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
Wendi Aultman

Susan Rydberg
Kerri Coons

Sally Varney
Karen Carleton

Attendees:
Russ Armstrong, SCOA
Kathy Boylan, Moore Center
Barbara Couch, Austin Home
Erin Hall, Brain Injury Assn.
Amy Newbury, ServiceLink Belknap County
Ted Purdy, Sullivan County

Ann Berthiaume, Elliot Hospital
Madeline Clark, MSN
Ellen Curelop, Life Coping, Inc.
Kristy Hayden-Grace, Strafford County
John Poirier, NHHCA
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
<table>
<thead>
<tr>
<th>Training and Outreach Event</th>
<th>When</th>
<th>Where</th>
<th>Who</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Conference workshop</td>
<td>April 8 from 1:00-4:30</td>
<td>Seacoast, Pease National Guard</td>
<td>Workgroup in Seacoast</td>
<td>For providers to prepare them for conference</td>
</tr>
<tr>
<td>Veterans Conference</td>
<td>13-May</td>
<td>Seacoast, Pease National Guard</td>
<td>Workgroup in Seacoast</td>
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<tr>
<td>Understanding Military Culture</td>
<td>26-May</td>
<td>Littleton VFW</td>
<td>National Guard</td>
<td></td>
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<tr>
<td>Serving Military Personnel, their Families, and Veterans</td>
<td>15-Jun</td>
<td>Keene Covenant Church</td>
<td>Partnership of Subcommittee and community: Undefined at this time</td>
<td>Flyer is being drafted. Monadnock Family Services is sponsoring the cost for the space and the Red Cross is providing breakfast/lunch.</td>
</tr>
<tr>
<td>Serving Military Personnel, their Families, and Veterans</td>
<td>23-Sep</td>
<td>Plymouth State College</td>
<td>Partnership of Subcommittee and community: Undefined at this time</td>
<td>Flyer is being drafted</td>
</tr>
<tr>
<td>Serving Military Personnel, their Families, and Veterans</td>
<td>September ?? Waiting to confirm with Mary Hennessey</td>
<td>Manchester at Fisher Cats Facility? Pallace Theatre?</td>
<td>Partnership of Subcommittee and community: Undefined at this time</td>
<td>Flyer is being drafted</td>
</tr>
<tr>
<td>Serving Military Personnel, their Families, and Veterans</td>
<td>November</td>
<td>Strafford County: Unknown at this time</td>
<td>Partnership of Subcommittee and community: Undefined at this time</td>
<td>Flyer is being drafted</td>
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</table>
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 its 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.

**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

**Application Filled-out by:**
- The Applicant
- Family/Friends
- Case Managers
- Community Providers
- Hospitals
- Nursing Facilities
- ServiceLink

**Application sent in by:**
- Case Managers – Through eStudio or fax
- Community Providers – Through the secure file transfer site or fax
- Hospitals – Through the secure file transfer site or fax
- Nursing Facilities – Through the secure file transfer site or fax

**ServiceLink LTC Counselor will assist the applicant:**
- Review service options
- Conduct a financial prescreening
- Assist with Medicaid application
  - Review verifications
  - Schedule appointment with DFA to determine Financial eligibility
- Provide general assistance or progress updates
- Discusses/starts Presumptive Eligibility process

**Application Completed & Sent via Fax, Mail, In-Person, or Electronic Form**

**Application Received by LTC State Office**

**Application Received by ServiceLink**

**Application Received by the District Office**

**ServiceLink Reviews and Processes Application**

** Applicant Data entered into BEAS Options and the ServiceLink Refer7 systems**

**Is Application Complete?**

**Yes**

**Does Applicant still want to proceed?**

**No**

**Application Withdrawn**

**Yes**

**DFA Processes Financial Eligibility**

**ServiceLink LTC Counselor & SO Case Tech:**
- Updates systems to reflect that the application was withdrawn

**ServiceLink sends completed application to LTC State Office**

**LTC State Office Processes LTC Application for Medical Eligibility**

**Application sent in by:**
- Case Managers – Through eStudio or fax
- Community Providers – Through the secure file transfer site or fax
- Hospitals – Through the secure file transfer site or fax
- Nursing Facilities – Through the secure file transfer site or fax

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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.

