

www.allheartcare.com

Want to become our client?

LEARN HOW

Here you will find information about the enrollment process for the clients who:

- Never had a home care service before;
 - Switch from PCA service to CDPAP;
 - Switch from their home care agency to All Heart;
 - Choose CDPAP;
 - Need short-term services.
-

888-388-8989



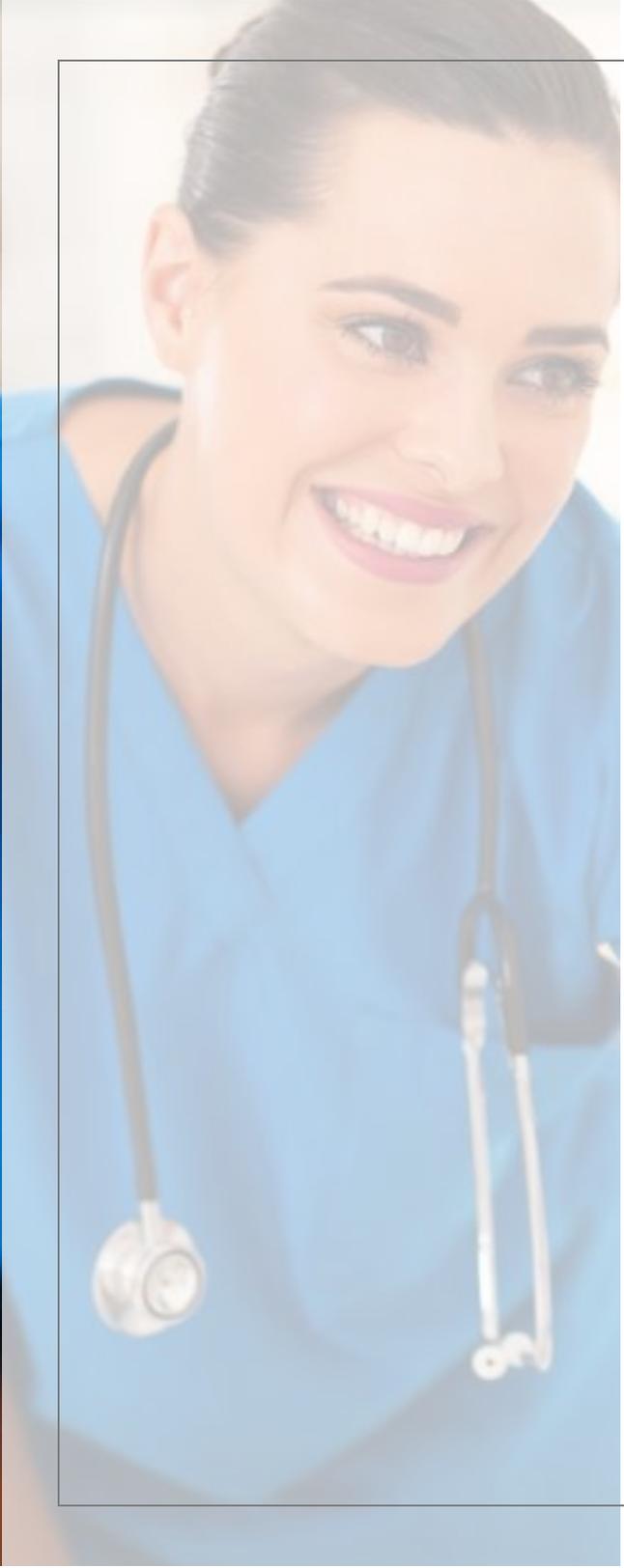


TABLE OF CONTENTS

- 1 **General information about home care services:**
 - Who is eligible for Home Care Services
 - Who pays for Home Care Services
 - What services included?
 - Plan of Care
- 2 **Enrollment process for clients who have never had home care services before:**
 - Short-term
 - Long-term
 - CDPAP
 - Private Pay
 - Worker's compensation
- 3 **Enrollment process for clients who already have home care services and willing to switch to All Heart Homecare Agency:**
 - PCA
 - CDPAP
- 4 **Definitions**
- 5 **Forms:**
 - CFEEC
 - DOH

1. General Information About Health Care Services

Who Is Eligible?

