



# Staying Healthy and Independent

Support Broker Training Series

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# ***Staying Healthy & Independent***

***Empowering those we Support to Maintain Wellness  
and stay connected to their communities***

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# Discussion Points

- Meet the presenters
- What is a whole-person model?
- What is the outlook for individuals with IDD within the healthcare system?
- Why are pro-active approaches important?
- Looking at your health today, tomorrow, and beyond
- How Self-Advocates can be involved in their own health
- Access to services that fit you, like telehealth
- Example of whole-person care and closing the gaps

What makes you happy?

*Do you keep charts and logs?*

How do you plan your grocery shopping?

*Do you know who to talk to when you're not feeling well?*

What would you do in an emergency?

*Do you get your flu shot every year?*

*How do you stay active?*

How do you prepare for your doctor visits?

Do you understand your medications?

# Social Determinants of Health



Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

# Whole Person Care (PHYSICAL HEALTH)

- Physical health factors often manifest in chronic health conditions as persons with IDD age
- Studies have documented higher incidents of disease and death for aging adults with IDD due to a number of health conditions, such as **difficulty eating or swallowing, dental disease, gastroesophageal reflux, esophagitis, respiratory disease and infections (leading cause of death), and constipation.**
- A number of chronic conditions also seem to be more widespread among persons with IDD than in the general population, including **non-atherosclerotic heart disease, hypertension, hyperlipidemia, diabetes, obesity, reduced mobility, bone demineralization, and osteoporosis.**
- In addition, **thyroid disease, effects of taking multiple psychotropic drugs, and deaths due to pneumonia, bowel obstruction, and intestinal perforation** have a higher prevalence among aging adults with IDD.
- Some specific syndromes and diagnoses are inherent (e.g., epilepsy, sensory problems like poor vision and hearing, poor heart function in people with Down syndrome), while others are **avoidable but overrepresented among the developmentally disabled** (e.g., obesity, diabetes, poor dental health).
- Also, symptoms of aging like diminished hearing, the development of cataracts, respiratory difficulties, the onset of menopause, and obesity-related diseases like high cholesterol and diabetes can all **occur earlier in those with Down Syndrome than in the general population.**

# Whole Person Care (BEHAVIORAL HEALTH)

- In general, older adults are more prone to depression and other behavioral health issues than younger persons and this tendency is **even more pronounced among individuals with IDD, although it is frequently under-assessed, under-diagnosed, and left untreated.**
- It is often challenging to identify behavioral health problems among individuals with IDD because patients are **generally less capable of describing and conveying their feelings, and symptoms** of conditions like depression may be expressed as physical complaints instead (e.g., headaches).
- Persons with a dual diagnosis of IDD and a **co-occurring behavioral health condition can be found at all ages and levels of intellectual and adaptive functioning.** Estimates of the frequency of dual diagnosis vary widely; however, current professional consensus is that 30-35 percent of all persons with IDD have a psychiatric disorder, although this percentage could be as high as 60 percent if aggressive and disruptive behavior is included.
- The **full range of psychopathology** that exists in the general population also can co-exist in persons who have IDD.

# Whole Person Care (Other Factors)

- **Diversity**, Culture, and Intersectionality
  - Preferences and access to care (Provider Network)
  - Language, methods of communication, comprehension, health literacy
  - Religion
  - LGBTQ+
  - Family supports / Home Environment
  - Geographic location / Transportation
  - Access to tech / Virtual visits
- Marginalized communities often vary in their experiences, level of trust, and **attitudes towards healthcare**, insurance, and available supports
- Financial, employment, housing, and food **insecurities**
- **Adequate advocacy** within the healthcare space and for legislative issues that directly impact the population



## Stats for Individuals with I/DD:

- 4 times as likely to incur high annual health care costs than those without IDD
- annual health care expenditures were 36% greater than the top decile for adults.
- Inpatient admissions occur at 3X the rate than for a matched cohort of adults without IDD, especially for ambulatory care-sensitive conditions
- 6X for UTI
- 5X-24X for respiratory infections
- 6X-15X for psychiatric conditions

