

Bureau of Elderly and Adult Services
MED FOCUS GROUP FORUM
February 26, 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 26, 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

Attendees: Barbara Couch, Austin Home Amy Newbury, ServiceLink Belknap County
Peg Lins, Crotched Mountain Community Care Victoria Chapman, Community Bridges
Kristy Hayden-Grace, Strafford County Ann Berthiaume, Elliot Hospital
Alison Rossiter, Life Coping, Inc. Susan Young, Home Care Assn. of NH
John Carmichael, Regency Nursing Home Mickie Grimes, DFA
Linda Carter, Health At Home Russ Armstrong, SCOA
Doug McNutt, AARP Kathy Williamson, NH Catholic Charities
Debra Hamsom, Mount Carmel Nursing Home

I. Welcome and Introductions.

- A. Kathleen asked the group for any good news they'd like to share. The windstorm and power outages were the major topic of discussion. Russ commented that the older generation isn't bothered so much by power outages as it was a common event years ago. St. Theresa's lost power today. As they had no computers, they played cards with residents.
- B. Kathleen reviewed what documents were sent to the group electronically (by Marsha): the Meeting Notes (from the last meetings), the MED Assessment with tracked changes, and a process flow-chart.

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

- A. Mickie apologized to the group for not revising the prototype for this meeting.
- B. The date that is filled in at the top of the application is the current date (date the application is being completed).
- C. Explain (on the form) what date is being requested on #13.
- D. It was recommended to draft an "Applications Instructions Page" that could be attached to the Application. It was noted that there might already be an instructions page that can be updated.

III. Update

- A. Kathleen informed the group that the Assessment Break-Out Group may end sooner than anticipated. If so, the group members are welcome to attend the Process Break-Out Meetings.
- B. Received information from The Bureau of Licensing regarding MDS 3 training. Kathleen reiterated that the Bureau is striving to create a MED instrument that parallels the MDS and OASIS wherever possible. When the MED was adopted several years ago there was a lot of work done with providers groups, i.e. the counties, nursing homes, home health providers, etc. Kathleen is not sure when the instrument became law. Diane Langley provided additional historical information and asked if Doug McNutt could comment on his understanding of how the process developed. Doug mentioned it was the recommendation of the former Commissioner to put the instrument into statute. Doug confirmed to his knowledge, the MED instrument is the only DHHS instrument that appears in statute and must be approved by two committees. Kathleen asked for support to revise the statute and remove the instrument from law. Doug McNutt stated he would be in support of this effort as well as Russ Armstrong. Russ asked that this issue be brought to SCOA at the next meeting.

- C. Susan Young requested a recap of the Process Workgroup. Susan Rydberg commented that some people are confused as to where the applications come from and where they go? BEAS gets them from ServiceLink through e-Studio. Susan gave a recap of the process. Susan explained that when applications are “denied,” the denial is conditional based on receipt of additional information. After additional information is received, BEAS makes an informed decision approving or denying the application. There is an Appeal Process for applications that get denied.
- D. Kathleen mentioned the suggestion of having providers also complete the 2-page financial Application, in addition to the MED. Mickie spoke of the two different applications. Regarding the Financial Application, an individual has to go to a District Office to apply, or have a scheduled appointment at a ServiceLink Resource Center (SLRC). DFA staff goes to SLRCs one day a week. There are 19 DFA workers in the District Offices conducting MEDs and Financial Applications. DFA is mandated to do it. In District Offices, workers do the initial application and redeterminations and handle all of the changes. It all takes time. If we could bring the financial application and the MED together, it would make things different.
- E. The MED comes in thru SLRCs, gets checked in BEAS in New Heights to see if DFA has financial application. Until DFA gets the financial application, BEAS can’t get the process done. A lengthy discussion was held on this topic.
- F. Wendi added that Nursing Facilities and other places are sending families to ServiceLinks and District Offices, whether they make that call, there is that responsibility on the person applying. You can encourage them to go, but you can’t rely on it.
- G. The question was asked, “Can a provider go ahead and complete an MED on their own?” The answer was no, you cannot, the MED can only be scheduled by the State Office.
- H. Mickie will bring copies of the financial application (Form 800) to the next meeting. The question was asked, “Who can do the Financial Application?” Federal law states that the State of NH, DHHS (DFA) has to do the financial application. Anyone can fill it out, DFA has to determine eligibility.

