



Taking a Fourth-Right Approach: Using Systematic Benchmarking to Guide the Management of Service Utilization

October 26, 2016

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Agenda

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- Welcome and Introductions
- Case Management and Care Coordination
- Benchmarking and Utilization Review
- Tool Kit Samples: Trinity Health PACE
- Case Study Example: Kissito PACE
- Questions & Discussion

Learning Objectives

2

- Identify the “four rights” of care management and their application in the PACE setting
- Describe how to implement tracking of performance for internal and/or external benchmarking purposes
- Identify 2 areas where uniform tools can help to guide decision making relating to service utilization

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PACE Case Management and Care Coordination

Standards of Practice for Case Management

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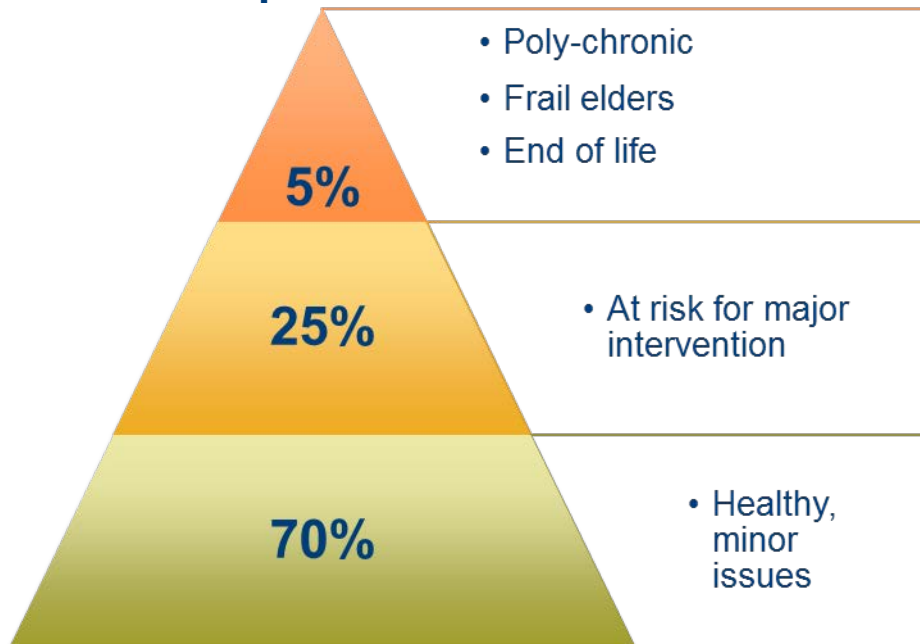
- Case management is a **collaborative process** of assessment, planning, facilitation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources **to promote quality cost-effective outcomes**
- It is the philosophy of case management that when health care is appropriately and efficiently provided, all parties benefit

Learning from Others: Population-Based Manager

Focus on Top 5% of Population That Uses 50% of Resources

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Population Stratification

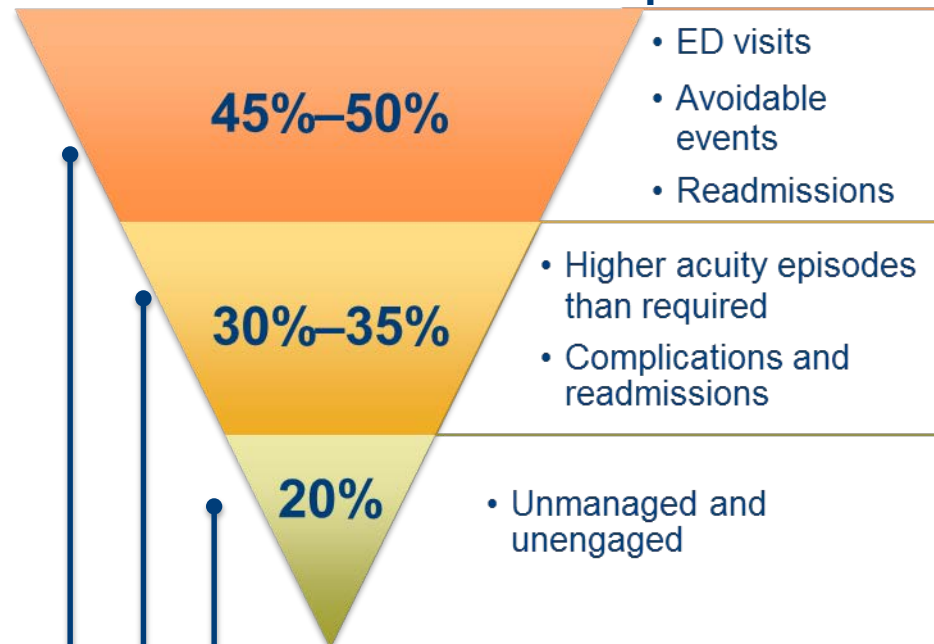


Opportunities for total redesign of care delivery models

Opportunities for dramatically enhanced efficiency and consistency in care delivery

Opportunities to enhance value through better access and enhanced patient engagement

Resource Consumption



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Source: HFMS National Institute 2013: Blended MarketScan Commercial, Medicare 5% LDS, and representative payor Medicare data

Effective Care Redesign Is Essential to the Management of Service Utilization

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PACE Risk Management Strategies

- Revised hospital procedures
- Transitions management: acute, post-acute, and community
- Coordination with primary and specialty care
- Readmissions prevention
- Risk stratification
- Patient activation, teaching, and self-care
- Medication reconciliation
- Telehealth



Defining the Problem for PACE Participants Beyond Financial Obligations

7

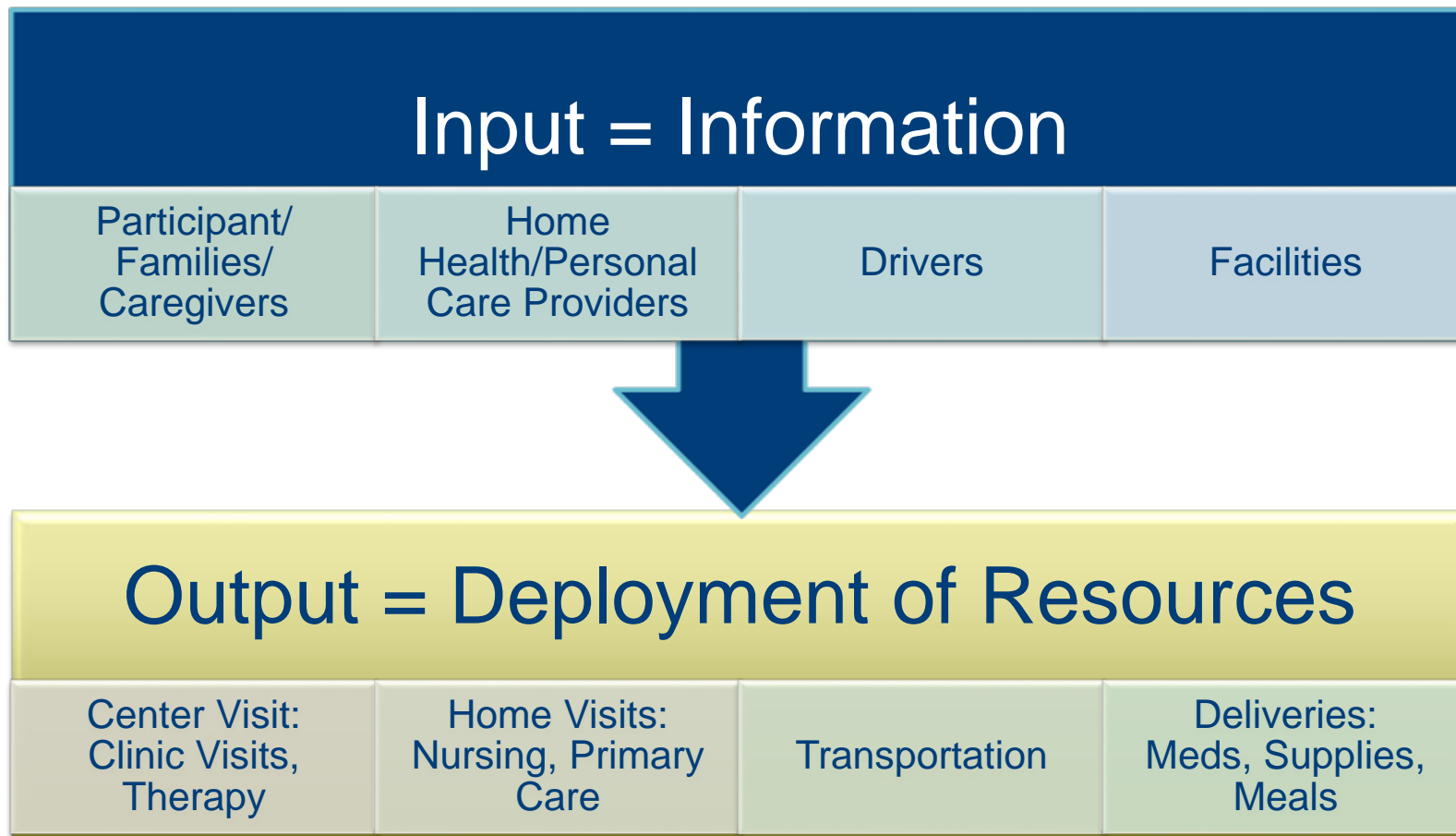
Negative affects of hospitalization for frail seniors include but are not limited to:

- Development or worsening of pressure sores
- Weight loss
- Increased delirium
- Loss of functional abilities
- Exposure to serious infections



PACE Center Triage

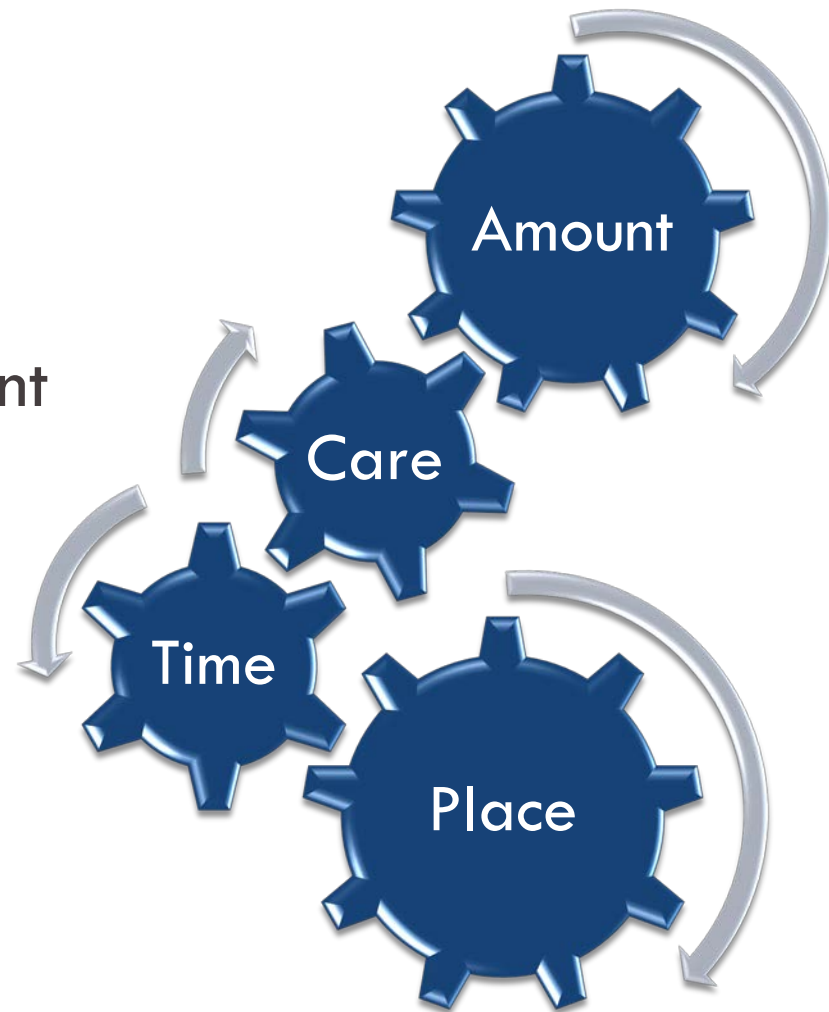
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The Fourth Right Approach

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1. Right Care
2. Right Time
3. Right Place
4.and in the Right Amount



The Balancing Act

10

- Wants and needs of participant and family
- Individualized care plans
- Creativity of individual IDT members
- Appropriate utilization of necessary services
- Uniform tools that guide decision making
- Stewardship of resources



Balancing Services and Dollars

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Use Dollars Sparingly

- Hospital
- Emergency Room
- Nursing Home



Use Dollars Generously

- PACE Team
- Home Health
- Day Center



What Is the Right Amount?

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How do you make this determination?

- Benchmarking comparisons
 - ▣ High-level ballpark measure
- Re-evaluation and right-sizing
 - ▣ 30-day review of new participant care plan
- Look-back analysis
 - ▣ Trending and pareto charts can lead to new insights



**“In God we trust.
All others must bring data.”**

- Dr. W. Edwards Deming

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Benchmarking and Utilization Review

Operational and Utilization Review Key to PACE Oversight

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- Creating a monthly snapshot of operational indicators is key to effective PACE oversight
- Looking at several key areas allows operations to quickly view trends, make comparisons to budget, and address issues sooner than later

Complex Work Requires a Team Approach

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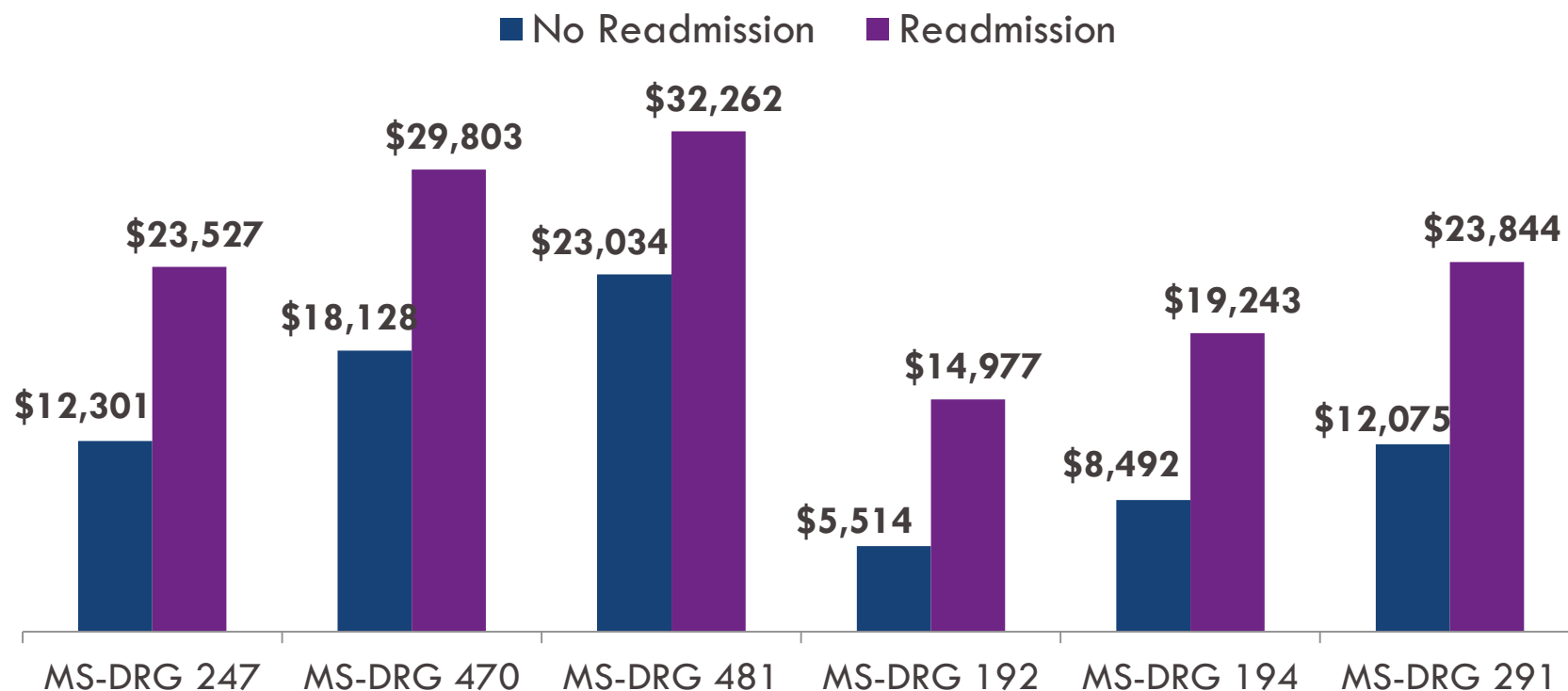
- Create your team
 - ▣ Determine your formal and informal leaders
- Establish how often, when, and where to meet
 - ▣ Make attendance a priority, especially for your direct care providers
- Decide what data you will review and how often
- Find ways to publish successes



Controlling Readmissions Is Key to Success in the Full Risk (Payment) PACE Environment

16

Cost of 30-Day Fixed Length Episode With and Without Readmission



DRG 247: Percutaneous cardiovascular procedure with drug-eluting stent w/MCC

DRG 470: Major joint replacement or reattachment of lower extremity w/o MCC

DRG 481: Hip and femur procedures except major joint w/CC

DRG 192: Chronic obstructive pulmonary disease w/o CC/MCC

DRG 194: Simple pneumonia and pleurisy w/CC

DRG 291: Heart failure and shock w/MCC

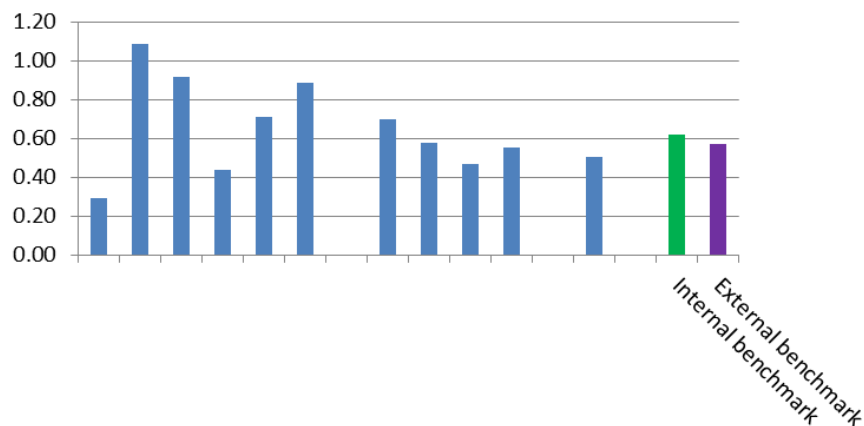
Source: Dobson DaVanzo (2012). Medicare Payment Bundling: Insights from Claims Data and Policy Implications

