

# 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: 5/3/2016

## Conference Phone Line

\*Line Phone Number: (888) 673-9808

\*Participant Code: 93141

## **Standing Updates:**

**[3:00 – 3:10 pm]**

- Review of Minutes/Action Items
  - There was some missing information in the minutes sent out on Friday. Changes were made and resent to everyone. There were no additional requests for changes.
  - All CCAs have been provided the list of Aid Codes and a Medi-Cal provider bulletin regarding balance billing. The provider bulletin states that the Medi-Cal payment is to be considered payment in full. Facilities are not to bill for extra items for waiver participants. Please direct facilities to the bulletin and the criteria within their Medi-Cal provider agreement.
- Information on Aid Codes
  - Angelina Azevedo (DHCS): The most common aid codes used are 60, 1H, 10, 6E, 6H, 14, and 1E, followed by 6H, 14, and 1E. When you are working with the county to redetermine Medi-Cal eligibility you might mention those to see if they are more willing to make those changes. Refer to the aid code chart gives a brief description of what each of those codes cover.
  - Karli Holkko (DHCS): We will no longer be sending applications back for individuals with an aid code of 17 or 67. Individuals with this aid code have a share of cost. Our nurses will review the application and 'pend' the case (providing that the individual has been found medically eligible for the waiver and potentially moving into assisted living facility setting), since individuals cannot be enrolled with share cost. This pend notice will assist the CCA when they go back to the county for a redetermination of the aid code and the share of cost. The county will need to apply the board and care deduction to re-determine the individual's eligibility.
  - Sergio Blancas (Huntington Home Care): What about recipients enrolled in Cal MediConnect? Previously they were also being pended.
  - Karli Holkko (DHCS) If we receive an application and the person is enrolled in Cal MediConnect, the application will be rejected and returned to the CCA. The application then loses its spot in line and will need to be resubmitted.  
**The recipient needs to be dis-enrolled from Cal MediConnect prior to submitting an application to the waiver inbox.**

- Tier Change Effective Date
  - The effective date of a tier change will be the date the complete reassessment or reassessment packet is received in the inbox. Once the ALW nurse reviews and approves the tier change request, the tier change will be retroactively effective to the date we received the assessment for the tier change. CCAs must wait for the nurse to review and approve that tier change before reporting to the facility that they may bill for the new tier. To make the nurses' reviews go more quickly and smoothly, it will be helpful for the CCAs to document within the notes the reason for the tier change and include any information or documentation you can submit to the nurse to help assist in a review. Information that the nurses need from the CCAs must justify the tier change.
  - Sergio Blancas (Huntington Home Care): Does that mean that the facility won't be able to bill the new tier rate until then?
  - Karli Holkko (DHCS): Yes. We are going to be working on some of our processes internally to try and shorten that timeframe for tier change approvals.
  - Joseph Billingsley (DHCS): On the off chance that the tier change is reviewed and is not found to be substantiated, a recovery of funds would have to be initiated. By aligning retroactive billing "recovery" is avoided when billing is allowed once the change has been approved.
  
- ALW inbox / enrollment statistics
  - Currently the assessment inbox has 478 items as of a half an hour ago. The Incident Report box has 94 items. That represents an average of 45 to 50 e-mails per CCA. There is one person working the in box with only intermittent help.
  
- Assessment / IR Inbox submission standards
  - Angelina Azevedo (DHCS): Regarding applications submissions, here are some things that would really help:
    - Be make sure you are sending a complete application, labeled--everything. For example, if an application has to go back for Cal MediConnect, missing signatures, missing POA, etc., it takes valuable time to research and determine the deficiencies, then e-mail CCA staff to let them know. That is what the assessment checklists are for.
    - **Proofread before sending the email.** We are receiving applications scanned incorrectly, incorrect password, missing pages, signatures don't match, etc. If application items are then submitted separately, it takes valuable time to insure all appropriate documentation is included in each application before it can be forwarded for the nurses' review.
    - Please take a moment to thoroughly check and make sure that all the applications components are included and submitted as requested. This will cut down on the returns we are both experiencing and save a great deal of time.
    - Regarding our policy on returns, the application received date is the date it is returned complete and corrected. The only exceptions--if there are

technical problems in opening the email on our end. Only then will it maintain its original submit date. We do not have the storage to hold on to your applications while you make the corrections. The applications will be logged and returned to you.

