Executive Office of Elder Affairs

RESPECT INDEPENDENCE INCLUSION

Program Manager/ Nurse Manager Meeting

Home Care Team
September 17, 2019
10 a.m. – 1 p.m.
Tri-Valley Inc.

Welcome & Introductions

- New to the Home Care Team!
  - Brian Glennon – Waiver Program Manager

    brian.glennon@massmail.state.ma.us

AGENDA

- Welcome & Introductions
- Guest Speaker– Kathryn Downes – Technology 101
- Cool & Groovy Spotlight
  - Coastline
- Self-Care at Work
- Back to Basics:
  - 2017 Home Care Regulations
  - Over Income Programs
  - Terminations
- Updated Contact Info for OIG-LEIE
- FEW Notification Roll-Out
- Service Specific Tools for New Services
- Overview of CMS Visit
- Falls Prevention
  - September 23rd – Falls Prevention Day
  - Falls Protocol Survey Results
- Home Health Services PI
- Adult Day Health
- Upcoming Trainings – DTA & Opioids
- Consumer Summary Page

Guest Speaker

Technology 101

Kathryn Downes
Program and Policy Manager
Executive Office of Elder Affairs

Why Technology Matters

- People want to **age in the community of their choice**. Technology can enable independence, enrichment and engagement.
- **Caregivers need support.** Technology can help in many ways, including respite, self-care, and assistance with caregiving tasks.
- Older adults and caregivers are **interested in technology and increasingly savvy**. Rates of smartphone, tablet, and internet use increase with each generation of users.
- The **market has exploded** and is as much about software as hardware (it is not all PERS and giant flip phones!).

EOEA's Technology Goals

- Strengthen interaction between **aging services network** and technology and innovation companies to benefit consumers, service providers and the innovation community.
- Increase awareness, education and technology use among **consumers**, including older adults and family caregivers.
- Support the **longevity economy** in Massachusetts and reframe what aging means in the promotion and distribution of technology products and services.

To enable these goals, we first needed to develop an understanding of the current technology landscape.

Technology Landscape

From the Perspective of the Caregiver

We took a needs-based approach

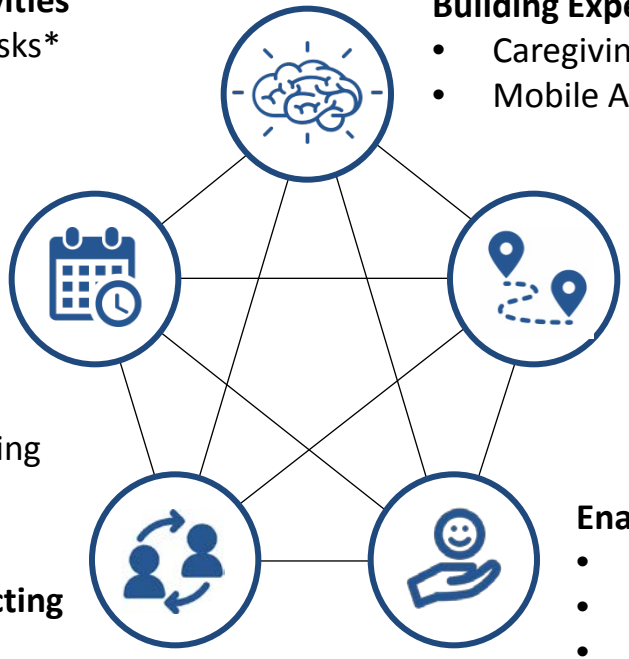
- Building expertise in caregiving tasks
- Navigating complex institutions
- Coordinating day-to-day activities
- Sharing information and connecting with caregivers
- Enabling the best quality of life for their care recipient

Technology Landscape

From the Perspective of the Caregiver

Coordinating Day-to-Day Activities
- Scheduling & Managing Tasks*
- Transportation*
- Self-Care & Wellness
- Medication Management
- Shopping & Meal Delivery
- Home Repair & Tasks
- Pet Care
- Home Care & Respite
- Home Safety
- Personal Safety & Monitoring

Sharing Information & Connecting
- Online Communities



Building Expertise
- Caregiving Websites
- Mobile Apps*

Navigating Complex Institutions
- Financial & Legal Help
- Online Banking
- LTC & Provider Ratings
- Healthcare Coordination
- Advance Care Planning*

Enabling Quality of Life
- Music & Art
- Companionship*
- Assistive Technology

*Examples on following slide

Select Examples

Building Expertise

Informational app that includes **tips, resources, and guides** specifically for individuals caring for someone living with Alzheimer's or dementia.

