**CRC Advisory Agenda**

9/8/16

**Advisory members’ action steps/follow-up requests:**

Share any/all of below as pertinent to your team. Highlights:

1. Prior to next meeting, please ask teams if they have any feedback, questions, project ideas, or resources to share.
2. Share any updates that are pertinent to your team.

Thanks!

***Style note****- Agenda content in black text; discussion, further information and follow-up requested in* ***purple****.*

**Welcome Diana Tran- our new General Resource Specialist!**

**Big thanks to 2nd interview committee:** Petrina Jacob, Elaine Shwartz, Carlin Blount, Ashley Doan and Clorinda Cottrell.

**Selected Updates**

* [**Adult Foster Care**](http://healthcare.partners.org/ss/ssframebottom/staffresources/New%20Site/Basic%20Needs/AdultFosterCare.pdf) list updated
* [**How to Find a Therapist**](http://healthcare.partners.org/ss/ssframebottom/staffresources/policymanuals/How_to_Find_a_Therapist-Single_Document.pdf) - single/combined document (Created by Emily Menart)
* [**Bereaved Survivors of Homicide Guide**](http://healthcare.partners.org/ss/ssframebottom/staffresources/New%20Site/SpecificPopulations/Bereaved_Survivors_of_Homicide_Guide.pdf)- from VIAP
* By request- new translation: [**Programs without Immigration Requirements**- **SPANISH**](http://healthcare.partners.org/ss/ssframebottom/staffresources/New%20Site/SpecificPopulations/SP_Immigrants_Prms_Undoc/Programs%20Without%20Immigration%20Requirements_short_vs_Spanish.pdf) – short version (by CRC Advisory request)
* [**Free & Discount Wig list**](http://healthcare.partners.org/ss/ssframebottom/staffresources/New%20Site/SpecificPopulations/WigList.pdf)- updated
* [**Fire**](http://healthcare.partners.org/ss/ssframebottom/staffresources/New%20Site/Basic%20Needs/BN_Disaster%20Response.html#Fire)- new section added to our [Disaster page](http://healthcare.partners.org/ss/ssframebottom/staffresources/New%20Site/Basic%20Needs/BN_Disaster%20Response.html) (by request)
* New CRC Patient Handout: [**Emergency Financial Assistance Funds**](http://healthcare.partners.org/ss/ssframebottom/staffresources/New%20Site/Basic%20Needs/Emergency%20Financial%20Assistance%20Funds.pdf)
* **Student intern- Fatma Habib** was with us for 5 weeks/120 hours. She tracked down broken links on a number of pages (I’ve updated some on website, many still in process), updated the Support Group listings (will post as soon as I’m able) and updated the Adult Foster Care list noted above and a couple of other handouts to be posted soon.

