or in post-acute or long-term care community, reduce the length of stay:

- Evaluate which Seniors are most at Risk
- Help seniors avoid ER and hospital admission by addressing the sources for preventable admissions:
 - Food insecurity
 - Social Isolation
- Help seniors transition as quickly and safely as possible when discharged from the hospital.
 - personal care,
 - homemaker,
 - shopping assistance,
 - home-delivered meals,
 - Transportation

Evaluating at Risk Seniors

COVID Assessment



COVID-19 Mini Assessment

TEST_02 TEST (49) (M) > Active [Display Care Team](#)

Status:

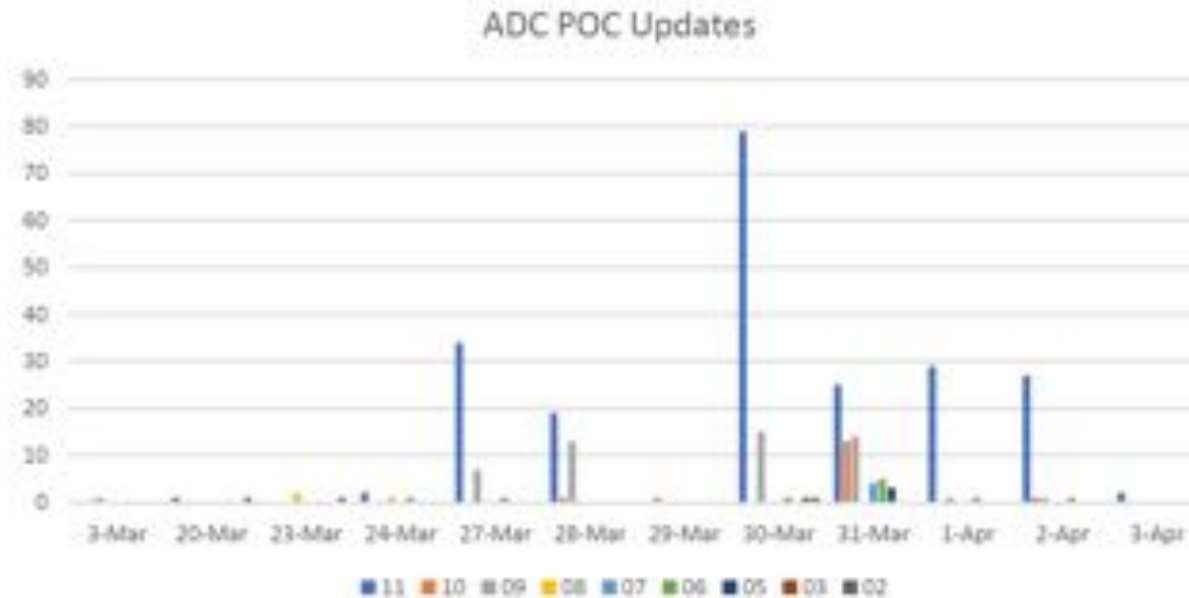
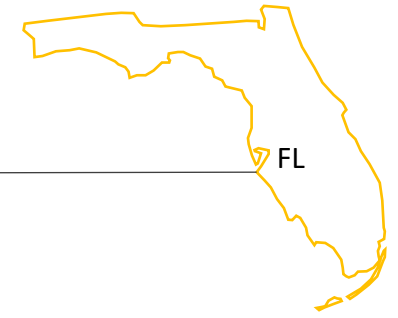
Completed On: N/A Completed By: N/A

1. Have you or a close relative or friend traveled outside the country within 2 weeks?
 Yes No I don't know
2. Do you suffer from heart or lung disease?
 Yes No I don't know
3. Have you been recently diagnosed with a condition that affects your immune system?
 Yes No I don't know
4. Are you are taking any medication that your doctor has told you may affect your immune system?
 Yes No I don't know
5. Do you have symptoms of a cold or flu?
 Yes No I don't know
6. Do you have family or friends that you can call on if you are not feeling well or if your caregiver is unable to assist you?
 Yes No I don't know
7. Do you have enough medicine for 2 weeks?
 Yes No I don't know
8. Do you have home delivered meals?
 Yes No I don't know
9. Do you have enough food for the next two-weeks in your home?
 Yes No I don't know
10. Do you have someone that can food shop for you?
 Yes No I don't know
11. Do you attend group meetings, religious service, Adult Day Care, or any place where there were more than 20 people gathered?
 Yes No I don't know
12. Do you have a place to go and someone to assist you if your Adult Day Care facility closes?
 Yes No I don't know
13. Are you familiar with the prevention methods set by the CDC, such as frequent hand washing, avoiding large groups for the next couple of weeks, avoiding others who are sick?