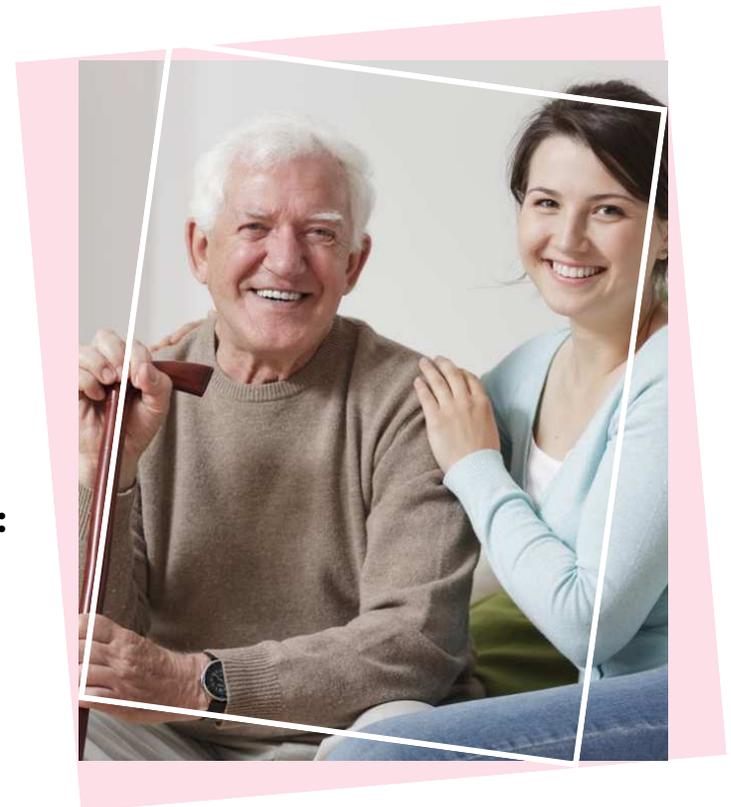
It's no wonder seniors choose home health care over staying in a hospital if they are able to. Home health care services allow an individual to remain at home and receive necessary medical care and assistance with personal needs. Home care helps a wide range of seniors and their families.

People most commonly choose home care:

- After fall or hospital stay
- During long-term illness
- After surgery
- Increased forgetfulness
- When have disabilities
- When have difficulty with mobility
- When need additional support and personal care
- When need help with activities of daily living (ADLs).

All home care recipients fall into the following categories:

- Have mobility issues
- Are frail (muscle weakness, slow walking, exhaustion)
- Have some type of dementia
- Have Alzheimer's disease
- Are dealing with the after-effects of stroke.





1. General Information About Health Care Services **Who Covers Expences?**

Paying for home care might be easier than you expect. Home Care Services may be covered by:

1. MEDICAID

Medicaid is a state and federal program that provides health coverage if you have a very low income.

Medicaid covers home health care for eligible Medicaid recipients.

Usually Medicaid home care services are covered by Managed long-term care - MLTC.

Enrollment in an MLTC plan is mandatory if you fulfill all of the following:

- Are 21 years or older;
- Require long-term care services and supports for more than 120 days;
- Live in New York State.

2. MEDICARE

Medicare is a federal program that provides health coverage if you are 65+ or under 65 and have a disability, no matter your income.

Medicare doesn't cover long-term home care services, only part-time coverage is available.

Part-time means you may be able to get home health aide and skilled nursing services any number of days per week, as long as the services are provided:

- Fewer than 8 hours each day;
- 28 or fewer hours each week;
- Up to 35 hours a week in some cases.

3. YOU

Many seniors pay for home care on their own.

They pay home care agencies or hire caregivers directly.

The main advantage of privately paying for home care is freedom of choice in terms of:

- Who provides the care;
- What services are available.

1. General Information About Health Care Services

Which Services Included?

Our team offers a multitude of Home Care Services. These include:

- Personal care (bathing, dressing, eating),
- Companionship,
- Meal preparation,
- Running errands,
- Help with grocery shopping,
- Light housekeeping,
- Laundry,
- Medication reminders,
- Appointment assistance,
- Safety supervision and more.



