Executive Office of Elder Affairs

RESPECT INDEPENDENCE INCLUSION

Program Manager/ Nurse Manager Meeting

Home Care Team
January 31, 2019
10 a.m. – 12:30 p.m.
Tri-Valley Inc.

AGENDA

- Welcome & Introductions
- Guest Speaker: Ellen DiPaola
- Cool & Groovy Spotlights
- CDC – Holiday Pay
- Co-payment Adjustments
- PI 18-03 ECOP – Clarifications
- Exceptions to Home Care Eligibility
- Frail Elder Waiver Implementation
- Home Health Aide Contingency
- ANCHOR

Welcome & Introductions

- Richard Sanon – Waiver Business Analyst
  richard.sanon1@massmail.state.ma.us

- *We have an opening!* – Home Care Waiver Program Manager

https://massanf.taleo.net/careersection/ex/jobdetail.ftl?job=180007Y3&tz=GMT-05%3A00&tzname=America%2FNew_York

Guest Speaker: Ellen DiPaola

Honoring Choices®
MASSACHUSETTS
Your Health Care. Your Choice!

Ellen M. DiPaola, Esq
President & CEO
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781-642-0454

“Your Health Care. Your Choice.”

Honoring Choices Massachusetts

Working with our Partners,
we inform & empower adults, 18 years old & older,
to make a health care plan and
connect to care in their community.

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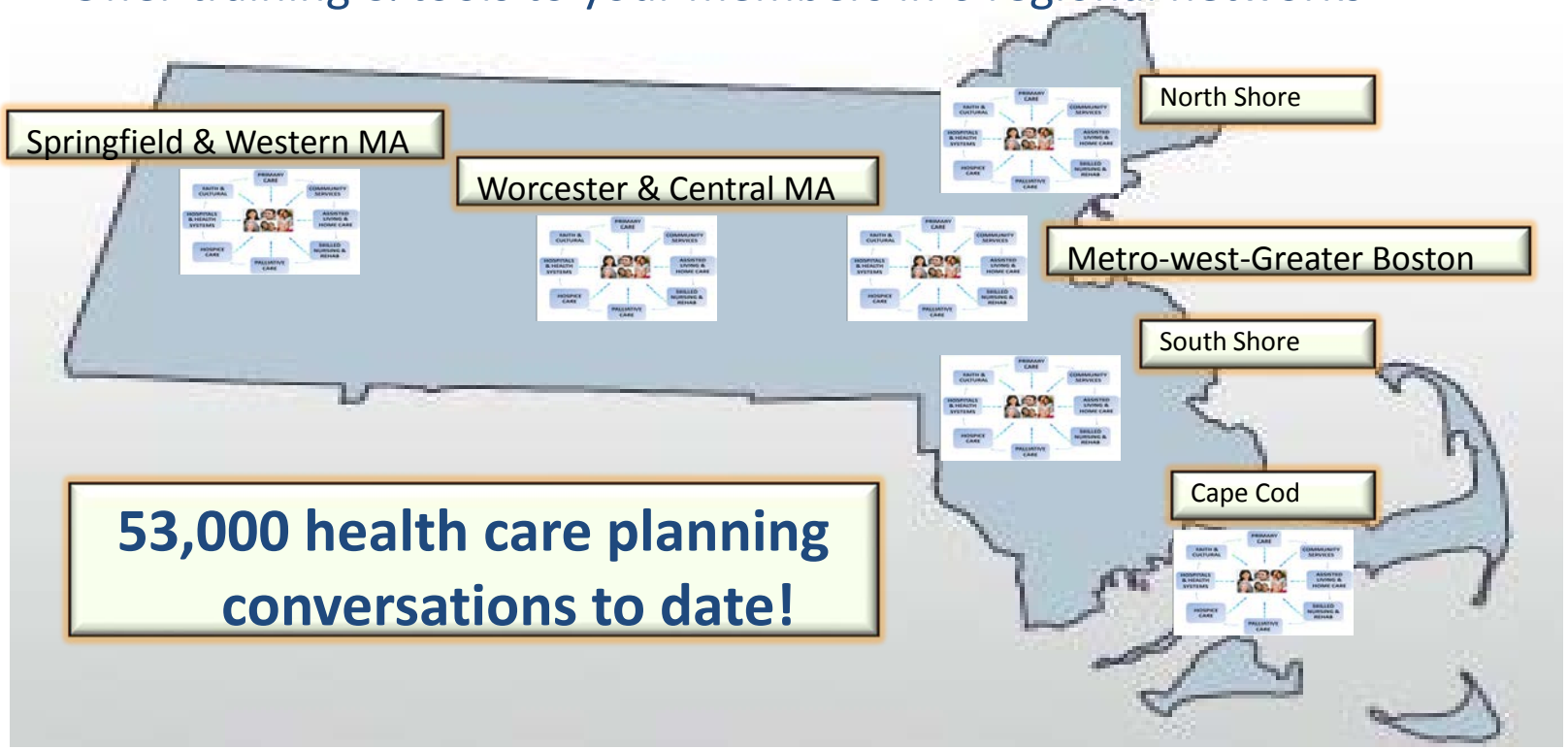
EOEA & ASAPs are Alliance Partners

Offer training & tools to your members in 6 regional networks



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Everyone is on a health care journey

to get the best possible care

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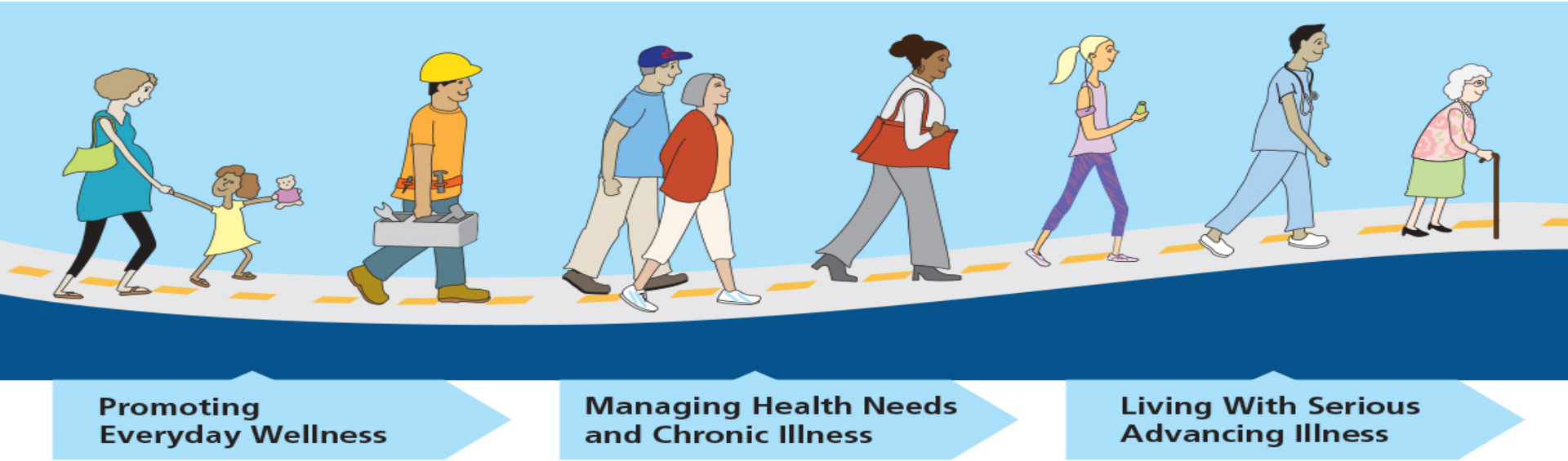
Everyone needs a plan

