

	Question / Comment	Reply
1.	Consider creating an “eligibility” letter when patient is open; for example when patient in hospital is waiting for SNF or LTC bed a letter the hospital can give potential facilities would make a <u>huge</u> difference.	An individual cannot open to Long Term Care until the date they enter a nursing facility. Nursing facilities are welcome to call the medical eligibility unit for status updates.
2.	A receipt that all forms were received; for example if all forms do not “line up” on NH Easy and the application sits in “limbo” we do not know in order to correct.	In the next NHeasy rollout, estimated at the end of October 2019, receipts for uploads will be available in NHeasy for providers with access to NHeasy.
3.	Please let us know if you provide a live training for NH Easy. During presentation there were guidance given that we should/ could all explore.	We are exploring training topics and will add this to the list of requested topics.
4.	Pathway to do a case review when documents sent however state claims to never receive	Receipts for uploads via NHeasy will be available with the next rollout, expected October 2019.
5.	Please add a line on all Medicaid applications asking for client’s marital status.	We can add this request to the next rule review
6.	If an application is submitted for LTC, and a phone interview is NOT required, please reach out by email or notice to the client/ authorized rep to notify them of this. Lots of times, applications are submitted and the next step is unknown to the client/ AR.	Thank you. We will look into how this is currently communicated and where to see how the process can it can be improved
7.	More pizza	Okay
8.	Need to revise the term “denied” when in actually they have a spenddown. It would make more sense to change the “denial” to “over income – approved for spenddown.”	Thank you. We will discuss this with Bureau of Family Assistance.
9.	Does the medical for employed adults with disability program have a financial limit that an employed person can make?	The limit is \$4684.00 for a HH size of 1 for MEAD
10.	If someone applies who has, or their spouse has, a <u>revocable</u> trust and they are listed as the trustee – is this a situation where they would need to cancel the trust?	Usually revocable trusts are considered a countable resources, so it will depend on what is in the trust and what the value is if it is something that needs to be cancelled or not.

	Would a house in the same revocable trust be protected from being an asset?	
11.	Please contact for re-training classes and any other educational opportunities	OK
12.	Please put this presentation on NH Easy site of DHHS website.	OK
13.	Please re-consider the monthly meetings with facilities to conference call format.	Yes, it is also important to recognize the value in face-to-face meetings for relationship building and collaboration.
14.	Please consider a form of “presumptive eligibility” for open Medicaid (not CFI) clients who need short term skilled ng/rehab care to expedite getting that person to NF before they are discharged from hospital. It currently takes too long to get approval.	We will discuss this question with the MCO’s to review the need for short-term rehab stays.
15.	For people in Community and Homebound on VNA Services need a way to expedite CFI/ NH application for high risk, and or people who have undue hardship: no medical transportation, food, clothing, and lacks mental capacity to obtain care.	We will look into this further. It presents a good opportunity to work collaboratively with formal and informal supports to supply complete applications and necessary documents. In addition, it would be important to be sure that State Plan Services and care coordination is accessed through the MCO while waiver application is being processed.
16.	When uploading UR from through NH Easy is there a way to receive confirmation? I frequently need to submit documentation that has previously been submitted.	We will add receipts for uploads to our list of requests for future work projects with NHeasy
17.	Comprehensive list of ALL monthly redeterminations due for residents living at facility	BFA sends out a monthly spreadsheet to nursing facilities.
18.	More MMIS detail/ differentiate between SLMB and other similar programs.	We will report this to the Bureau of Family Assistance and Medicaid for consideration.
19.	NF financial to have some sort of limited access to heights to be able to have some more info available to them.	Form 11 or Form 778 submitted to DHHS and signed by the individual, or the guardian, will allow access to information.
20.	Quarterly, or less, meetings with DHHS and SL for updates and	BFA and BEAS have initiated monthly face to face meetings at district offices. Perhaps invite ServiceLink

