

Bureau of Elderly and Adult Services
MED FOCUS GROUP FORUM
March 16, 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 March 16, 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 Susan Rydberg Sally Varney
Diane Langley Wendi Aultman Kerri Coons
Kathy Minaert Karen Carleton

Attendees: Russ Armstrong, SCOA Ann Berthiaume, Elliot Hospital
Kathy Boylan, Moore Center Jill Burke, GSIL
John Carmichael, Regency Nursing Home Barbara Couch, Austin Home
Erin Hall, Brain Injury Assn. Peg Lins, Crotched Mountain Community Care
Amy Newbury, ServiceLink Belknap County Walter Perry, NH ARCH
John Poirier, NHHCA Ted Purdy, Sullivan County
Alison Rossiter, Life Coping, Inc. Susan Young, Home Care Assn. of NH
Jan Fiske, DFA

I. Welcoming Remarks by Kathleen Otte

1. Kathleen announced that The Adult Family Care Program is being kicked off at this year's Conference on Aging on May 27th, at the Radisson Hotel in Manchester. It is a 2-year-old pilot program. This program is an option for seniors, who want to remain in the community, to be placed with a foster family in a certified licensed home.
2. On-going MED Assessment Review and Process breakout sessions:
 - a. MED Assessment: We've learned, through this process, that folks don't find the MED Assessment as cumbersome as anticipated. It is a good tool and it meets the need. It has a built in algorithm to determine eligibility.
 - b. Process: A flowchart has been developed. Folks can see where the process gets bogged down. Jan Fiske, DFA, will review the financial application at today's process session.
 - c. We will draft the new forms based on discussions held at these meetings. Then, we will take the new forms on the road. Community forums will be held in May and June. Kathleen hopes to have the process identified by the end of June, for the next Fiscal year.
 - d. We are also working on possible payment options to those providers assisting with this process.
 - e. It is the Bureau's intention to continue work with CMS to gain approval for the LTCU to use elements of the OASIS and the MDS that are consistent with the MED to determine eligibility.

II. Update

1. Kathleen asked for any comments, from the group that would enhance the remaining three MED Focus Group Meetings:
 - a. An attendee commented that a serious challenge is when an individual is determined to meet the level of care but is not willing to accept services; it becomes extremely problematic, requiring an inordinate amount of case management time and resources trying to engage the individual with the program.
 - b. Getting Behavioral Health to participate, as a team player is very tricky.
 - c. Kathleen commented that it is Waiver Choice.
 - d. People who are not getting their behavioral health needs met end up in the hospital in crises.

2. Diane suggested inviting Michele Harlan, of BBH, to the May Case Managers Meeting for her to listen to some of the concerns. REAP is another option?

III. Veterans Discussion by Russ Armstrong

1. Russ Armstrong and Wendi Aultman are co-chairing a new initiative titled: “Community Care Veterans Promotion”. It is an initiative that identifies clients who are Veterans. When speaking to clients, you need to go beyond just asking, “Are you a Veteran?” You need to ask, “Have you or your spouse ever served in the military?” There are spousal benefits as well. Merchants Marines, during wartime, are included in this as well. Russ provided a narrative of the initiative. Forums are being held throughout the State to help provider communities help Veterans. Russ will bring some brochures to the next meeting.

IV: Closing Remarks by Kathleen Otte

1. Reauthorization of the Older Americans Act occurs every five years. Right now is the comment period for that process. A seminar is being held on March 22nd for providers who want to learn more about the Older Americans Act. The Act represents 4% of the BEAS budget.

V. Break-Out Meetings began at 2:02.

Submitted by:

Marsha Lamarre

BEAS Administrative Assistant I

MED Focus Group – March 16, 2010
Assessment Break-Out Discussion
Discussion Leader: Diane Langley & Karen Carleton

Attendees: Diane Langley, Karen Carleton, John Carmichael, Peg Lins, John Poirier, Kathy Boylan and Ted Purdy

Meeting began at 2:05 pm

I. Review of Potential Changes to MED Instrument (Page 6 - 10):

1. Section I Physical Functioning/Structural Problems (beginning at the bottom of page 5), Item 2, ADL Support Provided (page 6): Karen Carleton commented that some people have asked her why there are three different criteria sections: Self-performance, Support and Source. Diane commented that this is where we had some questions at the last meeting?
2. Section b. Transfers: transfer board or lock wheels on wheel chair. That is set up. We do need to have these categories for the ADL Assessment.
3. Section d. Primary Modes of Locomotion, #4: Karen would like to replace scooter with power chair/motorized chair.
4. Section f. Eating: solely the act of eating. Set-up for help for eating is cutting meat, opening containers, giving one food category at a time.

