Quality Medical Care

Quality medical care is something we all seek regardless of whether the setting is in a hospital, a nursing home or a home-health provider. Health care consumers and health care providers are often not aware that there are other organizations which share that goal.

The Oklahoma Foundation for Medical Quality (OFMQ) is a federally-designated, non-profit organization in Oklahoma with the task of improving health care for Medicare beneficiaries.

OFMQ is funded by the Centers for Medicare and Medicaid to work with Medicare providers on empowering quality of care. OFMQ

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Assisted Living Services and the ADvantage Program

The ADvantage Program is a Medicaid waiver program in Oklahoma to enable people who are elderly or physically disabled to live more independent lives. Because the ADvantage Program is paid for through Medicaid, it has income and resource eligibility requirements which exclude some people.

The Aging Services Division of the Oklahoma Department of Human Services operates the ADvantage Program through contracting agencies which actually provide the services to Oklahomans who otherwise would need nursing home care. The ADvantage Program will soon offer Assisted Living services to its consumers who would benefit from those services.

ADvantage is designed to complement “informal supports” which are provided by families, friends or other persons. Assisted Living may be of particular benefit to consumers who do not have family supports in the communities where they live. It offers housing with certain amenities to meet the needs of people who are elderly and disabled.

The ADvantage Program will pay for the services that are provided by the Assisted Living facility. It does not, however, pay for room and board. That cost is the responsibility of the consumer and is generally paid for out of the consumer’s Social Security check. Some consumers will also be required to help pay for the services Assisted Living provides depending on that consumer’s income.

Assisted Living centers may provide assistance with housekeep-
Assisted Living Services and the ADvantage Program (continued)

ing, congregate meals if an individual so desires and laundry services. Medical staff is available to administer medications and meet other needs. Socialization is available with other residents as well.

Assisted Living is not the same as a nursing home. Residents have their own apartments and must have the ability to self-evacuate in an emergency which is not required of nursing home residents. To live in Assisted Living people also must be able to feed themselves and use the bathroom independently.

ADvantage Program clients may still receive other services in addition to Assisted Living depending on what their needs are. Case management is provided to all ADvantage clients.

Just because a facility is an Assisted Living facility does not mean that facility must contract with the Aging Services Division. Individual Assisted Living centers may choose to participate in the program or not. Facilities will also be able to designate the number of units they want to reserve for ADvantage Program consumers.

If an Assisted Living facility has a Medicaid contract and they have an ADvantage apartment available, the center is required to accept an eligible ADvantage program consumer. The center, however, may refuse a consumer if they are not able to safely meet that person’s special needs.

If a client wandered from the facility, that facility may not have staff to meet those needs. A consumer may have behavior problems which exclude them from the center based on that center’s written policy.

ADvantage consumers will continue to have a service plan developed in conjunction with their case manager. The Assisted Living nurse is responsible for a resident assessment which becomes a part of the overall ADvantage service plan.

As for all ADvantage Program consumers, the cost of the service plan must be less than the cost of services in a nursing home. If an ADvantage consumer receives Assisted Living services and the cost of their total plan exceeds the cost of a nursing home, that consumer may no longer be eligible for the ADvantage Program.

Even with the rules and regulations governing the ADvantage Program and the policy of participating Assisted Living facilities, it is a step forward that the ADvantage Program will soon be able to cover some of the costs of Assisted Living. As mentioned earlier, clients with little or no family support in their own homes may benefit particularly from having Assisted Living staff nearby at all times.

Assisted Living for eligible ADvantage Program clients is not available now, but OKDHS hopes to begin providing service later this summer. The Oklahoma State Department of Health will have to inspect any Assisted Living facility which will offer services to the client.

The approved Assisted Living center will also need a contract with the Oklahoma Health Care Authority to receive Medicaid funds. When facilities have received proper licensing and contracting, they will be able to provide the service to individual ADvantage consumers.

