

## **Adult Day Health Care (ADHC) Transition**

The ADHC transition process is designed to facilitate Medi-Cal ADHC participants with accessing available community based services that address their needs, keep them in the community, and minimize the risk of institutionalization, in accordance with Welfare and Institutions Code sections 14589 and 14590.

Following the Centers for Medicare and Medicaid Services' (CMS) approval of the State Plan Amendment eliminating the ADHC Program as an optional Medi-Cal benefit, the State will issue communications both to affected participants and to the ADHC program administrators.

- Department of Health Care Services (DHCS) plans to send a notice to ADHC participants informing them that the benefit will be eliminated effective September 1, 2011 (if CMS approves the SPA on or before June 30). The notice will also include a phone number for participants to call if there are questions. This notice will be sent by late July.
- CDA plans to send a follow-up letter to the ADHC centers reminding them of their ongoing discharge planning responsibilities for ADHC participants and the process to be followed for discharging participants from the ADHC center. The letter will also include a link to a centralized website for more information. The letter will be sent by late July and a phone number will be provided for ADHC providers to call. On May 6, 2011, the California Department of Aging (CDA) faxed a letter to ADHC centers notifying them of the pending elimination of ADHC as a Medi-Cal benefit and encouraging them to begin updating discharge plans to ensure a smooth transition to other services.

The actual transition will be grounded in individualized discharge planning and begin with the ADHC centers completing the discharge planning process for all Medi-Cal ADHC participants in advance of the elimination of the benefit. This process includes assessing the individual needs of the participants, identifying alternative services and taking steps to coordinate participant access to those services. Discharge planning is a required component of the ADHC program (Title 22, California Code of Regulations, Sections 54213 and 78345).

DHCS and CDA staffs have been reviewing the Individual Plans of Care (IPCs) for ADHC participants who receive four or five days of ADHC services per week. Approximately 6,600 IPCs of 7,900 identified at this level of service have been reviewed to date. Since ADHC centers provide bundled services, this review is revealing the most commonly recorded diagnoses which have led to the range of services currently being provided. ADHC participants may have many co-occurring diagnoses. Understanding the most prevalent diagnoses will help DHCS to identify the community resources that may be able to provide an alternative to ADHC services for participants with these diagnoses. The results of these reviews are being communicated to appropriate state and local agencies for follow up. A large proportion of IPCs reviewed thus far indicate

the necessity for medication management as part of the plan of care. IHSS provides medication management as a service, and individuals may be eligible for additional IHSS services. DHCS will request that the ADHC centers notify the state if there are participants for whom they cannot secure access to services. DHCS and CDA will also continue the IPC review process for ADHC participants authorized for fewer days of service and provide this information to state and local agencies and the ADHC centers.

DHCS has convened ongoing meetings regarding the ADHC transition process with several of its partner departments, including CDA, the Department of Developmental Services (DDS), Department of Mental Health (DMH), Department of Social Services (DSS), and the Department of Rehabilitation (DOR). Staff from these Departments are reaching out to their local partners (e.g. Area Agencies on Aging, county In Home Supportive Services (IHSS) offices, Independent Living Centers, California Mental Health Directors Association, etc.) to inform them of the pending benefit elimination so that they can begin to prepare for possible referrals or requests for assistance from ADHC centers or participants. Some of these local organizations have met to help coordinate efforts.

### State-Level Assistance

Efforts are being made by both state and local entities to coordinate transition options at the local level. CDA has provided the other departments with a contact list of the thirty-three Area Agencies on Aging (AAA) and a map identifying each catchment area. County-level community resource sheets identifying the key local agencies and their contact information (e.g., AAA, ILC, In-Home Supportive Services, Medi-Cal, etc.) are being developed for ADHC centers' reference in transition planning. Some AAAs, including those in the Los Angeles area, have begun partnering with other local resource providers in anticipation of the transition. This partnering is an attempt to identify service options for local participants. A draft Community Services Resource Guide for Los Angeles City is attached as an example, and a similar one is being developed for other catchment areas.

DHCS is exploring Targeted Case Management (TCM) options. TCM consists of case management services that assist Med-Cal eligible individuals within a specified target population to gain access to needed medical, social, educational, and other services. TCM is available in many county jurisdictions for specific target populations. DHCS is reviewing the availability of this service for the transition process and is reaching out to the TCM Consortium to obtain local contacts.

DHCS provides care coordination, personal care services, and Medi-Cal home and community based waiver and State Plan services for this population. In addition, services and supports available through Older American Act programs such as home delivered and congregate meals and local non-governmental supports can be essential to on-going community living and will be part of the transition process to the extent they are available. DHCS is working with DDS, which in turn is working with the Regional Centers, to facilitate transition to appropriate services for ADHC participants with

developmental disabilities. Funding was included in the budget to ensure that DDS consumers receive other available services to avoid institutionalization.

As part of their contract for providing services to Medi-Cal beneficiaries, Medi-Cal managed care plans must provide care coordination and care management to plan beneficiaries. When the ADHC benefit is eliminated, Medi-Cal managed care plans that had beneficiaries enrolled in ADHC will need to re-evaluate these beneficiaries to determine what other available Medi-Cal services may be necessary. ADHC beneficiaries not currently enrolled in Medi-Cal managed care, Senior Care Action Network (SCAN), or Program of All-Inclusive Care for the Elderly (PACE) may enroll in one of these programs, if qualified, to receive care coordination services. These services may include a comprehensive care assessment, care management, and other services to facilitate their ability to remain in the community. In its communication with ADHC participants, DHCS will provide them with these managed care options and assist with voluntary enrollment if they should so choose.

### Short-Term Transitional Program

If an ADHC participant cannot be transitioned timely to another program or service, the participant may receive services in a short-term transitional program. The provision of any additional ongoing services after the transition must consider other existing home and community based services; ensuring that the services provided complement those of other programs; that no duplication of services occurs; and that the state is taking a coordinated and integrated approach to providing services that reduce Medi-Cal beneficiaries' risk of institutionalization. The 2011-12 Budget Act provides \$85 million General Fund for this purpose.

The transitional program may include seeking federal waiver services or developing alternative funding arrangements. As one example DHCS is exploring the option of amending the In-Home Operations (IHO) waiver to cover the former ADHC participants receiving a high level of service to minimize the risk of institutionalization. The goal in amending the IHO waiver would be to maximize the use of federal financial participation to provide short-term services to the former ADHC participants most at risk of institutionalization who may ultimately receive other Medi-Cal services.

Critical to the success of this transition will be stakeholder participation in the refinement of the process. DHCS will engage stakeholders, including the Legislature, to involve them and develop an ongoing dialogue about the needs of the former ADHC participants so that together we can attain a smooth transition for these Medi-Cal beneficiaries.

### Transition Updates

DHCS will provide updated information about the ADHC transition to stakeholders and the Legislature as it is available.