A health care plan is your personal road map for quality care



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Make your own plan. Get quality care.

An easy to use, structured approach to health care planning
for consumers & care providers

Explore

What's right for you?
Make care choices.

Plan

What's in your plan?
Write down your choices.

Connect

How are you feeling today?
Honor your choices.

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Who's Your Agent?® Program

The ***Getting Started*** and ***Next Steps*** Tool Kits open the door to lifelong health care planning

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Getting Started Tool Kit

It's as easy as 1-2-3!

1 Choose a Health Care Agent in a Health Care Proxy.

2 Talk with family. Write down your care choices in a Personal Directive.

3 Talk with your care providers to match care to your choices.

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Massachusetts law makes this easy

The person you choose is your **Health Care Agent.**

The legal document is your **Health Care Proxy.**

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Step 1: Choose a Health Care Agent

How do you start a conversation? ASK THIS:

"Do you have a Health Care Agent?"

"Your Health Care Agent is your advocate!" Explain:

- If you are not able to make care decisions yourself
- Someone you trust can step in with the power to
- Make care decisions and get you the care you want

Mass Law:
A spouse or family member DOES NOT automatically have the legal power to make health care decisions, unless appointed in a Health Care Proxy.

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Honoring Choices MA Health Care Proxy

Download in 10 Languages:

- **English**
- **Spanish** -Español
- **Portuguese** - Português
- **Vietnamese** - Tiếng Việt
- **Russian** - Русский
- **Chinese** 繁體中文
- **Arabic** – عربي
- **Khmer** - ភាសាខ្មែរ
- **Albanian** – Shqip
- **Haitian Creole** - Kreyòl Ayisyen

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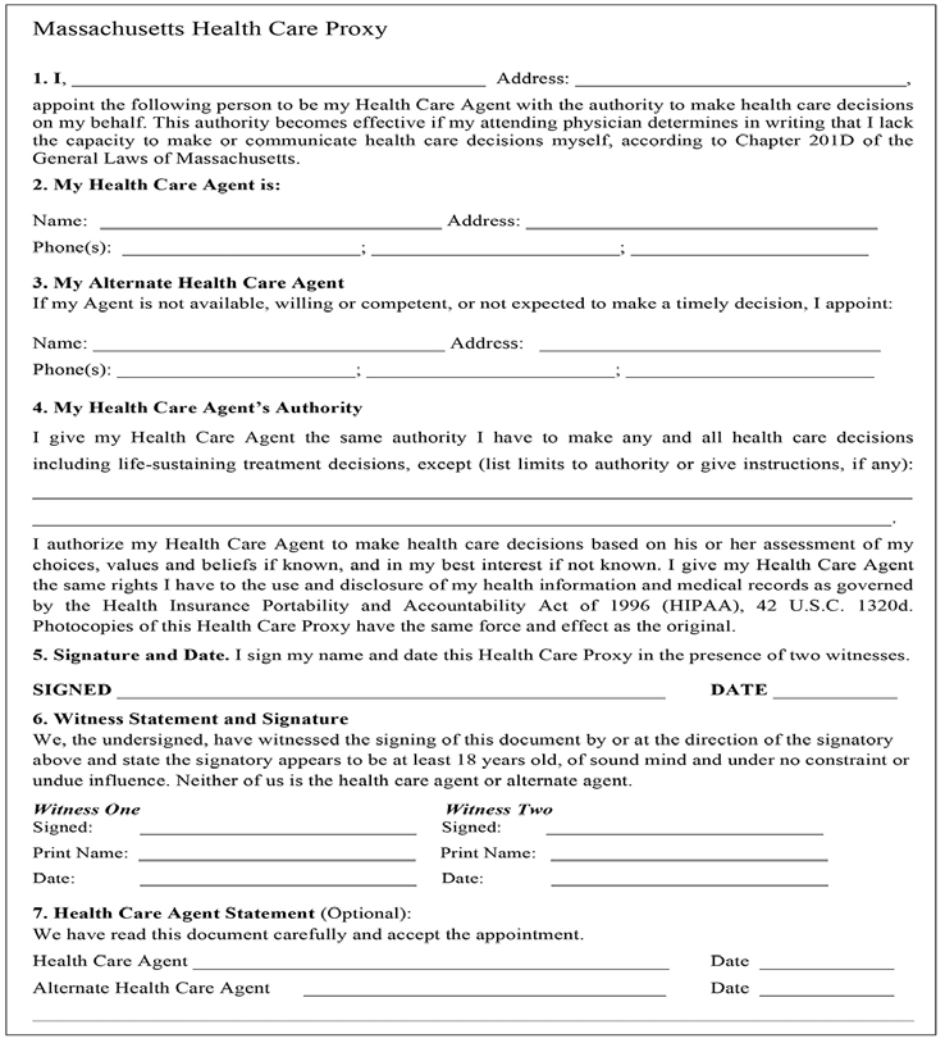


Massachusetts Health Care Proxy

1. I, _____ Address: _____,
appoint the following person to be my Health Care Agent with the authority to make health care decisions on my behalf. This authority becomes effective if my attending physician determines in writing that I lack the capacity to make or communicate health care decisions myself, according to Chapter 201D of the General Laws of Massachusetts.

