



# Long-Term Care after Covid-19

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# Pinellas County 2020 Census Statistics

- ▶ 2020 Census – 950,107
- ▶ Persons 65 years and older – 241,327 or 25.4%
- ▶ Persons under 65 years old with a disability – 92,160 or 9.7%
- ▶ Internet Access – 74% (Department of Elder Affairs)
- ▶ Life Expectancy with 95% confidence level by FL Dept of Health
  - ▶ 79.1 (78.9 - 79.2)
  - ▶ Male - 76.1 (75.9 - 76.3)
  - ▶ Female - 82.0 (81.8 – 82.2)

# US Department Health and Human Services (2019)

- ▶ 70% of adults who survive to age 65 develop severe long-term services and supports (LTSS) needs before they die
- ▶ 15% of the individuals admitted to a nursing home spend more than 2 years
- ▶ Only 4.5 percent (about 1.5 million) of older adults live in nursing homes and 2 percent (1 million) in assisted living facilities. Most older adults (93.5 percent, or 33.4 million) live in the community.  
<https://www.ncbi.nlm.nih.gov/books/NBK51841/>
- ▶ Women typically need long-term care for an average of 3.7 years, while men require it for 2.2 years. Average nursing home stay is less than two years.
- ▶ Florida Older Citizens Profile, <https://elderaffairs.org/wp-content/uploads/Pinellas-Profile-2021.pdf>

# COVID Medicare Coverages

- ▶ 3 Day SNF Medicare waiver in effect, <https://www.cms.gov/medicare/medicare-fee-for-service-payment/sharedsavingsprogram/downloads/snf-waiver-guidance.pdf>
- ▶ Telehealth. Medicare telehealth services include office visits, psychotherapy, consultations, and certain other medical or health services that are provided by a doctor or other health care provider who's located elsewhere using audio and video communication technology, like your phone or a computer.
- ▶ Medicare Beneficiaries pay 20% of the Medicare-Approved Amount for your doctor or other health care provider's services, and the Part B deductible applies. For most telehealth services, you'll pay the same amount that you would if you got the services in person.

# What's new at the Healthcare Providers office?

- ▶ Who is your healthcare provider, a physician, nurse midwife, clinical nurse specialist, nurse practitioner or physician assistant? The American College of Graduate Medical Education states we are going to experience a 150,000-physician shortfall over the next ten years.
- ▶ Current medical knowledge is doubling every 72 days.
- ▶ Healthcare Providers are relying on Artificial Intelligence (AI). Think about your car and how you utilize ambient intelligence:
  - ▶ You are still driving and controlling the wheel, but if you are switching lanes and there is a blind spot you get a beep, if you are backing out and there is blind spot you get a beep. Similar technologies are being applied in healthcare.

# Chronic Care Management Services

- ▶ Performed under the direction of a healthcare practitioner (professional's presence is not required).
- ▶ Eligible patients have two or more chronic conditions or functional decline.
- ▶ Examples of chronic conditions: dementia, arthritis, asthma, atrial fibrillation, autism, cancer, heart disease, COPD, depression, diabetes, hypertension, infectious diseases, etc.....
- ▶ Medicare requires initiation of services at the Annual Wellness Visit or Initial Preventative Physical Exam, or other face to face visit.

# Medicare Care Management

- ▶ Records the patient's demographics, problems, medications, and allergies using EHR.
- ▶ Care Plan includes:
  - ▶ Problem List
  - ▶ Expected Outcomes and Prognosis
  - ▶ Measurable Treatment Goals
  - ▶ Symptom Management
  - ▶ Planned Interventions and named individuals responsible
  - ▶ Medication Management
  - ▶ Community/Social Services, and how those services are coordinated
  - ▶ Schedule for Care Plan review and revision of Care Plan

# Medicare Care Management Services

- ▶ Provides 24/7 access to healthcare providers, including telephone, secure messaging, telehealth, and patient portals.
- ▶ Systematic assessment of the patient's medical, functional, and psychosocial needs.
- ▶ Ensures timely receipt of all preventative services.
- ▶ Medication reconciliation with review of adherence and potential interactions.
- ▶ Oversight of patient self-management of medications.
- ▶ Coordination of home and community based clinical service providers.



