COMMUNITY BASED ADULT SERVICES (CBAS) ELIGIBILITY DETERMINATION

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TRAINERS

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Agenda

• Overview
  – Today’s Training
  – ADHC / CBAS Transition Implementation

• ADHC 101
  – ADHC Visit Experience and Expectations

• Overview of CBAS Eligibility
  – Criteria
  – Process
  – Tools

• CBAS Eligibility Determinations
  – The “How To’s”
Training Objective

• Prepare ADHC center staff and State assessment teams for CBAS eligibility determinations to be conducted December 19, 2011 through January 2012.
Overview – ADHC/CBAS Transition Implementation

• Brief recap of ADHC program developments 2011
  – ADHC Benefit Elimination
  – New CBAS Program – 1115 Waiver

• Key Dates
  – 12/19 through January - Eligibility Determination On-sites
  – 3/1/12 - ADHC Benefit Elimination/CBAS Start
  – 7/1/12 – CBAS Transition to Managed Care
ADHC 101
ADHC 101

- Model of Care
  - Individualized and Person-Centered Care Utilizing the Multidisciplinary Team (MDT)
- Definition of MDT
  - Utilize expertise of multiple skilled disciplines to achieve desired outcomes
- Target Populations & Specialty Programs within ADHC
  - Seniors, MH, DD, TBI, Alzheimer’s, Skilled Therapy, Skilled Nursing
- Ethnic Diversity and Language Capacity
- Hours of Operation
  - Program Hours
- Basic Program Services
Adult Day Health Care Services
ADHC Case Studies

- Case Study #1 (Mental Health)
- Case Study #2 (Advanced Dementia)
- Case Study #3 (TBI)
Mental Health Example

Profile:

- 55 year old female lives alone in one room, studio apt. complex for psychiatric patients. Refuses help from sister.
  - Diabetic retinopathy
  - Hypertension/Uncontrolled
  - Recurrent Depression[severe]
  - Asthma
  - Hx of CVA
Mental Health Example

Risk Factors Contributing to Premature NF:
- Unable to manage medical regime due to depression; resists blood sugar checks, needles and insulin.
- Mismanagement of medications
- Hx of not keeping MD appts.
- Reckless behavior: ‘disappears’ for days, spending sprees, no money left to buy medications
- Hx of repeat ER trips for high/low blood sugars and blood pressures.
- Hx of hypoglycemia that can lead to shock/diabetic coma.
- Unwilling to follow diabetic diet.
- Sedentary lifestyle/obese.
Mental Health Example

ADHC Interventions:

• RN monitors for unstable blood sugars and blood pressure.
• Evaluates & communicates w/MD; sends to ER when out of medical parameters.
• SW arranges MD appts. Arranges transportation; calls/cards as reminder to keep appts.
• RN reinforces compliance w/medications; teaches warning signs/educates, evaluates effectiveness.
• Dietician teaches proper meal preparation.
Mental Health Example

ADHC Interventions:
• Dietician teaches proper meal preparation.
• LCSW provides mental health therapy to manage depression/make healthy choices.
• SW assists with money management and ensures medications are purchased.
• RN and SW stress the absolute need to check blood sugars; assisted in purchase of watch w/alarm to remind to check blood sugars.
• PT provides daily exercise; helps to decrease depression/manage weight.
Mental Health Example

Outcomes Past Six Months:

• Fewer days of abnormal blood sugar/blood pressure readings.
• All medication purchased as needed.
• No reckless spending of money.
• Kept all but one MD appt.
• No ER or hospital admissions.
• Weight loss of 6 pounds.
Dementia Example

Profile:
- 91 year old woman living with her daughter in an apartment. Daughter, son, and daughter-in-law take turns in c/g shifts during night and day. Dementia due to syphilis.
- Abnormality of gait
- Hypertension Nos
- Hyperlipidemia Nec/nos
- Depressive Disorder
- Hypothyroidism
Dementia Example

Risk Factors Contributing to Premature NF

- Medication Mismanagement. Unable to manage complicated regime. C/g has hx of non-compliance to not understanding dose, and reason for medication r/t bx.
- Hx of wandering bx-will hitchhike from strangers, extremely difficult to redirect due to strong delusions r/t dementia.
- High c/g stress due to need to meet Protective Supervision requirements (due to wandering bx, cognitive decline and high fall risk), while also caring for grandchildren and needing to work.
- Hx of combative bx to c/g.
Risk Factors Contributing to Premature NF (Cont.)

