

Health Care Alert

A QUARTERLY PUBLICATION PROVIDING HEALTH CARE TIPS FOR PEOPLE WITH
INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES AND THEIR SUPPORT TEAMS

Everyday Lives...An Old Concept Made New Again!



Everyday Lives was first developed as an important concept for intellectual disabilities in 1991, revised in 2001 and most recently revised again this past year. It includes the values that the Office of Developmental Programs (ODP) and all programs supporting intellectual disabilities believe to be true for all individuals.

It's been over 10 years since Pennsylvania hosted an *Everyday Lives* Conference. This past September, over 1600 people from all over the state gathered in Hershey, PA to learn and discuss new initiatives from ODP. Self-advocates, family members, direct support professionals, medical and human service professionals networked, listened, and learned a tremendous amount. They left the event inspired to act on the multitude of ideas they had heard. A quilt was on display which was created at the last *Everyday Lives* Conference back in 2002 in which ID agencies and organizations from all over PA created squares to represent themselves, including PCHC (see picture below).

Information about the conference including conference brochure and presentation materials can be accessed here: <https://www.myodp.org/mod/page/view.php?id=8884>. Another *Everyday Lives* Conference is being planned for April 2018!

The *Everyday Lives* document itself has been revised since its last publication in 2001. Copies of the new document can be accessed on www.myodp.org under the subheading **EVERYDAY LIVES** or click here:

https://s3-us-west-2.amazonaws.com/palms-awss3-repository/MyODP_Content/Everyday+Lives/EDL+booklet+proof+11-1-2016.pdf

The Offices of Developmental Programs for PA has set up a new website to access important documents and information like *Everyday Lives* called www.myodp.org, Check it out for up to date information, resources and documents.

ODP News, the Pennsylvania Office of Developmental Programs' (ODP) stakeholder newsletters can be accessed here <https://www.pchc.org/advocacy/odp-alerts>. ODP will celebrate individuals' successes and share important information to know in these newsletters. They will highlight inspiring people and relevant issues each month.



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Vitamins 101

Does someone you support need vitamin and mineral supplements?

While that sounds like an easy question, the answer might not be so easy. Look around - there is a great deal of advertising for people to take supplements. If you support someone who is considering supplements, please encourage or assist them to start this process with a conversation with their health care provider. Then the person and their health care provider can work together to determine if this is right for them! Remember – everyone is unique and while a supplement might be great for the person’s 1000 Facebook friends, it might not be great for them.

Prior to a person having that conversation with their health care provider, it helps to have information to make informed decisions.

What are vitamins and minerals?

Vitamins and minerals are essential nutrients your body needs (in small amounts) to work properly. For example, our body needs calcium (a mineral) and Vitamin D (a vitamin) for keeping bones strong and preventing bone loss. Does that mean that we should all take calcium and Vitamin D? – not necessarily.

Most people should get all the nutrients they need by eating a varied and balanced diet. It is through our diet that we obtain vitamins and minerals. For example, sweet potatoes are a good source of Vitamin A and meats are a good source of iron. Many foods we eat can also be fortified (for example, cereals) which means that one or more essential nutrients have been added to increase their nutritional value. If you don't eat a variety of nutritious foods, some supplements might help you get your essential nutrients. Supplements will not replace the variety of foods that are important to a healthy diet. Remember that we get many other bonuses from the food we eat such as water, fiber, protein, fats, carbohydrates, and trace elements (for example, iodine). There are many good sources of information on eating well such as the Dietary Guidelines for Americans (<https://health.gov/dietaryguidelines/2015/guidelines/>) and My Plate (<https://www.choosemyplate.gov/>).

If someone you support is already taking dietary supplements, make sure their health care provider knows. “*Research shows that many people do not let their health care providers know that*

they are taking a dietary supplement or are considering taking one.”¹ We know that side effects can happen with prescription medicines. Some dietary supplements can also cause side effects if taken with other medications or if certain health conditions exist. Also, the wrong dietary supplement or the wrong amount can cause problems.

There are people who may be prescribed supplements because they have been diagnosed with vitamin or mineral deficiencies or for preventive purposes. Their health care provider knows their health history and can test for these deficiencies and make treatment decisions with the person. For people who do not eat nutritious food or do not eat enough food, it is important to let their health care provider know so that deficiencies may be considered if particular health symptoms arise.

It is important to know that unlike drugs, dietary supplements are not evaluated by the Food and Drug Administration (FDA) for safety and effectiveness. “*Federal law does not require dietary supplements to be proven safe to FDA's satisfaction before they are marketed.*”² But, the FDA does have certain monitoring responsibilities and has also established dietary supplement “current Good Manufacturing Practices” (cGMPs), a set of requirements and expectations by which dietary supplements must be manufactured, prepared, and stored to ensure quality.

For scientifically sound information about vitamin and mineral supplements the National Institute of Health’s Office of Dietary Supplements has a series of Vitamin and Mineral Fact Sheets which may be helpful. These can be found at <https://ods.od.nih.gov/factsheets/list-all/>

If you support someone, encourage and assist them to take care of their body and health. Make sure that they avoid taking any supplements without their health care provider’s approval. Even “natural” supplements may be risky because of certain medications the person may be prescribed or medical conditions they may have. Be smart – be safe – ensure that people take only what their health care provider recommends AND encourage people to eat a variety of nutritious foods.

¹<https://www.nutrition.gov/dietary-supplements/questions-ask-taking-vitamin-and-mineral-supplements>

²<http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm050803.htm>

Hospitalizations: What it can mean for you...

