

Bureau of Elderly and Adult Services
MED FOCUS GROUP FORUM
March 31, 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 31, 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
Wendi Aultman Kerri Coons Karen Carleton

Attendees: Russ Armstrong, SCOA Ann Berthiaume, Elliot Hospital
Kathy Boylan, Moore Center Madeline Clark, MSN
Barbara Couch, Austin Home Ellen Curelop, Life Coping, Inc.
Erin Hall, Brain Injury Assn. Kristy Hayden-Grace, Strafford County
Amy Newbury, ServiceLink Belknap County John Poirier, NHHCA
Ted Purdy, Sullivan County Barbara Ryan, Heritage Case Management

I. Welcoming Remarks by Kathleen Otte

1. Good News: Sun will shine tomorrow!
2. Providers are staying dry, no power outages reported.
3. The consumer guides, for the CFI Program, are printed. It is an informational guide for consumers that is clear and concise that explains the situation. Kathleen thanked Wendi Aultman for drafting the guide. The printing of the guides was delayed due to the windstorm several weeks ago. Wendi will be drafting a Memo that will be sent out. The guide is available online also, under "Home and Community Services."

II. Update

1. This workgroup is identifying a process, developing an application and an assessment.
2. The "assessment break-out workgroup" is complete.
3. There are two MED Focus Group Meetings left: April 14th & April 29th (The April 14th meeting conflicts with a Case Managers Meeting). Kathleen will talk to Diane about how to proceed.

III. Follow-Up Veterans Discussion by Russ Armstrong

1. Russ Armstrong discussed the importance of the provider community understanding the need to determine whether or not clients are Veterans, by asking the right questions: "Have you or your spouse ever served in the military?" Forums are planned around the State. A Provider Forum is scheduled for April 8th at the Seacoast Pease National Guard with a follow-up Forum for Veterans on September 23rd at Plymouth State College. A Forum titled "Understanding Military Culture" is being held in Littleton, NH on May 26th. A Provider Forum is scheduled for Keene on June 15th at Keene Covenant Church. (A complete schedule is attached.)
2. State Veterans Council (brochure): They are experts and certified by the VA. It's a great place to start.
3. Single most important program is Aid and Attendance, helps with financial assistance for services and in-home care.
4. Extended Care for Veterans (brochure). Highlights community based care services.
5. If you have any questions, please contact Wendi Aultman.

V. Process Break-Out Meeting began at 1:45.

Submitted by: Marsha Lamarre, BEAS Administrative Assistant I

Serving Military, their families and Veterans: An Orientation/Education and Outreach Matrix

Training and Outreach Event	When	Where	Who	Notes
Pre-Conference workshop	April 8 from 1:00-4:30	Seacoast, Pease National Guard	Workgroup in Seacoast	For providers to prepare them for conference
Veterans Conference	13-May	Seacoast, Pease National Guard	Workgroup in Seacoast	
Understanding Military Culture	26-May	Littleton VFW	National Guard	
Serving Military Personnel, their Families, and Veterans	15-Jun	Keene Covenant Church	Partnership of Subcommittee and community: Undefined at this time	Flyer is being drafted. Monadnock Family Services is sponsoring the cost for the space and the Red Cross is providing breakfast/lunch.
Serving Military Personnel, their Families, and Veterans	23-Sep	Plymouth State College	Partnership of Subcommittee and community: Undefined at this time	Flyer is being drafted
Serving Military Personnel, their Families, and Veterans	September ?? Waiting to confirm with Mary Hennessey	Manchester at Fisher Cats Facility? Pallace Theatre?	Partnership of Subcommittee and community: Undefined at this time	Flyer is being drafted
Serving Military Personnel, their Families, and Veterans	November	Strafford County: Unknown at this time	Partnership of Subcommittee and community: Undefined at this time	Flyer is being drafted

MED Focus Group – March 31, 2010
Process Break-Out Discussion
Discussion Leaders: Kerri Coons and Susan Rydberg

Attendees: Russ Armstrong, Wendi Aultman, Ann Berthiaume, Kathy Boylan, Karen Carleton, Madeline Clark, Barbara Couch, Ellen Curelop, Erin Hall, Kristy Hayden-Grace, Mary Maggioncalda, Amy Newbury, John Poirier, Ted Purdy, Allison Rossiter, Barbara Ryan, Sally Varney.

1. **Agenda** – Review the CFI Initial process flow and identify where there are differences for the other process types (CFI rede, Nursing Facility-new client, existing clients moving between NF and Community). Identify suggestions for improvement. Review Issues List.
2. **Review of the MED Assessment Process** – Building on our existing process for a new CFI applicant, the group documented the other processes, i.e., CFI rede, NF new client, existing clients moving between NF and Community.
 - a. The group thought that each process should have it's own separate flow chart rather than try to identify all the differences on one chart. Refer to attached flow charts.
 - b. The level of care requirements are located at RSA 151-E:3.
 - c. For Nursing Facility Clients:
 - 1) Nursing Facility clients do not require an annual redetermination (rede).
 - 2) Nursing Facility clients transitioning to CFI:
 1. May be eligible for the Community Passport (Money Follows the Person) program. The LTC program area will work with the Community Passport program to identify clients that are eligible.
 2. Nursing facility clients that are not already part of the LTC program would follow the same process as a new CFI applicant.
 3. For clients that are already approved for LTC and are being paid by Medicaid, the nursing facility would complete a Status Change Form to initiate the process. Depending on the medical status of the client when the last MED was completed, a new one may need to be done. The LTC Nurse Supervisor will notify the facility if a new MED should be completed.

d. For CFI Clients:

- 1) Annual redeterminations are required. A client could be found not eligible at rede and Medicaid payment for services could stop after the final determination.
- 2) During the year, a significant improvement in health could trigger a new assessment. Case Managers would identify clients that need to be redetermined.
- 3) CFI Clients Transitioning to NF – The Case Manager would complete the LTC Change of Status Form and the client would need to contact their DFA FSS to satisfy nursing facility financial eligibility requirements.

3. Issues List – The open issues were reviewed and all were closed during the meeting. See attached issues list for details.