Responses to Questions Trigger Care Plan interventions for services and Education

Evaluating at Risk Seniors

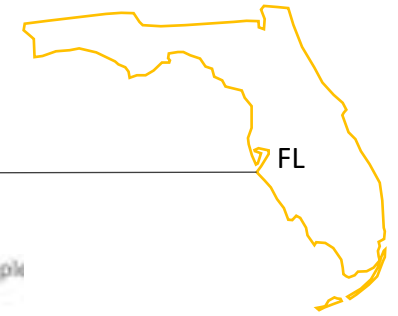
Assessing Adult Day Care Impact



- Early concerns regarding Adult Day Care (ADC) led to considerable confusion regarding status of ADCs by mid-March, prompted by Miami-Dade order closing "senior community centers."
- In mid-March, FCC began contingency planning in advance of ADC closures.
 - FCC completed mini-assessment of each ADC recipient – 100% enrollees statewide.
 - FCC conducted survey of ADC provider capabilities in anticipation of new flexibilities.
- By the end of March, two-thirds of ADC recipients in Miami-Dade had stopped attending ADC; well in advance of Miami-Dade order closing ADCs effective April 3rd.

Evaluating at Risk Seniors

Assessing Adult Day Care Impact



Completed On: N/A Compli

1. Living situation (701B Q26)

2. Is there a primary CG? (701B Q25)

3. CG relationship to client? (701B Q123)

4. Is CG confident to provide care? (701B Q134)

5. Have you been diagnosed with Dementia? (701B Q36)

6. Are you currently attending the ADC?

7. Has the ADC closed?

8. Do you have someone to assist you if you are not attending the ADC?

9. Date of ADC closed

 N/A

10. Are you allowing a home health aide to provide services at home?

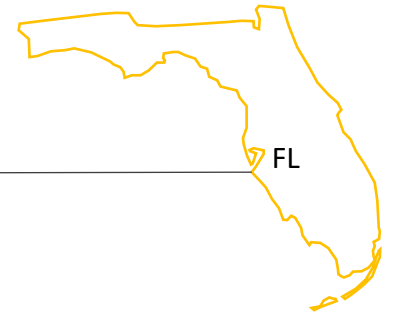
11. Is CG/ family member working at home as a result of COVID 19?

12. Enter number of hours per service per day (For ADC, enter the number of hours per day even if the enrollee is not currently attending)
 Services:

ADC	Su	<input type="text"/>	M	<input type="text"/>	Tu	<input type="text"/>	W	<input type="text"/>	Th	<input type="text"/>	F	<input type="text"/>	Sa	<input type="text"/>	Grand Total	<input type="text"/>
Adult Companion	Su	<input type="text"/>	M	<input type="text"/>	Tu	<input type="text"/>	W	<input type="text"/>	Th	<input type="text"/>	F	<input type="text"/>	Sa	<input type="text"/>	Grand Total	<input type="text"/>
Respite	Su	<input type="text"/>	M	<input type="text"/>	Tu	<input type="text"/>	W	<input type="text"/>	Th	<input type="text"/>	F	<input type="text"/>	Sa	<input type="text"/>	Grand Total	<input type="text"/>

Evaluating at Risk Seniors

Assessing Adult Day Care Impact



ADC closures monitored and mitigated through provision of other HCBS Services including PDO

