**CRC Advisory Minutes**

12/12/19

**Present:** Jessica Clark, Emily Doerr,Ellen Forman, Katelyn O’Connor, Kalina Sebeva, Sarah Taddei, Bianca Viazzoli, Glynis Wood

**Excused:** Hannah Perry

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

* **Please share minutes in full or in part as you deem appropriate to your team.**
* **Before next meeting please ask if your team has any feedback, questions, project ideas, resource sharing or topic suggestions for staff meeting review.**

**Next meeting: March 12, 12-1, SS Conference room – please save the date!**

***Style note****- Agenda in black text; discussion, further information and tasks in* ***purple****.*

**Welcome Katelyn O’Connor!** (ED/Psych team)

**Website Updates**

* New **SS STAFF handout** - [**The RIDE 30-Day Medical Necessity- How To**](http://healthcare.partners.org/ss/ssframebottom/staffresources/New%20Site/Basic%20Needs/TREC_Med_Necessity_%20Request_Form-FILLABLE_WITH_STAFF_TIPS.pdf)
* New **PROVIDER** handout- [**Serious Illness Utility Shut-Off Protection Tips**](http://healthcare.partners.org/ss/ssframebottom/staffresources/New%20Site/Basic%20Needs/Utilities_Shut-Off_Protections-Serious_Illness_TIPS_FOR_STAFF.pdf)
* New [**DV/Sexual Assault Training Licensure Requirement**](http://healthcare.partners.org/ss/ssframebottom/staffresources/StaffAccess/ProfessionalDevelopment.htm#DVSAReqTraining)
* Updated free/low-cost [**Wig List**](http://healthcare.partners.org/ss/ssframebottom/staffresources/New%20Site/SpecificPopulations/WigList.pdf)
* [**SSI/SSDI Basics**](http://healthcare.partners.org/ss/ssframebottom/staffresources/New%20Site/Basic%20Needs/SSI-SSDI%20_Basics_with_supplemental_slides_9-19.pptx) - **with new supplemental slides** (staff meeting PowerPoint)
	+ [SSI/SSDI staff training/quick reference grid](http://healthcare.partners.org/ss/ssframebottom/staffresources/New%20Site/Basic%20Needs/SSI-SSDI-Staff-Training-Cheat-Sheet.docx)
* [**Boston Healthcare for the Homeless**](http://healthcare.partners.org/ss/ssframebottom/staffresources/New%20Site/SpecificPopulations/SP_HomelessNEW.html#BHCHP) updated contact information
	+ [BHCHP Shelter clinics list](http://healthcare.partners.org/ss/ssframebottom/staffresources/New%20Site/SpecificPopulations/BHCHP_Shelter_clinic_list.docx)