# Special Considerations for the IDD Community

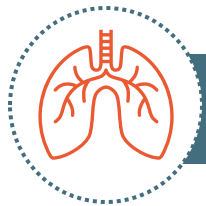
Chronic Condition/Disease	NY State I/DD Prevalence (% of population)	NY State Non-I/DD Prevalence (% of population)
Currently have asthma	16.5%	7.8%
Ever had cancer	6.8%	4.8%
Ever had COPD	10.1%	3.0%
Ever had diabetes	17.0%	7.3%
Ever had a stroke	4.6%	1.0%

- Having an intellectual disability was the **highest independent risk factor for contracting COVID**, controlling for race, ethnicity, and other variables, according to the American Association of Medical Colleges (AAMC), headed by former Cornell President Dr. David J. Skorton.
- People with intellectual disabilities were **six times more likely to die from COVID** than other members of the population, the AAMC said.

# A Whole-Person View of Your Health

**Taking a Holistic approach to healthcare means looking after all parts of your health; physically, mentally, emotionally and spiritually**

This also means **making good decisions** when you feel good **and having a plan and support** for when you feel unwell or need help in any of these areas.



**Your Physical Health**



**Your Mental Health**



**Your Emotional Health**



**Your Spiritual Health**

(This is different for everyone)

It is as important to look after your health now,  
but you also need to **plan for your health in the future.**

## Healthcare decision today affect your life tomorrow.

The choices we make today can have **long-term effects** on our health and **preventative care is very important**. Depending on your sex, age, family history and other health conditions you might have, certain **preventative care tests are recommended**:

It is never nice to think about possibly being sick in the future but **knowing about it early** can allow you to get care earlier and hopefully when the **treatment is easier and/or the outcome is better**. Early recognition, diagnosis and treatment of an illness may **greatly improve your recovery** and help you to **maintain your independence** and get **back to your routine sooner!**



### Preventative Care Test Examples

- **Colonoscopy**
- **Mammogram**
- **Bloodwork**
- **A1c for Diabetes**
- **Eye Exams**
- **Dental Exams and Teeth Cleanings**

## Healthcare changes you can make today for a better tomorrow!



### Staying Active:

Little changes can go a long way!



### Health Diet:

Everything in moderation!



### Smoking:

If you do smoke ask for help to quit!



### Alcohol:

Consider how much and how often you have a drink.



### Self Care:

Consider your emotional and mental wellness.

*Taking charge of your health now and planning for the future is a great way to stay independent and healthy for a long time to come!*

**Your Annual Health Assessment is a visit with your Primary Care Physician (PCP) also known as an Annual Physical Exam.**

## Remember:



Even if you feel fine, having **regular health visits** can help find any problems early or in some case **prevent** them from happening.



Share with **the doctor your concerns and questions**. This includes how you feel physically, mentally, and emotionally.



**Lean on others for support**, such as your family and your Care Manager.

## It is important to know your Baseline Health!

**Baseline Health is how you feel on an average day, it is the normal for you and you are the best person to know what this is and when it feels like its changing.**

**Your baseline can change over time as we get older or if something changes in our health. Sometimes it will improve and sometimes it may get a little lower. Your baseline might change with:**



### Illness

**Short term / Acute**

**Long term/ Chronic**



### Medications

**A new medication or change in medications can sometimes have adverse effects**



### Accident or Injury

Unfortunately, **sometimes accidents or injuries happen.** If this happens it is important to **look after yourself both physically but also mentally,** this can be a big change and new challenge.

## Sometimes, we do not feel well. PLAN FOR A SICK DAY

A sick day plan may include:

✓ **Emergency contact** – who would you reach out to?

✓ **Decision making** – who can assist you to make decisions?

✓ **Early identification** – Recognize when you start to feel unwell

**Remember it's ok to ask for help and let people know you don't feel ok!!!**

✓ **Early intervention** – Call your doctor, family, friend. Visit an urgent care center or seek help through telehealth.

✓ **Different plan for everybody** – All our sick day plans will look a little different because what each of us might want or need will be different and that's okay!