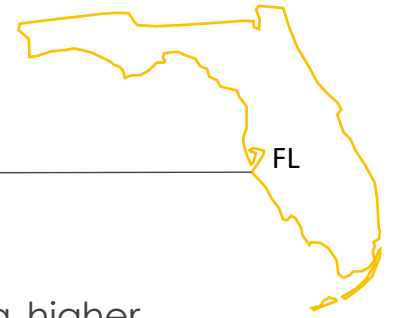
PDO Services



DSW Hours

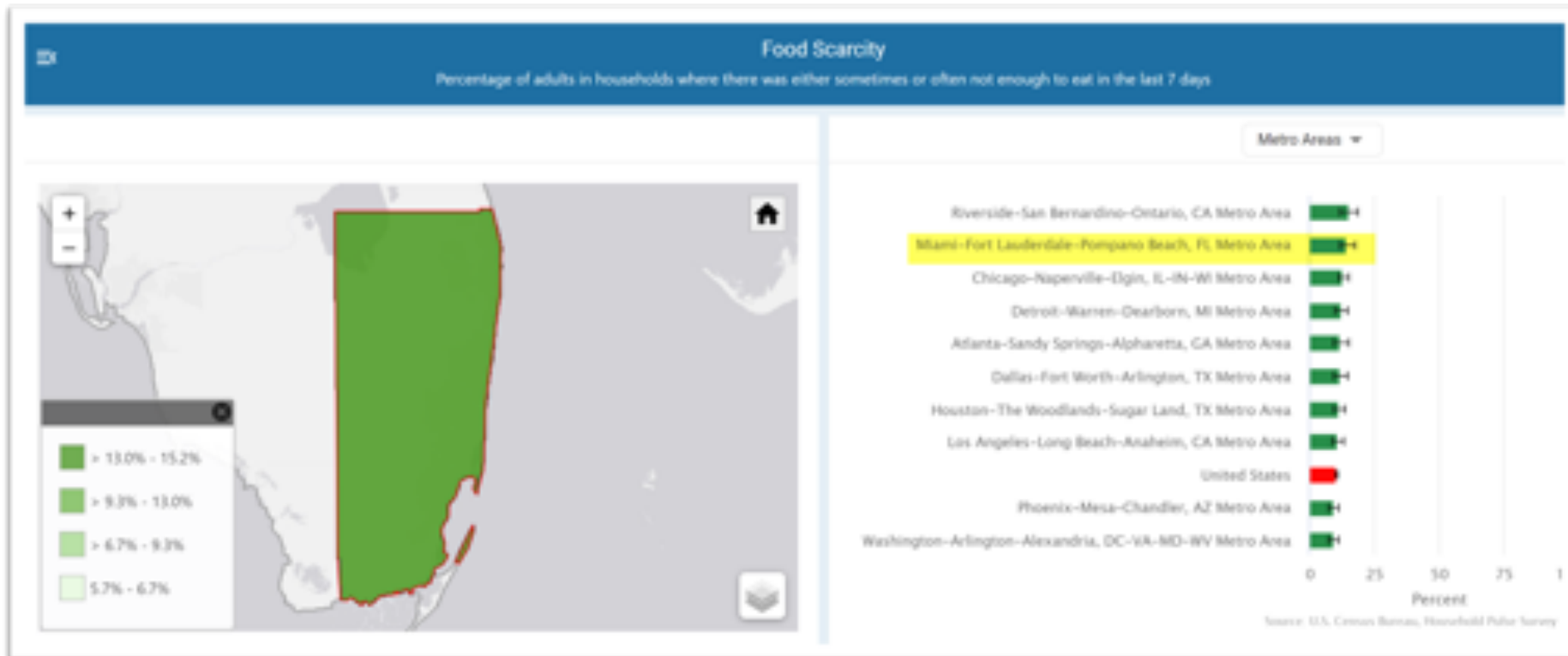


Care Strategies to Avoid Hospitalizations



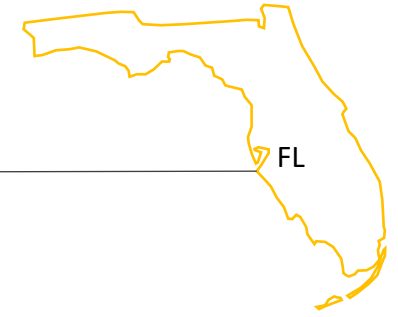
Food at Home

- It is now commonly understood that seniors faced with Food Insecurity are more likely to experience a higher volume of hospital stays and re-admissions
- In response to COVID-19, South Florida senior centers and food banks closed or stopped serving in-house meals while there was a significant reduction of volunteers in food banks exacerbating food insecurity in the region.



