
	
	<b>Meeting Topic:</b> Front Door Rules Stakeholder Group
	<b>Date:</b> June 23, 2008
	<b>Time:</b> 1:00pm – 3:00pm
	<b>Location:</b> Lazarus A401

<b>Meeting Attendees:</b>	Erika Robbins, Lauren Phelps, Chris Murray, Jane Black, Mike Schroeder, Freddie Weeks, Terry Watts, Deborah Nebel, Teresa Lampl, Beverly Laubert, Rebecca Sarchet, Jim Rosmarin, Diane Dietz, Christi Pepe, Susan Marshall
<b>Purpose of Meeting:</b>	Front Door Rules Stakeholder Group

## AGENDA ITEMS:

Time	Topic	Discussion Lead
15 minutes	Welcome & Announcements	Erika Robbins
90 minutes	Review of DRAFT revised Preadmission Screening (PAS) rule	Erika Robbins
15 minutes	Action Items/Next Steps	Erika Robbins
Adjourn		

**Next Meeting:** Monday, July 14, 2008 from 1:00 – 3:00p.m. (Room A401)

	
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## Meeting Notes:

### **Welcome and Announcements:**

Erika stated that the main agenda item for the meeting was a review of a revised draft of the preadmission screening rule. The draft did not yet incorporate stakeholder comments.

### **Preadmission Screening (PAS) rule review:**

Erika walked workgroup members through the draft revised rule to seek input and comment. Such comments are noted below:


Stakeholders concerns about new draft text in (B) (4) regarding “convalescent stay” definition. Diane Dietz stated she was concerned about its impact on individuals coming from psych units or hospitals. It appears the shut the door to such folks and could be perceived as discriminatory. Mike Schroeder stated that the language doesn’t shut the door. It is just saying that a preadmission screen (PAS) is needed for such individuals. Such language is consistent with federal intent contained in the PASRR requirements. It also affords protections to individuals with severe mental illness (SMI) that were built into federal law.

Diane stated that her association surveyed other states (29 responded) which responded that their state agencies have not stated that convalescent stays are inappropriate for individuals coming from a psych unit or hospital. She asked what the mental health advocates and hospitals thought of such a process change. Diane also asked why folks with SMI were being placed inappropriately.

Freddie Weeks stated that it was contrary to law and Olmstead to place folks inappropriately. Deborah Nebel replied that it could be because individuals can’t get room and board covered in the community. Plus, it may be easier for a hospital to place an individual in a NF than to secure community resources such as housing. Discharge planners need help (e.g. from community mental health boards and other entities) finding such resources. Mike Schroeder stated that many folks with SMI were in the community before they went to the psych hospital or unit and NF. Individuals can lose their housing while residing in the NF.

Jim Rosmarin and Erika stated that a benefit if conducting the PAS for such individuals is so that entities have necessary data to know what types of individuals are residing in NFs. Having such data may help entities secure needed resources.

Mike stated that initially (years ago) individuals with SMI did not qualify for the convalescent exemption (not sure why it changed). Data shows that there has been a large increase in adverse

	
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determinations for individuals admitted to a NF under the convalescent exemption (as compared to the number of adverse determinations under an initial PAS). This data illustrates the problem.

Chris Murray stated that community resources are lacking. Why do psych hospitals discharge to NFs? It could be do to the DRG system which may pressure them to move people along. Perhaps institute a requirement that psych hospitals or units notify ODMH (or other appropriate entity) when a convalescent admission occurs.

Members expressed a concern that the main services an individual with SMI may receive at a NF are a locked door and passing of medication. Freddie stated that many individuals would prefer to be elsewhere and they should be able to be discharged into the community.

Erika stated that an outcome we would like from this rule change is consumer choice; to have the consumer go to the most appropriate setting from the outset.


Erika asked if folks would like to take the text in section (B)(4)(b) out of the PAS rule and instead focus on doing the resident review sooner (e.g. soon after admission to the NF, not 29 days later). Terry Watts stated that the resident review would need to occur 24-48 hours after admission so that the facility /other entities would have 30 days (more or less) for discharge planning (may require a 2<sup>nd</sup> resident review and 30 days).