LTC State Office Receives LTC Application

LTC State Office (SO) Case Technician:
- Reviews application and ensures it is complete
- Verifies that signature page has been received, including any additional documents

Is the Application Complete?

Yes

LTC SO Case Tech checks Medicaid Financial Eligibility

Is the Applican Financially Eligible or Pending?

No

After 90 Days if the client is still not Financially eligible, terminate application

Notice of Application Status is sent to Client with a copy to SL

Application Terminated

No

LTC SO email SL, Hospital or Community Provider to get Missing Information

Information Received?

Yes

LTC SO Case Tech will check New Heights daily for those applicants waiting for financial eligibility.

If the applicant has an active application submitted with the DFA, then they are in a Pending status.

Application Terminated

No

Two more times the LTC SO contacts SL, Hospital or Community Provider to get Missing Information

After 90 Days if missing information is still not received, terminate application

Stop Action Letter is sent to Client with a copy to SL

Is the MED Assessment already done?

No

LTC Nurse Supervisor (Karen Carleton) assigns MED Assessment and notifies applicable provider

MED Assignment includes:
- Review list of local providers trained to perform MEDs
- Assign MED to provider

Yes

Community Provider notified of MED Assessment assignment

LTC Nurse Assessor completes MED

Nurse Assessor:
- Completes MED questions
- Reviews identified needs with applicant
- Develops support plan

Nurse Assessor:
- Uploads electronic documents to eStudio or via secure file transfer site
- Faxes hard copy documents
- Documents can include: MED Assessment, Support plan with signatures, Activated DPOA/Guardianship, PASSAR

LTC SO Checks for Completeness

LTC SO transmits MED documents to LTC State Office

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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 New Clients

SO contacts Community Provider for missing information

Is MED Complete?
- No
  - Missing Information Received?
    - No
      - SO Contacts provider for status
    - Yes
      - MED Assessment forwarded to LTC Nurse
    - Yes
      - State LTC Nurse reviews MED and support plan and determines Medical Eligibility
- Yes
  - Level of Care approved?
    - No
      - LTC State Office processes the approval
      - Yes
        - Level of Care approved?
          - Yes
            - LTC State Office Staff requests medical records
          - No
            -水平 of Care approved?
              - No
                - Additional Information required?
                  - Yes
                    - Sue Rydberg Reviews medical information and MED Assessment
                  - No
                    - Applicant files appeal with AAU within 30 days.
                    - Yes
                      - Does AAU uphold decision?
                        - Yes
                          - Process Ends
                        - No
                          - Applicant decide to appeal decision?
                            - Yes
                              - LTC State Office completes denial paperwork and sends decision to applicant
                            - No
                              - Process Ends
                      - No
                        - LTC State Office Staff:
                          - Enters outcome in Options
                          - Mails denial letter
              - Yes
                - MED Reassigned to different provider after one week if the information is not received

State LTC Nurse forwards potential denial to LTC Nurse Supervisor (Karen Carleton)

LTC Nurse Supervisor reviews MED Assessment

State LTC Nurse saves electronic copy of MED Assessment to RN

SO saves electronic copy of MED Assessment to RN

SO gives hardcopy paperwork to RN

SO Contacts Community Provider for missing information

MED Reassigned to different provider after one week if the information is not received

Additional Information Received?
- Yes
  - LTC State Office Staff:
    - Enters outcome in Options
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                  - Process Ends
                - No
                  - Applicant decide to appeal decision?
                    - Yes
                      - LTC State Office completes denial paperwork and sends decision to applicant
                    - No
                      - Process Ends
            - No
              - Process Ends

State LTC Nurse reviews MED and support plan and determines Medical Eligibility

LTC State Office processes the approval

State LTC Nurse forwards potential denial to LTC Nurse Supervisor (Karen Carleton)