II. New Potential Changes, Pages 7 - 10

1. Page 7, Section M. Appliance Programs: (you do or you don't). Add columns for yes and no. Add clarity, more definition to the "Support" column.
2. Leaving "Supervision" column under Support.
3. Section J. Medication List: It was suggested to add a column for "Self Administer," with yes/no boxes.
4. Page 8, Section K. Medication: Leave in "Self-Administration" section.
5. 1b Self-Administration: remove insulin, oxygen, nebulizer, nitropatch and inhaler. Add check boxes for Oral, Injection, Inhalant Mist, Nebulizers.
6. The suggestion was made to move "Section K. Medication" before "Section J. Medication List."
 - a. Medication becomes Section J.
 - b. Medication List becomes Section K.
7. Section L, Reported Conditions: Need box for Blind and Deaf. Next to cancer, put a line or space to write in the specific cancer.
8. Page 9, Section M. Balance:
 - #1 Falls: Have there been any falls, yes/no. How many? ___ History of Falls in the last 6 months.
 - #2 Fall Risk: Item c.: Limits activities because fear of falling.
 - a. Add a category indicating the individual does not have the appropriate equipment.
 - b. Item f.: should read: medication side affect as a contributing factor (instead of substance or drug use)
9. Section N. Nutritional Status:
Weight & Height (okay)
10. Section O. Skin Conditions:
 - a. Karen would like this section to go back where it used to be on an old assessment. Karen will provide a copy for Diane. A discussion was held.
 - b. Item 2, Foot Problems: Remove categories and add, "Do you have any foot problems that interfere with standing or ambulation?"
11. If the legal guardian signature is on page 2, you do not need to sign on page 10, just check the box.

III. Closing Remarks

Diane informed the group that she will make the final edits and cross walk it with the algorithm. Diane will email the revised form to the group. She asked the group to please review it critically and respond with any comments or suggestions.

Meeting adjourned at 3:00 pm.

Submitted by: Marsha M. Lamarre, BEAS Administrative Assistant

MED Focus Group – March 16, 2010
Process Break-Out Discussion
Discussion Leaders: Kerri Coons and Susan Rydberg

Attendees: Russ Armstrong, Wendi Aultman, Ann Berthiaume, Jill Burke, Barbara Couch, Jan Fiske, Erin Hall, Kristy Hayden-Grace, Mary Maggioncalda, Kathy Minaert, Amy Newbury, Kathleen Otte, Allison Rossiter, Sally Varney, Susan Young.

1. **Agenda** – Jan Fiske, a DFA FSS who specializes in Long Term Care and also works at ServiceLinks, reviewed the DFA Financial Eligibility process and answered questions.
2. **Review of the MED Assessment Process** – We made a few updates to the process documented from the last meeting. See attached flow chart.
3. **Review of the DFA Financial Eligibility Process for Long Term Care** – Jan Fiske reviewed the process. She has been doing this job since 1979.
 - a. See attached flow chart.
 - b. A DFA FSS's job is NOT to tell someone how to protect funds, how to become eligible, or what will happen if they are not found eligible. It is just a decision on if they are financially eligible at the time of application.
 - c. The financial eligibility process for CFI or Nursing Facility clients is basically the same. For nursing facility eligibility, the DFA FSS will consider the spouse's income to see if part of the nursing facility resident's income can be put into an allotment for the spouse living in the community.
 - d. The DFA FSS workers find that the ServiceLink Long Term Care Support Counselor is a key component in the application process. They help to prepare the applicant and family for the initial interview and assist them with follow-up after the interview. On average 30-35 verifications will need to be obtained and returned to the DFA FSS within 10-14 days.
 - e. There are a few significant differences between regular Medicaid eligibility compared to eligibility for long term care. For regular Medicaid and depending on the program, there isn't a look-back period and only current resources and income are considered. For LTC:
 - 1) Review four years of bank statements and other financial information.
 - 2) Review any transfer of assets over the last four years.
 - 3) Review of trusts is sent the DHHS legal for review.
 - 4) Income limits for LTC is \$2022, gross per month. There can be legitimate deductions due to medical insurance premiums, etc.
 - f. Just because a client may already be Medicaid eligible, it does not mean that they are automatically eligible for LTC. Because of the look-back period, there could be an extensive penalty period or they may not be eligible.