4. Suggestions for Improvement – The Process Break-Out group is making these recommendations to improve the process:

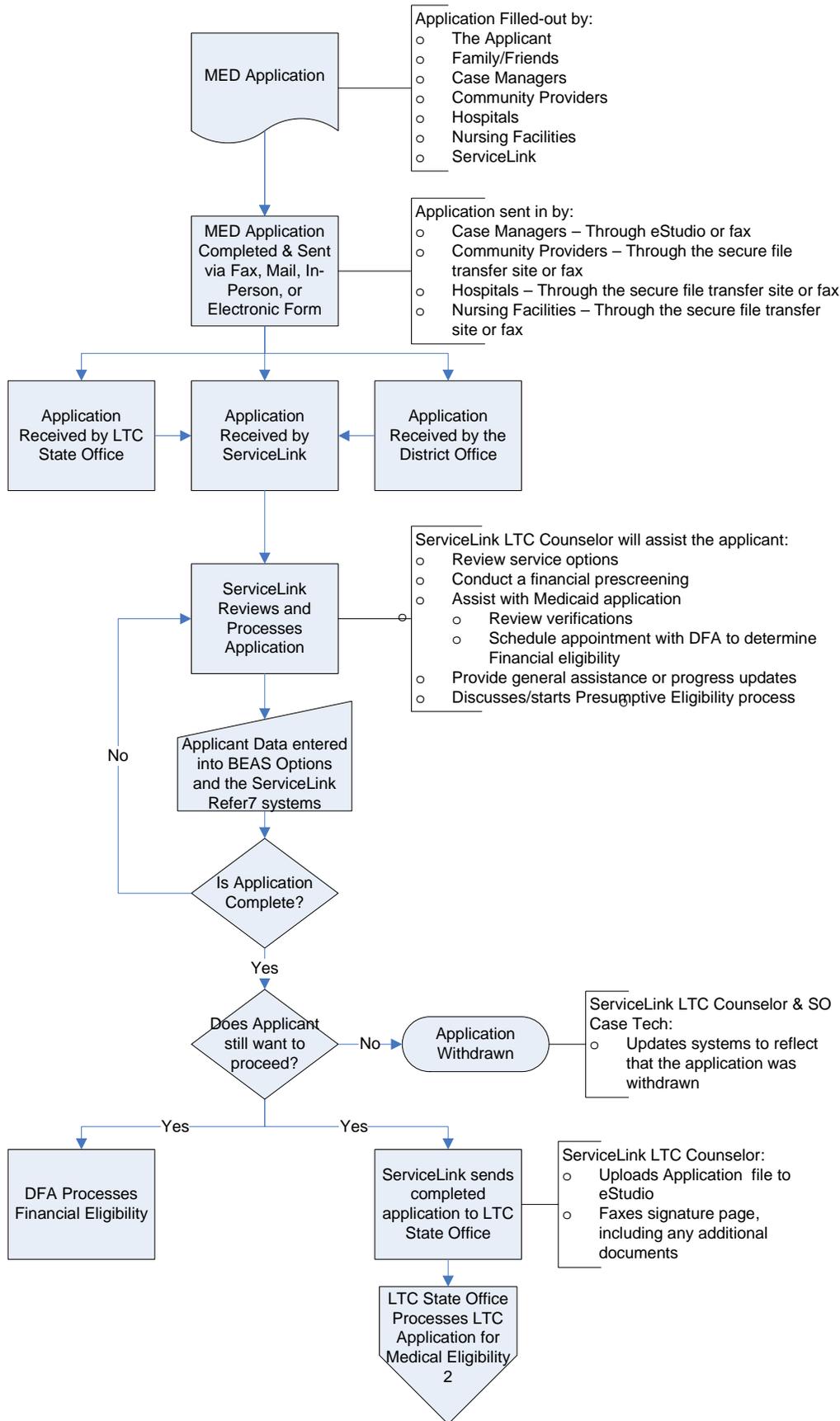
- a. Tracking - Do more to assist the client with tracking the progress of their LTC application.
- b. MED Assignment – BEAS should establish an anticipated timeframe around assigning, accepting the assignment and completing the MED for the community providers.
- c. Redes – Could redes be grouped per year or per quarter so the agency doesn't have to go out multiple times to complete them one-by-one. Do larger groups all during one visit.
- d. Refresher training – Could more information about the MED process be included in the refresher trainings so that everyone will understand the process better.
- e. Risk of admitting a client – Help to minimize the risk to nursing facilities, residential care and other residential facilities when they have to admit clients before the LTC eligibility has been determined.

5. **Next Meeting** – Thursday, April 29, 2010, 1:30 – 3:30 pm.

CFI LTC Application Process for New Clients

Potential Bottlenecks:

- Clients are confused between financial and MED applications. May apply for one but not the other.
- 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

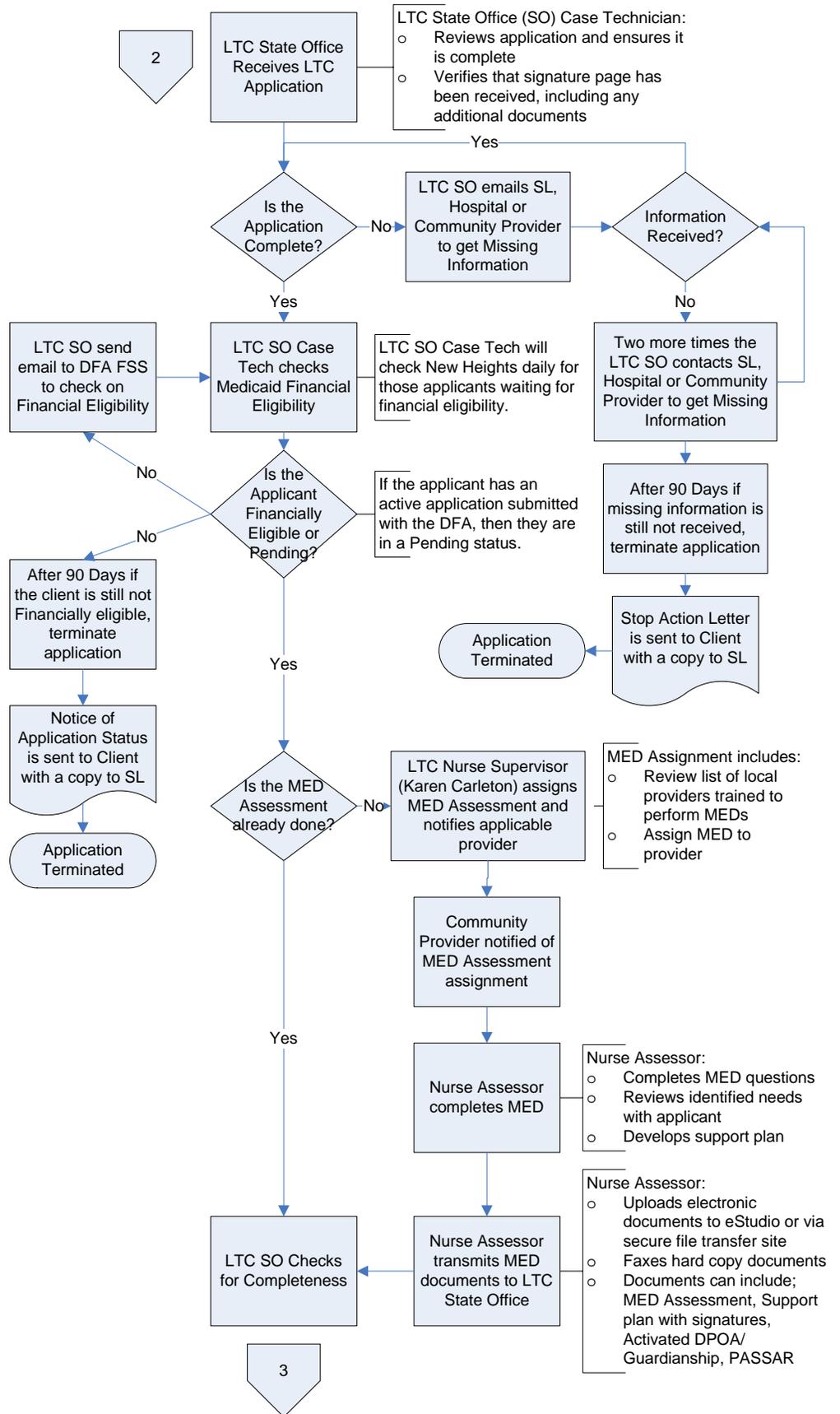


CFI MED Assessment Process for New Clients

Potential Bottlenecks:

- Complete verifications for DFA Financial Eligibility.
- Coordination between Financial and LTC Medical eligibility.

