COMMUNITY RESOURCES FOR SENIORS

Best Practices in FCN Referrals

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PRINCIPLES OF RESOURCE IDENTIFICATION

1. Know the older adult
2. Know the system
3. Know and match resources to the older adult

ASSESSMENT: PHYSICAL NEEDS FOR WHICH RESOURCES ARE REQUIRED

- Impairments
  - ADLs (Activities of Daily Living)
    - Dressing/grooming/bathing/ambulation/transferring/toileting
    - Observe appearance/body odors/unsteady gait?
  - IADLs (Instrumental Activities of Daily Living)
    - Housekeeping/laundry/meds/shopping/transportation/meal preparation/finances/telephoning
    - Observe cleanliness of home/check refrigerator (very little food or moldy food?)
  - Sensory: vision/hearing: Affects safety?
- Environmental assessment (safety concerns)

PHYSICAL NEEDS FOR WHICH RESOURCES ARE REQUIRED

- Acute conditions
  - Many present with atypical symptoms: (Know the OLDER adult.)
    - UTIs—Falls; sudden onset of or increased confusion
    - MIs—SOB, nausea (minimal pain), behavior change/increased confusion, weakness
  - Prevention of hospitalizations
    - Assessment with a geriatric prospective
    - Teaching/health education
    - Recognizing the need for skilled intervention
  - Help with discharge planning

PHYSICAL NEEDS FOR WHICH RESOURCES ARE REQUIRED

- Chronic conditions
  - HTN: "the silent killer"
  - Heart conditions (e.g., arrhythmias)
  - Diabetes: (open area that doesn't heal; frequent UTIs)
- Medications/Polypharmacy?
  - = taking more than 5 meds
  - Increases risk for adverse reactions
  - Elderly average 4-5 Rxs + 2 OTCs

EMOTIONAL/PSYCHOLOGICAL NEEDS

- Support system
  - Is the OA's support system adequate?
  - Caregiver stress
- Depression and dementia
  - Dementia: reversible causes (delirium)?
    - Infected?
    - Impacted?
    - Infarcted?
  - The two can have some similarities
    - Do you know differences?

Emotional/Psychological resources/referrals

- Know how to distinguish between dementia and the pseudo-dementia of depression:
  - Does he/she complain of forgetfulness?
  - Rapid or gradual mental decline?
  - Oriented x 3?
  - Difficulty concentrating?
  - Loss of interest in personal care?
  - Somatic complaints?

EMOTIONAL/PSYCHOLOGICAL NEEDS-2

- Loneliness/loss of hope
- Grief and losses
  - Is the grief abnormally prolonged?
- Powerlessness
- Loss of meaning to life
- Depression
  - Do you do a quick screen?

Socioeconomic Needs

- Adequate finances for drugs (omits to fill/refill? Reduces dose?)
- Health insurance:
  - Can they afford a Medigap policy?
- Adequate heat?
  - Older adults can suffer hypothermia from prolonged exposure to 65 degrees.
- Adequate/nutritious food?
  - Try to check cupboards, refrigerator

Spiritual Needs

- Spiritual supports/ Connectedness
- Beliefs that give meaning and purpose to life
- Sources of strength and hope
- Which faith practices are they still involved with?
- Impact of illness and aging on religious practices

PLANNING & IMPLEMENTATION:

General resources: These can direct you to appropriate resources of all types:

- Senior LinkAge Line: 1-800-333-2433 (www.minnesotahelp.info)
- United Way: Dial 2-1-1 (formerly First Call for Help)
- Care Navigator Line: 651-635-9173 or

1-800-261-0879

  - A service of Allina Home and Community Services
  - Use is NOT restricted to patients of Allina clinics

- Health info: www.healthfinder.gov

PHYSICAL RESOURCES/REFERRALS

- Acute Conditions/Prevention of Hospitalization
  - Skilled nursing at home by a Medicare-certified Home Health Agency
    - Skilled nursing at home can provide observation/assessment of unstable/acute conditions.
  - (Some are Medicare-certified, some not.)
  - If Medicare-certified, can provide skilled services under the Medicare Home Health benefit.

Do you know the criteria for coverage?

PHYSICAL RESOURCES/REFERRALS

- Unsteady gait/safety issues/fall risk
  - Physical Therapy referral?
    - The Medicare Home Health benefit can include physical therapy for change in gait/falls/need for assistive device (AD) for ambulation
  - Emergency alert systems:
    - Pendant-types
    - Electronic sensing types: require wireless internet
- Environmental Issues
  - Do they need housekeeping help to keep their home safe for ambulation and sanitary?