Scheduling & Managing Tasks

Mobile and web-based app that **helps family caregivers coordinate** with respect to tasks and information related to the care recipient.

Transportation

Concierge service that **connects users without smart phones to on-demand transportation** services simply by calling a phone number.

Advance Care Planning

Platform that allows users to create an account and **complete advance care plans using flashcards** which can then be shared with close family and friends.

Companionship

Matchmaking platform for anyone over 50 to help people **find companionship in all its forms**, including new friends, travel buddies, and romantic partners.

Next Steps and Opportunities

- Attend the Mass Home Care Conference, September 25th, 2019.

Block #2 - 11:30am to 12:20pm

Partnerships between our Aging Services Network and the Technology Sector

- Kathryn Downes, Executive Office of Elder Affairs
- Valerie Parker Callahan, Greater Lynn Senior Services
- Dori Prescott, SeniorCare
- Amelia Walters, Central Mass Agency on Aging

- Volunteer for new technology and innovation workgroup!

EOEA wants to learn from you! What are you doing to leverage technology to support older adults and caregivers?

THANK YOU

Kathryn Downes
Program and Policy Manager
Massachusetts Executive Office Elder Affairs
Kathryn.Downes@MassMail.State.MA.US
@Mass_EOEA

Cool & Groovy Spotlights

Fall Prevention Initiative

Carol Ohrenberger

Coastline Elderly Services, Inc.

Coastline
Caring for the community.



FALL PREVENTION INITIATIVE

Overview

- January 6, 2017 PI 17-01 was issued by EOEA.
- CESI developed a fall initiative plan to identify and reduce preventable falls and fall related injuries with our consumers.
- January/February 2017 education and training completed with staff.

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Caring for the community.

Fall Prevention Project

- A group of high risk consumers were selected based on information obtained from the CDS related to the frequency of consumer falls.
- An initial fall prevention evaluation tool was completed with each consumer in the sample.
- These consumers were followed every 3 months for a period of one year and provided with ongoing fall prevention education and interventions.
- An interdisciplinary case conference was conducted between the CM and RN after initial evaluation and at least every 3 months to determine the effectiveness of strategies and need for further intervention.

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Fall Prevention Evaluation Tool

Fall Prevention Evaluation Tool

SAMS ID#_____ Date:_____

Identify the circumstances related to fall: (causes/time of day/frequency)

_____

Identify any environmental hazards:

- Clutter
- Poor lighting
- Loose rugs/hand rails
- Unsafe or ill-fitting footwear
- Lack of safety equipment in shower, toilet or bed
- Wet/slippery floors
- Other _____

Identify any biological risk factors:

- Confusion
- Muscle weakness, unsteady gait or balance problems
- Dizzy with position changes
- Poor vision or hearing
- Medication side effects/ more than 4 medications daily
- Recent illness
- Urge incontinence
- Other _____

Identify any behavioral risk factors:

- Inactivity
- Risky behaviors such as standing on chair or stool
- Alcohol or substance abuse
- Other _____

Identify strategies/interventions to prevent falls:

- Refer for vision exam
- Refer for PERS
- Re-evaluate services/schedules
- Refer for environmental modifications
- Refer to PT/OT or equipment evaluation
- Notification to caregiver or family
- Notification to medical provider
- Refer/provide falls prevention education
- Refer for medication review
- Other_____
  _____

CM signature:
_____

RN signature:
_____

Project Example

- 104 year old consumer with dementia and arthritis was followed for one year and provided with the following education and interventions.
- General fall prevention education was provided about proper footwear, compliance with walker, not to use stool to reach high items and clear pathways.
- Involved family who removed large furniture that made ambulation more difficult.
- Housing installed grab bar in bathroom and installed lighting in hallway.
- Counter level microwave was installed.
- Items in apartment were moved to enable consumer to reach them.
- HM/PC services were increased.