Action Item - A chart would be helpful for providers, especially residential care, that outlines what is needed for them to really know if a client is eligible or not. Is it

just a copy of the DFA Notice of Decision and the LTC Eligibility Letter? Or should they ask for other documents?

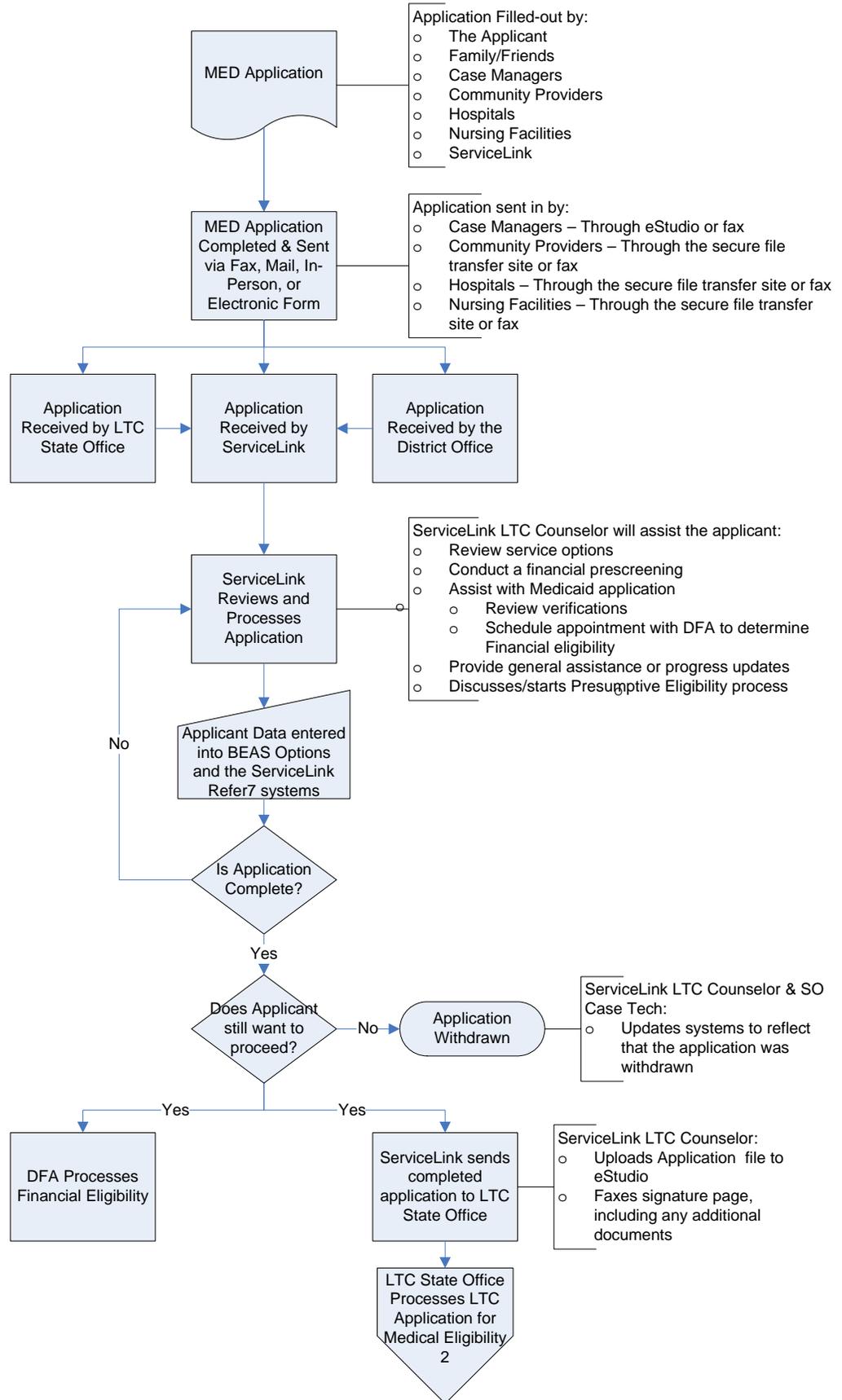
- g. In and Out – For those clients that have to spend-down to become eligible, it is very confusing. The case managers mentioned that many of these clients end up dropping out of CFI because it is so overwhelming. They find it hard to assist a client because they don't have access to any of the client's financial information. It was mentioned that Massachusetts doesn't do In & Out.
- h. Average processing time:
 - 1) Initial DFA FSS Interview – Could wait for a couple of months for a ServiceLink appointment. The applicant can always make an appointment sooner at the DO.
 - 2) Applicant follow-up information and verifications – 2 weeks
 - 3) DFA FSS processes application – 2 weeks
 - 4) Total time to eligibility decision once interview is completed – 40 days
 - 5) A DFA FSS has an approx. caseload of 600 cases and 20-30 LTC applications pending at any given time.
 - 6) Bottlenecks exist in getting the initial interview, getting verifications from the applicant and DFA FSS getting processing time after verifications are received.
 - 7) The process is much more expedient when a client applies through the ServiceLink.
- i. An applicant can appeal a financial eligibility decision after they have been denied through the AAU.