LTC Nurse Supervisor reviews MED Assessment

SO contacts Community Provider for missing information

MED Assessment forwarded to LTC Nurse

State LTC Nurse reviews MED and support plan and determines Medical Eligibility

Level of Care approved?
- No
  - MED Assessment forwarded to LTC Nurse
  - Yes
    - Level of Care approved?
      - Yes
        - Level of Care approved?
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                      - Applicant decide to appeal decision?
                        - Yes
                          - LTC State Office completes denial paperwork and sends decision to applicant
                        - No
                          - Process Ends
          - No
            - Level of Care approved?
              - No
                - MED Reassigned to different provider after one week if the information is not received
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:

LTC State Office Reviews Upcoming Redeterminations

LTC SO send email to DFA FSS to check on Financial Eligibility

LTC SO Case Tech checks Medicaid Financial Eligibility

Is the Applicant still Financially Eligible?

No

After 90 Days if the client is still not Financially eligible, terminate application

Notice of Application Status is sent to Client with a copy to SL

Application Terminated

Yes

No

Is the MED Assessment already done?

Yes

LTC Nurse Supervisor (Karen Carleton) assigns MED Assessment and notifies applicable provider

MED Assignment includes:
- Review list of local providers trained to perform MEDs
- Assign MED to provider

Community Provider:
- Accept/Deny the assignment
- Within 1 week, notifies LTC SO if they will be doing the MED

Nurse Assessor:
- Completes MED questions
- Reviews identified needs with applicant
- Develops support plan

Community Provider notified of MED Assessment assignment

Nurse Assessor completes MED

Nurse Assessor transmits MED documents to LTC State Office

LTC SO Checks for Completeness

2
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.

Is MED Complete?

No

Yes

MED Assessment forwarded to LTC Nurse

State LTC Nurse reviews MED and supports plan and determines Medical Eligibility

Level of Care approved?

No

Yes

LTC State Office processes the approval

Level of Care approved?

No

Yes

Additional Information required?

No

Yes

Sue Rydberg reviews medical information and MED Assessment

Applicant files appeal with AAU within 30 days.

Does AAU uphold decision?

No

Yes

Process Ends

Does Applicant decide to appeal decision?

No

Process Ends

Yes

Process Ends

LTC State Office completes denial paperwork and sends decision to applicant

LTC State Office Staff:

- Enters outcome in Options
- Mails denial letter

SO contacts Community Provider for missing information

Missing Information Received?

No

Yes

SO Contacts provider for status

MED Reassigned to different provider after one week if information is not received

SO saves electronic copy of MED Assessment to RN Network folder

SO gives hardcopy paperwork to RN

State LTC Nurse forwards potential denial to LTC Nurse Supervisor (Karen Carleton)

LTC Nurse Supervisor reviews MED Assessment

LTC SO Staff requests medical records

Additional Information Received?

No

Yes

Does AAU uphold decision?
**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.

**Application Filled-out by:**
- The Applicant
- Family/Friends
- Case Managers
- Community Providers
- Hospitals
- Nursing Facilities
- ServiceLink

**Application sent in by:**
- Case Managers – Through eStudio or fax
- Community Providers – Through the secure file transfer site or fax
- Hospitals – Through the secure file transfer site or fax
- Nursing Facilities – Through the secure file transfer site or fax

**Application Received by ServiceLink**

**Application Received by LTC State Office**

**Application Received by the District Office**

**LTC State Office (SO) Case Technician:**
- Reviews application and ensures it is complete
- Verifies that signature page has been received, including any additional documents

**Is the Application Complete?**
- Yes
- No

**Does the Applicant Need PASSAR Approval?**
- Yes
- No

**PASSAR Approval Obtained?**
- Yes
- No

**Information Received?**
- Yes
- No

**Application Terminated**

**2**

**Application Terminated**

**Stop Action Letter is sent to Client**

**After 90 Days if missing information is still not received, terminate application**

**LTC SO emails SL, Hospital or Community Provider to get Missing Information**

**Two more times the LTC SO contacts SL, Hospital or Community Provider to get Missing Information**

**Stop Action Letter is sent to Client with a copy to SL**
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**

1. **LTC SO send email to DFA FSS to check on Financial Eligibility**
   - No
   - Yes
     - If the applicant has an active application submitted with the DFA, then they are in a Pending status.

