

Cherokee Home Health Care Resource Directory

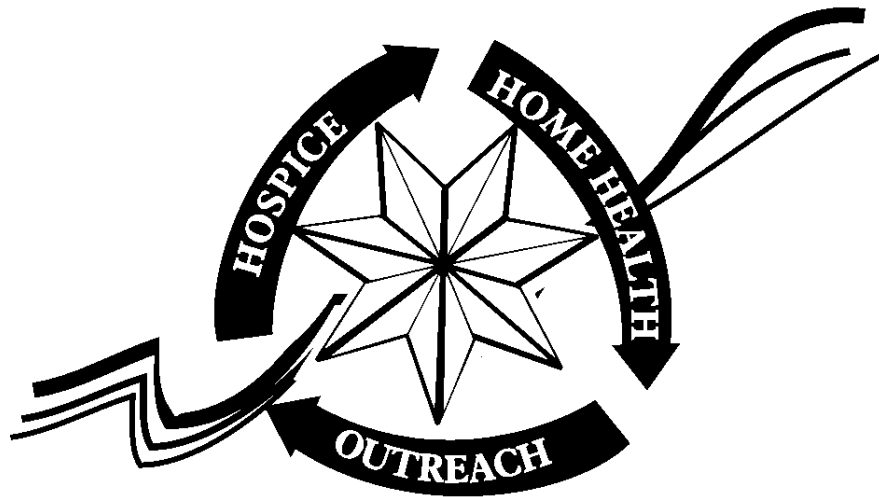


CNHHS, Inc.

**Courtesy of:
Cherokee Nation Home Health Services
Tahlequah, OK**

www.cherokeehomecare.org

The mission of Cherokee Nation Home Health Services is to provide life enhancing, home and community based health services with pride, compassion, and integrity to those in need.



CNHHS, Inc.

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Section One

Home Health

Introduction

Cherokee Nation Home Health Services is a tribally incorporated not-for-profit home health care agency, that is Medicare and Medicaid certified to provide state-licensed home health care.

The home health agency was established in 1983 by the Cherokee Nation to broaden its ability to provide services to elderly and disabled persons who were Medicare and Medicaid beneficiaries. For several years, the home health conducted business within the framework of various departments inside the Cherokee Nation. It was the Balance Budget Act of 1997 which led to the reformation of the Medicare reimbursement rates paid to home health care agencies for services rendered that made it necessary for the Tribe to move the home health into the free-standing entrepreneur environment while still maintaining its not-for-profit goals of compassionate high-quality patient care.

What is Home Health Care?

Home Health care is skilled care and certain other health services that you get in your home for the treatment of an illness or injury. Most of the time, your doctor, a social worker, or a hospital discharge planner will help arrange for Medicare covered home health. However, you make the ultimate decision as to which home health care agency you use. The following pages will help explain Medicare's home health benefit while at the same time giving you information about our company.

Cherokee Nation Home Health

Services provided by Cherokee Nation Home Health:

Skilled Nursing

Nursing Assessment
Injections
Patient/Caregiver Education
IV Therapy
Diabetic Care

Physical Therapy

Mobility Exercises
Stroke Rehabilitation
Gait & Transfer Training
Cardiac Rehabilitation

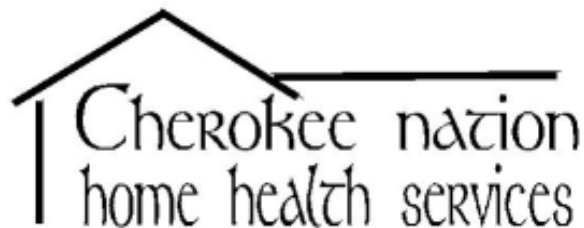
Specialized Services

Anodyne Therapy
MicroVas
Wound V.A.C


Home Health Aides

Speech Therapy

Treatment of speech, language and swallowing disorders
Restoration of communication skills
Teaching alternative communication skills



Cherokee Nation Home Health Services are not limited to
Native Americans



Cherokee Nation Home Health Specialized Services

Anodyne Therapy has been clinically proven to help with medical conditions and pain caused by circulatory problems. Increasing circulation can help reduce pain and inflammation and improve quality of life. When used with a personalized physical therapy program, Anodyne Therapy may help relieve pain that has not responded to other medical interventions.