Care Strategies to Avoid Hospitalizations

Food at Home



Home Delivered Meals

Over 8 million meals produced and delivered directly to the homes of residents affected by the Covid-19 epidemic.



Groceries

Over 100,000 "grocery kits" of fruits and vegetables delivered directly to the residences of seniors unable to procure their own groceries due to the Covid-10 epidemic

Do you receive home delivered meals?
No I don't know

Do you have enough food for the next two-weeks in your home?
No I don't know

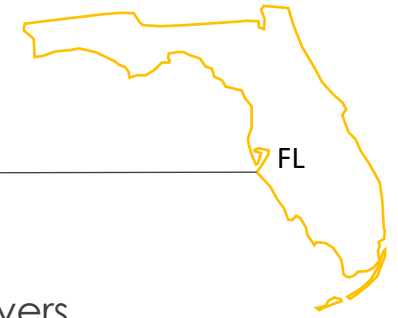
Do you have someone that can food shop for you?
No I don't know

Assessment

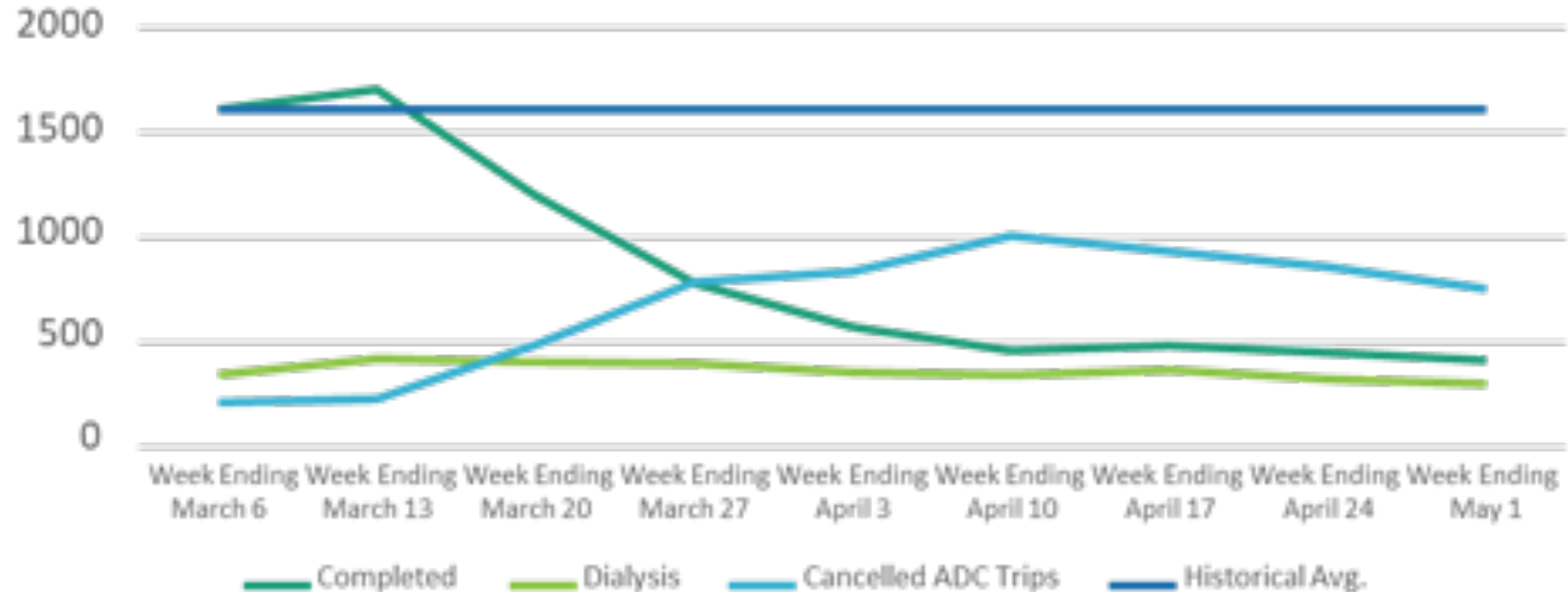
Assessed entire care managed population to determine increased risk for food insecurity under Covid