• Hx of high levels of anxiety that do not improve with medication; thus contributing to high wander risk.

• Hx of APS involvement due to wandering and combative behavior, and due to lack of coordination of care between caregivers.

• Ataxic gait and hx of falls (tinetti score 18/28). Pt also refuses to use her walker in the home and in the community, thus contributing to fall risk.

• Increased episodes of inappropriate behavior (spreading feces on wall).
Dementia Example

ADHC Interventions:
- RN and Social Worker monitor medications and med compliance with family, offering consultations and psychoeducation r/t medications and bx as needed.
- Social Worker and staff monitor for increased anxiety and agitation. Communicates anxiety and medication needs w/MD and c/g.
- Social Worker coordinates care to ensure necessary services are being received, such as MSSP, IHSS.
- Social Worker monitors IHSS worker, family to ensure consistent care.
- Physical therapy addresses ambulation balance and strength.
- Occupational therapy addresses upper extremity range of motion, grip and function of non-dominant hand.
Dementia Example

Outcomes Past Six Months:
• No incidence of patient being unattended at home or in community.
• MD educated on pt. bx (danger to self and others) and need for medication management and c/g education.
• No reported falls since 9-20-09
• High blood pressure parameters reported to MD by ADHC RN.
• No reported incidents of wandering unattended.
Brain Injury Example

Profile:
• 45 y/o with TBI from MVA 2005
• Lives with mother
• Primary diagnosis Brain Injury Nec
• Secondary diagnoses Insomnia Nec, Seizure Disorder, Mental/behavior Problem NOS
Brain Injury Example

Risk: Factors Contributing to Premature NF
• Short Term Memory Deficits
• Poor Judgment
• Poor impulse control with socially inappropriate behavior.
• Agitated behavior
• Reduced attention span
• Needs assistance or dependent with most IADL’s
• History of depression related to functional limitations
• Medication non-compliance
Brain Injury Example

ADHC Interventions:

- RN and SW assess for anxiety and monitor medications and medication compliance with mother, MD, and MDT.
- RN, SW and MDT monitor for agitated and restlessness behavior.
- RN provides medication and team provides behavioral interventions.
- OT and ST provide functional cognitive-linguistic therapy to develop functional problem solving skills for IADL’s.
- PT provides maintenance program to maintain mobility status at supervised level.
- SW, OT, ST and staff provide verbal cues, structure and redirection to reduce socially inappropriate behavior.
- SW and staff monitor for s/s of depressive feelings, provide emotional support and encouragement to increase self-esteem and reduce s/s of depression.
Brain Injury Example

Outcomes Past Six Months:

- Pt.’s anxiety has decreased over last 6 months. SW and RN coordinated w/ c/g and PCP to address agitation and restlessness, resulting in changes in medication (addition of Valium). Pt. is responding well to medication change.
- Able to attend to 20 minutes semi-structured group activity on a regular basis, sometimes up to 40 minutes.
- Able to participate in a small group for focused cognitive therapies for 45 minutes.
- Improved ability to follow center and participant-specific rules with good understanding of consequences
- Able to determine appropriate solutions to problems with minimal to moderate verbal assist. Remains easily distracted and tangential.
CBAS Eligibility Overview
CBAS Eligibility Determinations

• Purpose:
  – To transition currently eligible ADHC participants into the new CBAS program by March 1, 2012
  – To ensure individuals **NOT** eligible for CBAS services receive information about their option to receive enhanced case management and other services through DHCS and managed care plans
  – This process is about determining eligibility by focusing on the participant’s entire eligibility profile.
CBAS Eligibility Criteria

• Who’s eligible:
  – Categorically Eligible *(no assessment required)*
  – Presumptively Eligible *(no onsite assessment at this time)*
  – Individuals Who Meet Diagnostic Categories Specified in Settlement Agreement *(face-to-face assessment required)*
CBAS Eligibility Criteria