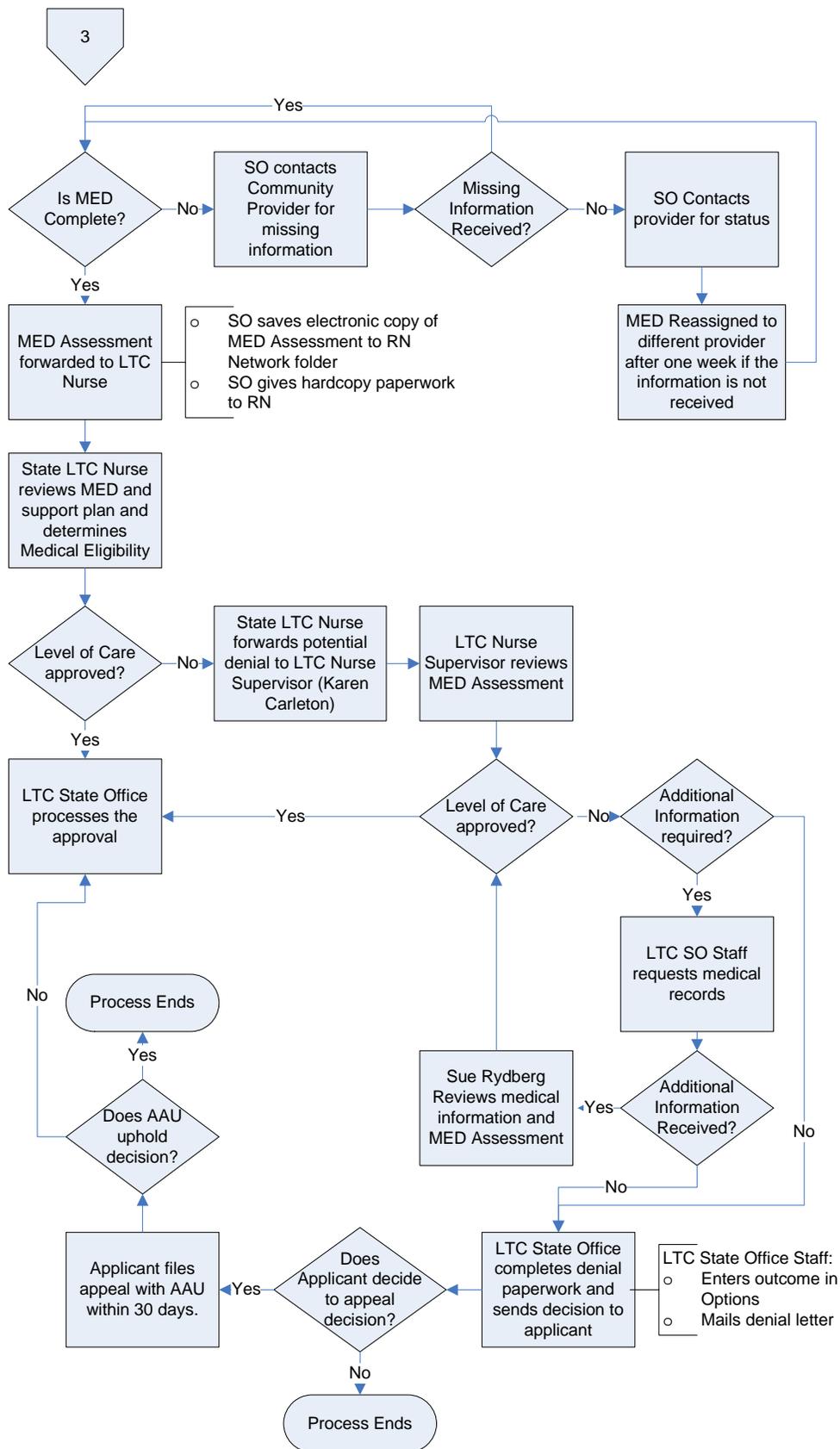
- Potential delay in MED assignment and completion.



CFI MED Assessment Process for New Clients

Potential Bottlenecks:

- Missing information is completed in a timely manner.
- Availability of LTC nurses to determine medical eligibility.
- Timeliness of receipt of additional medical information.

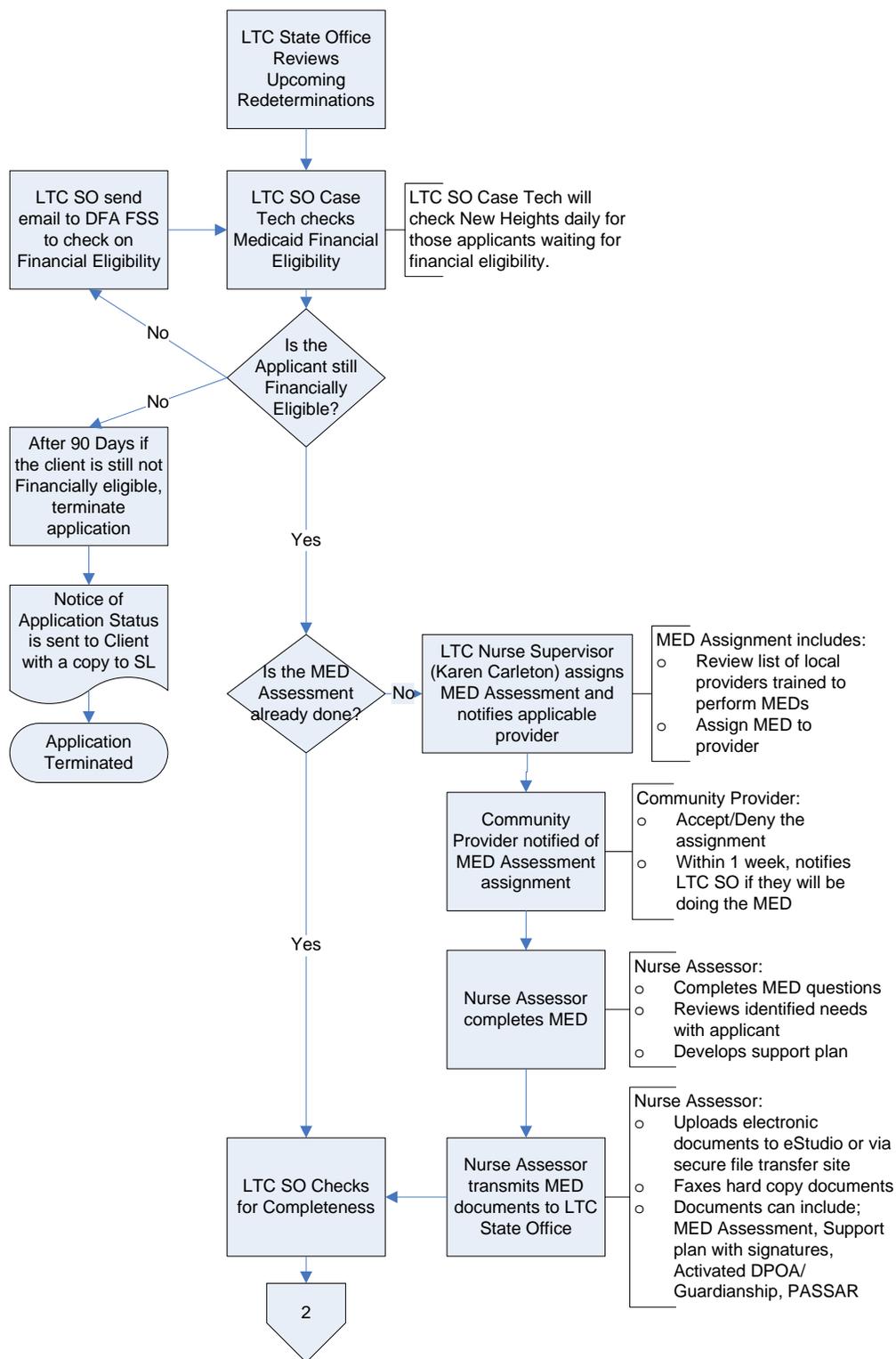


CFI MED Assessment Process for Redeterminations

Potential Bottlenecks:

- Complete verifications for DFA Financial Eligibility.
- Coordination between Financial and LTC Medical eligibility.

