

InajiCare Project

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Industries &
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A Path Toward Sustainable Home and Community Based Care

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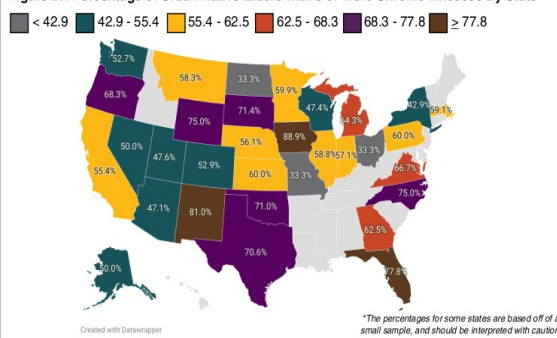
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Implementation of an tribally or Urban Indian organization operated self-directed, Home and Community Based Services (HCBS) program could create a new revenue stream for these organizations and their patients who prefer to stay within the AI/AN community. Recognizing and monetizing the contributions of family, friends and the community providing HCBS services sustainably promotes cultural safety. InajiCare empowers entities to document and manage non medical HCBS encounters providing data for generating revenue and payments.

1. Home and Community Based Services *are* Healthcare Services

In the landmark Native Urban Elder Needs Assessment Survey (NUENAS) conducted by the University of N. Dakota¹, chronic disease affected 87.6% of all respondents and was identified as a key factor in maintaining independence at home.

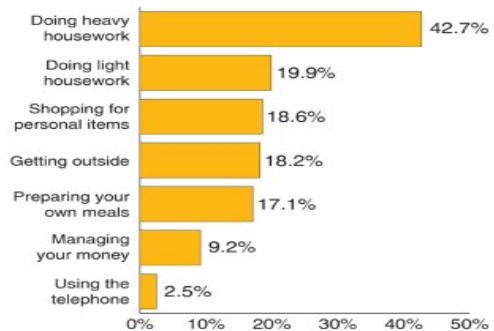
Figure 27. Percentage of Urban Native Elders with 3 or More Chronic Illnesses By State*



Individuals with more than one chronic disease are at risk for experiencing increased difficulties in performing daily activities needed to remain independent in their own home. Acute exacerbations or complications of chronic disease often lead to institutional care with a median cost of \$94.9K a year in 2021,³ or move in with a family member. A viable HCBS program provides a sustainable community model for individuals remaining independent in their own home aligned with AI/AN community values.

2. Family and Community Members Provide the Majority of HCBS

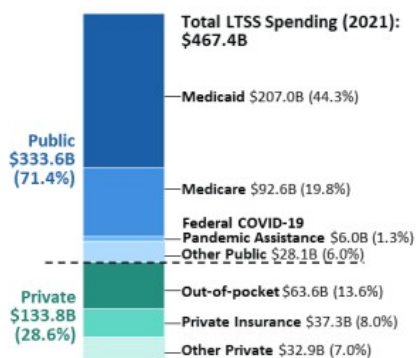
The NUENAS study reported on the number of respondents who experienced difficulty with a wide range important day-to-day tasks associated with independent living as shown in the figure at right. The study also found that 59.2% of Urban Indian respondents were living with family members. Elders struggling with daily activities at home often must rely on family, friends, and community members to sustain independence and avoid placement in institutional care or assisted living placement outside of their AI/AN community.



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InajiCare provides a tool to address individual barriers to independence as reimbursable patient-centered care allowing them to stay in their home and community.

3. Provider Based Reimbursement is Sustainable



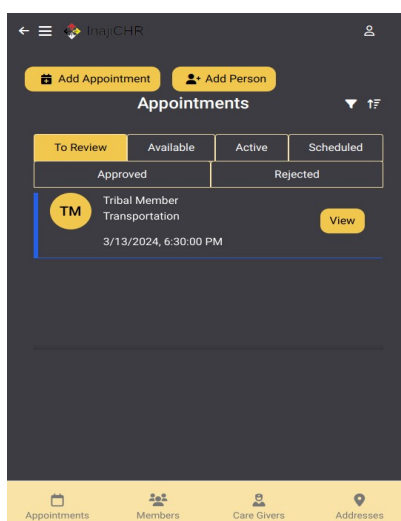
The Congressional Research Service reported in 2021⁴ that despite the \$467B spent on Long Term Care and Support Services in the United States, \$63B fell to burden families and elders who paid for services “out of pocket.” This figure likely does not adequately account for the actual time and expenses donated each year by friends and family members struggling to keep affected individuals in the community. Such unpaid care might be recognized and monetized.

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Tribal 638 contracted entities design medical healthcare delivery systems based on community values. Adding HCBS services in a health system can support other programs such as; behavioral health, medical, and dental, promoting holistic patient-centered care. To facilitate home based care reimbursement, CMS has created within their Healthcare Common Procedure Coding System (HCPCS) codes for home care services. These codes describe common home support services needed for patients with chronic disease or disabilities trying to remain in their home.

InajiCare captures auditable data for tribal facilities that is separate from the EHR to produce a new sustainable revenue stream by utilizing HCPCS codes through their existing medical billing infrastructure.

4. Auditable Documentation of Services is Required for Reimbursement



Tribes implementing an HCBS program based on a medical reimbursement model would identify covered home services performed by non-medical personnel for eligible individuals requiring assistance for; personal care, homemaker services, meal preparation, shopping, chores, childcare for behavioral health services, and non-emergency medical transportation.

InajiCare powers tribal HCBS programs to collect actionable information, in the field, with an auditable and HIPAA compliant solution to document these diverse activities beyond the capabilities of existing EHRs.

5. InajiCare Puts the Community in Control of their Data

InajiCare is designed with data sovereignty at its core. Patients and their tribal or urban Indian providers own, maintain, and control where their data resides and with whom it is shared. InajiCare gathers real-world activities, data driven insight, and planning to inform decision makers on the home and community based services having the greatest impact in the community.

InajiCare is a patient-centered application that securely documents care activities and empowers programs to reimburse their community's caregivers for non medical care through existing medical billing solutions.

End Notes:

¹NUENAS Data Book, 2023 <https://www.nrcnaa.org/assets/5498-25292/nuenas-data-book.pdf>

²NUENAS Final Report, 2023 <https://www.nrcnaa.org/assets/5498-25290/nuenas-final-report.pdf>

³Genworth's 2021 Cost of Care Survey <https://www.ncoa.org/local-care>

⁴Congressional Research Service, 2022 <https://crsreports.congress.gov/product/pdf/IF/IF10343>