Moreover, we provide home care and a variety of other customizable services depending on your needs.

We are always fully committed to value, and you can count on us to bring you outstanding benefits regardless of the situation.

1. General Information About Health Care Services

Plan of Care

A plan of care lists what kind of services and care you should get for your health condition.



Our Registered Nurse creates Plan of Care based on your health condition.



For CDPAP services plan of care is designed by the consumer or his/her representative.



For Private pay services – registered nurse (RN) from All Heart Homecare Agency creates the plan of care.

Your plan of care includes these:

- What services you need,
- Service hours,
- The medical equipment you use,
- All tasks that HHA needs to perform:
 - Allergies;
 - Diets, nutrition;
 - Special needs / Precautions and support activities.



2. Enrollment Process for Clients Who Have Never Had Home Care Services Before

SHORT-TERM



When may I need short term home care services?

If you are being discharged from a hospital, rehab, or just recovering from an illness, injury or surgery.



What are the requirements for receiving short term home care services?

You need to have Medicaid and/or Medicare.



How to obtain short term Home Care (enrollment process, step by step)?

- First step is to receive face-to-face form and Progress note from the doctor,
- Then submit a referral (Face-to-face form) to a short term home care plan that you've picked with an agency.
- Then the short term home care plan will need some time to review your progress notes and schedule a Registered Nurse evaluation. She will visit you to discuss your home care needs and establish a Plan Of Care (POC),
- Once POC is approved, Short-term program sends authorization to the agency to start services.



Who pays for short term home care services?

Usually, Medicare covers short term home care, in some cases it can also be covered by Medicaid.



How many hours of home care will I get?

This is highly individualized. A Representative from a short-term plan will determine how many hours of home care service you are eligible for based on your needs and Medicare coverage.



How long the enrollment process will take?

Services can start within 1-2 weeks.

Confused? Our Intake specialists are here to help you every step of the way.

2. Enrollment Process for Clients Who Have Never Had Home Care Services Before **LONG-TERM**



What are the requirements for receiving long term home care services?

A patient must have Medicaid. Medicaid is the most common provider under which consumers in New York receive long-term home care.



How to Get Home Care Services through Medicaid?

1. The first step requires the patient to go through a nurse's assessment from the Medicaid. During this evaluation it is verified that the person seeking enrollment does in fact require long-term care.
2. Once a patient has been approved to enroll in an MLTC Plan, the patient is given the opportunity to select an MLTC (Managed Long Term Care) Plan of their choice.
3. Once selected, the MLTC Plan then sends another nurse to make a second patient evaluation and approval of service hours. After the MLTC completes their own nurse's assessment, the patient can then be enrolled in the MLTC Plan.
4. Home care agency then send a nurse for an initial visit to evaluate the patient and determine the services they require.



Who pays for long-term home care services?

Medicaid covers home health care for eligible Medicaid recipients.



How many hours of home care will I get?

This is highly individualized. A Representative from your insurance company (MLTC) will determine how many hours of home care service you are eligible for based on your needs.



How long the enrollment process will take?

Enrollment process takes 2-3 weeks. In order to start receiving services on the 1st of the next month, the patient needs to be evaluated by MLTC nurse by the 18th of the month. Otherwise, the patient will be enrolled effective next month.

Confused? Our Intake specialists are here to help you every step of the way.

2. Enrollment Process for Clients Who Have Never Had Home Care Services Before

CDPAP

CDPAP (Consumer Directed Personal Assistance Program) is a New York statewide Medicaid sponsored program that empowers consumers, and their representatives to hire and direct care on their own. Under this program, consumers can also hire their family members or friends as personal assistants who get paid to provide care.



Who pays for CDPAP home care services?

Medicaid covers home health care for eligible Medicaid recipients. For consumers to qualify for this program, they must:

- Have Medicaid
- Require home care or skilled care
- Be able to self-direct or have a representative
- Have two personal assistants
- Have a DOH form – Physician’s Order (for Consumer). Your Doctor must confirm that the consumer is authorized to receive services. The form expires after 30 days since the last examination.



