

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: 9/1/2015

UPDATED Conference Phone Line
*Line Phone Number: (877) 929-7616
*Participant Code: 6918960

Standing Updates:

[3:35 – 3:45 pm]

- Review of Minutes/Action Items
 - No request for edits to the August Roundtable minutes included in this month's meeting announcement. Approved minutes will be posted on the ALW webpage.
 - Priority levels for the incident reports were sent on 8/21/15

- ALW inbox / enrollment statistics—Rebecca Schupp reported:
 - SNF applications pending—155, the oldest dated 6/24/2015
 - Rollover/Community Transitions—167, the oldest dated 12/2014
 - Current total of follow-up/pending applications---117, the oldest dates 5/7/2015
 - Patty Watson-Wood (Huntington Hospital) wanted to talk offline regarding stats
 - Courtney Maslyn (Jewish Family Services) requested stats
 - Kim Ayling (Always Best Care Management) requested stats

- Assessment / IR Inbox submission standards
 - CCA's are doing a good job with the IR Inbox submission standards. Thank you.

Topics:

[3:45 – 4:00 pm]

1. Update on Quarterly Reports
 - The Quarterly reports provided have proven to be very valuable resource.
 - a. Patty Watson-Wood (Huntington Hospital) asked where to email follow-up questions?
 - b. Rebecca Schupp (DHCS) replied please send to the IR inbox with subject line "Follow-Up."

2. RCFE Provider Application / RCFE Bathroom Requirement

- Bathroom requirement within the waiver is no more than 2 ALW participants per bathroom
 - a. What if there is a private pay, can they share the bathroom with an ALW participant?
 - b. Rebecca Schupp (DHCS) no, 2 ALW participants will share the bathroom, others including private pay will have to go with the care givers.

3. Rollovers

- Notes box: in this box, the CCA should summarize the deterioration of the resident's medical conditions, how the care needs have changed, the current assessment of need, and how admission into the waiver will stabilize the conditions to avoid SNF placement.
 - a. Kathleen (Always Best Care Senior Services) rollovers in RCFEs only have SSI. They were independent but are no longer independent and can't care for themselves. The fact that they simply need care is not a justification?
 - b. Rebecca Schupp (DHCS) RCFE is required to provide personal care needs along with laundry and meal preps. Rollovers need to show the deterioration and that functionality is decreasing and why additional services are needed to avoid SNF placement.

4. Clients Transitioning from the ER

- Hector Ornelas (Media Home Health) what subject line when emailing ALW inbox
- Rebecca Schupp (DHCS) Urgent Case and please provide complete documentation and justification.
- Hector Ornelas (Media Home Health) what kind of documents or justifications?
- Rebecca Schupp (DHCS) case notes from residency or hospital.
- Hector Ornelas (Media Home Health) we can find placement with an RCFE but it takes weeks to submit a complete application. Can the admission be back dated to the day of move in?
- Rebecca Schupp (DHCS) why is it taking weeks?
- Hector Ornelas (Media Home Health) the SNF can't get all of the documentation and we have to wait for signatures. It can take a while before we are able to return to the office and prepare a complete assessment to send.

- Rebecca Schupp (DHCS) the effective date is the date that a complete assessment package is sent.
- Hector Ornelas (Media Home Health) should the RCFE eat the cost?
- Rebecca Schupp (DHCS) CCAs should work efficiently to complete the package.
- Patty Watson-Wood (Huntington Hospital) can we consider the date the client moves to the RCFE. I know how Hector feels when he is out and the assessment can take a long time to complete.
- Rebecca Schupp (DHCS) like SNF's transitions the date of enrollment is the date of transition to a RCFE. We will treat these Urgent Cases the same. RCFE placement is deferring long term placement so effective date should be the date of placement.
- Debbie Brooke (NorCal Care) what about dementia referrals and behavior patients in the ER and it is not safe to go home, these patients need placement ASAP.
- Kathleen (Always Best Care Senior Services) behavior and dementia is difficult for placement. Untrained people at the SNFs, these clients need meds to be under physicians care. There is a gap in the system and no one can accommodate care. Behavior is not manageable and can't be managed at placement
 - a. Gap in the system
 - b. Paperwork can't be submitted in a timely matter
- Rebecca Schupp (DHCS) the final rule establishes that beneficiaries have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate. The RCFE and care plans are inclusive of this. Recommendation criteria for URGENT ALW effective date is the placement to RCFE.
- Hector Ornelas (Media Home Health) SNF transition assessing date of discharge and transition provided services rendered.
- Rebecca Schupp (DHCS) Criteria for URGENT ER cases for ALW will mirror SNF transitions.
- Hector Ornelas (Media Home Health) ER needs of ALW participants with dementia, would you consider expediting community assessment and transition into the RCFE.
- Rebecca Schupp (DHCS) lets add this topic to the next roundtable.

5. Feedback on Roundtable Meetings

- Rebecca Schupp (DHCS) a summary of the responses are being reviewed and will be discussed at next roundtable or emailed.

6. Open discussion

- Kathleen (Always Best Care Senior Services, San Diego) the new assessment tool is still not scoring those who are coming from a SNF, but there is a check box.
- Rebecca Schupp (DHCS) yes, this does not change the scoring but informs the nurses to approve at tier one.
- Bill Mathis (Always Best Care Senior Services, San Diego) will there be an increase to the ALW provider rates?
- Rebecca Schupp (DHCS) RCFE cost for services is about \$11,000/month, ALW payments are about \$3,600. Tier 2 is the average. Rate changes have to follow through the state budget process. If ALW payments are not enough we can conduct a rate analysis. We request CCA support and recommendations if rates limit an adequate network of providers.
- Patty Watson-Wood (Huntington Hospital) is there any tier 5 – TBI in LA county?
- Rebecca Schupp (DHCS) one TBI client in ALW is in LA county. The individual is not at a TBI related center but looking to bring TBI locations into the program.
- Heather Angel (Jewish Family Services) does a 90 day SNF assessment need a TAR?
- Rebecca Schupp (DHCS) there is no need for a TAR.
- Heather Angel (Jewish Family Services) everyone need TARS for SNF – this is a CCI benefit integrated into managed care.
- Kathleen (Always Best Care Senior Services, San Diego) how about face sheets?
- Rebecca Schupp (DHCS) the only information the TAR has is the diagnosis.
- Hector Ornelas (Media Home Health) TAR submitted because Medi-Cal paid for SNF stays
- Rebecca Schupp (DHCS) we will have to look this up to ensure it is Medi-Cal and not Medicare. We will have an internal discussion regarding TARs for SNF transitions. It is important that CCA's become CCT LO's.

Action Items:

- Add criteria for urgent ER cases to next roundtable agenda