



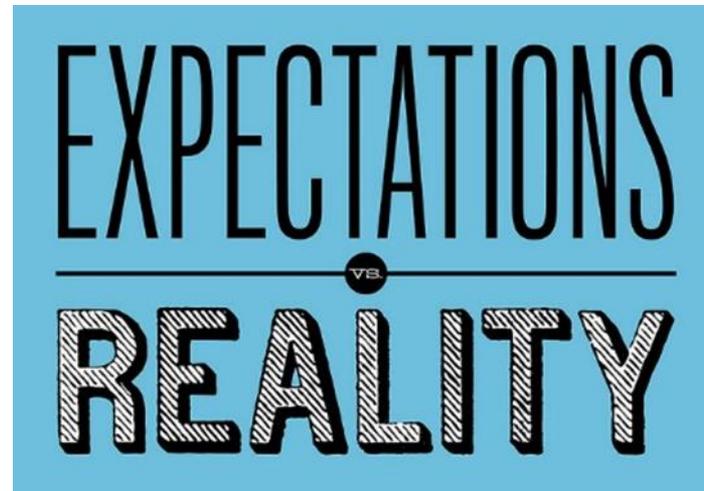
How the Local Contact Agencies in NC are working to improve quality during transitions of care

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NC DAAS



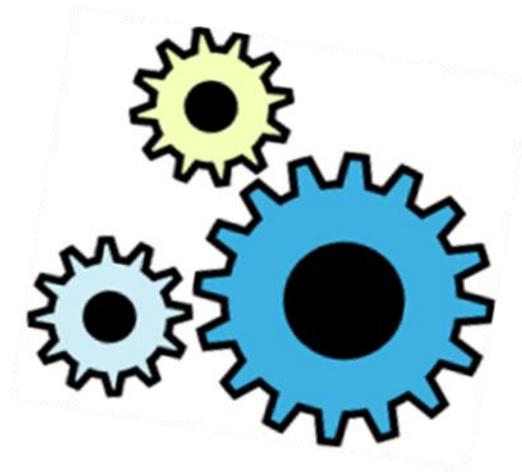
What is the Local Contact Agency?

- The Local Contact Agency (LCA) is responsible for providing options counseling regarding community-based resources in response to MDS-Section Q referral



What does the LCA do?

- Uses a team approach to discharge/transition planning by working with the individual and those who support the individual (family or friends) as well as staff



- Allowable Quality Improvement Projects include:
 - Invited Collaborative Conversation
 - CAP DA Partnership
 - Acute Care Facilities Partnership



- Choose from the following:

- A. Meet at least quarterly with Invited Collaborative Members to discuss issues affecting the transition process and how supports to transitioned individuals can be enhanced.



- The topics for this meeting shall include, but are not limited to:
 1. The role of each member in the transition process;
 2. Local resources that should be utilized in the transition process;
 3. Coordination of services to best fit each Participant's needs
 4. In-depth analyses of issues such as housing, employment, etc., that affect the post transition quality of life for Participants
 5. At the end of each quarter, the Contractor shall submit to the LCA Coordinator a summary of each meeting





- Choose from the following:

B. Develop partnership with one or more CAP DA lead agencies in LCA catchment area to provide options counseling services to individuals on CAP DA wait list.



- Choose from the following:
 - C. Develop partnership with one or more acute care facilities in catchment area to provide options counseling services to discharging patients who require LTSS.



