

East Bay Innovations (EBI) Presentation

Slide 1: Title Slide

Planning for Success

Presenters: Heather Thompson & Katie Gallipeau, Transition Coordinators

East Bay Innovations (EBI)

Slide 2: EBI's Mission

- To arrange and provide personalized support that enables individuals with disabilities to live in their own homes, work in jobs of their choosing, and feel a sense of membership in their community

Slide 3: EBI CCT's Mission

- EBI CCT's internal mission is to work in unity in an open, honest, respectful, empathic dynamic by investing in each other and in EBI's mission to help our clients obtain membership in their community

Slide 4: What Makes EBI Unique?

- Staff come from DD world: start intensive case management and back away
- Staff implements EBI Philosophy
- 1 Transition Coordinator doing TARs, 1 Billing Specialist
- Every staff person has minimum billable thresholds
- Go over Safe Discharge Checklist 2 weeks before discharge

Slide 5: Engaging the Participant

- Introduction with client
- Get to know client's preferences on living situation
- Learn about the client's support network (if applicable)
- Build rapport with our clients

Slide 6: Sean

Slide 7: Engaging the RN

- Multiple Nurse Consultants of various levels of experience
- First introduction is between a TC and a client
 - Send out RN when the person has expressed a definite interest in transitioning
- RN assessment happens within 1 month of a psycho-social assessment with a transition coordinator
- Partnering with a home health agency to increase turn around time

Slide 8: Engaging Community Partners (Housing Authorities, IHSS, SNFs)

- 5 PHA's in Alameda County: City of Alameda, County of Alameda, Berkeley, Oakland and Livermore
- Leveraged our existing relationship that EBI has built with HACA over 20 years
- Use "the carrot" instead of "the stick"
- Ask staff at various partner agencies: what can EBI do to make this task easier for them
- Identify why it benefits their agency to take the time to work with us
- 31 nursing facilities in Alameda County

Slide 9: Engaging the Family

- RIGHT AWAY if:
 - The client wants their family to do their IHSS
 - The facesheet mentions they are conserved or have a DPOA
 - There is doubt this client could manage their own IHSS
- Want to live with family In the first 30 hours:
 - The client casually mentions having a relative or two who are important to them

Slide 10: Engaging the MD

- Review the client's SNF Chart to see any outstanding physician orders
- Rely on the opinion of the SNF doctor, not a future community doctor that does not know them yet
- Identify if the client has any habits, behaviors that could jeopardize continuity of care or make an MD want to stop treating them
 - If so, start identifying and meeting with potential MDs before discharge

Slide 11: Right Before Transition

- IHSS application, push for county to do in-facility assessment
- Home safety evaluation with PT and client (if possible)
- NF/AH waiver application gets submitted as soon as address is secured
- Home mods completed, if possible
 - DME ordered and delivered
- Have a transition coordinator present during delivery
- Have client come to new apartment with DME in place to test the DME
- Start asking clients to start doing various discharge related tasks for themselves. Transition Coordinators "lean in" when necessary
- Start working on interviewing/hiring potential In Home Supportive Service workers
- Identify new primary care provider

Slide 12: Sandy

Slide 13: Day of Transition & 1 Week Following

- Day of Transition Report Form at the facility or at home
- Groceries from Safeway.com (at least 1 week's worth, until SSI can be increased again)
- Get paper prescriptions and identify a pharmacy located en-route to the new apartment
- Create and provide a resource binder to the client

Slide 14: Benefits of the Roll Out

- The 20 Hour TAR in place of the PIT encourages transition coordinator to be more thorough and thoughtful during assessment
- An interdisciplinary team is a GOOD THING
- Increased post-transition hours from 24 to 50 for NF/AH participants

Slide 15: Challenges

- Inadequate rate to cover an in house or consulting nurse
- Challenges in reimbursement for time spent before ITCP
- Redundancy in submitting TAR (20 hrs vs 100 hrs)

Slide 16: Questions?

Slide 17: Thank you for your attention and participation!