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Policy

- All consumers identified as a positive fall risk will be provided with fall prevention education/intervention.
- An interdisciplinary case conference will be completed between RN/CM after consumer fall has been identified.
- RN supervisor will monitor compliance with monthly QA and provide ongoing education as needed.

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Additional Measures

- Fall prevention pamphlet was developed in English, Spanish an Portuguese.
- Fall prevention program outlined in June 2019 edition of Senior Scope. Coastline's monthly newspaper.

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Fall Prevention Flyer (English)

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FALL PREVENTION

KNOW
- Osteoporosis
- Age

YOUR
- Chronic health conditions
- Medications
- Lack of physical activity

RISKS
- Muscle weakness, unsteady gait, or balance problems
- Impaired vision or hearing
- Environmental hazards

According to the Center for Disease Control, falls and fall related injuries are a major threat to the independence and well-being of older adults.
At least one-third of all falls in the elderly involve environmental hazards in the home.
Two-thirds of those who experience a fall will fall again within six (6) months.

Please see the back for details on how to prevent falls.

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WHAT YOU CAN DO TO PREVENT FALLS

- Keep pathways clear and get rid of things you could trip over
- Remove throw rugs and clutter
- Have adequate lighting in your home
- Use a nightlight in the bedroom/bathroom/hallways
- Have regular eye exams and wear prescribed eye wear
- Keep eye glasses clean
- Wear appropriate footwear with nonskid surface
- Put railings on both sides of stairways
- Always use your assistive devices when ambulating
- Add color strips to stairs
- Add grab bars inside and outside your shower and next to the toilet
- Add nonskid mats or appliques to bathtub/shower
- Ask your physician or pharmacist to review your medications
- Keep commonly used items within reach
- Adjust the height of the bed to make it easy to get in and out
- Keep oxygen tubing, electrical, and telephone cords out of the way
- Engage in regular exercise to help maintain muscle and bone strength and improve balance

Contact Coastline at 508-999-6400 to see when *A Matter of Balance* class is available in your area.

Future Goals

- Provide Fall Prevention Education at COA in our service area.

- Reduction in the number of falls sustained by the consumers we serve.

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Falls Prevention

- Fall Prevention Awareness Day
- Falls Protocol Survey Results

2.5 Million Steps to Prevent Falls

Who: All 25 ASAPs & Elder Affairs

What: Statewide Goal:

- At least 1,000 participants walking at least 1 mile
- Estimated 2,500 steps/ mile
- Share on Twitter @mass_eoea
- **#MASteps2PreventFalls**

When: September 2019

Where: Up to you!!

#MASteps2PreventFalls

- September - National #FallsAwareness Prevention Month
- Falls are the leading cause of unintentional injuries among #olderadults.
- Learn what you can do to #preventfalls: http://Mass.Gov/OlderAdultFalls

#MASteps2PreventFalls

- #PreventFalls Tip: Regular exercise that improves leg muscle strength and balance can reduce the risk for falls. Contact your local Council on Aging or Senior Center to learn more about exercise and balance programs for #olderadults. http://Mass.Gov/OlderAdultFalls

- #PreventFalls Tip: "**A Matter of Balance**" class is designed to reduce fear of falling, stop the fear of falling cycle, increase activity levels and confidence among older adults. (Note: insert how people can participate if your #ASAP or COA is hosting a course.)

Falls Protocol Survey

100% RESPONSE
THANK YOU!!!

