**CRC Advisory Minutes**

9/14/17

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

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

1. **Medicaid Transport from NH and ME**- please notify CRC staff as you learn of these programs. Will assist our research and we can capture and distribute info.
2. **Casper funeral home**- removed from funeral burial list at least temporarily.
3. **OBRA**- new information since last e-mail. Please review at least with inpatient teams.
4. **Notary**- please remind staff that Diana doesn’t notarize wills. Explanation below.
5. **Social Determinants of Health handouts**- please let Ellen know if you learn these are being distributed more widely or are being used by colleagues.

Thanks!

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

**Introduction: Greta Gaeta, American Cancer Society Patient Navigator** (jointly funded with MGH CA Center). New reporting relationship to manager of CRC.

* Can help any MGH oncology patient/family understand and access ACS services
* Follows **Proton** **patients** for transportation, lodging, support groups. Work with social worker on other needs as indicated.
* **Where do I refer?** She can see any CA pt. for ACS Services. Will refer on if appropriate, but in simplest terms, for Lodging, Transportation or Support Groups:
  + **Proton pts to Greta** **Gaeta** – 617-643-1742 or via e-mail.
  + **Other CA Pts to Petrina Jacob** – via Epic, 617-724-0295 or via e-mail.

**Feedback, questions, project ideas, resource sharing from teams?**

* **Medicaid transportation from NH and Maine**- some NH and ME Medicaid plans seem to be providing transportation to MGH. Can CRC research? Ellen wondering these may be Accountable Care Organization-type contracts (pilots similar to our iCMP that pays for non-medical health related benefits in hope that it will lower overall costs). CRC will see what we can find out, but would be helpful for staff to notify us as they learn of plans that offer.

**Updates and Seeking Feedback**

* **Selected Website Updates**
* [Updated Homeless Families in ED Handout](http://healthcare.partners.org/ss/ssframebottom/staffresources/New%20Site/MGH%20I&R/OnCallOnSite/Homeless_Families-Handout_For_Families.docx) – created by Lindsey Krenzle, updated by CRC. Explains EA family shelter (includes list of DTA offices that accept EA apps), and HomeBASE, includes list of non-EA family shelters (“community rooms”)
* [EA and Resources for Homeless Families](http://healthcare.partners.org/ss/ssframebottom/staffresources/New%20Site/SpecificPopulations/EA_and_Homeless_Resources-HAVEN_Meeting_8-17.pptx) - Ellen's presentation to HAVEN mtg 8/15/17
* **Elder Abuse Reports**: as of July 1, 2017 **call all reports to central phone number: 800-922-2275** operating 24/7.
  + **Discussion**- my mistake, this is hotline for the whole state, not just Boston.
* **Casper funeral home**- Channel 5 investigation found bodies being stored in an unlicensed storage facility/garage. The state has investigated, and while they have not closed them down, we’ve consulted with leadership (who also has consulted with others) and have decided to remove from our funeral list, at least temporarily. Sad turn of events; they’ve been extremely helpful to our patients especially in cases of financial need and have advised us in the past about the industry, regulation and some of the list’s content. (*Thanks to Rebecca Murphy for bringing to our attention*.)
* **OBRA –** As of Sept 1,2017 UMass Med School has assumed responsibility from Lahey Health Behavioral Services. All questions and correspondence should go to UMMS. New information since my e-mail:
  + **New expanded “recent treatment” questions**- if yes to any require screen. If no to all = exemption/determination letter. **Formerly only 5 questions now 9. Meaning more patient are likely to require screens. First 5 questions remain the same:**

1. One or more psychiatric hospitalizations

2. Psychiatric day treatment, respite or crisis stabilization; SECTION 12

3. A residential treatment setting due to a mental disorder (SMI or DD)

4. An intervention by housing or law enforcement officials due to a mental disorder

5. Required support services to maintain functioning at home due to a mental disorder (PACE, CBFS, VINFEN, DMH CM etc.)

**Additional New Questions**

1. Substance Abuse Intervention
2. Interventions related to signs of impaired interpersonal functioning, including excessive irritability, fear of strangers or illogical comments
3. Interventions related to signs of impaired concentration/task- difficulty concentrating, loss of interest, keeping pace
4. Interventions related signs of impaired adaptability to change- threats against others, suicidal ideation/attempts, self-injurious

