



Kentucky Public Health
Prevent. Promote. Protect.

LHD Drivers Manual Through The Affordable Care Act

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The last year has seen tremendous change in the health care landscape of Kentucky and the nation. With the 2013 initiation of Kentucky's Marketplace for private insurance (kynect), expanded Medicaid coverage and expected changes in funding of Public Health, we must prepare to continue our mission to **prevent** illness and injury to those in need, **promote** training in healthy lifestyles to enhance the health of all Kentuckians and **protect** our communities from threats from suspicious 'white powder' to unhealthy foods.

This document is an "on-line" tool to collect all the ideas and ventures available for local health departments to consider for initiation in their communities. You may find some of these ideas will meet the needs of your area. You may not find these ideas are a good 'fit' for you currently. The hope is to make this a living document, continuously updated with your suggestions and successes of how we must now think "outside the box" of our former image of local public health and expand to new and interesting visions of our role in the communities we serve.

Please contact us with your thoughts and suggestions. This is only a guide and not a complete 'how-to' manual. Thinking on a higher level will only improve the health of Kentuckians. We hope the ideas and hyperlinks here can help you and your Board of Health as you evaluate the direction you take in your community for the next year.

I. Getting Started for any new service

The first step to expanded services is to determine if your facility or program meets the requirements set out in the Kentucky Administrative Regulations. Click this link to review the requirements for different services. <http://www.lrc.ky.gov/kar/TITLE902.HTM>

After determining the services you wish to provide, you may need to apply for a license from the Office of the Inspector General. Apply for the license at

<http://chfs.ky.gov/os/oig/ltcapppls.htm>. Some services require a Certificate of Need. To

determine the shortages in your area, consult the HPSA website at

<http://hpsafind.hrsa.gov/HPSASearch.aspx>. Contact Robin Rowe (502-564-7963, ext. 3302) at the OIG for assistance with regulatory requirements, licensing, and Certificates of Need.

Because the key to sustainability is billing all sources possible, you should contact all private insurance companies utilized in your area to set up accounts for billing purposes.

If you do not already have Medicare and/or Medicaid billing numbers or you have let yours lapse, you should also request those numbers by following these links:

Medicare: <http://www.cgsmedicare.com/kyb/enrollment/index.html>

Medicaid: <http://chfs.ky.gov/dms/provEnr/>

II. Dental Services

Public Health Dental Hygienists provides an important health benefit in many communities. KRS 313.040, Section 8 governs public health dental hygienists and should be reviewed before beginning this service. Generally, the statute states that the public health hygienist performs only accepted standardized protocols which are contained within the scope of practice of dental hygiene and which are reviewed and approved by the Board of Dentistry and either the Department for Public Health or the dentist member of the local governing board of health. A public health hygienist is employed by the health department and works under protocols adopted by the governing board of health. Their scope of work is limited by services (preventive) and level of patients (ASA Class I and II). Further, they can only treat patients who have given written informed consent. We now have three codes added to the Preventive Fee Schedule that can be billed by the dental hygienist. For assistance with all aspects of implementing a dental health program, contact Dr. Julie McKee, State Public Health Dentist, with the Department for Public Health at julie.mckee@ky.gov.

III. Primary Care

As a result of the Affordable Care Act, more people than ever before in your community will have health insurance. Many of these people have become familiar with the staff at your facility and will therefore feel comfortable coming there for primary care. Many retiring physicians are interested in continuing to treat patients without the work of maintaining a practice. Therefore, it is recommended that you contract with retiring physicians in your

area to provide primary care services in your facility. Be sure to review the regulations related to primary care facilities and obtain a license from the Office of the Inspector General (see section I above).

IV. Community Care Workers (CHW)

Community Care Workers are becoming more and more essential as a way to provide services to people in the community while decreasing super-utilization of emergency departments. These workers provide information on community resources (housing, transportation, health education, etc.) to patients. Their scope of work does not encroach on the scope of work of other specialties. Hospitals in your area are eager to work with you on developing models to decrease ER super-utilization and will partner with you in developing CHW in their teams to prevent hospital readmissions. CHWs are also important in facilitation of preventive services and chronic disease management. Work is being done to develop payment through the Kentucky Department of Medicaid Services and to develop a certification process to assure competencies in the profession. For more information on CHW training, contact Jan Chamness at JanM.Chamness@ky.gov at Montgomery County Health Department or Fran Feltner at FrancesFeltner@uky.edu at the UK Center of Excellence for Rural Health, Hazard, Kentucky.

V. Behavioral Health

Substance and alcohol abuse treatment, as well as, mental health treatment are areas of expanded services that can help to generate revenue for local health departments. Your facility can employ a psychiatrist, substance abuse/alcohol treatment therapist or licensed social worker. These services can be billed to private insurance, Medicaid or Medicare. Regulations related to substance and alcohol abuse counseling can be found at <http://www.lrc.ky.gov/kar/TITLE908.HTM>. For assistance with licensing for substance and alcohol abuse treatment, contact Kerri Verdin with the Office of the Inspector General at kerri.verdin@ky.gov. You should also consider partnering with community mental health centers to complete needed medical exams for those receiving mental health treatment. If you have space available in your facilities, it is possible to rent space to an independent practitioner to enhance your offering of services to the people in your community.

