

ADRC Site Meeting Minutes

November 20, 2013
9:00AM- 10:30AM

Webinar

Attendees: Celeste Graham, Dave Gibson, Joti Bhakta, Katrina Fowler, Shareece Bates, Sherri Herringshaw, Bea Venable, Kristi Martin, Magali Cooke, Ivan Espinoza, Crystal Ravanelli, Patty Gurney, Carlyn Grocholski, Vicki Salazaar

We will cover the following:

1. Introductions and Welcome –Cheyenne Pasquale
2. Enhanced Options Counseling – Open Discussion
 - a. Purpose
 - i. Reviewed Purpose, Definition and Target audience from National Standards.
 - b. Number of OCAs completed
 - i. Agency Summary Report-Level 2 only-9/22/13-11/15/13 = 324
 - ii. Based on report, average is showing as 33 minutes per consumer. AHN, CCSC, & WCSS say their average is closer to 1-1.5 hours.
 - c. How are things going so far?
 - i. CCSC- Going well, but it is time consuming.
 - ii. AHN – Consumers sometimes are frustrated with the time it takes to go through the entire process. Perhaps training on how to approach options counseling with a consumer.
 - iii. EVFS – typically will break up the Assessment into 2-3 visits. Will focus on the core issue, then follow up to complete additional sections.
 - iv. WCSS – There are a lot of walk in clients, limited to availability transportation of the client. Will follow up with the client via telephone to address additional areas.
 - v. RAGE – Working with state IL Coordinator to coincide with IL Assessment, still concerned with time, but have been able to break up the assessment into pieces. Working on overall work flow.
 - d. Areas that are difficult to address with clients
 - i. Psycho-Social – not sure resources they have are the appropriate referral for the consumer, need more information on available resources.
 - ii. Medication Management – specifically, direct assistance to consumers in the daily management of their medication. This is a particular problem in northern Nevada as there are no providers that offer just this service to consumers. It has been a contributing factor for clients to be admitted to group or assisted living situations rather than remain in their homes. RAGE reported they have made referrals to the Medication Management program when appropriate

to deal with over medicated issues, however clients seem to be not following through with the services.

- iii. Caregiver Training – Family caregivers need additional training on personal care issues. Cheyenne showed them where to access the PAS modules on the ADRC website.
 1. Also, sites have received a lot of calls from family members who are trying to be paid as a caregiver, but their a lot of roadblocks and no clear instruction on where to refer consumers.
 2. Patty Gurney stated the only real solution she has found is that the client must be eligible for Medicaid (either a waiver or full Medicaid) and deemed appropriate for personal care services. Then, the family member can get hired by an approved Medicaid agency. Many family caregivers do not want to go through all of the paperwork and training to do that however.
- iv. Transportation – this is becoming a bigger issue, particularly in getting consumers to access services. It has been identified as a priority in both Carson and Las Vegas.
- v. Medical Care – most consumers are seeing one or more specialty care doctors, but don't seem to access primary care physicians on a regular basis. EVFS stated they do try to educate consumers on the importance and benefits of seeing a primary care physician, particularly in terms of the preventative benefits.
- e. Service Plan feedback
 - i. WCSS reported they have found it beneficial to have consumers initial each action step that is assigned to them to help get the commitment from the consumer.
 - ii. No other comments were made about the Service Plan at this time.

3. Money Follows the Person – Open Discussion

- a. Paul stated they have received most of the site reports.
- b. Ivan has completed the second round of visits to nursing facilities and there are still some concerns about the availability of the FOCIS staff. In particular, Paul will follow up to the question “How often will clients get follow up visits”. He stated he believes it is 1x month, but not sure if the FOCIS staff are required to do in person visits or if they are telephone visits. He will confirm and send a response to the sites.
- c. RAGE stated they have met with Ombudsman, but haven't been able to get a commitment to work together. It seems they might be on their own.
- d. EVFS- Liz has made some good contacts and has been able to meet directly with consumers.
- e. Cheyenne asked the group if there were topics for MFP and Transitions as she thought they were added, but did not seem them in the system this morning. The group stated they had not seen them either. Sherri (CCSC) also asked where the outreach should be recorded. Cheyenne instructed the group to record it in the Marketing & Outreach Consumer Group assigned to them. They will just need to make a note of the MFP topic in the Comments section.