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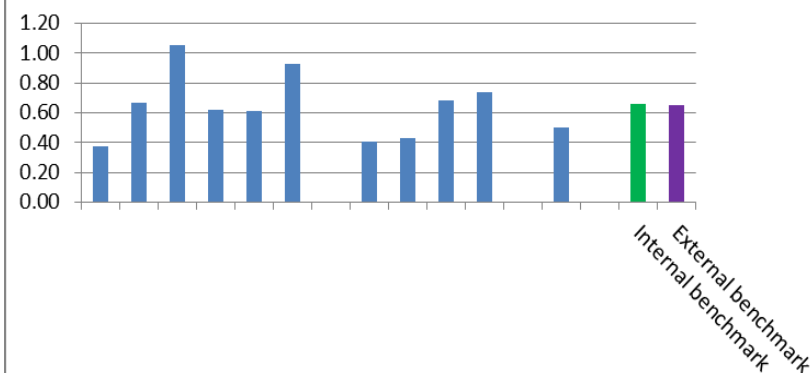
Internal/System Level Benchmarking Enables Identification of Areas of Opportunity and Best Practice

17

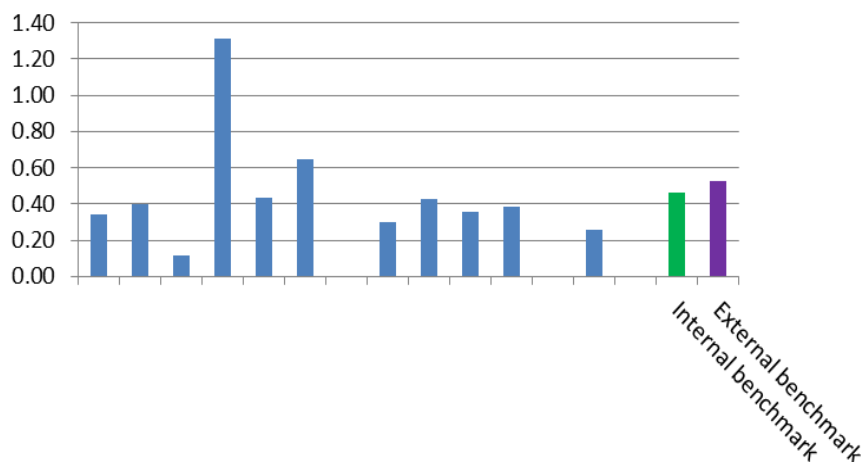
ER visits per member per annum



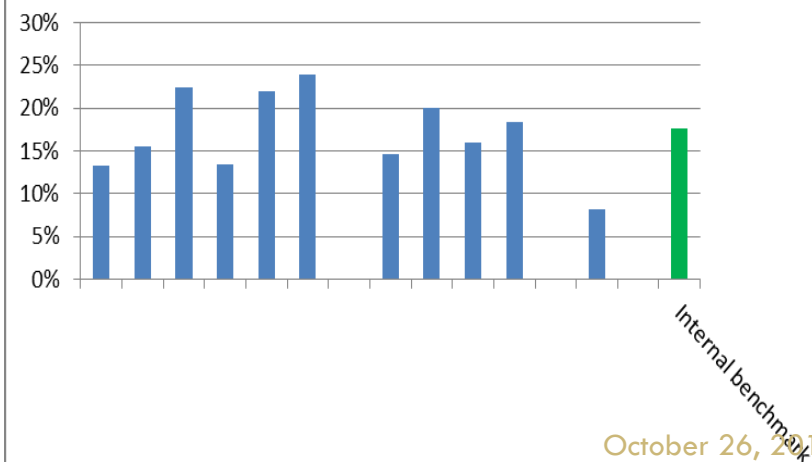
Acute IP admissions per member per annum



SNF days per member per month



Unplanned readmissions



Operational and Utilization Review Key Components

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Revenue Drivers

- Participant enrollment and growth
- Disenrollments including reasons

Expense Drivers

- Nursing home utilization
- Assisted living utilization
- Hospitalizations
- Pharmacy costs in comparison to bid
- Total operating expenses
- Overtime hours

Utilization Review Key Component Examples:

Total Enrollments

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	July	August	September	October	November
Participant Totals	602	612	617	622	624
Participant Budget	591	593	595	597	599
New Enrollments	15	14	11	10	10
Dual Eligible Enrollees	9	12	9	6	7
% Dual Eligible	60%	85.7%	81.8%	60%	70%
Enrollment Goal	10	10	10	10	10

Utilization Review Key Component Examples:

Total Disenrollments Including Reasons

20

	July	August	September	October	November
Disenrollments	4	6	5	8	9
Disenrollment Budget	8	8	8	8	8
Reasons for Disenrollment					
Leaving service area	1	0	0	2	1
Prefers own physician	0	0	0	1	1
Accessing out of network	1	1	0	0	1
Involuntary/non-compliant	0	0	0	0	0
LOC	0	0	0	0	1
Death	2	4	4	4	4
Other	0	1	1	1	1

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Utilization Review Key Component Examples:

Nursing Home Utilization

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	July	August	September	October	November
Short-term NH Days	265	368	416	296	329
Long-term NH Days	513	555	551	670	662
Total NH Days	778	923	967	966	991
% Capitated Days (Budget)	4.17%	4.87%	5.22%	5.01%	5.29%
% Capitated Days (PACE)	10%	10%	10%	10%	10%
Short-term NH Patients	22	27	23	21	20
Long-term NH Patients	17	19	19	23	12
Total NH Patients	39	46	42	44	43
Short-term NH Avg. LOS	12.05	13.63	18.09	14.10	16.45

Utilization Review Key Component Examples:

Assisted Living Utilization

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	July	August	September	October	November
Total AL Days	682	637	631	713	690
% of Capitated Days	3.65%	3.36%	3.41%	3.70%	3.69%
Budget % of Capitated Days	3.33%	3.33%	3.44%	3.70%	3.69%
PACE % of Capitated Days	5.00%	5.00%	5.00%	5.00%	5.00%
Total AL Participants	22	21	23	23	24

Utilization Review Key Component Examples: Hospitalizations

23

	July	August	September	October	November
Hospital Admits	25	31	35	23	42
% Hospitalized	4.15%	5.07%	5.67%	3.70%	6.73%
Average LOS	4.94	4.31	5.82	5.03	5.13
Re-admit < 30 Days	5	9	8	4	13
% Re-admits	20%	29%	23%	17%	31%
Total Hospital Days	79	112	192	146	123
ER Visits	29	34	28	27	27
% ER Visits	5%	6%	5%	4%	4%

Utilization Review Key Component Examples: Pharmacy Expenses in Comparison to Bid

24

	July	August	September	October	November
In-house Prescriptions	\$424.91	\$422.06	\$405.01	\$411.69	\$406.86
NH/Specialty Prescriptions	\$51.60	\$86.19	\$61.33	\$72.11	\$54.06
Total Prescriptions PMPM	\$476.51	\$508.25	\$466.34	\$483.80	\$460.91
Bid PMPM	\$461.28	\$461.28	\$461.28	\$461.28	\$461.28

Utilization Review Key Component Examples:

Total Operating Expenses

25

	July	August	September	October	November
Expenses Actual PMPM	\$4,114.88	\$4,334.07	\$4,391.30	\$4,274.09	\$4,125.35
Expenses Budget PMPM	\$4,342.16	\$4,308.46	\$4,331.27	\$4,294.91	\$4,245.93
OT Hours/Month	1,010	1,237	1,210	1,215	1,140
OT Budget Hours/Month	835	835	808	835	808

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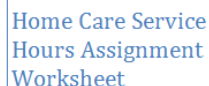
Tool Development to Guide Resource Allocation Decisions

Uniform Tool Development

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- Don't re-invent the wheel (aka steal with pride)
 - ▣ Give credit where due
- Engage key stakeholders for buy-in
- Follow up for value and need for modification
- Allay fears of eliminating individualization and creativity

Examples (see Appendix)



On the day the Income Assessment, the volunteers will be asked to assist and guide the Interdisciplinary Team (IDT) when determining Home Care service hours and/or in-Care Personal Care Services for participants under guidance, management and ensure that participants' needs are appropriately met. The volunteers are not required to be a part of the permanent medical record.

Determination of service hours, as approved by IDT, will be documented in the Care Plan.