2. **LTC SO Case Tech checks Medicaid Financial Eligibility**
   - No
     - Notice of Application Status is sent to Client with a copy to SL
     - Application Terminated
   - Yes
     - LTC SO Case Tech will check New Heights daily for those applicants waiting for financial eligibility.

3. **Is the Applicant Financially Eligible or Pending?**
   - No
     - After 90 Days if the client is still not Financially eligible, terminate application
     - Notice of Application Status is sent to Client with a copy to SL
   - Yes
     - LTC Nurse Supervisor (Karen Carleton) assigns MED Assessment and notifies applicable provider

4. **Is the MED Assessment already done?**
   - No
     - Notice of Application Status is sent to Client with a copy to SL
   - Yes
     - Community Provider notified of MED Assessment assignment

5. **LTC Nurse Supervisor completes MED**
   - Yes
   - Nurse Assessor completes MED
   - Nurse Assessor: o Completes MED questions
     o Reviews identified needs with applicant
     o Develops support plan

6. **LTC SO Checks for Completeness**
   - Yes
   - Nurse Assessor transmits MED documents to LTC State Office
   - Nurse Assessor: o Uploads electronic documents to eStudio or via secure file transfer site
     o Faxes hard copy documents
     o Documents can include: MED Assessment, Support plan with signatures, Activated DPOA/Guardianship, PASSAR

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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 MED Assessment Process for New Clients

Is MED Complete?

- No: SO contacts Community Provider for missing information
  - Missing Information Received?
    - No: SO Contacts provider for status
    - Yes: MED Assessment forwarded to LTC Nurse
      - Med Assessment completed in a timely manner.
      - State LTC Nurse reviews MED and support plan and determines Medical Eligibility
        - Level of Care approved?
          - Yes: LTC State Office processes the approval
          - No: LTC Nurse Supervisor reviews MED Assessment
            - Level of Care approved?
              - Yes: LTC SO Staff requests medical records
              - No: Additional Information required?
                - Yes: Sue Rydberg Reviews medical information and MED Assessment
                - No: LTC State Office Staff: Enters outcome in Options

Is MED Complete?

- Yes: SO saves electronic copy of MED Assessment to RN Network folder
  - SO gives hardcopy paperwork to RN

Level of Care approved?

- No: LTC State Office processes the approval
  - Yes: LTC Nurse forwards potential denial to LTC Nurse Supervisor (Karen Carleton)

Additional Information Required?

- Yes: Sue Rydberg Reviews medical information and MED Assessment
  - Additional Information Received?
    - Yes: LTC SO Staff requests medical records
    - No: LTC State Office Staff: Enters outcome in Options

Applicant files appeal with AAU within 30 days.

- Yes: Does Applicant decide to appeal decision?
  - Yes: LTC State Office completes denial paperwork and sends decision to applicant
  - No: Process Ends

- No: Does AAU uphold decision?
  - Yes: Process Ends
  - No: Applicant files appeal with AAU within 30 days.

Process Ends
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.

Client requires nursing facility care

Case Manager completes LTC Change of Status Form

LTC SO Case Tech checks Medicaid Financial Eligibility

Is the Applicant still Financially Eligible?

After 90 Days if the client is still not Financially eligible, terminate application

Notice of Application Status is sent to Client with a copy to SL

Application Terminated

LTC Nurse Supervisor (Karen Carleton) assigns MED Assessment and notifies applicable provider

MED Assignment includes:
- Review list of local providers trained to perform MEDs
- Assign MED to provider

Community Provider:
- Accept/Deny the assignment
- Within 1 week, notifies LTC SO if they will be doing the MED

Nurse Assessor:
- Completes MED questions
- Reviews identified needs with applicant
- Develops support plan

Nurse Assessor:
- Uploads electronic documents to eStudio or via secure file transfer site
- Faxes hard copy documents
- Documents can include: MED Assessment, Support plan with signatures, Activated DPOA/Guardianship, PASSAR

LTC SO sends email to DFA FSS to check on Financial Eligibility

LTC SO Case Tech checks Medicaid Financial Eligibility

Does MED Assessment need to be re-done?