Jim stated that if we leave the process as it currently stands (i.e., take the proposed (B) (4) (b) out), Ohio would not be compliant with/address federal intent. Teresa asked how we would identify folks so necessary entities know where they are located. Jim reiterated the need to do the up-front screening, to address the current convalescent exemption loophole.

Erika stated that CMS does not consider the convalescent exemption a “right”, it is state policy. CMS has been issuing memos and reports about PASRR, they have been paying more attention to the requirements and state compliance and Ohio has an issue.

In regards to section (B)(4)(b) Erika stated the rule would be revised to reflect three options:

1. Don't allow the convalescent exemption to individuals with a primary diagnosis of mental illness (However, folks had concerns about this option). A similar theme was don't allow the convalescent exemption to individuals coming from psychiatric hospitals or units. [These are similar to what is contained in the proposed draft rule changes].
2. Delete the language in section (B)(4) (b) and deal with through the resident review (RR) process (perhaps start the process sooner).

	
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3. Delete the language in section (B)(4)(b) and require entities to notify the state authorities of convalescent admissions.

Members discussed section (B)(4)(d)- the language states that individual requires the level of services provided by a NF for the condition which was treated in the hospital. Participants wondered if we should add the word “acute” or “physical” before the term “condition”. Susan stated that some treatment at NFs is not acute; probably not a good term. Mike stated that the CFR (42 CFR 483.130 C & D) discussed acute physical illness. It does not allow exemptions for mental illness.

Deborah Nebel stated that individuals with severe developmental disabilities can also get stuck in facilities. When discussing resident review keep such individuals in mind also (place issue in the “parking lot”).

Erika suggested that the group go back to the beginning of the rule to walk through all the language.


In regards to (B)(1) “Active Treatment” Jane Black stated that the group needs to keep in mind that specialized services are very different between the mental health and MRDD systems. Erika stated that the issue of specialized services could be placed in the “parking lot” for future discussion.

In regards to (B)( 5) “Current Diagnoses” members had several comments:

Rebecca stated that for rural counties meeting the proposed 90 days diagnosis confirmation requirement could be a problem (currently is within a year). Jane Black stated that it would be helpful to have more current data (an individual’s condition could have changed within a year’s time). Mike stated that the definition was expanded to include physician’s assistant or nurse practitioner in addition to just a physician confirming the diagnoses. Erika stated that when the rule was revised we would place a note along the margin regarding rural county concerns and perhaps extending the timeframe from 90 days to 180 days.

In regards to (B)(10) “Mental retardation and/or other developmental disability” it was suggested that this definition be merged with (B)(20) “Related condition”.

In regards to (B)(11) “New admission” there was concern raised that (B)(11)(d) mixed new admissions and transfers. Staff stated that this section attempts to address “revolving door” issues. However, the small interagency group will draft a revision to share with the larger group.

	
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Paragraph (B)(11)(f) will also need to be reviewed. It was also noted that (B)(11)(c) relates to (B)(4)(b) regarding inpatient psychiatric stays so if changes are made in that section the reference may need to be revised as well.

In regards to (B)(12) members asked that state staff double-check references to ODH licensure versus certification.

In regards to (B)(13) regarding “NF transfers” Rebecca asked that the text be revised to also address transfers between PASSPORT and NFs. State staff stated the intent was to address such issues and the language would be revised.

In regards to (B)(19) regarding “Readmission” members asked that the language be revised to read “...or PASSPORT HCBS waiver services are resumed”,...

The workgroup will pick up the rule review at paragraph (B)(22) “Serious mental illness” at the next meeting. Lauren stated that the interagency group had discussed pulling the definitions out of the process rule and having three (3) rules: a definition rule, a PAS rule and a RR rule. Workgroup members supported this idea.

**Next Meeting: Monday, July 14<sup>th</sup> from 1:00p.m. to 3:00p.m. Room A401.**