

MINUTES FROM NDP MAS NURSE/MATT RN QUARTERLY MEETING

Thursday, November 21, 2024

Beverly Jackson, NDP Coordinator, conducted Roll Call for MATT RNs. All MAS Nurses were instructed to document names in Chat Box as proof of attendance.

Per Beverly Jackson:

- Please visit the Alabama Medicaid Website for Alerts to include Preferred Drug List (PDL) and Pharmacy Quarterly Update
- Please visit cms.org related to Medicaid/CHIP (See attached Press Release from 11/14/2024)
- A MAC I Study Guide has been created to help potential MAC Candidates prepare to complete MAC I Modules
 - The Study Guide will be reviewed by the NDP Workgroup committee.
 - Once reviewed and pending recommendations for change from the committee, it will be uploaded to the ADMH NDP Website
- The RN Nursing Assessment has been revised. It will be available for use effective December 1, 2024. See below related to some of the revisions:
 - Spaces added to document all Health Care Practitioners' Names
 - Pain added to vital signs
 - Immunization section added
 - Name of person at the top of each page
 - Added self-history to family history
 - Transfers/supportive devices such as gait belt added
 - Reproductive health revised
 - Personal habits revised
 - Physician's name added to medication list
 - Choking Assessment added to assessments to be completed, if applicable
 - Goal is to have all forms fillable

- ADMH Statewide IRC Quarterly Data (July – September 2024) was reviewed related to Medication Errors reported. (Please see attached agenda.)
 - Please remind MAC Workers medications can not be preset for everyone prior to administration
 - 15 Level II Medication Errors; 6 were wrong person; 8 were wrong medications; one person took an extra dose of a medication
 - Reasons for wrong person doses included person grabbed someone else’s medication, MAC Workers taking shortcuts, MAC Workers rushing, and MAC Workers not properly identifying persons prior to administration.
 - Wrong medications up to 89 from 12 last quarter due to medication being expired or discontinued
 - Wrong dose down to 56 from last quarter which was 70
 - Missed Doses increased to 1,051 from 483 the previous quarter; main reason due to medication not being available
 - Nurses are ultimately responsible; ask for later start date until medication is available; ask Physician for a hold order until medication is available
 - No Level III Medication Errors

- Dates for upcoming NDP Training (Becoming an Approved Delegating Nurse and MAS Nurse Update 2024) taught by Beverly Jackson, NDP Coordinator, are listed on the attached Agenda.
 - Must register on the following website: www.admh.academy.reliaslearning.com
 - Training is conducted via Zoom
 - Any problems encountered with Relias shall be addressed by calling their toll-free number at 1-800-381-2321
 - Some MATT RNs conduct NDP Training as well that is not listed on the Relias Website or the Agenda

- Next Meeting Date: Thursday, February 20, 2025

- Send an email to Beverly Jackson, NDP Coordinator, if you would like to receive invites to MAS/MATT Meetings if not already receiving them.

Attachments:

- Agenda
- CMS Press Release - 11.14.2024



Submitted By:

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Regional Nurse, ADMH – Region 3

Date: November 27, 2024

MAS/MATT MEETING AGENDA

November 21, 2024

10a-12noon *zoom*

- Welcome – EVERYONE **sign in by entering your name in the chat box.**

This will serve as our roster.

- **MATT nurse will have a Roll call**
 - **What's Happening in Pharmacy**
 - a. Medicaid Alerts
 - Biden Administration releases Guidance on Health Coverage Requirements for Child and Youth Enrolled in Medicaid and CHIP
 - **Review revised Comprehensive RN assessment – starts December 1 2024**
 - **MAC I workbook**
 - Completed to be reviewed by the Provider work group Committee pending approval will be added to NDP web page

Quarterly Med errors

- Level II for July, August, and September
- 15 level II – This was ten more than reported last quarter. 6 were wrong person- please make sure we are educating MACs on identification. 8 were wrong meds-? If these were coded correctly. And one person helped themselves to an extra dose of medication.
 - **Reasons for wrong person doses included:** One person grabbed medication that was about to be administered and swallowed it before staff could intervene and MAC Worker not properly identifying, rushing and taking short cuts.
- No Level IIIs

- Missed doses – 1,051 an increase from last qtr 483.
 - **Reasons for missed doses included:** Pharmacies not filling prescriptions, mailed medications arriving late, medications not being reordered timely, medications not in stock at the pharmacy, family failed to return medications after home visit, and MAC Worker oversight.

- Wrong med- 89 an increase from 12
 - **Reasons for wrong med doses included:** MAC Worker administered medications that were expired or discontinued.