2. My Health Care Agent is:

Name: _____ Address: _____
Phone(s): _____; _____; _____

3. My Alternate Health Care Agent
If my Agent is not available, willing or competent, or not expected to make a timely decision, I appoint:

Name: _____ Address: _____
Phone(s): _____; _____; _____

4. My Health Care Agent's Authority

I give my Health Care Agent the same authority I have to make any and all health care decisions including life-sustaining treatment decisions, except (list limits to authority or give instructions, if any):

_____
_____.

I authorize my Health Care Agent to make health care decisions based on his or her assessment of my choices, values and beliefs if known, and in my best interest if not known. I give my Health Care Agent the same rights I have to the use and disclosure of my health information and medical records as governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d. Photocopies of this Health Care Proxy have the same force and effect as the original.

5. Signature and Date. I sign my name and date this Health Care Proxy in the presence of two witnesses.

SIGNED _____ **DATE** _____

6. Witness Statement and Signature
We, the undersigned, have witnessed the signing of this document by or at the direction of the signatory above and state the signatory appears to be at least 18 years old, of sound mind and under no constraint or undue influence. Neither of us is the health care agent or alternate agent.

Witness One	***Witness Two***
Signed: _____	Signed: _____
Print Name: _____	Print Name: _____
Date: _____	Date: _____

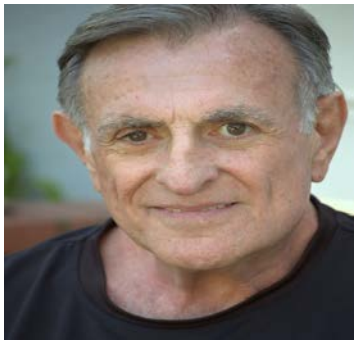
7. Health Care Agent Statement (Optional):
We have read this document carefully and accept the appointment.

Health Care Agent _____ Date _____
Alternate Health Care Agent _____ Date _____

What if you *have not* chosen a Health Care Agent?

“No Agent. No Problem!

Just start with the *Personal Directive*.”

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Step 2: Write Down Your Care Choices in a Personal Directive (Living Will)

"It's like a personal letter to your Agent, family & doctors."

- What's important to you: values, beliefs, choices
- Give instructions for the care you want & do not want
- It's not a legal document, but gives your doctor vital information to match care to your choices

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Honoring Choices Personal Directive (Short form- 2 pages)

Instructions Page 1

Your Name & Address

Check a the box

I. My Personal Preferences, Thoughts and Beliefs

II. People to Inform about My Choices and Preferences

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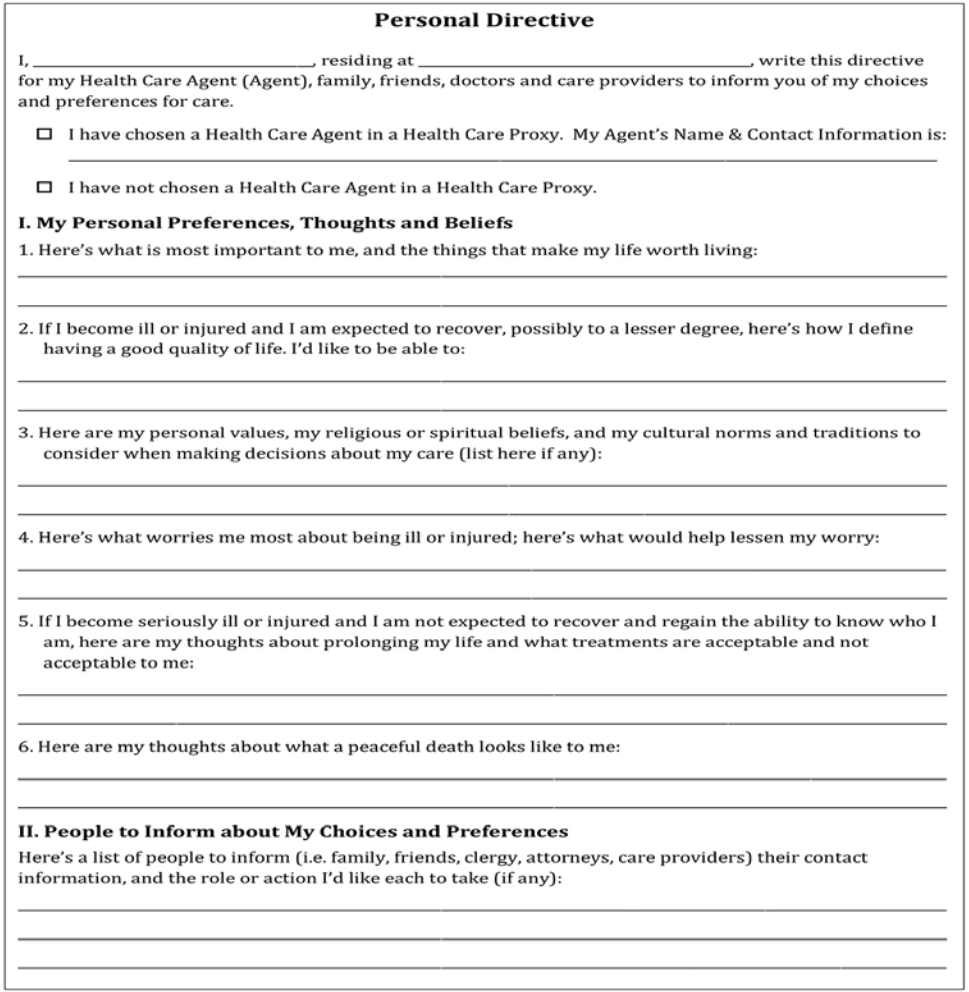

Personal Directive

I, _____, residing at _____, write this directive for my Health Care Agent (Agent), family, friends, doctors and care providers to inform you of my choices and preferences for care.

☐ I have chosen a Health Care Agent in a Health Care Proxy. My Agent's Name & Contact Information is:
_____

☐ I have not chosen a Health Care Agent in a Health Care Proxy.