✓ **Making a list** - Make an important list and keep it nearby



# Example of Whole-Person Model

- Partners Health Plan Care Complete is a not-for-profit **health plan** that contracts with Medicare and the New York Department of Health (Medicaid) to provide benefits to participants through the **Fully Integrated Duals Advantage for Individuals with Intellectual and Developmental Disabilities (FIDA-IDD)**.
- Eligible members are over
  - age of 21
  - active Medicaid and Medicare
  - eligible for HCBS waiver services/ IDD level of care
  - residing in 9 county catchment area in downstate New York
- Partners Health Plan contracts with *Care Design NY* for Care Management services



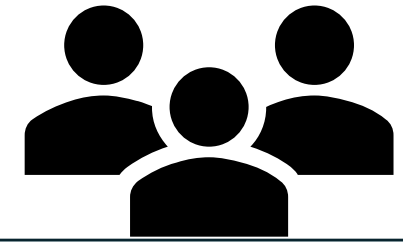
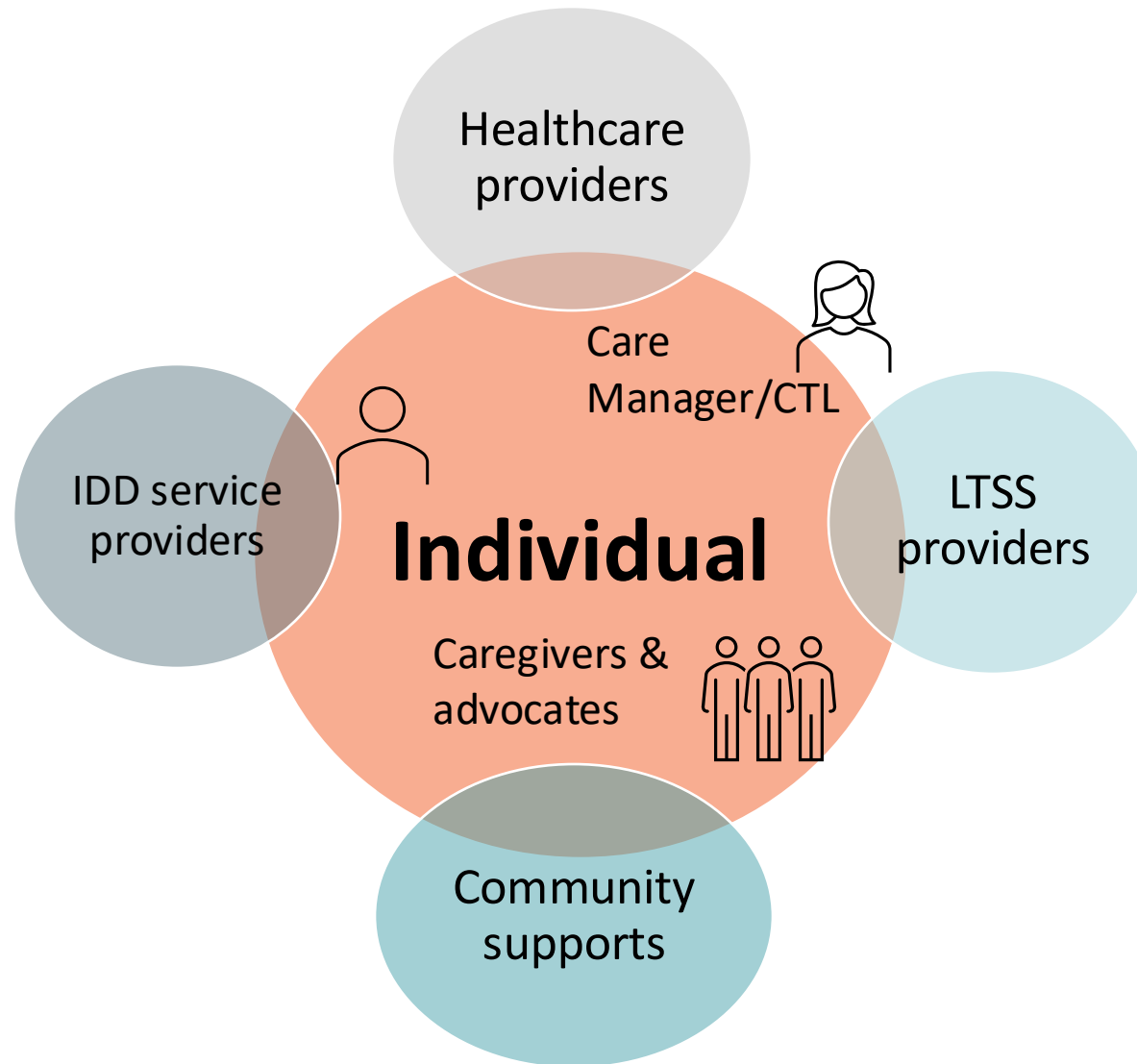
*Whole-Person care model with integrated supports for IDD members, within a generally fragmented system*