# 21<sup>st</sup> Century Cares Act

- ▶ The ACT requires healthcare providers to make patient's electronic health records (EHR's) and electronic medical records (EMR's) available to the patients.
- ▶ Patients get automatic digital access to their electronic medical record at no cost.
- ▶ Patients may have their healthcare provider transmit information in their EMR to a digital health app using an open API.
- ▶ Patients have the right to have their Personal Health Information (PHI) sent to another party with a signed request.
- ▶ MyMedicare.gov, Bluebutton (<https://bluebutton.cms.gov/>), healthcare applications.

# https://onerecord.com/

**Meet OneRecord**

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Jennifer from OneRecord  
Hi there. It looks like it's after-hours. If you have any questions feel free to...

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## F.S. 817.5655 Unlawful use of DNA; penalties; exceptions

- ▶ Statute effective October 1, 2021.
- ▶ It is unlawful for a person to willfully, and without express consent, collect or retain another person's DNA sample with the intent to perform DNA analysis.
- ▶ It is unlawful for a person to willfully, and without express consent, submit another person's DNA sample for DNA analysis or conduct or procure the conducting of another person's DNA analysis. A person who violates this subsection commits a felony of the third degree.
- ▶ It is unlawful for a person to willfully, and without express consent, disclose another person's DNA analysis results to a third party. (This does not include disclosure to legal guardian or authorized representative.)

# DNA Definitions

- ▶ “DNA analysis” means the medical and biological examination and analysis of a person’s DNA to identify the presence and composition of genes in that person’s body. The term includes DNA typing and genetic testing.
- ▶ (b) “DNA sample” means any human biological specimen from which DNA can be extracted or the DNA extracted from such specimen.
- ▶ (c) “Exclusive property” means the right of the person whose DNA has been extracted or analyzed to exercise control over his or her DNA sample and any results of his or her DNA analysis with regard to the collection, use, retention, maintenance, disclosure, or destruction of such sample or analysis results.

# What is Express Consent

- ▶ “Express consent” means authorization by the person whose DNA is to be extracted or analyzed, or such person’s legal guardian or authorized representative, evidenced by an affirmative action demonstrating an intentional decision, after the person receives a clear and prominent disclosure regarding the manner of collection, use, retention, maintenance, or disclosure of a DNA sample or results of a DNA analysis for specified purposes. A single express consent may authorize every instance of a specified purpose or use.
- ▶ Pay attention to consent forms. You do not have to agree to the entire form.

# Read before you Sign!

- ▶ Making the entity your Authorized Representative to act on your behalf to all matters related to all my rights, benefits, causes of action, out of any insurance plan, trust, fund, or coverage providing health care coverage.
- ▶ Irrevocably appointing the provider as my authorized representative to pursue claims, legal remedies for any and all benefits due me for the payment of charges with services and treatment rendered by the provider.
- ▶ Limited Power of Attorney allowing Provider and its claims processor to complete and sign your patient assistance program applications.

# Healthcare Provider Challenges

- ▶ Labor shortages.
- ▶ Universal masking and tightened visitor policies.
- ▶ Hospitals taking on more public health functions and disaster preparedness.
- ▶ Adoption of new technologies, ensuring staff have the competencies to use the equipment available.
- ▶ Value-based care vs. Fee –for-service.

# Long-Term Care Costs?

## Approximate Costs:

- ▶ **Home Care**, non-skilled \$25+/hour – increasing with new minimum wage law and employment market pressures
- ▶ **Independent Living** Facilities with ala carte services, average cost \$2,400+/month. Ala carte services may include meals, housekeeping, activities, medication management, etc....
- ▶ **Assisted Living** care average cost is \$4,000+/month
- ▶ **Memory care** (assisted living) average cost is \$5,000+/month
- ▶ **Nursing home care** average cost is \$10,000 - \$15,000+/month



# Medicare Home Health

- ▶ CMS is promoting innovation and modernization of home health care by allowing the cost of remote patient monitoring to be reported by home health agencies as allowable costs to Medicare.
- ▶ Remote patient monitoring (RPM) is the use of digital technologies to monitor and capture medical and other health data from patients and electronically transmit this information to healthcare providers for assessment and, when necessary, recommendations and instructions. RPM allows providers to continue tracking healthcare data for patients once they are discharged. It also encourages patients to take more control of their health. RPM includes the collection of physiologic data (for example, ECG, blood pressure, glucose, weight, pulse, oxygen levels, etc....).