4. **Next Meeting** – Wednesday, March 31, 2010, 1:30 – 3:30 pm.

CFI LTC Application Process for New Clients

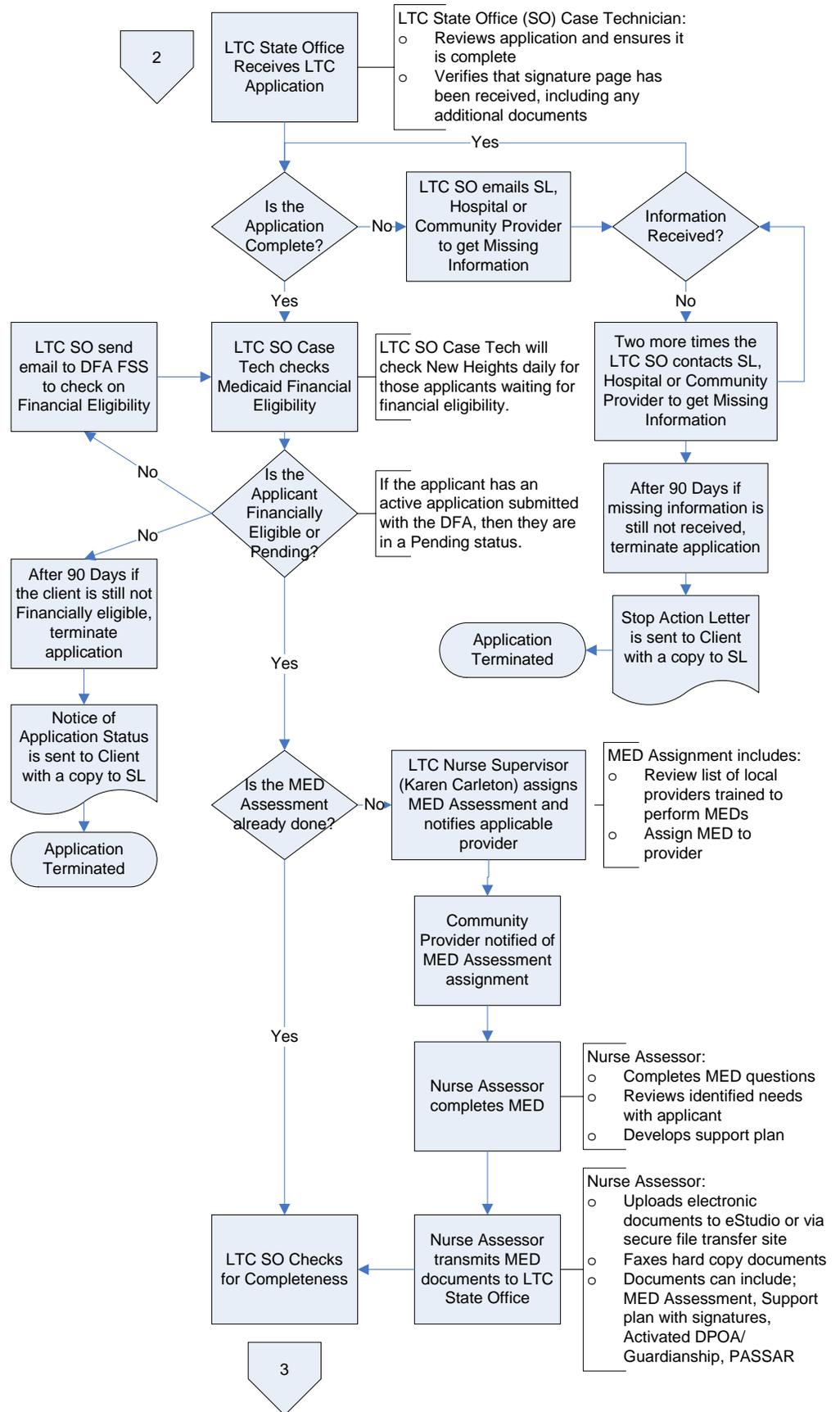
Process Problems:

- 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



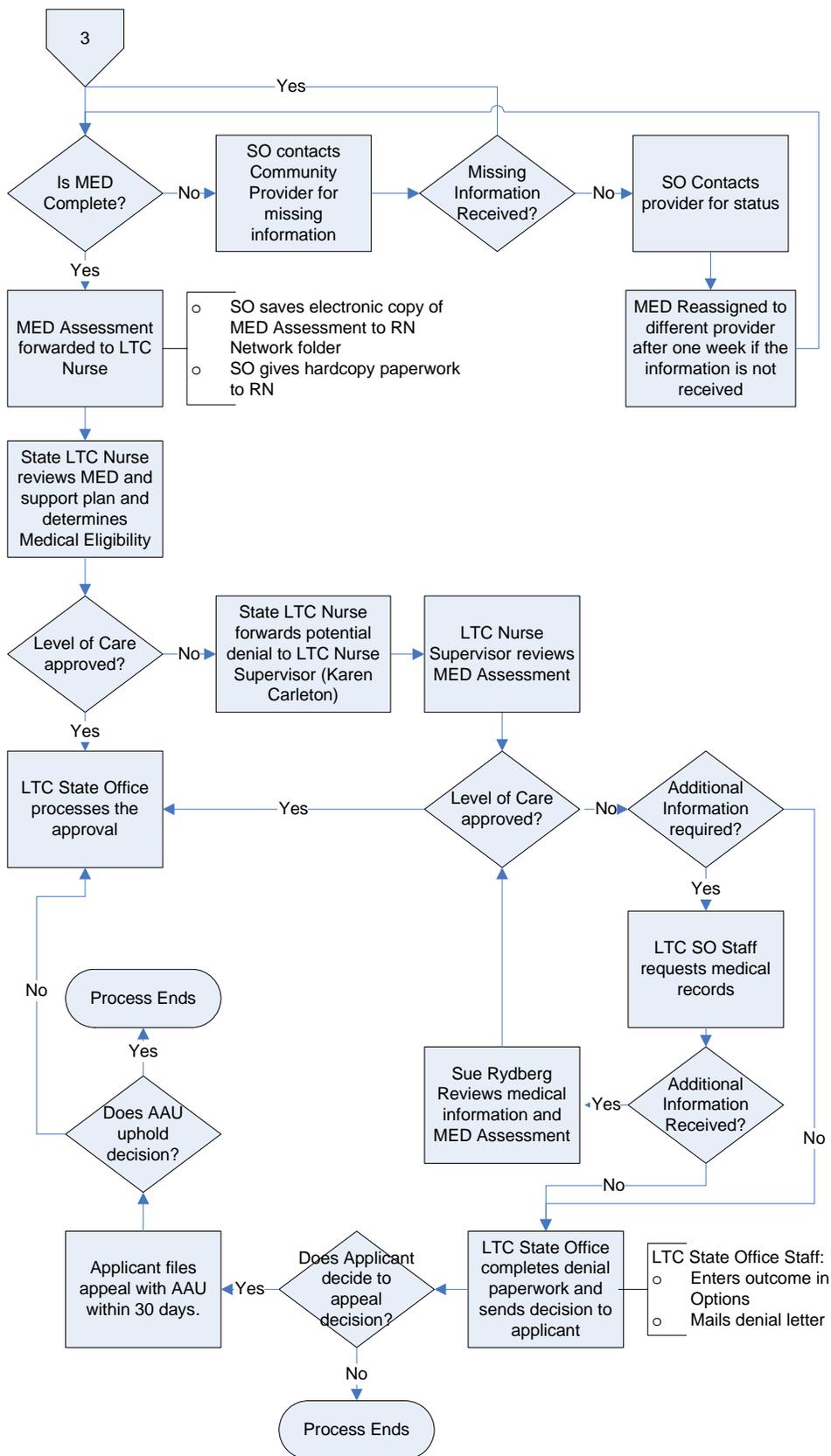
CFI MED Assessment Process for New Clients

Process Problems:



CFI MED Assessment Process for New Clients

Process Problems:



Value Stream Map - Long Term Care Financial Eligibility (Current State)