Transportation

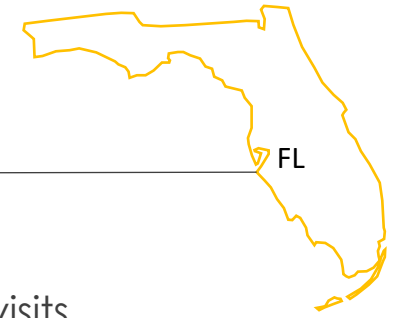
Turning a challenge into an opportunity



- As the need for non-emergency transportation decreased due to the epidemic, many NET drivers were about to be displaced
- With the increased need for home delivered meals we were able to redeploy nearly one hundred of these drivers to deliver meals to the community



Care Strategies to Avoid Hospitalizations



Socialization

- Higher perceived loneliness was associated with more frequent ambulatory and emergency room visits and hospital admissions in seniors
- In June of this year, 56% of people over the age of 50 said they sometimes or often felt isolated from others double the 27% who felt isolated from others in a similar poll in 2018

6. Do you have family or friends that you can call on if you are not feeling well or if your caregiver is unable to assist you?

Yes No I don't know

12. Do you have a place to go and someone to assist you if your Adult Day Care facility closes?

Yes No I don't know

Problem: Adult Companion: Enrollee is at risk of isolation and non-medical supervision.

Goal: Goal

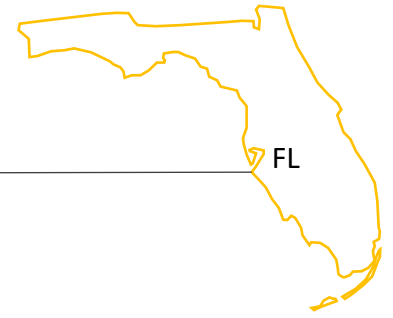
Intervention: Intervention

GOALS ACTION ITEM INTERVENTION GENERAL DETAILS

Goals:

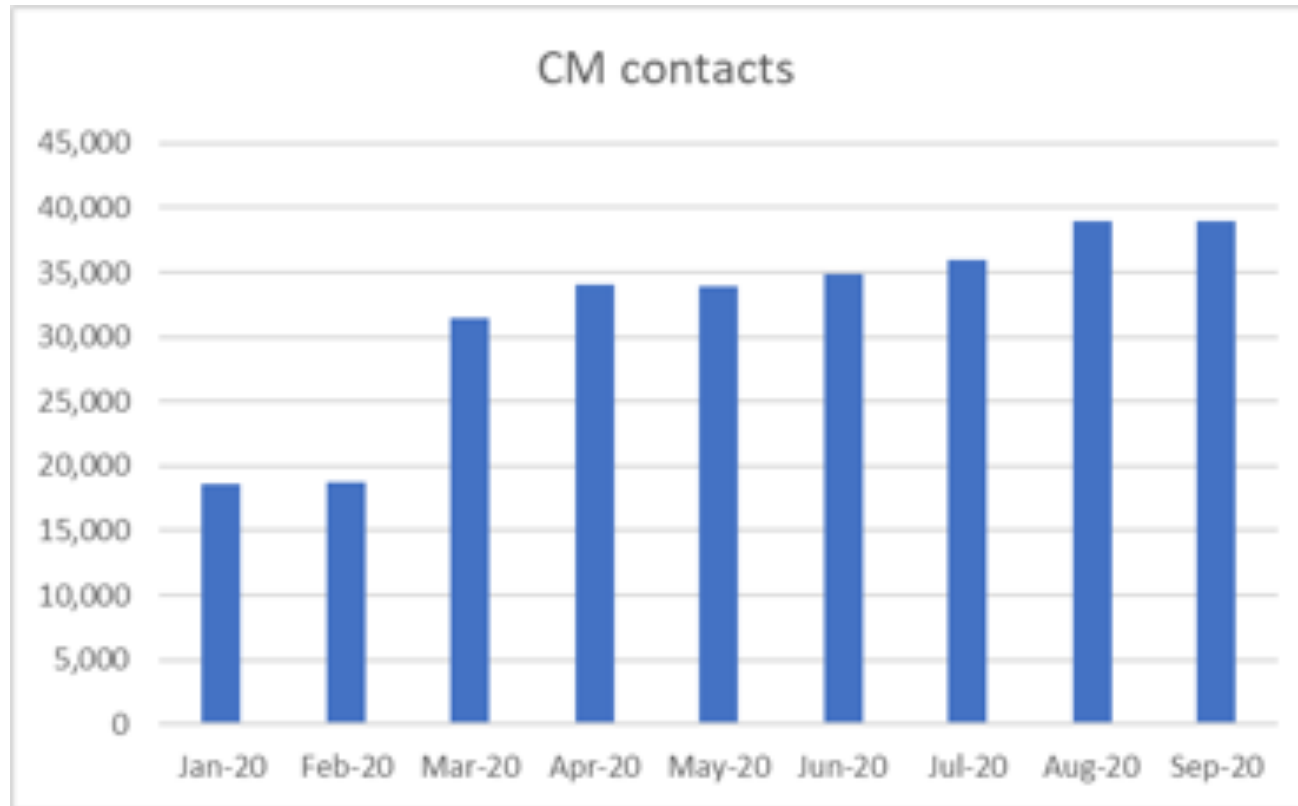
GOALS	START DATE	GOAL TYPE	GOAL	OTHER	OUTCOME DATE
	6/8/2020	Long Term	Enrollee will socialize and receive non-medical supervision.		

