

CCA Monthly Roundtable | MINUTES

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

Date: 3/1/2016

Conference Phone Line

*Line Phone Number: (877) 929-7616

*Participant Code: 6918960

Standing Updates:

[3:00 – 3:10 pm]

- Review of Minutes/Action Items
 - During the last roundtable meeting, we were asked for clarification on enrollment and re-enrollment time frames.
 - There were no changes to minutes of the 1/5/2016 meeting.
- ALW inbox / enrollment statistics
 - There are 93 community placements, the oldest dated December 4, 2015. There are 81 applications waiting for resolution, the oldest dated July 29, 2015.
- Assessment / IR Inbox submission standards
 - CCAs are reminded to submit emails according to the assessment/IR inbox submission standards.

Topics:

[3:10 – 4:00 pm]

1. Quarterly Status Reports

- Thank you to those who have submitted your Quarterly Status Reports. There are still a few CCAs who have not submitted their Quarterly Status Reports or re-submitted their reports that were returned for corrections. Receipt of the quarterly reports on a timely basis helps us research any pending cases you may have and ensure that our records match. If you have not submitted your report or your follow-up report, please do so immediately.

2. ALW Website Updates

- New applications for all three provider types – CCA, HHA and RCF/ARF have been added to the website. Please be sure any new provider you are working with is accessing the most up to date application. If any CCAs are working with an RCF/ARF and encouraging them to enroll as an ALW provider, please keep in mind that facilities that are not in “substantial compliance” with California Department of Social Services, Community Care Licensing will not qualify for the program. Facilities with any type ‘A’ citations within the past

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year are not considered in “substantial compliance” with California Department of Social Services, Community Care Licensing.

3. FAQs

- This is just a reminder to please send us any FAQ documents you have created or examples of questions you receive most often. We are always looking to improve our website and add additional information that may be helpful for the Medi-Cal members we serve.

4. Sharing of Documentation between CCAs and ALW Facilities

- We have noticed with recent site visits that the ALW facilities do not have current copies of the ISP, Assessment or Re-Assessment in the participant files. Please be sure you are sharing this documentation with the facilities you work with. On the other hand, the facilities should be sending the CCAs copies of their SIRs within 24 hours and their IRs within 72 hours. CCAs are then responsible for sending the incident reports to DHCS. If you are not receiving these incident reports from the ALW facilities timely, please be sure to remind them of this waiver requirement to ensure they remain in compliance.
- Katheen Marek-King (Always Best Care Senior Services) we were told that when there was a tier change, to let the RCF know and it would become effective the date of the re-assessment.
- Karli Holkko (DHCS) stated the issue did need clarification and it would be marked as an action item for the next roundtable.
- Kathleen Marek-King (Always Best Care Senior Services) stated that in San Diego County, participants are coming from psych hospitals because the county doesn't want to conserve them.
- Hector Ornelas (Media Home Health) asked if the participant had no Durable Power of Attorney (DPOA) and was diagnosed with dementia and could no longer make a decision, who is the responsible party? Can the family sign?
- Karli Holkko (DHCS) stated that power of attorney defaults to the spouse. If there is no spouse, the signatory must be identified as the legal Power of Attorney (POA), DPOA or Conservator. We could also accept a doctor's note stating they are safe in the facility.
- Alice Chan (DHCS) reminded the group that these participants are seen monthly and changes in abilities should be monitored and noted in order to prepare for these possibilities. Don't wait until the last minute to deal with this issue. Ask up front if they have representation if the assessment does not indicate a DPOA. She added that the CCAs can seek help from the Ombudsman. They would assess the individual and determine his/her mental status for public guardianship or help complete the Advanced Health Care Directive (AHCD). She also said it is possible to use the AHCD in place of a DPOA if it designates someone to make medical decisions.
- Karli stated that there is a federal requirement for all home and community based services to be person centered and the person centered service plan must document the options based on the individual's needs, preferences and

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resources (if applicable). When an individual does not have capacity to make medical decisions for him/herself and participate in the creation of his/her care plan, that plan is not person-centered and does not meet federal requirements.

5. SOC and Spousal Impoverishment

- We would like to remind the CCAs that we do not enroll individuals with a share of cost onto the waiver. If you are working with an individual who has a share of cost, this needs to be addressed before we can enroll them onto the waiver. If a nurse reviews an application for an individual with a share of cost, they will pend the case until the share of cost is removed. Again, we will not enroll anyone onto the waiver with a share of cost.
- We sent out two All County Welfare Director's Letters with the meeting materials. We wanted to ensure you had copies of these letters so that you are aware of the spousal impoverishment policy and the procedure the county is supposed to follow when applying the spousal impoverishment rules to deem an individual eligible for Medi-Cal.
- Sergio Blancas (Huntington Home Care) can eligibility be updated prior to move from assisted living?
- Angelina Azevedo (DHCS) said they must have the right aid code.
- More information on aid codes identified as action item for next meeting.
- Kathleen Marek-King (Always Best Care Senior Services) reported that facilities are billing participants for supplies, gloves, moisture barrier wipes. DHCS will research this issue.
- Karli Holkko (DHCS) this is called balance billing and is not allowed. The ALW facilities cannot bill the participant or the family members for extra supplies. The facilities must accept the Medi-Cal payment as payment in full. http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_23213.asp. They may be able to bill for some supplies through a pharmacy.
- Debbie Brooke (NorCal Care Coordinator Agency) Medi-Cal has cut back to two diapers a day.
- Julie Lehmann (HHCM) Get a doctors order to justify the need for additional diapers, a doctor's prescription, or go to the managed care plan.

6. Urgent Assessments

- Requests for an expedite review should only be requested when the individual is at risk of being evicted from a SNF and has nowhere else to go or if they are at immediate risk of being placed in a SNF. Every application we receive is important and we process them in the order received. Therefore, we ask that you please limit requests for expedite or urgent reviews unless absolutely necessary.

7. Action items:

- Information on balance billing
- Information on aid codes
- Tier change assessment effective dates

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