In order to ensure dignifying of service hours an evaluation of participants will be completed at enrollment; at 30 day post enrollment; at 6 monthly intervals; at time of change in condition and at discharge change in condition.


It is understood that if/should a participant leave the care plan for a time, the clock will reinitiate at the Home Care Coordinator as the time/hours can be adjusted. Likewise, if no hours are needed to complete a task, that will be reported and new adjustments will be evaluated.

Travel time is not factored into these Guidelines. However, can only claim into account when scheduling staff assignments.

For ease of 2-sided printing, only print pages 2-4


Service Hours Assignment Worksheet Participant Name: _____
 Completed by: _____ Date: _____
 Assignment Number: _____

Personal Care						
Activity	Frequency	Part A	Part B	Part C	Notes	Center
Morning hygiene - wash & dress ✓ Feeding - assist w/ feed ✓ Bathing ✓ Grooming - comb/brush hair ✓ Hair care - shampoo & condition ✓ Nail care - manicure & pedicure ✓ Oral care - tooth brushing ✓ Vision care - eye exams ✓ Hearing care - hearing aids ✓ Continence - toileting ✓ Mobility - transfers & walking ✓ Vision Care - eye exams ✓ Continence						
Activities						
Activity	Frequency	Part A	Part B	Part C	Notes	Center
Morning hygiene - wash & dress ✓ Feeding - assist w/ feed ✓ Bathing ✓ Grooming - comb/brush hair ✓ Hair care - shampoo & condition ✓ Nail care - manicure & pedicure ✓ Oral care - tooth brushing ✓ Vision care - eye exams ✓ Hearing care - hearing aids ✓ Continence - toileting ✓ Mobility - transfers & walking ✓ Vision Care - eye exams ✓ Continence						
Activities, Mobility, Safety						
Activity	Frequency	Part A	Part B	Part C	Notes	Center
Transportation - travel ✓ One-on-one device ✓ Communication ✓ Mobility - assist ✓ Protection - program ✓ Transportation - program ✓ Assist - into room ✓ One-on-one - travel ✓ Continence						
Communications						
Activity	Frequency	Part A	Part B	Part C	Notes	Center
Transportation - travel ✓ One-on-one device ✓ Communication ✓ Mobility - assist ✓ Protection - program ✓ Transportation - program ✓ Assist - into room ✓ One-on-one - travel ✓ Continence						


 Fruity Health

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Team feedback indicated that these tools helped to justify and validate resource allocation decisions

 Trinity Health Long Term Nursing Home Placement Evaluation Tool	
Instructions: 1. All 18 questions are on page 3. General questions and needs factors in assessment summary.	
Primary Question	Comments
1. General questions Family member All patient	
2. Does resident currently take any LT/NH medications? Insulin/meds Oxygen flow	Do you require anything being evaluated by?
3. Do you require anything being evaluated by? (e.g. long term care placement, nursing home placement, etc.)	Do you require anything being evaluated by?
4. Do you require anything being evaluated by? (e.g. long term care placement, nursing home placement, etc.)	Do you require anything being evaluated by?
5. Do you require anything being evaluated by? (e.g. long term care placement, nursing home placement, etc.)	Do you require anything being evaluated by?
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18. Do you require anything being evaluated by? (e.g. long term care placement, nursing home placement, etc.)	Do you require anything being evaluated by?

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		Trinity Health FACE Long Term Nursing Home Placement Evaluation Tool	
15. (Continued): Is there a change in weight loss?	Yes No	Yes No	
16. Has patient's condition improved or worsened?	Yes No	Yes No	Identify factors if rating requires higher level of assessment.
17. Is there an ongoing need for extensive clinical parameters per day or hour?	Yes No	Yes No	Can nursing agency personnel and/or physician be contacted?
18. (Continued: Is there?)	Yes No	Yes No	
19. Are symptoms less than 100?	Yes No	Yes No	
20. Are symptoms less than 100?	Yes No	Yes No	
21. Are symptoms less than 100?	Yes No	Yes No	
22. Are symptoms less than 100?	Yes No	Yes No	
23. Are symptoms less than 100?	Yes No	Yes No	
24. Are symptoms less than 100?	Yes No	Yes No	
25. Are symptoms less than 100?	Yes No	Yes No	
26. Are symptoms less than 100?	Yes No	Yes No	
27. Are symptoms less than 100?	Yes No	Yes No	
28. Are symptoms less than 100?	Yes No	Yes No	
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98. Are symptoms less than 100?	Yes No	Yes No	
99. Are symptoms less than 100?	Yes No	Yes No	
100. Are symptoms less than 100?	Yes No	Yes No	

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Examples (continued)

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ER/IP Review Worksheet

PARTICIPANT NAME:		MR #:	
Enrolled less than 6 months or less	1	0	
Date of Visit to Hospital	Day of Week	Time of Day	D/C Date
Do not delete data/formula this row - if on paper hand write over			
Time of Visit	1	2	3
Visit Type	1	2	3
ED/Hospital in Network?	Yes	No	
Facility Name			
Primary Diagnosis/Reason for Visit	DRG/ICD:		
Living Situation	Admitted From	Outcome	
A/L with staff on duty	1 Clinic	1	6 New Dx
Nursing Facility - Long Term	2 Home	2	7 No new Dx/Int
Nursing Facility - Short Term	3 SNF	3	8 IDT Reassess
Private home/apt - alone	4 Other	4	9 PCP F/up
Private home/apt - with family/caregiver	5	5	10 Spec F/up
Private home/apt - with room-mate	6		
Supportive housing - alone, staff on duty	7		
Supportive housing - with caregiver	8		
Supportive housing - with room-mate	9		
# of Prior Admissions in past 6 months:			
	<2	2-4	>4
Participant's Goals of Care/Pathway			
Longevity	1	Palliative	3
Functional	2	Not available	4
Yes	No		
Were any xxxPACE staff aware of any S/S prior to this episode?	1	0	
If yes - what was done with that information?	Not reported	1 Reported to IDT	2 Then What?
Had participant been seen/contacted by any xxx PACE staff within 48 hrs prior to this episode?	1	0	
Did Ppt/Caregiver contact xxxPACE prior to going to ER?	1	0	

Comments/Notes:



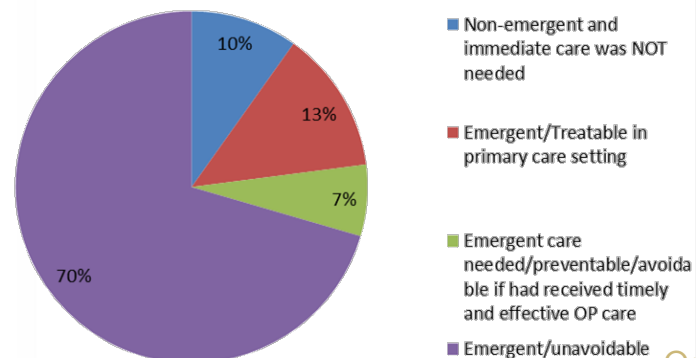
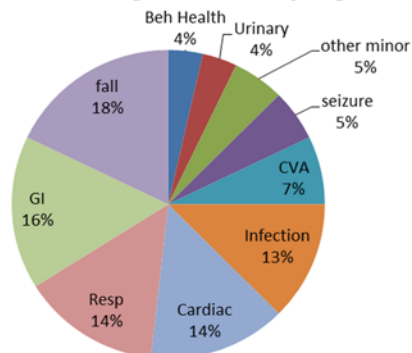
ER/IP Review Worksheet

PARTICIPANT NAME:		MR #:	
What could have prevented this hospitalization? circle all that apply.)			
	yes	no	Comments
More clear end of life discussion prior to admission / AD	1	0	
Nursing assessment prior to admission	1	0	
Direct admit to NH/SNF	1	0	
More aggressive outpatient mgmt / disease mgmt	1	0	
Rescue Kit	1	0	
Clinic visit prior to admission	1	0	
Participant and family education	1	0	
More intensive home monitoring/support	1	0	
Telehealth	1	0	
Preventative wellness checks / routine visits	1	0	
Facility Education (NH/AL)	1	0	
ER Education/Communication	1	0	
Evening/weekend on-call phone triage or visit by MD/IRN	1	0	
Other:	1	0	
Nothing identified: Why?			
Classified as:			
Non-emergent: immediate medical care was not needed within 12 hours (e.g sinus congestion)	1		
Emergent/Primary Care Treatable: Treatment was needed within 12 hours, but care could have been provided effectively and safely in a primary care setting (e.g earache)	2		
Emergent/ER Care Needed/Preventable/Avoidable: ER care was needed, but patients may have been able to avoid the emergency medical issue if they had received timely and effective outpatient care while they were sick (e.g exac COPD, diabetes, CHF, etc)	3		
Emergent/ER Care Needed/Not Preventable/Unavoidable: ER care was needed and outpatient care treatment could not have prevented the condition (e.g trauma)	4		
Comments / Follow up:			
Any other Participants on this Team in need of similar mitigation strategy?			

