

ADHC TRANSITION

Talking Points

- The state of California is strongly committed to helping those with disabilities remain independent in their communities and out of institutionalized care.
- The state has already completed its evaluation of the 8,000 recipients most at risk of institutionalization, and is working in concert with local partners and the ADHC centers to locate appropriate sources of care for that group.
- The state is using \$85 million dedicated by the Governor's budget to fund a comprehensive transition plan that will assist ADHC participants in accessing other appropriate alternatives for the care they need.
- The transition team is aggressively working with local partners to determine the best methods for delivery of care to former ADHC recipients.
- 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 transitional program may include seeking federal waiver services or developing alternative funding arrangements.

Background

- On March 24, 2011, Assembly Bill (AB) 97 was enacted, authorizing the elimination of the Medi-Cal ADHC program, an optional Medi-Cal benefit under California's State Medicaid Plan.
- On May 12, 2011, DHCS submitted a State Plan Amendment (SPA) to the federal Centers for Medicare & Medicaid Services (CMS) that would eliminate ADHC as a Medi-Cal benefit. CMS is currently reviewing the SPA.
- The effective date for the elimination was originally set for September 1, 2011. However, on July 14, Department of Health Care Services Director Toby Douglas used his authority to extend the benefit to ensure a smooth, seamless, and successful transition of the former beneficiaries. He will evaluate the need to extend the benefit further on a month-to-month basis.

- Currently, there are 304 licensed ADHC centers in California serving approximately 35,000 Medi-Cal participants. There are 21 ADHC centers that are not affected by the elimination of the benefit.

CMS SPA Approval

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

Following CMS' approval of the SPA eliminating the ADHC program as a Medi-Cal benefit, DHCS will now issue notices to affected participants and to ADHC program administrators.

- DHCS plans to send notices to ADHC participants by late July informing them that the benefit will be eliminated effective September 1, 2011. The notice will provide information about accessing alternative services and include a phone number for participants to call with any questions.
- ADHC centers were notified by a May 6, 2011, letter from the California Department of Aging (CDA) of the pending elimination of ADHC as a Medi-Cal benefit. They were encouraged to begin updating discharge plans to ensure a smooth transition to other services. Discharge planning is a required component of the ADHC program.
- CDA will send a second letter in late July to ADHC program administrators as a reminder to plan for discharge and to outline the process of discharging participants. It will include a link to a Web site for additional information and a phone number that ADHC providers can call if they have any questions. The Web site address is <http://DHCS.ca.gov/ADHCtransition>.
- DHCS and its partners will assess the individual needs of ADHC program participants, identifying alternative services and taking steps to coordinate their immediate access to those services.

State Level Assistance

- The transition team is aggressively working with local partners to determine the best methods for delivery of care to former ADHC recipients. County-level community resource sheets identifying key local agencies (e.g., Area Agencies on Aging, independent living centers, California Mental Health Directors Association, In Home

Supportive Services, Medi-Cal, etc.) and their contact information are being developed to assist ADHC centers with transition planning.

- DHCS and CDA are reviewing Individual Plans of Care (IPCs) for current ADHC participants who receive four or five days of ADHC services per week. This review is revealing the most commonly recorded diagnoses that require the range of services currently being provided. This will help the state to identify the community resources that may be able to provide an alternative to ADHC services for these participants.

Alternatives

- A large proportion of IPCs reviewed 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 has sent a list of ADHC beneficiaries also receiving IHSS to DSS, which is collaborating with the county IHSS agencies. They are examining the case files and determining a process to quickly reassess these beneficiaries for additional hours.
- DHCS is reviewing the availability of the Targeted Case Management (TCM) service for the transition process and is reaching out to the TCM Consortium to obtain local contacts. TCM consists of case management services that assist Med-Cal-eligible individuals in gaining access to needed medical, social, educational, and other services.
- ADHC beneficiaries not currently enrolled in either 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.
- DHCS is identifying existing community options and resources for the ADHC population, including home-delivered and congregate meals. Local non-governmental supports can be essential to ongoing community living and will be part of the transition process to the extent they are available
- DHCS is working with DDS, which is working with Regional Centers, to facilitate transition to appropriate services for ADHC participants with developmental disabilities.
- When the ADHC benefit is eliminated, Medi-Cal managed care plans with beneficiaries enrolled in ADHC will reevaluate these beneficiaries to determine what other available Medi-Cal services are necessary. These services may include a

comprehensive care assessment, care management, and other services to facilitate their ability to remain in the community.

Short-Term Transitional Program

- If an ADHC participant cannot be transitioned to another program or service immediately, a short-term transitional program created by the state will be available to serve in the interim. The state will request that the ADHC centers notify the state if there are participants for whom they cannot secure access to services
- DHCS is exploring the option of amending the In-Home Operations (IHO) waiver to cover current ADHC beneficiaries receiving a high level of service to minimize the risk of them being institutionalized.
- Critical to the success of this transition will be stakeholder participation in the refinement of the process. DHCS will engage the legislature and stakeholders to involve them and develop an ongoing dialogue about the needs of former ADHC participants so that together we can attain a smooth transition for these Medi-Cal beneficiaries.

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