# Yes! You can Self Direct and be a PHP member!

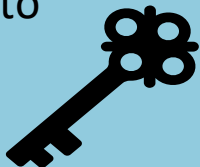
	Fee for Service	PHP
<b>Currently SD</b>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>No change to budget, FI , and SB</li> </ul>
<b>New SD Enrollment</b>	<ul style="list-style-type: none"> <li>OPWDD approves request (up to 1 month)</li> <li>Must attend OPWDD Self-Direction Info Session</li> </ul>	<ul style="list-style-type: none"> <li><b>Notify CM. Once FI selected and CM submits DDP2, initial budget process can begin</b></li> </ul>
<b>Start-Up Budget</b>	<ul style="list-style-type: none"> <li>OPWDD approves in @1 month</li> </ul>	<ul style="list-style-type: none"> <li><b>PHP approves in 5-10 business days</b></li> </ul>
<b>Self Direction Budget</b>	<ul style="list-style-type: none"> <li>OPWDD approves in up to 3 months</li> </ul>	<ul style="list-style-type: none"> <li><b>PHP approves the Medicaid Funded SD Services portion of the budget</b></li> </ul>
<b>Support Broker Billing</b>	<ul style="list-style-type: none"> <li>Support Brokers can begin to bill against the start-up budget – Up to 1 month</li> </ul>	<ul style="list-style-type: none"> <li><b>Support Brokers can begin to bill against the start-up budget – 5-10 business days</b></li> </ul>
<b>CNBA</b>	<ul style="list-style-type: none"> <li>OPWDD approval – up to 3 months</li> </ul>	<ul style="list-style-type: none"> <li><b>Medicaid Funded Services are approved in 5-10 business days</b></li> </ul>

# The Interdisciplinary Team



Caregivers and IDD service providers often see individuals with I/DD daily and may be most aware of needs, preferences and goals

Frequent communication with the IDT is key to effective care management



# Two-Person Integrated Team



## Care Manager (QIDP)



## Clinical Team Leader (RN, LMSW, LMHP)

- ❖ Primary point of contact
- ❖ Completion of Comprehensive Reassessments
- ❖ Development of Person-Centered Plans
- ❖ Lead IDT meetings for stable members
- ❖ Linkage to OPWDD HCBS Waiver Services, Community Supports, LTSS
- ❖ Monitor member goals and needs

