

Bureau of Elderly and Adult Services
MED FOCUS GROUP FORUM
February 12, 2010
1:30-3:30pm (Brown Auditorium)

Meeting Notes*

*These notes are an informal summary of the discussion that took place at the MED Focus Group Forum held on February 12, 2010. They are provided by the Bureau of Elderly and Adult Services (BEAS) for general informational purposes only and should not be construed as an official record of the meeting or reflective of policy, practice or a course of action to be taken by BEAS.

BEAS Attendees: Kathleen Otte Kathy Minaert Karen Carleton
Susan Rydberg Sally Varney Mary Maggioncalda
Diane Langley Wendi Aultman Kerri Coons

Attendees: Barbara Couch, Austin Home Jill Burke, GSIL
Donna Guillemette, NH Adult Day Assn. Amy Newbury, ServiceLink Belknap County
Peg Lins, Crotched Mountain Community Care Victoria Chapman, Community Bridges
Walter Perry, Residential Care Homes Ellen Curelop, Life Coping
Ann Berthiaume, Elliot Hospital Alison Rossiter, Life Coping, Inc.
Susan Young, Home Care Assn. of NH John Poirier, NHHCA
Barbara Ryan, Heritage Case Management John Carmichael, Regency Nursing Home
Mickie Grimes, DFA Judy Sullivan
Linda Carter, Health At Home Russ Armstrong, SCOA
Elaine Bussy Doug McNutt, AARP

I. Welcome and Introductions.

II. Open Forum/Review of 2-Pg. Medical Application Prototype

1. Mickie distributed the draft prototype of a potential revised 2-page medical application.
2. It was noted that this application is not used for redeterminations, only initial determinations.
3. Mickie reviewed the draft with the group line by line. The changes/revisions were recommendations brought forward at the last meeting.
 - a. Mickie suggested adding a question (at the bottom) asking which District Office they belong to.
 - b. The majority of the group agrees that the "Office Use Only" box should be moved to the bottom/end of the application and remove "LTC Nurse" but add a space for the "Recertification Date (if known)". However, by moving the "LTC Councilor" and "ServiceLink" information to the top of the form, the "Office Use Only" box could be removed all together.
 - c. The above recommendations might allow for all of the "Physician" info to fit on the front side.
 - d. Remove "Specialist" from the "Physician" section.
 - e. A suggestion was made to add a space for an email address. A pros & cons discussion was held. The majority was not in favor, due to confidentiality reasons.
 - f. The question was asked; can "Right to Appeal" information be added to the MED? A discussion was held. It was noted that there would be space on the backside of this application to add it once all revisions are made.
 - g. The question was asked, are individuals given a copy of this application after filling it out? The answer was no. However, Kathleen agreed that a photocopy should be provided, especially since it requires a signature. If not a photocopy, perhaps a receipt, or a tear-off sheet portion.
 - h. Signatures Section: Change "Representative" to "Legal Guardian", or include a space for both signatures. Also add a space for a "Witness" signature.
4. Kathleen suggested we go back and make these additional changes/suggestions to the prototype and bring the revised prototype to the next meeting for more discussion.

III. Break-Out Meetings

MED Focus Group – February 12, 2010
Assessment Break-Out Discussion
Discussion Leaders: Diane Langley and Karen Carleton

Attendees: Diane Langley, Donna Guillemette, Victoria Chapman, Barbara Ryan, John Carmichael, Linda Carter, Elaine Bussy, Ellen Curelop, John Poirier and Peg Lins

Barbara Ryan requested clarification on items discussed at the previous assessment meeting regarding the: algorithm, denials in relation to RSA 151-E:3.IV and the notification process for denials. Karen Carleton responded the Bureau is working to develop an effective way to inform case managers of an individual's status regarding the denial process, i.e. what additional information may be required to make an eligibility determination.

Home Health Providers stated they do not receive completed copies of the MED. It would be helpful for them to have the referral information and assessment. Case Management Agencies do receive the MED but have been told (at other BEAS meetings) that they are not allowed to give it out to a third-party. Issue will be researched.