If you would like to know more about the ADvantage Program and its offering of Assisted Living services, call Tom Dunning at the Aging Services Division State Office in Oklahoma City. Tom may be reached at 405-522-3078 or tom.dunning@okdhs.org. Oklahoma is joining forty-four other states in making Assisted Living a service reimbursable through Medicaid.
It’s a Blind, Blind World

What’s it like to be totally blind or to a lesser extent to have a severe vision loss? Visual Services of the Oklahoma Department of Rehabilitation Services in Oklahoma City is offering training to sighted people to provide just such an experience.

The two-day training begins at the reception desk of Visual Services as they offer students a mask which fits over the nose and around both eyes to banish all the color and shapes and sizes from your experience. Sight is limited to a dim light which filters through the heavy material. Ouch.

Staff then pushed us down a long, way-too-narrow hall to the conference room for our orientation. They purposely “lead” us in an inappropriate manner to test our self-advocacy skills. No one complained because we thought the “professionals” knew best even though it didn’t feel right to us. So much for our budding self-advocacy skills.

Everyone had lunch provided by Visual Services in their training kitchen and dining area. The only problem was that mask covering the eyes. They gave us a large bowl of salad and said we had a choice of four kinds of dressing. No one seemed to take into account we couldn’t read the labels. Lunch was interesting.

We climbed stairs with a sighted guide. We crossed a street with that same sighted guide. If you are a person with trust issues, you’re going to have a problem here. We learned to listen to the visual cues we were being given and to read the body of the guide whose elbow we were holding.

Let’s talk about equipment. The twenty-first century is a good time to live if you lose your sight. The gadgets and gizmos out there to help the person with visual impairment will pleasantly surprise.

There is a small, hand-held device which when placed on a surface will tell you the color of that surface. This helps to color-coordinate your clothing when you get up in the morning.

Good organizational skills will help you do the same thing in a low-tech way. Using your memory to place the red shirt first in the closet followed by the white one and the green provides the blind person with the same fashion which sighted people take for granted.

Put cleaning materials for the kitchen under the kitchen sink and cleaning materials for the bathroom under the bathroom sink. Organize and then remember. That little duo makes life easier for the person with visual loss.

We learned to pin socks together with a safety pin to keep them together. You can even wash them.

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Ways to maintain a healthy level of insanity

Put your garbage can on your desk and label it “In Basket”.

Order a Diet Water whenever you go out to eat, with a serious face.
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helps providers implement process changes and best practices for care that can impact all patients, not just Medicare beneficiaries.

The Oklahoma Foundation for Medical Quality sends staff to hospitals to develop protocols which will benefit consumers. An example of best practices is the administration of antibiotics an hour before surgery. This protocol significantly reduces the chance of infections from that surgery.

Talking with hospitals about best practices and encouragement to establish criteria and documentation brings tangible results to consumers. It also brings improved quality of services delivered by doctors, nurses, nursing homes and hospitals who serve Medicare patients.

While OFMQ stresses the importance of being proactive before medical services are provided, it also can look back on services rendered. Let me give you an example.

Hospital discharge planning is important for someone who lives alone because that person may not have a caregiver at home to provide for their extended needs. If you are a Medicare patient and you feel you are being released from a medical facility too early, you may contact OFMQ and request an appeal for your medical records.

OFMQ generally reviews your records within 48 to 72 hours of your advising them of the problem. If they feel you are being discharged prematurely, the medical facility may not be able to charge Medicare for the services rendered to you during the appeals process.

OFMQ is particularly looking at preventing and treating pressure ulcers in nursing homes and hospitals. They give a priority to prevention of bacterial staff infections in medical facilities. They also provide technical assistance for physicians using electronic health records to improve preventative care for colorectal and breast cancer, influenza and pneumonia.

Shannon Archer, an employee of OFMQ underscores, “People need to be informed consumers of health care.” Patients benefit from asking questions of their health care provider. Find out how the new medication being prescribed for you will interact with medications you already take.

It is not enough just to presume the professionals know what is best for you. You also must be involved in getting the best health care available. We are not health care professionals, but we are the experts on how our individual body works. Share your concerns and ask questions until you are satisfied.

Medicare consumers frequently approach OFMQ regarding discharge planning and quality of care. However, there are some things that OFMQ does not handle.