Quality Improvement Projects

Regional Projects

• Invited Collaborative Conversation

- Region B – Land of Sky Regional Council
 - Buncombe, Henderson, Madison & Transylvania
- Region D – High Country Area Agency on Aging
 - Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes & Yancey
- Region G – Piedmont Triad Regional Council
 - Caswell, Davie, Davidson, Forsyth, Montgomery, Randolph, Rockingham, Stokes, Surry & Yadkin
- Region K – Kerr Tar Regional Council of Governments
 - Franklin, Granville, Person, Vance & Warren
- Region L – Upper Coastal Plain Area Agency on Aging
 - Edgecombe, Halifax, Nash, Northampton & Wilson
- Region O – Cape Fear Council of Governments
 - Brunswick, Columbus, New Hanover & Pender
- Region Q – Mid-East Commission
 - Beaufort, Bertie, Hertford, Martin & Pitt
- Region R – Albemarle Commission
 - Camden, Chowan, Currituck, Dare, Gates, Hyde, Pasquotank, Perquimans, Tyrrell & Washington



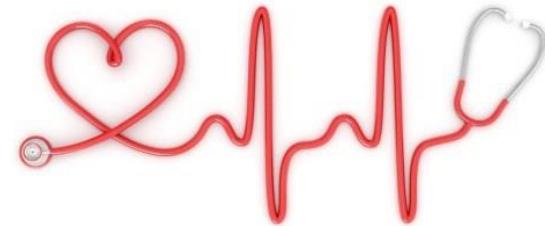
•CAP DA Partnership

- Region C – Isothermal Planning & Development Commission
 - Cleveland, McDowell, Polk & Rutherford
- Region E – Western Piedmont Council of Governments
 - Alexander, Burke, Caldwell & Catawba
- Region G – Piedmont Triad Regional Council
 - Guilford
- Region M – Mid-Carolina Area Agency on Aging
 - Cumberland, Harnett & Sampson
- Region P – Eastern Carolina Council
 - Carteret, Craven, Duplin, Greene, Jones, Lenoir, Onslow, Pamlico & Wayne



• Acute Care Facilities Partnership

- Region A – Southwestern Commission
 - Cherokee, Clay, Graham, Haywood, Jackson, Macon & Swain
- Region F – Centralina Area Agency on Aging
 - Anson, Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly & Union
- Region G – Piedmont Triad Regional Council
 - Alamance
- Region J – Triangle J Council of Governments
 - Chatham, Durham, Johnston, Lee, Moore, Orange & Wake
- Region N – Lumber River Council of Governments
 - Bladen, Hoke, Richmond, Robeson & Scotland



Successes

CAP DA Partnership

- Selected counties with large number on wait list
- Contact has been made with all identified CAP lead agencies
- Approximately 1 dozen OC visits/calls were made in 2nd & 3rd quarters
- Program well received by potential CAP clients and caregivers
- CAP is sharing with families our availability to provide options counseling during wait time.



Successes

Acute Care Facilities Partnership

- Meeting on a regular basis with 3 area hospitals
- Hospitals have made realization regarding community supports
- Coming together for the betterment of citizens regardless of who serves them
- Addition of community paramedics & their importance
- Medications provided at bedside for those who lack community access
- Better access for transit vans
- 4 patients referred for options counseling – transportation, nutrition, SHIP
- Signed HIPAA BAA for participation in clinic at senior center
- Continued interest in participation in this initiative



Successes

Invited Collaborative Conversation

- Once meeting is established, organically more partners are invited
- Using the GotoMeeting format has allow collaborative member to join from areas further away
- Addressing questions like Where do we overlap/ & How can we best collaborate
- Ability to identify & update community resources
- Share information about new & different resources & initiatives
- Sharing updates on provider activities
- Discussion regarding resolution to HIPAA issu
- Host of digital resource list identified
- Identify providers that already work together
- Networking with peers
- Sharing local & national strategies to improve care transitions
- Developing structured communications for better outcomes



Successes

Invited Collaborative Conversation

- Importance of capacity/coalition building
- Ensuring smooth transition among care settings
- Reducing avoidable re-hospitalizations & transfers
- Providing comprehensive overview of local networks
- Sharing about existing programs that tie to transitions
- Readmission prevention strategies and how partners fit
- Sharing letters developed by partners to assist individuals with funding issues
- Learning more about housing programs, PACE, private pay options
- Member survey created to enlist collaborative members in identifying community needs and/or deficits
- Results of survey will guide monthly programming for meetings
- Coordination discussion to serve more rural county residents most effectively
- Community resources for Veterans (based on survey results)