4. General Updates/Site Announcements – All sites/ADSD Staff

- a. RD- Quarterly Regional meetings are ongoing.
- b. AHN – Grand Opening was 2 weeks ago. Very successful, have had a lot of increased traffic. Getting a lot more walk in traffic.
- c. CCSC – Grand Opening was October 22, huge success. Have been very busy. Question: On average how many clients see on a day to day basis? 6-8 clients (LCHS), Shareece agreed especially starting out, to keep to 6 clients per day. Also helpful to spread out and delegate as necessary. Beau has been helping with follow up.
- d. CCHHS – Introducing the program into the community, met with the Sherriff's department, Senior Center, and Community group. Starting to see some movement. Partnering with Douglas county to offer services. Still accepting old applications as far as they are aware.
- e. WCSS – Continue to be busy, a lot of walk in clients. This time of year is especially busy. Medicaid application is difficult with the ACA requirements; unclear as to exact process. Website is still down – system wide issue. Very little information available.
- f. EVFS – suspended doing any Medicaid applications outside of MAABD. Have entered into a partnership with Helping Hands & LV Senior Lifeline to help with a pantry program for seniors over age 60.
- g. RAGE – mini open house for Halloween; was able to make many connections.
- h. LCHS – working with NV HealthLink to do group enrollments in areas with multiple computers. Have been able to work with consumers to work through the glitches. Very busy with consumers who are now eligible for expanded Medicaid eligibility. Long delays. Notices are coming from Healthlink, people think they are junk mail so that is causing a hiccup. Referring a lot to SHIP.
- i. Patty – no updates, but as always available to answer questions, etc.

5. Anything Else?

a. I&R/A Survey Questions

- i. *Provided responses to the question "What questions are you receiving about Marketplace". Included: Am I eligible? How do I apply? Do I need to apply? Also questions about the Part B penalties and how the ACA will affect that.*
- ii. *Sites also have not heard of any scams related to the Health Insurance Marketplace.*

b. DWSS Suggestions

- i. *Shareece – strongly encourage people to ensure why each document is required.*
 1. *A training would be helpful for the group.*
- ii. *Questions are specific, but the general answers are not benefiting the consumers so headway to resolving the issue is not being made. How can we get more specific answers?*
- iii. *If a client doesn't have Part B, is there a Medicaid program that can cover them? No. Have to sign up for Part B first, then can apply for assistance through Medicaid. Will Medicaid pay the penalty? Depends on client income.*

- iv. *Client on SSDI, not quite 2 years. If they are income eligible, then they can apply for Medicaid.*
- v. *Medicaid application is 64 pages, but most of it is relevant to dependents, can write "N/A" in those sections, but still have to turn in the whole application. WCSS is getting more applications for people under 64 who are now eligible for expanded Medicaid. There is a disconnect between NV HealthLink and DWSS. Have to use the address that is on the application, a PO Box.*
- c. *AHN – need to get added to the ADRC list on the site.*
- d. *Updated Community Partner Agreement template – most sites put just their logo on the template.*
- e. *Volunteers for SAMS work group – need 1 volunteer from each site to participate in a work group for SAMS project. Will act as agency representative and will be responsible for testing. Please email Cheyenne within 2 weeks who should be on this work group. Will most likely meet twice per month for the first 2-3 months, then monthly after that.*
- f. *CIS – how often should they be submitted to ADSD? Either quarterly or monthly.*
- g. *Cheyenne thanked everyone for their continued hard work and dedication to assisting consumers, particularly with the bigger obstacles in working with Medicaid, the Exchange and DWSS. Hopefully, the issues will be rectified soon.*

Upcoming Trainings/Meetings:

- Schedules will be sent out in December
 - What days work well for trainings? Tuesday and Thursday afternoons typically have been the preference. No objections noted during the call.
 - Site meetings will most likely remain on 3rd Wednesday of every other month.