Who can be a Personal Assistant?

- Relatives including children and parents (except for their spouse),
- Friends,
- Acquaintances.

A caregiver can be anyone you trust to provide the care you need. They can be a family member or a friend, who are 18 years of age or older and are able to legally work in the United States.

Confused? Our Intake specialists are here to help you every step of the way.

2. Enrollment Process for Clients Who Have Never Had Home Care Services Before

CDPAP



How to Apply?

- First step: schedule an evaluation with Medicaid nurse, who will approve the consumer for a long term homecare.
- Next step: choose MLTC (Managed Long Term Care) plan, which will be providing homecare services (hours) to the consumer.
- While Primary and Secondary Personal Assistants are registering and a DOH form is obtained, the patient is submitted to Medicaid for a CDPAP enrollment.



How many hours of home care will I get?

This is highly individualized. A Representative from your insurance company (MLTC) will determine how many hours of home care service you are eligible for based on your needs.



How long the enrollment process will take?

Enrollment process takes 3-4 weeks. In order to start receiving services on the 1st of the next month, the patient needs to be evaluated by MLTC nurse by the 18th of the month. Otherwise, the patient will be enrolled effective next month.

Confused? Our Intake specialists are here to help you every step of the way.

2. Enrollment Process for Clients Who Have Never Had Home Care Services Before

PRIVATE PAY HOME CARE SERVICES

Private Home Care Services are home care services that allow you to live your life the way you want outside of Medicaid and insurance coverage. They are completely customizable, so you can easily adapt them to your own needs and budget. Unlike regular home care services, they are much more personal, reliable and the results you can get are impressive.



Who should consider private care?

Usually, just about anyone can get amazing results with home care services. But the primary category that would benefit here would be the elderly or disabled individuals. They will receive all the care, help and support they need regardless of the situation. All Heart Homecare Agency provides a wide range of services specifically designed for those who need them most. Choosing All Heart Homecare means opting for compassionate, convenient, and reliable care.



How to apply?

Patient needs to fill out a Private Pay Agreement.

As soon as Agreement is processed, nurse from the agency will visit the patient, evaluate and determine the services they require and schedule.



How long the enrollment process will take?

Enrollment process normally takes 2-4 days.

Confused? Our Intake specialists are here to help you every step of the way.

2. Enrollment Process for Clients Who Have Never Had Home Care Services Before

WORKER'S COMPENSATION

When a person gets sick or injured due to a work-related incident, **the employer is required by law** to pay workers' compensation benefits. These benefits can be used to cover repetitive trauma treatments, mental injury, physical injury treatments and so on.

Our team will work closely with case managers, claim managers, insurers and state programs to ensure that you get back in shape as fast as possible. We will also make sure that you receive the best in-home nursing services that you can rely on.



Who pays for Worker's compensation home care services?

The employer is required by law to pay workers' compensation benefits.



Who should consider Workers' compensation home care services?

If you were hurt or became ill as a result of your work, you could be entitled to workers' compensation benefits. Typically, there are four basic eligibility requirements for workers' compensation benefits: **1).** You must be an employee, **2).** Your employer must carry workers' comp insurance, **3).** You must have a work-related injury or illness. **4).** You must meet your state's deadlines for reporting the injury and filing a workers' comp claim.



How to apply?

Once you receive a workers' compensation claim approved by court, you need to submit it to the agency for a review and determination of a plan of care by a registered nurse.



How long the enrollment process will take?

Usually it may take about a week to start services in case you have the claim approved by the court. Home care can start as soon as plan of care is discussed and approved by both parties.



How many hours of home care will I get?

Hours of home care services are individual and will depend on an approved court decision and agency's rates.

Confused? Our Intake specialists are here to help you every step of the way.



3. Enrollment process for clients who already have home care services and **willing to switch to All Heart Homecare Agency**

IF THE AGENCY HAS A CONTRACT WITH MLTC

A patient simply needs to call his/her MLTC case manager and request a vendor change

Note: If you would like to transfer your CDPAP case to our agency, first both Primary and Secondary Personal Assistants must register with the agency.