PHYSICAL RESOURCES/REFERRALS

- ADL/IADL assistance
  - Bathing assistance (usually just short term) can be included under Medicare HH benefit when skilled services are being delivered.
  - Most of these services will be private pay
  - Refer to Home health agency of older adult's choice
    - Have in mind some names of HH agencies you are comfortable with from which they can choose.
  - Some Medicare-certified agencies do not provide private pay services

PHYSICAL RESOURCES/REFERRALS

- Chore and companion services:
  - Home Health agencies
  - Check NOAH Housekeeping tip sheet
  - Check NOAH county resource sheets
  - Check NOAH respite resource sheets (by county) for in-home respite services
- Meal/nutrition assistance:
  - Meals on wheels: Metro #: 612-623-3363

PHYSICAL RESOURCES/REFERRALS

- Transportation Assistance
  - Metro Mobility: 651-602-1111
- Energy Assistance
  - See resource sheet handout
  - Senior LinkAge line—1-800-333-2433

PHYSICAL RESOURCES/REFERRALS

- Vision and Hearing Impairment:
  - Vision Loss Resources: 651-224-7662
- Management of chronic diseases
  - FCN role in management is more than taking BPs etc.
    - Teaching
    - Follow-up on BPs—seeing MD regularly for management?
    - Ditto for diabetes management
  - Is referral to physician indicated?
    - Essential to work within their insurance system (Know the System)

MEDICARE ALPHABET SOUP (A, B,C, D)

- Med A: Hospital/LTC/Home care/Hospice
  - No additional premium if qualified
  - DOES NOT PAY EVERYTHING!
  - Medi-gap insurances—monthly premium
- Med B: Physician services/Outpatient services/ambulance services/DME
  - Monthly premium—deducted from SS check
  - Deductibles
  - Co-insurance/co-pay (20%)
  - NEW! Many preventive services coverable in 2011 (e.g., annual wellness visit)

MEDICARE ALPHABET SOUP (A, B,C, D)-2

- Med C: Medicare Advantage Plans
  - The beneficiary turns over Medicare benefits to this type of plan which then administers Medicare benefits (Medicare pays the plan to take care of the beneficiary.)
  - Coverage includes Medicare parts A and B
  - HMOs and PPOs
  - Most charge a monthly premium in addition to part B premium
  - Some have additional benefits (dental, vision)
  - Some include Med D—drugs
  - Work within a network of clinics.

MEDICARE ADVANTAGE PLANS

- Examples:
  - UCare
  - Humana
  - Medica (Prime Solution)
  - Blue Cross (MedicareBlue PPO)
  - (Health Partners discontinued its MA plan?)
- Enrollment periods apply
  - NEW: January 1, 2011 through February 14, 2011: Medicare Advantage Plan disenrollment period
  - Annual election period changes: October 15, 2011 thru December 7, 2011 (for changes in plan year 2012)

MED D: PRESCRIPTION COVERAGE

- This is a fairly new Medicare program
- Many plans
- "Donut hole" has been a problem for many
- With Affordable Care Act (Health Reform), effect of donut hole is being reduced by:
  - Rebate check of $250 in 2010
  - Discounts on medications starting 2011

EMOTIONAL/PSYCHOLOGICAL RESOURCES/REFERRALS

Is the older adult isolated/needs socialization and/or the caregiver needs a break?

- Recommend respite services:
  - The Gathering (intermittent—2x/month)
    - 651-414-5291: cklaver@lyngblomsten.org.
    - 763-422-6960 for Anoka County
- Many caregiver resources at www.fcnntc.org; NOAH link; Resources for Caregivers

SOCIO-ECONOMIC RESOURCES/REFERRALS

What if your parishioner cannot afford to pay for services?

Where do you start?

Start with a Long Term Care Consultation

A public health nurse and/or social worker make(s) an in-home assessment visit to determine needs and eligibility

LONG TERM CARE CONSULTATIONS:

- Provide information regarding community resources and county, state, and federal programs.
- Offer short term service planning to help individuals and families develop a plan of care.
- Offer ongoing care management.
- Offer assistance with applying for public benefits.
- Help with access to waiver and Medical Assistance home care services for income-qualified individuals.

LONG TERM CARE CONSULTATIONS:

To request an LTCC assessment, call

- Hennepin County: 612-348-4500
- Ramsey County: 651-266-3613
- Other counties: go to www.fcnntc.org and click on the NOAH link to access Resource sheets by County (9 metro counties).
- Older adult and/or caregiver should have financial information available at time of assessment visit.

OTHER RESOURCES FOR INCOME-QUALIFIED ELDERS:

- Prescription Assistance:
  - Rx Connect (State's Prescription Drug Assistance Program): Call the Senior Linkage Line: 1-800-333-2433

SPIRITUAL RESOURCES

- Devotional materials produced by specific denominations/religions
- Care Notes: www.carenotes.com
- Lay visitors/BeFrienders/Steven Ministers
- Facilitate clergy visits

NEED TO CONSULT WITH SOMEONE?

- Join the List Serve at www.fcnntc.org
  - Look for “Join the List Serve” at the top of the web page.
  - Here is an opportunity to ask your fellow FCNs questions that are stumping you, or on which you’d like advice.