I. My Personal Preferences, Thoughts and Beliefs

1. Here's what is most important to me, and the things that make my life worth living:

2. If I become ill or injured and I am expected to recover, possibly to a lesser degree, here's how I define having a good quality of life. I'd like to be able to:

3. Here are my personal values, my religious or spiritual beliefs, and my cultural norms and traditions to consider when making decisions about my care (list here if any):

4. Here's what worries me most about being ill or injured; here's what would help lessen my worry:

5. If I become seriously ill or injured and I am not expected to recover and regain the ability to know who I am, here are my thoughts about prolonging my life and what treatments are acceptable and not acceptable to me:

6. Here are my thoughts about what a peaceful death looks like to me:

II. People to Inform about My Choices and Preferences

Here's a list of people to inform (i.e. family, friends, clergy, attorneys, care providers) their contact information, and the role or action I'd like each to take (if any):

Instructions Page 2

III. My Medical Care: My Choices and Treatment Preferences

- A. My Current Medical Condition
- B. Life-Sustaining Treatments
  1. CPR
  2. Treatments to Prolong My Life

IV. Other Information, Instructions and Messages:

V. SIGNATURE and Date

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III. My Medical Care: My Choices and Treatment Preferences

A. My Current Medical Condition

Here's information about my specific medical condition. Here are my preferences for medications, clinicians, treatment facilities or other care I want or do not want (if any):

B. Life-Sustaining Treatments

1. Cardiopulmonary Resuscitation (CPR) is a medical treatment used to restart the heartbeat and breathing when the heartbeat and breathing have stopped. My choices are:
   - ☐ I do not want CPR attempted but rather, I want to allow a natural death with comfort measures;
   - ☐ I want CPR attempted unless my doctor determines any of the following: • I have an incurable illness or irreversible injury and am dying • I have no reasonable chance of survival if my heartbeat and breathing stop • I have little chance of long-term survival if my heartbeat and breathing stop and the process of resuscitation would cause significant suffering;
   - ☐ I want CPR attempted if my heartbeat and breathing stop;
   - ☐ I do not know at this time and rely on my Health Care Agent to make care decisions.

2. Treatments to Prolong My Life

If I reach a point where I am not expected to recover and regain the ability to know who I am, here are my choices and preferences for life-sustaining treatment:
- ☐ I want to withhold or stop all life-sustaining treatments that are prolonging my life and permit a natural death. I understand I will continue to receive pain & comfort medicines;
- ☐ I want all appropriate life-sustaining treatments for a short term as recommended by my doctor, until my doctor and Agent agree that such treatments are no longer helpful;
- ☐ I want all appropriate life-sustaining treatments recommended by my doctor;
- ☐ I do not know at this time and rely on my Health Care Agent to make care decisions.

IV. Other Instructions, Information and Personal Messages

V. Signature and Date

I sign this Personal Directive after giving much thought to my choices and preferences for care.
I understand I can revise, review and affirm my decisions all through my life as long as I am competent.

SIGNED: _____ Date: _____

Reviewed and Reaffirmed_____ Date: _____

Here's How It Works:

If you have chosen an Agent-

"Your Health Care Proxy & Personal Directive work hand-in-hand."

Health Care Proxy

- Choose an Agent
- Give decision-making power

Personal Directive (Living Will)

- Tell Agent what's important
- Give instructions for care

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Here's How It Works:

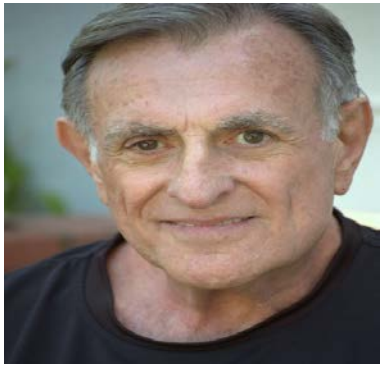
If you have NOT chosen an Agent-

"No Agent. No Problem!"

Start with the *Personal Directive*

- Think about your values & beliefs
- Make your care choices
- Write down your choices in a

  Personal Directive (Living Will)



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Step 3: Partners Help Adults Get Care in their Community

"Here's how I am feeling today."

Make goals for your current care

The meds make me tired. I'd like to feel better at work.

Tell me more. Let's see if we can make some adjustments.

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"What's ahead for me?"

Make goals for your future care

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Consumers: Start a Discussion

5 Things To Talk About With Your Care Providers

To make a plan for the best possible care.

INFORMATION TO MAKE CHOICES

1. I'd like to understand more about my health or illness and treatment options:
- Here's what I know about my health or illness. Here's what I'd like to know today;
- What's ahead for me? What information would help me to plan for the future?

MY GOALS

2. I want to discuss my goals and explore the care I want and do not want:
- Given my personal values, beliefs and priorities, here's what is important to me;
- Here's what worries or concerns me.

MY PLAN

3. Let's discuss my care plan and writing down my choices in planning documents:
- What's the plan for getting me to my goals?; What are the next steps?;
- I want to choose a Health Care Agent; can you help me with a Health Care Proxy?;
- Here's a copy of my Health Care Proxy; can you place it in my medical record?

KNOW MY CHOICES

4. I'd like to make sure you know my choices and that my medical record is up-to-date:
- Let's review my current health or illness, and changes in my priorities and choices;
- I'd like to revise / add a planning document and review the documents in my record.

HONOR MY CHOICES

5. I'd like to make sure my care providers honor my choices all through my life:
- In an emergency, or if I can't speak with you, how will my choices be followed?;
- I'd like to bring in my family / Agent to talk about my plan and honoring my choices.

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Care Providers: Start a Discussion

5 Things To Talk About With Your Patients and Clients

To make a plan for the best possible care.

INFORMATION TO MAKE CHOICES

1. Let's talk about your understanding of your health or illness and treatment options:
- What's your understanding of your health or illness? What would you like to know today?;
- Let's look ahead: What information would help you to make choices and plan for the future?

YOUR GOALS

2. Let's discuss your goals and explore the care you want and do not want:
- Given your values, beliefs, and priorities, what's most important to you?;
- What worries or concerns you?

YOUR PLAN

3. Let's discuss your care plan and writing down your choices in planning documents:
- Let's talk about the plan for getting you to your goals, and the next steps;
- Did you appoint a Health Care Agent I can speak to about your care if I can't speak with you?;
- Can I place a copy of your Health Care Proxy in your medical record?

KNOW YOUR CHOICES

4. Let's be sure I know your choices and that your medical record is up-to-date:
- Let's review your prognosis and care plan; have your priorities and choices changed?;
- Do you want to revise / add a planning document, and review the documents in your record?

HONOR YOUR CHOICES

5. Let's be sure your care providers can honor your choices all through your life:
- Let's discuss what happens if you need emergency care, and who can access your medical records;
- Would you like to bring in your family / Agent to talk about your plan & honoring your choices?

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See more questions at My Health Care Plan, at www.honoringchoicesmass.com/connect/care-providers/

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Next Steps Tool Kit

Build on your planning discussions.
Add & revise your planning documents.