Signature:



ER Visit Diagnosis Groupings



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PACE Quality Performance

National PACE Quality Outcomes

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- Low disenrollment
- High participant and family satisfaction
- High self-assessed quality of care, quality of life
- Reduced morbidity and mortality
- Reduced hospitalization, rehospitalization rates
- Reduced ER use

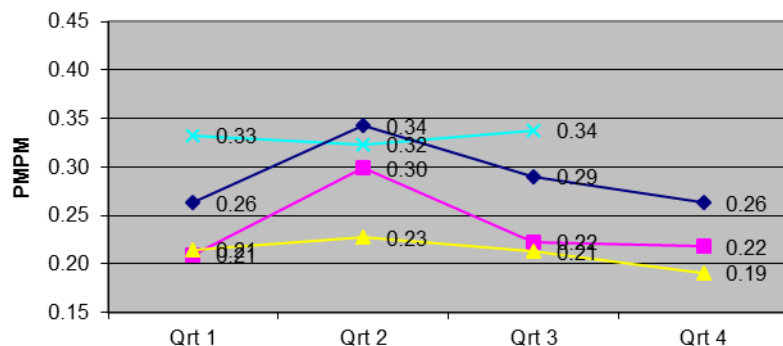


Utilization Review Key Component Graph Example

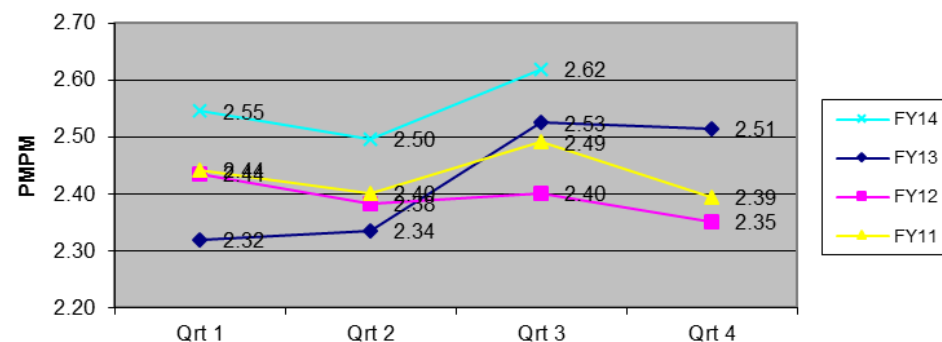
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- Each area of review can then be graphed to see a visual of trends over time
- Inpatient Days and Comparative Risk Score Analysis Graphs (as a PMPM) Example

In-Patient Days

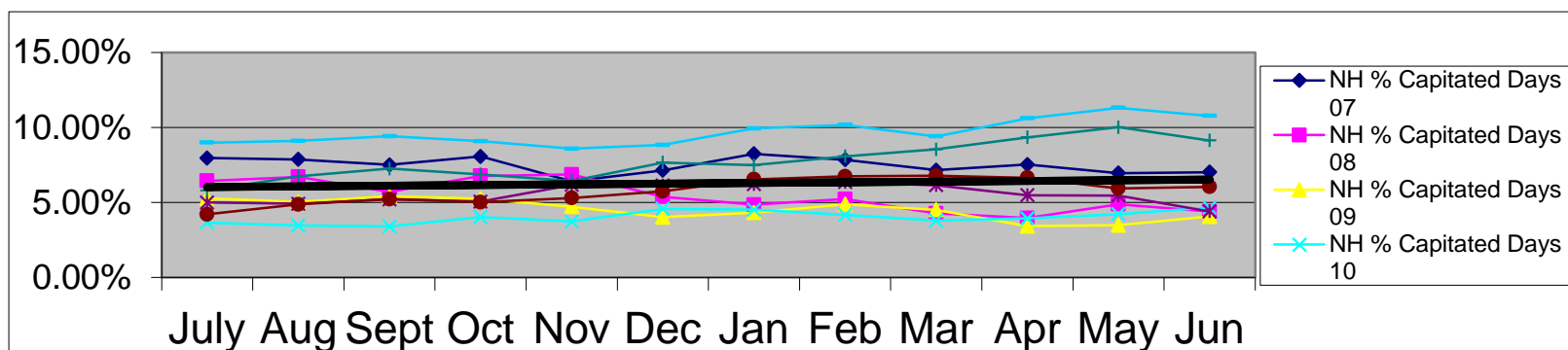
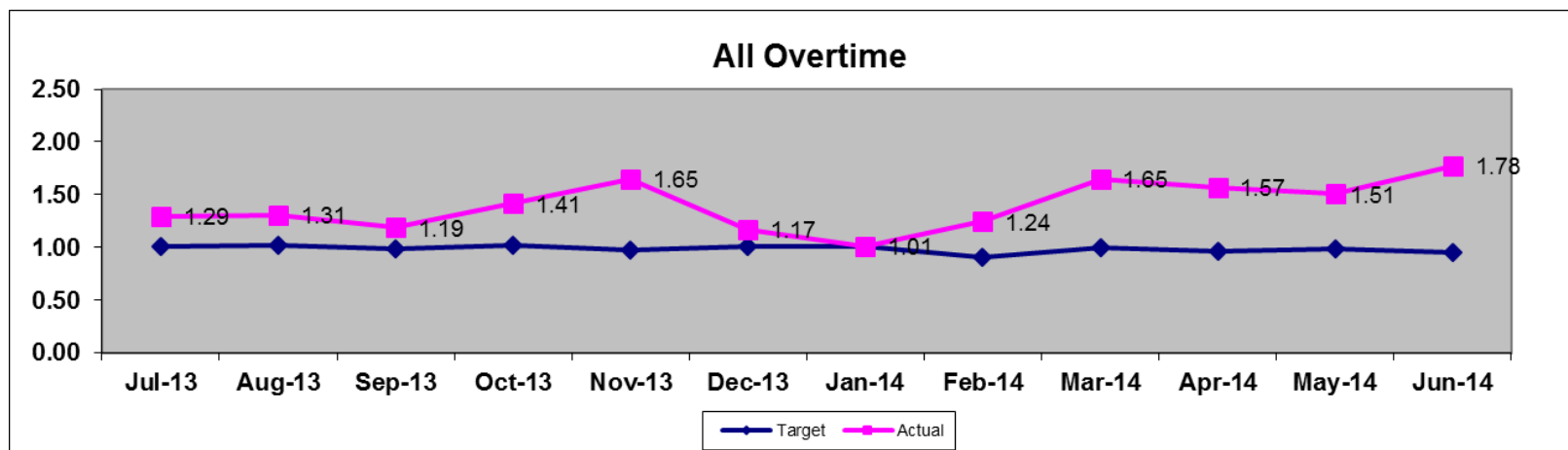


Risk Scores



Utilization Review Key Component Graph: Overtime Hours Example

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Case Study Example

Kissito Healthcare

Kissito Healthcare Background

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- PACE program in Roanoke, Virginia
- Began in November of 2013
- Enrollment at time of engagement was 88
- Leadership seeking accurate demand analysis to inform financial pro forma and utilization projections

Background of Engagement

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□ Market Assessment

- ▣ Map service area
- ▣ Project PACE demand by age cohort and ZIP code
- ▣ Create density map calculations: 2016 and 2021
- ▣ Calculate penetration rates
- ▣ Project future enrollment targets

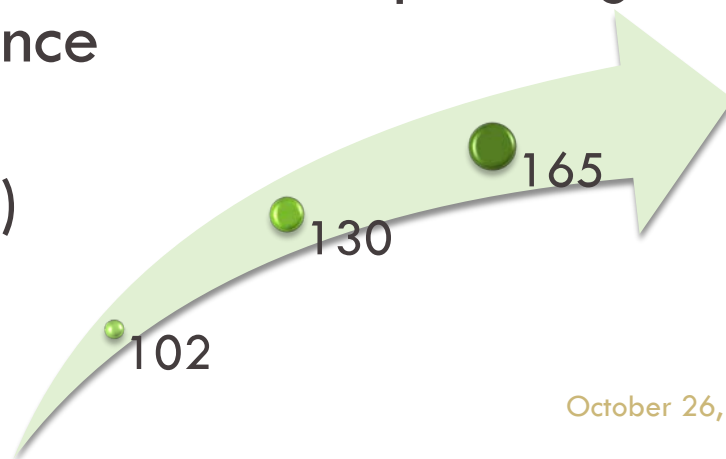
□ Financial Pro Forma and Utilization Benchmarking

- ▣ Develop 5-year pro forma based on current costs and utilizations
- ▣ Produce select financial and utilization indicators compared to industry benchmarks
- ▣ Map revenue and expenses in appropriate categories for utilization management
- ▣ Compare utilization to national PMPM trends for monthly analysis and budget management

Utilization and Expense Management Based on Growth Projections

37

- PACE demand analysis showed a maximum likely enrollment of 165
- PACE center capacity would limit enrollment to 102 unless average daily attendance could be adjusted
 - Average daily attendance was 2.87 compared to PACE benchmark average of 2.16
- Three financial scenarios created to help Kissito PACE understand their financial opportunities depending on enrollment and daily attendance
 - Net 2 enrollees per month (average over review period) and maximum enrollment of 102, 130, and 165



