

Nursing Home Diversion (NHD) Process Map

Key Questions:

How to ID Potential Consumers

Who is Eligible for the NHD?

What is the optimal TIMELINE?

How long, typically?

What is the Billing Protocol?

Who will manage the Billing Protocol?

Who will manage the roles and project internally?

What internal roles are needed?

What is the Documentation Need?

To whom do we report?

What level of support is needed

What care does he/ she need?

Who will oversee/ manage the Care Schedule?

What Services provide for these needs?

What Services/ needs can we NOT provide?

Levels of Care??

Medical Care

Nursing Care Needs

Personal Care Needs

Skilled Care

Temporary Intermediate to Heavy Care

Temporary Intermediate to Moderate Care

Temporary Intermediate to Light Care

Chronic Care

What is the level of self-sufficiency of the consumer?

Declare levels of support within scope

Declare level of support that is outside of scope

Identify the crisis protocol

Director: marketing, evaluation, billing processes, program implementation and other process implementation.

Peer Supporter: must be a person with a visible disability-who builds initial relationship while in acute or rehab phase. Also assists with the Life coordinator.

Life Coordinator: meets with consumer and customer to assess needs and time lines, pulls together the hot shot team of contractors, builds the transition plan and coordinates. May also do things like pay bills and keep household running.

- Eligibility:**
- Patients face with Rehabilitation Needs Post Hospital Stay
 - Patients with Diabetes
 - Patients with Mental Health Issues

Checklists

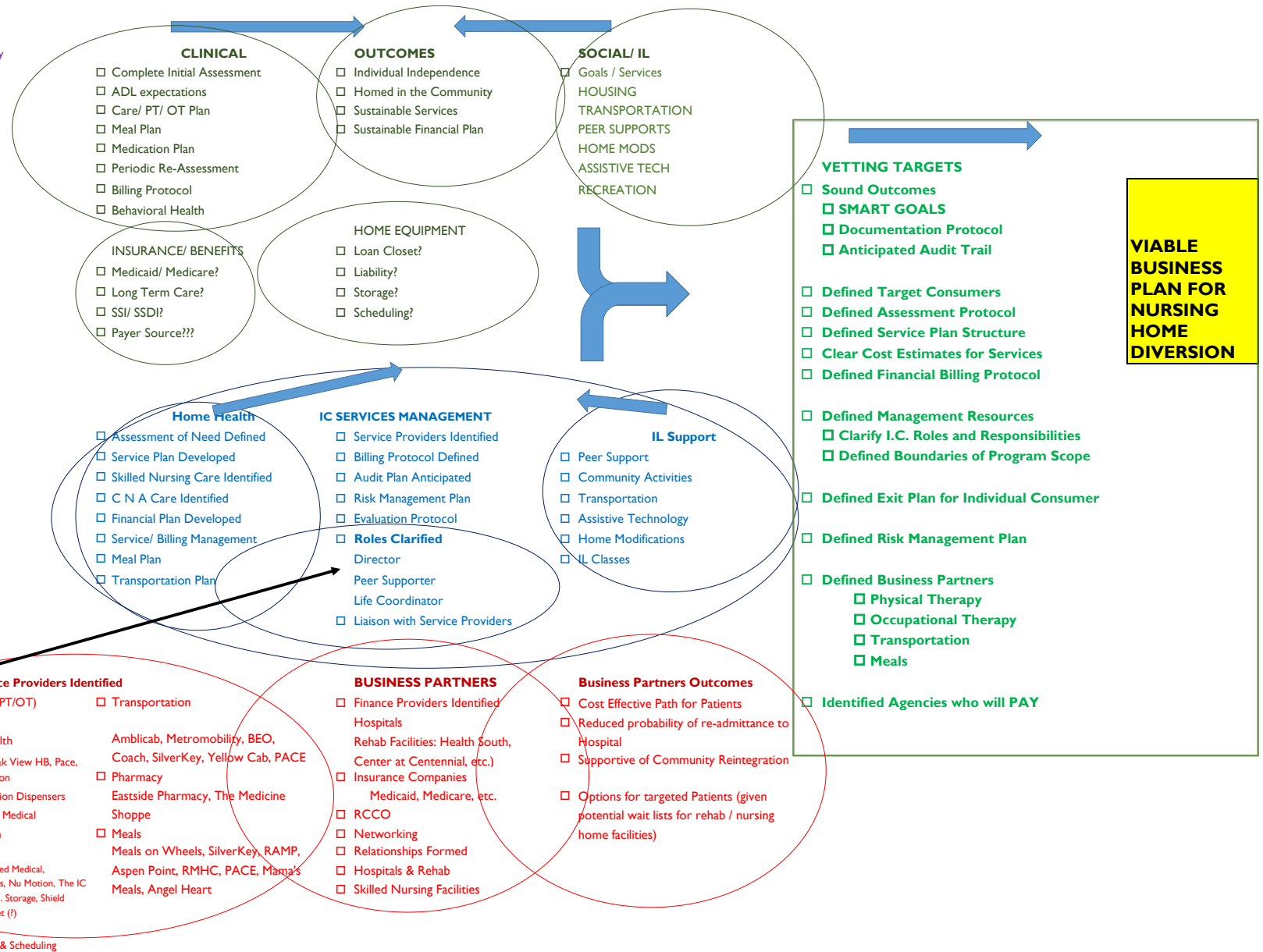
- Is this a PWD? (short or long term?)
- Target Hospital Stay?
- Needs are within Scope?
- Needs are NOT within Scope
- Assessment Protocol / ADLs / Timetable
- Elements of the Care Plan
- Elements of the Financial Plan
- Managing the Care & Billing Plans**
 - Management
 - Roles