- **Keep talking! Handy Discussions Guides**
  - Managing Chronic Illness
  - Living with Serious Illness
- **What's in Your Health Care Plan?**

  5 MA Planning Documents:

  ✓ Health Care Proxy ✓ Personal Directive

  □ Durable Power of Attorney

  □ MOLST: Medical Orders for Life Sustaining Treatment

  □ CC/DNR: Comfort Care, Do Not Resuscitate Order
- **Explore Palliative Care: NEW** Webinars, Fact Sheet & Discussion Guide
- **Explore Hospice Care**

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Let’s Talk About Palliative Care!

WEBINARS

Click image to view video.

What is Palliative Care?

For Everyone: Here's a short introduction to Palliative Care.

(Time 5:40)

Click image to view video.

For Consumers: "Palliative Care: Aligning the Team Around the Patient"

Webinar for Consumers: Patients, families and caregivers can explore palliative care and learn key questions to start a discussion with your care providers. Elizabeth J.Collins, MD, Palliative Care Medical Director, Lahey Hospital & Medical Center, provides a framework of the 5 stages of serious illness and how palliative care can be effective at each stage and all through a serious illness.

(Time 30:38)

Click image to view video.

For Care Providers: "Palliative Care: Aligning the Team Around the Patient"

Webinar for Care Providers: Every care provider can be a "first responder" to help patients diagnosed with a serious illness start a palliative care conversation. Learn key questions to open meaningful discussions with patients & clients. Elizabeth J.Collins, MD, Palliative Care Medical Director, Lahey Hospital & Medical Center, provides a framework of the 5 stages of serious illness and how palliative care can be effective at each stage and all through a serious illness journey. View individually or with your staff colleagues.

(Time: 30:00 content; followed by Q/A)

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Health Care Planning Ambassadors



250 Ambassadors are starting powerful conversations where adults live, work & gather!

Care providers & volunteers use the Getting Started Tool Kit.

3 ways Ambassadors help!

Start person-to-person conversations

Amy talks to patients and families.

Host community events

“Pizza & Proxy Party”

Lynne, Wesmyne & Jessie shared pizza with their group and help adults complete a Health Care Proxy.

Lead staff presentations

“What's in Your Plan?”

Nicole uses the slide deck to educate staff at her hospital.

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Health Care Planning Ambassadors
Train-the-Trainer Workshops

Learn how to-

- Complete a Health Care Proxy & Personal Directive
- 5 MA planning documents
- "Every person, Every visit" team-based model
- "Pizza & Proxy" community events

Ambassador Tool Kit

Plus- discussion guides to:

- Help adults with memory concerns start early discussions (Alzheimer's Assoc.)
- Start Primary Palliative Care conversations

Get Ready for April Health Care Decisions Month!

Schedule events now & train Ambassadors. Promote your Ambassador's events.

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Let's Get Started!
Honoring Choices Massachusetts

Download Free Tools & Documents
5th Annual Health Care Decisions Month Materials- Coming Soon!

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Cool & Groovy Spotlights

- *Central Boston Elder Services*
- **Mobile App**

Introduction to the CBES Mobile App

CENTRAL BOSTON ELDER SERVICES, INC.