Care Strategies to Avoid Hospitalizations

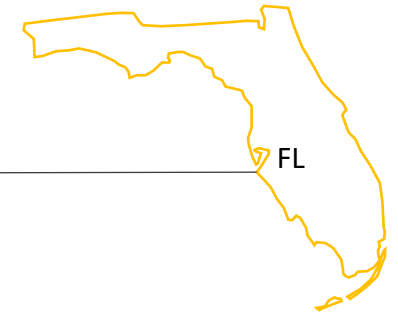


Socialization

- Frequency of contact with members has increased significantly since March.
- Continue to contact and monitor special populations on a weekly basis.



Care Strategies to Reduce Length of Stay



Socialization

Staff are Electronically Notified of Current and Future Admissions

My Task
8275 [View all](#)

Past Due	1
Due Today	10
Due Next 7 Days	79
Future	4429
Expedited	8

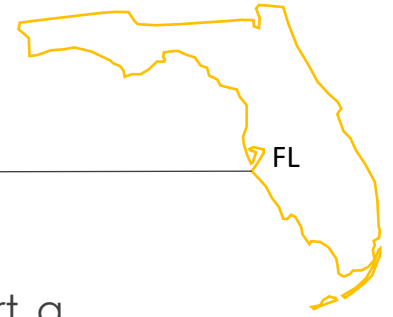
My Notifications
74 [View all](#)

Emergency Admission	0
Emergency Discharge	1
General	0
Incident Admission	49
Incident Discharge	18

My Queues
63 [View all](#)

CM Supervisor Review	63
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Care Strategies to Reduce Length of Stay

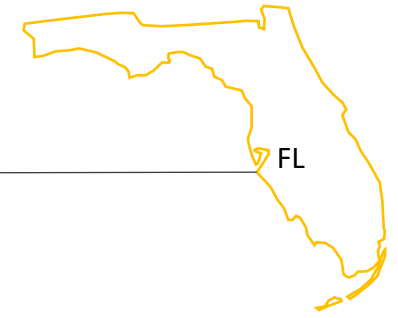


Care Coordination

- Evaluate Community members admitted to facilities to proactively identify services that support a faster transition
- Coordinate w/discharge planner to identify members that will benefit from **“virtual ward”**
- “Virtual Ward” provides Community members with services outside the facility that support the faster transition:
 - Home health personal care,
 - homemaker,
 - shopping assistance,
 - home-delivered meals,
 - Transportation
- Ensure services are in place at time of discharge