IV: Kathleen’s Closing Remarks

- A. Kathleen informed folks that the Older Americans Act is up for reauthorization. Go to the Administration on Aging (AoA) Website for more details. Assistant, Kathy Greenlee, is accepting comments online. Please take the time to read the Act on the web site.
- B. Kathleen spoke of how helpful these sessions have been for BEAS. This conversation has been invaluable. Having Marsha’s notes to review and discuss is most helpful.
- C. Wendi brought handouts regarding Karen Carleton’s MED Go-To Training. Wendi answered some questions (Karen is on vacation). 25 people registered for last week’s Go-To Training.

V. Break-Out Meetings began at 2:25.

Submitted by:

Marsha Lamarre

BEAS Administrative Assistant I

MED Focus Group – February 26, 2010
Assessment Break-Out Discussion
Discussion Leader: Diane Langley

Attendees: Diane Langley, Victoria Chapman, John Carmichael, Peg Lins and Debra Hamsom

Meeting began at 2:25 pm

I. Review of Potential Changes to MED Instrument (Pages 1-5 of 10):

Page 1, Section A:

1. Removed the word “Professional” from “(Professional) Skilled Nursing Services Only.”
2. Correction: “Please answer the following **three** questions.” (not two questions)

Page 4, Section G,1: Problem Behavior: Removing “Within the last 7 days”. Diane will delete this in all areas.

Page 5, Section G.S.: Problem Behavior Supplement

- #2 Wandering: They do or they don’t. Question on #4: Who is the person (filling out the form) to make that decision? The suggestion is to delete “may include the use of drugs, etc.” Wander Guards (This does affect treatment plan).
- #3 Behavioral Demands on Others: What is the importance of respite or in-home staffing for this? Is there a solution, a need for a higher level of care? If no family member living with them, it’s a mute point. Ask staff, or someone who suggested they apply.
- #4. Danger to Self or Other: Remove question 1. What does question 4 have to do with eligibility? It has to do with development of treatment plan.
- #5 Risk Factors (new section added): Combine first 2 sentences to read, “Do you feel threatened or unsafe?”
- #6 Awareness of Needs/Judgment: Okay

Section H. Social/Community Information:

- #1 Alcohol Use: CAGE – a standardized instrument to screen for substance abuse.
- #2 Substance Abuse: Do we want to keep the extensive list? People only admit to Marijuana, no one ever says yes to anything else. Instead of “do you ever use”, change to “do you use.”

II. New Changes Discussed (Pages 6-8 of 10)

Page 6, Activities: “Support Section”

- #1 Change “Setup help only” to “Use of assisted devices or equipment.” It was decided to table any further discussion on this section until Karen Carleton is present.

Page 7:

- k. Bladder Continence: okay
- l. Bowel: okay
- m. Appliances/Programs: Make it a Yes or No Section. If yes, what kind of support do you need? To what extent? (This would eliminate the Appl/Program Section.)

Section J. Medications List: Add a column to Medication List indicating whether or not they are able to self-administer each medication. (Yes/No boxes)

Question: Do we need the MID # on each page of the instrument? Yes, because names are so common.

Page 8, Section K. Medication:

1. 1a. “Does” (instead of “did”) individual prepare and administer his/her own medications? Yes/No
2. There is nothing in here to queue to take their meds, which happens a lot.
3. #1 & #2 Individual “requires” (instead of “required” medications to be administered.)
4. Remove #3 & #4.
5. #5, Individual “has” (instead of “had”) no medications.
6. There was a consensus to move “Comprehension Section” before the “Self Administration” Section. Keep “Self Administration” Section and add an item g. for “Other.”

Section L. Reported Conditions: A discussion was held.

1. Under “Other,” move “Other psychiatric diagnosis…” under “Psychiatric/Mood”.
2. Other minor changes discussed.

Meeting adjourned at 3:30 pm.

MED Focus Group – February 26, 2010
Process Break-Out Discussion
Discussion Leaders: Kerri Coons and Susan Rydberg

Attendees: Russ Armstrong, Wendi Aultman, Ann Berthiaume, Barbara Couch, Kristy Hayden-Grace, Doug McNutt, Amy Newbury, Kathleen Otte, Allison Rossiter, Susan Young.