MicroVas is an electrical stimulation device used to increase circulation to an extremity or body part. MicroVas work to accelerate open wound healing, to trigger and activate the healing processes within the body, to restore muscle and tissue viability, and to assist in pain management.

The Wound V.A.C® Therapy System assists in wound closure by applying localized negative pressure to the surface and margins of the wound. This negative pressure therapy is applied to a special dressing positioned in the wound cavity or over a flap or graft. This pressure distributing wound dressing helps remove fluid from the wound.



Who is Eligible for Home Health Care?

All Medicare beneficiaries can get home health care if they meet the following conditions:

1. Your doctor must decide that you need medical care in your home, and make a plan for your care at home.
2. You must need at least one of the following:
 - Intermittent Skilled Nursing Care
 - Physical Therapy
 - Speech Language Pathology Services
 - Occupational Therapy
3. You must be homebound. This means that you are normally unable to leave home or you cannot leave home except with the aid of supportive devices such as crutches, canes, wheelchairs, etc. When you leave home, it must be infrequent and only for a short period of time. Individuals do not have to be bedridden to be considered homebound.
4. The home health agency caring for you must be approved by the Medicare program.

No person will be denied services by Cherokee Nation Home Health based on age, race, gender, disease, handicap, or religion.



What Does the Original Medicare Plan Cover?

If you meet all four of the conditions in the previous section for home health care, Medicare will cover:

- ♦ Skilled Nursing Care on an intermittent basis (Intermittent means skilled nursing care that is either provided or needed on fewer than 7 days each week, or less than 8 hours each day for periods of 21 days or less). Skilled nursing care includes services and care that can only be performed safely and correctly by a licensed nurse (either a registered nurse or a licensed practical nurse.)
- ♦ Home Health Aide services on a part-time or intermittent basis. A home health aide does not have a nursing license. The aide provides services that support any services that the nurse provides. These services include help with personal care such as bathing, using the toilet, or dressing. These types of services do not need the skills of a licensed nurse. Medicare does not cover home health aide services unless you are also getting skilled care such as nursing care or other therapy. The home health aide services must be part of the home care for your illness or injury.
- ♦ Medical Social Services to help you with social and emotional concerns related to your illness. This might include counseling or help in finding resources in your community.
- ♦ Physical Therapy, speech language pathology services, and occupational therapy for as long as your doctor says you need it.



What Does the Original Medicare Plan Cover?

Medicare covers these types of therapy:

- 1) Physical Therapy, which includes exercise to regain movement and strength to a body area, and training on how to use special equipment or do daily activities.
 - 2) Speech Language Pathology Services, includes exercise to regain and strengthen speech skills.
 - 3) Occupational Therapy, which helps you become able to do usual daily activities by yourself. You might learn new ways to eat, put on clothes, comb your hair, and new ways to do other usual daily activities. You may continue to receive occupational therapy even if you no longer need other skilled care.
- ◆ Certain medical supplies like wound dressing, but not prescription drugs or biologicals.
 - ◆ Durable Medical Equipment-Medicare Part B usually pays 80 percent of the approved amount for certain pieces of medical equipment, such as a wheelchair or walker.
 - ◆ FDA (Food and Drug Administration) approved injectable osteoporosis drugs in certain circumstances.



Durable Medical Equipment

The Original Medicare Plan Part-B usually pays 80% of the approved amount for certain pieces of medical equipment. You may have to pay 20% of the approved amount for durable medical equipment. Ask your supplier if they accept assignment.

Assignment is an agreement between Medicare and doctors, other health care providers and suppliers of health care equipment and supplies. Doctors, providers, and suppliers who agree to accept assignment accept the Medicare-approved amount as full payment. You pay the coinsurance (usually 20% of the approved amount) and deductible amounts.

If your Durable Medical Equipment supplier doesn't accept assignment, there is no limit to what they can charge. You may have to pay the entire bill (your share and Medicare's share) at the time you get your equipment. Always ask a supplier if they are enrolled in Medicare. Suppliers who are enrolled must accept assignment. If they aren't enrolled in Medicare, Medicare won't pay your claim.