- If one of your staff members is recalling a message, please be sure they include the date and time the message was sent. Currently, with the designated uniform subject line, if a message is sent that says IA SNFs and then four or five e-mails sent later stating, "I want to recall IA SNF" we have to spend valuable time to determine which email is being referenced. If the time and date of the email to recall is included, we can more quickly match the reports up, delete the previous submission(s), and move on with the processing.
- Before you ask us to research a reply email sent from the ALW inbox, please check your inboxes, including the spam or junk e-mail folders. Most often our response can be found there.
- If you are requesting an 'expedite,' please make sure that the expedite is for extreme emergencies only, which are homelessness or APS issues.
- When requesting a move in enrollment, please ensure that your staff verifies the applicants' eligibility. Cal MediConnect is on a rolling enrollment. The applicant could be enrolled in Cal MediConnect without your staff realizing it. We have received move in requests that we have had to hold because the individual was automatically enrolled in Cal MediConnect. Please be proactive and check the applicants' eligibility before you declare to them that you have a bed for them and request the move in.
- One reassessment is required every 6 months. Monthly assessments are not required except when requesting a tier change. Please remind your staff of this timeframe.
  - If staff changes have occurred, please be certain to send an e-mail to the IR box with the subject line 'Staff Changes' so the emails can be correctly routed. This is especially important for those who have left the agency.
  - We apologize for any confusion on ISPs with regard to the responsible party and the dates. Apparently, information was received by the CCAs inconsistently. Please keep in mind that the ISP is a legal document that helps direct the member and their representatives when they have questions about the member's services. The ISP has a coverage period of 6 months and is not an ongoing document.
- Karli Holkko (DHCS): We have received some feedback about some miscommunication or misdirection with the ISPs from state staff. We will be sending out some guidance in the very near future about the ISPs – including how we expect to see them filled out.
- Updated submission process to ensure HIPAA compliance

- We have made a few updates to our submission criteria for both the assessment inbox and the IR inbox. To ensure that you're submitting your e-mails within HIPPA guidelines, unless you're using a secure e-mail server, please do not put any PHI in the body of the e-mail. We understand that your attachments are encrypted, but if you're not sending it through a secure server, the e-mail comes to our inbox unencrypted, and that PHI is available for everyone to see. Please do not do that unless using a secure server.
- We added an additional subject line for staff changes. We must be informed when you have any change in ALW staff, so we know to reach out to the appropriate parties.
- In regards to incident reports, DHCS requests that the facility name be included in the subject line with the level number. Remember that Level 1 incidents are not reported. The subject line should include the facility name, the incident level number, with the 'IR' notation.
- The memo regarding the reporting of incident will be sent out as a reminder.

### **Topics:**

#### 1. Referrals to other CCA's

- DHCS needs a better understanding of potential reasons CCAs may have for not accepting a client and whether or not a referral is made to an alternate CCA. Please let us know why your organization would not be able to accept a client and whether or not your organization makes referrals to other CCA's who serve the same area.
- Lauren Kinsel (Senior Care Solutions): We have received several calls from clients stating they were turned down by other CCA's in our area because they were not in a skilled nursing facility and are living in the community. .Are we are allowed to be turning down community based moves and only serving skilled facilities? Of course we would all like that \$1000 transition fee but I have heard this on a number of different occasions.
- Karli Holkko (DHCS): The waiver specifies a one-to-one ratio on skilled nursing facility enrollments to community placements; CCAs should not be refusing to work with an individual because they are a community placement.
- Joseph Billingsley (DHCS): CCA's should not be turning down or denying service solely because they are a community transition and require additional documentation or work to process. CCAs should be meeting with the individual to determine whether or not they are appropriate for ALW. Determination should be based upon their assessment not upon the fact that it is a community transition versus a facility transition. That is opening potential doors for appeals, hearings, and complaints; complaints against providers specifically.
- Kathleen Marek-King (Always Best Care Senior Services): I think some people are just not a good fit for assisted living. There are certain people with behavioral issues that just don't make it in a community setting. They especially don't fit a six bed, where everyone in the home can be disturbed by that one person. We look at the physician's reports and try to weed [clients]

out because so much time is spent going to see people who don't really have any needs. They might need to live in assisted living because they need food, laundry, and housekeeping, and maybe a tiny bit of medication management. We're trying to interview the client and the family a little bit on the phone.

- Patty Watson-Wood (Huntington Senior Care Network): One of the first questions we ask callers is, "Are you working currently with another CCA?" They may have already made a number of calls. They're trying to see who place them the fastest. We always recommend they pick one agency and stay with them because it is a lot of duplication of effort. Other times we refer them to other agencies if they are in the geographical area our agency does not cover.
- Lauren Kinsel (Senior Care Solutions): One reason in which we have turned down patients is if they have a difficult need. We will call facilities to ask if they would accept somebody with these needs, maybe a Hoyer, bariatric lift, or a client who is morbidly obese. In these situations, facilities in our area are reluctant to accept those folks. We work several months trying to get them accepted and then they end up on the back end because we are unable to find placement. In those situations it probably wouldn't be prudent of us to then send them to another CCA because we have already done that research, unless they are willing to move to another county that provides that level of care. In some situations that is a big challenge. Younger clients with mental health issues are also very difficult to place in our region as well because of the limited number of ARFs enrolled in the program. Those are the two kinds of outliers that often are very difficult to find placement for. If we've done the research and determined no one would accept them, we often won't move forward with the application process.
- Karli Holkko (DHCS): This is helpful information for DHCS to know and we agree that not all clients are good for the waiver or there is just no placement for them. Unfortunately this program is not for everyone.

## 2. Cal MediConnect and Aid Codes---

- We can't accept applications for individuals enrolled in Cal MediConnect and if they have an aid code with a share cost we will review it and pend it so the CCAs can take that pend notice back to the county to have them re-determine their eligibility.

## 3. Requirements for Re-enrollments

- We received a request for clarification on the reenrollment process. Per the waiver: Individuals who have been out of the facility for 31 to 60 days will be considered a reenrollment. Once the individual has been out of the facility for more than 60 days, (61 plus), they are considered a new enrollment. Are there any questions about that?
- Patty Watson-Wood (Huntington Senior Care Network): We have a number people who fall into that 60 plus days and because the facility just adores the person and wants them back, they hold their bed longer. We are hoping that the reenrollment could be expedited rather than a brand new enrollment.

They are known to us and the facility. This is a request from the facilities and not just the CCAs.

- Karli Holkko (DHCS): So what timeframe would you really be proposing, 31 to 90 days?
- Patty Watson-Wood (Huntington Senior Care Network): Could we include in the subject line, instead of putting 'reenrollment' – which would be under 60 days, more than 30 under 60, something that indicates it is not a brand new applicant's assessment? They are a new enrollment but they are a known person to us. They are in a slightly different category because they are in our system. We are just placing them from terminated back to active.
- Karli Holkko: According to what the waiver states, after 60 days or 61 plus it is a new enrollment. The waiver doesn't really allow for that unfortunately.
- Patty Watson-Wood (Huntington Senior Care Network): I think what we have been doing is indicating it in the body of the email without any identifiers just saying this is a known client to us or just something that's all.
- Karli Holkko (DHCS): That helps the reviewing nurses because they know the person's history.
- Jonathan Istrin (Libertana): What if the client is coming back from a SNF?
- Karli Holkko (DHCS): If they have been out of the facility for over 60 days, it is a new enrollment even if they are returning from a SNF.
- Jonathan Istrin (Libertana): It is a new enrollment, but would it be - would their effective date be the day that they left the SNF and moved back to the facility?
- Karli Holkko (DHCS): It would be the date we received the complete application or the date they moved back into the facility, whichever one is later.

#### 4. Facility Visits

- We received a request from one of our assisted living facility providers to remind our CCA's to check in with the front desk when visiting a waiver participant. We are working on instituting a forum to provide more consistent communication, training, and technical assistance to our assisted living facility providers. We are also working to implement a policy on how the facility could track visits, but in the meantime please be sure to check in each time you visit a waiver participant so they know when you arrive and when you leave. That way they know who's in the facility and who they are coming to see.

#### 5. Office of Administrative Hearings and Appeals

- Office of Administrative Hearing and Appeals. (OAHA) conducts both informal and formal hearings on behalf of patients when they are being discharged from the facility against their will or when the facility refuses to readmit them after a hospital stay. We wanted to ensure you had this information.

CCAs as providers working with the facility residents, would be able to request a hearing on their behalf you would contact OAHA. All facility letters that we

attached to the meeting materials includes the scope of work for OAHA and their contact information.

We wanted to provide this to you as a resource for when you identify someone who is being discharged from the facility against their will. OAHA might be able to step in and assist and help keep them in the facility a bit longer while we process their application.

## 6. Waiver Totals

- As of March 1, 2016, the ALW participant count is 3400. Our waiver capacity is 3700 for the entire waiver term, which doesn't expire until February 28, 2019. We are exploring options for an amendment to increase the waiver capacity. We will keep it as an ongoing round table agenda topic so we can continue to update you on our enrollment numbers.
- Hector Ornelas (Media Home Health): Does that mean that there are 300 slots available and how many are in the pipeline that are up for review?
- Karli Holkko (DHCS): We don't know how many we have in the pipeline right now, but as mentioned we have over 400 emails in the inbox right now. Some of those 300 slots are potentially applications waiting for placement. The program enrolls approximately 100 members per month and disenrolls about 100 participants every quarter (3 months). That averages out to be 200 enrollments every quarter. We will have more discussion on this during future meetings but we wanted to tie it into our next topic of the quarterly status reports and why they are so important.

## Quarterly Status Reports

- The quarterly status reports help us identify applicants that may be pending, allows for the reconciliation of both of the CCA's records and DHCS records, and lets us know about any disenrollments we might have missed so that we can process those participants from the waiver and open a slot to another potential participant. It is very important for the CCAs to submit the reports given the capacity of our waiver. Most of the CCA's are submitting them and we really do appreciate that. We do have some organizations that have not submitted or not submitted timely and then ask us to research application status.
- DHCS staff will no longer do research on cases for CCA's who have not submitted their most recent quarterly status reports. Now that we are nearing our capacity, those reports are important tools to assist us with verifying the program enrollments.
- Patty Watson-Wood (Huntington Senior Care Network): This concerns me because people may go to a SNF permanently, then we're not getting our enrollment so our numbers are dropping.
- Heather Angel (Jewish Family Services): Expressed concerns about the ratio of enrollments and disenrollment their agency has had.
- Hector Ornelas (Media Home Health): Asked if it would be fair for us to keep the slot of a disenrolled participant in our agency.

- Joseph Billingsley (DHCS): The waiver does not in any way seek to allocate slots to specific care coordination agencies. DHCS cannot reserve slots for agencies based upon slots currently utilized or just upon remaining slots. That would have to be specifically outlined and described in the waiver application and a plan developed and accepted by CMS. This is not something that DHCS has the authority to do or would do without having gone through a very careful planning process.
- Hector Ornelas (Media Home Health): What is the probability of getting an extension of slots from CMS?
- Joseph Billingsley (DHCS): The only way to add additional slots is through an amendment to the waiver. We are exploring our options internally with CMS. There are different types of waivers, but this is not a quick process. It's not something that we could do in the next month. It is something we are exploring and something we will continue to update our providers on during the coming roundtables. We will continue to answer additional questions you have in the interim.
- Hector Ornelas (Media Home Health): There are a couple facilities that I work with that take the clients in almost immediately after the assessment is conducted. Knowing that they take the risk, of course, of them not getting approved. Would you suggest this not be done since slots are becoming more limited?
- Joseph Billingsley (DHCS): Anytime a facility is taking in an individual before they have actually been approved for the waiver, they are doing so at their own risk. That's not an issue as long as the application that is submitted is complete and the person is approved. Moving forward if we were to reach a point where we were at capacity (without any waiver expansion) they would be accepting participants at their own risk and would not be able to bill for the individual.
- Mark Smith (Always Best Case Management): According to enrollment and disenrollment figures or averages, we would be at capacity around August 16. Is there a full intention to move forward with an amendment to increase capacity?
- Joseph Billingsley (DHCS): We are exploring that possibility and looking at options, both with CMS and internally but it is not something that we have yet completed.

#### Open Discussion

- Patty Watson-Wood (Huntington Senior Care Network): Do you have another nurse hired?
- Karli Holkko (DHCS): No, we have not filled that position yet but we do have some of our newer nurses who have started to work on ALW.
- Heather Angel (Jewish Family Services): Are you still enrolling new CCA's into the program?
- Karli Holkko (DHCS): We are accepting applications however we have strengthened the qualifications that CCA's must have when applying and are reviewing applications closely. We have one new agency in the pipeline right now.

- Joseph Billingsley (DHCS): Just to clarify this cap not new. It is the cap that has been included into waiver since the waiver was renewed in 2014. Separately, we are looking very closely at what our options are for amending the waiver and what approvals we need to receive both internally at the administration level as well as the correct course of action at the federal level and what type of amendment in detail. It is just not something that we have an answer on yet at this point.
- Karli Holkko (DHCS): This year in particular we have experienced a much larger growth rate than we ever have in any other waiver year. It is not a new cap however we have not been this close to it before.
- Angelina Azevedo (DHCS): We were getting maybe eight or nine applications in a day. Now the average is closer to 25 a day.
- Heather Angel (Jewish Family Services): Asked about capping the CCA number because there are currently 16 agencies and DHCS is still considering enrolling other CCA providers.
- Karli Holkko (DHCS): We do have some areas that are underserved so we don't want to restrict enrollment of new providers, but we do want to ensure that they are meeting our criteria.
- Joseph Billingsley (DHCS): There is not a current moratorium authority on the program's provider enrollment. DHCS is making sure that enrollment in this program go to qualified providers that are addressing areas that are underserved and have the experience to come in and be a contributing provider.
- Hector Ornelas (Media Home Health): I was contacted by a few RCF's regarding the amenities, microwaves, refrigerators. They were asking if the CCA is responsible for purchasing these for the client. I was under the understanding that it was the RCFE's responsibility to provide these amenities to the client. Can you please provide some clarification?
- Karli Holkko (DHCS): It is the facility's responsibility to purchase those amenities. It is waived in six bed facilities because they have access to the kitchen. For residents who don't have access to the kitchen, it is the facility's responsibility to purchase those items. It's a condition of their enrollment in the program and of being an ALW provider. Please let us know what facility, that way we could even reach out directly and reiterate that policy.
- Hector Ornelas (Media Home Health): It is unfortunate that there are so many people out there that are still very interested in this program. Is there anything we can do to help sort of push that agenda with CMS?
- Karli Holkko (DHCS): You could talk to your legislators and help us kind of lead the charge.
- Mark Smith (Always Best Case Management): If there is no amendment to increase capacity, what would happen to the term of the waiver to simply serve the folks we have or replace the folks that we disenroll?
- Karli Holkko (DHCS): We would need to institute a wait list and process applications in the order received every time we have a new slot open up.

**Action Items:**