Yes

No

LTC State Office processes the nursing facility approval

Client is eligible for Nursing Facility Services

LTC SO Checks for Completeness

Nurse Assessor transmits MED documents to LTC State Office

Community Provider notified of MED Assessment assignment

Nurse Assessor completes MED

MED Assessment Process for CFI Clients Transitioning to Nursing Facility

Page 1 Updated 03/31/2010
**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**

- Is MED Complete?
  - Yes: MED Assessment forwarded to LTC Nurse
  - No: SO contacts Community Provider for missing information

- Missing Information Received?
  - Yes: SO contacts provider for status
  - No: MED Reassigned to different provider after one week if the information is not received

- State LTC Nurse reviews MED and support plan and determines Medical Eligibility

- Level of Care approved?
  - Yes: LTC State Office processes the approval
  - No: Level of Care approved?
    - Yes: Additional Information required?
      - Yes: LTC SO Staff requests medical records
      - No: Additional Information Received?
        - Yes: Sue Rydberg Reviews medical information and MED Assessment
        - No: MED Reassigned to different provider after one week if the information is not received

- Applicant files appeal with AAU within 30 days.
  - Yes: Does AAU uphold decision?
    - Yes: Process Ends
    - No: Does Applicant decide to appeal decision?
      - Yes: Applicant completes denial paperwork and sends decision to applicant
      - No: Process Ends
  - No: Process Ends

- LTC State Office: tanker medical records
  - Medical Eligibility Level of Care approved?
    - Yes: LTC State Office completes denial paperwork and sends decision to applicant
    - No: Process Ends

- LTC State Office Staff:
  - Enters outcome in Options
  - Sends denial letter

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MED Assessment Process
for Nursing Facility Clients
Transitioning to CFI

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 Flowchart:

1. NF Client moving back to community and requires CFI
   - LTC SO sends email to DFA FSS to check on Financial Eligibility
   - LTC SO Case Tech checks Medicaid Financial Eligibility
   - Is the Applicant still Financially Eligible?
     - No
       - After 90 Days if the client is still not Financially eligible, terminate application
     - Yes
       - Notice of Application Status is sent to Client with a copy to SL
       - MED Assignment includes:
         - Review list of local providers trained to perform MEDs
         - Assign MED to provider
       - LTC Nurse Supervisor (Karen Carleton) assigns MED Assessment and notifies applicable provider
       - Community Provider notified of MED Assessment assignment
         - Accept/Deny the assignment
         - Within 1 week, notifies LTC SO if they will be doing the MED
       - Nurse Assessor completes MED
         - Completes MED questions
         - Reviews identified needs with applicant
         - Develops support plan
       - Nurse Assessor transmits MED documents to LTC State Office
         - Uploads electronic documents to eStudio or via secure file transfer site
         - Faxes hard copy documents
         - Documents can include: MED Assessment, Support plan with signatures, Activated DPOA/Guardianship, PASSAR

2. Client or Rep contacts DFA FSS to update financial eligibility for CFI
   - LTC Nurse Supervisor (Karen Carleton) assigns MED Assessment and notifies applicable provider
   - Community Provider notified of MED Assessment assignment
     - Accept/Deny the assignment
     - Within 1 week, notifies LTC SO if they will be doing the MED
   - Nurse Assessor completes MED
     - Completes MED questions
     - Reviews identified needs with applicant
     - Develops support plan
   - Nurse Assessor transmits MED documents to LTC State Office
     - Uploads electronic documents to eStudio or via secure file transfer site
     - Faxes hard copy documents
     - Documents can include: MED Assessment, Support plan with signatures, Activated DPOA/Guardianship, PASSAR

