

ELDERONE CONNECTION

Our newsletter to keep participants and families in the know.

ElderONE
An Affiliate of
Rochester Regional Health

FALL 2022 EDITION

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LETTER FROM THE VICE PRESIDENT

Well the Summer seemed to go by very quickly and Fall is upon us!

As the air gets cooler and more indoor activities increase, we continue to monitor the COVID-19 rates within our region to keep our participants safe. ElderONE is in the process of providing the new COVID-19 boosters and Flu vaccine to participants. The COVID-19 rates continue to fluctuate in our region therefore some ElderONE services remain reduced from pre-pandemic levels. Our three Monroe County Centers remain open four days a week and our Silver Hill Day Center in Newark is open five days a week, all at reduced capacity to allow for social distancing.

Although the Centers are not quite at full capacity yet, the teams have welcomed back in-person



KRISTI NEIDEL

*Vice President of ElderONE
and Adult Day*

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DAY CENTER DIRECTORY

Emerson Center

800 Emerson Street
Rochester, NY 14613
P: (585) 922-9970

Hudson Day Center

2066 Hudson Avenue
Rochester, NY 14617
P: (585) 922-2800

North Park Center

355 North Park Drive
Rochester, NY 14609
P: (585) 922-9920

Silver Hill Center

1000 Technology Pkwy
Newark, NY 14513
P: (315) 359-2220

CONTACTS

General Number

(585) 922-2800

Home Health Aide Service

(585) 214-1500

Toll-Free

1-855-457-4636

DEVICE DISCOUNT

- A one-time discount of up to \$100 for a laptop, tablet, or desktop computer (with a co-payment of more than \$10 but less than \$50) where available
- Only one monthly service discount and one device discount is allowed per household

DO YOU QUALIFY?

You Qualify if:

- A one-time discount of up to \$100 for a laptop, tablet, or desktop computer (with a co-payment of more than \$10 but less than \$50) where available
- Only one monthly service discount and one device discount is allowed per household

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entertainment. Our participants have really enjoyed having live music back in the Day Centers!

We thank you for allowing us to continue to provide care for you or your family member.

Thanks,



Kristi Neidel
Vice President

AFFORDABLE CONNECTIVITY PROGRAM

A Federal Communications Commission program that provides a monthly discount on internet service for qualifying households and one device discount on a laptop, tablet, or desktop computer

IF YOUR HOUSEHOLD IS ELIGIBLE, YOU CAN RECEIVE:

Up to a \$30/month discount on your internet service and associated equipment rentals (such as modems, routers, hotspot devices and antennas)

[Learn more at AffordableConnectivity.gov](https://www.AffordableConnectivity.gov)

ACP Support Center:

(877) 384-2575 | 9am-9pm EST
ACPsupport@usac.org | 7 Days per week

FALL PREVENTION STRATEGIES

ENVIRONMENT

- Remove or tape down scatter rugs
- Keep walking areas clear of clutter and wide enough for your walking device
- Be sure all areas are well lit; use nightlights at night
- Keep telephone in reach

ATTIRE

- Wear non-slip low heeled shoes; do not walk in stocking feet
- Do not wear clothes that are too long
- Wear eyeglasses or lenses if you need them

MOBILITY

- Make sure you have someone help you if recommended
- Rise slowly when getting up
- Walk carefully, look ahead and turn carefully and slowly

- Avoid leaning on or supporting yourself on unstable objects, such as towel racks or a soap dish on the shower wall
- Do not walk on wet or slippery surfaces
- Hold onto stairway handrails; make sure they are fastened to the wall securely

EQUIPMENT

- All equipment should be adjusted correctly and in good working order
- Use walking devices as directed Discuss bathroom safety with your nurse or herapist – shower seats, raised toilet seats, grab bars and rubber mats may be helpful.

OTHER

- Take medications as ordered by your doctor
- Clear outdoor stairways and sidewalks of ice and snow
- Notify ElderONE if you are lightheaded, have dizziness, weakness or pain that affects your ability to move safely

**Adapted from the CDC National Center for Injury Prevention and Control
(www.cdc.gov)**

Falls can threaten the independence and health of older adults – and are a growing problem that can be prevented. By working together, older adults, caregivers, and healthcare providers can reduce the risk of falling and prevent injury.

