

# Project ECHO: Sunflower Health Plan Case Presentation

## Presentation Information

Series: Nursing Facilities and Quality of Life

Session: Informed Choice

Name: Susan Hocker

Date: 8/4/2022



## Patient Information

Gender:  Male  Female

Age: 65

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

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

Member had transitioned from an NFMH to a HCBS/FE waiver in an assisted living facility. Member had lived in a NFMH since 2020. He admitted to the facility from a psychiatric hospitalization. Member never married, no children, has only a brother who is not a viable support person, he has 9th grade education. Member reports work history of painting houses and working as a janitor. Member was receiving mental health services as part of his care at the NFMH. As member stabilized, discussion of transition to a lower level setting began. As part of the planning, member was referred to mental health support services, they interacted with him and with this MCO to complete a transition. It is not known how long member has been on SSI, he has history of having a payee. The NFMH assumed the role of the payee while he was a resident. A new payee was set up upon member's transition to the ALF.

## Medical History (Diagnosis, conditions, etc.)

F25.9 Schizoaffective disorder, unspecified;  
 J40 bronchitis, not specified as acute or chronic;  
 N40.0 Benign prostatic hyperplasia without lower urinary tract symptoms;  
 G47.00 Insomnia, unspecified;  
 K50.00 Constipation; E65.8 Deficiency of other vitamins;  
 I10 Essential (primary) hypertension;  
 K21.9 gastro-esophageal reflux disease without esophagitis;  
 G25.9 Extrapramidal and movement disorder, unspecified;  
 J30.9 Allergic Rhinitis, unspecified;  
 M25.50 pain in unspecified joint

## Medication Summary (Name, dose, frequency, route)

Albuterol Sulfate Nebulization solution  
 Amlodipine Besylate tab 10 mg  
 Ativan tab 0.5mg, TID  
 Benztropine Mesylate tab, 1mg BID  
 Buspirone HCL Tab 15 mg BID  
 Diphenhydramine HCL 25 mg PRN  
 Flomax cap 0.4ge  
 Fluphenazine Decanotate sol/injec, 25 mg/ml, every 21 days  
 Fluphenazine HCL tab 2.4 mg BID  
 Imodium A-D tab 2mg, PRM  
 Lithium carbonate cap 300 mg morning  
 Lithium carvondate cap 300 mg bedtime  
 Magnesium Oxide tab 400 mg  
 Metoprolol succinate ER tab, 100 mg  
 Milk of Mag 400 MG/5ML  
 Mylanta Sus 200-200-200 mg/5ml  
 Tums Tab  
 Ventolin HFA Aerosol Solution PRN  
 Zyprexa tab 15 mg bedtime

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<b>Lab Summary</b> (Test, result, date, etc.)	<b>Toxicology Summary</b> (Test, result, date, etc.)
Unknown	Unknown
<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)	
Per previous mental health records, member did have a substance abuse history, see notes below.	
<b>Psychiatric History</b> (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)	
<p>This information was provided via Mental Health organization currently supporting member with transition, they have the following history of interaction with member. Previously to this hospitalization and NFMH stay, member has had significant issues with self-neglect, resulting in him not taking his MH medications causing an increase in psychosis, he has had as assault charge and was incarcerated for a time, he has been court ordered to a state hospital in the past. He has been homeless and had a substance abuse disorder. These are all notes the mental health organization shared. It is noted in his past records a lack of insight into his mental illness. Member also was unable to manage his money during these past times in his life. The mental health organization's record also indicate member was on an IEP in high school, has low intellectual functioning but never diagnosed with IDD.</p>	
<b>Treatment Summary</b> (Form of treatment, date entered, voluntary, etc.)	
<p>Known treatment is a psychiatric hospitalization prior to admission to the NFMH. The mental health organization supporting member during transition provided the history of a stay at a state hospital in the past as well as interactions they had with member in the community.</p>	
<b>Barriers to Treatment</b>	
<p>Member lacks informal support, member's need for supportive mental health services to assist him to manage his daily routine and interactions with others. Intensive medication management is needed. Mental health services that are not easily accessible.</p> <p>Member's community mental health supports were in process when he transitioned to the ALF, but was taking a while to process his intake. In the meantime, his services had not yet started. This caused member to have an exacerbation of his mental illness very quickly, the ALF reports the following about member: He needed constant support from staff, needed to be with someone 24/7, did not feel safe in his room. He had difficulty interacting with other residents, referring to them by racial slurs and derogatory labels. Behaviors described as aggressive, impulsive, impatience, unable to follow reasoning or be supported emotionally.</p> <p>In the meantime, member has been evicted from the ALF and is currently homeless.</p>	

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