3. LTC State Office processes the CFI approval
   - Client is eligible for CFI Services

4. LTC SO checks for completeness

5. Notice of Application Status is sent to Client with a copy to SL
   - Application Terminated

6. Community Provider notified of MED Assessment assignment
   - MED Assignment includes:
     - Review list of local providers trained to perform MEDs
     - Assign MED to provider
   - LTC Nurse Supervisor (Karen Carleton) assigns MED Assessment and notifies applicable provider
   - Community Provider notified of MED Assessment assignment
     - Accept/Deny the assignment
     - Within 1 week, notifies LTC SO if they will be doing the MED
   - Nurse Assessor completes MED
     - Completes MED questions
     - Reviews identified needs with applicant
     - Develops support plan
   - Nurse Assessor transmits MED documents to LTC State Office
     - Uploads electronic documents to eStudio or via secure file transfer site
     - Faxes hard copy documents
     - Documents can include: MED Assessment, Support plan with signatures, Activated DPOA/Guardianship, PASSAR
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

2

Is MED Complete? No Yes

MED Assessment forwarded to LTC Nurse

State LTC Nurse reviews MED and support plan and determines Medical Eligibility

Level of Care approved? No Yes

LTC State Office processes the approval

SO contacts Community Provider for missing information

Missing Information Received? No Yes

SO Contacts provider for status

MED Reassigned to different provider after one week if the information is not received

SO saves electronic copy of MED Assessment to RN Network folder
SO gives hardcopy paperwork to RN

Level of Care approved? No Yes

LTC Nurse forwards potential denial to LTC Nurse Supervisor (Karen Carleton)

LTC Nurse Supervisor reviews MED Assessment

Additional Information required? No Yes

LTC SO Staff requests medical records

Additional Information Received? No Yes

Sue Rydberg Reviews medical information and MED Assessment

Does AAU uphold decision? No Yes

Applicant files appeal with AAU within 30 days.