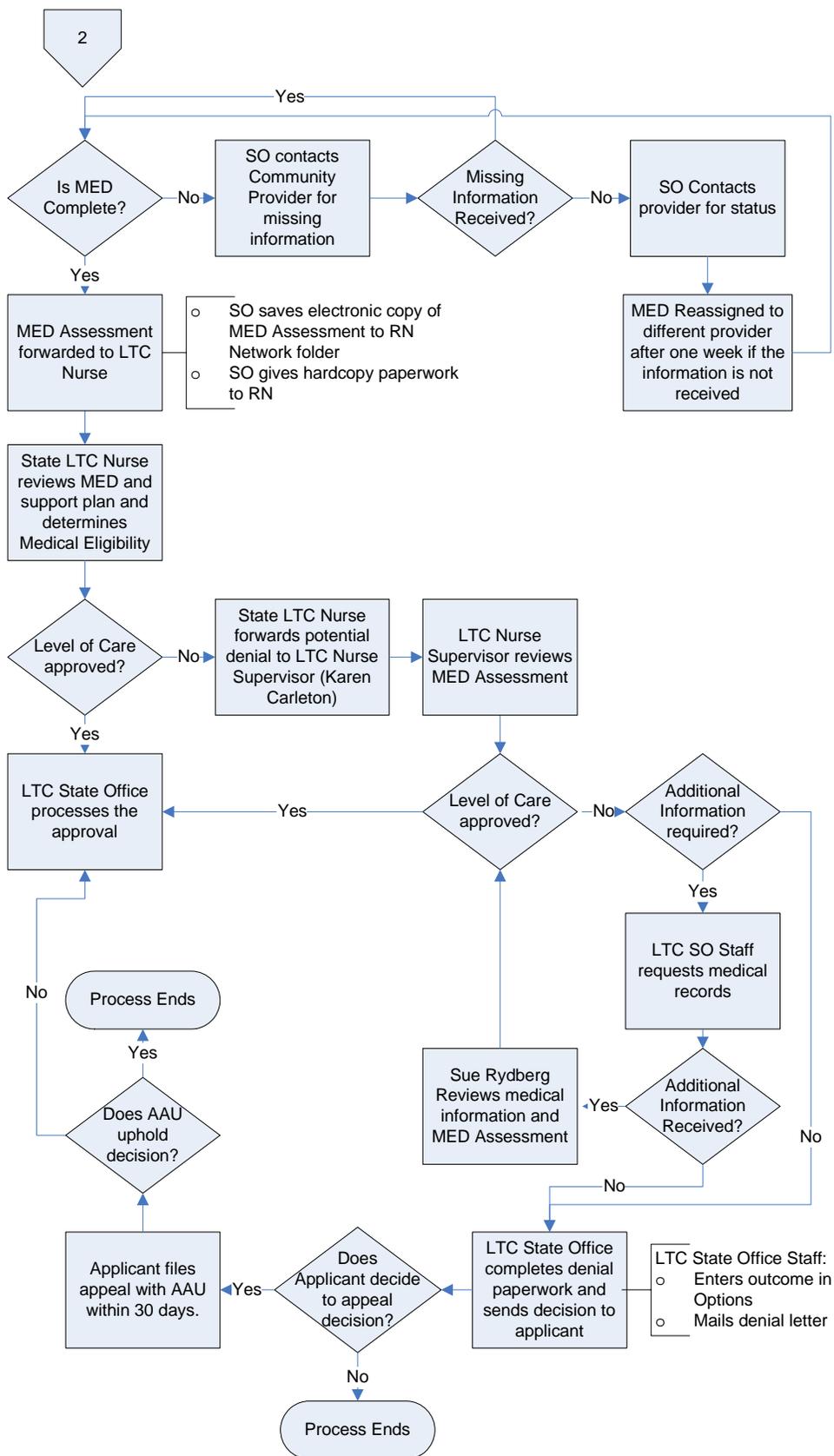
- Potential delay in MED assignment and completion.



CFI MED Assessment Process for Redeterminations

Potential Bottlenecks:

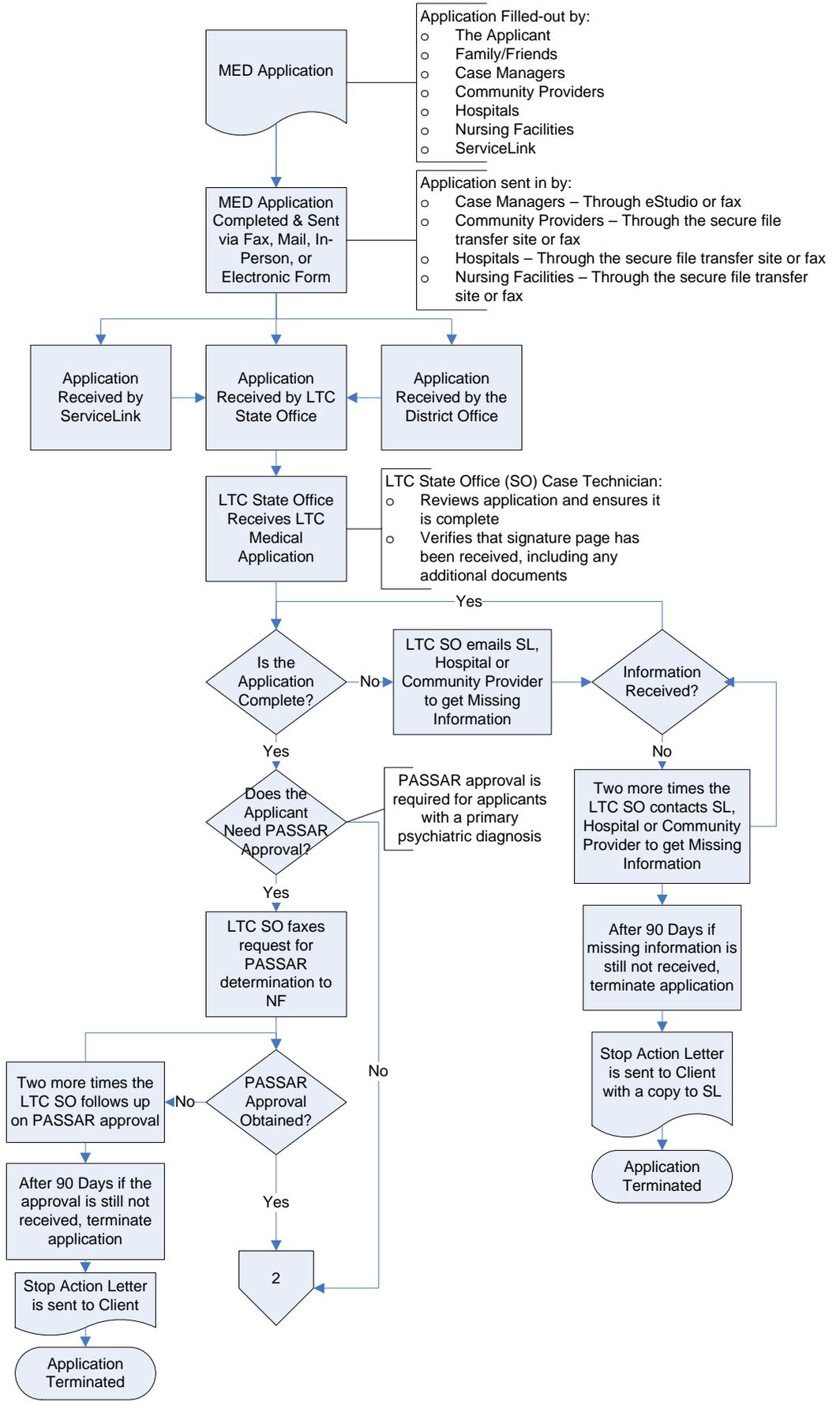
- Missing information is completed in a timely manner.
- Availability of LTC nurses to determine medical eligibility.
- Timeliness of receipt of additional medical information.