• Definition of Categorically Eligible
  – Regional Center clients
  – Multi-Purpose Senior Services Program (MSSP) clients
  – Individuals eligible for Specialty Mental Health services (assessed and found eligible by the County)
  – Individuals eligible to receive 195 or more hours of In-Home Supportive Services (IHSS)
CBAS Eligibility Criteria

• Definition of Presumptively Eligible
  – Meet NF-B level of care determined by DHCS
  OR
  – Current IPC indicates a need for assistance or supervision with three (3) of the following ADL/IADLs: bathing, dressing, self feeding, toileting, ambulation, transferring, medication management and hygiene  AND
  – One nursing intervention provided at ADHC
CBAS Eligibility Criteria

• Diagnostic Categories:
  – NF-A
  – Organic/Acquired or Traumatic Brain Injury and/or Chronic Mental Health
  – Alzheimer’s Disease or Other Dementia (Stage 5, 6, or 7)
  – Mild Cognitive Impairment, including moderate Alzheimer’s (Stage 4)
  – Developmental Disability
Diagnostic Categories

• Definition of NF-A Title 22, CCR, Sections 51120(a) & 51334(l)
  – Requires skilled nursing care or observation on an ongoing intermittent basis and 24-hour supervision to meet the persons needs
  – Medications taken require nursing observation for response and effect on an intermittent basis
Diagnostic Categories

• Definition of NF-A (Cont.)
  – Needs little/no assistance in feeding self
  – May require minor assistance/supervision in personal care, such as bathing or dressing
  – May need restorative measures for increasing and strengthening functional capacity
  – May have vision, hearing or sensory loss
Diagnostic Categories

• Definition of NF-A (Cont.)
  – Have limitation in movement, but able to ambulate with or without assistance
  – May need supervision/assistance in transferring to a wheelchair, but able to ambulate the chair independently
  – May be occasionally incontinent of urine, is able to care for self
  – May exhibit mild confusion or depression, behavior is stable and poses no threat to self or others
Diagnostic Categories

- Definition of Organic/Acquired or Traumatic Brain Injury and/or Chronic Mental Health
  - Diagnosed condition(s) and needs supervision or assistance with at least one of the following:
    - Two ADL/IADL: bathing, dressing, self-feeding, toileting, ambulation, transferring, medication management and hygiene
    - OR
    - One ADL/IADL listed above and money management, accessing resources, meal preparation or transportation
Diagnostic Categories

- Definition of Alzheimer’s Disease or Other Dementia (Stage 5, 6, or 7)
  - Moderate or severe Alzheimer’s disease or other dementia characterized by the descriptor of or comparable to, Stages 5-7 Alzheimer’s disease
  - Reference Guides:
    - “Guide to Determine Alzheimer Disease or Dementia Stages for CBAS Screening”
    - “CBAS Record of Dementia Stages for CBAS Screening”
Diagnostic Categories

- Definition of Mild Cognitive Impairment, including moderate Alzheimer’s (Stage 4)
  - Mild cognitive impairment or moderate Alzheimer’s disease or other dementia characterized by the descriptors, or comparable to State 4 Alzheimer’s disease AND
  - Needs supervision or assistance with two (2) of the following ADL/IADLs: bathing, dressing, self-feeding, toileting, ambulation, transferring, medication management and hygiene.
Diagnostic Categories

• Definition of Developmental Disability
  – Individuals with developmental disabilities who meet the criteria for regional center eligibility as determined by a Regional Center under contract with the Department of Developmental Services.
Eligibility Screening and Determination Process
CBAS Eligibility Screening

• Center:
  – Completes Screening Tools for non-categorical and non-presumptive participants
  – Maintains copies of Screening Tools at center
  – Submits Screening Tool Summary form with results of participant screenings to CDA via FAX – by 12/23/2011.
    • CDA FAX (916) 928-2507
    • NOTE: Submit by FAX only. Do not transmit Screening Tool Summary via e-mail.
CBAS Eligibility Determination - Pre-Onsite Review

• State Team:
  – Reviews Screening Tool summaries submitted by center
  – Reviews IPCs for participants identified on the Screening Tool Summary
  – Records key data fields on CBAS Eligibility Determination Tool (CEDT)
  – Contacts the center to notify staff of onsite review date(s)
CBAS Eligibility Onsite Review Overview