- Wrong dose -56 down from 70 last quarter

2024 training dates on Relias.

b. Becoming a Certified Delegating Nurse (Initial Training)

- i. December 10 & 11
- ii. January 14 & 15 2025 (will not be able to register till January 2, 2025)

c. MAS UPDATE 2024

- i. November 20
- ii. December 18
- iii. January 29, 2025 (will not be able to register till January 2, 2025)

• Next MAS/Matt Meetings – MATT Nurses send me your information for renewal starting December 1, 2024

- a. February 20, 2025
- b. May 15, 2025
- c. August 21, 2025
- d. November 20, 2025

- How do I register for training?

www.admh.academy.reliaslearning.com

If you have a problem with Relias, I cannot fix it you must call them. **1-844-735-2223**

Biden-Harris Administration Releases Historic Guidance on Health Coverage Requirements for Children and Youth Enrolled in Medicaid and the Children's Health Insurance Program

[Medicaid & CHIP](#)

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In another demonstration of the Biden-Harris Administration's unwavering commitment to children's health, today the Centers for Medicare & Medicaid Services (CMS) released [comprehensive guidance](#) to support states in ensuring the 38 million children with Medicaid and the Children's Health Insurance Program (CHIP) coverage – nearly half of the children in this country – receive the full range of health care services they need.

Under Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements, eligible children and youth are entitled to a comprehensive array of prevention, diagnostic, and treatment services — including well-child visits, mental health services, dental, vision, and hearing services. These requirements are designed to ensure that children receive medically necessary health care services early, so that health problems are averted, or diagnosed and treated as early as possible. Because of the EPSDT requirements, Medicaid provides some of the most comprehensive health coverage in the country for children and youth.

The guidance issued today reinforces the EPSDT requirements and highlights strategies and best practices for states in implementing those requirements. This guidance, which was required by section 11004 of Title I of Division A of Bipartisan Safer Communities Act (BSCA) (P.L. 117-159), is the most comprehensive EPSDT guidance that CMS has released in a decade and is a critical step to ensuring the health of children.

"We need to make sure our children have what they need to stay well. Medicaid makes that possible," said HHS Secretary Xavier Becerra. "This guidance to our

states today will help millions of kids get the services that are crucial to their health and development, no matter where they live.”

“Our children are the future. They deserve the very best care possible and CMS is committed to ensuring that our nation’s children and youth get the right care, at the right time, in the right setting,” said CMS Administrator Chiquita Brooks-LaSure. “The implementation of the EPSDT requirements, in partnership with states, is vital to the tens of millions of children in the nation who are covered by Medicaid and CHIP. We’ll keep working until every child can get the care they need, when they need it.”

Today’s guidance is a critical step in CMS’ efforts to strengthen the Medicaid and CHIP programs across the country. The guidance clearly explains the statutory and regulatory EPSDT requirements, and suggests best practices across key areas, including increasing access to services through transportation and care coordination, expanding the children-focused workforce, improving care for children with specialized needs (including children in the child welfare system and children with disabilities), and expanding awareness among families of their children’s rights under the EPSDT requirements.

The EPSDT guidance also includes information to help address the needs of children with behavioral health conditions. Youth in the United States are experiencing a mental health crisis, research shows. The EPSDT guidance includes a series of strategies and best practices that states can use to meet children’s and youth’s behavioral health needs. For example, it suggests that states create a children’s behavioral health benefit package and support the management of children and youth with mild to moderate behavioral health needs in primary care settings. States must provide coverage for an array of medically necessary mental health and SUD services along the care continuum – including in children’s own homes, schools and communities -- in order to meet their EPSDT obligation. This work builds on the [HHS Roadmap to Behavioral Health Integration](#), which outlines the Department’s commitment to providing the full spectrum of integrated, equitable, evidence-based, culturally appropriate, and person-centered behavioral health care to the populations it serves, and builds on the President’s Unity Agenda to advance mental health.

The EPSDT requirements play a crucial role in the long road to achieving health equity by helping to provide access to essential care for children enrolled in Medicaid and CHIP. The guidance released today is one important step in the Biden-Harris Administration’s commitment to child health and access to affordable,

quality health coverage for all, and is part of CMS' broader strategy to ensure that children have the comprehensive and high-quality care they need.

Beyond the importance of the EPSDT requirements, Medicaid more broadly is vital for ensuring the health of America's youth. A new HHS report, [*Medicaid: The Health and Economic Benefits of Expanding Eligibility*](#), by researchers in the Office of the Assistant Secretary for Planning and Evaluation (ASPE) examines the impact of Medicaid throughout its six decades and highlights the importance of Medicaid coverage for low-income children. Studies show that access to Medicaid coverage is associated with a significant improvement in health and mortality that continues beyond childhood. In addition to improved health outcomes, children with Medicaid have improved educational and economic outcomes.

APPROVED