1. **Agenda** – The group continued to define the process for new clients applying for Choices for Independence (CFI). Sue Rydberg will review the process once the application is received at State Office. Mickie will review the DFA Financial Eligibility process at the next meeting.
2. **Notes Correction** – In the meeting notes from 2/12/10, section 2.a, the DFA family support specialist is onsite at the ServiceLink one day a week but Wendi wanted to make it clear that ServiceLink is able to contact DFA by phone at any time. The notes will be updated.
3. **Review of the LTC Application Process** – The group reviewed and updated the process flow for LTC applications for new CFI clients. There was one addition – when an application is sent to the LTC State Office, the actions are different if the sender is ServiceLink, a hospital, nursing facility or other community provider. Some groups will upload to eStudio or the State secure file transfer site and others will fax. The flow chart will be updated.
4. **Review of the MED Assessment Process** – Sue Rydberg reviewed the process once the LTC application is received at State Office.
 - a. See attached flow chart.
 - b. For non-State stakeholders, it's not always clear on whom to call to get answers if ServiceLink can't help. Is there a list of contacts that the State could distribute?
Issue – Added as issue #10
 - c. A question came up about the Consent Form and what pieces need to be filled out. Should a provider just get a client's signature and leave the rest blank or should it all be filled out? They are not always sure what the State might ask for information. Sue Rydberg mentioned that all of the form should be filled out and that the LTC office would ask for additional medical information if needed. For those assessments where additional information is needed, the LTC state office has about 20% where they have difficulty getting information. This discussion brought out the issue that the MED training should be reviewed and expanded to include more of the entire process. Could trends be monitored to see where information is missing or if there is a trend in denials identify if there is a common reason. Use these trends to enhance or expand training.
Issue – Added as issue #11

- d. Are many MED assessments denied? Not a large number and many will be approved after additional medical information is obtained. It is important to put as much information as possible into the nurses notes section on the MED or include other medical information as an attachment.
- e. There are growing pains with the new MED process so it would be helpful to understand the roles of everyone involved, i.e., case manager, LTC nurse, service provider, etc. Who should be doing what? Now that the LTC nurses are not going into the field what are the alternatives? Sometimes the process is not consistent depending on the case manager assigned.

Issue – Added as issue #12

- f. Do clients get copies of all the paperwork that requires their signature? How does that work?