- Entrance Conference
- Review of Screening Tools
- Medical record review
- Participant Face-to-Face
  - Observation
  - Interviews
- Completion of CBAS Eligibility Determination Tool
- Exit Conference
CBAS Eligibility Determination

• What It IS:
  – Determination by State nurses of a beneficiary’s demonstrated eligibility for CBAS services as defined in settlement agreement criteria

• What It Is NOT:
  – A health record audit
  – A validation of documentation supporting eligibility
Roles and Protocols For Onsite

• Center
  – Provide Screening Tools to State Team When They Arrive
  – Assist State Team By:
    • Identifying individuals being assessed
    • Locating key medical record documents needed
    • Facilitating participant interviews, including translation and access to caregivers as needed
    • Answering questions
Roles and Protocols For Onsite

• State Team
  – Review Screening Tools
  – Work with center team to obtain necessary information
  – Review medical records
  – Observe participants and interview as necessary
  – Seek clarification as necessary from center staff
  – Complete Eligibility Determination Tool

• **NOTE:** No final determinations of eligibility will be made onsite. DHCS will notify the ADHC of eligibility determinations no later than 10 working days from the final onsite visit.
CBAS Eligibility
– Beneficiary Rights Overview

• Face-to-Face Initial Assessment
  – WHEN:
    • Screening Tool determines the participant is eligible for CBAS
    • Screening Tool determines the participant is not eligible for CBAS AND the participant or participant’s family requests a face-to-face
    • Prior to termination of participant’s ADHC services

  – NOTE: The settlement agreement specifies additional requirements for DHCS to contact participants previously served by ADHC but not currently receiving services.
CBAS Eligibility
– Beneficiary Rights Overview

• Second Review
  – WHEN:
    • Either the center or DHCS determines the individual is ineligible AND the participant or participant’s family requests a second review.
    • Prior to termination of ADHC services
  – Reviews will be completed by DHCS nurse supervisors

• Fair Hearing
Completing the Eligibility Screening Tool

• Timing of state call and tool completion
• Generating the Eligibility Screening Summary for the State and keeping the original Screening Tools for the State upon their arrival for Determination visit
• Orientation to the tool
• Step by step walk through of completing the tool
Orientation to CBAS Eligibility Determination Process and Tool

- Entrance interview
- Orientation to clients with mental health issues and dementia
- Center’s role in the State on-site visits
- Orientation to charts (Center-specific “Cheat Sheet”)
- Orientation to the Determination Tool
Completing the CBAS Eligibility Determination Tool (CEDT)
Completing the CEDT

• Page 1 – Participant Name, background information
• Box A – Designation of Categorical
• Box B – Designation of Presumptive
• Box C – Unconfirmed Categorical classification by ADHC
• Box D – Alzheimer’s/Dementia level noted by State nurse
Completing the CEDT

• Box E – Diagnoses and Medication
• Box F – Medication Administration
• Box G – ADL/IADLs and Explanation – enter functional levels as determined by record review/observation/interview. Note discrepancies.
• Box H – Assistive/Sensory Devises

NOTE: If after observation of the participant the State nurse determines in his/her professional judgment that the participant meets eligibility criteria for CBAS, he/she may decide that no interview is necessary, complete Boxes A through G, and continue to Page 3, Comments.
Completing the CEDT

- Box I - Systems Review
- Box J – Current Care Plan – include qualifying issues only
- Page 3 – Comments – include as much narrative description as necessary to support eligibility determination
- Page 4 – Determination and Signatures
Determining CBAS Eligibility

• The “How To’s”
• Guidance From Nurse Experts in Levels of Care
Participant Considerations - the Nurse’s Role

• Privacy
• Rules of Engagement
• Observation and Interview
Intermediate Care Services Criteria

• Title 22, CCR, Section 51334
• (l) In order to qualify for intermediate care services, a patient shall have a condition which needs an out-of-home protective living arrangement with 24-hour supervision and skilled nursing care or observation on an ongoing intermittent basis to abate health deterioration

• (1) The complexity of the patient’s medical problems is such that he requires skilled nursing care or observation on an ongoing intermittent basis and 24-hour supervision to meet his health needs.
Wrap Up

• Key Training Points
  – Transition of ADHC and CBAS eligible participants
  – State and ADHC center collaboration for the good of the participants

• We need Volunteers to Get Started
  – Here’s how you can help