**CRC Advisory Minutes**

9/12/19

**Present:** Emily Doerr,Ellen Forman, Hannah Perry, Kalina Sebeva, Sarah Taddei, Bianca Viazzoli, Glynis Wood

**Excused:** Jessica Clark

**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: December 12, 12-1, SS Conference room – please save the date!**

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

**Welcome New Members! Emily Doerr, Glynis Wood, Hannah Perry**

Brianne Edwardsberry’s departure leave ED/Psych team vacancy- hope to fill for December meeting. Currently no Outpatient Mental Health representation.

**New Member Orientation**

* **Two-way communication**
	+ Bring any feedback, project ideas, resources to share or review/education requests from your teams.
	+ We’ll share updates, clarifications, program highlights.
	+ We ask that you share meeting minutes in whole or in part as you deem appropriate to your team. Minutes will have follow-up tasks at top and will include hyperlinks for more information.
* We may, on occasion, ask for you to review documents or give feedback between meetings. We’ll specify if we’re looking for your opinion representing your team or if we’re asking you to ask your team.

**CRC Transitions Updates**

* Hannah is assisting with case consultations currently. **We’ll announce when she is ready to take direct-communication cases. Well that was quick- she is now ready to take these referrals.** This role typically consults to social workers- but on SW request she can speak on phone or work directly with pts/families. We ask that you assess first to determine appropriateness. Note that as with all our consultations, we want to make sure we are providing accurate, personalized information- so she may need to research before replying. We can mail information if a patient has been discharged.
* **Notary- Ellen is a notary (note hours: until 3 M-Th, 2:30 on Fri), please place Epic referral.** **Bianca is now a notary** and is ready to take Oncology referrals or when Ellen isn’t available (until Hannah is sworn in – which we expect within a couple of weeks).

**Updates (Dorene Kyando)**

* Updated [**Self-Help Groups at MGH**](http://healthcarestage.partners.org/ss/ssframebottom/staffresources/New%20Site/Health%20%26%20Illness/Addiction_Self-Help_Groups_at-MGH%207-19.pdf) (SUDs)
* Updated [**Free Medical Air Transportation**](https://www.mghpcs.org/socialservice/resources/airlist.pdf) list
* Updated [**Free and Low-Cost Clothing**](http://healthcare.partners.org/ss/ssframebottom/staffresources/New%20Site/SpecificPopulations/Clothing%20Resources.pdf) list
* Updated [**Durable Medical Equipment (DME) Companies**](http://healthcarestage.partners.org/ss/ssframebottom/staffresources/New%20Site/Basic%20Needs/DME_Companies.pdf) list
* Updated [**Paying for Your Personal Emergency Response System**](http://healthcarestage.partners.org/ss/ssframebottom/staffresources/New%20Site/SpecificPopulations/Paying_PERS.pdf) explainer

**Follow-Up from Previous Meeting**

* **Homelessness resources handout**- came up last meeting. Ellen will convene a task group. Hope to get to this soon.
* **Boston Healthcare for the Homeless**- per request of this group, Dr. David Munson will be speaking at this month’s staff meeting.
* **Working on Veteran’s benefits handout**- Elena created; Ellen is working on final review.

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

* **The RIDE 30 day medical necessity-** staff reporting that they are newly having difficulty getting these approved. We discussed some experiences of the group and then Bianca followed up with additional research. **Tip: remember the purpose of the program is as a bridge to get people to upcoming appointments that are sooner than they would be able to go through the usual in-person assessment process.** Staff report some rejections based on including an old diagnosis or a chronic illness, the argument being that nothing has changed recently/the patient has had time to apply and now needs to go through regular application process. Staff note it is difficult to manage remembering to check on status if don’t hear back and calling pt to give them their RIDE ID can be time consuming. Rough estimate is that each inpatient SW does 1-5 of these a week. **CRC will create a tips sheet/checklist to help educate and track these** (including how far in advance you can book rides).
* **How to advise patients about who to call if hiring help at home?** Case management has list of private pay agencies. See our [Home Health Care](http://healthcare.partners.org/ss/ssframebottom/staffresources/New%20Site/Health%20%26%20Illness/HI_Home%20Health%20Care.html) page:
	+ [**Private Pay List**](http://healthcare.partners.org/ss/ssframebottom/staffresources/New%20Site/Health%20%26%20Illness/PrivatePayHomeCare.pdf) from MGH Case Management (7/13 - confirmed most recent copy as of 7/18) (*We’ve contacted CM to see if this is still the most recent version- they are investigating*.)
	**Definitions** (from previous version of list):

**Licensed:** Registered business licensed to operate as employment agency with oversight by Department of Occupational Safety
**Certified:** Medicare/Medicaid certified; meet federal requirements for patient care and management; may have private pay options
**Independent Contractor:** Placement agency that refers independent workers who become directly employed by the client