Falls Protocol Survey Results

- **8** ASAPs use an additional fall risk screening
  - **5** use STEADI
  - **3** use another tool
- **88%** of ASAPs provide written falls prevention materials to consumers
- **17** ASAPs access the HCBS Explorer Report on falls
  - **13** monthly
  - **3** quarterly
  - **1** other
- **44%** of ASAPs provide annual falls prevention training to their staff

Falls Protocol Survey Results

- **11** ASAPs offer Matter of Balance
- **2** provide Tai Chi

- Requests for additional resources
  - Staff
  - Consumer & families

Falls Protocol Survey Results

Resources for staff

- National Council on Aging
  - https://www.ncoa.org/healthy-aging/falls-prevention/
- Carolina Geriatric Education Center
  - http://www.uncgeriatrics.com/courses.asp
- Centers for Disease Control and Prevention
  - https://www.cdc.gov/homeandrecreationalsafety/falls/index.html

Falls Protocol Survey Results

Resources for consumers and families

- Healthy Living Center of Excellence Workshop Schedule
  - https://www.healthyliving4me.org/workshop-schedule/
- "Take Control of Your Health: 6 Steps to Prevent a Fall"
  - National Council on Aging
    - Available in English, Spanish, and Portuguese
    - https://d2mkcg26uvg1cz.cloudfront.net/wp-content/uploads/NCOA-Falls-Free-Infographic-680pixels-0917.pdf
- "Check for Safety: A Home Fall Prevention Checklist for Older Adults"
  - Centers for Disease Control and Prevention
    - https://www.cdc.gov/steadi/pdf/STEADI-Brochure-CheckForSafety-508.pdf

SEPTEMBER IS SELF • CARE AWARENESS MONTH

Self Care at Work

What is Self Care?

- the practice of taking an active role in protecting one's own well-being and happiness, in particular during periods of stress.

Top 5 Benefits of Self Care

1. Better productivity
2. Improved resistance to disease
3. Enhanced self-esteem
4. Increased self-knowledge
5. More to give

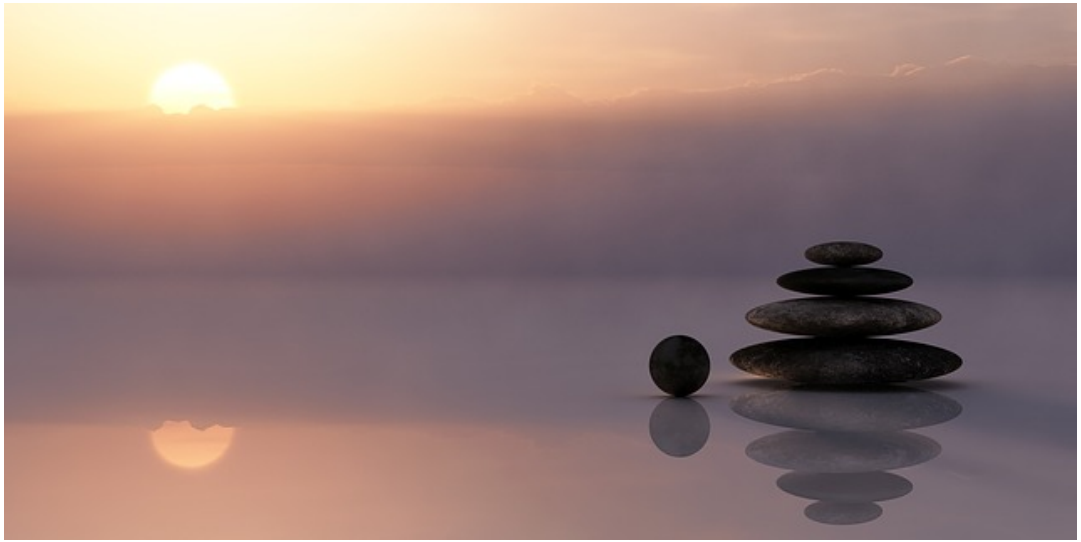
Self Care at Work

Self-Care Tips to Add to Your Work Routine:

- Have a daily ritual you look forward to
- Go on trips to get coffee or tea
- Make your seating comfortable
- Keep your desk area as clean and organized as possible
- Give yourself an activity away from the computer every once in awhile
- Drink water
- Add some plants
- Enjoy your stationery
- Freewriting or journaling
- Bring healthy snacks
- Explore during breaks
- Set a new challenge each week or month
- Look how you want to feel
- Do some power poses
- Do afternoon affirmations
- Change up your lunch routine
- Know when you need a break and take one
- Make a playlist that motivates you

Self Care at Work: 1 minute meditation

- https://www.youtube.com/watch?v=0fcdv0kFVMs



Back to Basics

- 2017 Home Care Regulations
- Terminations
- Over Income Programs

2017 Home Care Regulations

- Home Care Regulations current version released January 2017

https://www.mass.gov/files/documents/2017/10/19/651cmr3.pdf

Over Income Programs

- Updated Home Care Regulations effective January 2017, created the Home Care Over Income program
  - any referral is financially eligible for a Home Care Program with this addition
  - shifts Home Care eligibility from financial eligibility to cost share eligibility
  - program does not require a caregiver for Over-Income Cost share

- July 2018 to present 1,624 consumers enrolled in Home Care Over-Income

Over Income Chart

COST SHARING FOR OVER INCOME:

One Person Annual Gross Income			Monthly Co-payment	Two Person Family Annual Gross Income			Monthly Co-payment
$28,411	-	$30,783	50%	$40,200	-	$41,560	50%
$30,784	-	$33,092	55%	$41,561	-	$43,866	55%
$33,093	-	$35,402	60%	$43,867	-	$46,179	60%
$35,403	-	$37,710	65%	$46,180	-	$48,486	65%
$37,711	-	$40,017	70%	$48,487	-	$50,794	70%
$40,018	-	$42,330	75%	$50,795	-	$53,102	75%
$42,331	-	$44,634	80%	$53,103	-	$55,412	80%
$44,635	-	$46,944	85%	$55,413	-	$57,720	85%
$46,945	-	$49,257	90%	$57,721	-	$60,028	90%
$49,258	-	$51,563	95%	$60,029	-	$62,340	95%
$51,564		and over	100%	$62,341	-	and over	100%

Terminations

- Continued review of Home Care enrollment & termination data
- Voluntary Assent (VAF) or Notice of Action (NOA) must be used terminating a consumer
- An ASAP may terminate a consumer's Home Care enrollment when:
  - the consumer is suspended over 90 days & there is reasonable cause to believe the consumer will continue to be unavailable for services for an undetermined amount of time **OR**
  - the consumer no longer meets the Home Care eligibility & enrollment criteria **OR**
  - the consumer requests to be terminated from the Home Care program

ALL HOME CARE TERMINATIONS ARE APPEALABLE ACTIONS

Terminations

- Ensure consumer understands & confirms their termination & the ending of services
  - If the consumer is on the waiver, this may mean that the consumer will lose MassHealth coverage, if they are accessing the waiver through the expanded income eligibility of the waiver
  - HC Team is a resource if loss of MassHealth is questionable

- Offer resources & suggest alternative options & services to address the consumer's needs
  - Documentation must support any & all action taken by the ASAP during the termination

Terminations

- Any termination using an NOA must cite:
  - An accurate & appropriate Home Care regulation (651 CMR 3.00)
  - Supports the consumer's ineligibility for services
  - Adjudicatory Rules of Practice and Procedure regulations (651 CMR 1.00)
- Appropriate appeals timeframes must be utilized when issuing an NOA
  - **14** calendar days: Non-Waiver consumers
  - **30** calendar days : Waiver consumers

Terminations

- All terminations, denials, or service reductions completed using an NOA are appealable actions

- The Consumer is given the opportunity to request a review of the action by the ASAP

- If the ASAP upholds it's decision:
  - consumer is given right to appeal the termination/reduction to the Hearing Officer
    - independent of EOEA
    - renders a decision according to Home Care Program Regulations and guidelines