NF LTC Application Process for New Clients

Potential Bottlenecks:

- Clients are confused between financial and MED applications. May apply for one but not the other.
- Process can be lengthy - difficult for clients to timely obtain all required verifications
- PASSAR approval has to be obtained.

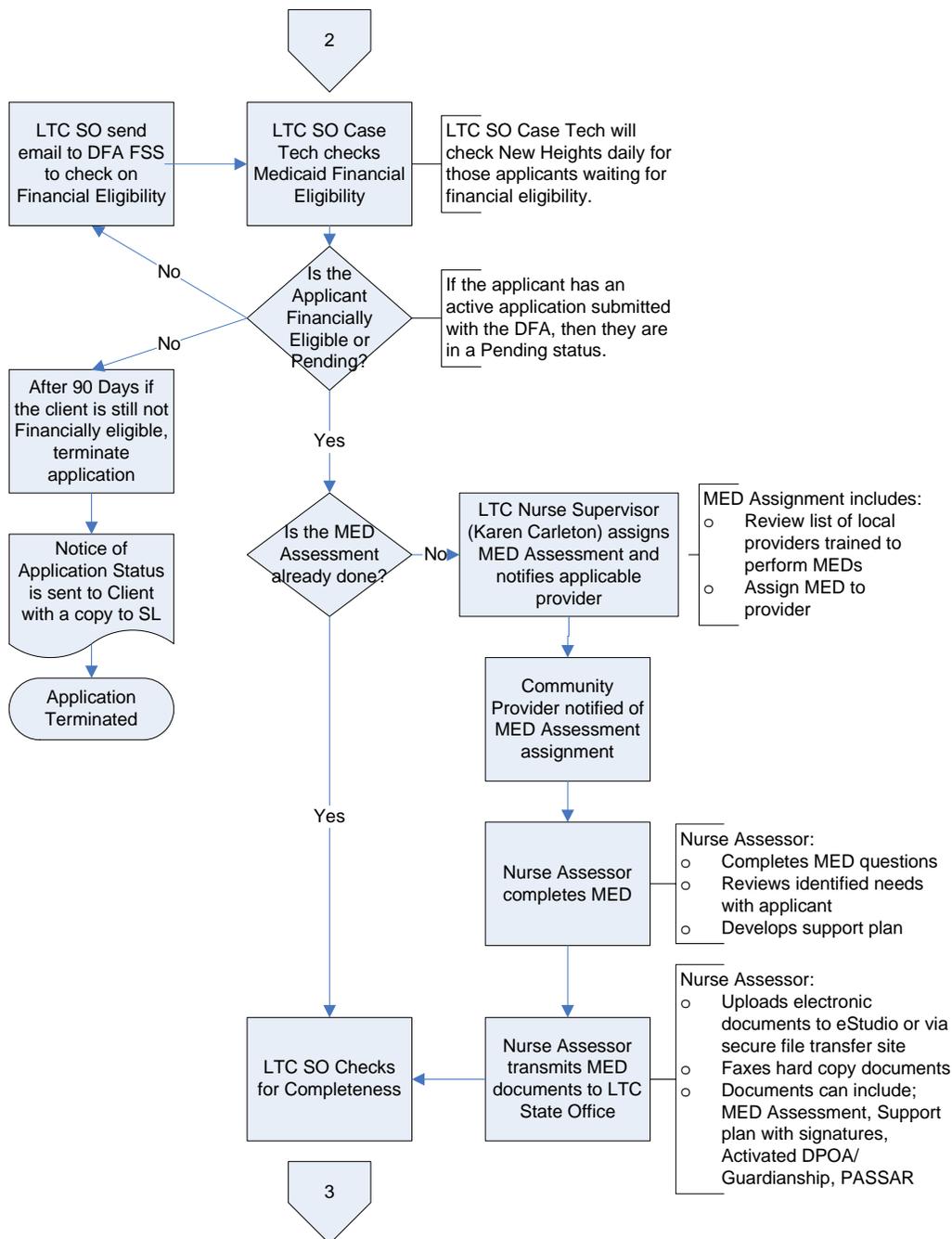


NF MED Assessment Process for New Clients

Potential Bottlenecks:

- Complete verifications for DFA Financial Eligibility.
- Coordination between Financial and LTC Medical eligibility.

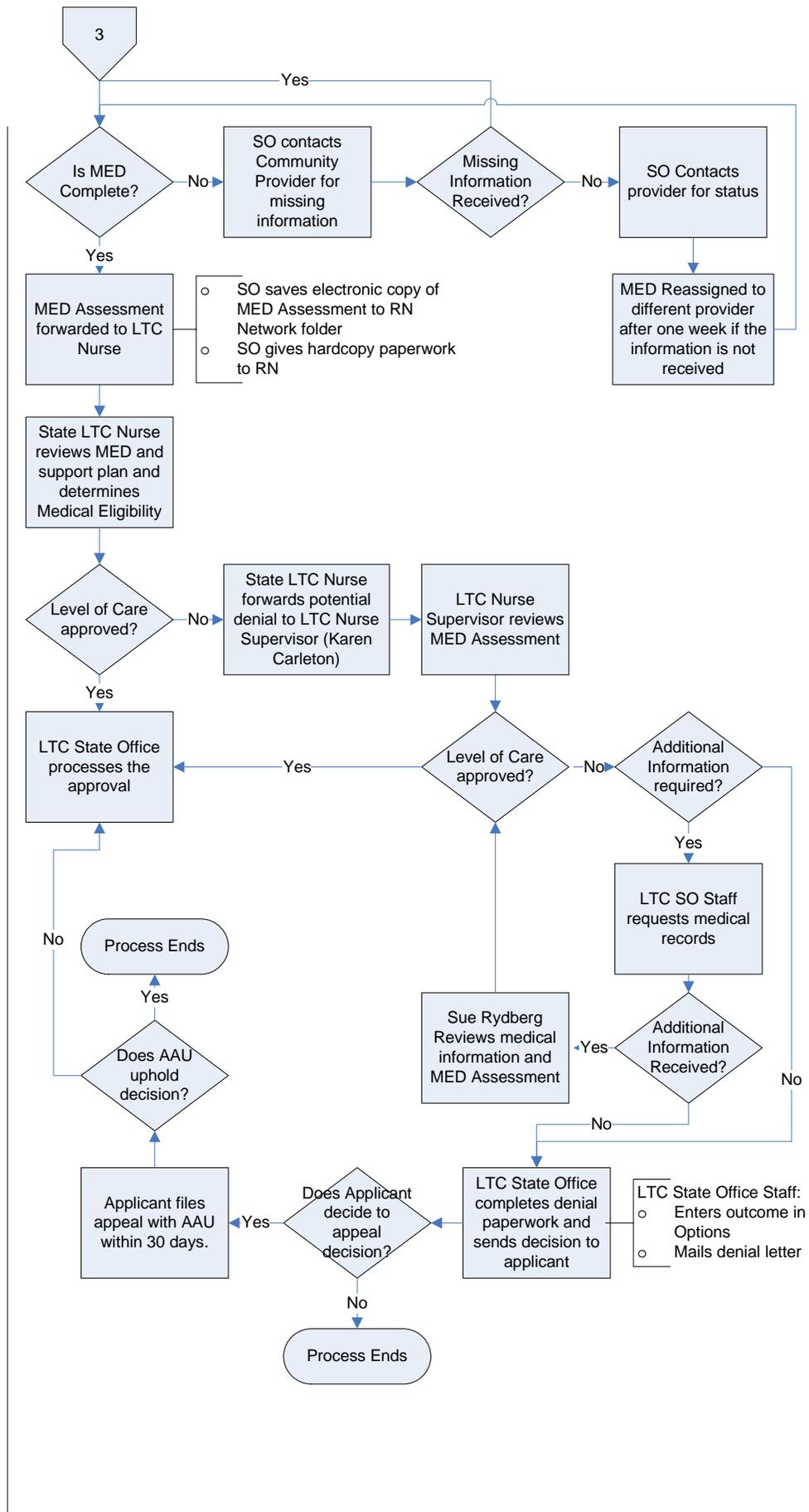
- Potential delay in MED assignment and completion.