**Team feedback, questions, project ideas and/or resource sharing?**

**Updates, Reminders, Highlights**

* **RAFT Upstream (Pilot)- new RAFT homelessness prevention funds designed to assist earlier in the process, before people reach eviction stage.** Seeks to avoid eviction records that can haunt people for many years. (Background: [Legislation to Protect Tenants from Unfair Stigma & Permanent Eviction Records](http://healthcare.partners.org/ss/ssframebottom/staffresources/news/2019/11-Newsletter.html#HOMESAct))
	+ **RAFT Reminder/Background**
		- RAFT = Residential Assistance for Families in Transition- state’s homelessness prevention funds.
		- **Standard/traditional categorical eligibility- families with children under age 21.**
		- **Expansion population-** more recently funds have been allocated to an expanded group- anyone else. Funds for this group have been more limited. When exhausted, only those with children would qualify for remaining funds.
		- **Income eligibility for both groups is below 50% of Area Median Income (AMI). See "Very Low Income" row on** [**Chart**](https://www.huduser.gov/portal/datasets/il/il2019/select_Geography.odn)(2019). But, at least half of all FY2020 funding At least half of all FY20 funding must be provided on behalf of households with income below 30% AMI. Remaining funds can assist those with incomes between 30 and 50% of AMI.
		- **Must be homeless or have an eligible housing crisis.** See [website](http://healthcarestage.partners.org/ss/ssframebottom/staffresources/New%20Site/Basic%20Needs/BN_Housing-V2_HomelessPrevention.html#Cash) for details. The new UPSTREAM RAFT program allows earlier intervention than under standard RAFT.
		- **Up to $4,000/year for a variety uses** includingrental stipends, back-due rent (arrearages), moving costs, start-up costs (first, last, security- but unfortunately NOT realtor’s fees), utility arrearages and, **in certain circumstances**: furniture, grocery gift cards, re-location costs, car repairs and more.
	+ **RAFT Upstream** Funds may be used to pay rent or mortgage arrears (not other common RAFT uses such as stipends, security deposits, utilities, etc.)
	+ Under **standard RAFT**, to qualify under eviction category must have received a court summons or already be involved in the court process. In mortgage category must have notice from mortgage lender of intent to foreclose. For **upstream pilot** just need to have fallen behind on rent or mortgage (also demonstrate financial hardship and that payment of arrears will allow household to retain housing).
	+ Available to both the traditional RAFT population (families with children under 21) and the “expansion” population- everyone else.
	+ **More Information:** [RAFT Upstream Flyer](http://www.mahomeless.org/images/RAFT_Upstream_Pilot_FY20.pdf)**.**
* **United Way/211’s Ride United – one-time ride** via Lyft Details:
	+ **Pilot Program**- at least until June 2020
	+ Operating within the Boston and Springfield areas. **Covered communities near Boston:** Boston, Brookline, Charlestown, Chelsea Cambridge, Everett, Malden, Medford Somerville, Roslindale and each into Boston.
		- Ride United MAY be able to offer local rides within Quincy or Quincy to Brockton as funding allows, but probably not, as an example, Quincy to Boston during rush hour.)
		- At the end of a month if money is remaining in budget they may be able to offer longer trips.
	+ Three acceptable uses: nonemergency medical, access to public assistance programs and applications (e.g., applying for family shelter) and food needs (e.g., food pantries)
	+ **How It Works** Client calls 211 and they assess for transportation options. There is no income limit. 211 will schedule and pay for the round-trip Lyft ride. 211 staff will tell client what vehicle looks like and where to meet it. The client does **not** need a cell phone. (Can’t call 211? Call 877-211-6277.)

**Seeking Feedback**

* **RIDE 30 DMN- tips. Available on our website: *New!*** [**Form with Staff Tips**](http://healthcare.partners.org/ss/ssframebottom/staffresources/New%20Site/Basic%20Needs/TREC_Med_Necessity_%20Request_Form-FILLABLE_WITH_STAFF_TIPS.pdf) (revised 10/25/19).
	+ A 10/19 revision of the official form added this wording “To qualify, the reason for request must be **recent and unexpected**.” Those with pre-existing disabilities may not qualify.
	+ Signature certifies you will provide the pt their RIDE ID number and information included with the confirmation. And that patient is aware they must call 617-337-2727 **within 10 days** to schedule an in-person interview.
	+ Is this sufficient? What have staff been experiencing? Did in fact change criteria- likely before released new guidance. Helpful- clarifies some misconceptions about when one can access the ride. The rules did also become more restrictive (“recent and unexpected”) – seems like the RIDE had been operating under new rules before announcing them. This now makes more sense.
		- Need checklist? Not needed.
* **Spaulding Rehab Hospital (SRH) visit January 9** – Limited response thus far. Please consult teams to gauge interest. Please RSVP by Thursday 12/19. Will proceed with small group- but do remind teams and ask anyone interested to contact Ellen.
* Discussion of **expedited visas when pt is undocumented** – we’ve been advised by a Senator’s immigration specialist that it may be safe as the state dept administers visas vs. USCIS. BUT the visa applicant can be asked anything on interview. Congressional offices willing to assist and walk through the process. See our [visa](http://healthcare.partners.org/ss/ssframebottom/staffresources/New%20Site/SpecificPopulations/SP_Immigrants_Visas.html#expedited) page for more information.
	+ Members have had success in with pedi cases such as this.
	+ Subsequently Ellen spoke with Office of General Counsel who spoke with immigration lawyer who consults to the hospital. Who said- you have to expect that the US Consulate in the home country will ask about the patient’s status, particularly as the reason to expedite the visa is based on the patient’s medical emergency. We’ve been advised that this type of request probably poses minimal risk, but, especially in the current climate, we cannot say no risk. Advise visa applicant to be honest in all interactions with consulate.
	+ We had received some advice saying perhaps don’t include patient’s name in the medical letter of support (saying pt is being treated and needs support from visa applicant). OGC thinks this would not be effective- need the patient’s name, medical condition and relationship to the applicant to justify the expedited visa. A generic letter would not be effective.

**Next Meeting: Thursday March 12,** 12-1,SS Conference Room