SUMMARY

1. Access to all of the various websites necessary for day-to-day work activities and many more

2. Access to individualized reports for CMs and RNs

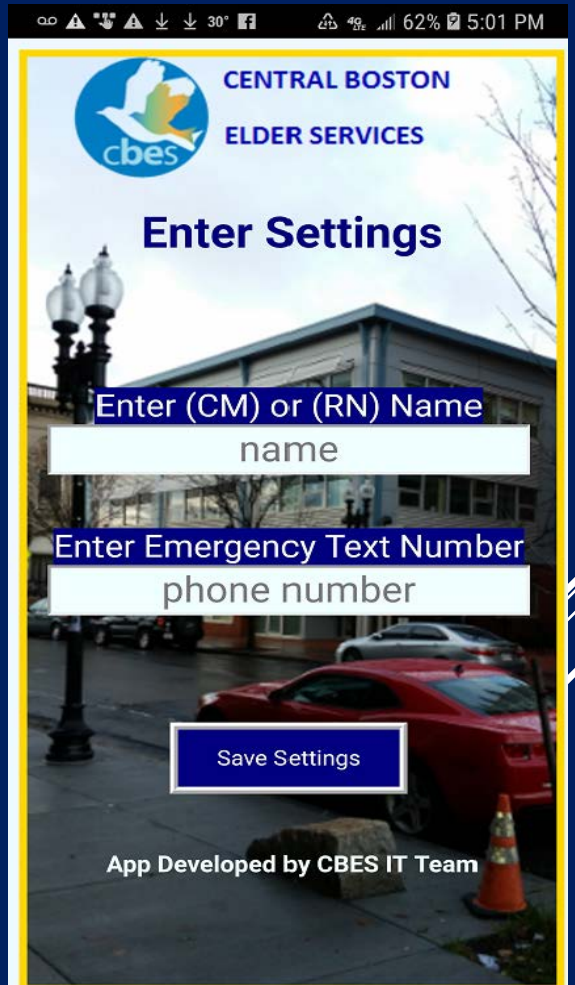
3. Settings for Phone user

4. Home visit check in with emergency text message capability

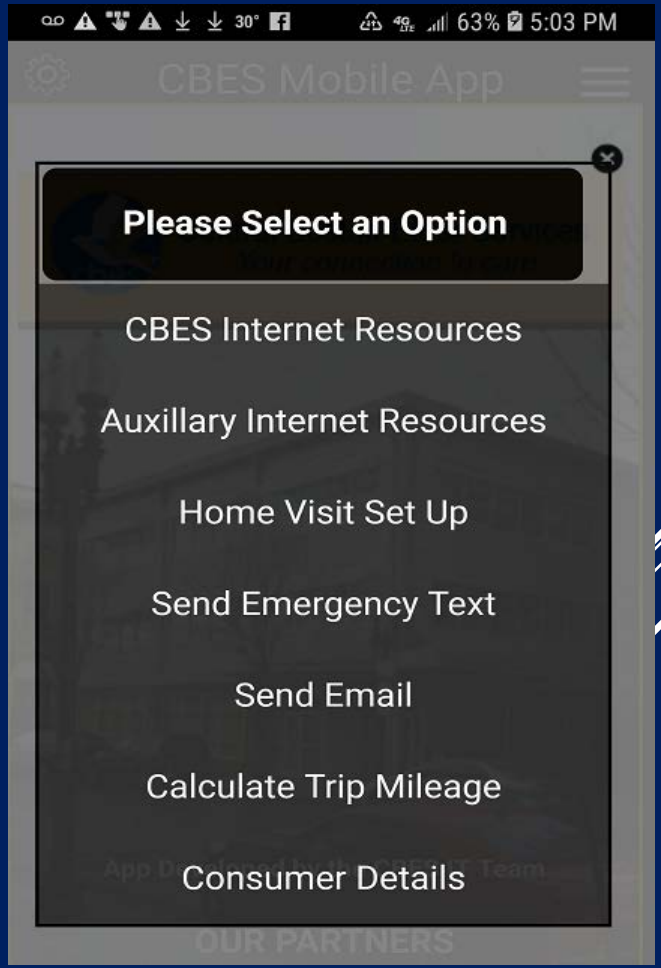
5. Trip Mileage Calculator

Opening Screen

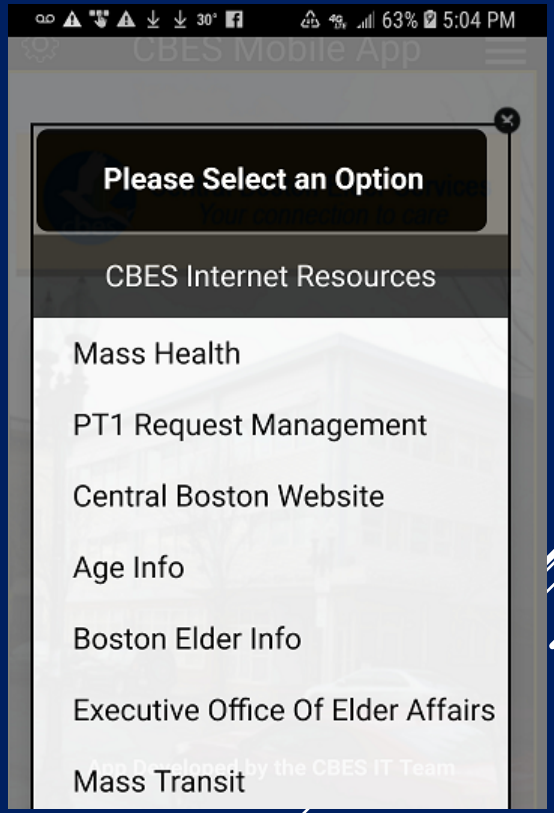
CM/RN Settings



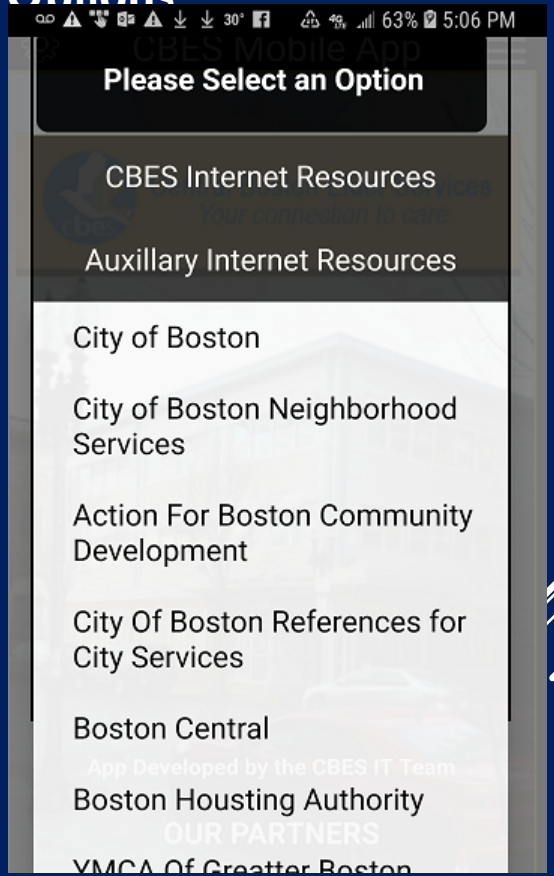
Menu Options



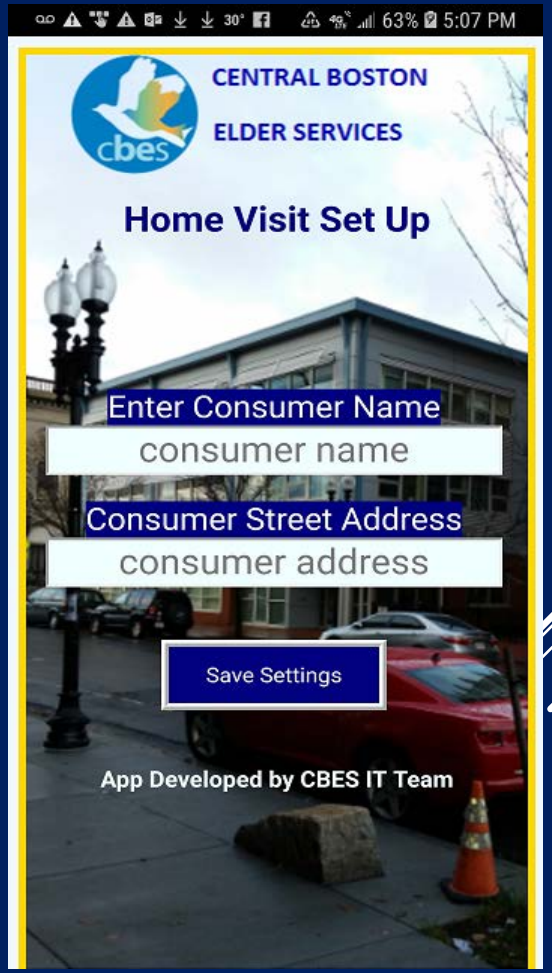
Internet Options



Additional Internet Options

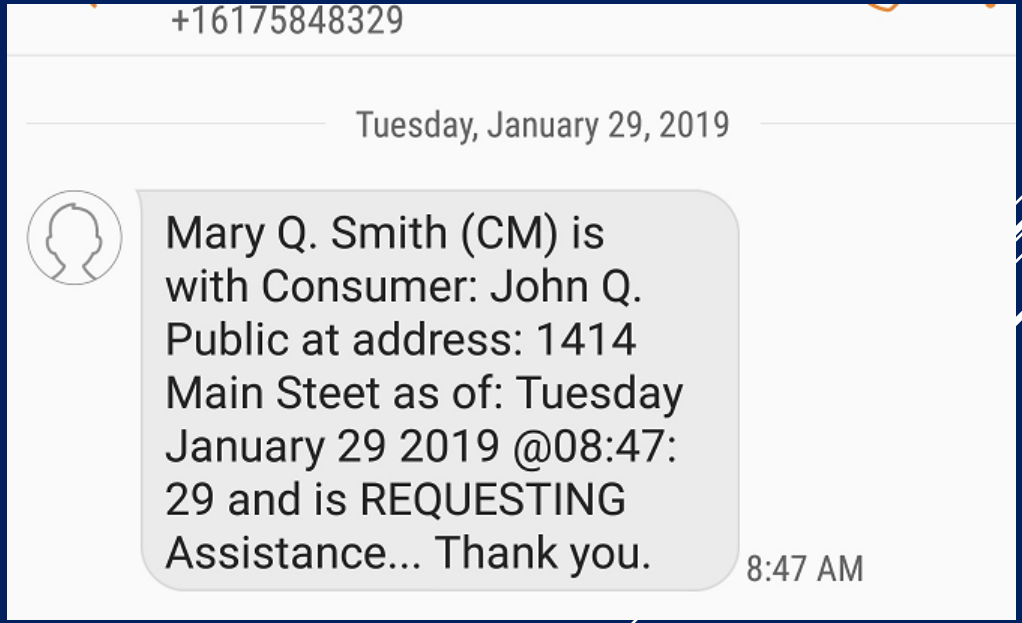


Home Visit Set Up



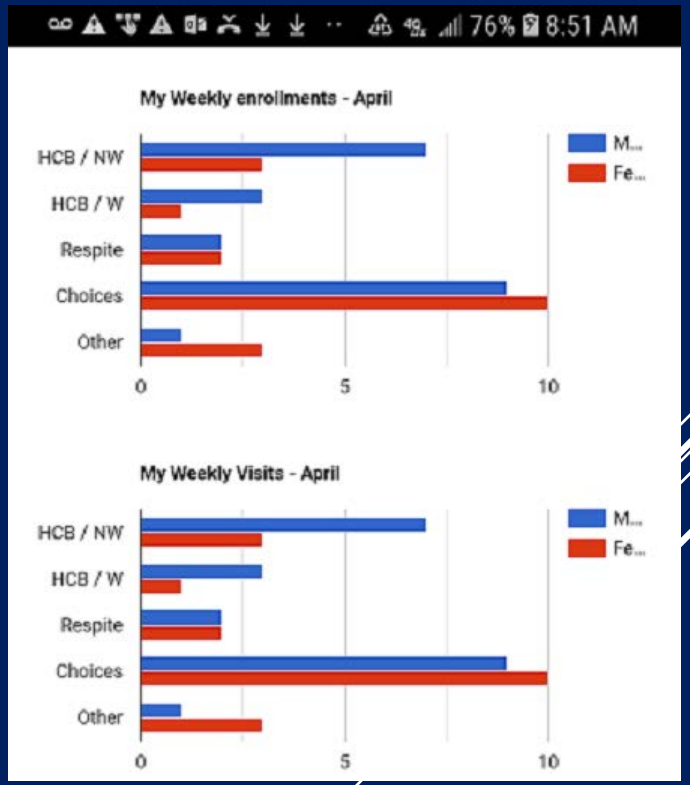
Send Emergency Text

Sample Emergency Text Message



Trip Mileage Screen (in development)

Consumer Weekly Summary



Cool & Groovy Spotlights

- *Tri-Valley Inc.*
- Benefits Enrollment Center (BEC) Program

Back to Basics in 2019 for Clarity in 2020

CDC – Holiday Pay

- SIMS sent out a directive on February 1, 2018 for all ASAP's to add the contract – Consumer Directed Services - holiday.
- The Contracts Managers were directed to add the contract on: 12-10-18
- The Fiscal Directors were directed to add the contract on: 12-13-18
- Administrative Bulletin 16-14 : 101 CMR 309.00: Independent Living Services for the Personal Care Attendant Program: Effective July 1, 2016

Wage Component	PCA Rate (Hourly)	Premium Pay Rate for Overtime and Premium Holiday Rate (Hourly)
PCA Gross Wage Component	$15.00	$22.50
Employer Expense Component	$2.00	$3.00
Total Class Rate	$17.00	$25.50

Co-Payment Adjustments

- 651 CMR 3.06(e)
  - ASAP's shall have the ability to waive or reduce co-payments based on hardships that impact the consumers ability to pay
  - Examples of hardship: High medical bills, unforeseen repairs due to inclement weather (Ex. roof repair) paying for disabled children to live in alternative housing (Ex. group home, etc.)

ECOP PI Clarifications

- ECOP Program Instruction: PI-18-03
  - Removal of waitlist requirements
  - Removal of enrollment cap
  - Change in the service cost minimum from 2x the basic rate to **1.75x**.