NF MED Assessment Process for New Clients

Potential Bottlenecks:

- Missing information is completed in a timely manner.
- Availability of LTC nurses to determine medical eligibility.
- Timeliness of receipt of additional medical information.

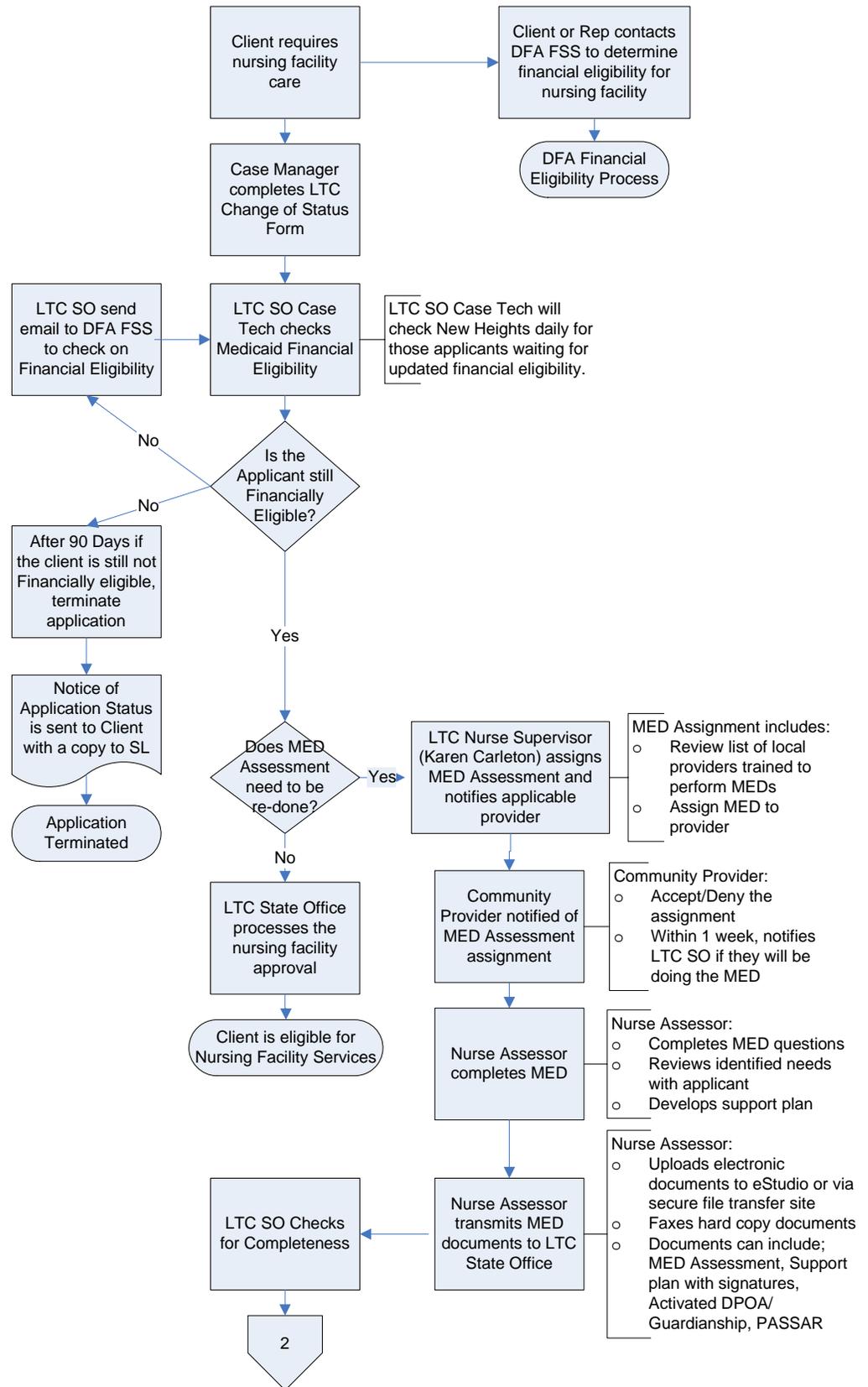


MED Assessment Process for CFI Clients Transitioning to Nursing Facility

Potential Bottlenecks:

- Complete verifications for DFA Financial Eligibility.
- Coordination between Financial and LTC Medical eligibility.

- Potential delay in MED assignment and completion.



