CALIFORNIA DEPARTMENT OF AGING

ADULT DAY HEALTH CARE BRANCH 1300 NATIONAL DRIVE, SUITE 200 SACRAMENTO, CA 95834 Internet Home Page www.aging.ca.gov TDD Only 1-800-928-2511 Fax (916) 928-2507 Telephone (916) 419-7545



DATE: September 23, 2011

TO: Adult Day Health Care (ADHC) Center Administrators and Program

Directors

FROM: The California Department of Aging (CDA) ADHC Branch

SUBJECT: ADHC DISCHARGE PLAN SUBMISSION AND PAYMENT /

INVITATION TO ATTEND WEBINAR ON DISCHARGE PLAN FORM

COMPLETION

PURPOSE This letter provides information regarding requirements for the

submission of ADHC Medi-Cal participant discharge plans for reimbursement by Medi-Cal. In addition, this letter invites interested ADHC center staff to attend an upcoming webinar session focused on completing the *ADHC Discharge Plan* form.

BACKGROUND To facilitate assessment of ADHC participants by Medi-Cal

managed care plans and the State's care management contractor, APS, Inc., ADHC providers will receive payment for completion and submission of the attached *ADHC Discharge Plan* form to the Sacramento Medi-Cal Field Office. This form is a revised version of the draft form circulated by the California Association of Adult Day Services (CAADS), and requires a list of current medications, a signature of the Registered Nurse

completing the ADHC Discharge Plan form, and an Authorization for Release of Protected Health Information form signed by the

ADHC participant or authorized representative.

The Department of Health Care Services (DHCS) will share the *ADHC Discharge Plan* forms with managed care plans and APS, Inc., to ensure that relevant clinical and service information is incorporated with the comprehensive assessments into each ADHC participant's individualized plan of care (IPC). This is why DHCS has included the *Authorization for Release of Protected Health Information* form as part of the discharge planning process. In addition to sharing the *ADHC Discharge Plan* forms with managed care plans and APS, Inc., DHCS will extract demographic, clinical, and service information from the forms to

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establish a baseline database for tracking participant health status and health outcomes (e.g., utilization of emergency rooms, hospital admissions, nursing home placements, etc.).

INSTRUCTIONS

- 1. Complete the *ADHC Discharge Plan* form for each Medi-Cal participant currently enrolled at your center.
- Ask the ADHC participant/authorized representative to sign the Authorization for Release of Protected Health Information form. If a participant chooses not to allow the release of his or her information, the ADHC center representative should cross out the form and note "Declined to Sign" on the top of the form.
- 3. Retain a copy of the ADHC Discharge Plan form and Authorization for Release of Protected Health Information form submitted to the Sacramento Medi-Cal Field Office in the ADHC participant's health record.
- 4. Send the original ADHC Discharge Plan form to:

Sacramento Medi-Cal Field Office 1501 Capitol Avenue, MS 4510 P.O. Box 997427 Sacramento, CA 95899-7427 Attn: ADHC Discharge

DEADLINES FOR SUBMISSION AND RATE OF REIMBURSEMENT Fully completed ADHC Discharge Plan forms postmarked:

- Now through October 15, 2011: Reimbursement \$60
- October 16 November 30, 2011: Reimbursement \$30
- December 1, 2011, or later will NOT be reimbursed.

Appropriate reimbursement for the submission of the *ADHC Discharge Plan* forms will be sent to the center's address listed on the provider master file, and the ADHC center will not be required to submit a separate claim for payment.

WHERE TO OBTAIN THE ADHC DISCHARGE FORM A printable electronic copy of the *ADHC Discharge Plan* form may be obtained on the DHCS ADHC Transition website at: http://DHCS.ca.gov/ADHCtransition. Copies of the *Authorization for Release of Protected Health Information* form in Medi-Cal's threshold languages will be posted on the website the week of September 26, 2011.

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WEBINARS ON ADHC DISCHARGE PLAN FORM CDA and DHCS will jointly conduct two webinar sessions on the *ADHC Discharge Plan* form. ADHC centers may attend the webinar on September 28 or September 29 from 2:00 to 3:00 p.m. More information about registering for the webinar is available online at: http://DHCS.ca.gov/ADHCtransition.

INQUIRIES

Additional information, forms, and helpful links can be found at:

- ADHC page on the CDA website at www.aging.ca.gov
- DHCS ADHC website at http://DHCS.ca.gov/ADHCtransition
- DHCS ADHC Email: adhc-transition@dhcs.ca.gov
- CDA ADHC Branch: (916) 419-7545

Attachment: ADHC Discharge Plan form