What is a Plan of Care?

A plan of care describes what kind of services and care you must get for your health problem. Your doctor will work with a home health care nurse to decide:

- What kind of services you need,
- What type of health care professional should give these services,
- How often you will need these services

Your plan may also include things like the kind of home medical equipment you need, what kind of special foods you need, and what your doctor expects from your treatment.

Your doctor and home health agency staff review your plan of care as often as necessary, but at least once every 60 days. Home health agency staff must tell your doctor right away if your health changes. Your home health agency cannot change your care plan without getting your doctor's approval. You will continue to get home health care as long as you are eligible and your doctor says you need it.




What is an Episode of Care?

An episode of care is a 60 day period in which you need care and are eligible to receive care. If a beneficiary is still eligible for care after the end of the first episode, a second episode can begin; there are no limits to the number of episodes a beneficiary who remains eligible for the home health benefit can receive. A new episode clock will be triggered when a beneficiary elects to transfer to another home health agency or when a beneficiary is discharged and readmitted to the same home health agency during the 60-day episode.



How Does Medicare Pay for My Home Health Care?

Medicare pays a home health agency a set amount of money for each 60 day episode of care. The payment is based on what kind of health care an average person in your situation would need. CNHHS accepts Medicare's payment as 100% of amount billed.



What if I Want to Change Home Health Agencies?

Medicare will only pay for you to get care from one home health agency at a time. You may choose to end your relationship with one agency and choose another at any time. You must tell both the agency you are leaving and the new agency that you choose that you are changing home health agencies. A new episode clock will be triggered when you elect to transfer to another home health agency.



Where Can I Get Help With My Questions?

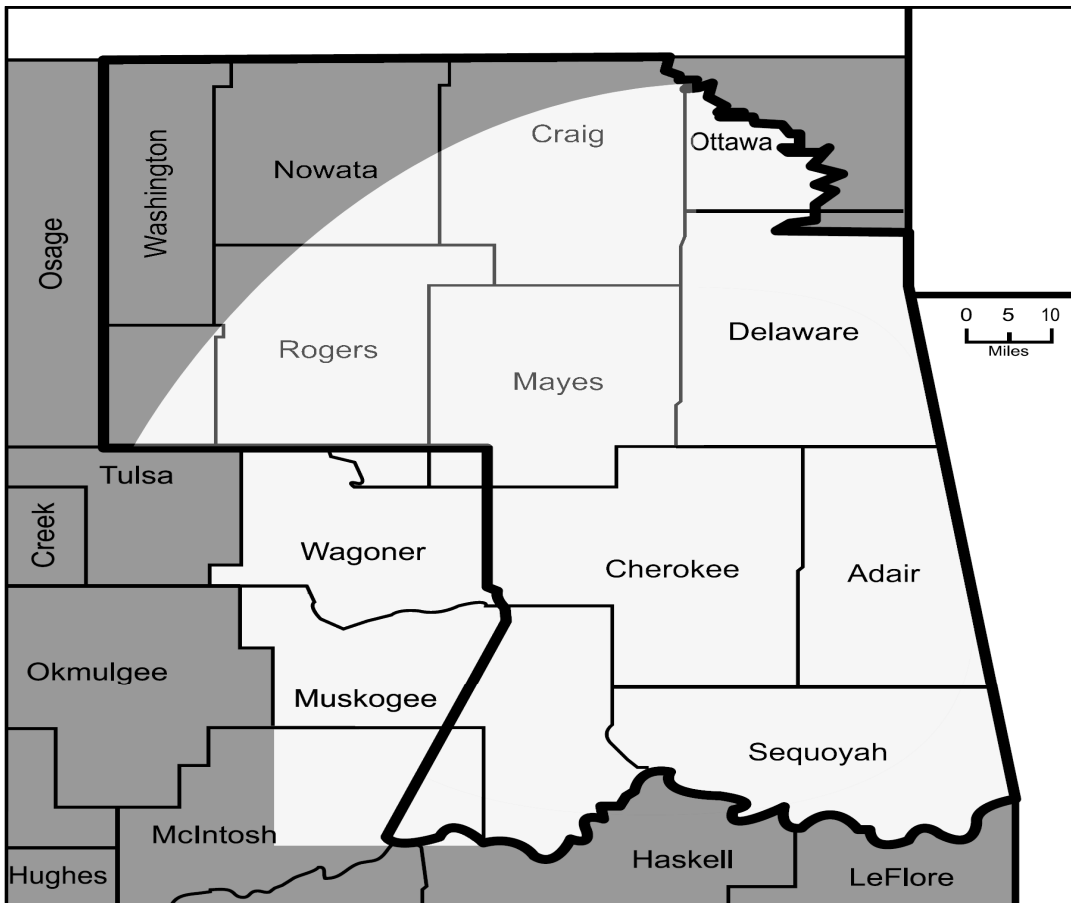
If you have any questions about your Medicare home health care, please feel free to contact Cherokee Nation Home Health Services, and someone will be glad to answer them.