VI. Services for the Elderly or Disabled Populations

a. Personal Service Agencies

Personal Service Agencies provide the day-to-day supports needed to keep individuals in their own homes. Personal services include in-home, attendant type care intended to help people meet their day-to-day activities and live safely and independently. Personal services do not include medical, nursing or other health-related services. Effective July 2010, agencies (or individuals) who provide services to three or more individuals must be certified by OIG, <http://chfs.ky.gov/os/oig/Personal+Services+Agencies.htm>. These services can be paid for through several different funding sources (state, federal, private

pay) and may be the most appealing to local health departments. There are some pending changes to the Home and Community Based Services Waiver that may expand the need for personal services. For more information on these services, contact Marnie Mountjoy at marnie.mountjoy@ky.gov.

b. Adult Daycare

Adult Daycare has two models, Social and Health. The Social Model Adult Daycare is for individuals age 60 or older, physically disabled or frail and in need of care during part of the day; or experiencing mental confusion and in need of care to prevent injury and assure proper nutrition and medication use; or likely to benefit from individualized attention and social structure; or be any age with a diagnosis of probable Alzheimer's disease or related dementia, as confirmed by a written statement from a physician. Most Adult Daycare Social Models are privately funded and utilize state funds to send participants to these programs (or they private pay). Adult Daycare Social is certified as directed by <http://www.lrc.ky.gov/kar/910/001/160.htm>. There are attendance requirements for adult daycare social and it is difficult to maintain the staffing ratios to justify having a site only serving a few people. But with the right marketing and operation this could be a viable option for local health departments. The Health Model Adult Daycare is for individuals who have medical conditions and need more intensive supports. Providers that wish to utilize this program have to go through the CON process with the Cabinet to prove that there is a need for the service in that area. Once granted, OIG certifies and regulates these facilities. Most participants who attend these programs utilize Medicaid funds to pay for their participation.

VII. Telehealth

Telehealth in Kentucky is the use of videoconference technology to extend finite healthcare resources to meet a nearly infinite demand, especially throughout rural Kentucky where healthcare provider shortages are especially acute. Simply stated, telehealth can bring the right care to the right people at the right time in the right place. Videoconference technology replicates a traditional face-to-face encounter so the patient and provider can interact just as if they were in the same room. A “presenter” which is often a nurse, CMA or other healthcare staff will attend the encounter with the patient and carry out the requests of the provider to conduct an appropriate examination. The provider can bill their standard professional fee and the health department can bill for the “facility fee” (through four of the five MCOs-we are still in negotiation with Anthem) which is normally about \$25 per encounter. This technology can also be offered by a school nurse to encounter with a provider; either in the local health department or the private community. Many health departments have videoconference technology and many services can be provided without any additional technology, however electronic stethoscopes and other medical peripheral devices are available to expand the range of services that can be done. The Kentucky TeleHealth Network, the statewide telehealth initiative, is willing to assist any health

department that wishes to consider telehealth services in their facility. Contact Rob Sprang at 859-396-3588 or rsprang@uky.edu at the University of Kentucky.

VIII. Supporting Primary Care Offices with Billable Services

Health Department personnel are in a unique position to provide education to patients of private providers. Contact local physician's offices and hospitals to determine the need for health education programs like diabetes treatment, smoking cessation, asthma education, nutrition counseling, etc. Your facility can then bill the patients for providing this education to their insurer of record. For more information of how this has worked in the Lincoln Trail District Health Department, contact SaraJ.Best@ky.gov.

IX. Worksite Wellness

An exciting opportunity for sustainability is providing assistance with worksite wellness. Health departments should contact local employers to offer services within those facilities. The scope of the services can be determined by the parties and can range from sporadic education programs to full-time clinics located within the facilities to provide blood pressure checks, immunizations, etc. As long as only employees of the company are being treated in these clinics, no license is required. The company employer provides the facility and the workers' insurance is billed for the services. Health Departments can also charge a fee for developing a Wellness Program for the Company. For more information on worksite wellness programs, contact Teresa Lovely at Teresa.Lovely@ky.gov, from our state worksite wellness program and visit <http://kentucky.stateofwellness.org>. For information contact Robin Rowe at 502- 564-7963, ext. 3302 with the Office of the Inspector General.

X. Humana Vitality Assessments

State employees that are covered by the Humana managed Kentucky Health Employment Plan (KEHP) are required to undergo an annual Health Risk Assessment to participate in the Humana *Vitality* program. This assessment can be done in a LHD with a payment of \$55. Setting up at a school or state office building to conduct these assessments of state employees has been a successful model in some areas of the Commonwealth. By participating in the Humana *Vitality* program, these employees have the opportunity to develop lifestyle changes that will improve their health and the health of their families. For more information of a successful LHD Health Risk Assessment program, contact Deborah Fillman at Deborah.Fillman@ky.gov, Green River District Health Department or Peggy Tiller at PeggyA.Tiller@lcdhd.org, Lake Cumberland District Health Department. You can access the Humana *Vitality* website designed for the Health Departments use at <https://livingwell.ky.gov/Pages/Health-Department-Champs.aspx> for the Health Department Tool Kit. You can also get assistance in setting up your program at <https://livingwell.ky.gov/Pages/Champs-Regional-Contacts.aspx> which lists your Humana

Vitality regional representative. A map of the *Vitality* regions is on that site. Contact Jala Miller at jmiller35@humana.com if any other questions.

XI. Conclusion

The health care work as we know it will continue to change and we must change with it. This document will continue to be updated and revised. If you have a successful program that is not considered in the “traditional” mode of public health, please allow us to share it with your colleagues. Our goal is that all LHDs succeed in their mission to serve the health of the public in their neighborhoods.