    - Current rate is $318.70 therefore minimum spending will be **$552.72**

ECOP PI Clarifications (continued)

- Change in consumers condition:
  1) RFR Section - 9.1.5.8: have policies to ensure that Consumers promptly receive a home visit and reassessment when they experience a significant change in health and/or functional status, for example, post-hospitalization;
  2) RFR Section - 9.1.4.11: ensure that the POC is updated at least annually and more frequently as required by changes in the consumer's circumstances, functional status, or service needs;
  3) Home Care Regulations – Section 3.05.e: Document any changes in the service pattern, including an increase, reduction, termination, or suspension of services made as a result of this ongoing reassessment process. A Long Term Care Assessment is required to be completed a minimum of every six months and more frequently as required by changes in the Consumer's circumstances, functional impairments, or service needs.

Exceptions to Home Care Eligibility

- Exceptions to Home Care eligibility can be found in the following:
  - Home Care Regulations 651 CMR 3.00
  - Uniform Intake Policy or Exceptions to Uniform Intake Policy can be found in PI 09-10 “Managed Intake/Waiting Lists”
  - 2010 RFR in sections: 9.1.3, 9.1.7, Section 14

Exceptions to Home Care Eligibility Cont.

(d)The eight service categories in order of priority

- 1- C: FIL 1 with one or more Critical Unmet Need(s);
- 2-C: FIL 2 with one or more Critical Unmet Need(s);
- 3-C: FIL 3 with one or more Critical Unmet Need(s);
- 4-C: FIL 4 with one or more Critical Unmet Need(s);
- 1-NC: FIL 1 with Non-critical Unmet Needs;
- 2- NC: FIL 2 with Non-critical Unmet Needs;
- 3- NC: FIL 3 with Non-critical Unmet Needs; and
- 4-NC: FIL 4 with Non-critical Unmet Needs.

(g) Exceptions. An Applicant or Consumer who meets the eligibility criteria set forth in 651 CMR 3.00, but is not within a Service Priority standard identified in 651 CMR 3.04(5)(e), may qualify for an exception when he or she meets one or more of the following criteria.

