



Office of Medical Assistance

Front Door Stakeholder Group

August 20, 2013

1:00 – 4:00 PM

Meeting Summary

I. Draft rule changes to PASRR rules 5101:3-3-14 and 5101:3-3-15.1

- Am. Sub. H.B. 59 contains changes to new section 5165.03 of the Revised Code, which will no longer permit individuals being discharged from a state psychiatric hospital or psychiatric unit of a hospital to utilize the hospital exemption to be admitted to a nursing facility. These individuals will now be subject to the preadmission screening (PAS) process.
- Drafts of the revised PASRR rules were reviewed. Suggestions were made concerning the following:
 - Change the acronym for Ohio Department of Mental Health and Addiction Services to OhioMHAS
 - Ask ODM legal staff about situations where an individual is discharged from a non-Ohio hospital psychiatric unit or psychiatric hospital
 - How will we capture which hospitals/psychiatric units are licensed in accordance with 5119.14 and 5119.33 of the Revised Code
 - Keeping the Hospital Exemption Notification System (HENS) optional versus mandatory
 - DODD request to change the term "mental retardation or MR" to developmental disability. Will check with ODM legal staff.
- The statutory changes will become effective by September 30, before the amended rules will be finalized.
- ODM will continue to provide revised drafts and include the Front Door groups in the pre-clearance and Medicaid clearance process.

II. Dr. Mary recommendation re: need for 24-hour support/cognitive impairment

- The intent behind changing how the level of care assessor evaluates the criterion of a person requiring 24-hour support in order to prevent harm due to a cognitive impairment is to increase objectivity and consistency during the assessment process. Intent is not to cause harm to individuals and also not to cause people who would otherwise qualify for a NF level of care to no longer meet the NF level of care.
- The group reviewed the Mercer level of care analysis regarding this criterion.
 - The Mercer analysis showed that less than 1 percent of the time this criterion is used as the sole reason that a person meets a NF level of care.
 - The only way we will know for certain whether the tool we use to evaluate this criterion is having an adverse effect on people meeting NF level of care is by testing the assessment tool.
- Brief Cognitive Assessment Tool (BCAT) was recommended by Mercer.
- Kim and Tonya met with the Medicaid Clinical Director, Dr. Mary Applegate, to discuss all of the additional screenings/tools that are being proposed to include within the new level of care assessment tool, including the BCAT.
 - Dr. Mary supports the idea of pursuing a more objective method to evaluate this criterion.
 - She wants to explore the option of utilizing the Global Dementia/deterioration Scale (GDS).
 - Mercer is creating a comparison document between the GDS and BCAT.

III. Other Updates on assessment tool

- For the aspects of a person's mental health, behavioral health and alcohol and other drug (AOD) addiction issues – current level of care assessment tools do not do a very thorough job of screening. We need to improve upon those areas in our new assessment tool.
- Dr. Mary was in favor of the following recommended screenings and made additional suggestions:
 - Terry Jones at OhioMHAS had suggested screening tools for young children (Ages and Stages and Pediatric Symptom Checklist).
 - Dr. Mary recommends the Pediatric Symptom Checklist for ages 3, 4 and 5 years.
 - Dr. Mary recommends Ages and Stages (Social/Emotional) for ages 1 and 2 years.