

CHOICES FOR INDEPENDENCE FOCUS GROUP

This BEAS Focus Group is designed to support the goal of improved communication, collaboration and outcomes of those we serve.

CFI Focus Group Meeting Minutes

May 21, 2012

Present: Gina Balkus, Leah Drown, Dan Hebert (phone), Don Hunter, Susan Lombard, Melinda Feola-Mahar (phone), Sandra Poleatewich, Caroline Stacey, Margo Sullivan (phone), and Peter Van Voorhis (for Sharon Stephens)

Topics covered:

A. Balancing Incentive Program (BIP) project presentation by Don Hunter:

1. NH was the first state to be approved by the Centers for Medicare and Medicaid Services (CMS) for BIP.
2. The goal is to increase the percentage of Medicaid Program long term care expenditures that are for home and community based services compared to the expenditures for institutionally based services, so that 50% or more of Medicaid long term care expenditures are for services provided in community based settings.
3. CMS requires the following three objectives in the project:
 - a. Establish a “no wrong door” entry system for applicants;
 - b. Ensure that case management services are provided in a manner that is conflict-free as defined by CMS; and
 - c. Streamline the assessment and eligibility processes.
4. Once NH reaches the 50% goal, we will be eligible for an enhanced federal matching rate for recognized community based long term care service expenditures.

B. An update on the Money Follows the Person, nursing home transition project, was distributed.

C. CFI Waiver Renewal:

1. CMS’ approval of the waiver renewal included the updated Quality Improvement Strategy (QIS), which is part of the waiver document.
2. The renewed waiver document becomes effective on July 1, 2012, and is on the DHHS website at: www.dhhs.nh.gov/dcbcs/beas/publications.htm
3. Two services that were added over 10 years ago but never implemented were deleted: Shared Housing and Chore.
4. Eligibility criteria remain the same.

D. CFI participation and expenditure trends:

1. Two graphs were distributed that showed the number of program participants and the expenditures over the past few years.
2. Questions raised included:
 - a. The decline in the number of participants prompted questions about the eligibility process. BEAS and DFA have been working together to streamline the eligibility process for long term care.
 - b. An error was noted on the graph of the number of unduplicated participants.
 - c. The number of nurses who have been trained and approved to complete the Medical Eligibility Determination (MED) form was asked.
 - d. Whether there has been an increase in the number of denials.
 - e. Whether applicants are dying or moving into nursing facilities while their application is being processed.
 - f. The financial eligibility process is supposed to be completed within 45 days. How an application for CFI is handled if DFA completes their process and the clinical portion is not yet completed.

E. Care Management: The group asked when Step II of Care Management would start. Step II is the point at which long term care services, including waiver services, become provided through the managed care organizations.

The meeting concluded just after 12:00 p.m.

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Follow-up:

1. Responses to the questions raised at the meeting:
 - b. The error noted on the graph of the number of unduplicated participants has been corrected. Replacement graphs are attached with these minutes.
 - c. How many nurses have been trained and approved to complete the MED form? Close to 800
 - d. Has there been an increase in the number of denials? BEAS has seen an increase in inappropriate referrals and this has resulted in an increase in the number of applications that are denied. Prior to denying any application, BEAS follows the process required at RSA 151-E:3 IV, and He-E 801.04 (a) (3) – (6), and obtains additional clinical information from the applicant's medical practitioner.
 - e. Are applicants dying or moving into nursing facilities while their applications are being processed? As far as we can tell, the number of people who die per quarter during the application process is no higher than the number of participants who die in an average quarter. This makes sense given the fact that this program serves people with chronic illnesses. If an applicant needs acute care, s/he does not have to wait for the long term care clinical eligibility process because acute care is available through the Medicaid State Plan and, for many participants, the Medicare Program. BEAS' work with DFA to streamline the eligibility process has resulted in a 35-day current median processing time. This calculation includes the time spent by BEAS to obtain and consider additional clinical information prior to a denial.
 - f. What happens if the clinical portion of the eligibility process is not completed within the 45 days allowed for the financial eligibility portion? The application is "pended" until BEAS takes action. After both parts of the decision are made, a single notice is sent. Before we changed this process, an applicant might receive a denial from one Division and an approval from the other.
 - g. When will Step II of Care Management be implemented? Section 7.7.2 of the contract (Page 29) indicates, "the start date of Step 2 is July 1st, 2013, contingent upon the successful completion of requirements described in 7.7.1." The DHHS will be working with stakeholders and the MCOs to develop the design and implementation of Step 2 during Year 1 of the agreement.
2. The Focus Group was begun in 2009, for the purpose of discussing program issues with stakeholders. The group has been very helpful throughout the administrative rule revision process and I have appreciated the time and attention provided by each member. I am not scheduling another Focus Group meeting at this time. Some members may choose to participate in the work being done by the DHHS for the Care Management and/or the Balancing Incentive Program (BIP) projects. Public forums concerning each of these initiatives will be held over the next several months. If you find a point when you believe there is the need for a focus group to be re-established, please do not hesitate to let my supervisor, Diane Langley, or me know. You may e-mail me directly at slombard@dhhs.state.nh.us, or Diane through the BEAS mailbox at: BEAS@dhhs.state.nh.us.

Thank you for your participation.