National Benchmark of PACE Median PMPM Costs

38

43% of costs variable to patient care utilization

Expense Category	PMPM Cost	% of Cost
Administrative & General	\$872	16%
PACE Center	\$803	15%
Home Care	\$661	12%
Hospital Services	\$608	11%
Nursing Home/Housing	\$579	11%
Pharmacy	\$570	11%
Transportation	\$303	6%
Specialist/Diagnostics	\$298	6%
Facility	\$174	3%
Therapy	\$169	3%
Social Services	\$113	2%
Meals	\$112	2%
DME/Supplies	\$95	2%

Kissito PACE PMPM Expense Benchmark Comparison: 165 Enrollees Example

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Category	KISSITO		National Benchmark			Regional Benchmark		
	FYTD Actual	Year 5 Projected	Median	Variance	Variance %	Median	Variance	Variance %
Transportation	\$ 441	\$ 308	\$ 401	\$ 92	23%	\$ 397	\$ 89	22%
Meals	\$ 137	\$ 159	\$ 134	\$ (25)	-19%	\$ 108	\$ (51)	-48%
Social Services	\$ 101	\$ 100	\$ 121	\$ 21	18%	\$ 139	\$ 39	28%
Therapy	\$ 205	\$ 209	\$ 201	\$ (8)	-4%	\$ 305	\$ 96	32%
Adult Day	\$ 230	\$ 156	\$ 404	\$ 247	61%	\$ 509	\$ 353	69%
Home Care	\$ 294	\$ 196	\$ 536	\$ 340	64%	\$ 644	\$ 448	70%
Pharmacy	\$ 659	\$ 659	\$ 694	\$ 35	5%	\$ 750	\$ 91	12%
Primary Care	\$ 727	\$ 582	\$ 537	\$ (45)	-8%	\$ 691	\$ 109	16%
Specialists	\$ 543	\$ 586	\$ 356	\$ (229)	-64%	\$ 238	\$ (348)	-146%
Labs/Diagnostics	\$ 39	\$ 43	\$ 57	\$ 14	24%	\$ 112	\$ 69	61%
Nursing Home	\$ 416	\$ 374	\$ 522	\$ 148	28%	\$ 433	\$ 59	14%
Hospital	\$ 1,169	\$ 1,290	\$ 667	\$ (623)	-93%	\$ 785	\$ (505)	-64%
Housing	\$ 75	\$ 185	\$ 122	\$ (62)	-51%	\$ 183	\$ (2)	-1%
Administrative	\$ 1,034	\$ 712	\$ 787	\$ 76	10%	\$ 661	\$ (50)	-8%
Marketing	\$ 95	\$ 73	\$ 58	\$ (15)	-25%	\$ 51	\$ (23)	-45%
Insurance	\$ 84	\$ 76	\$ 39	\$ (37)	-94%	\$ 30	\$ (46)	-155%
Facility	\$ 149	\$ 95	\$ 212	\$ 116	55%	\$ 342	\$ 247	72%
DME/Supplies	\$ 112	\$ 124	\$ 114	\$ (9)	-8%	\$ 187	\$ 63	34%
Depreciation	\$ 238	\$ 101	\$ 90	\$ (12)	-13%	\$ 81	\$ (20)	-24%
Interest	\$ 56	\$ 26						
Total	\$ 6,805	\$ 6,054	\$ 6,875	\$ 822	12%	\$ 6,645	\$ 591	9%

Source: HDG analysis/methodology

Kissito PACE Expense Analysis

40

- Meals and transportation expenses directly based on higher than benchmark center attendance
 - ▣ 2.87 average days per week versus 2.16 national benchmark
- Major opportunity for higher level of control over patient care costs, specifically specialists and hospital expenses
- Administrative expenses higher than expected
 - ▣ Working to bring these more closely in alignment with national and regional benchmarks will be important
- Marketing expenses can be more focused based on demand analysis
- Corporate staff will review insurance expense to look for opportunities for savings



Kissito PACE Key Findings and Process Improvement Resulting from PMPM Analysis

41

Goal to achieve a higher level of control over patient care costs, specifically specialists and hospital expenses:

- Establish care manager for utilization review
- Enhance communication for partner facilities through this liaison/navigator point of contact



Utilization review



Streamline communication



Daily progress updates

Kissito PACE Process Improvement Initiative: Implement Utilization Review Process

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- Review all inpatient admissions for medical necessity and level of care through use of Interqual and evidence-based guidance
- Utilization reviews conducted within 24 hours of admission
- Continued stay reviews performed daily and as needed
- Utilization care manager communicates with the liaison/navigation care manager to discuss potential discharges or identified barriers associated with a potential discharge

*Communication with
the hospital care
managers has
become a
streamlined process*

Kissito PACE Process Improvement Initiative: Streamline Communications

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- Liaison/Navigation care manager acts as a resource for the hospital discharge
- Enhanced relationship with hospitalists and PACE medical director, which has reduced specialists consults
- Serves as one-point contact and HUB for discharge process
- Manages routine discharge planning, referral notification to follow-up services; SNF/HH/LTC/ALF & clinic notification; follow-up with facilities



Kissito PACE Process Improvement Initiative: Implement Daily Progress Updates

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- Care manager provides interdisciplinary team with:
 - ▣ Daily update on all inpatient participants
 - ▣ Weekly update for all participants residing in a facility
- Update targets changes in level of care, potential harms, and identified needs



Kissito PACE Process Improvement Outcomes Following Financial Analysis

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Inpatient Expenses

- Reduction in month over month expenses from May to September by over **\$500 PMPM**

Hospitalization Expenses

- Reduction in month over month expenses from May to September by over **\$550 PMPM**

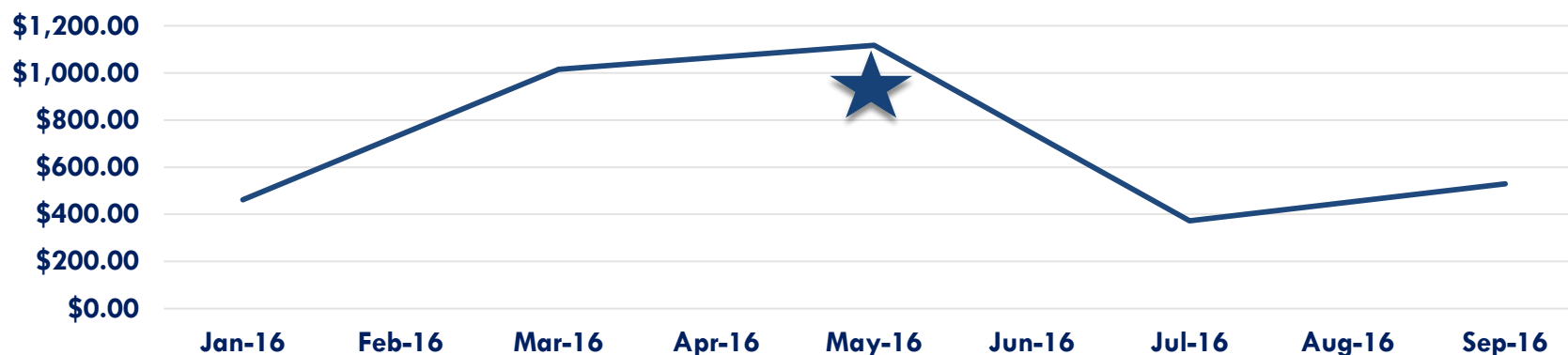
Emergency Room Expenses

- Reduction in emergency room expenses from May to September by over **\$50 PMPM**

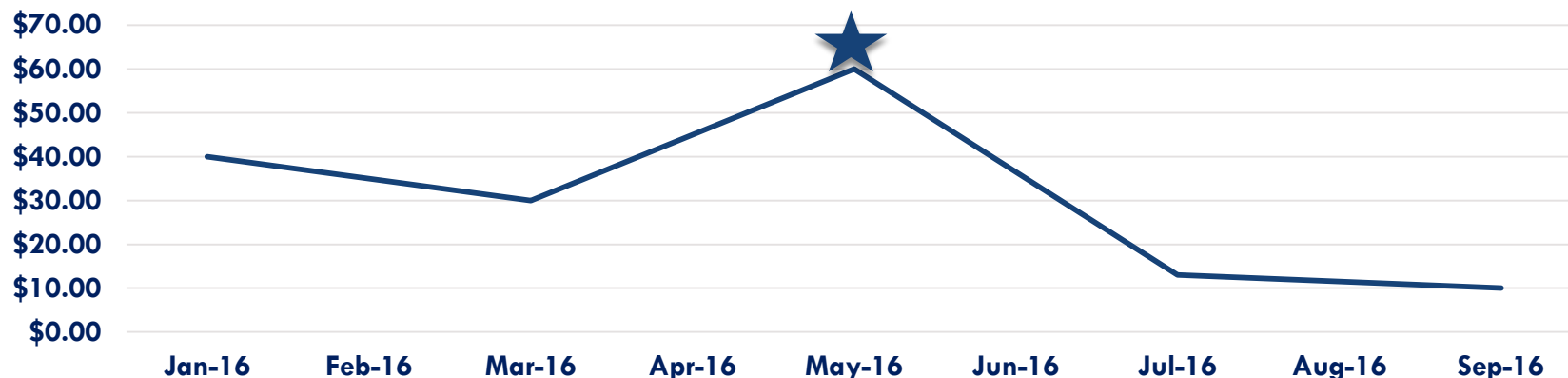
Expense Reductions Since Implementation of Process Improvement

46

Hospital Expenses PMPM



Emergency Department Expenses PMPM



★ = implementation of utilization review initiative

Questions & Discussion



References

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For More Information

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Appendix

Home Care Service Hours Assignment Worksheet

Procedure

Driven by the In-Home Assessment, this worksheet is used to assist and guide the Interdisciplinary Team (IDT) when determining in-home Aide service hours and/or In Center Personal Care Services for participants in order to manage resources and ensure that participants' needs are appropriately met. This worksheet is not required to be a part of the permanent medical record.

