

Sacha

High-risk elder receiving in-home personal care

1. Demographics
 - a. 69 year-old woman
2. Coverage status including plan enrollment
 - a. Dually eligible for Medicaid and Medicare
3. Current living arrangements
 - a. Living at home and authorized for about 4 hours per day of Community First Choice Program personal care
4. Major medical risk factors
 - a. Chronic heart disease
 - b. Chronic kidney disease
 - c. Diabetes Type II, poorly controlled
 - d. Rheumatoid arthritis
 - e. Pulmonary collapse
 - f. Chronic pain
5. Behavioral health risk factors
 - a. Depression
6. IP use and primary diagnosis
 - a. Hospitalized 4 times in past year
 - b. Twice related to UTI
 - c. Once for chest pain
 - d. Most recently with diabetic coma
7. ED use and primary diagnoses
 - a. 30 visits in past year
 - b. Common primary diagnoses include
 - i. Diabetes
 - ii. UTI
 - iii. Chest pain and other pain
 - iv. Dizziness
 - v. Headache
 - vi. Injuries from falls
8. CARE assessment information
 - a. Moderate ADL needs
 - b. High depression score
 - c. Mild-moderate cognitive impairment
 - d. Current behaviors
 - i. Easily irritated
 - ii. Hallucinations

- iii. Obsessed with her disease and limited abilities
- e. Fall risk – recently fell in bathroom
- f. Chronic pain limits activity
- g. Multiple functional limitations
- 9. Primary care provider
 - a. Frequently visits local community health clinic, with encounters with multiple servicing providers associated with evaluation and management procedure codes

Carmella

High-risk disabled adult with serious mental illness

1. Demographics
 - a. 25 year old woman
2. Coverage status including plan enrollment
 - a. SSI-related Medicaid, recently enrolled with a health plan but dropped back to Fee-For-Service
3. Current living arrangements
 - a. Living at home
4. Major medical risk factors
 - a. Diabetes
 - b. Epilepsy
 - c. Asthma
 - d. Septicemia
 - e. Hypertension
 - f. Gastric acid disorder
5. Behavioral health risk factors
 - a. Schizophrenia
 - b. Bipolar
 - c. PTSD
 - d. Borderline personality
 - e. Depression
 - f. No co-occurring substance abuse identified
6. IP use and primary diagnoses
 - a. Hospitalized 8 times in past 15 months
 - b. Most recently for apparent suicide attempt led to medical hospitalization for analgesic overdose, followed by an E&T admission for mental health, followed by transfer to community psychiatric hospital
 - c. Prior admissions for:
 - i. Depression (psych E&T)
 - ii. Gastritis
 - iii. Septicemia
 - iv. Epilepsy
 - v. Muscle pain

7. ED use and primary diagnoses
 - a. 49 visits in past 15 months
 - b. Common primary diagnoses include
 - i. Depression, anxiety, bipolar
 - ii. Convulsions
 - iii. Adult sexual abuse
 - iv. Analgesic overdose
 - v. Diabetes
 - vi. Asthma
 - vii. Contusions
 - viii. Injuries
 - ix. Pain
8. CARE assessment information
 - a. N/A
9. BHO services
 - a. Frequent therapy visits and crisis intervention services
10. Primary care provider
 - a. Little evidence of primary medical provider relationship

Tom

High medical risk disabled with serious mental illness and co-occurring substance use disorder

1. Demographics
 - a. 54 year old man
2. Coverage status including plan enrollment
 - a. SSI-related Medicaid
3. Current living arrangements
 - a. Currently homeless following release from jail 12 months ago.
4. Major medical risk factors
 - a. Renal – cystostomy, catheter, frequent UTI
 - b. Spinal cord injury, Hemiplegia/hemiparesis
 - c. Arthritis
 - d. Cardiovascular – complications/auto cardiac defibrillator
 - e. Diabetes
 - f. Cataracts
 - g. Pneumonia
5. Behavioral health risk factors
 - a. Schizophrenia
 - b. Co-occurring alcohol abuse
6. IP use and primary diagnosis
 - a. Hospitalized once in past 15 months for UTI
7. ED use and primary diagnosis
 - a. 78 visits in past 15 months primarily to treat problems with urinary catheter and chronic UTI
8. CARE assessment information
 - a. Applied for personal care but never received assistance
9. BHO services
 - a. Currently receiving BHO-funded services, 2-3 OP visits per month
10. Primary care provider
 - a. Does not appear to have established medical PCP

Luchita

High medical risk child with developmental delay and behavioral factors

1. Demographics
 - a. 6 year old girl
2. Coverage status including plan enrollment
 - a. SSI-related Medicaid
3. Current living arrangements
 - a. Began living at home with her mother in the past three months, prior to that she was in foster care for over one year
4. Major medical risk factors
 - a. Gastrostomy
 - b. Immune system disorder
 - c. Spontaneous ecchymosis (bruising)
 - d. Heart disease
 - e. Conduct disorder not otherwise specified
 - f. Failure to thrive
5. Behavioral health risk factors
 - a. Conduct disorder not otherwise specified
 - b. Developmental delay
 - c. PSC-17 score: 12 (scored 7 points on the attention scale)
6. IP use
 - a. Hospitalized 3 times in past 15 months (general medical)
7. ED use and diagnosis
 - a. One ED visit in past 15 months for vomiting
8. No CARE assessment information is available, no nursing facility admissions
9. Receives speech therapy on a weekly basis for hearing and language development
10. Primary care provider
 - a. Appears to have an established relationship with a PCP and her cardiologist

Jacob

High-risk developmental delay

1. Demographics
 - a. 21 year old man
2. Coverage status including plan enrollment
 - a. SSI-related Medicaid
3. Current living arrangements
 - a. Living at home with parents for past three months after being evicted from an adult family home
4. Major medical risk factors
 - a. Splenomegaly
 - b. Cardiac dysrhythmias
 - c. Asthma
 - d. Fractures
 - e. Esophageal reflux
 - f. Pain medication use
5. Behavioral health risk factors
 - a. Mild intellectual disability
 - b. Oppositional disorder
 - c. Psychosis
 - d. Prescribed antipsychotics, antidepressants, and narcotics
6. IP use
 - a. Not hospitalized in past 15 months
7. ED use and primary diagnoses
 - a. 54 visits in past 15 months
 - b. Common primary diagnoses include
 - i. Concussions, contusions, open wounds, and other injuries
8. CARE assessment information
 - a. Moderate cognitive impairment
 - b. Problem behaviors
 - i. Paranoia
 - ii. Mood swings
 - iii. Verbally abusive
9. BHO services
 - a. Ongoing (at least monthly) community mental health center visits
10. Primary care provider
 - a. No indication of stable PCP relationship