Home Health Clinical Director
(918)458-6102
1-888-281-6910
or
www.cherokeehomecare.org

Cherokee Nation Home Health Service Area

The Cherokee Nation Home Health service area includes the following counties:

Tulsa Ottawa Rogers Mayes Wagoner Cherokee
Muskogee Craig Delaware Adair McIntosh



Community Outreach Services Available in

Jay and Vian

Section Two

Home Health Outreach

Cherokee Nation Home Health Outreach

Cherokee Nation Home Health Outreach provides personalized services under the Advantage and Medicaid State Plan Personal Care programs.

The Advantage program is designed to provide support to people with multiple needs who may be approaching nursing home level of care.

Services provided under the Advantage Program include:

Case Management	Housekeeping
Personal Care	Meals
Skilled Nursing	In-Home Respite
Advance Supportive/Restorative Care	

The State Plan Personal Care Program is designed to assist people with basic care and homemaking needs. The program is designed for people who, with minimal assistance can remain safe and independent at home. The program includes assistance with bathing, personal hygiene, and limited housekeeping.



Cherokee Nation Home Health Outreach services are not limited to Native Americans



State Plan Personal Care Program Eligibility Guidelines

Oklahoma citizens who are 65+ and/or adults who are 21+ with physical disabilities who:

- ◆ Are having difficulty performing everyday personal and home care tasks; or
- ◆ May be at risk for having to move to an institutional care facility; and
- ◆ Meet DHS financial and medical eligibility requirements

No person will be denied services by Cherokee Nation Home Health Outreach based on age (within eligibility guidelines), race, gender, disease, handicap, or religion.



State Plan Personal Care Services

Personal Care Aide: Whatever your personal care needs are—from shaving and hair care to back rubs and bathing—our personal care services are uniquely tailored to meet your individual needs. (Care plan developed by DHS nurse).

Homemaker Chore: This service may include shopping, running errands, laundry, and housekeeping. We can tidy up your apartment, wash your dishes, do your laundry, and/or change your bed linens. (Care plan developed by DHS nurse).



Advantage Waiver Program Eligibility Guidelines

Oklahoma citizens who are 65+ and/or adults who are 21+ with physical disabilities who:

- ◆ Are having difficulty performing everyday personal and home care tasks; or
- ◆ May be at risk for having to move to an institutional care facility; and
- ◆ Meet DHS financial and medical eligibility requirements



Advantage Waiver Program Services

Personal Care Aide: Whatever your personal care needs are—from shaving and hair care to back rubs and bathing—our personal services are uniquely tailored to meet your individual needs. (Care Plan developed by Case Manager).

Homemaker Chore: This service may include shopping, running errands, laundry and housekeeping. We can tidy up your apartment, wash your dishes, do your personal laundry, or change your bed linens.

Medical Equipment/Supplies: Will cover the cost of certain assistive devices and medical supplies. (Need assessed by Case Manager)



Advantage Waiver Program Services

Advantage Case Management: Provides assistance for consumers from a certified case manager in gaining access to needed Waiver and other State plan services, as well as needed medical, social, educational, and other services, regardless of the funding source for the services to which access is gained.

Skilled Care: Includes medication set-up and monitoring by a nurse. (Care Plan developed by Case Manager).

Environmental Modification: To modify consumer's property to ensure health and safety of the individual and to promote independence. Such adaptations may include the installation of a wheelchair ramp, grab bars, or widening of doorways. (Need assessed by Case Manager)

Medication: Covers costs of some medications as needed.



