Medical Review Team

History and Overview

The Medical Review Team (MRT) was established by the state legislature in the 1970’s (MGL Chapter 111, Section 4J) as a response to ensure that all children under 22 for whom placement in any skilled care facility was sought, were placed appropriately. Responsibility for this team was assigned to the Massachusetts Department of Public Health for implementation, and currently, the Bureau of Family and Community Health, Division for Perinatal, Early Childhood and Special Health Needs oversees the program. A Medical Review Team Coordinator was assigned to participate in and to implement the services delivered through the MRT by following the guidelines established by the Division and within the construct of the legislation.

Membership
The Medical Review Team is composed of representation from the private sector in Medicine, Nursing, Social Work and Therapy, and a Parent Consumer, as well as representatives from a variety of state agencies, among them DESE, DMA, DDS, MCB, DCF and SHIP (for selected head injury requests). It is this group of individuals that review the applications for admission to a pediatric nursing facility to ensure that the criteria are being met and that when necessary, alternatives to residential placement are explored.

Background
The advent of community-based services and supports, and payments for such services has offered families the ability to maintain their children at home. Another program, Kaileigh Mulligan Home Care for Disabled Children, provides funding for specialty care services that assists the most medically involved children to be cared for in the community with appropriate supports, which allowed them to be discharged from acute hospitals to home. Over time, and even with these supports, families have found that they are no longer able to care for their children at home. Also, even though funding for these supports have been approved, there may be no agency or personnel that is able to provide the needed services to keep a child at home safely. It is at this critical time that a family has explored residential placement for their child.

Criteria for certification
The MRT was established to ensure that all children under the age of 22, regardless of funding source, and for whom residential placement in a Massachusetts pediatric or skilled nursing facility is being sought, were evaluated through an application process. This application process provides information for evaluation to ensure that they meet the medical, cognitive and skilled care criteria established for admission to such a facility. The criteria was established based on:

- the level of care required for such a facility,
- the level of individual functioning that would require the greatest care and for which there was no potential for further development, and
- the level of medical intervention required on an ongoing basis.

It was determined that potential long term residential clients should

- have at least 2 direct skilled nursing needs one of which should be life sustaining and 2 health maintenance and monitoring needs under the supervision of a nurse,
• have a cognitive age of 12 months or less,
• need ongoing daily or weekly therapy,
• require regular medical supervision of their health status, and
• have every opportunity to reach their fullest potential in the least restrictive environment available to them; understanding that the pediatric nursing home represents the most restrictive environment.

The process used by the MRT has ensured the appropriateness of long-term nursing facility placement for individuals under the age of 22, and has protected the interests of children who may have complex medical needs, but have the capacity to benefit from growing up in a non-institutional setting.

**Short term stay option and expanded criteria**

The original design of the MRT legislation was to assess medical eligibility for certification for long term placement. Children who were found eligible and were subsequently certified, had the option of long term residential placement or short-term stays. This population of children is the most severely compromised, but the process did not preclude parents from opting for a brief stay so that they could be re-energized in providing care to their children. Most opted for residential placement but a few opted for short-term stays as a way to transition to a residential placement.

However this design did not offer any alternatives to the population of children who may have a cognitive age of greater than 12 months but less than 24 months, and still had significant nursing care and therapy needs and who also were cared for at home. It also did not allow for admission to a pediatric nursing home for short-term stays to those children who may need medically necessary skilled care, limited sub-acute care that is unavailable in other settings, recovery from post-operative care for wound healing or those in body casts, among others. This care could be provided in a less costly setting by expanding the MRT criteria. In 2001, with the cooperation and planning of MassHealth, the admission criteria for short term stays was developed utilizing the Kaleigh-Mulligan clinical criteria, and it expanded the developmental criteria to a cognitive age of less than 24 months and the child must be non-ambulatory. Short term stays are limited to 90 days per calendar year.

**Acquired/Traumatic Brain Injury, Skilled nursing/rehabilitation and the MRT**

Another population of children for whom the MRT is involved are those whose age range from 16-22, who may have Acquired/Traumatic Brain Injury (A/TBI), and those in the general population of adolescents and young adults who may not have cognitive impairment, but may require short term stays for skilled care related to wound care, rehabilitation or post operative care, among others. Because admission to any skilled nursing facility for children under 22 requires MRT approval and certification, all pediatric admissions to a skilled nursing facility are reviewed by the MRT. **Children between the ages of 16 and 22 may be admitted to adult care facilities with additional review by, and approval of the MDPH, Division of Health Care Quality.** This is the agency that licenses all skilled care facilities in the Commonwealth and their approval is required to ensure that the facility is licensed to meet the needs of the client for whom admission is being requested. In addition, requests for persons with Traumatic Brain Injury are also reviewed by the Statewide Head Injury Program to ensure that programs and
facilities will be able to meet their needs. Admission and discharge are based on the individual plan of care.

**Short-Term Post Hospital Stay**

In January 2009, the short term post hospital needs of currently hospitalized children were addressed in a pilot program. These children could be discharged to home or community placements but need to remain in a hospital because of requirements for complex skilled nursing care. Unlike other programs administrated through the Medical Review Team, the **short term post-hospital placement** program allows for care and transfer of eligible children regardless of cognitive/developmental level. The criteria for care is similar to the long and short term programs but the pediatric nursing homes must work with families and providers to help the children return to their homes or other community placements safely and as quickly as possible. The program allows for a 30 day stay at a pediatric nursing home with a possible extension to 90 days.

One of the major components of this program is that the children must have a clear discharge plan. The nursing homes are responsible for consulting with the referring hospitals and developing and implementing this plan so the children can be safely discharged back to the community with the necessary services (nursing, EIP, PCA’s etc). A child without a clear discharge plan is not eligible for a post-hospital stay. The nursing homes are also responsible for securing ongoing educational services for the eligible children in their facilities.

Since the pilot program showed a need, the program became a regular part of the MRT in 2010. This program does not add an option for an additional 90 days for children already eligible under the short term program but it extends the pool of children who may be eligible for the short-term stays.

**Meeting Schedule**

The MRT currently meets the 2nd and 4th Thursdays of each month to review cases that come before them for long term care. An expedited review by selected team members is done for Short-term care, Skilled Nursing/Rehab, and Short-Term Post Hospital and does not require the team to meet. These reviews are usually done by phone with the MRT chair coordinating the responses.

**Rendering of Decisions**

After review, clients may be certified, not-certified or deferred. Once certified, the MRT Chairperson provides the necessary certification notices to the referral source, the family and the facility to which the individual will be placed. In the case of those not certified, the referral source is notified and justification provided, and they are instructed in their ability to appeal the decision of the team. For those for whom certification is deferred, the referral source is notified and they are instructed as to what is needed for a decision to be rendered.

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