Barriers

CAP DA Partnership

- HIPAA and BAA
- Some lead agencies already address all the needs of wait list beneficiaries
- Families in the community are unaware of the available resources besides CAP.
- Initially CAP was giving OC's phone number to clients instead of giving client's phone number to OC (precludes a visit from being made)
- The clients couldn't always remember who referred them to the OC



Barriers

Acute Care Facilities Partnership

- Placement on wait lists
- Refusal of participant to accept assistance from providers or family support
- Part D plan & medication too expensive
- Family & patient cancelled appointment multiple times
- Inability to engage with hospital staff,
 - lead SW now on maternity leave
- Compliance with hospital HIPAA/informed consent requirements & HIPAA training
- Scheduling face to face meeting with busy hospital staff
- Identifying champions within healthcare system
- Impact the future of ACA will have on provision of services
- Lack of resources in certain counties/areas



Barriers

Invited Collaborative Conversation

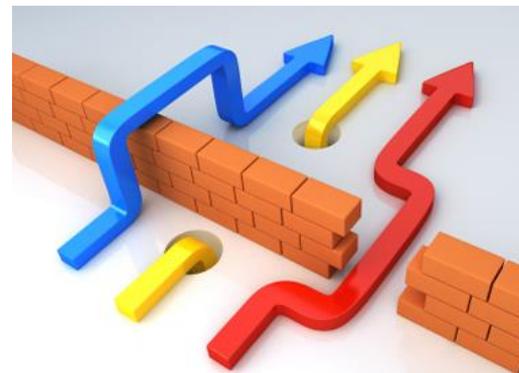
- Identifying transition partners
- Finding means to invite/advertise the meeting (ID appropriate list serves)
- Getting increased participation at the meeting
- Finding presenters for identified topics
- HIPAA & confidentiality issues, releases and extending time
- Creating partnerships in rural areas (distance to participate)
- Lack of related county resources, inaccuracies in existing resource lists



Barriers

Invited Collaborative Conversation

- Need for comprehensive & current provider directories in all counties/areas
- Location of the meetings
- Finding meeting time that fits all partner's schedules



- Community needs/deficits
- Learning how to access/utilize local resources (eligibility criteria)
- Rural areas in our state lack resources of urban areas



RECOMMENDATIONS

- How is this helping move forward Options Counseling service in NC?



- A. offering comprehensive discharge planning;
- B. exposing individuals to this relatively new service, and;
- C. utilizing the Local Contact Agency proven OC referral processes.



RECOMMENDATIONS

- How is this improving the communications between partners on transition teams?
 - Introduces the Local Contact Agencies which serve the institution's geographic areas;
 - Highlights the services the Local Contact Agencies provide and the role they play in assisting individuals interested in living in a community setting;
 - Explains when and how to contact the Local Contact Agency;
 - How to work collaboratively with the Local Contact Agency for the benefit of individuals in institutional settings;
 - And introduces home and community-based service provider agencies to one another.
 - Fosters relationship building.



RECOMMENDATIONS

- Long term and acute care facilities could make OC referrals to the Local Contact Agency whenever an individual needs more information about community living or alternative living situations at time of discharge from any institutional setting.



RECOMMENDATIONS

- OCR recommends that a representative serve as a liaison to the Local Contact Agency staff member and maintain regular communication with the LCA regarding the patients/residents.



RECOMMENDATIONS

- OCR also recommends that the institution invite the Local Contact Agency to **provide seminars/ presentations to residents and/or staff on a regular basis (e.g., every six months)**



Section Q lessons learned

- This section is designed to provide residents who do not have current active plans for discharge, with an opportunity to speak with an outside resource (Local Contact Agency/LCA).



Referral Process lessons learned

- Once a potential referral is identified there should be a clear process for the institution to follow; like the toll-free MDS line, **1-866-271-4894**, the call center will forward the information to the Local Contact Agency serving your county



LCA Contacts

For NC statewide LCA questions:

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All things are possible when we collaborate

