



*choice*sm

CARE PLAN OVERVIEW

1-888-5-*choice*
(1-888-524-6423)

Choosing Homecare Over Institutionalized Care Environment

Objective

Maximize home- and community-based alternatives to meet the needs of the frail elderly through the delivery of coordinated medical and long-term care services.

Project Sponsor

The program is funded by Medicaid, and the contract is administered by the Florida Department of Elder Affairs (DOEA) and the Agency for Health Care Administration (AHCA).

Eligibility

*choice*sm Care Plan members must reside in **Brevard, Broward, Citrus, Dade, Hernando, Hillsborough, Indian River, Manatee, Martin, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Sarasota, Seminole, or St. Lucie county and be:**

- 65 years or older and have Medicare Parts A&B
- Medicaid eligible up to the Institutional Care Program level
- Determined by CARES (Comprehensive Assessment and Review for Long-Term Care Services Program) to be at risk of nursing home placement and meet one or more of the following clinical criteria:
 - a) Require some help with 5 or more activities of daily living (ADLs); or
 - b) Require some help with 4 ADLs plus require supervision or administration of medication; or
 - c) Require total help with 2 or more ADLs; or
 - d) Have a diagnosis of Alzheimer's disease or another type of dementia and require some help with 3 or more ADLs; or
 - e) Have a diagnosis of a degenerative or chronic condition requiring daily nursing services.
- Determined by CARES to be a person who, on the effective date of enrollment, can be safely served with home- and community-based services.

Care Management

Care Management staff members are dedicated to helping the member. The care manager initially meets with the member/caregiver to provide an orientation and assessment, and develop a care plan. The *choice*sm care plan care manager coordinates, authorizes and arranges services in consultation with the member/caregiver and providers. As the member's needs change, the care manager makes adjustments to the member's care plan.

Medicare

Members must receive Medicare benefits from either the fee-for-service system or a Medicare HMO. Services not covered by Medicare are provided through the *choice*sm care plan program. For example, the *choice*sm program pays for adult day care, personal care aide, and home-delivered meals.

Cost and Services

Members incur no cost for services, except for assisted living facility services and nursing home services. If the member is admitted to such a facility, the Department of Children and Families will determine patient contribution amount.

Members receive a full range of home- and community-based, medical & other services to help them stay at home.

Home- and Community-Based Services

- Adult Day Care
- Assisted Living
- Counseling
- Emergency Response Systems
- Environmental Access./ Adaptation Services
- Family Training
- Financial Assessment/Risk Reduction
- Home-delivered Meals
- Home Health Services (homemaker, personal care, escort, chore, and adult companion services)
- Medical Supplies
- Nutritional Assessments
- Pharmacy Services
- Respite Care - In Home
- Respite Care - In Facility

- Skilled Nursing Facilities
- Therapies (Occupational, Physical and Speech)

Medical Services

- Community Mental Health
- Home Health Care
- Lab and X-ray
- Inpatient Hospital
- Outpatient Hospital/ Emergency Medical
- Physician
- Prescribed Drugs

Other Services

- Dental
- Transportation (Pinellas only)
- Hearing
- Vision
- Monthly over-the-counter pharmacy allowance
- Prescription co-pay reimbursement

About Neighborly Care Network

Neighborly, a nonprofit agency, has been helping the elderly to maintain their independence, as well as a better quality of life, for more than 44 years. Both clients and their families can take comfort in knowing that Neighborly has its own:

- *Adult Day Centers*
- *Nutrition Services (including Meals on Wheels)*
- *Transportation Services*
- *Medicare Home Health Services*
- *Neighborly Pharmacy (with a Board Certified Pharmacist)*