# Remote Patient Monitoring

- ▶ The top three benefits of remote patient monitoring cited by patients are:
  - ▶ Detailed information on personalized health
  - ▶ Faster access to healthcare services
  - ▶ Greater influence on their own wellbeing through ownership of health data.
- ▶ Healthcare professionals highlighted:
  - ▶ Improved patient outcomes
  - ▶ Improved compliance rates
  - ▶ Patients taking more ownership of their health.
- ▶ RPM is covered by a growing list of insurers and reimburses well.

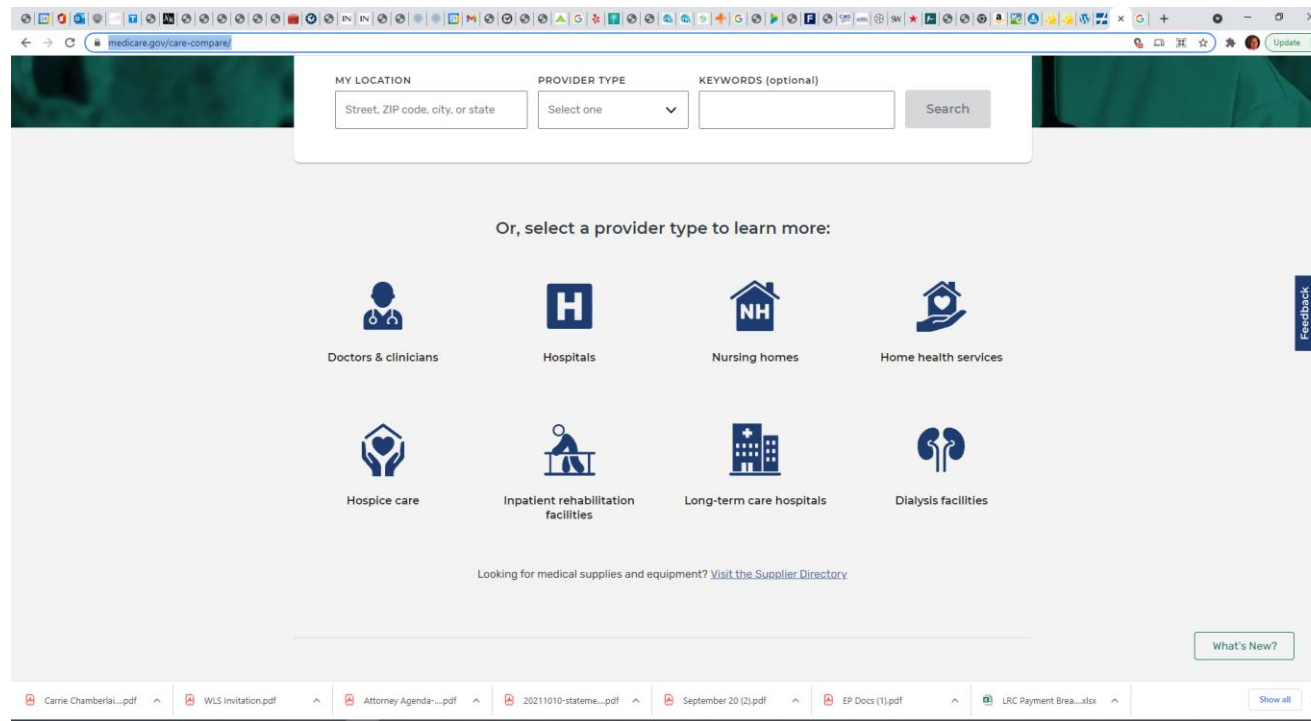
# Community Living and Covid

- ▶ COVID-19 mortality rates across seniors housing increased as the health and caregiving complexity of residents increased, with the highest percentages occurring in memory care settings and skilled nursing facilities.
- ▶ Independent living properties' COVID-19 mortality rate was comparable to that of their respective counties. This suggests that residents who live in independent living properties were not at higher risk by virtue of their congregate care setting.
- ▶ The mortality rates in memory care and skilled nursing were higher than in other levels of care and were statistically equivalent to each other.
- ▶ Study completed by National Investment Center for Seniors Housing & Care (NIC)
- ▶ <https://data.cms.gov/covid-19/covid-19-nursing-home-data>

# Florida Health Care Facilities

- ▶ <https://www.floridahealthfinder.gov/index.html>
- ▶ Provides administration names
- ▶ Inspection reports and details
- ▶ Services and characteristics
- ▶ Emergency Power Plan
- ▶ Legal Actions

<https://www.medicare.gov/care-compare/>



# Medicare Open Enrollment

## October 15 – December 7, 2021

- ▶ <https://www.medicare.gov/plan-compare/#/?lang=en&year=2021> Provides tool to shop for Part D, Medicare Advantage Plans (Part C) and Medicare Supplemental Plans in your geographical service area.
- ▶ Each year Medicare beneficiaries need to evaluate their current insurance plans and investigate to see if there are plans available to provide better coverage.
- ▶ 42% (2021) of Medicare beneficiaries enrolled in Medicare Advantage Plans.