Where Can I Get Help With My Questions?

If you have any questions, please feel free to contact Cherokee Nation Home Health Outreach, and someone will be glad to answer them.

(918)456-5051
1-800-307-4768

or

www.cherokeehomecare.org


Section Three

Hospice

Hospice of the Cherokee

Hospice of the Cherokee is a non-profit Medicare certified provider that cares for those who have been diagnosed with a terminal illness. Our goal is not to cure the illness, but to improve quality of life by controlling the pain and symptoms that may occur as a result of that illness. Physical, emotional, and spiritual support is offered to the patient and their family through a team of hospice professionals, who make regularly scheduled visits to the patient's place of residence. Members of the hospice team include: a Medical Director, Skilled Nurses, a Medical Social Worker, Clergy, Certified Home Health Aides, and trained Volunteers.





Services Provided by Hospice of the Cherokee

Registered Nurses & Licensed Practical Nurses are the very heart of hospice care. They provide direct care to hospice patients during regularly scheduled visits. Other nursing duties include the delivery of medications and supplies, and answering questions patients and families often have.


Hospice of the Cherokee provides a nurse 24-hours a day, 7 days a week, 365 days a year. To reach the on-call nurse, simply call Hospice of the Cherokee and an answering service will contact the nurse to relay the message. The nurse, will then call the patient and determine the appropriate response.

Home Health Aides supplement the care provided by R.N.'s & L.P.N.'s by assisting patients with bathing, personal care, & straightening patient areas.

Social Services are provided by a licensed social worker.

Services include, but are not limited to, patient or family counseling regarding their illness, facilitating communication with insurance companies and financial institutions, or assisting with the planning of memorial services.

Spiritual Counseling is available to patients and families by our chaplain. The patient's personal religious beliefs are always respected. Assistance is guided by the needs of the patient and their family.



Services Provided by Hospice of the Cherokee

Bereavement Support is available to assist family members in finding support for the emotional needs that accompany the loss of a loved one.

Trained Volunteers serve patients and their families after completing a specialized educational program. Services rendered include visiting with or reading to patients or sitting with the patient while the caregiver goes out.

Continuous Care is available for crisis situations, as determined by an RN. The RN will coordinate continuous care, either in the patient's home or in a licensed long-term care facility, should the patient's condition warrant. Although most acute conditions can generally be brought to a manageable level within 48 hours, nurses or home health aides will remain on-site, around-the-clock, until an RN determines the crisis is over.

In-Patient Care is provided in a hospital when a patient suffers an acute setback, that precluded on-site treatment.

Respite Care provides for the hospice patient's admission to a Medicare approved facility, hospital or nursing home, for up to five consecutive days. This allows families to get relief from caring for their loved one, with the assurance that their loved one is receiving the best possible care.



Who is Eligible for Medicare Hospice Benefits?

Hospice care is covered under Medicare Part A (Hospital Insurance). You are eligible for Medicare hospice benefits when:

- ◆ You are eligible for Medicare Part A (Hospital Insurance)
- ◆ Your doctor and the hospice medical director certify that you are terminally ill and may have less than six months to live
- ◆ You sign a statement choosing hospice care instead of routine Medicare covered benefits for your terminal illness
- ◆ You receive care from a Medicare-approved hospice program

No person will be denied services by Hospice of the Cherokee based on age, race, gender, disease, handicap, or religion.



How Does Hospice Work?

Your doctor and Hospice of the Cherokee will work with you and your family to establish a plan of care that meets your needs. The care that you receive from hospice is meant to enhance life by giving you comfort and relief from pain. The focus is on palliative care and symptom management.

As a hospice patient, there is a team of people that will help take care of you. They include...

- ◆ Your Family
- ◆ A Doctor
- ◆ A Nurse
- ◆ Clergy or Other Counselors
- ◆ A Social Worker
- ◆ Trained Volunteers
- ◆ Speech, Physical, and Occupational Therapists

Daily care will be provided by a primary care giver (family or friend) designated by you. Members of the hospice team will make regularly scheduled visits. A nurse and a doctor are on-call 24 hours a day, 7 days a week to give you and your family support and care when needed. Should you need care in a hospital for an illness, other than your hospice diagnosis, the hospice team will help make arrangements for you.