Example 1

- 300% Waiver consumer contacts provider to cancel services
- Provider notifies the case manager
- Case manager sends VAF same day as notification
- VAF not returned
- NOA mailed to consumer fourteen days after VAF was mailed
- Consumer closed by ASAP on the last day of the month the provider notified the case manager
- Service suspension not added

Concerns:

- Consumer not contacted by case manager to confirm the cancellation of services & determine reason
- Potential critical incident if consumer had been mistreated by provider leading to cancellation
- Evaluation of consumer's needs not completed
  - services not offered to keep consumer waiver enrolled
- Service suspension not added from the date of cancellation request
- Journal notes do not reflect termination reason; NOA type
- Adequate time for appeal of decision not allotted

Regulation:

651 CMR 3.07 (4)(b):

“For Frail Elder Waiver Consumers, the Notice of Action shall include the date on which a Frail Elder Waiver Consumer’s services were suspended; the reason for the termination: and a statement that the Consumer’s Home Care Services shall be Terminated on the 31st calendar day after the Consumer receives such Notice of Action unless the Consumer takes either of the following actions prior to such date:”

Example 2

- Annual Re-determination visit complete & entered into SAMs
- Note indicates consumer is satisfied with current service of HDMs
- Two days later, consumer is sent NOA to terminate services
- Services suspension not added in SAMs
- Note states NOA mailed based on “CMs Judgement”

Concerns:

- Communication with consumer regarding termination reason not identified
- Additional services not offered to keep consumer waiver enrolled
- Evaluation of consumer’s needs for any other service not completed
- Service suspension not added
- Termination reason not correlated with any regulation

Example 3

- HCB/NW consumer opened under 651 CMR 3.04(5)(g) Exceptions to FIL based on risk: June 2018
- Consumer began HM, HDM and Laundry mid-June 2018
- Call to Consumer 8/8/2018 informing consumer that because of frequent cancellation of services & FIL ineligibility services would be terminated
- NOA mailed & consumer closed

Concerns:

- Consumer did not have another home visit or CDS completed to evaluate FIL eligibility and assess risk
- Consumer was assessed and opened in June as exception due to risk identified as recent homelessness, emotional and mental health issues which warrants increased CM involvement as consumer is at risk

Regulation:

641 CMR 3.05(3)(d)

“Reassess each Consumer’s current health and functional status, need for services, service level, and service type by conducting in-home reassessments and communication with the elder, family members, other care givers, informal supports and/or formal supports as necessary. A home visit to reassess the Consumer’s needs shall be conducted according to specific Elder Affairs Program Instructions”.

Example 4

- ICM consumer opens in HCB/NW October 2017
- Receives HM & PERS with Heavy Chore
- 3 P.S. reports filed throughout enrollment for hoarding & safety concerns living on 2nd floor after hospital recommended movement to 1st floor
- Several attempts by SW from PCP office to have consumer complete MH application for FEW
- HV in March 2018 CM informs consumer of copayment balance
- Consumer hospitalized & returns home June 2018
- CM reports that they do not see "momentum toward goals to add services"
- CM talks with consumer who states she cannot afford copayment
- NOA mailed for Non-Payment of Cost Sharing Fee
- Consumer closed with balance of $258

Concerns:

- Consumer not supported to access resources to complete MH application
- CM never offered copayment adjustment to assist consumer as need for services was evident
- Money Management consultation to identity root cause of being unable to pay bills not offered

Regulation:

651 CMR 3.06(2)(e)

“ASAPs shall have the ability to waive or reduce Co-payments based on hardships that impact the Consumer’s ability to pay”.

Example 5

- Consumer opens July 2018 for PC and Homemaking 3 hours a week
- RN approved PC service
- CM made several attempts to find provider
- Consumer hospitalized March 2019 and returns home
- 6 Month HV conducted in June 2019
- DTR request close due to lack of services July 2019
- VAF mailed not returned, NOA mailed

Concerns:

- Consumer remained opened for 11 months without services or HV
- Additional services were not offered to consumer

Regulation:

651 CMR 3.05(3)(e)

“A Long Term Care Assessment is required to be completed a minimum of every six months and more frequency as required by changes in the Consumer’s circumstances, functional impairments, or service needs ”.