### Direct Functions

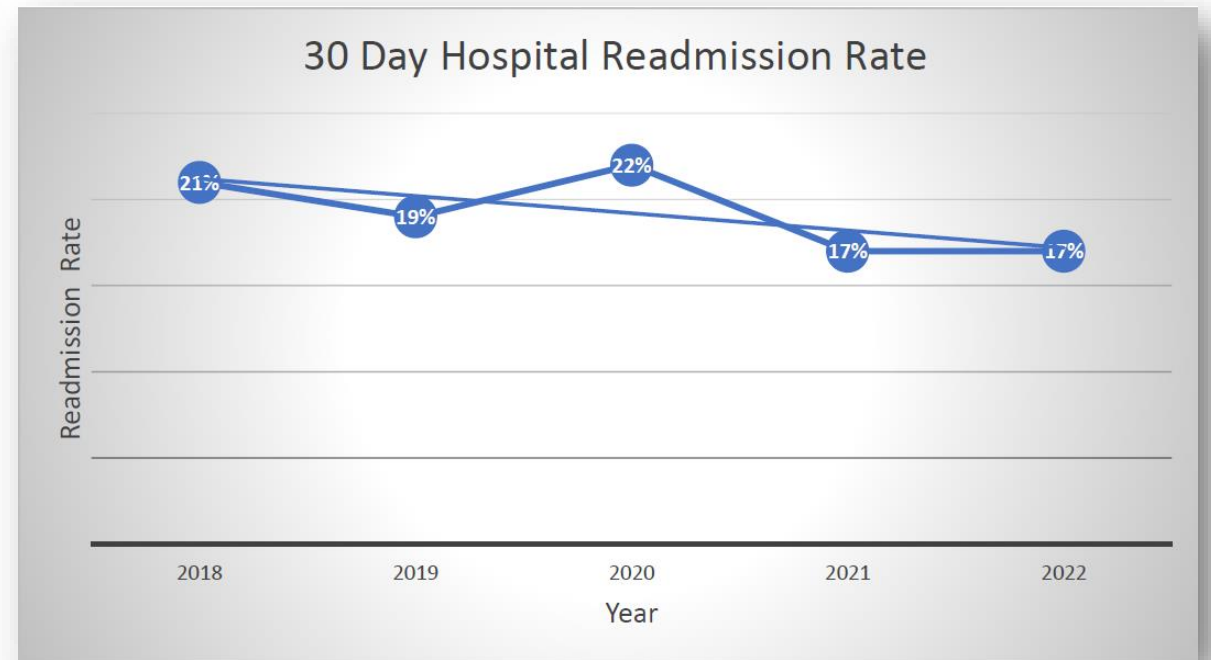
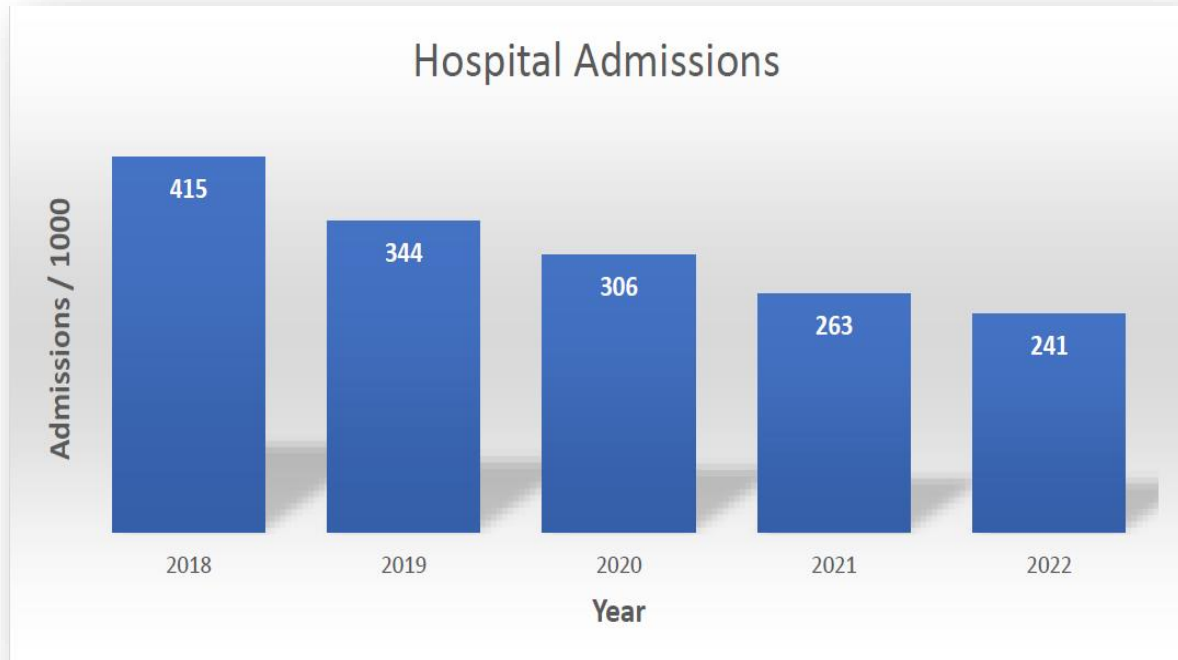
- ❖ Comprehensive initial assessment
- ❖ Risk Stratification
- ❖ Management of High-Risk members
- ❖ Preventive and Chronic Care monitoring
- ❖ Transitions of Care
- ❖ Weekly clinical rounds