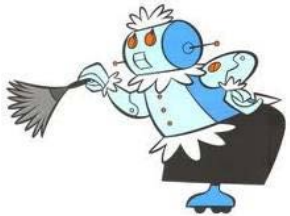
- 1. Elders who are at risk of being unable to remain in the community due to a variety of factors, including, but not limited to substance use disorders, cognitive, emotional, or mental health problems, or cultural and/or linguistic barriers.
- 2. Protective Services. Elders who are receiving or are eligible to receive Protective Services as defined in 651 CMR 3.02 shall be eligible for Home Care Program Services.
- 3. Congregate Housing. Consumers residing in a Congregate Housing Facility.
- 4. Waiver Consumers. Consumers who are eligible for the Frail Elder Home and Community Based Waiver Program.

Exceptions to Home Care Eligibility Cont.

- An applicant who is a 4-C, 1-NC, 2-NC, 3-NC, 4-NC with an **exception** as defined above under the **section (g)** qualifies as an eligible applicant for Home Care. Service provision may be for a non-critical unmet need when the applicant falls under 1 of the 4 exception categories.

Exceptions to Home Care Eligibility Cont.

- Example of a 2-NC: Elder who has 2-3 ADL's with no critical unmet need. Elder's medical conditions include: COPD, shortness of breath, and she uses Oxygen 24/7. Elder's daughter provides the shopping and meal preparation but is unable to provide regular assistance with house cleaning. The ASAP would provide a homemaker to assist with housework/laundry. HM needed to improve environmental conditions due to respiratory conditions.



Exceptions to Home Care Eligibility Cont.

- What is the exception that would qualify this elder?

Exceptions to Home Care Eligibility Cont.

- Elder is at risk due to complex medical needs.

Exceptions to Home Care Eligibility Cont.

- Example of a 4-C: Elder who has 4-5 IADL's with a critical unmet need of transportation for medical treatments and is not a MassHealth participant. The son who was providing the transportation, has been financially exploiting the elder. The ASAP would provide transportation for him to attend dialysis treatments 3 times per week.

Exceptions to Home Care Eligibility Cont.

- What is the exception that would qualify this elder?

Exceptions to Home Care Eligibility Cont.

- Elder is eligible due to receiving protective services because of the financial exploitation by son.
- Elder is at risk due to complex medical needs.

Frail Elder Waiver

2019 Waiver Eligibility

- 300% SSI FBR monthly Income limit = $2,313.00
- $2,000 applicant asset limit
- Spousal asset limit = $126,420.00

Frail Elder Waiver Implementation

- New services
- Medical Documentation no longer required
- Increase Enrollment
- Quality Updates
- Waiver Service & Provider Choice

Frail Elder Waiver Implementation

- Enhanced Technology Cellular PERS
  - Covered waiver service as of 1/1/2019
  - Includes Cellular PERS with Falls Detection
  - <u>Does not include any variation of Land Line PERS</u>

Frail Elder Waiver Implementation

- Changes to existing Home Care Services
  - Complex Care Training & Oversight formerly Skilled Nursing Services
  - Home Safety / Independence Evaluations formerly Occupational Therapy
  - Transitional Assistance now includes Housing Search as part of scope of service

Frail Elder Waiver Implementation

- *Priority*- New Services in all 6 Home Care Programs

  Service Program Instruction with Attachment A's forthcoming

  – Peer Support
  – Evidence Based Education Programs
  – Orientation & Mobility
  – Goal Engagement

Frail Elder Waiver Implementation

- Waiver Quality Changes
  - Assessment of Fall Risk is now a WQM
  - Tracking of incidents of unauthorized use of restraints or restrictive interventions
  - Annual Choice of Waiver Service and Waiver Service Provider afforded to each participant

Updated WQM Business Rules forthcoming

Frail Elder Waiver Implementation

- Frail Elder Waiver Enrollment
  - Home Care Basic/Waiver for MassHealth Standard Individuals who meet Nursing Facility Level of Care and receive a minimal service plan



Home Health Aide Contingency

MassHealth paid Home Health Aide Service non-contingent on Skilled Nursing need

- Executive Directors are aware and will be seeking your input
- Mass Home Care will be working on a survey to gain insight into potential issues, stumbling blocks, and impacts of the proposed change to make Home Health Aide Service non-contingent on Skilled Nursing need.

ANCHOR

Advocacy & **N**avigating **C**are in the **H**ome with **O**ngoing **R**isks

Pilot program that provides highly focused goal oriented care management that provides a more frequent, rigorous and time intensive delivery of advocacy and other support to elders with behavioral health needs who are at risk of institutionalization or homelessness due to their inability to accept or retain services.

ANCHOR Program Overview & ANCHOR Business Rule will be forthcoming

ANCHOR

- Pilot program designed to support elders or consumers whose behavioral health diagnoses impede or reduce their ability to accept services
  - Anxiety, suspicion, paranoia
  - Substance use
  - Chronic behavioral health concerns
  - Chronic homelessness or history of housing instability
  - Family dynamics that impact service delivery
  - A constant level of risk in their lives that may impact service utilization
  - Consumer is “pre-protective” or receiving “PS Ongoing Services” and ANCHOR can help transition the consumer to Home Care Services

ANCHOR

- ECOP Case Management Reimbursement for eligible consumers
  - Additional $103.48 per month in case management for consumers enrolled in a Home Care program
  - $241.22 per month Case management rate for consumers who are not yet enrolled in a Home Care Program
- Includes consumers enrolled in HCB/NW, HCB/W, Respite/OI, Home Care/OI

ANCHOR Program Overview & ANCHOR Business Rule will be forthcoming

ANCHOR

- Specific ANCHOR Care Enrollment
- ANCHOR Service Delivery required to be entered monthly to support enrollment and reimbursement (two service deliveries available)
  - ANCHOR Only – Used when a consumer is not enrolled in a Home Care Program
  - ANCHOR Supplement – Used when a consumer is enrolled in ANCHOR in addition to a Home Care program
- 6-9 month duration
- Monthly Home Visits required
- Phone Contact at a minimum of bi-weekly
- Activity & Referrals required
- Specific ANCHOR Journal types required

ANCHOR Program Overview & ANCHOR Business Rule will be forthcoming

Questions


thank you
danke
рахмат
謝謝
ngiyabonga
teşekkür ederim
Баярлалаа
спасибо
mersi
kia ora
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спасибі
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dank je
misaotra
matondo
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tapadh leat
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terima kasih
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감사합니다
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