Suggested edits/changes to the Assessment:

- Change title to be more specific.
Change titles under “professional nursing services” (emphasizing that the first page is for skilled care). If not doing skilled care, can skip to the next page. Barbara disagreed thinking Home Care would want this history. Karen reminded the group the assessment is a point in time, not a historical report. The group suggested adding the following questions:
 - a. Have you been hospitalized or seen in the Emergency Room in the last month?
 - b. Do any health care providers come into your home on a regular basis to provide services such as a registered nurse, occupational therapist or physical therapist?If answer is yes to either question, then you do need to complete the first page.
- Page 2, regarding chronic conditions: no place to note oxygen needs. Karen stated that oxygen is included on the Medication list.
- Treatment/Procedures/Pain Management: It was asked; what level is used for the State, over 8? 6? Who determines that?
- Questions regarding the mini-mental status and “the clock”: Barbara does not see the relevance of the clock. A discussion was held. Instrument is used in the early diagnosis of Alzheimer's disease and other dementia as well as a vehicle to titrate medications with individuals suffering from dementia.
- Cognition: Question 3, assessment management, lots of questions raised regarding nursing care because it doesn't have to be a nurse who does the monitoring. Can we change the wording?
- Communication Patterns: no problems
- Vision Patterns: besides glasses and contacts, what info is it asking for? False eye, magnifier, implant, etc.
- Mood: First three things in first section are redundant with the second section. Have a section, if non-verbal. Another person expressed she likes it the way it is. Suggestion was made to combine first and second block in this section, for less confusion in the trainings. There was a consensus on this.
- Problem Behaviors, Section G: Format is good. This is another opportunity to ask if anyone is not treating them right. It was decided to add a section for “Risk Factor”. “Do you feel safe?” Possibly add 2/3 questions regarding how they feel about their environment. This could trigger APS issues.
- Diane will note recommended changes, to the MED, highlighted in red, and will email it to the group prior to the next meeting for review.

MED Focus Group – February 12, 2010
Process Break-Out Discussion
Discussion Leaders: Kerri Coons and Susan Rydberg

Attendees: Russ Armstrong, Wendi Aultman, Ann Berthiaume, Jill Burke, Bonnie Couch, Mickie Grimes, Mary Maggioncalda, Doug McNutt, Amy Newbury, John Poirier, Allison Rossiter, Judy Sullivan, Sally Varney, Susan Young

1. **Agenda** – The group will continue to define the process for new clients applying for Choices for Independence (CFI). Once that process is documented, it will be used as the baseline to identify any differences in the processes for; CFI redeterminations, existing CFI and Nursing Facility clients that are applying for the opposite program, and new Nursing Facility clients.
2. **Review of the MED Application Process** – The group reviewed the process flow for MED applications for new CFI clients, which we began defining at the last meeting.
 - a. ServiceLink did mention that it was easier in the past, when nurses were co-located at the ServiceLink, to get the status of a client's MED application. They are still able to check the financial eligibility with the DFA Family Support Specialist (FSS) when they are at the ServiceLink once a week but it would be nice if they had access to more information.
 - b. What does Pending mean? It can have different meanings depending on where it is in the process.
Issue – Added as issue #6
 - c. We had identified who fills out the app and where it can be sent but the flow didn't identify the media, i.e., fax, paper, in-person, in which it is completed. That will be added to the process flow.
 - d. Issue #1 had been identified earlier for applications being sent to the wrong place - why is it misdirected, is it really happening or just a perceived problem, and are there training issues? Sue Rydberg checked with the State Office staff and they haven't received any misdirected apps lately. We will need to clarify the issue. Is ServiceLink noticing a problem and does it come from a common source, such as hospitals or other providers?
 - e. Bottlenecks were discussed and are reflected in the process issues identified to the left of the process flow.
 - f. There was discussion around MED assessments and how long they are good for – CFI = 90 days and Nursing Facility = 1 year. The group also wondered about applications that end prematurely. Why does that happen? Are there any statistics available?
Action item – Kerri will check on available statistics and bring to next meeting.
 - g. Once the application is received at State Office, the LTC State Office (SO) Case Technicians check the application for completeness and also check Medicaid (MA) eligibility. If the client is not MA eligible, is the MED Assessment scheduled or not? There was some confusion around if a MED Assessment is done while MA is pending.
Issue – Added as issue #7
 - h. Scheduling an appointment to begin the Financial Medicaid eligibility process can be lengthy. A DFA FSS only works at the ServiceLink one day per week and has two appointments per day. An applicant is also given the option to schedule an appointment at a District Office for a shorter wait time. Mickie mentioned that they

should get the capability to check financial information electronically in the next two years. This will significantly help the requirement for the applicant to submit four years of financial documentation when applying for Medicaid.

Action Item – Mickie will review the process flow for DFA Medicaid financial eligibility at the next meeting.