**Seeking Feedback**

* **PT-1 3 Day Notice Enforcement**- from last month’s minutes: **Special request- collecting stories:** have you heard of transportation brokers threatening to patients if they’ve made PT-1 reservation with too short notice? (This should **not** be happening if the appointment is urgent and the patient had less than 3 business days’ notice of appointment.) Please let Ellen know! No one present had heard of this. Hoping this was a one-off.
* **Public benefits or resources to review at staff meeting?**
	+ Used to do this regularly, but it’s been a while: TAFDC and EAEDC 10/15, Utilities Assist 7/15 (LIHEAP resumes 11/1), SSI and SSDI (11/14), (Housing speaker from MBHP – now MetroHousing Boston - around that time as well)
		- Strong interest expressed in repeating **SSI/SSDI and Utilities assistance** trainings. Prioritized SSI/SSDI with utilities assist closer to heating season when it is most timely.
		- **Request for Immigrant Access to Benefits training**- let’s wait until public charge rules are more certain (undergoing court challenges). In any case these **rules are complex, people may switch between immigration statuses**, often don’t know their status.Even in more stable times **we recommend that staff refer pts to an outside expert or CRC for individual consultation.** For example- Legal Permanent Residents (LPRs/green card holders) are subject to a 5 year bar on most federal benefits- but one should ask about status prior to LPR. If converted to LPR from refugee or asylee status for instance, not subject to the bar. Also children under 18 have different rules for certain programs as do pregnant women.
			* **Our legal referral handout:** [Immigration Clinics and Lawyers](http://healthcare.partners.org/ss/ssframebottom/staffresources/New%20Site/Legal/Immigration_Clinics_and_Lawyers.docx) (5/19). Member asked if we have this in other languages. We don’t but **MIRA’s website** ([**legal service providers for immigrants**](http://www.miracoalition.org/legal-services)) **has page translation option.** This website is linked from our website and **we’ve added note**.

**Updates, Reminders, Highlights**

* **EA end of requirement to stay in a place not meant for human habitation.** Any feedback- any knowledge of implementation, patient experiences? None at this time.
* **TAFDC** [**Clothing Allowance**](http://healthcare.partners.org/ss/ssframebottom/staffresources/New%20Site/Basic%20Needs/BN_PB-CA_TAFDC-EAEDC_DETAILS.html#Clothing) **reminder**: **each September the TAFDC income limit increases slightly** to allow some low-income working families who would otherwise be ineligible to qualify for the clothing allowance. **Although these families will not receive cash benefits, they may be able to receive subsidized child care in addition to the clothing allowance. This is particularly important because it may help people get child care sooner than waiting on the “income eligible” childcare waitlist. Benefit: $350 per child under 19**. Note the “family cap” has been repealed, so those children are now eligible (“Family Cap” children were formerly denied benefits because they were born while their family was already receiving TAFDC). **INELIGIBLE children**- those receiving SSI and undocumented immigrants.
* **MassHealth Enhanced Coordination of Benefits (ECOB) –** MassHealth provides an **onsite worker specific to this program: Anna Giunta** at MGH (617-886-8037, or anna.giunta@umassmed.edu). ECOB ensures that eligible MassHealth members have access to private insurance coverage enroll and maintain coverage. ECOB can help patients/families apply for MassHealth’s **Premium Assistance program, which covers employer health plan premiums. Most would get MassHealth as a secondary insurance that would cover services not covered by the private plan, deductibles and co-pays (patients would still be responsible for the a small MassHealth Prescription Drug dispensing fee).**

**ECOB also will cover COBRA premiums** which are typically 102% of the cost of a former employer’s group health insurance premium.

**Eligibility**
Patients must

* Be under 65 and not eligible for Medicare
* Be a MassHealth member or pending MassHealth (MassHealth Standard or CommonHealth only)
* Have access directly or through a family member to private health insurance

**ECOB works with those who have catastrophic illness, chronic disease, complex medical needs and long or repeated hospitalizations.**

**ECOB Helps Family Members Not Otherwise MassHealth Eligible**
Many families have “mixed MassHealth status”- some members are eligible and some are not. This may be for financial reasons, such as a family with an income level where the children qualify, but the parents do not, or it could be related to immigration status. The Premium Assistance Program can pay for the private insurance’s **family** premium- enabling those who are not MassHealth eligible on their own to get full insurance coverage (note: these ineligible members would not get MassHealth wrap-around services such as coverage of co-pays).

**More information:** [MassHealth Enhanced Coordination of Benefits (ECOB) Program](http://healthcare.partners.org/ss/ssframebottom/staffresources/news/2019/7-Newsletter.html%22%20%5Cl%20%22ECOB), MGH Community News, July 2019).

*-Thanks again to Sarah Taddei for the reminder of this program.*

**Additional discussion**- this is particularly helpful for those with a new disability/catastrophic illness or for those with COBRA coverage (one’s coverage under COBRA can cost as much as the full cost of the plan to your employer plus a 2% administrative charge.)

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