# Medicaid Help with Medicare Premiums

- ▶ Qualified Medicare Beneficiaries (QMB), allows qualified individuals to have Medicaid pay for their Medicare premiums (Part A and B), Medicare deductibles and Medicare coinsurance (within prescribed limits). Must have income < \$1,074/month and countable assets < \$7,970.
  - ▶ An individual will automatically qualify for assistance with Medicare Prescription Drug Plan costs through the Extra Help Program.
- ▶ Specified Low-Income Medicare Beneficiaries (SLMB), allows qualified individuals to have Medicaid pay for their Medicare Part B premium. Must have income < \$1,288 and countable assets < \$7,970.
  - ▶ An individual will automatically qualify for assistance with Medicare Prescription Drug Plan costs through the Extra Help Program.

# Medicare Annual Wellness Visit

- ▶ Annual Wellness Visit (NOT annual physical) – less than 20% of all Medicare beneficiaries use this “free” benefit
- ▶ Available once every 12 months to develop or update a personalized prevention plan to help prevent disease and disability, based on your current health and risk factors. It includes:
- ▶ A cognitive impairment assessment to look for signs of Alzheimer's disease or dementia and check for depression and other mood disorders.
- ▶ A personalized prevention plan to help prevent disease and disability based on your current health and risk factors. Your provider will ask you to fill out a questionnaire, called a “Health Risk Assessment,” as part of this visit. Answering these questions can help you and your provider develop a personalized prevention plan to help you stay healthy and get the most out of your visit.
- ▶ A review of your medical and family history.
- ▶ Developing or updating a list of current providers and prescriptions.
- ▶ Height, weight, blood pressure, and other routine measurements.
- ▶ Personalized health advice.
- ▶ A list of risk factors and treatment options for you.
- ▶ A screening schedule (like a checklist) for appropriate preventive services.
- ▶ Advance care planning.



# New to Medicare 2022

- ▶ COVID-19-related items & services. Medicare covers several items and services related to coronavirus disease 2019 (COVID-19), like vaccines, diagnostic tests, antibody tests, and monoclonal antibody treatments.
- ▶ Cognitive assessment & care plan services. Medicare covers a separate visit with your regular doctor or a specialist to do a full review of your cognitive function, establish or confirm a diagnosis like dementia, including Alzheimer's disease, and develop a care plan.
- ▶ Blood-based biomarker test. Medicare covers this screening test for colorectal cancer, in certain cases, once every 3 years.
- ▶ Medicare and You 2022 Handbook, <https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>

# Health Care News

- ▶ Telehealth. You manage your visit. See handout. <https://www.insider.com/best-telemedicine-services>
- ▶ Florida Physician's Assistants, F.S. 458.347. PA's authorized to procure medical devices and drugs, and to prescribe schedule II psychiatric meds for minors. Removes requirement for a PA to inform patient they have the right to see a physician before a prescription is filled or dispensed.
- ▶ Nurse Practitioner's F.S. 464.012. NP's authorized to have their own healthcare practices (statutory limits). <https://www.urgentcarehousecalls.net/urgent-care-mobile-services>
- ▶ Insurance Pre-authorization. Insurers require prior authorization for treatments that are some combination of new or experimental, expensive, complicated, or having very uncertain or unknown outcomes.

# How to help your 60+ year old client?

- ▶ Health Care Surrogate Designation.
  - ▶ Encourage client to manage their personal health and health care.
  - ▶ Encourage client to allow for HCS to be effective immediately and provide access to medical records.
  - ▶ Complete authorization forms for Medicare and other insurers, file appropriately.
- ▶ Durable Power of Attorney/Trust.
  - ▶ How does the client want their money spent? Do they want to stay at home until they spend “x” dollars. Do they really want to be on Medicaid and live in a nursing home to make sure they leave their beneficiaries money?
- ▶ Help them understand costs of care and document how they want their money spent on care – do not let it turn into a joke!

# Telehealth Checklist

- ▶ <https://www.easylivingfl.com/blog/telehealth-tips>

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**THANK YOU FOR ATTENDING TODAY!**