If you do not agree with your medical bill, OFMQ is not the proper place to register a complaint. Similarly, the quality of food at a hospital or nursing home is not a subject for OFMQ to research.

If you have a medical concern regarding a provider, call 800-522-3414 from 8 a.m. until 5 p.m. Monday through Friday. If you call outside of business hours, your call will be taken by an answering service and returned by OFMQ staff during normal business hours. You may ask to talk with a beneficiary rights specialist.

OFMQ provides some pamphlets which may be of interest to you on their website www.ofmq.com. A checklist of things to consider is available in Planning for Your Discharge. Register for the OFMQ quarterly newsletter Quality Connection. The website is full of consumer tips, and it is available to anyone regardless of whether you are a Medicare recipient or not.

New Medicare beneficiaries should be given The Important Message when they are admitted to an acute-care hospital. This one-page information

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sheet will tell you about your right to appeal and how to do so. If you do not have this information sheet, call OFMQ at 800-522-3414 and ask for information.

Remember, you have a right to quality health care. The Oklahoma Foundation for Medical Quality can research your provider issue if you are a Medicare beneficiary. They can give you information about standards for quality care regardless of your Medicare status. OFMQ can help you and your medical providers to improve the quality of health care in Oklahoma.

A Tip on crime

If a robber asks you for your wallet or purse, do not hand it to him. Toss it away from you. The chances are he is more interested in your wallet or purse than you, and he will go for the wallet or purse.

It’s a Blind, Blind World (continued)

safely with the pin still attached. Blind people aren’t the only ones with trouble keeping pairs of socks together in the laundry. Hello.

One trainer demonstrated the use of the computer for a person who is totally blind. He operated the Jaws 2009 computer program which read the screen for him. Raised dots on the F and J key alerted him where to place his hands on the keyboard. Wow. And there are also computer programs for people with low vision to magnify the words on the screen. Technology is wonderful.

Filling a glass of water from a water pitcher is difficult if you cannot see. The instructor showed everyone how to lean the pitcher down to touch the rim of the glass and then lift the bottom of the pitcher listening to the sound of the water as it rose in the glass. Absolutely ingenious.

And then for those who want the technology, there is a small device which fits over the rim of the glass with two prongs going down a quarter inch. When the water reaches the edge of the prongs, the device buzzes. You don’t have to overfill just because you can’t see the rim. There are ways to deal with the challenges of low vision or no vision. When we learn the things we can do, life becomes better.

Now let’s go back to those blind initiates on the lunch they shared on the first day. When the training was over, they brought us back into the conference room and allowed us to remove our blindfolds. Then they played the video they took the day before. Watching someone lift a pitcher of tea and place it in a large, empty salad bowl without realizing what he had done was a hoot.

If you are a person with either low vision with best correction or no vision at all, the Oklahoma Department of Rehabilitation Services, Visual Services Division may be able to help you. They cannot bring your sight back, but they can provide the equipment and skills which will make life better.

Call 800-487-4042 and follow the prompts to locate the counselor nearest you. Call the counselor and ask for an application for Visual Services and a brochure describing the program.
July 26, 2009  The Americans with Disabilities Act celebrates its 19th birthday. The ADA is the civil rights law for qualified individuals with disabilities.

July 28, 2009  The Oklahoma Parents Center is holding an institute on special education in Enid, Oklahoma. For more information call 1-877-553-4332.

August 10-14, 2009  Make Promises Happen Camps south of Guthrie, Oklahoma is sponsoring a weeklong camp for adults with disabilities 26 and older. Call 1-800-299-2811 for more information on this and other camps.

August 13-15, 2009  Dr. Vincent Carbone will be speaking about communication skills with children with autism and other developmental disabilities at the Crossing Community Church in Oklahoma City. For more information, call 1-888-951-2277.

September 17-18, 2009  The Zarrow Symposium will treat best practices in mental health treatment and prevention. It will take place at the Tulsa Marriott Southern Hills Hotel. Call 918-585-1213 for more information.

If you have an event coming up relating to disability, let us know at 800-522-8224 and we’ll help you publicize.