Although Hospice of the Cherokee includes a physician as part of the hospice team, you may choose to use your primary physician who is not a member of the hospice team, to get care. We will work with your primary care physician to provide the highest quality of care.

What Will Medicare Pay For?

The care you get for your terminal illness must be from a Medicare approved hospice program such as Hospice of the Cherokee. Medicare pays for these hospice services for your terminal illness and related conditions:

- ◆ Doctor services
- ◆ Nursing care that is reasonable and necessary to the treatment of the patient's illness or injury
- ◆ Medical Equipment or other self-help and personal comfort items related to the palliation or management of the patient's terminal illness
- ◆ Medical Supplies (such as bandages or catheters)
- ◆ Drugs for symptom control or pain relief related to the terminal illness (you may need to pay a small copayment)
- ◆ Home health aide and homemaker services
- ◆ Physical, occupational, and speech therapy for purposes of symptom control or to enable the individual to maintain activities of daily living and basic functional skills
- ◆ Medical social worker services
- ◆ Counseling (including dietary and grief counseling)
- ◆ Short-term inpatient care that may be required for procedures necessary for pain control or acute or chronic symptom management that cannot feasibly be provided in other settings
- ◆ Short-term respite care (you may need to pay a small copayment)
- ◆ Any other item or service which is included in the plan of care

What Won't Medicare Pay For?

When you choose hospice care, Medicare won't pay for any of the following:

- ♦ Room and board aren't covered by Medicare if you get hospice care in your home or if you live in a nursing home or a hospice residential facility. However, if the hospice medical team determines that you need short-term inpatient or respite services that they arrange, your stay in the facility is covered. You may be required to pay a small copayment for the respite stay.
- ♦ Care in an emergency room, unless it's arranged by your hospice medical team.
- ♦ Care in an inpatient facility, unless it's arranged by your medical team.
- ♦ Ambulance transportation, unless it's arranged by your medical team.

How Would Care for a Condition Other than Terminal Illness be Covered?

You should continue to use your Medicare plan (such as the Original Medicare Plan or a Medicare Advantage Plan) to get care for any health problems that aren't related to your terminal illness.

You may be able to get this care from the hospice medical team doctor or from your own doctor. The hospice medical team must determine that any other medical care you need that isn't related to your terminal illness won't affect your care under the hospice benefit. If you use the Original Medicare Plan, you must pay the deductible and coinsurance amounts. If you use a Medicare Advantage Plan, you must pay the copayment. You must also continue to pay Medicare premiums, if necessary



How Long Can I Get Hospice Care?

You can get hospice care as long as your doctor and the hospice medical director or other hospice doctor certify that you are terminally ill and probably have six months or less to live if the disease runs its normal course. If you live longer than six months, you can still get hospice care, as long as the hospice medical director or other hospice doctor recertifies that you are terminally ill.

Hospice care is given in periods of care. You can get hospice care for two 90-day periods followed by an unlimited number of 60-day periods. At the start of each period of care, the hospice medical director or other hospice doctor must recertify that you are terminally ill, so that you may continue to get hospice care. A period of care starts the day you begin to get hospice care. It ends when your 90-day or 60-day period ends.



Why Would I Stop Getting Hospice

If your health improves or your illness goes into remission, you no longer need hospice care. Also, you always have the right to stop getting hospice care for any reason. If you stop your hospice care, you will receive the type of Medicare coverage that you had before you chose a hospice program. If you are eligible, you can go back to hospice care at any time.



Can I Change Hospice Providers?

You have the right to change providers only once during each period of care.



Frequently Asked Questions

1. Can a hospice patient who shows signs of recovery be returned to regular medical treatment?

If the patient's condition improves and the disease seems to be in remission, patients can discharge from hospice.

2. Is caring for the patient at home the only place hospice care can be delivered?

No. Although a majority of patients are at home, many hospice patients are residents of nursing homes, retirement communities and other residential care facilities.

3. Does hospice do anything to make death come sooner?

Hospice neither hastens nor postpones dying. Hospice is there to lend support and specialized knowledge during the dying process.