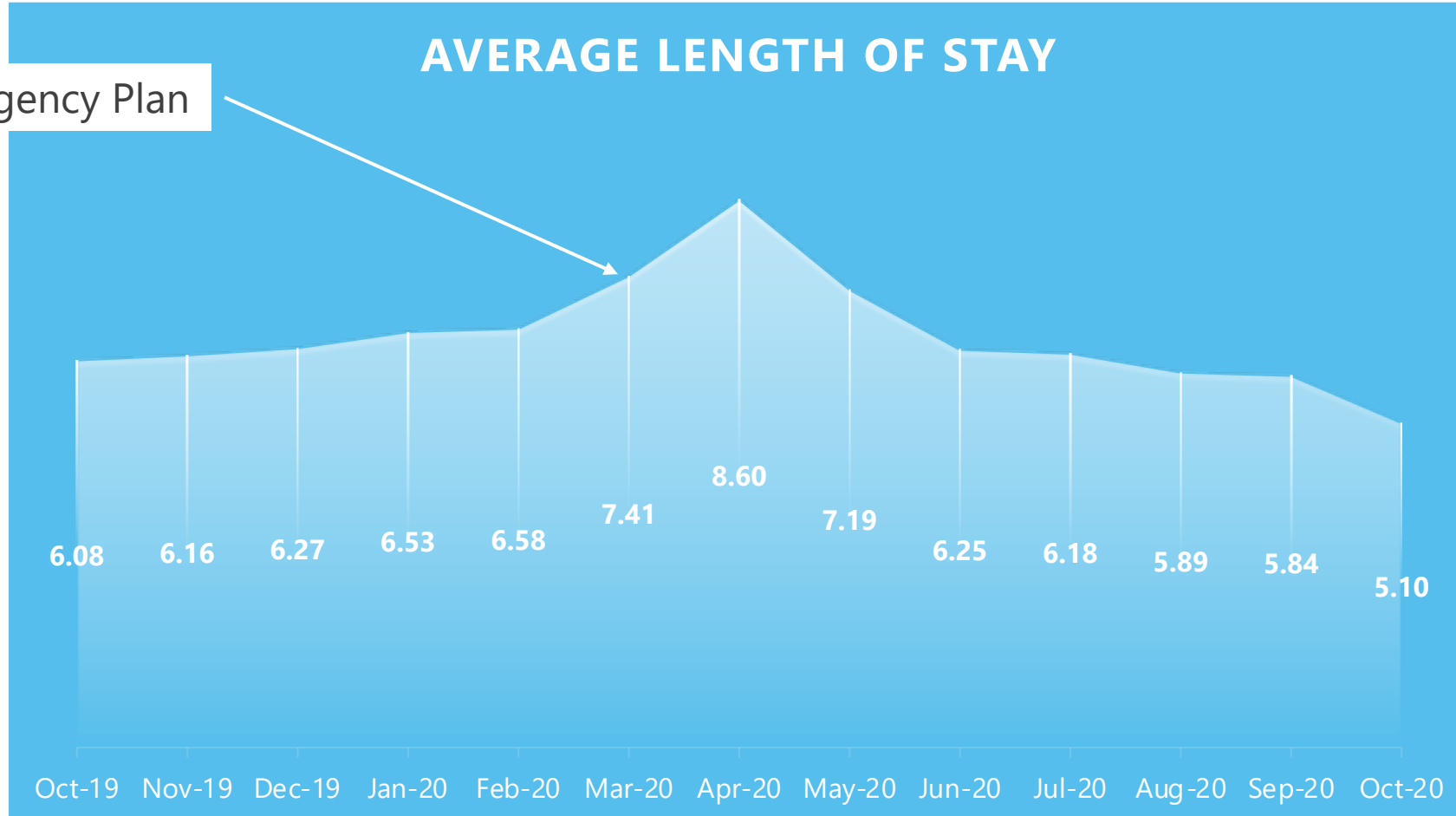
What we Found

Care Coordination



AVERAGE LENGTH OF STAY

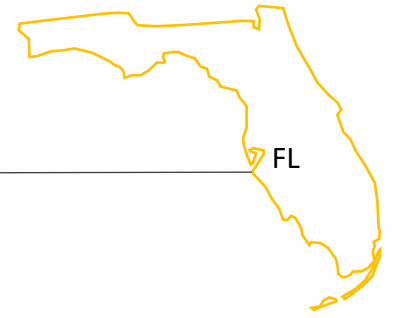
Initiated Emergency Plan



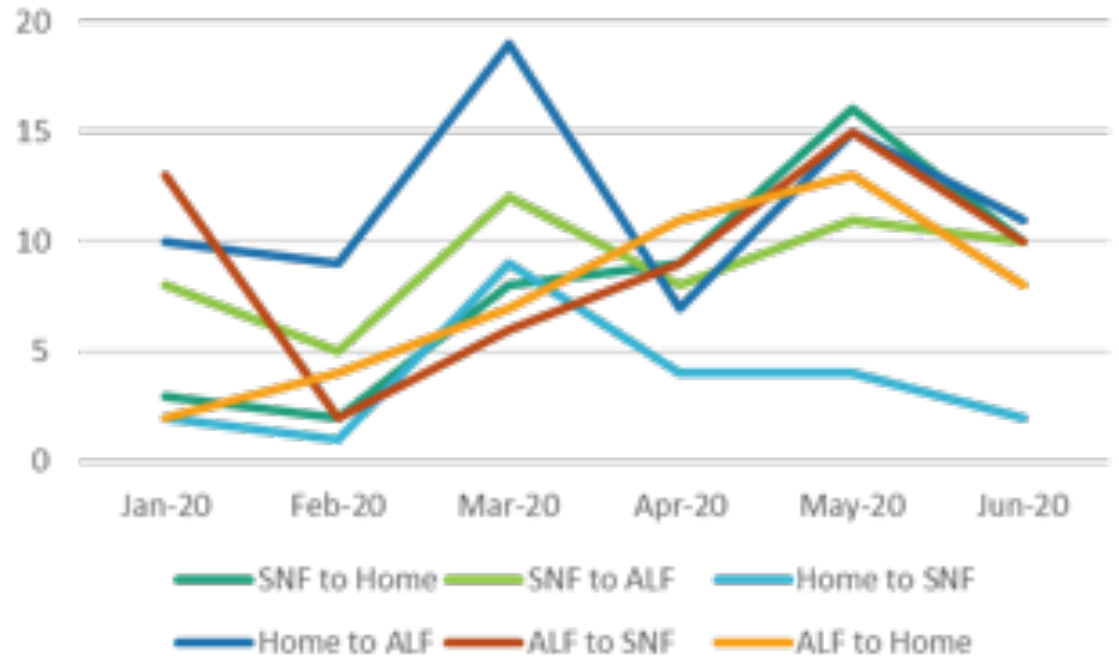
Challenges Faced

Care Coordination

- **Direct Care Workforce** conversations with many HCBS providers have pointed to employees leaving due to the COVID-19 pandemic due to fears of becoming infected these employees have not yet returned.
- **Transitions** with Nursing Facility (NF) discharge and/or Assisted Living Facility(ALF) admissions have hampered due to reluctance from ALF operators to admit new residents, especially those transitioning from NF.

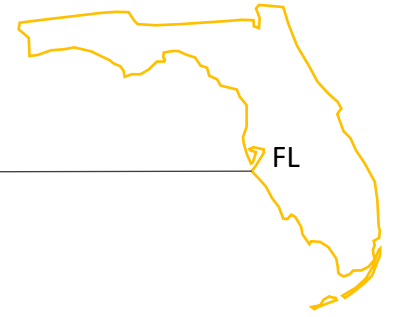


Permanent Change of Placement



Next

Care Coordination



Continue high-contact, member focused Care Management (CM) based on interactive data through telephonic care management, with particular emphasis on supporting special populations.

Implement more innovative telehealth solutions for community members including IOT devices for monitoring and communication

Apply lessons learned to the broader population



Questions?