Scan the code or visit the link below to access information and educational resources on how to prevent falls, including caregiver tips, safe falling strategies, and protecting loved ones from falling.

Scan this for elderone.org/falls 



UNDERSTANDING THE GRIEVANCE, SERVICE REQUEST & APPEAL PROCESS

As always, your quality of care and your satisfaction are very important to us at ElderONE. In order to provide you with the most up to date information, we would like to share with you the process of filing a grievance, service request, and appeal:

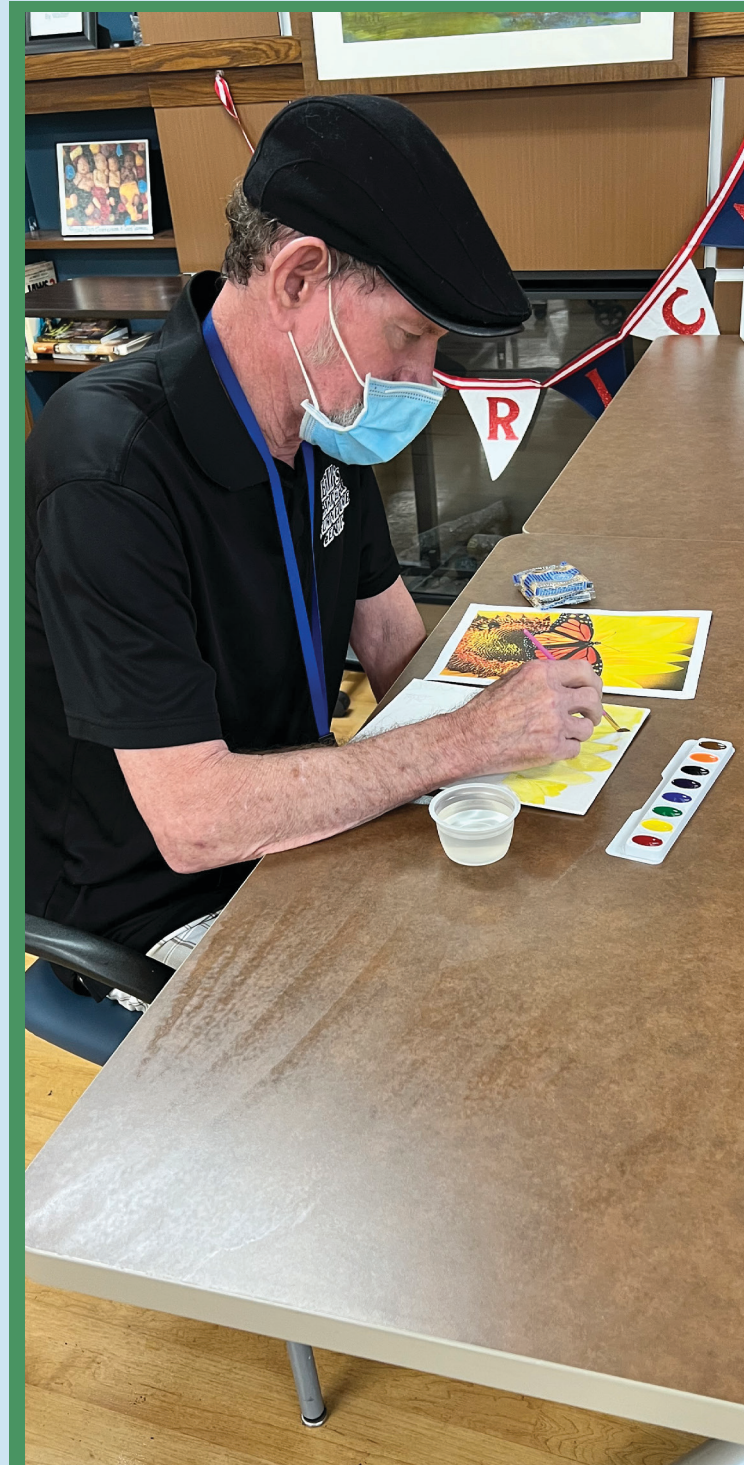
- If you have a grievance, please notify any ElderONE staff member. You can do this verbally or in writing.
- Once we receive your grievance, our staff will have 15 days to work with you to come to a resolution.
- If you have a service request, please tell any ElderONE staff member. Once the request is discussed and reviewed by your Interdisciplinary Team, you will be given an answer within 3 days/72 hours.
- In the event that you do not like the outcome of your grievance or service request you can always appeal the decision. Please note that an appeal must be made within 45 days of ElderONE's notification of a decision to deny coverage or payment for a service/or equipment.
- Standard appeals will be addressed as quickly as possible, but no later than 30 days after you have requested the appeal. If you believe that life, health, or ability to regain or maintain maximum function could be seriously jeopardized, absent the provision of the service in dispute, let us know right away. ElderONE will consider this an expedited appeal and will answer your appeal within 72 hours of receipt of the appeal. You will be notified in writing of the outcome of the appeal review.