Does Applicant decide to appeal decision? No Yes

LTC State Office completes denial paperwork and sends decision to applicant

LTC State Office Staff:
- Enters outcome in Options
- Mails denial letter

Process Ends

Updated 03/31/2010
<table>
<thead>
<tr>
<th>Issue #</th>
<th>Pri</th>
<th>Issue</th>
<th>Owner</th>
<th>Due Date</th>
<th>Status</th>
<th>Action Items / Resolution</th>
<th>Discussion/History</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Med</td>
<td>Where to send MED apps - confusion over where to send CFI vs. NF apps</td>
<td>Sue Rydberg</td>
<td>12/12/10</td>
<td>Closed</td>
<td>2/12 - Sue Rydberg - Apps are not being misrepresented.</td>
<td>1/29/10 Meeting - Issue identified. 2/12/10 Meeting - Are the apps really misrepresented and are there training issues? Sue Rydberg checked with the State Office staff and they haven't received any misrepresented apps lately. It doesn't appear to be an issue since it hasn't been happening.</td>
</tr>
<tr>
<td>2</td>
<td>Med</td>
<td>Role Clarification - what provider should do which MED assessments?</td>
<td>Sue Rydberg</td>
<td>3/31/10</td>
<td>Closed</td>
<td>3/31/10 - Karen Carleton - Hospitals not assigned unless other agencies are not available.</td>
<td>1/29/10 Meeting - Issue identified. 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 not usually contacted unless there is no one else to complete the MED.</td>
</tr>
<tr>
<td>Issue #</td>
<td>Pri</td>
<td>Issue</td>
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</tr>
<tr>
<td>3</td>
<td>Med</td>
<td>MED Status - need a more effective way to communicate where a client is in the process</td>
<td>Kerri Coons</td>
<td>3/31/10</td>
<td>Closed</td>
<td>3/31/10- To check on the MED Status: For Nursing Facilities, contact LTC State Office. For CFI, contact the ServiceLink.</td>
<td>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.</td>
</tr>
<tr>
<td>4</td>
<td>Med</td>
<td>ServiceLink Counseling - SL needs to be aware of all initial CFI applicants for counseling</td>
<td>Sue Rydberg</td>
<td>3/31/10</td>
<td>Closed</td>
<td>The LTC State Office will make sure to notify ServiceLink of any new clients.</td>
<td>1/29/10 - Meeting - Issue identified 2/12/10 - Sue Rydberg - Apps are not being misdirected so ServiceLinks are getting notified.</td>
</tr>
<tr>
<td>5</td>
<td>Med</td>
<td>Expedited Process - Is there a method to expedite a MED?</td>
<td>Mary Maggioncalda</td>
<td>3/31/10</td>
<td>Closed</td>
<td>Contact the LTC Nursing Supervisor (Karen). The supervisor will review the extreme cases, i.e., homeless, acute, etc., that would require the expedited process.</td>
<td>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.</td>
</tr>
<tr>
<td>6</td>
<td>Med</td>
<td>Pending - What does it mean?</td>
<td>Kerri Coons</td>
<td>3/31/10</td>
<td>Closed</td>
<td>Defined as part of the group discussions.</td>
<td>2/12/10 - Meeting - Issue identified 3/31/10 - Meeting - Defining the process has helped to define the different status.</td>
</tr>
<tr>
<td>Issue #</td>
<td>Pri</td>
<td>Issue</td>
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</tr>
<tr>
<td>7</td>
<td>Med</td>
<td>Scheduling a MED Assessment - Is the nurse assessment not done until the client has Medicaid eligibility?</td>
<td>Wendi Aultman</td>
<td>3/31/10</td>
<td>Closed</td>
<td>Scheduled when the applicant has an active financial application pending.</td>
<td>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.</td>
</tr>
<tr>
<td>8</td>
<td>Low</td>
<td>Plan for MED Assessments - What is the BEAS short-term and long-term plan for performing MED assessments.</td>
<td>Kathleen Otte</td>
<td>3/31/10</td>
<td>Closed</td>
<td>The MED Focus Group has been a key component of getting feedback to help determine the plans.</td>
<td>2/12/10 - Meeting - Issue identified</td>
</tr>
<tr>
<td>9</td>
<td>Low</td>
<td>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?</td>
<td>Mary Maggioncalda</td>
<td>3/31/10</td>
<td>Closed</td>
<td>The current process should help to identify any conflicts and BEAS will work to resolve.</td>
<td>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.</td>
</tr>
<tr>
<td>10</td>
<td>Med</td>
<td>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?</td>
<td>Sue Rydberg</td>
<td>3/31/10</td>
<td>Closed</td>
<td>Contacts added to BEAS website</td>
<td>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 <a href="http://www.dhhs.nh.gov/DHHS/BEAS/ltc-medicaid-eligibility.htm">http://www.dhhs.nh.gov/DHHS/BEAS/ltc-medicaid-eligibility.htm</a></td>
</tr>
<tr>
<td>Issue #</td>
<td>Pri</td>
<td>Issue</td>
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</tr>
<tr>
<td>11</td>
<td>Med</td>
<td>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?</td>
<td>Mary Maggioncalda</td>
<td>3/31/10</td>
<td>Closed</td>
<td>Information will be included in refresher trainings.</td>
<td>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.</td>
</tr>
<tr>
<td>12</td>
<td>Med</td>
<td>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.</td>
<td>Mary Maggioncalda</td>
<td>3/31/10</td>
<td>Closed</td>
<td>More information will be included in case management and MED trainings.</td>
<td>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.</td>
</tr>
<tr>
<td>13</td>
<td>Med</td>
<td>Paperwork Copies - Do clients get copies of all the paperwork that they sign? How does that work?</td>
<td>Sue Rydberg</td>
<td>3/31/10</td>
<td>Closed</td>
<td>Only when requested.</td>
<td>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.</td>
</tr>
</tbody>
</table>
# LTC Applications Received and Outcomes Processed for Calendar Year 2009

## LTC Application Statistics for Calendar Year 2009

<table>
<thead>
<tr>
<th># LTC Applications Received</th>
<th>Jan-Mar 09</th>
<th>Apr-Jun 09</th>
<th>Jul-Sep 09</th>
<th>Oct-Dec 09</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCBC</td>
<td>458</td>
<td>395</td>
<td>396</td>
<td>362</td>
<td>1611</td>
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<tr>
<td>NF</td>
<td>586</td>
<td>479</td>
<td>425</td>
<td>427</td>
<td>1917</td>
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<tr>
<td>Total</td>
<td>1044</td>
<td>874</td>
<td>821</td>
<td>789</td>
<td>3528</td>
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</table>

## Outcomes Processed

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