* **Discussion**- staff feel these are very vague, seek guidance. Concern that this could mean almost all of this population will require screen. Questions include- is AA an “intervention”? UMMS is offering training “late fall”- in meantime. **Staff should direct specific case questions to UMMS.** Ellen will advocate for additional guidance/training.
* **Additional Guidance 9/18/17**:
  + Intervention = requires/required a community-based support program to remain safe and stable in the community.
  + Examples:  a stay in drug/alcohol rehab, partial programs, Methadone clinic.  (AA would not be included, i.e. would **not** need to say “yes” if the person is attending AA)
  + Level II Form lists outdated addresses and phone numbers – please use [contact info on website.](http://healthcare.partners.org/ss/ssframebottom/staffresources/StaffAccess/Forms&Policies.html#O)
  + **To submit screens**- Process as we were initially informed it is to fax full completed screen to UMMS and they will call with approval to transfer. **Updated since mtg:** Now they are saying to fax them the completed form, they will confirm that it is complete (signed and has a determination noted) then contact MGH to confirm receipt.  UMMS will not be issuing an approval based on this evaluation. MGH should send the completed form to the nursing facility as part of the discharge paperwork. Ellen is advocating for them to notify nursing facilities of what we believe is a change in practice to avoid discharge delays.
  + *Thanks to Eva Regel for bringing these changes to our attention and ongoing trouble-shooting and strategizing.*
* **SNAP Cost of Living Adjustment (COLA)**
  + Starting 10/1 SNAP **benefit levels have been** **REDUCED**. The minimum benefit for one person is decreasing from $16 to $15. The maximum benefit for one person is decreasing from $194 to $192. This will largely impact those with no income who receive the maximum benefit amount and elderly/disable households who receive the minimum benefit amount.
  + **Deductions such as shelter and utility costs have INCREASED** so clients with such expenses, not currently receiving the minimum or maximum benefit for their household size, may see an increase in their SNAP benefits.
  + Sending letters on 9/24. **Often causes confusion as income hasn’t changed.**
* **Notary reminder**- it has come to our attention that there is some confusion about wills. CRC notary does **not** notarize wills (we haven’t for many years). More info: [Notarizing Documents for Patients: What you should know BEFORE you call the Notary Public](http://healthcare.partners.org/ss/ssframebottom/staffresources/New%20Site/MGH%20I&R/NotarizingDocuments.pdf) (rev 8/12):
  + Due to the potential consequences of a defective will and possible legal implications for the notary involved in the execution of a will, **the American Society of Notaries recommend wills not be notarized except under the supervision of an attorney**. (i.e., only by notaries supervised by attorneys.)
* **MassHealth PT-1 EXPANDS definition of “locality”-** we need to document medical necessity fortransportation to treatment outside a patient’s “locality” (to justify transportation outside of locality must show equivalent care not available within locality). Most recently one’s “locality” was limited to communities immediately adjacent to one’s hometown; new more generous definition of locality is within 25 miles of home. (Reduces frequency of needing to document medical necessity.)
* **Program Highlight: NeighborGood** see [June newsletter article](http://healthcare.partners.org/ss/ssframebottom/staffresources/news/2017/6-Newsletter.html#NeighborGood). **Similar but not to be confused with Neighbor Brigade.** Volunteer help at home (homemaking tasks and companionship; not hands-on care)– but unlike Neighbor Brigade helps those with chronic illness and disability (not just a health crisis), currently serving. Boston, Cambridge, Somerville, and Medford.
  + **Consistent caregivers?** Volunteers sign-up as available; possible that a connection will develop and someone will return, but not guaranteed.
  + **Do they CORI?** From their website<https://www.neighborgoodus.org/new-page/> **:**

**How does NeighborGood protect participant safety?**

1. We screen all participants via a background check. For volunteers, we use the MA CORI background check. For those receiving help, we use a third-party service called Onfido, which conducts a Document Check (like a notary), National Criminal Check, Sex Offender Check, and Watchlist Check. We reserve the right to decline participation from individuals flagged by these checks.
2. We conduct a video or phone conversation with participants before they are matched.
3. We provide online training materials to educate and prepare participants in advance of their first match.
4. We collect ratings and reviews after every match.

* **Social Determinants of Health (SDH) Handouts-** Partners group supporting the MassHealth Accountable Care Organization (ACO) has created several resource handouts. Nicely organized, some very useful info, think ultimately may be very useful, but some have errors or omissions of various levels of seriousness. Ellen is advocating for changes, but in meantime use caution. They are being distributed including in CARMA in Epic (under Resources- see image below), so may be used beyond ACO staff- **please let Ellen know if you learn these are being distributed more widely or are being used by colleagues.** 
  + **Discussion –** members were unfamiliar with the MassHealth ACO pilot. Have questions about how program will impact their work. Would like to learn more.
  + Additional handout feedback they are too complex, too much information.
* By request of MBTA- any **feedback on Ride On-Demand Pilot**?
  + Some who weren’t interested in the traditional Ride are interested in applying now to access this program.
  + The surge pricing makes it difficult to plan expenses and determine if On Demand is cost-effective or even an option if money is tight. Difficult to explain and some patients not willing to apply because of this uncertainty.
* **How to Find/Choose a Therapist**- do we still need all three versions or does the new combined version capture needed info? (Dept policy on referring to outside mental health providers references names of documents - we need to clarify and update.) **Discussion:**
  + Most teams thought that the new single document was sufficient, but one team said that the combined document doesn’t include an explanation of what therapy is. They use “How to Choose a Psychotherapist Who is Right for You” a lot for this reason. As we discussed other members agreed that this is useful information to have available. Suggestions included trying to include more of this info in the single handout (wouldn’t be able to keep it to one page) or keep that one additional document. (One team hasn’t reviewed yet; two teams not represented.)
  + One team asked for inclusion of NASW referral service- it is included, just doesn’t have NASW in name (www.therapymatcher.org)
  + One suggestion to include deleted reference to EAP- explained that we were trying to keep it down to one page and many people don’t have access to EAP. Group seemed to agree with rationale for removal.
  + General agreement that it would be helpful to add phone numbers for referral services –many people prefer the phone for various reasons.
  + One member shared that Samantha Nock had created therapy referral services stickers that people could put on the back of their business cards. CRC to investigate- do we still have template that we can make available?

**Next meeting: Thurs Dec 14, 12:00 - 1:00, SS Conf room**