

# CARE CONNECT

Issue 12

## PATIENT SUCCESS STORY



Thanks to Care Coordination,  
Dominic no longer lives in this shed.

### Care Coordination Offers Complex Needs Patient Right Care, Right Place & Help Finding A New Home

At age 65, Dominic had a complicated medical history, suffering from congestive heart failure, COPD, atrial fibrillation, hypertension and mental health issues.

Darlene Hoffman, FNP, Troy Medical Group, worked on a complex care plan to prevent Dominic from improperly utilizing resources, like using the emergency room during non-emergent times; but Dominic was non-compliant with his medications and treatment. And despite all effort to find appropriate housing, Dominic was living in a shed.

Judy Delong, CM, Troy Medical Group, worked with Dominic on his compliancy and social determinants, reaching out to Janelle Shults, director at Capital Region Health Connections Health Home. Unfortunately, Dominic didn't have the Medicaid needed so Janelle connected Judy to Deb Donvito at Rensselaer County Case Management which offers services to people with multiple needs but no Medicaid based services.

Deb and Judy worked tirelessly for months to engage Dominic in an attempt to employ disease management and to find appropriate housing. In 12 months alone, Dominic had racked up 24 visits to various ERs and nine medical admissions for his poorly controlled co-morbidities. The situation was getting dire.

In October, when Dominic was admitted to Samaritan Hospital for his CHF, Judy reached out to care coordination at the acute care level to work with Dominic on a safe discharge plan at the right level of care to better meet his needs.

Denise McCauley, supervisor of care coordination at Samaritan, also reached out to Deb House, manager of case management and social work at Sunnyview Rehabilitation Hospital, who's experienced in transition planning for complex patients within the system. Deb met with the ambulatory care and Samaritan teams and determined that an adult home would be the right level of care for Dominic so he could remain independent but still have his higher-level needs met, such as medication and financial management.

Deb and Judy met with Dominic to discuss his goals. The team made a plan to send referrals to adult homes across the state since Dominic had no family ties locally and wanted a "smaller town feel."

Two days later, Dominic was accepted to a Cayuga County adult home that specializes in mental health and was near where Dominic's mother's family was from. Dominic was excited over the possibility of having a place to call home, where he wouldn't be responsible for his medications, meals or bills.

Upon discharge from Samaritan a few days later, Dominic thanked his care coordination team for helping him find a home.

"I like it here," says Dominic, but most importantly, he says, he's safe and home now. "I'm hoping to stay put," smiles Dominic.



"OUR ROCK STARS!"

Congratulations to all our Rock Stars who contributed to Dominic's success story: Darlene Hoffman, FNP, Troy Medical Group; Judy Delong, CM, Troy Medical Group; Janelle Shults, director, Capital Region Health Connections Health Home; Deb Donvito, Rensselaer County Case Management; Denise McCauley, supervisor of care coordination, Samaritan Hospital; Deb House, manager of case management and social work, Sunnyview Rehabilitation Hospital; Shelly MacGregor, medical assistant, Troy Internal Medicine; Christina Yerdon, director of care coordination, acute care, SPHP; John Krisa, MD, physician advisor/hospitalist, SPHP; George Fredericks, pharmacy operations manager, Albany Memorial, St. Mary's and Samaritan hospitals; and Michael Finegan, president, acute care, SPHP.

# DID YOU KNOW?



Many participants of Eddy SeniorCare are enrolled in the Eddy Community Trust, but anyone across SPHP, or from the community in general, can create a trust and take advantage of its benefits.

## The Eddy Community Trust Helps Protect Individuals with Disabilities

In 2016, The Eddy implemented a pooled supplemental trust program called the Eddy Community Trust, which enables individuals with disabilities to protect funds while remaining eligible for Medicaid and other government benefits.

Medicaid limits how much income recipients can have monthly, but New York State allows those with disabilities to place monies above this limit in a “pooled trust” each month and still qualify for Medicaid services such as home care. Funds in the trust can then be used to pay for living expenses and other needs.

“Using our trust can protect your Medicaid eligibility benefit and help you stay in your home,” says Sherri Wolken, executive director of Eddy SeniorCare, which spearheaded the initiative. “Created according to federal and state laws, our trust is an excellent resource for patients throughout St. Peter’s Health Partners who are either initially applying for Medicaid and will have a spend-down, or who already have Medicaid and are struggling to pay their spend-down.”

For ex: A 75-year-old Capital Region resident with dementia, who receives a little too much income from her Social Security and pension monthly for her to stay on Medicaid, can deposit that extra income (also called her spend-down or surplus income) into the Eddy Community Trust account monthly, making her Medicaid-eligible. The patient is then able to use the funds in the pooled trust toward her living expenses.

Administered by NYSARC, The Eddy serves as trustees of the account and will work with individuals and their families and/or service providers to best determine their needs. For more information, please contact **(518) 860-1241**.

## ICCS Update

### Setting the Right Expectation for the Patient!

Remember the last time you were discharged from the hospital? It's often difficult and confusing for patients to be discharged from the acute care setting. So many follow-up appointments, services and instructions, layered upon a lack of knowledge about post-acute services. Trying to make decisions and provide choices at the hospital can be an overwhelming task. That's why our team strived to make one facet of their decisions a little bit easier – by sharing video links and testimonials with the patient and family member, while they are in the hospital.

SPHP's Continuing Care Division has developed a series of informative videos outlining the following service lines: home care, assisted/enriched housing, nursing home care, sub-acute rehab, and rehabilitation. In an effort to set the right direction, service line coordinators will soon begin using i-pads to share these videos with patients and families. The team is also investigating the use of the videos on the St. Peter's Hospital TV system. Each service line features a tour video about the service; a testimonial video from patients, residents and clients; and a testimonial video from staff. Please check out the links below for a sampling...they're short, informative and really set the stage!



**Eddy Visiting Nurse & Rehab Association**



**Sunnyview Rehabilitation Hospital**



**The Terrace at The Glen at Hiland Meadows**



**Eddy Memorial Geriatric Center**

We'd like to thank our Continuing Care Communications team – Rob Puglisi and Angela Yu – for all their work with the videos!

## QUESTIONS?

If you have questions about care coordination, how it works or what we hope to accomplish, we're here to help. Please contact:

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*Please consider submitting patient stories that cross care transitions and/or service lines to be highlighted in the "Did You Know?" section of the newsletter. Your input is welcomed.*