Determination of service hours, as approved by IDT, will be documented in the Care Plan.

In order to ensure right-sizing of service hours an evaluation of service hours will be completed at enrollment; at 30 days post enrollment; at 6 monthly intervals; at time of change in condition and 30 days post change in condition.

It is understood that if the aide can perform the care in less time, the aide will report that to the Home Care Coordinator so that the hours can be adjusted. Likewise, if more hours are needed to complete a task, that will be reported and need for adjustments will be evaluated.

Travel time is not factored into these Guidelines, however can be taken into account when scheduling staff assignments.

Home Care

Service Hours Assignment Worksheet

Participant Name: _____

MR#: _____

Completed by: _____ Date: _____ Next Evaluation Needed: _____

Personal Care

Activity	Stand by/Cue	Part Assist	Full Assist	Total hrs	Home	Center
Bathing: Sponge <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/>						
Dressing: layout <input type="checkbox"/> TEDS <input type="checkbox"/> Prosthesis <input type="checkbox"/>						
Toileting/Elimination: Incontinent of urine <input type="checkbox"/> feces <input type="checkbox"/> BSC <input type="checkbox"/> Catheter <input type="checkbox"/> Ostomy <input type="checkbox"/> Toileting Reminder system <input type="checkbox"/>						
Hair care, nail care and shaving <input type="checkbox"/> Mouth Care: Dentures <input type="checkbox"/>						
Comments:						

Nutrition

Activity	Stand by/Cue	Part Assist	Full Assist	Total hrs	Home	Center
Eating/Feeding: Special precautions <input type="checkbox"/> Feeding tube <input type="checkbox"/>						
Meals: Prepare <input type="checkbox"/> Set up <input type="checkbox"/> Clean up <input type="checkbox"/> Dishwasher <input type="checkbox"/>						
Groceries: Shop online <input type="checkbox"/> Shop at store <input type="checkbox"/> Put away <input type="checkbox"/>						
Comments						

Activity/Mobility/Safety

Activity	Stand by/Cue	Part Assist	Full Assist	Total hrs	Home	Center
Ambulation: Cane <input type="checkbox"/> Walker <input type="checkbox"/> Other assistive device: _____ Non-ambulatory <input type="checkbox"/>						
Transfers: Hoyer <input type="checkbox"/>						
Physical Exercise Program: <input type="checkbox"/>						
Medication Management: If assist, who assists? _____ Med dispenser <input type="checkbox"/> Med cues <input type="checkbox"/>						
Comments:						

Housekeeping

Activity	Stand by/Cue	Part Assist	Full Assist	Total hrs	Home	Center
Laundry: in home Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Laundromat in blg <input type="checkbox"/> Elsewhere <input type="checkbox"/>						
Cleaning: House <input type="checkbox"/> Apartment <input type="checkbox"/>						
Bed making <input type="checkbox"/> Change linens <input type="checkbox"/>						
Comments:						

Home Care**Service Hours Assignment Worksheet**

Participant Name: _____

MR#: _____

Completed by: _____ Date: _____ Next Evaluation Needed: _____

Guidelines for Allocation of Service Hours

	Lower need	Greater need	Comments
Household Chores/Homemaker Level			
Shopping	20 mins online	90 mins/week	
Meal Prep	15 mins	1 hour for multiple meals	
Dishwashing	5 mins	15 mins	
Bed making/linen change	5 mins	10 mins	
Laundry	1.5 hours per load (allocate other duties that can also be done during this time)	2 hours per laundromat visit	
House cleaning	60 mins/week for apartment	120 mins/week for larger house	
Personal Care Level			
Bathing AM	10 mins	20 mins	
HS	5 mins	15 mins	
Grooming (mouth/nails/hair care)	5 mins	20 mins	
Dressing	5 mins	20 mins	
Toileting	5 mins	15 mins	
Feeding		20 mins	
Ambulation assistance	10 mins	30 mins	
Home Physical Exercises			15 mins
HHA Care Level			
Complex/Special Diet prep	15 mins	90 mins/week	
Medication assist/remind		5 mins	
Ostomy care	5 mins	15 mins	
Other Special Circumstances/Care			TBD
Dementia or high degree of physical limitations	Add 15 minutes per visit total		
Hoyer transfers	Add 15 minutes per transfer		

Guidelines for Frequency (balance with In Center availability)

Dressing assistance	Up to x2/day (AM/HS)	Up to 7 days/week	Unless family available to assist
Toileting assistance	If bed/chair bound 4/day	7 days/week	Unless family available to assist
Urinary incontinence	Visit frequency varies depending on frequency/volume of incontinence and ability of participant/family to manage clothing		
Bowel incontinence	Visit frequency varies depending on frequency of incontinence. Goal: bowel regimen and visit schedule accordingly		
Medication management	Auto dispenser, phone call reminders to be trialed prior to establishing visit for medication assist only		
Meal prep	Meals on Wheels to be considered if this is only task needed If visit(s) in place, add meal prep 2/day Consider prepping multiple days' meals in advance		

Home Care**Service Hours Assignment Worksheet**

Participant Name: _____

MR#: _____

Completed by: _____ Date: _____ Next Evaluation Needed: _____

Optional Cross Check Tool

Walking/Transfer			Medications		
Ind no device	0		Med reminders	1	
Ind w/device	0		O2 intermittent	3	
Human support to ambulate	1		O2 Continuous	5	
Human support to transfer	2		Med administration	5	
W/C ind	3		Meal preparation		
W/C with assist	4		Family/PPT prepares	0	
Bed bound	5		Home delivered meals	0	
Eating			Aide prepares all meals	5	
Supervision/cuing	1		Shopping		
Dep/no family	4		Family shops	0	
Bathing/Grooming/Dressing			Laundry/Housework		
Ind	0		Family does chores/laundry	0	
Supervision for safety	1		PPT does light chores	0	
Assist with transfer into tub	1		PPT can assist with chores	2	
Assist with basic ADLs	2		PPT cannot assist with chores	5	
Bowel and Bladder			Lives with capable helper	0	
Uses bathroom ind	0		Lives alone/local help avail	0	
Incontinent/changes brief	0		Lives with another PPT	0	
Uses bathroom w/assist	1		Lives with impaired caregiver	2	
Bedpan or commode	2		Lives alone/no local caregiver	2	
Colostomy/Foley/Assist	3		Lives with unwilling helper	3	
Incontinent unable to manage	5		Lives alone/no help available	5	
Vision			Behavioral status		
No problem	0		A/O X 3	0	
Wears glasses	0		Alert but forgetful	1	
Limited vision/low vision	2		Needs reminders/socialization	2	
Blind	5		Confused and disoriented	3	
Hearing			Disruptive/abusive	5	
Hard of hearing	2		Safety		
Deaf	5		Able to be left alone	0	
Makes needs known	0		Caregiver Stress		
Incoherent	2		Works PT	3	
Aphasic	3		Works FT	4	
			Sole caregiver	5	
Total Score			Range of hours of care		
Clients Impairment	Range of Total Points		Range of Homecare hours		
No/limited impairment	0-10		0-4 hours		
Minimal impairment	10-22		4-8 hours		
Moderate impairment	23-45		8-20 hours		
Severe impairment	46-67		20-30 hours		

Service Hours Assignment Worksheet

Participant Name: _____

MR#:

Completed by: _____ Date: _____ Next Evaluation Needed: _____

Family Caregiver/Expectations

None available <input type="checkbox"/>	Lives in Home <input type="checkbox"/>	Lives elsewhere <input type="checkbox"/>
	Works outside the Home <input type="checkbox"/>	Other Caregiver(s) available <input type="checkbox"/>
Caregiver has Realistic expectations of Participant yes <input type="checkbox"/> no <input type="checkbox"/>		
Expectations/wants from PACE match anticipated needs yes <input type="checkbox"/> no <input type="checkbox"/>		

Rightsizing Recommendations

Current Home Services Frequency and Duration

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total hrs
Center Attendance							

Recommended Home Services Frequency and Duration:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total hrs
Center Attendance							

Trinity Health PACE Long Term Nursing Home Placement Evaluation Tool

Instructions: 1. All IDT members are to sign 2. Answer all questions and include free text in comments sections

Process/Question	Comments
Evaluation requested by: <input type="checkbox"/> Family member _____ <input type="checkbox"/> IDT member _____ <input type="checkbox"/> Other _____	
Define the issues surrounding the request for LT NHP: <input type="checkbox"/> Medical/Functional <input type="checkbox"/> Social/Housing <input type="checkbox"/> Caregiver Stress	<i>Current support in Community failing, as evidenced by:</i>
What are the participant's desires and/or the caregiver's Goals of Care? – Longevity/Functional/Palliative (consider code status, Advance Directive, etc) Have financial implications been discussed with participant and caregiver	<i>Is the Plan of Care consistent with the goals?</i>
Does participant wish to remain in the community?	Yes / No / NA
Does the participant have intellectual capacity to make medical decisions independently?	Yes / No / NA
Is Participant safe with Caregiver free to make choices?	Yes / No / NA

List previous/current interventions that have been activated to maintain participant in the community (i.e., homecare, respite, family meetings, etc.)? Describe impact. Have we maximized availability of these options? What could we do differently this time?