	relationship building with SL and problematic cases.	Options Counselors to the semiannual meetings and trainings.
21.	Look at letter generated to clients – remarks we’ve received: too much info. Perhaps bullets and the box with FSS writes in is perfect and works.	Thank you. We will report this to the Bureau of Family Assistance for consideration
22.	Can we look at d/c log presumptive	We would need more information in order to respond.
23.	Can we train NF on appropriately requesting section Q	The link to training videos and resources are available to all NF to support and guide the section Q process. https://www.servicelink.nh.gov/publications/section-q-training.htm
24.	Can we get a training on what CM for CFI does – doesn’t seem to be consistent	This request has been added to additional training topics. <ul style="list-style-type: none"> • More information on the He-E 805 rule. • CM information guide.
25.	Possible way to fast track financial eligibility for Medicaid/ Granite Advantage and need short term SNF stay (less than 30 days). By the time found eligible, already rehabbed in acute care hospital.	Thanks for this. We will add this to the list of items that need to be explored further to identify what can be done to improve the process.
26.	MEA training – onsite at DHMC if we sponsor training or notification of training?	MEA training can be found online at http <ul style="list-style-type: none"> • Got to HELP site on NHEASY • Search MEA • Scroll to bottom • https://nheasy.nh.gov/help/index.htm#t=lmea.htm&rhsearch=MEA%20Activity&rhhlterm=MEA%20Activity&rhsyns=%20&ux=search • Direct link: https://nheasy.nh.gov/help/index.htm#t=lmea.htm&rhsearch=MEA%20Activity&rhhlterm=MEA%20Activity&rhsyns=%20&ux=search
27.	Need to address problem of assisted living facilities requiring CFI recipients to pay for “room and board” in an amount that exceeds their patient liability amount.	Thank you for this statement.
28.	Read only Access in NH Easy provides very little information. If read only access could include access to notices it would be helpful.	Submit signed form 778 checking off that you would like notices.
29.	NH Easy – for those with read only access it would be great to have the ability to upload documents to cases without having to rely on email. Emails are not opened in a timely	Form 778 submitted to DHHS and signed by the individual, or the guardian, will allow access to information.

	manner and when sent encrypted there is a limited time to access the email before it expires.	
30.	Phone interviews are not being scheduled in a timely manner – meaning once an app is submitted we are waiting weeks to even be told when the apt will take place.	Thank you for reporting this. We will report this to the Bureau of Family Assistance to look into.
31.	Hospital would like more NH easy training for staff.	Thank you for your feedback. We have added this request for future training topics. We will also work with hospitals to get a comprehensive list of those who currently have access and keep it updated. We will structure this so that the administrator for each location will take the lead to communicate their team on an ongoing basis. We will also plan to have face-to-face training as well as self-paced video training long term.
32.	Would like process to expedite approval for short-term SNF for Medicaid recipients. Currently NH facilities will not accept a Medicaid patient for short-term SNF stay until the patient is approved for LTC! Medicaid pts currently cannot get SNF because of this. They sit in hospital for a month, hospital rehabs patient waste of resources.	The Long Term Care unit works to process applications for long term care. This short term care is an important part of rehab and we will look to discuss with the MCO's as well.

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33.	Contact regarding PASRR for swing beds.	Pre-admission Screening and Resident Review (PASRR) screening, level I, is required for individuals transferring from acute care to a Medicare or Medicaid swing bed. CFR Title 42 mandates Pre-admission screening to any Medicaid facility regardless of rational of admission.
34.	In depth training on documents applicants need to submit.	Thank you for your feedback. We have added this request for future training topics.

35.	Suggestion: More training – forms and requirements for facility billing Medicaid secondary to Medicare and how to enter these claims online.	Thank you for your feedback. We have added this request for future training topics.
36.	Medicaid workers need to be in facilities – poor use of social workers and RN's to do all this administrative work.	Thank you for your comment.
37.	Training taking a look at unique complex cases for LTC.	Thank you for your feedback. We have added this request for future training topics.
38.	Most LTC training, from my experience, is passed down from business office to business office. There needs to be some training documents available and ongoing classes on different topics, <u>LTC Resources</u> that are easy to understand.	Thank you. We will be aiming to be more consistent and are aiming to make information available on our DHHS website and MMIS pages to that it is accessible to all. The administrators at the facility should be providing training to their staff.
39.	So many changes have taken place in the 5 years that I've been in my facility that I am not aware of. How do we find out updates and changes? Things as simple as form updates, etc.	DHHS will issue memos when procedures or processing change. We will discuss your comment to explore additional strategies that can address this need. Asking about this during Office Hours' time slot for your hospital or facility would also be an opportunity to get additional guidance and support.
40.	<ul style="list-style-type: none"> • Having no preference choice for CFI agency. • Creating a CFI/ LTC Boot camp for CM/ SW to provide more in-depth training. • SUD / short term SNF stay coverage issues. 	Thank you for your suggestions. We will add these to the list of topics for future sessions.
41.	Is there a possibility of cash assistance for pts with low income that assisted living facilities will not take because their income is too low? Make no sense to pay the expensive of LTC and it isn't the least restrictive environment?	Thank you for the comment.
42.	Young IV drug user can't get VNA at home and don't qualify for LTC. Are there any programs in the works for them?	We are reaching out to MCOs and Substance abuse programs.
43.	I think my nurse is a certified to do MEA. How can I check? Or will the application be denied if nurse not approved?	We are currently working on putting a comprehensive list of the

		users in NHEASY. We can check to see if they have a log in. If they can log into NHEASY and input an MEA they have been approved to do so by DHHS.
44.		