A recent question has come up for many in our field in regards to hospitalizations and billing for individuals who have Medicare. It is important to note that although there is coverage for when one enters into the hospital, it is vital to ask under which category the individual is being admitted: **outpatient (observation)** or **inpatient**.

This is important because the difference can be quite costly between the two. To be considered **inpatient**, the doctor needs to formally admit the individual and they would need to remain in the hospital for 3 days, not counting the day of discharge. The decision for outpatient or inpatient status is determined by the physician, so it is important to ask about one's status at the time of admission. It is also essential to note that **observation services** provided by a physician in a hospital or skilled nursing facility setting, is considered an outpatient service and will have additional fees.

To be considered **outpatient**, you can receive emergency services, observation, outpatient surgery, lab test, X-rays and additional services within a hospital or skilled nursing facility. The doctor can perform the above services and have your status listed as an outpatient, impacting the bill greatly in comparison to the services provided under an inpatient status. The reason for this is because the rates of reimbursement differ for inpatient and outpatient services.

As **inpatient**, with Medicare Part A you are responsible for a one

time deductible fee; with Medicare Part B you are responsible for the deductible and the 20% approved amount for services as determined by Medicare. As **outpatient**, Part B will cover the outpatient services but the individual would be responsible for the copayments associated with the services provided.

An example that demonstrates the importance of a patient's status is the story of Nancy and her husband: "*Nancy's husband fell and broke his hip, he spent four days in the hospital before starting a long road to recovery with several weeks at a skilled nursing rehabilitation center. Nancy was shocked when she got her husband's medical bill in the mail – he was charged for his entire stay at the skilled nursing care center, something Medicare normally covers. Nancy learned that, because her husband was initially admitted to the hospital under an "observation stay" status, Medicare would not cover any portion of his stay at the skilled nursing care center*" (Care Conversations).

Situations like Nancy's happen often. It is important to ask "what is the patient's status" while they are in the hospital to ensure that you avoid a large medical bill. If you would like more information in regards to the coverage of inpatient and outpatient services go to www.medicare.gov and download the "**Medicare & You**" booklet. You can also call Medicare at **1-800-MEDICARE**.

Sources:

<https://careconversations.org/inpatient-or-observation-knowing-difference-could-save-you-thousands>

<https://www.medicare.gov/Pubs/pdf/11435.pdf>



Interphase Medical- Putting Patients First

For over 30 years, Interphase has worked with healthcare professionals and insurers providing comprehensive coordination of medical supplies and equipment to adult and pediatric patients. We pride ourselves on getting to know the individual needs of each patient and understand that these products are essential to their quality of life.

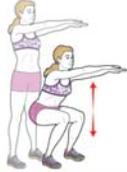
Interphase Medical has proven to be an essential partner in caring for patients with significant medical complexities. When caring for individuals with special healthcare needs, it is critical to work in conjunction with healthcare professionals, payors and caregivers to ensure proper care. Our team of specialists includes; certified ATP, respiratory therapists & rehab service technicians.

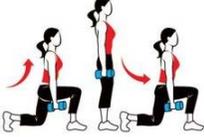
In 2016 we have made several technology upgrades, moved to a new & much bigger, facility that will allow us to better serve you and your patients. If you'd like some additional information, please reach out to Brad Moehler at [412-327-5409](tel:412-327-5409) or bmoehler@interphaseme.com. We'll do whatever we can to help you.

In-Home Exercises

During the winter season, freezing temperatures and an abundance of holiday food can greatly impact our physical health. It is important to remember that **30 minutes of physical activity daily** is necessary to maintain good health. As important as it is to remain active, it can be quite difficult during the winter. One way to combat the struggle of remaining active during the winter is to work out in your home. Below are some *in-home exercises* that anyone can do or alter for any activity level.

As always, please remember to consult a physician before beginning this or any exercise program.

Activity	Example
Squats 3 sets of 10 -12 reps with a 1 minute rest between sets	
Jumping Jacks 2 sets of 30 jumping jacks	
Push-Ups 2 sets of 10	

Activity	Example
Lunges 3 sets of 10 -12 reps with a 1 minute rest between sets (with or without weights)	
The Cat Camel 2 sets of 8	

For additional resources or customized workout routines, go to the following links provided:

<http://www.muscleandfitness.com/workouts/workout-routines/complete-mf-beginners-training-guide-0>

<http://www.bodybuilding.com/fun/find-a-plan.html>

<http://www.aworkoutroutine.com/>

Announcements

Location Notice: Meeting Changes in 2017

As of January 2017, the Special Needs Unit (SNU) Meeting hosted by Philadelphia Coordinated Health Care will no longer be held at 123 Boro Line Road in Bridgeport/King of Prussia. Alternate locations are being identified to accommodate meeting space.

In regards to this change, future Special Needs Unit (SNU) meetings will be held at various locations throughout the Southeastern Region. Be sure to look out for *alternate meeting dates* and *locations* this year. Notifications will also be posted on our website.

It has been challenging to secure space on short notice, as meeting space is normally reserved a year in advance. If you know of any spaces that are available, please contact Bonnie DiRidolfo at bdiridolfo@pmhcc.org or Briana Downs at bdowns@pmhcc.org.

Regional Nurse Network Meetings: Patty Graves at pgraves@pmhcc.org

Special Needs Unit (SNU) Meetings: Briana Downs at bdowns@pmhcc.org



Learn more at www.pchc.org



Philadelphia Coordinated Health Care

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PCHC is a core program of PMHCC, Inc.

Funding provided by Department of Behavioral Health and Intellectual disAbility Services, the Bucks, Chester, Delaware and Montgomery County Offices of Intellectual/Developmental Disability and the Office of Developmental Programs, Pennsylvania Department of Human Services