

# CCA Monthly Roundtable | Minutes

Meeting Hours: 2:30 PM – 4:00 PM  
2:30 PM – 3:15 PM CCT  
3:15 PM – 4:00 PM CCA ALW

Date: 11/3/2015

\*UPDATED\* Conference Phone Line

\*Line Phone Number: (877) 929-7616

\*Participant Code: 6918960

## **Standing Updates:**

**[3:15 – 3:25 pm]**

- Review of Minutes/Action Items
- Patty Watson-Wood (Huntington Hospital Senior Care Network) requested that the October meeting minutes be corrected to reflect the agency's proper name instead of Huntington Hospital.
- There was a request for an updated CCA nurse assignment list. An updated list was sent out with the meeting agenda.
- Guidance on what constitutes a complete application package:
  - Checklists for SNF Transitions, Rollovers, Community Placements, and Tier Change applications were emailed this morning. Several agencies stated that they did not receive the email. Division staff will re-send to ensure all are apprised of the member application format and content requirements.
- ALW inbox / enrollment statistics
  - There are 339 SNF transition applications waiting for review. Packets have been reviewed up to September, with the exception of a few from August that require more clarification.
  - There are 121 Rollover and Community Placement assessment to be reviewed. August submissions are now currently being reviewed, with the exception of a few from July that need clarification. There are 53 additional assessments in various stages of pending status.
  - Additional nursing staff will be coming on board, hopefully within a month.
- Angelina Azevedo (DHCS) added a thank you to all who have submitted the Quarterly Summary Reports. Review is current to October 15<sup>th</sup>. Most issues in these reports have been resolved by CCAs responding with the needed details, providing clarification to the enrollment status of members which has helped greatly in stabilizing the program's enrollments.
  - Angelina Azevedo and Joseph Billingsley (DHCS) provided additional comments:
    - The newer quarterly reports will be shifting to cover a 3 month period.

- If you have not responded and provided the required report, please do so to clear out the backlog of corrections to member status.
  - All follow-up questions/clarifications take priority.
  - Patty Watson-Wood (Huntington Hospital Senior Care Network) commented on an issue pending from July.
  - Angelina Azevedo (DHCS) stated that she would connect with her off-line and work with her toward clarification of that enrollment status.
  - Assessment/IR Inbox submission standards
- Reminders
    - We would like to remind you that the emails you send should only pertain to one Medi-Cal member. Please do not include documentation or information for multiple Medi-Cal members on the same email.
    - We would also like to remind you about the submission and subject line standards for each email. As a reminder we sent out the submission process for each inbox with the meeting agenda.

**Topics:**

**[3:25 – 4:00 pm]**

1. Format of Roundtable Meetings

- We will be moving to a new format for the roundtable meetings. From now on, meetings will be held every other month and will be increased to an hour for each meeting. We will be beginning this schedule immediately. The next roundtable meeting will be Tuesday, January 5th. We will hold the CCT portion of the meeting from 2:00 PM – 3:00 PM and the CCA portion of the meeting from 3:00 – 4:00 PM. We will be sending out an updated calendar notice. Staff is always available to answer questions or provide technical assistance between roundtable meetings.

2. Application Checklist

- In an effort to create a more efficient and effective review process, application checklists have been created for each type of enrollment package: SNF Transitions, Rollovers, Community Placements, and Tier Change. This will greatly reduce the amount of time that the approving nurses and CCA providers are spend communicating back and forth for clarification(s) on enrollment packages, allowing the nurses to approve as appropriate.
- A Memo is expected to be released on Monday, November 9<sup>th</sup>, outlining the standards and expectations. Checklist will be required with all application packages, effective the date of the memorandum.
- Please ensure that the appropriate checklist is used with each application package.

- **Applications with incomplete checklists will be returned.**

### 3. Readjusted ALW Tier Levels

- Tier levels may be readjusted if the DHCS nurse determines there is a mismatch between the assessment tool and the medical documentation provided. In a case like this, the nurse will complete the ALW assessment tool utilizing the information provided to see if the tier comes out the same.
- Utilizing the medical documentation versus the assessment tool, if changes are required to the Tier Level, the nurses will advise of the reasons.
  - Hector Ornelas (Media Home Health) shared that some clients with dementia who have been cared for by family up until now, have no track record of wandering, etc. Hector said he felt the assessment tool does not take facts like that into consideration.
  - Lauren Kinsel (Senior Care Solutions) communicated that when the attending physician completes the 602, their recorded diagnosis has no consideration into the day to day care level.
  - Joseph Billingsley (DHCS) said that if CCAs are identifying errors in those reports, they need to ask the family to work with the doctor to identify what the client really needs. We must rely on the documentation.

### 4. Community Placements

- We just wanted to remind the CCAs that when submitting an application for a community placement, we need to see more than just a demonstration of ER and hospital admissions. Please explain to us why the ALW program is needed over all other waiver or State Plan services. For example, please explain why state plan services like IHSS are not enough to care for the participant. We need information from the CCA about whether or not the participant tried other waiver or state plan services. If they did, explain why they were not sufficient. If they did not, explain why they would not be sufficient. When preparing these packages, please remember that these are individuals and their service plan should reflect an individualized care plan, not a cookie cutter narrative. The same holds true for the assessment narratives.
  - Joseph Billingsley (DHCS) reminded the CCAs that Community Placement assessments should have more than the hospital or ER visit report. They should reflect what the individual care needs are of the client.
  - Alice Chan (DHCS) encouraged CCAs to ask the client and family if they have considered any other program, i.e. IHSS, Adult Day Care, CBAS. What is the best fit for the individual?

### 5. Power of Attorney and Conservatorship

- We received a request for clarification or guidance on Powers of Attorney and Conservatorship. From a DHCS perspective, there needs to be an established

DPOA or conservator when the individual is incapable of making decisions for him/herself. We will also accept an Advanced Health Care Directive that designates an individual with the power to make medical decisions. The specific example we received is that a CCA is receiving referrals from a SNF. The individual is appropriate for the program but does not have a POA. The SNF or the social worker should have established the POA or conservatorship. It is in the best interest of the CCA to work with the established DPOA when assessing an individual for the program. We understand this can be a challenge though. We would like to take the time to discuss some of the issues you are running in to with getting a DPOA or a conservator? Do any of the CCAs have a solution they can discuss with the group?

## 6. Open Discussion

- Bill Mathis (Always Best Care Senior Services) asked about facility billing protocols for the ICD-9 and ICD-10. Mary Sales (DHCS) responded that billing prior to October 1, 2015 should be completed using the ICD-9. After October 1<sup>st</sup>, the ICD-10 should be used.
- Kathleen King(Always Best Care Senior Services) asked what should be done when difficulties between families and facilities arise.
- Mary Sales (DHCS) responded that they should contact the Office of the Ombudsman.
- Hector Ornelas (Media Home Health) asked if the power of attorney defaults to the spouse or to a son or daughter?
- Mary Sayles (DHCS) responded that the power of attorney does default to the spouse but not to a son or daughter. A son or daughter would have to be officially established as the power of attorney.
- Kathleen King (Always Best Care Senior Services)asked what is required when individuals have no estate and no family?
- Mary Sayles (DHCS) responded that they must follow the conservatorship process.
- Kathleen King (Always Best Care Senior Services) stated we are working with several people who we have had a hard time placing due to location, etc. When we send the disenrollment form, they ignore it. What can we do?
- Joseph Billingsley (DHCS) we will discuss internally and get back to you with guidance.