ADHC Transition

- ADHC benefit scheduled to term 9/1/11
  - To allow for a comprehensive transition
  - Director moved term to 12/1/11

- Most ADHC clients
  - Are Dually Eligible (82%) and
  - reside in managed care counties
    - 34,350 of 35,000 total clients
    - Largest populations in LA, San Diego, San Francisco
Adult Day Health Care Facilities
By Medical Service Study Area
December 2010
ADHC Transition

- Strategy to use our existing managed care system to coordinate care at a local level
  - In COHS counties, ADHC clients already members of managed care
  - In 2-Plan and GMC counties, SPDs will continue to enroll in managed care under 1115 Waiver
  - Dual Eligibles will enroll in managed care 10/1/11
ADHC Transition

- ADHC Clients will receive informing letter in August
  - They can elect to join a Plan or to decline to join a Plan at any time
  - If they do not make a positive selection or actively decline, they will be enrolled in managed care according to existing algorithms
ADHC Transition

- In Fee for Service Counties and for Clients who decline managed care enrollment
  - DHCS contracts with a care management company that will provide:
    - Health assessment
    - Case Management
    - Care Coordination
    - RN Advice
    - Referrals
ADHC Transition

- Plans will receive an enhanced capitation rate for
  - Health Assessment within 45 days of enrollment
  - Case Management
  - Care Coordination
    - Most Clients are Dual Eligible – Medicare is prime
    - Care Coordination will focus on Medi-Cal benefits and services needed
ADHC Transition

- ADHC Centers and Plans should work together
  - Best array of services for individual client’s needs
  - Identify appropriate providers
    - Possibly including former ADHCs
- Other services available to Clients
  - IHO
  - MSSP
  - IHSS
ADHC Transition

- PACE and SCAN available to ADHC clients
  - 4 and 5 day participants evaluated
  - State will ask clients if okay to refer to PACE or SCAN
  - Plans will screen enrollees after Oct. 1 for PACE or SCAN eligibility and refer as appropriate
ADHC Transition

- Plans and ADHC will have 2 months to coordinate IPCs and discharge plans
  - Plans will identify range of services needed in the future
  - Services may include waiver programs, IHSS, referrals to social supports or ADHC–like services
ADHC Transition

- County Social Service Departments are reviewing IHSS hours
  ◦ May increase as appropriate
- CA Department of Aging
  ◦ Working with ADHCs on discharge planning
  ◦ Developed a community resource guide
- DHCS scheduling webinar for ADHC RNs about discharge options – IHO or MSSP
ADHC Transition

OVERVIEW OF ADHC TRANSITION

AUGUST/SEPTEMBER 2011
- BENEFICIARY NOTICE & DISCHARGE PLANNING
- REASSESSMENTS (if beneficiary is currently receiving the following)
  - Regional Center Services (RCS)
  - In-Home Supportive Services (IHSS)
  - Multiservice Senior Service Program (MSSP) Services

OCTOBER 2011
- BENEFICIARY PLAN SELECTION

OCTOBER 2011
- Comprehensive Assessment (within 45 days of enrollment)

DECEMBER 2011
- ADHC discharge & benefit elimination
  - Services Available:
    - Primary/Preventive
    - Acute
    - LTC Facility
    - HCBS, including ADHC-like services

- PACE/SCAN
  - PACE: NH certifiable & 55 years or older
  - SCAN: dual eligible & 65 years or older

- Medi-Cal Only
  - Medi-Cal Managed Care

- Medi-Cal/Medicare Eligible
  - Medi-Cal Managed Care

- FEE-FOR-SERVICE (FFS)
  - Comprehensive Assessment (within 45 days)
  - Services Available

- ADHC-like Services*** Available via the Following Programs
  - In-Home Supportive Services (IHSS)
  - In-Home Operations Waiver (HO)
  - Multipurpose Senior Service Program (MSSP) Waiver
  - Independent Living Center (ILC) & Area Agencies on Aging (AAA)

*In COHS counties, all Medi-Cal beneficiaries are required to enroll in managed care.

**The array of services that may be provided will be based on the needs identified from the assessment.

***ADHC-like services includes: nursing, personal care, physical therapy (PT), occupational therapy (OT), non-emergency medical transportation (NEMT), psychosocial services, and case management, which depending on the delivery setting, may be provided through contract arrangements with former ADHCs.
ADHC Transition

- Questions?