Issue – Added as issue #13

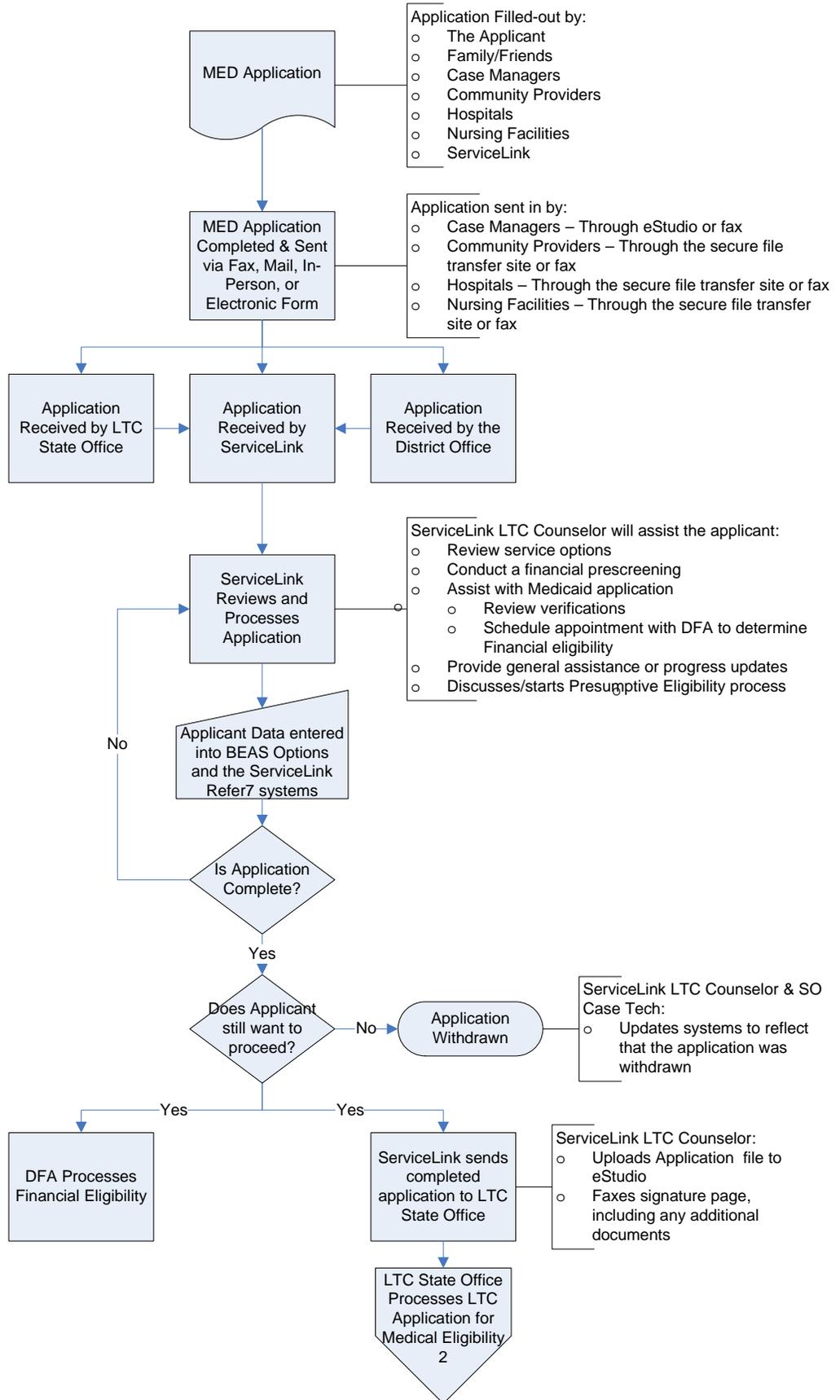
- g. CMS guidelines dictate when Medicaid will start paying for services for eligible individuals. The rules are different for nursing facility vs CFI. For CFI clients, the begin date can start on or after the MED assessment date or the financial eligibility date whichever is later. It would be helpful for the public to see a timeline and the income/resource guidelines needed for eligibility. Kathleen will check with Mickie on if this is something that DFA already publishes.

- 5. **Next Meeting** – This meeting is at a new time: **Tuesday, March 16, 2010, 1:30 – 3:30 pm.** Mickie will review the DFA Financial Eligibility process.

CFI LTC Application Process for New Clients

Process Problems:

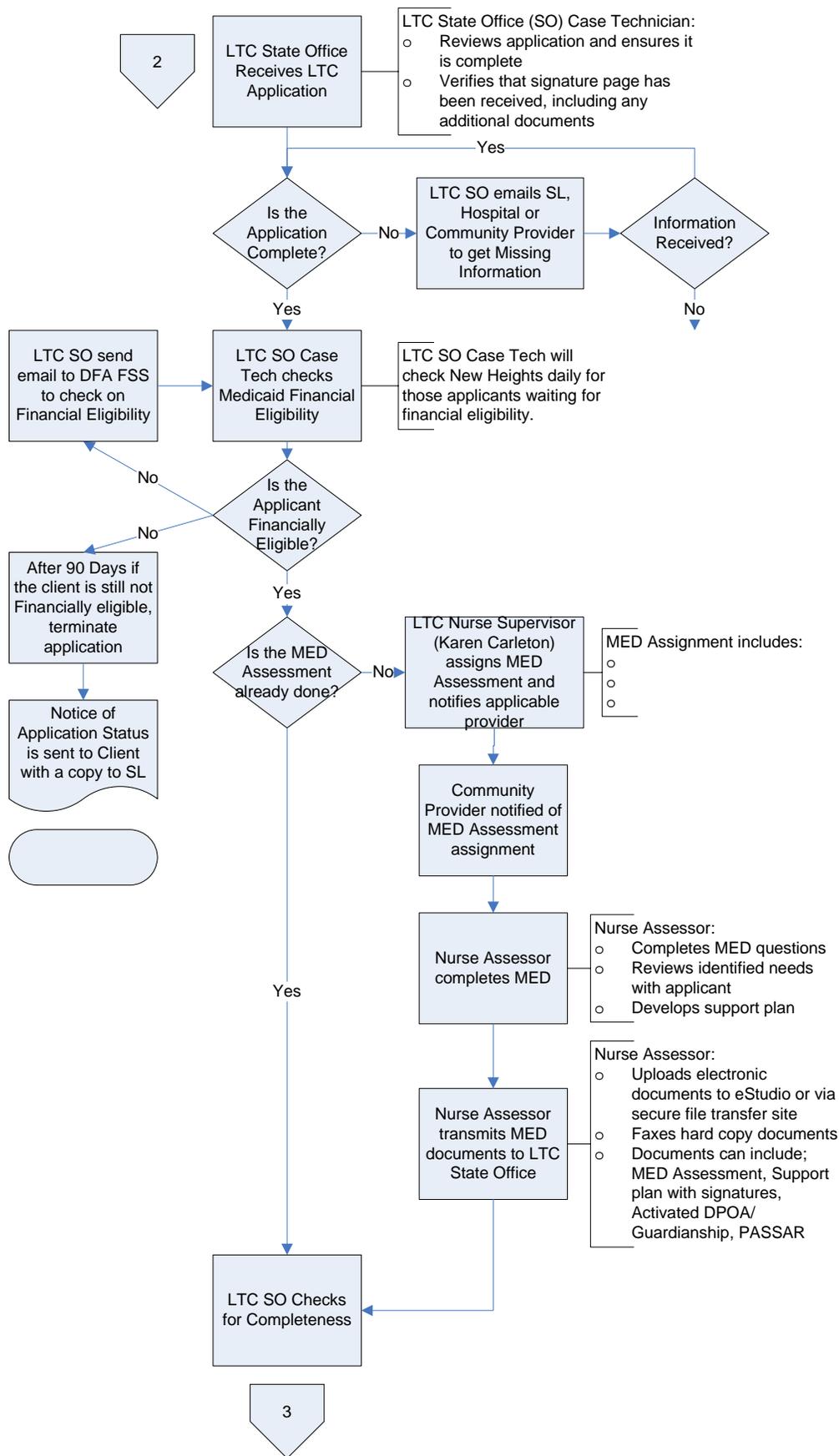
- Clients are confused between financial and MED applications
- ServiceLink doesn't always receive a copy of the MED application if sent to SO or DO
- Confusion over where to send applications for CFI vs NF
- Process can be lengthy - difficult for clients to timely obtain all required verifications
- 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:

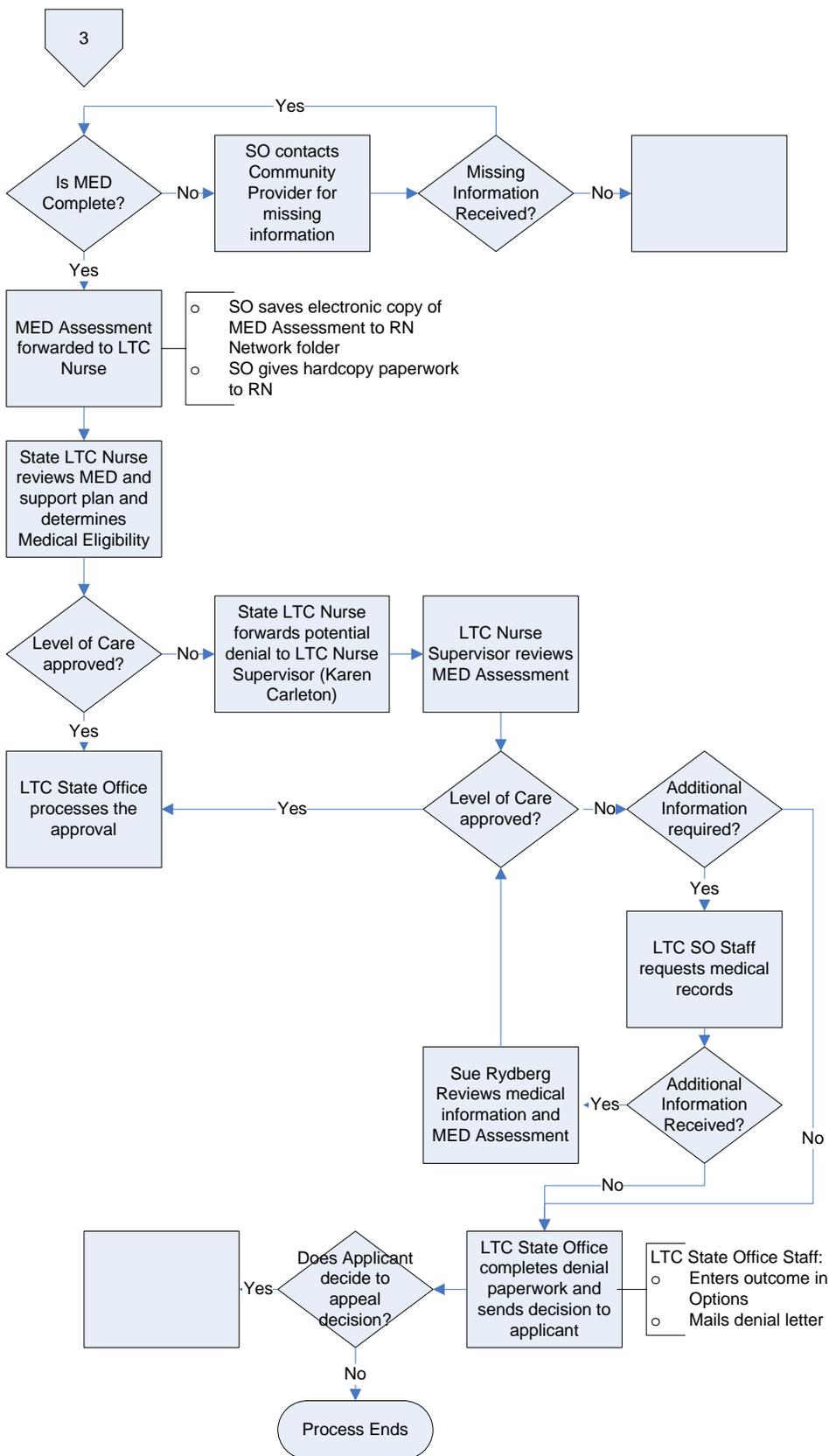
- If the client is not MA eligible, is the MED nurse assessment scheduled or will it wait?
- What happens if the applicant isn't completely eligible but is In & Out or Pending Medicaid Eligibility?
- What does Karen Carleton have to do for MED assignment?



CFI MED Assessment Process for New Clients

Process Problems:

- What happens if the missing information is never received?



- What happens when the applicant decides to appeal a decision?

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	12/12/10	Closed	2/12 - Sue Rydberg - Apps are not being misdirected.	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. It doesn't appear to be an issue since it hasn't been happening.
2	Med	Role Clarification - what provider should do which MED assessments?	Sue Rydberg	3/31/10	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	3/31/10	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	3/31/10	Open		1/29/10 - Meeting - Issue identified
5	Med	Expedited Process - Is there a method to expedite a MED?	Mary Maggioncalda	3/31/10	Open		1/29/10 - Meeting - Issue identified
6	Med	Pending - What does it mean?	Kerri Coons	3/31/10	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	3/31/10	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	3/31/10	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	3/31/10	Open		2/12/10 - Meeting - Issue identified
10	Med	Contact List - For non-State stakeholders, it's not always clear on whom to call to get answers if ServiceLink can't help. Is there a list of contacts that BEAS could distribute?	Sue Rydberg	3/31/10	Open		2/26/10 - Meeting - Issue identified
11	Med	Training - Could the MED training be expanded to include more of the process and other forms involved so that trainees can get a comprehensive understanding of everything that happens?	Mary Maggioncalda	3/31/10	Open		2/26/10 - 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
12	Med	Roles in Process - There are growing pains with the new MED process so it would be helpful to understand the roles of everyone involved; case manager, LTC nurse, service provider, etc. Who should be doing what? Now that the LTC nurses are not going into the field what are the alternatives? Sometimes the process is not consistent depending on the case manager assigned.	Mary Maggioncalda	3/31/10	Open		2/26/10 - Meeting - Issue identified
13	Med	Paperwork Copies - Do clients get copies of all the paperwork that they sign? How does that work?	Sue Rydberg	3/31/10	Open		2/26/10 - Meeting - Issue identified