Skilled Respite

Why “Skilled” Respite Needs to be Part of the Standards for Home Care Employee Benefits

DEFINITIONS:

- **Respite** – a break from normal responsibilities for the primary care giver.
- **Skilled Care** (in this context) – “Licensed” care. Tasks provided by a person with the education, training, and a professional license specific to the task(s) being provided (i.e. doctors, dentists, nurses, therapists, podiatrists, chiropractors, others).
- **Unskilled Care** (in this context) –services that do not require extensive education, training, or licensure.

ISO vs. Agency Model

From the on-line Nevada Long Term Support Services web page at

https://dhcfp.nv.gov/Pgms/LTSS/LTSSPCS/

- **Agency Model:** Provider Type 30 – Personal Care Services Provider Agency
- **Self Directed Services Model:** Provider Type 83 – Personal Care Service Intermediary Service Organization (ISO).
  - *Note: Intermediary, in this context, means an organization that acts as a link between the person who needs the care, Nevada Medicaid/payer source, and the person providing care (the PCA).*

How ISO and Agency Models Differ Functionally

- **Agency Model**: the PCA works for the Agency. The person receiving care can ask for a different PCA, but is not in a position to hire, supervise, train, discipline or fire the PCA.
- **Self Directed ISO Model:**
  - The care recipient typically helps recruit/find their own PCA, and also has the right the “fire” that PCA.
  - The care recipient trains, supervises, and instructs the caregiver on what to do, when to do it, and how to do it.
  - The ISO provides the “HR” functions (compliance, payroll, taxes, etc.)
  - When a person is unable to direct their own care, a responsible party may do that on their behalf, but must be present to provide that direction while care is being administered.

Self-Directed Skilled Care

- Under the Self-Directed ISO Model, Nevada Medicaid allows people who receive care at home to direct skilled tasks to their PCA (in addition to their other PCA tasks) that in other care environments would need to be done by a skilled – or licensed – professional.
- Those tasks are limited in scope, and and at least once per year, the primary care physician must sign off on the competency of the person directing the care - whether that is the care recipient or a personal representative/responsible party.
- The paperwork involved is extensive, thus it is not simple to send a replacement PCA to do the skilled pieces of care. It requires a new set of physician and involved party signatures.

Examples of skilled tasks that can be done under the Self-Directed Skilled Care Program/Model

- Catheter care
- Wound care
- Oxygen management
- Medication management
- Bowel Care
- Tube Feedings
- And more

NEXT SLIDE:

Where Skilled Respite Fits with Our Board

AGENCY PCA SERVICES

REGULAR PCA DUTIES ONLY

PRIMARY CARE GIVER

NON-FAMILY

FAMILY

ISO SELF-DIRECTED PCA SERVICES

PRIMARY CARE GIVERS

REGULAR PCA DUTIES

SKILLED PCA DUTIES

UNPAID TIME

FAMILY

NON-FAMILY

Who are these folks, and
How many are there? Is it a
Small number with a big fiscal impact,
Or a bigger number the reveals a
Significant gap in the way serve people
Living in our communities?

DATA

Defines The Scope Of Any Projected Project Or Program

- Data about the circled area on the previous slide is what I don't have (or have access to).
- Data would help determine the size of the need (big or small) for skilled respite in Nevada.
- Data provides the information needed to support the actions needed and project the fiscal impact of a proposal.

DATA, cont.

- Data needs to be current, relevant, and include the “elephant in the room” – that number related to *primary* care givers providing *unpaid* skilled services on their personal time that prevents the use of standard respite services.

Why Do We Care?

When a PCA is

a) The primary care giver providing all or most of the needed care,
b) Provides skilled care (paid or not) every day, especially if the skilled piece takes up several hours of time
c) Has no backup care that is trained or willing to do the skilled pieces..

WHO PICKS UP WHEN THEY NEED TIME OFF?

Respite

- Most respite services do not provide skilled cares
  - Liability of paying a non-licensed person to do a skilled job.
  - Lack of skilled staff available
  - Lack of a funding stream to pay skilled staff.
  - Too complex to manage.
  - Not in the scope of what their grants were written to do
- ISO agencies do not hire skilled staff that can step up on a temporary basis.

Private Duty Nursing (PDN)

- PDN is a NV State Plan (regular) Medicaid benefit for those who quality
- Limited to the allotted hours per week and hours cannot be bulked across weeks.
- PDN agencies with NV Medicaid do not (are not allowed to) hire out their nurses privately to recipients when the hours allotted do not meet the full need.
- A temporary increase in PDN can be made when an increase in skilled care is needed, such as after a big surgery.
- Otherwise, NV Medicaid does not allow increases for ”respite”.

COORDINATION OF CARE

- There is no coordination of care between PCA agencies and the PDN agencies.
- In fact, Medicaid *claims* that someone needing skilled care cannot utilize both the Private Duty Nursing and the ISO model of Self-Directed Skilled Care EVEN if the skilled need is 24/7 with family picking up the bulk of those hours.

Case Scenario:

A family member is paid to provide 21.25 hours/week of PCA services under an agency model. The choice to care for this medically complex loved one at home was made to avoid institutionalization. This is that PCA's only job because when not working as a PCA, that family member gives meds, handles tube feedings & tube-snacks 5 times a day, and manages a catheter, and often performs other skilled tasks as needed, consuming much of the remaining hours in a week. This is standard for family members caring for people who are medically complex living in the community.

That family member can use respite for the in-between hours of each day when there are no meds due, etc. That family member might even use another family member or a friend to pinch hit for short errands, but none of these backup care givers are qualified, trained, or comfortable providing any of the skilled services.

The person being cared for cannot direct care and there is nobody else present who can, so the ISO model does not work out. When that family member needs to take time off for more than a day (name a reason), a competent person needs to be hired to replace the hours of skilled care being provided without pay.

RISKS

- When the care recipient cannot be cared for adequately, the risks include but are not limited to:
  - Falls
  - Medication errors
  - Self-Neglect
  - Bed sores
  - Exacerbation of health care concerns/conditions
  - Temporary institutionalization that becomes permanent
- Worst case scenario is that someone is held accountable for any of the above by protective services.

Proposals:

- 1. Recommend to the Director that he commission an investigation into the numbers of people in Nevada who
  - Have with complex care needs being met in home environments
  - How many PCAs in NV are paid and how many are not paid to perform “skilled” tasks for their care recipients
  - Who is meeting their complex care needs
    - PCA’s, family, friends, self?
  - And any other data that addresses the need for Medically-based respite funding to relieve PCAs and family members performing skilled tasks.

Proposals, cont.

- 2. Recommend to the director that he direct Nevada Medicaid to coordinate the two programs that allow for community care of those with complex needs -namely self-directed skilled personal care services and private duty nursing services – such that the two lines of services can co-exist in cases where extensive skilled care is the need.