We would also like to share that we have developed a Quality Improvement (QI) plan and are currently tracking and monitoring a total of 11 areas. Some of those areas include, care planning, recreation visits, monthly weights, pain control, falls, and communication, just to name a few.

Look out for more information throughout the year on how ElderONE is doing in these areas. If you have any questions or would like to learn more about these projects, please do not hesitate to call ElderONE and speak to any member of the IDT team or a member of the quality team.

If you have any questions, please feel free to reach out to ElderONE by either calling 585-922-2800 or writing to ElderONE at:

ElderONE Attention: Quality Department
490 East Ridge Road
Rochester, NY 14621



STOP AND WATCH

ElderONE will be using the Stop and Watch tool for our participants, as seen below, in order to detect the early warning signs of sepsis.

As defined by the Centers for Disease Control (CDC), sepsis is the body’s extreme response to an infection and it is a life-threatening medical emergency. Sepsis happens when an infection you already have triggers a chain reaction throughout your body. Infections that lead to sepsis most often start in the lung, urinary tract, skin, or gastrointestinal tract. Without timely treatment, sepsis can rapidly lead to tissue damage, organ failure, and death.

In order to avoid an infection turning into sepsis, ElderONE care providers, you, and your family can be aware of these early warning signs to avoid hospitalization and/or severe illness.

S	Seems different than usual
T	Talks or communicates less
O	Overall needs more help
P	Pain – new or worsening; participates less in activities
A	Ate less
N	No bowel movement in 3 days or diarrhea
D	Drank less
W	Weight change
A	Agitated or nervous more than usual
T	Tired, weak, confused or drowsy
C	Change in skin color or condition
H	Help with walking, transferring, toileting more than usual

If you notice these signs or symptoms in yourself or in your loved one, please call ElderONE at (585) 922-2800 as soon as possible. Very often, ElderONE can assess you in your home or within the clinic to avoid illness and hospitalization.

MEDICARE OPEN ENROLLMENT

This time of year marks open enrollment into Medicare plans. You will likely receive information asking you to pick a plan to cover your medical expenses and medications.

ElderONE is a Medicare plan and all of your medical and medication needs are already covered by ElderONE.

You do not need to take any action if you would like to remain enrolled with ElderONE. If you have any questions or concerns about your coverage in our program, please reach out to an ElderONE team member and we will be happy to assist you.

TRANSPORTATION SERVICES

Transportation services are a vital part of the PACE program. That said, the community and ElderONE are again experiencing a shortage of drivers, which may impact services for some participants. As we adjust to this fluctuating resource availability, we will continue to prioritize services for those with urgent needs, and those whose needs cannot be met outside of our centers. If you have the ability to secure your own transportation, please notify your ElderONE team. Thank you for your patience and understanding.



ELDERONE PARTICIPANT RIGHTS & RESPONSIBILITIES

ElderONE participants are entitled to the following rights:

- To be fully informed of rights and responsibilities as a participant and of all rules and regulations governing participation in ElderONE. Evidence of your receipt of this information is in the form of your signed enrollment agreement acknowledgement, a copy of which is incorporated into your medical record.
- To be treated with dignity and respect, and be afforded privacy, confidentiality and humane care.
- To receive competent, concerned and individualized care without regard to race, creed, color, national origin, sex (including gender identity or status of being transgender), sexual orientation, age or physical or mental disability (including gender dysphoria), developmental disability, type of illness or condition, or source of payment.
- To receive comprehensive health care in a safe and clean environment, and in an accessible manner.
- To not be required to perform services for ElderONE.
- To have reasonable access to telephones.
- To be free from harm, including physical or mental abuse, neglect, corporal punishment, involuntary seclusion, excessive medication, and any physical or chemical restraint imposed for purposes of discipline or convenience and not required to treat your medical symptoms. To be free from hazardous procedures.
- To be encouraged and assisted, throughout your participation in ElderONE, to exercise your rights as a participant, as well as your civil and legal rights. To be encouraged and assisted to voice complaints to ElderONE staff and outside representatives of your choice. There will be no restraint, interference, coercion, discrimination or reprisal by ElderONE or its staff, nor will the filing of a grievance disrupt your care plan. To be encouraged and assisted to recommend changes in policies and procedures to ElderONE staff. This may include accessing the Medicaid and Medicare appeal processes.
- To be fully informed in writing of the services available through the plan in addition to the costs. This information is to be made available, including the identification of services delivered through contracts, rather than directly by the program, prior to and at the time of enrollment, as well as during participation. Any changes to the payment structure may be made after you receive 30 day written notice.
- To be able to examine the results of the most recent review of ElderONE conducted by New York State and federal government and any plan of correction in effect.
- To choose your primary care physician and specialists from within the ElderONE network.
- To request that a qualified specialist for women's health services furnish routine or preventive women's health services.
- To have reasonable and timely access to specialists as indicated by the participant's health condition and consistent with current clinical practice guidelines.
- To disenroll from the program at any time.
- To access emergency services without prior approval when the need arises. An Emergency Medical Condition means a condition or situation manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention may result in:
 - Serious jeopardy to the health of the participant;
 - Serious impairment to bodily functions; and/or
 - Serious dysfunction of any bodily organ or part.
- To participate in the development and implementation of your plan of care.
- To expect that ElderONE develop a written care plan for patient care and to participate in all decisions effecting your plan of care/treatment and to be advised in advance of any change in the plan of care. If you are unable to participate fully in treatment decisions, you have the right to designate a representative. You have the right to appeal any decision affecting your plan of care if you cannot come to agreement with the interdisciplinary team.
- To have all treatment options explained in a culturally competent manner including, but not limited to those with limited English proficiency and diverse cultural and ethnic backgrounds, and to make health care decisions, including the right to refuse treatment, and be informed of the consequences of the decisions.
- To have the Enrollment Agreement, Enrollment Agreement Acknowledgement, all treatment and treatment options fully discussed and explained to you in a manner you understand.
- To receive information on Advanced Directives as dictated by the Patient Self Determination Act of 1990, and to receive assistance in the completion of a Health Care Proxy form to convey such directive.
- To be fully informed by the interdisciplinary team of your health and functional status. Be informed of all treatments prescribed prior to implementation, when and how services will be provided and the names and functions of any person and/or affiliated agency providing care, coordination or supervision of services.
- To request information about your diagnosis, prognosis, and treatment, including alternatives of care and risks involved in terms that you and your family can readily understand so that you can give your informed consent.



- To request reassessment by the team.
- To be given reasonable advance notice in writing of any transfer to another part of ElderONE's program for medical reasons, or for your welfare, or that of other participants. Such actions will be documented in your health record.
- To be assured of confidential treatment of all information contained in your health record, including information contained in any automated data bank. You have the right to communicate with health care providers in confidence and to have the confidentiality of your identifiable health care information protected. We require your written consent for the release of information to persons not otherwise authorized under law to receive it. Persons representing news or other media shall not be given any information that identifies or leads to the identification of you, including photographs, unless you have given written consent. You may review and copy your own medical records and request amendments to those records. You may provide written consent which limits the degree of information, the persons to whom information may be given and the time the consent is in effect.
- To be fully informed of the appeal process, and receive from ElderONE staff, any assistance needed, to file an appeal, as outlined in the ElderONE appeal process. To appeal any treatment decision made by ElderONE, its employees, or contractors.
- To receive treatment and rehabilitative services designed to promote your functional ability to the optimal level and to encourage your independence. These services must be agreed to by the interdisciplinary team.
- To receive necessary care across all care settings, up to and including placement in long term care facility when the ElderONE can no longer maintain the participant safely in the community through the support of PACE services.
- To have your reports of pain believed and to be provided with information about pain and pain relief measures. You can expect health professionals to respond quickly to your reports of pain and to receive effect pain management.
- Upon request to the Director of Quality, to view your clinical record in the ElderONE office. You may receive a copy of your clinical record, upon written request. All patient requests for viewing/receiving clinical records will be made known to the physicians. There may be a cost associated with copying clinical records.
- To contact New York State at 1-866-712-7197 and identify the concern as a Managed Long Term Care concern.
- To contact 1-800-MEDICARE for information or to make a complaint.
- Alternatively, you may contact ICAN (Independent Consumer Advocacy Network) * which is a group of nonprofit advocacy organizations, independent of the New York State Department of Health or any health insurance plan, which can assist you in resolving problems with your plan and providers (for example doctors, hospitals, and pharmacist), and help you file grievances or appeals.

*ICAN help is free and confidential.
ICAN is not connected with any health plan.

Call: 1-844-614-8800

TTY Relay Service 711

Email: ican@cssny.org Online: www.icannys.org

Your Responsibilities as an ElderONE Participant:

The services of ElderONE depend on the involvement of you – the participant, and your family. The ElderONE Team works closely with you to be sure that your health care needs are met to the greatest degree possible. In order to do that, participants and caregivers have the following responsibilities:

- Accept help and/or care without regard to the race, religion, age, gender, disability, or national origin of the caregiver and to treat those providing you with care with respect.
- Authorize ElderONE to obtain and use records and information from hospitals, residential health care facilities, home health agencies, physicians and other practitioners who treat you.
- Authorize ElderONE to disclose and exchange personal information with the federal and state government and their agents during reviews.
- Keep appointments or notify ElderONE if an appointment cannot be kept.
- Supply accurate and complete information to caregivers.
- Actively participate in developing and updating your Care Plan.
- Ask questions and request further information regarding anything you do not understand.
- Assist in developing and maintaining a safe environment for you and your caregivers.
- Inform ElderONE of all health insurance coverage and notify ElderONE promptly of any changes in that coverage.
- Cooperate with ElderONE in billing for and collecting applicable fees from Medicare and other third party payers.
- Use ElderONE designated providers, hospitals and nursing homes for services included in the benefit package.
- Notify ElderONE promptly of any change in address or any absence from the area.
- Comply with all policies of the program as noted in this Enrollment Agreement.
- Cooperate in implementation of the care plan.
- Take your medications as the ElderONE physician orders.
- If emergency services are used at any time, or while out of the service area, you must notify ElderONE within forty-eight hours or as soon as reasonably possible.
- To notify ElderONE if you are injured by someone else's actions, such as being involved in an automobile accident.
- To let ElderONE know as soon as possible, when you are not satisfied with care or services.
- ElderONE requests notification in writing prior to disenrolling.
- Pay all required monthly fees.
- To wear your ElderONE nametag while at the Day Center and while at appointments scheduled by ElderONE.

These written rights and responsibilities, for a participant determined to be incompetent in accordance with State law, apply to the person or committee authorized to act on behalf of the participant.

ElderONE

An Affiliate of
Rochester Regional Health

490 East Ridge Rd.
Rochester, NY 14621

Notice of Non-Discrimination

ElderONE complies with applicable Federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, age, disability, or sex. ElderONE provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact your ElderONE Social Worker.

If you believe that ElderONE has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

ElderONE Attn: Performance Improvement Coordinator

490 E. Ridge Road
Rochester, NY 14621

Phone: (585) 922-9985

Toll Free: 855-457-4636

Fax: (585) 922-2847

TTY: 800-662-1220

You can file a grievance in person, by mail, or fax. If you need help filing a grievance, ElderONE's Performance Improvement Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



MAKE A REFERRAL

Do you know someone who needs the comprehensive, compassionate care that ElderONE provides? Do you know someone who could benefit from our services? You can make a referral simply by calling ElderONE or encouraging people you know to call ElderONE at **585.922.2831** or **1.855.457.4636**.

Privacy Notice

As an ElderONE Participant, you have a right to have information about your health and medical care remain confidential and private. This right, along with an explanation of circumstances where your health information may be shared (e.g. for treatment or payment purposes), is described in our Notice of Privacy Practices. You can find the notice posted in every ElderONE clinic. You may also request a printed copy of the notice by asking one of your Interdisciplinary Team Members. Should you have any specific questions about the Notice of Privacy Practices and/or your right to have your health information protected, please contact Lisa Wild, Privacy Manager for Rochester Regional Health at (585) 922-9453.