Services can start once MLTC confirmed the request with the agency, and All Heart Homecare Agency received an authorization for services.

Enrollment process takes 5-10 days on average. Service can start at any date.

IF THE AGENCY DOESN'T HAVE A CONTRACT WITH MLTC

A patient needs to switch to one of MLTCs in a contract with the agency. The patient is given the opportunity to select an MLTC Plan of their choice.

Note: If you would like to transfer your CDPAP case to our agency, first both Primary and Secondary Personal Assistants must register with the agency. Also, a DOH form has to be prepared before the assessment.

Once MLTC is chosen, the MLTC Plan then sends a nurse to make a patient evaluation. After the MLTC completes their nurse's assessment, and the patient agrees to the number of service office approved, the patient signs enrollment documents with a new MLTC Plan.

To start receiving services on the 1st of the next month, the patient needs to be evaluated by MLTC nurse and submit DOH form by the 18th of the month.

4. Definitions



Medicaid - A joint federal and state program that helps with medical costs for some people with limited income and resources. Medicaid programs vary from state to state, but most health care costs are covered if you qualify for both Medicare and Medicaid.



Medicare - Generally, a plan offered by a private company that contracts with Medicare to provide Part A and Part B benefits to people with Medicare who enroll in the plan. Medicare health plans include all Medicare Advantage Plans, Medicare Cost Plans, and Demonstration/Pilot Programs. Programs of All-inclusive Care for the Elderly (PACE) organizations are special types of Medicare health plans. PACE plans can be offered by public or private entities and provide Part D and other benefits in addition to Part A and Part B benefits.



CDPAP/CDPAS (Consumer Directed Personal Assistance Program/Services) - is a New York statewide Medicaid sponsored program that empowers consumers, and their representatives to hire and direct care on their own. Under this program, consumers can also hire their family members or friends as personal assistants who get paid to provide care.



PCA (Personal Care Assistant) - is someone who helps people with day-to-day activities in their home and around their community. It can range from helping with personal care, or with homemaking and errand type activities. The people a personal care assistant helps can range from people living with physical or mental disabilities or simply those who are elderly and unable to do certain tasks by themselves anymore.



MLTC (Managed Long-term Care) - provide services for some chronically ill New Yorkers and/or those with disabilities. MLTC plans are available on a regional basis to those who have Medicare and Medicaid (dually eligible individuals) and require long-term care services and supports. MLTC is one of several demonstration programs across the country with the goal of providing better and more coordinated care for dually eligible individuals while reducing health care expenditures where possible. MLTC plans are approved by the New York State Department of Health.

4. Definitions



Registered Nurse (RN) - provide medical assistance to patients in the comfort of their own home, instead of the patient going into nursing home care or long-term care facility. Registered nurses are qualified to administer medications, injections and provide medical treatment, and care related to health conditions including diabetes, tracheotomy, respiratory, colostomy, dressing injuries and so on. They mostly work in assisting those who are elderly, chronically ill, disabled, or cognitively impaired by performing the necessary medical therapies in the home of their clients. Depending on the client and their specific health care needs, the in-home senior care nurse may provide simple medication administration, monitoring, and check-up care or more complicated medical treatments and therapies, over a specific period of time during a recovery or ongoing.



Plan of Care (POC)

A carefully prepared outline of nursing care showing all of the patient's needs and the ways of meeting them; a dynamic document initiated at admission and subject to continuous reassessment and change by the nursing staff caring for the patient; typically includes nursing diagnoses, nursing interventions, and outcomes; ensures consistency of care; may be standardized or preprinted.



Home Health Aide (HHA) - HHAs are not nurses and their medical training is limited. The main responsibility of a HHA is to provide personal care. HHAs can help elderly adults with daily tasks such as bathing, getting dressed, preparing meals, eating, and hygiene needs. HHAs are usually required to get a certification after taking the necessary classes at a vocational school or college. HHAs can be very helpful to elderly adults around the house and can provide companionship.

5. FORMS



**CFEEC
Form**



**DOH
Form**



**Supplement
A**



THANK YOU!

888-388-8989