Example 6

- Consumer enrolled in HCB/NW February 2017 with $90 copayment
- Consumer receiving 3 hours of HM/HHA per week
- Consumer ineligible for FEW based on assets
- Determined consumer can receive services through VA for free
- Consumer closed for Financial Ineligibility May 2019

Concerns:

- Consumer did not have copayment updated between February 2017 & May 2019
- Case closed for Financial Ineligibility(should have been Adequate Formal Support)
- No direct termination reason correlated with regulation

Financial Ineligibility Closures

- Regulation changes in 2017 expands financial eligibility for Home Care to all
- Two specific cases found citing financial ineligibility
  - After review, these cases closed as the CM was not able to obtain financial information for the consumer or spouse
    - Finances unable to be obtained
      - Case should not have been opened
      - Applicant Consent and Disclosure Form (ACDF) cannot be completed
    - Consumer is ineligible
- When consumer is denied services or case is closed consumer shall be given the right to appeal 651CMR3.07(5)(a)

Financial Eligibility

Regulations:

651 CMR 3.04(1):

"Eligibility. An Applicant shall be eligible for Home Care Program Services if the Applicant is an Elder who meets the following eligibility criteria: the application requirements of 651 CMR 3.04(2); the age and residency requirements set for in 651 CMR 3.04(3); the financial eligibility requirements set forth in 651 CMR 3.04(4); and the Functional Impairment Level, determination of need and Service Priority Matrix requirements set forth in 651 CMR 3.04(5)".

651 CMR 3.04(2)(g):

"An application for services shall be documented in the manner prescribed by Elder Affairs and in compliance with Documentation Standards. The Applicant or his or her Designated Representative shall sign and date an Applicant consent and disclosure form, certifying that the information is correct to the best of his or her knowledge".

651 CMR 3.04(4)(a):

"An Applicant must meet the appropriate financial eligibility criteria set forth in the Financial Eligibility Guidelines issued by Elder Affairs". Financial Eligibility Guidelines PI 19-01.

651 CMR 3.04(4)(g):

"Verification. The Applicant's/Consumer's signed declaration that the financial information provided is true, to the best of his or her knowledge and belief shall ordinarily constitute the basis for income verification. Such declaration shall include the amount of the Consumer's statement will be sufficient to establish his or her eligibility, provided that the information is complete and consistent. If the ASAP determines that the declaration appears insufficient, supportive evidence shall be requested. If the Applicant/Consumer refuses to make a full declaration, or refuses to supply evidence needed, the application for the Home Care Program shall be denied. This denial shall be subject to the right to appeal".

OIG - LEIE

- **Updated Contact Info**
  - Provider Compliance Unit - UMass Medical
    - Phone: 617-886-8131
    - Email: providercomplianceunit@umassmed.edu

Revised FEW Notification

- Level of Care Notification change instituted by MassHealth to:
  - align with new formatting
  - Align with SCO/FEW Notice, same language, same data points
- Removal of RN signature from notice
  - CDS Assessment signature by RN supports screening
  - Approval by Organization instead of Approval by Individual

Revised FEW Notification

- Revised FEW notification is currently available for use
  - Follow up will include sharing with network
  - Updates to SAMS pending

Service Specific Tools

- **New Services**
  - Evidence Based Education Programs (EBPs)
  - Goal Engagement Program
  - Orientation & Mobility (O&M)
  - Peer Support

- **Tools**
  - Provider procurement and monitoring / in conjunction with the *Administrative Overview*

Service Specific Tools

- October 1, 2019 -- Email to Contracts Managers
  - 4 Tool Attachments

- Reflect input from several ASAP Contract Managers

Overview of CMS Visit

- CMS & IBM Watson representatives onsite for 5 days in July
  - 3 site visits to Supportive Housing Sites
  - Thorough review of Critical Incident reports
  - Review of Home Care processes & requirements

Executive Office of Elder Affairs

Home Health Services PI

- Program Instruction PI 14-03 currently under revision
  - Voluntary workgroup made up of 8 ASAPs & Home Care Team Staff
  - Workgroup meetings held April-July 2019
  - Stakeholder feedback (Home Care Aide Council)
  - Draft currently under internal review

Complex Care Training & Oversight Visits

- Outside of quarterly SN visits for oversight of the HHA plan of care (non-billable):
- ASAP can authorize 1x-only Complex Care Training & Oversight (Skilled Nursing) visit for a provider SN to assess consumer due to status change if requested by the provider prior to visit.

