



HCBS STRATEGIES, INC.

Improving Home and Community Based Systems

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Sessions 2- Tool Elimination Discussion

1.26.2015		In-person
Note taker	Andrew Cieslinski	
Attendees	Tim Cortez, Brittani Trujillo, Kelly Wilson, Jason Mizak, Roberta, Grace, Michele, Cassandra, Kaitlin	
<ul style="list-style-type: none"> Home Care Allowance (HCA) is currently a completely different assessment. They would be open to merging tools; <i>Should set up a separate conversation with Danielle Dunaway.</i> Will have VA programs starting up around the state, so that information will be important to be collected in the intake and/or assessment. Flag this for the NWD triage. <p><u>CDASS Task Worksheet</u></p> <ul style="list-style-type: none"> Would not make sense to add items to the assessment to accommodate, but rather update the tool to utilize the assessment. Going to be looking at a way to incorporate the task worksheet through some sort of resource allocation methodology. Roberta said that PDPPC members do not necessarily like this tool; do not have to use this sheet, but it is recommended. To get rid of Task Worksheet, it would have to go through PDPPC. DD will be getting IHSS in July. IHSS does not have a standardized assessment; use the support plan as a general outline, then send information to SEPs. Has been some resistance to incorporating a standardized tool because the agencies have spent a lot of time and money into the tools they are using now. Decision is that this tool will be rolled into the resource allocation effort. Would be using information from the Assessment to populate the task worksheet. <p><u>IDD Emergency Request Form</u></p> <ul style="list-style-type: none"> Could potentially use the items in the IDD Emergency Request Form (Homelessness, Abusive or neglectful situation, Danger to others, Danger to Self) in the Risk Trigger Screen. <i>Pull these in into the I&E paper tool.</i> <p><u>IADL Assessment</u></p> <ul style="list-style-type: none"> Brittani felt the SIS covers most of this but will want to look into it further. <p><u>RCCO Service Coordination Plan</u></p> <ul style="list-style-type: none"> Liked the idea of the automated customized report <p><u>ARCH Assessment Tool</u></p> <ul style="list-style-type: none"> Need to have further conversation <p><u>Support Level Calculation Sheets</u></p> <ul style="list-style-type: none"> Not relevant for the Assessment <p><u>PMIP</u></p> <ul style="list-style-type: none"> Tim wants to fold this in long range. Already plan to capture the info in the assessment. Has been a very problematic tool, and is not federally required to get the physician signature. May consider rolling in and getting medical professional to review and sign off for the initial assessment and perhaps not necessarily for later reassessments. Nurse from the RCCOs could sign off on this instead of physician. <p><u>PDN Acuity</u></p> <ul style="list-style-type: none"> Would have to talk about this with the State Plan folks. Michele identified Matt and Alex as individuals to follow up with. Performed by home health care agency May be more geared toward MFTD children, and used as a parallel tool. <p><u>Hospital Backup Application and Pre-eligibility Screen</u></p> <ul style="list-style-type: none"> Tim had a concern that these tools had been updated. Possibly restructure the form Department staff liked the idea of the idea of a simplified version of the Assessment for individuals in Nursing Facilities. Brittani also said that PACE may be interested in this simplified tool; <i>Steve suggested having a conversation with PACE representatives.</i> Using the larger tool would allow the Department to get more PACE data, which the department would like. Not sure how the Pre-eligibility Screen would work. Looks like the hospital would complete this form. 		

Meeting Minutes

MFP Transition Module

- Tim thought that the MFP could be rolled in if a transition module was developed to address the components.
- Will develop a module to roll in these elements

HCA Eligibility Assessment

- *Brittani said that we may need to talk with DHS staff about this. Talk with Danielle Dunaway tomorrow about setting up a meeting.* Would need to have the ability to justify need for paid care. This could potentially be rolled in as a part of the resource allocation effort.
- Just SEP Case Mangers use this; SEPs do the assessment.
- Tim would be in favor of rolling this in.
- People essentially choose HCA over HCBS because HCA is cash assistance, as it will pay for the family caregiver. Can't get both.
- If not receiving SSI, cannot receive HCA.
- Could be a decision point early on, and explain difference between HCA and HCBS and have the assessor do the in-home assessment during that meeting.
- No waitlist for HCA, no targeting criteria.
- Could qualify for HCA and not HCBS.

PASRR Level 1

- Currently revising this now. Going to be incorporated into the new MMIS in 2015.
- If individual is in NF, NF fills out Level 1, if already in hospital, HDP fills out. Because of all the entities who are doing it, Tim suggested to keep it separate.
- Could incorporate it into the proposed SEP plan
- If going in through Medicaid stay, SEP does not get involved with Level 1
- Level 1 is used for anyone going into a Medicare facility, regardless of payer source
- Currently managing in-house, since Mass-Pro went bankrupt. HP will have the contract over PASRR.
- Has to be done before anyone can go into an NF, so it may make sense to keep separate.
- For Medicaid only, may be able to merge. However, because of processes, Medicare recipients may have a 10 day delay.
- If it could be linked to the referral, it could potentially work.
- Beer's List is only for psychotropic drugs
- Consider modifying PASRR items to be consistent with the PASRR and LOC
- **When developing NF/Hospital referral form, double check PASRR if there should be anything pulled in.**

PASRR Level 2

- This will be redone. Tim said that he would like to crosswalk what is in the new tool and what will be in the assessment.
- Going to be merging with HP tools.
- Just started this process; looking at next month to pull items together.

LTC Certification

- Contained in the BUS. Is the approval page for eligibility
- N/A if someone is coming into the community
- Basically an outcomes section
- Occur prior to the Support Plan

DD Section

- Brittani said that ideally this information would be rolled into the assessment, but it is not required now.
- Shirley said that some might be rolled into Assessment and some into Support Plan.
- Some of it would be applicable for the Quality of Life section
- Brittani said that she thought some of the information would be great for all populations, not just DD.
- *Shirley York will be the lead on pulling in the items to the appropriate places in the process.*

485

- Form is generated out of OASIS
- HHA is filling it out originally in OASIS, which generates the 485.
- Think they are requiring this form

PAR form HH

- Not a whole lot of standardized rationale for assigning hours
- Potential for duplication of services
- HH authorization will be standalone

SLP Acuity Tool

- Undergoing major changes. Basically the ULTC, but does not really delve into cognition or behavior. Rates are based on this assessment.
- Would make sense to build off of items from the new assessment tool; may need to enhance the behavioral and cognition items in the tool.
- Reassessed every 3-6 month and the rate is based off of the Acuity Tool
- Will need to look at how this will affect the front end, prior to deciding where person will go to.

Meeting Minutes