Growth Parameters

- 0 - 10 Consumers
- 11 - 50 Consumers
- 51 - 75 Consumers
- 76-100 Consumers

Transportation needs

- Hospital to home
- Home to Doctors Visits
- Home to other Locations



VETTING TARGETS

- Sound Outcomes
 - SMART GOALS
 - Documentation Protocol
 - Anticipated Audit Trail
- Defined Target Consumers
- Defined Assessment Protocol
- Defined Service Plan Structure
- Clear Cost Estimates for Services
- Defined Financial Billing Protocol
- Defined Management Resources
 - Clarify I.C. Roles and Responsibilities
 - Defined Boundaries of Program Scope
- Defined Exit Plan for Individual Consumer
- Defined Risk Management Plan
- Defined Business Partners
 - Physical Therapy
 - Occupational Therapy
 - Transportation
 - Meals
- Identified Agencies who will PAY

VIABLE BUSINESS PLAN FOR NURSING HOME DIVERSION

Service Providers Identified

- Medicare (HH PT/OT) Benefit, Abode
- Behavioral Health: Aspen Point, Peak View HB, Pace, Peak Vista, Beacon
- Lifeline/ Medication Dispensers: Mountain Home Medical
- DispatchHealth
- DME: SilverKey, Advanced Medical, Accessible Systems, Nu Motion, The IC Loan Program, I.C. Storage, Shield Health Care, Benet (?)
- Transportation: Ambicab, Metromobility, BEO, Coach, SilverKey, Yellow Cab, PACE
- Pharmacy: Eastside Pharmacy, The Medicine Shoppe
- Meals: Meals on Wheels, SilverKey, RAMP, Aspen Point, RMHC, PACE, Mama's Meals, Angel Heart

BUSINESS PARTNERS

- Finance Providers Identified: Hospitals, Rehab Facilities: Health South, Center at Centennial, etc.)
- Insurance Companies: Medicaid, Medicare, etc.
- RCCO
- Networking
- Relationships Formed
- Hospitals & Rehab
- Skilled Nursing Facilities

Business Partners Outcomes

- Cost Effective Path for Patients
- Reduced probability of re-admittance to Hospital
- Supportive of Community Reintegration
- Options for targeted Patients (given potential wait lists for rehab / nursing home facilities)

Issues: Storage & Scheduling