4. Does hospice provide help to the family after the patient dies?

Hospice provides continuing contact and support for caregivers for at least a year following the death of a loved one.



Where Can I Get Help With My Questions?

If you have any questions, please feel free to contact Hospice of the Cherokee

(918) 458-5080

1-877-792-7372

or

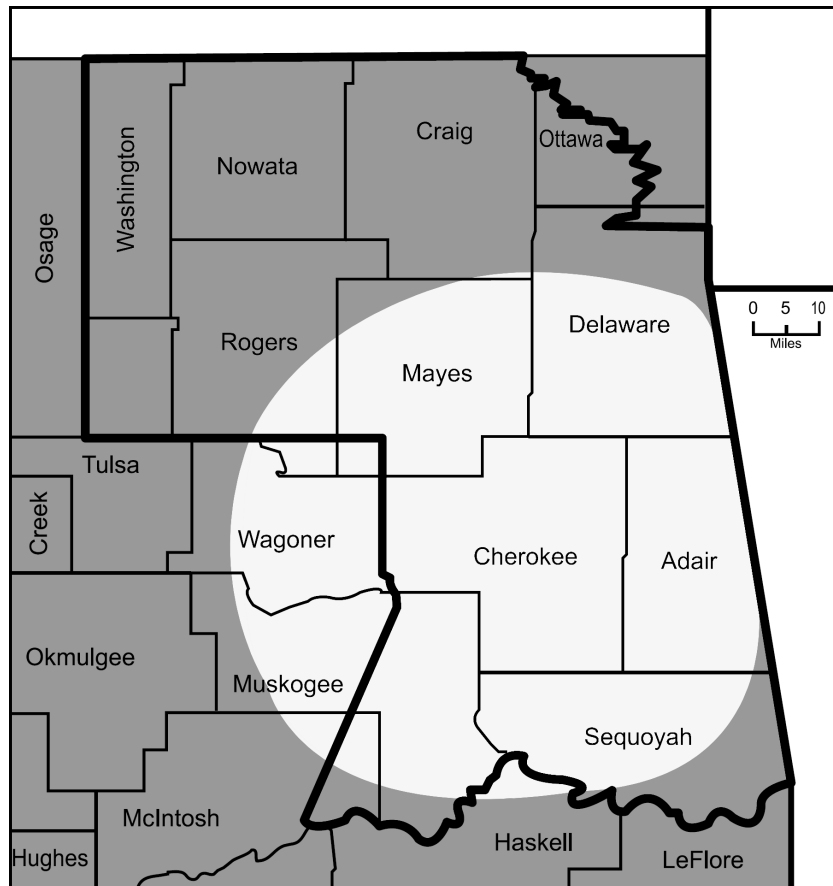
www.cherokeehomecare.org

Hospice of the Cherokee Service Area

Hospice of the Cherokee serves 7 counties in Eastern Oklahoma

Adair Cherokee Delaware Muskogee Sequoyah Mayes
Wagoner

Portions of Rogers, McIntosh, Haskell, and Craig Counties
(50-60 mile radius of Tahlequah)



Community Outreach Services Available in
Vian and Jay

Section Four

Additional Resources



Helpful Numbers

Area DHS Offices

Adair County.....	(918) 696-7736
Toll Free.....	1-800-225-0004
Delaware County.....	(918) 253-4213
Toll Free.....	1-800-433-6772
Cherokee County.....	(918) 207-4500
Toll Free.....	1-800-225-9868
Mayes County.....	(918) 825-4535
Toll Free.....	1-800-815-7572
Muskogee County.....	(918) 684-5300
Toll Free.....	1-800-815-7573
Rogers County.....	(918)283-8300
Toll Free.....	1-800-270-0804
Sequoyah County.....	(918)775-4464
Toll Free.....	1-800-270-0805
Wagoner County.....	(918)485-4543
Toll Free.....	1-800-734-7518

Other Helpful Numbers

Oklahoma Senior INFO-line.....	1-800-211-2116
Oklahoma Department of Veteran's Affairs...	1-800-827-1000
Social Security Administration/(SSI).....	1-800-772-1213
Handicap Parking Permits.....	(918)683-3256
SoonerRide.....	1-877-404-4500