

OTHER COMMUNITY CARE OPTIONS FOR FRAIL ELDERERS

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There are a variety of other community based services available to assist elders. Some are available as part of an ASAP/state home care service plan. Some are also available independently. Financing is either private, sliding fee, or through MassHealth or other insurance programs.

ADULT DAY HEALTH

A. Introduction

The goal of adult day health programs is to provide an alternative to 24 hour, long-term institutional care through an organized program of health care and supervision, restorative services and socialization. Adult day health programs are approved for operation by the Department of Medical Assistance.

B. Eligibility criteria

- (1) Elderly or disabled (may vary by program)
- (2) Must require medical model of services (supervision, hands on assistance)
- (3) Live in geographic area served by program in order to access transportation services

C. Fee for service

Adult day health programs can range from \$45 - 100/day depending on location, hours, and transportation needs. Private payment or MassHealth is accepted. Other third party payment is may also be accepted.

D. Services

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|---------------------|---------------------------------|------------------|
| * Social activities | * Medication management on site | * Meals/snacks |
| * Personal care | * Medical monitoring | * Transportation |

D. Locations

For a list of adult day health programs in your area, contact the local ASAP and speak to the information and referral department.

PROGRAMS OF ALL INCLUSIVE CARE FOR ELDERLS (PACE)

A. Introduction

The PACE program model is an integrated system of care for the frail elderly that is community based, comprehensive, capitated, and coordinated. There are five PACE programs in Massachusetts (Worcester County which has four different sites, Lynn, Dorchester, East Boston and Cambridge). A sixth is being developed in the Springfield area. They are individually operated. The mission of the PACE programs is to maximize the dignity and respect of older adults and enable frail elders to remain in their homes and their communities as long as medically and socially feasible.

B. Criteria

- (1) Age 55 or older
- (2) Living in the PACE program's geographic service area
- (3) Certified by DMA as needing nursing home level of care
- (4) Certified by the PACE program as being safe to reside in the community (in practical terms, there usually needs to be an on-site or very nearby and involved caregiver)
- (5) Willing to have medical care coordinated by PACE medical staff (often means changing primary care and other physicians)

C. Financing

- (1) Monthly private premium (approximately \$3,800 per month)
- (2) MassHealth (can work with spenddowns and waivers) - the PACE sites conduct their own screenings; income limit for the waiver is \$2,163.
- (3) Enrollment/disenrollment can only take place at the beginning of the month
- (4) If client later requires nursing home care and stays within the individual PACE program's contracted facilities, the MassHealth eligibility will follow the client. If client goes to another facility outside the PACE system, then client will have to disenroll from PACE and apply separately for MassHealth.

D. Services

- (1) All Medicare and MassHealth covered benefits, as well as any other service authorized by the multidisciplinary team, including: primary and preventative care; specialty medical care; acute care (IV, EKG) on site; 24 hour coverage; 100% prescription coverage, full hospitalization coverage; durable medical equipment and nursing home coverage; social services; home health aides
- (2) Caregiver services include support groups, individual counseling; on-call geriatric physician and nurse; assistance with MassHealth application;

referrals to elder law attorneys

- (3) Adult day health program including meals, snacks, activities, personal care, monitoring. Several PACE sites have separate programs for elders with physical impairments vs. those with Alzheimers and related disorders
- (4) Some PACE sites also offer a supportive housing program for clients who do not have in-home care givers and are considered unsafe alone. PACE programs have started to work with assisted livings to provide housing at the GAFC rate. The assisted living sites like this because they get paid more quickly and there is extra staffing to handle the clients. When the PACE program congregates its clients, they can also congregate their staffing.

Housing is not a core service, but each PACE program can use its capitated money as it sees fit.

E. Application process

For most PACE programs, the application process is rigorous. There is generally a home visit by the PACE representative followed by 1-2 client and family interviews and visits to the center. Clients can be determined to be too frail for this program

II. SENIOR CARE OPTIONS (SCOs)

A. Introduction

Senior Care Options (SCOs) are a Medicare/MassHealth partnership offering coordinated services between Medicare parts A and B and MassHealth. SCOs combine health care with social supports and are based on the model of geriatric medical case management using contracted services. There is a primary care team (physician, nurse, nurse practitioner, social worker, specialists, therapists). Services are based in the community.

Four organizations currently offer this plan and there are geographic limitations.

Commonwealth Care
Senior Whole Health
United Health Care/Evercare
Fallon Navicare

SCOs generally contract for case management services from the local ASAP.

B. Eligibility criteria

- (1) Age 65 or older
- (2) MassHealth Standard member with or without Medicare
- (3) Living in the community
- (4) Any functional level
- (5) Must use SCO-contracted primary care physician. MassHealth "supposedly" has a list of all physicians currently under contract with a SCO.

D. Services

- (1) All medical services as provided under Medicare and MassHealth. Must be authorized by the primary care physician or other case manager and be provided by a participating and contracted provider.
- (2) Enhanced dental and vision benefits, alternative therapies beyond those currently offered by MassHealth.