### Oversight Functions

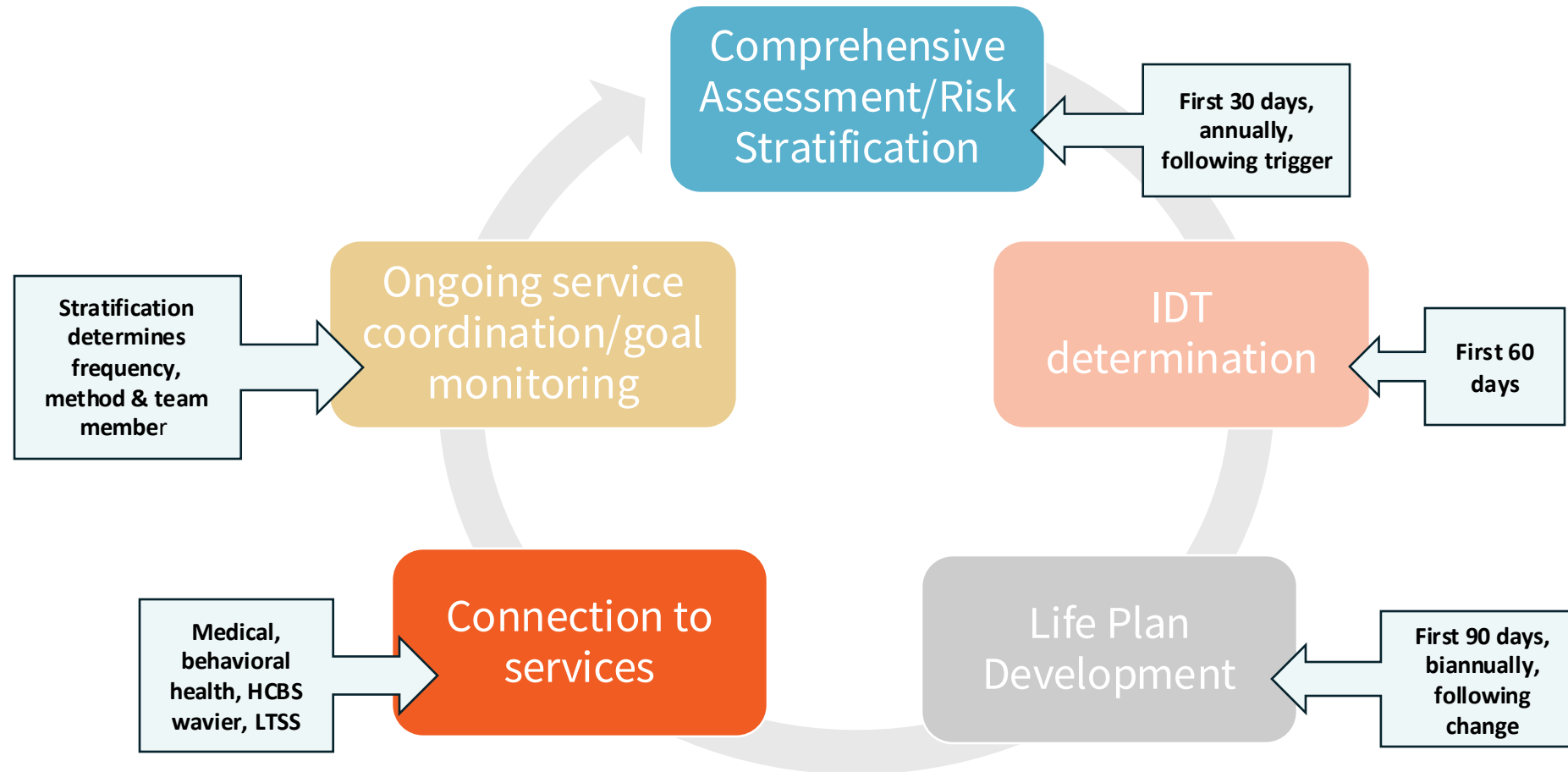
- ❖ Serve as Clinical Supervisor to team of Care Managers
- ❖ Scheduled and ad hoc member review meetings
- ❖ Assessment and LP reviews
- ❖ Ensure integration of needed health and safety supports



# Whole-Person Care Example: Inpatient Admissions and Readmissions



# Person-Centered Planning Process



## Thank you for joining us!

Stay tuned for information to upcoming Support Broker trainings.

Please let us know suggestions for future topics!

Visit our website for more information about Self-Direction with Partners Health Plan, and for other helpful resources for Support Brokers and Fiscal Intermediaries:

[Self Direction with PHP - Partners Health Plan \(phpcares.org\)](http://phpcares.org)