**Feedback/Resource Sharing**

* **Feedback, questions, project ideas, resource sharing from teams?**
	+ **Onc team- can we have a page for Oncology resources?** We have a page for Oncology **funds:** [Cancer- Financial Assistance](http://healthcare.partners.org/ss/ssframebottom/staffresources/New%20Site/Basic%20Needs/BN_PB-CA_Spec%20Pops-CancerPts.html)  and a page for [Cancer Resources](http://healthcare.partners.org/ss/ssframebottom/staffresources/New%20Site/SpecificPopulations/SP_Chronic%20Illness_Cancer.html). Can we clarify the request, please? Do we need to raise awareness of what we already have, or is the request for something else?
	+ **Lyft**- staff are hearing about this transportation company- what is it? It is an Uber competitor; self-pay, smart-phone app. based. (Note within a week of this mtg. The RIDE announced pilot program to allow users to apply to get RIDE service through Uber or Lyft. [More info](http://healthcare.partners.org/ss/ssframebottom/staffresources/news/2016/9-Newsletter.html#RIDEUBERandLYFT).)
	+ **Case**- needed Vietnamese interpreter, interpreter service was having difficulty locating in-person interpreter, iPOP is frustrating to pt. Wide-ranging discussion with some false starts. SW had worked with director of interpreter svcs. One member shared experiences with “blue phone”- may be limited to certain services, but less cumbersome than iPOP. Unclear if can be piloted/used in other parts of hospital.
	+ **Community Servings**- staff toured. Impressive operation.
* **Resource Reminders and Updates**
	+ **TAFDC September clothing allowance-** In the month of September recipients receive $250 for clothing for each member of household under 19 years of age (except for family cap children and SSI recipients).
		- **Related** **TAFDC Income Eligibility Limit Increase: Benefits Extended to Some Working Families Not Receiving TAFDC**. The TAFDC income eligibility limits increase for September only (amount depends on the number of household members under 19). **Many low-income working families that normally are income-ineligible for TAFDC benefits will be eligible for the clothing allowance. Although these families will not receive cash benefits, they may be able to receive one year of MassHealth benefits and subsidized child care, in addition to the clothing allowance.** **No longer timely- sorry for delay in minutes.**
	+ **MassHealth Frail Elder Waivers**- one key benefit has been that **spousal** **assets** were not counted in determining eligibility (spousal income still will not count). **MassHealth has proposed changing asset limit to the same limit as for SNF placement ($119,220). This would be retroactive to January 1, 2014.** This is tentatively set for new applicants and on an individual’s eligibility redetermination date for current members who were approved on or after January 1, 2014. Current members could be denied further access to the program. There was a public hearing in early August- **awaiting final rules.**
	+ **RAFT expansion pilot-** As part of budget process legislature approved a pilot that would expand RAFT homelessness prevention funds to populations beyond just families with kids. Survived Governor’s veto. **Subsequently Implemented-** [**more information**](http://healthcare.partners.org/ss/ssframebottom/staffresources/news/2016/9-Newsletter.html#RAFTExpansion)**.**
	+ **New Elder Home Care Waitlist- ONLY for those who ONLY need nutritional assist.** Be aware, but **please still refer**- most people will qualify for more than just food and won’t be subject to waitlist, and those who only qualify for food assist should get their names on the list. **This was implemented, but only for a relatively short period of time before funds were restored.**
	+ **Reminders:** **Nov 1 is start of Fuel Assistance (LIHEAP) season. Winter moratorium/shut-off protection** for heat related utilities for those experiencing “financial hardship” **begins 11/15. See our** [**Utilities Handout**](http://healthcare.partners.org/ss/ssframebottom/staffresources/New%20Site/Basic%20Needs/UtilitiesHandout.pdf)(2015-2016 income limits- will update as new limits are released).
	+ **Program Highlight:** [**MBA Opens Doors Foundation- Rent or Mortgage Assistance**](http://www.mghsocialwork.org/Newsletter-Temporary/2016/8-Newsletter.html#MBAOpensDoors) **for Families of Ill Children** (from the charitable arm of the Mortgage Bankers Association). If approved will pay the exact amount of the rent or mortgage payment up to $2,500. Eligibility criteria include (partial list):
		- Families with a child 21 years old or younger, or with a dependent adult child between the ages of 21 and 26, who is critically or chronically ill or seriously injured.
		- The child should have been subject to at least seven days of inpatient hospital care or at least fourteen days of documented full-time home care.
		- Family must provide evidence of financial hardship.
		- The applicant’s rent or mortgage must be no more than one month delinquent.
		- No family may receive more than one MBA Opens Doors Foundation grant in any given 12-month period; first-time applications will receive priority if grant funds are limited.
* **Discussion- would it be helpful to have our general resource specialist work directly with patients?** We are brainstorming about the idea - would it be helpful to you to assess and turn patients over who only have specific/clearly defined resource questions? Concerns?  Suggestions to make it workable? Nah, don’t mess with a good thing?

**Concerns and Questions-**

* Want to protect resource specialist from unreasonable requests,requests may mushroom, patients may resurface- creating too much volume and unrealistic expectations. Would we be able to manage ongoing cases?
* What about discharged patients who are not otherwise connected to hospital- who is “team”? (*One option- we only serve MGH pts after d/c- but finish previous request*)
* Some SWs use case management tasks to build relationship. (*Can choose to refer- not required.*)
* What level of support would we offer- filling out applications? (*Probably not with current staffing* *levels*)
* Concern about potential clinical complexity- where do we draw the line? Specify relatively straight-forward tasks or topics? Staff would need guidance about when to refer.

**Positives**

* Resource specialists in other hospitals, in iCMP and in health centers meet directly with pts. – patient have sometimes as good, if not better, connection to them as to other providers.
* SWs may find it a relief to hand over straightforward cases.
* Would be helpful post transplant- get a lot of disability questions.

**Key Topics-** Housing, child care, applying for disability, navigating DTA, transportation.

**Overall**- some issues we’d need to address, but we could experiment/pilot. Thanks for input. CRC to continue exploring.

**Next meeting: Thurs December 8, 12:00 - 1:00, SS Conf room**