MED Assessment Process for CFI Clients Transitioning to Nursing Facility

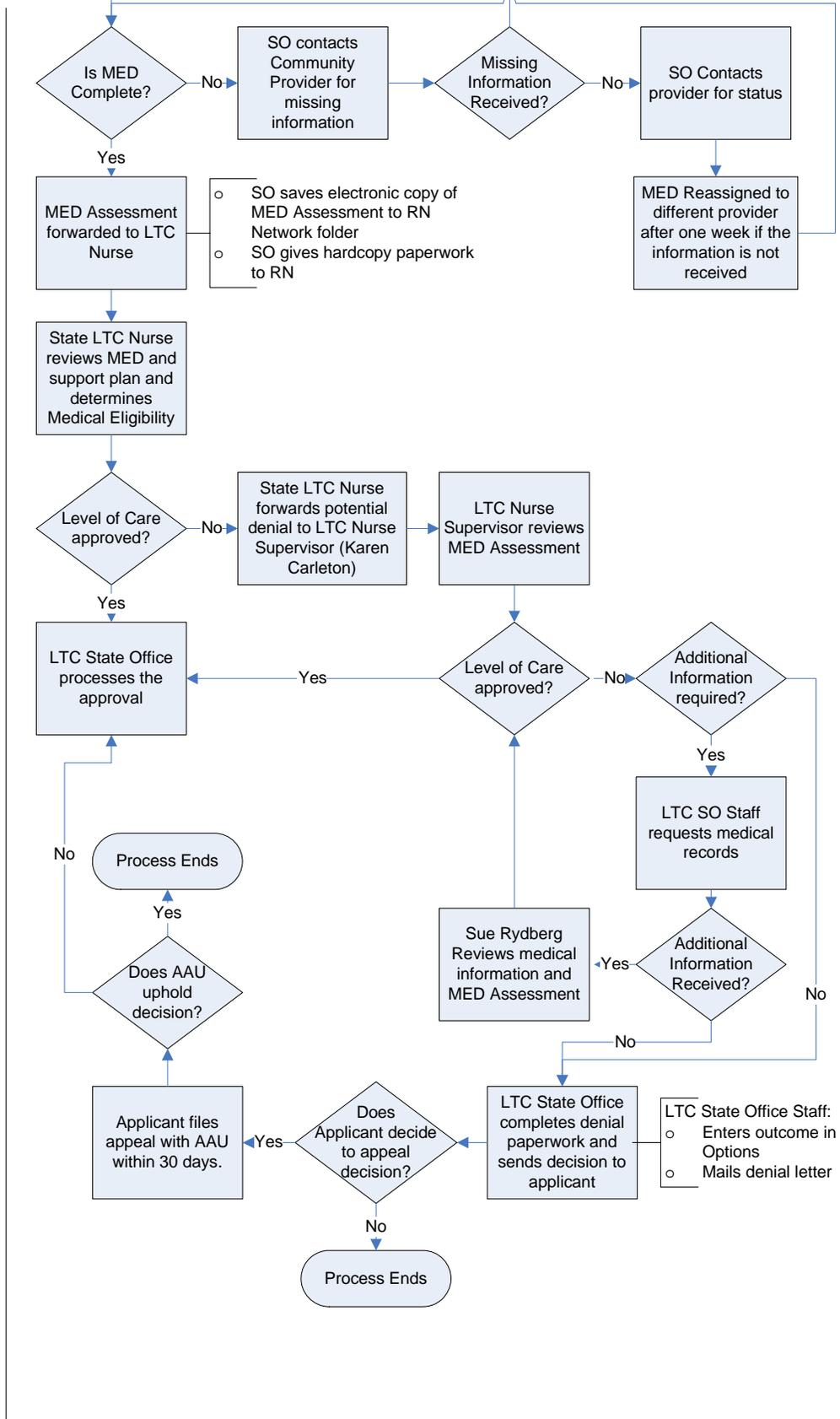
2

Potential Bottlenecks:

- Missing information is completed in a timely manner.

- Availability of LTC nurses to determine medical eligibility.

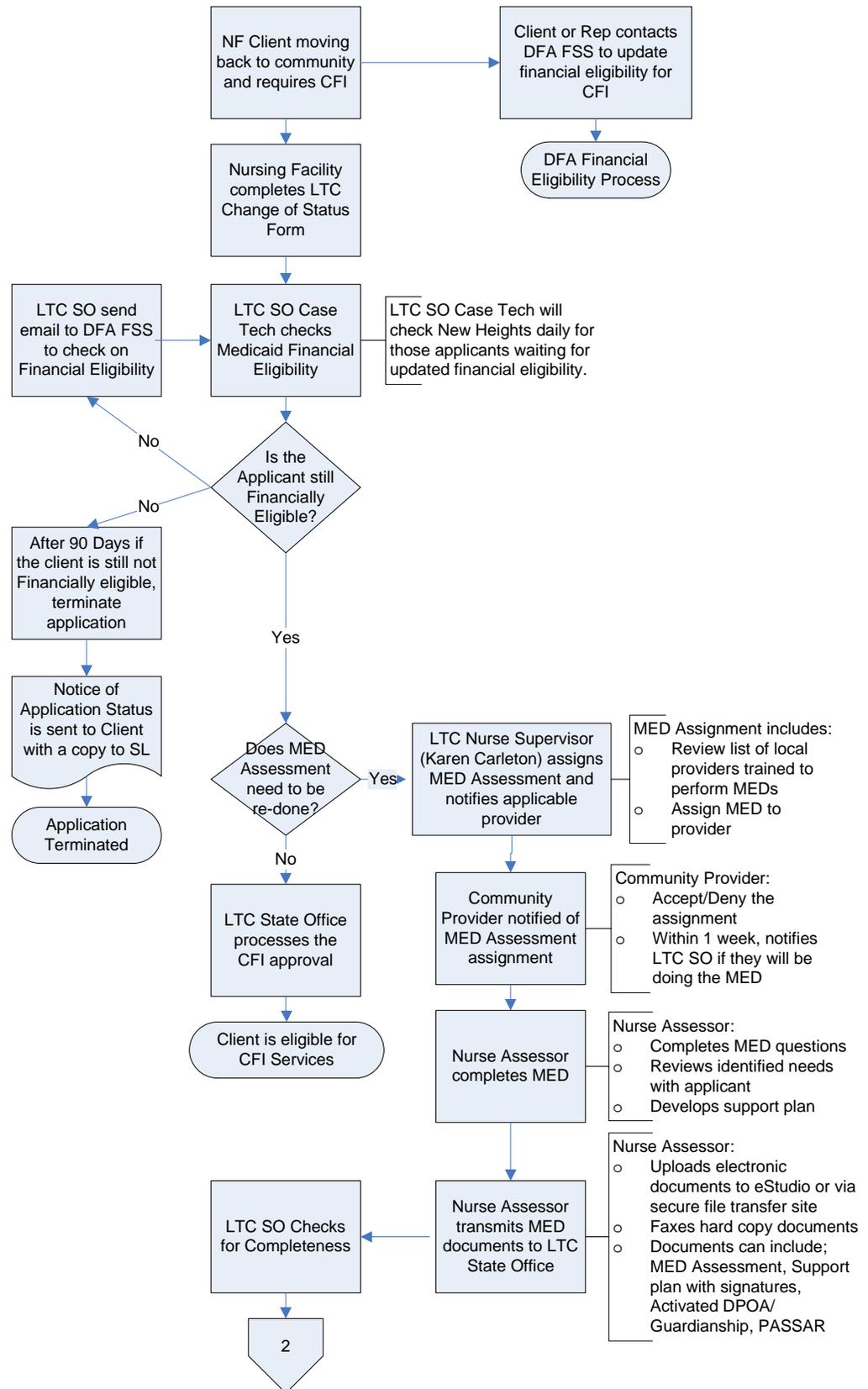
- Timeliness of receipt of additional medical information.



MED Assessment Process for Nursing Facility Clients Transitioning to CFI

Potential Bottlenecks:

- o Complete verifications for DFA Financial Eligibility.
- o Coordination between Financial and LTC Medical eligibility.
- o Potential delay in MED assignment and completion.



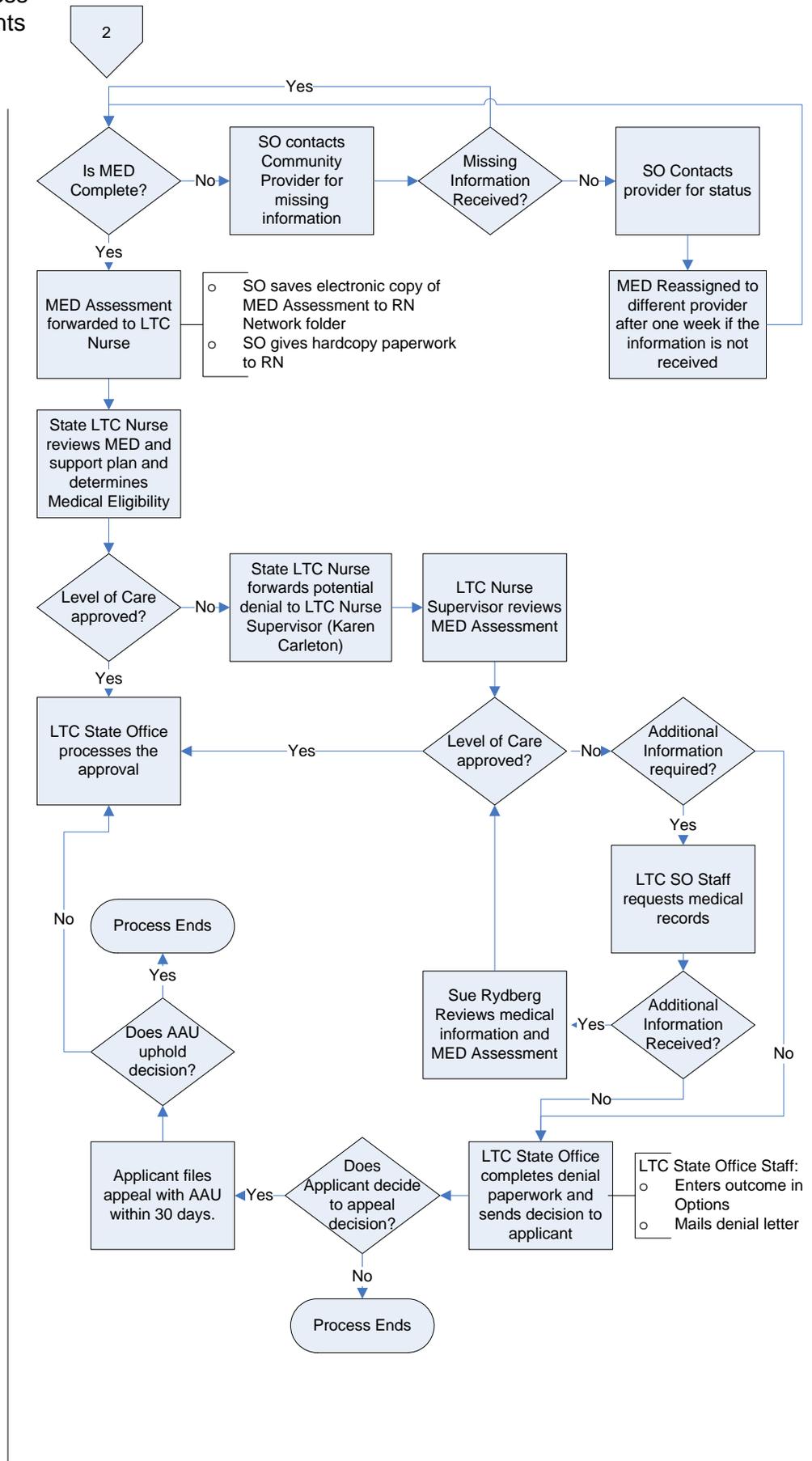
MED Assessment Process for Nursing Facility Clients Transitioning to CFI