PARTICIPANT NAME AND SITE: _____

This document is not a part of the permanent medical record and is to be used as a worksheet only to support documentation placed in the record

Adapted from Summit ElderCare, Worcester, Mass, Community LIFE Pittsburgh Nursing Home Placement Policy

Trinity Health PACE Long Term Nursing Home Placement Evaluation Tool

1.	Is there a physical or mental condition requiring constant supervision outside the LIFE center with no hope of recovery and no caregiver?	Yes / No / NA	
2.	Is participant and/or caregiver concerned about personal safety?	Yes / No / NA	
3.	Can PACE/LIFE meet safety needs?	Yes / No / NA	
4.	Does the participant's behavior allow community care?	Yes / No / NA	<i>Identify all current behavioral health concerns.</i>
5.	If active behavior issues, does participant have a current behavioral plan?	Yes / No / NA	
6.	Uncontrollable disruptive behavior including uncontrollable wandering?	Yes / No / NA	
7.	If supervision is needed, can it be met in the community? If so, how?	Yes / No / NA	
8.	Any medication management interventions recommended?	Yes / No / NA	
9.	Does participant have a condition that requires skilled care 24 hours per day/7 days per week?	Yes / No / NA	Specify reasons 24/7 skilled care is necessary.
10.	Can required medical care and skilled nursing needs be met in the community?	Yes / No / NA	
11.	Can mobility and transfer needs be met in the community? Has participant or family trialed equipment to meet mobility and transfer needs?	Yes / No / NA	Identify DME needs, including home modifications that could support home safely remaining in the home.
12.	Has there been a change in the participant's ability to care for himself/herself? If so, how?	Yes / No / NA	
13.	Has there been a change in the caregiver's ability to provide care?	Yes / No / NA	Indicate if change is permanent and describe how caregiver's ability to provide care has changed.
14.	Has the caregiver been offered education and support services? If yes, were they helpful?	Yes / No / NA	

PARTICIPANT NAME AND SITE: _____

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Adapted from Summit ElderCare, Worcester, Mass, Community LIFE Pittsburgh Nursing Home Placement Policy

Trinity Health PACE

Long Term Nursing Home Placement Evaluation Tool

15. If necessary, have alternative caregivers been sought?	Yes / No / NA	
16. Can personal hygiene needs be met in the community?	Yes / No / NA	<i>Identify barriers to meeting personal hygiene needs in the community.</i>
17. Is there an ongoing need for more than 8 hours of personal care per day in the home?	Yes / No / NA	<i>If so, indicate specific personal care tasks and amount of hours required/provided.</i>
18. Does participant have an ERS?	Yes / No / NA	
19. Can we provide Meals on Wheels?	Yes / No / NA	
20. Can we increase Day Center hours?	Yes / No / NA	
21. Have respite days been offered/provided?	Yes / No / NA	
22. Can we offer any other external supports through community services? Eg Mental Health services, religious affiliations, weekend day center, Alzheimer's programs	Yes / No / NA	
23. Is a Transitional Housing/Shared Aide Service option available? <i>Needs to be able to physically and cognitively call out for help</i> <i>Transfer status 2 person assist or less</i> <i>No wander risk</i> <i>Time interval between visits 3 hours or more deemed safe</i>	Yes / No / NA	
<p>PAUSE: ARE THERE ANY SPECIFIC SAFETY/CAREGIVER BURNOUT CONSIDERATIONS TO BE ADDRESSED RELATED TO UNMANAGEABLE/PERSISTENT: WANDERING AT NIGHT; ELOPEMENT AT NIGHT; NIGHT FALLS; FECAL INCONTINENCE.</p> <p style="text-align: center;">Is there any other solution?</p>		
<p>Other concerns/Possible Solutions:</p>		

PARTICIPANT NAME AND SITE: _____

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Adapted from Summit ElderCare, Worcester, Mass, Community LIFE Pittsburgh Nursing Home Placement Policy

Trinity Health PACE Long Term Nursing Home Placement Evaluation Tool

<u>Date Reviewed by IDT:</u> _____ <u>Reviewed by Executive Director:</u> _____ <u>IDT Decision:</u> <input type="checkbox"/> LTNHP Approved <input type="checkbox"/> LTNHP Denied – remain in the community <input type="checkbox"/> LTNHP Denied – trial in Transitional Housing	List prominent factors contributing to IDT decision: <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>
---	---

Least Restrictive Environment Decisions : <ol style="list-style-type: none"> 1. Remain in the Community with additional service supports as recommended on worksheet 2. If, after fully evaluating the above questions and options it is determined that remaining in the community is not appropriate, consider Transitional Housing (when available) 3. If deemed inappropriate for LTNHP and community services offered are not accepted, Participant/Caregiver chooses placement, or requests out-of network Nursing Home discuss voluntary disenrollment option
--

IDT Member Title	Signature	IDT Member Title	Signature

PARTICIPANT NAME AND SITE: _____

This document is not a part of the permanent medical record and is to be used as a worksheet only to support documentation placed in the record

Adapted from Summit ElderCare, Worcester, Mass, Community LIFE Pittsburgh Nursing Home Placement Policy

ER/IP Review Worksheet

PARTICIPANT NAME: _____				MR #: _____			
Enrolled less 6 months or less		1	0				
Date of Visit to Hospital:			D/C Date				
do not delete data/formula this row - if on paper hand write over		Weekday code		7	LOS	0	
Time of Visit		8am - 6 pm	1	6 pm - 10pm	2	10pm - 8 am	3
Visit Type		ED only	1	OBV	2	IP	3
ED/Hospital in Network?		yes	1	No	0		
Facility Name							
Primary Diagnosis/Reason for Visit:						DRG/ICD:	
Living Situation		Admitted From		Outcome			
A/L with staff on duty	1	Clinic	1	△PoC	1	6	New Dx
Nursing Facility - Long Term	2	Home	2	DC-HLoC	2	7	No new Dx/Int
Nursing Facility - Short Term	3	SNF	3	DC home	3	8	IDT Reassess
Private home/apt - alone	4	Other	4	DME	4	9	PCP F/up
Private home/apt - with family/caregiver	5			Med △	5	10	Spec F/up
Private home/apt - with room-mate	6						
Supportive housing - alone, staff on duty	7	# of Prior Admissions in past 6 months:					
Supportive housing - with caregiver	8	<2	1	2><4	2	>4	3
Supportive housing - with room-mat	9	Participant's Goals of Care/Pathway					
		Longevity		1	Palliative		3
		Functional		2	Not available		4
		Yes	No				
Were any xxxPACE staff aware of any S/S prior to this episode?		1	0				
If yes - what was done with that information?		Not reported		1	Reported to IDT	2	Then What?
Had participant been seen/contacted by any xxx PACE staff within 48 hrs prior to this episode?		1	0				
Did Ppt/Caregiver contact xxxPACE prior to going to ER?		1	0				

Comments/Notes:

ER/IP Review Worksheet

PARTICIPANT NAME: _____ **MR #:** _____

What could have prevented this hospitalization? circle all that apply.)

	yes	no	<u>Comments</u>
More clear end of life discussion prior to admission / AD	1	0	
Nursing assessment prior to admission	1	0	
Direct admit to NH/SNF	1	0	
More aggressive outpatient mgmt / disease mgmt	1	0	
Rescue Kit	1	0	
Clinic visit prior to admission	1	0	
Participant and family education	1	0	
More intensive home monitoring/support	1	0	
Telehealth	1	0	
Preventative wellness checks / routine visits	1	0	
Facility Education (NH/AL)	1	0	
ER Education/Communication	1	0	
Evening/weekend on-call phone triage or visit by MD/RN	1	0	
Other:	1	0	
Nothing identified: Why?			

Classified as:

Non-emergent: immediate medical care was not needed within 12 hours (e.g sinus congestion)	1
Emergent/Primary Care Treatable: Treatment was needed within 12 hours, but care could have been provided effectively and safely in a primary care setting (e.g earache)	2
Emergent/ER Care Needed/Preventable/Avoidable: ER care was needed, but patients may have been able to avoid the emergency medical issue if they had received timely and effective outpatient care while they were sick (e.g exac COPD, diabetes, CHF, etc)	3
Emergent/ER Care Needed/Not Preventable/Unavoidable: ER care was needed and outpatient care treatment could not have prevented the condition (e.g trauma)	4

Comments / Follow up:

Any other Participants on this Team in need of similar mitigation strategy?

Signature:

ER/IP Review Worksheet

PARTICIPANT NAME: _____ MR #: _____

ADDITIONAL NOTES: