

# Project ECHO: Sunflower Health Plan Case Presentation

## Presentation Information

Series: Transitions from Institutions

Session: Informed Choice

Name: Michelle L. Davis

Date: 6/27/2024



## Patient Information

Gender:  Male  Female

Age: 56

Race:

- American Indian/Alaskan Native Asian     Native Hawaiian/Pacific Islander     Multi-racial Other  
 Black/African American     White/Caucasian     Prefer not to say

## Ethnicity:

- Hispanic/ Latino     Not Hispanic/Latino     Prefer not to say

## Strengths and Preferences (goals, motivators, preferences, Important to the individual)

- Strong advocate for what she wants in life, and who she wants to surround herself with (mom, dad, kids, etc.)
- Prefers living in an apartment not a nursing facility.
- Prefers living in the same city as her mom and dad.
- Important to her is having a home she can smoke (prefers that she can smoke inside)
- Important to her is having money to pay rent, buy snacks, drink Coffee, smoke.
- Important to her is living where she can have her own space, and not share living with someone.
- Important to her is picking her own time to sleep, get out of bed, and not have employees coming and going in her personal space, unless she schedules them to work.
- Preference is to have staff close to her age (50s).
- Preference is to live in apartments or housing where there are activities.

## Relevant Social and Trauma History (Current living situation, employment status, pertinent legal history, level of education, relationship status, children, support system, etc.)

Ten years ago, this individual suffered from a stroke, causing significant right-side weakness and multiple sclerosis. She has trauma-induced stress after her stroke and is diagnosed with Bipolar II disorder.

She is a single mother of three. She was working extensive hours, not taking care of her health, and working two jobs, and it "caught up with her." Her health declined, and soon after the stroke, she was diagnosed with MS, resulting in continued health decline.

This member is not employed any longer; she has a history of employment, working as a CNA most of her adult life. She completed high school and received certification as a nursing assistant right out of high school. She is a divorced single mom of three (two adults and one teen). - She has significant support now from her mother and father, who live near her; they had not lived near her.

Current living in a skilled nursing facility is traumatic for this individual; she feels confined, held back, and controlled. - She was receiving 70+ hours of personal care services on the HCBS Waiver program prior to her health changes.

## The Story of Informed Choice:

Last year, while the member was living alone with staff support, she was hospitalized after a significant fall that caused an injury to her head and arm, and she had one other significant fall prior to this hospitalization as well. This recent hospitalization resulted in her experiencing confusion, a health decline, and the need for a Skilled Rehab Temp Care stay. The individual's cognitive scores were concerning during her hospital admission, and because she did not have

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family near to help her or a DPOA established, the hospital filed for guardianship on her behalf, and the state appointed a guardian. She explains that this state-appointed guardian had not visited or asked her wishes. This guardian also did not feel comfortable moving her back to her apartment, where she experienced situations of exploitation, a lack of staff support, or family involvement. The guardian chose to admit her to long-term care after coverage for her skilled services ended.

We became involved after the member exercised her right to contact the Ombudsman. The member explained she did indeed need the skilled care over the last year. However, her intent was not to remain in a nursing home for the remainder of her life, and she wants to move back to an apartment. She felt her guardian was not listening to her. She mentioned that the guardian had told her, "Why did she want to change what is not broken?" "She has food, shelter, and staff support." The member explained that she did not feel she had her freedom. Freedom to have her kids visit, freedom to smoke, freedom to have a friend stay over. She felt she did not have choices of food, activities, etc. This member exercised her rights and made an informed choice to hire a lawyer or access a lawyer through the Disability Rights Center of Kansas (DRC). She has reunited with her mother and father, and they are now living in the same city as she does. She requested to have her mother become her successor guardian. The DRC attorney has drawn up the paperwork for her and filed it with the county court, and she is now on her way to planning a transition back to the community.

The current guardian would not hear her wishes, she says. If the state feels she needs a guardian, she is going to find one who will listen to her. She is currently working with Transition Services, has applied for housing assistance, developed a budget to plan to move back to her own community apartment, and will then make informed choices for a staffing provider. She will continue to have a relationship with her family and enjoy living as independently as possible in the least restrictive setting.

<b>Relevant Medical History</b> (Diagnosis, conditions, etc.)	<b>Medication Summary</b> (Name, dose, frequency, route)
<p>This individual lives with history of a stroke, right side weakness of right arm and leg of nearly ten years.</p> <ul style="list-style-type: none"> <li>-Multiple sclerosis</li> <li>-Cerebral Infarction</li> <li>-Cerebral Atherosclerosis</li> <li>-Overactive bladder</li> <li>-Nicotine Dependency</li> <li>-Cervical Disc Disorder at C5-C6 level with Radiculopathy</li> <li>-Aphasia following Cerebral Infarction</li> <li>-PTSD</li> <li>-Bipolar II Disorder</li> <li>-Memory Deficit Following Cerebral infarction</li> <li>-Muscle Weakness</li> <li>-Need for assist with personal care</li> </ul>	<p>Zofran Oral Tab 4 mg 1 tab daily as needed                      Imodium AD Oral tab 2 tabs daily as needed                      Nicotine Patch 24 hrs. 7 mg                      Pantoprazole sodium oral delay 40 mg 1 daily                      Gabapentin oral 100 mg 1 cap daily am 2 caps daily pm                      Aspirin 81 mg oral 1 tab daily                      Atorvastatin calcium oral tab 20 mg 1 tab daily                      Regular diet/ thin consistency                      Tylenol 325mg 2 every 4-6 hrs. PRN</p>

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Lab Summary (Test, result, date, etc.)	Toxicology Summary (Test, result, date, etc.)
<p>8/12/2023 789-8 Erythrocyte Count, Blood (789-8) Hematology 3.9</p> <p>8/12/2023 788-0 Erythrocyte distribution width, RBC (788-0) Hematology 13.1</p> <p>8/12/2023 787-2 Erythrocyte mean corpuscular volume (MCV), RBC (787-2) Blood/Hematology 104.6</p> <p>8/12/2023 786-4 Erythrocyte mean corpuscular hem conc (MCHC), RBC (786-4) Blood/Hematology 31.9</p> <p>8/12/2023 777-3 Platelets, Blood (777-3) Hematology 191</p> <p>8/12/2023 770-8 Neutrophils Per 100 Leukocytes, Blood (770-8) Hematology 78.1</p> <p>8/12/2023 736-9 Lymphocytes Per 100 Leukocytes, Blood (736-9) Hematology 15.4</p> <p>8/12/2023 718-7 Hemoglobin, Blood (718-7) Hematology 13</p> <p>8/12/2023 711-2 Eosinophils Count, Blood (711-2) Hematology 0</p> <p>8/12/2023 6768-6 Alkaline Phosphatase, Serum Plasma (6768-6) Liver Functions 86</p> <p>8/12/2023 6690-2 Leukocytes, Blood (6690-2) Hematology 6.4</p> <p>8/12/2023 53326-5 Specific Gravity, Urine (53326-5) Urine 1.024</p> <p>8/12/2023 50560-2 pH, Urine (50560-2) Urine 6</p> <p>8/12/2023 48642-3 Glomerular Filtration Rate (GFR), Serum Plasma (48642-3) Kidney Functions 61.07</p> <p>8/12/2023 4544-3 Hematocrit (Hct), Blood (4544-3) Hematology 40.8</p> <p>8/12/2023 3097-3 Urea Nitrogen/Creatinine, Serum Plasma (3097-3) Kidney Functions</p> <p>8/12/2023 3094-0 Urea Nitrogen (BUN), Serum Plasma (3094-0) Kidney Functions 20</p> <p>8/12/2023 30180-4 Basophils Per 100 Leukocytes, Blood (30180-4) Hematology 0.5</p> <p>8/12/2023 2951-2 Sodium, Serum Plasma (2951-2) Blood 140</p> <p>8/12/2023 28540-3 Erythrocyte mean corpuscular hem conc (MCHC), RBC (28540-3) Blood/Hematology 33.3</p> <p>8/12/2023 2823-3 Potassium (K), Serum Plasma (2823-3) Elements/Minerals/Vitamins 4.3</p> <p>8/12/2023 26499-4 Neutrophils Count, Blood (26499-4) Hematology 5</p> <p>8/12/2023 26485-3 Monocytes Per 100 Leukocytes, Blood (26485-3) Hematology 5.2</p> <p>8/12/2023 26484-6 Monocytes Count, Blood (26484-6) Hematology 0.3</p> <p>8/12/2023 26450-7 Eosinophils Per 100 Leukocytes, Blood (26450-7) Hematology 0.3</p> <p>8/12/2023 26444-0 Basophils Count, Blood (26444-0) Hematology 0</p> <p>8/12/2023 2345-7 Glucose, Serum Plasma (2345-7) Diabetes Related 94</p> <p>8/12/2023 2160-0 Creatinine, Serum Plasma (2160-0) Kidney Functions 0.95</p> <p>8/12/2023 2157-6 Creatine Kinase, Serum Plasma (2157-6) Muscle including Heart 70</p> <p>8/12/2023 2157-6 Creatine Kinase, Serum Plasma (2157-6) Muscle including Heart 70</p> <p>8/12/2023 2075-0 Chloride, Serum Plasma (2075-0) Elements/Minerals/Vitamins 110</p> <p>8/12/2023 2028-9 Carbon Dioxide Total (CO2), Serum Plasma (2028-9) Blood 21</p> <p>8/12/2023 1975-2 Bilirubin, Serum Plasma (1975-2) Liver Functions 1</p> <p>8/12/2023 1920-8 Aspartate Aminotransferase (AST), Serum Plasma (1920-8) Liver Functions 16</p> <p>8/12/2023 17861-6 Calcium, Serum Plasma (17861-6) Elements/Minerals/Vitamins 9</p> <p>8/12/2023 1759-0 Albumin/Globulin, Serum Plasma (1759-0) Lipids/Proteins 1.4</p> <p>8/12/2023 1751-7 Albumin, Serum Plasma (1751-7) Lipids/Proteins 3.9</p> <p>8/12/2023 1742-6 Alanine Aminotransferase (ALT), Blood (1742-6) Liver Functions 21</p>	None
<b>Substance Use History</b> (Substance, age of first use, age where use became problematic, longest period of sobriety, how sobriety was achieved, method of use)	
<p>The member chooses to smoke a vape nicotine pen.</p>	
<b>Psychiatric History</b> (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)	
<p>-PTSD; after stroke</p> <p>-Bipolar II Disorder.</p> <p>-History of depression;</p>	
<b>Treatment Summary</b> (Form of treatment, engagement in treatment, date entered, voluntary, etc.)	
<p>The member does currently accept Outpatient Behavior Health treatment service monthly through the Nursing Facility BH provider; denies she needs the service after she discharges.</p>	

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## Barriers to Treatment

Member denies she has a behavior health disorder. Short term memory loss after stroke, physical disability - reducing her ability to walk without 1 to 1 support, denies she needs personal care assistance as much as she does to remain safe in her community setting.