Adult Day Health

- Prior Authorization for ADH
  - Effective July 1, 2019 - ADH Provider Bulletin 15
  - Initial PA requests requires the ADH clinical eligibility notice from the ASAP
    - If requested, ASAPs should provider a copy of the eligibility notice to the ADH
      - If no prior screening exists, ADH must put in a referral for a screening – Approval can only be for date of referral forward.
    - ASAPs should **not** alter previously issued clinical eligibility notices at the request of the ADH
      - Changes in MassHealth Number
      - Different spelling of the consumer's name

Adult Day Health

- PCP Order Form
  - Rolled out August 2019 - ADH Provider Bulletin 16
  - Replaces Physician's Summary Form (PSF)
  - For use by ADH Providers ONLY
  - MUST be submitted to ASAP with RFS when ADH is the referral source
    - Will not be required by MH until February 1, 2020

ASAPs should accept PSF or other medical from the ADH provider in lieu of PCP Order Form until 1/31/2020

Upcoming Trainings

- DTA/SNAP
- Opioids & Older Adults

DTA/SNAP Trainings

Overview:

- *Department of Transitional Assistance*
- *Overview of the Supplemental Nutrition Assistance Program (SNAP) formerly known as the Food Stamp program*
- *Training will include:*
  - *basic information about SNAP*
  - *new initiatives that relate to seniors*
    - *Elderly/Disabled Simplified Application Project (EDSAP),*
    - *Senior Assistance Office,*
    - *updates to medical expense verifications.*

DTA/SNAP Trainings

Dates & Locations:

- Tuesday, October 8, 2019 – 10am – 12:30pm – Mystic Valley Elder Services
- Thursday, October 17, 2019 – 9:30am – 12pm – Elder Services of Berkshire County
- Wednesday, October 30, 2019 – 9:30am – 12pm – Tri-Valley Inc.
- Friday, November 1, 2019 – 10am – 12:30pm – North Shore Elder Services
- Thursday, November 7, 2019 – 10am – 12:30pm – Springwell
- Friday, November 15, 2019 – 1pm – 3:30pm – Elder Services of Worcester Area

DTA/SNAP Trainings

Register:

Email Mary Loughlin (mary.h.loughlin@state.ma.us)

- Include in the email:
  - Your name/ Name of people being registered
  - Your Title(s)
  - Your Agency
  - Email addresses for those being registered
  - Telephone Number
  - Training date you would like to attend

Understanding Opioid Use Disorders in Older Adults Workshops

- Presented by Veronica Nuzzolo, Ph.D., CADC
- Project Coordinator for POWER (Promoting Older Women's Engagement in Recovery) @ the Institute for Health and Recovery in Cambridge, MA
  - Initial workshops are being offered October 2019 for select ASAPs at two locations
  - Additional dates & locations will be added

Understanding Opioid Use Disorders in Older Adults Workshops

Workshop Overview:

- Current literature & research on opioid misuse in older adults (specific focus on older women)
- Participants learn to recognize:
  - changes in behavioral patterns,
  - potential signs & symptoms associated with opioid/substance use disorder

Understanding Opioid Use Disorders in Older Adults Workshops

Workshop Overview:

- Discussion includes age & gender specific contexts for opioid misuse
- Balance between the risks & benefits of opioids for chronic pain management
- Potential prevention intervention

Informal Discussion

Consumer Summary Page:

- Is it Printed?
- How’s it utilized (purpose) ?
- Sections utilized?

Questions


THANK
YOU