i. Other discussion items –

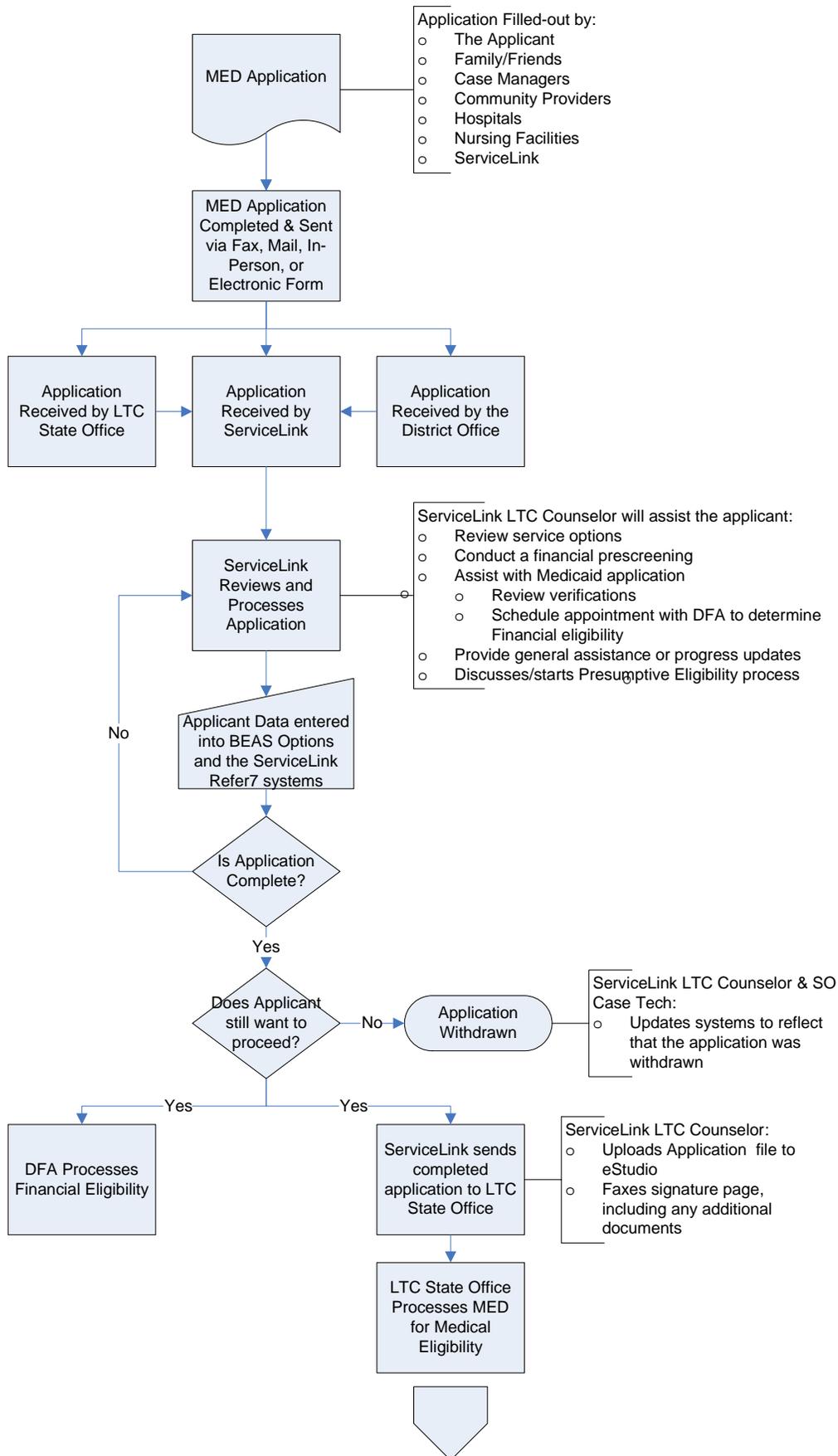
- 1) Elliott Hospital does make sure the financial application is done, as well as the MED and follows it through to eligibility for their clients. They make sure the approval is done whether a client is moving back home or to a nursing facility. Not all hospitals have such a robust process
- 2) The Brain Injury Association, GSIL, and Mental Health Centers also assist clients to enter the application process and help where possible.
- 3) ServiceLink is limited in what information they can access once the application is submitted and moves to waiting for a nurse assessment visit.
- 4) A suggestion was made that barcodes or some other form of tracking an application would be helpful. Like tracking a Fedex shipment, a client could track the status of their application.
- 5) A question was asked about what is the BEAS short-term and long-term plan for performing MED assessments. Long-term will the bureau pay for the assessments? There is a DFA workgroup looking at ways to streamline the process between the DFA FSS with the LTC unit that may include co-location.
Issue – Added as issue #8
- 6) Is there or how is the conflict of interest being addressed when the agency performing a MED assessment for a new client is also the client's service provider?
Issue – Added as issue #9

3. Next Meeting – Friday, February 26, 2010, 1:30 – 3:30 pm. Mickie will review the DFA Financial Eligibility process.

CFI MED Application Process for New Clients

Process Problems:

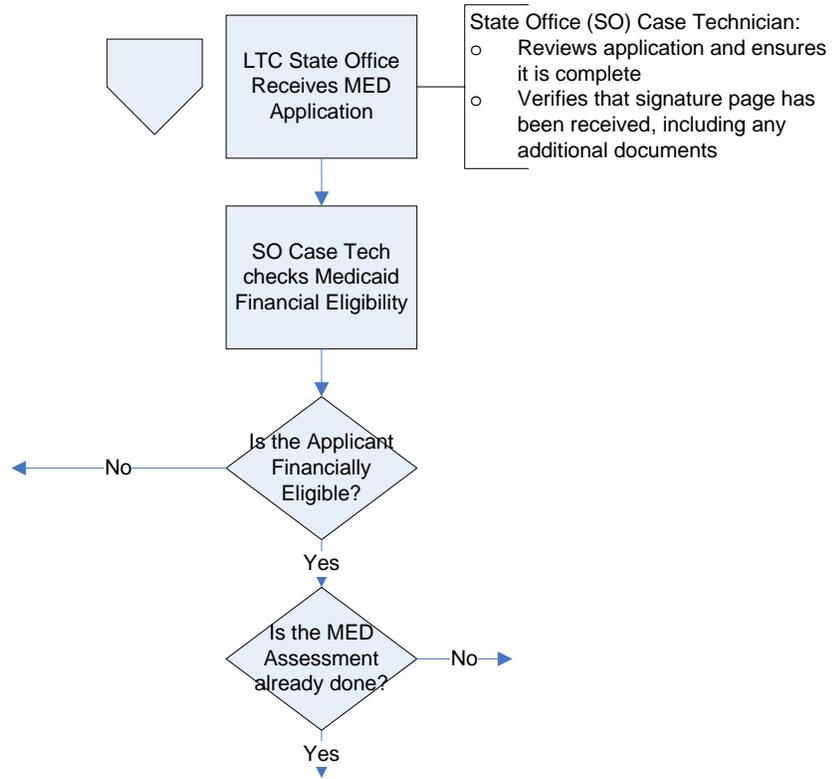
- Clients are confused between financial and MED applications
- ServiceLink doesn't always receive a copy of the MED application if sent to SO or DO
- Confusion over where to send applications for CFI vs NF
- Process can be lengthy - difficult for clients to timely obtain all required verifications
- ServiceLink has to check with DFA for Medicaid eligibility
- Presumptive Eligibility process is not well known and the provision to pay back claims is often misinterpreted



CFI MED Application Process for New Clients

Process Problems:

- If the client is not MA eligible, is the MED nurse assessment scheduled or will it wait?



Long Term Care Medical Eligibility Determination (MED) Focus Group
 MED Process Workgroup
 Issues List

Issue #	Pri	Issue	Owner	Due Date	Status	Action Items / Resolution	Discussion/History
1	Med	Where to send MED apps - confusion over where to send CFI vs. NF apps	Sue Rydberg		Open		1/29/10 - Meeting - Issue identified 2/12/10 - Meeting - Are the apps really misdirected and are there training issues? Sue Rydberg checked with the State Office staff and they haven't received any misdirected apps lately.
2	Med	Role Clarification - what provider should do which MED assessments?	Sue Rydberg		Open		1/29/10 - Meeting - Issue identified. A Hospital is sometimes assigned the MED when the client has only been there for a short hospital stay. They can't evaluate the client for being at home, especially for redes.
3	Med	MED Status - need a more effective way to communicate where a client is in the process	Kerri Coons		Open	Will define recommendations as part of the group discussions	1/29/10 - Meeting - Issue identified
4	Med	ServiceLink Counseling - SL needs to be aware of all initial CFI applicants for counseling	Sue Rydberg		Open		1/29/10 - Meeting - Issue identified
5	Med	Expedited Process - Is there a method to expedite a MED?	Mary Maggioncalda		Open		1/29/10 - Meeting - Issue identified
6	Med	Pending - What does it mean?	Kerri Coons		Open	Will define as part of the group discussions	2/12/10 - Meeting - Issue identified

Long Term Care Medical Eligibility Determination (MED) Focus Group
 MED Process Workgroup
 Issues List

Issue #	Pri	Issue	Owner	Due Date	Status	Action Items / Resolution	Discussion/History
7	Med	Scheduling a MED Assessment - Is the nurse assessment not done until the client has Medicaid eligibility?	Wendi Aultman		Open		2/12/10 - Meeting - Issue identified. The process needs to be clarified on how Medicaid eligibility affects when the nurse assessment is completed.
8	Low	Plan for MED Assessments - What is the BEAS short-term and long-term plan for performing MED assessments.	Kathleen Otte		Open		2/12/10 - Meeting - Issue identified
9	Low	Conflict of Interest - Is there or how is the conflict of interest being addressed when the agency performing a MED assessment for a new client is also the client's service provider?	Mary Maggioncalda		Open		2/12/10 - Meeting - Issue identified