Potential Bottlenecks:

- o Missing information is completed in a timely manner.

- o Availability of LTC nurses to determine medical eligibility.

- o Timeliness of receipt of additional medical information.



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	Closed	3/31/10 - Karen Carleton - Hospitals not assigned unless other agencies are not available.	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. 3/31/10 - Karen Carleton - Normally a Home Health or Case Management Agency already assigned to a client would be assigned the MED. A hospital is usually not contacted unless there is no one else to complete the MED.

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
3	Med	MED Status - need a more effective way to communicate where a client is in the process	Kerri Coons	3/31/10	Closed	3/31/10- To check on the MED Status: For Nursing Facilities, contact LTC State Office. For CFI, contact the ServiceLink.	1/29/10 - Meeting - Issue identified 3/31/10 - Meeting - To check on the MED Status: For Nursing Facilities, contact LTC State Office. For CFI, contact the ServiceLink. More specialized training has been held for ServiceLinks in using Options to see the status of a MED.
4	Med	ServiceLink Counseling - SL needs to be aware of all initial CFI applicants for counseling	Sue Rydberg	3/31/10	Closed	The LTC State Office will make sure to notify ServiceLink of any new clients.	1/29/10 - Meeting - Issue identified 2/12/10 - Sue Rydberg - Apps are not being misdirected so ServiceLinks are getting notified.
5	Med	Expedited Process - Is there a method to expedite a MED?	Mary Maggioncalda	3/31/10	Closed	Contact the LTC Nursing Supervisor (Karen). The supervisor will review the extreme cases, i.e., homeless, acute, etc., that would require the expedited process.	1/29/10 - Meeting - Issue identified 3/31/10 - Karen Carleton - There is a new process in place to contact the LTC Nursing Supervisor (Karen). The supervisor will review the extreme cases, i.e., homeless, acute, etc., that would require the expedited process.
6	Med	Pending - What does it mean?	Kerri Coons	3/31/10	Closed	Defined as part of the group discussions.	2/12/10 - Meeting - Issue identified 3/31/10 - Meeting - Defining the process has helped to define the different status.

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	Closed	Scheduled when the applicant has an active financial application pending.	2/12/10 - Meeting - Issue identified. The process needs to be clarified on how Medicaid eligibility affects when the nurse assessment is completed. 3/31/10 - Meeting - Scheduled as long as the application has an active financial application submitted with the DFA FSS.
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	Closed	The MED Focus Group has been a key component of getting feedback to help determine the plans.	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	Closed	The current process should help to identify any conflicts and BEAS will work to resolve.	2/12/10 - Meeting - Issue identified 3/31/10 - Meeting - Everyone working with the client should be focused on what's in the best interest of the client. BEAS will continue to monitor the process to identify any concerns.
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	Closed	Contacts added to BEAS website	2/26/10 - Meeting - Issue identified 3/31/10 - Meeting - BEAS will add a contact list for the LTC State Office on their website under http://www.dhhs.nh.gov/DHHS/BEAS/ltc-medicaid-eligibility.htm

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
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	Closed	Information will be included in refresher trainings.	2/26/10 - Meeting - Issue identified 3/31/10 - Meeting - Karen Carleton will add more information on the process to refresher trainings. It's too much to include in the first training on how to complete the MED.
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	Closed	More information will be included in case management and MED trainings.	2/26/10 - Meeting - Issue identified 3/31/10 - Meeting - Through the process definition, the different actions have helped to clarify the roles. Karen Carleton will also include more information in case management and MED trainings.
13	Med	Paperwork Copies - Do clients get copies of all the paperwork that they sign? How does that work?	Sue Rydberg	3/31/10	Closed	Only when requested.	2/26/10 - Meeting - Issue identified 3/31/10 - Meeting - The applicant doesn't get copies of documents they sign unless requested. The nurse has to return to the office to make copies and mail back to the client.

LTC Applications Received and Outcomes Processed for Calendar Year 2009

LTC Application Statistics for Calendar Year 2009

# LTC Applications Received	Jan-Mar 09	Apr-Jun09	Jul-Sep 09	Oct-Dec 09	Total
HCBC	458	395	396	362	1611
NF	586	479	425	427	1917
Total	1044	874	821	789	3528

Outcomes Processed	Jan-Mar 09	Apr-Jun09	Jul-Sep 09	Oct-Dec 09		Jan-Mar 09	Apr-Jun09	Jul-Sep 09	Oct-Dec 09	
Outcome Reason	CFI	CFI	CFI	CFI	CFI Total	Nursing Facility	Nursing Facility	Nursing Facility	Nursing Facility	NF Total
Another Application Already in Process	8%	7%	4%	3%	6%	12%	8%	2%	2%	7%
Approved for CFI	46%	48%	58%	54%	51%	0.1%	0.0%	0.2%	0.0%	0.1%
Approved for Nursing Facility	0.0%	0.4%	1%	0.0%	0.3%	74%	82%	91%	91%	83%
Client Died	4%	3%	3%	3%	3%	1%	1%	1%	0.0%	1%
Denied - Does Not Meet Level of Care	9%	7%	5%	7%	7%	0.3%	0.2%	0.0%	0.3%	0.2%
Denied by DFA	1%	2%	1%	0.4%	1%	0.1%	0.0%	0.0%	0.0%	0.0%
Entered Nursing Facility	3%	1%	3%	2%	2%	0.0%	0.0%	0.2%	0.0%	0.0%
Medicaid Financial Application Not Completed	6%	5%	6%	8%	6%	2%	2%	1%	1%	2%
Moved out of State of NH	0.0%	0.4%	1%	0.0%	0.3%	0.1%	0.0%	0.0%	0.0%	0.0%
Withdrew Application	10.9%	15.8%	13%	11.5%	12.9%	0.0%	0.0%	0.7%	0.0%	0.1%
Other	13%	10%	6%	11%	10%	10.2%	6.8%	5%	5.7%	7.3%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%