Department of Health Care Services
Adult Day Health Care (ADHC) Transition Strategy

BACKGROUND

The Department of Health Care Services (DHCS) has developed a comprehensive strategy that will provide appropriate and cost-effective services to former clients of Adult Day Health Care (ADHC) Centers when that Medi-Cal benefit ends on December 1, 2011. Working with the Department of Aging (CDA), the Department of Social Services (DSS) and the Department of Developmental Services (DDS), DHCS has created a multi-faceted approach to provide comprehensive health risk assessments, care coordination, case management and appropriate ongoing services to former ADHC clients. The strategy is based upon the type of coverage a client has and the county in which the client resides. (Attachment 1)

STRATEGY

The vast majority of ADHC clients (34,350 of 35,000) live in counties with Medi-Cal Managed Care. Thus, the major transition effort will center on encouraging and assisting with the enrollment of these clients into managed care plans starting October 1, 2011. In addition, most ADHC clients are eligible for both Medicare and Medi-Cal, receiving the bulk of their health care services through Medicare. Enrollment into Medi-Cal Managed Care will allow the participants to receive assessments, care coordination and case management through their Medi-Cal benefit – services they generally do not receive under Medicare or fee-for-service (FFS) Medi-Cal. Beneficiaries whose primary insurance is Medicare may disenroll from a Medi-Cal Managed Care plan at any time and return to FFS Medi-Cal.

It should be noted that DHCS has embarked on a “dual integration project” with the Centers for Medicare and Medicaid Services (CMS). It is designed to help enroll people who are eligible for both Medicare and Medi-Cal into managed care plans. These plans include the full spectrum of services, from primary and acute care through long term care and supports, as well as behavioral health care. The movement of these ADHC clients into managed care is a prelude to the statewide efforts that will occur after 2012.

Beginning in late August 2011, ADHC beneficiaries will receive a notice that the ADHC benefit will be eliminated as of December 1. In Two-Plan and Geographic Managed Care counties, beneficiaries will receive an enrollment packet that informs them they will be enrolled into managed care on October 1st. The packet will include instructions on selecting a plan, the available services, and how to disenroll from managed care should they so choose. Once the beneficiaries enroll into managed care, the plans will assume responsibility for them. In County Organized Health Systems (COHS) counties, these beneficiaries are already plan members. The health plans will receive an enhanced per member per month capitation rate to provide the following services that will ensure ADHC clients have the ability to continue to receive services in the community:

- Health Risk Assessment - A comprehensive health risk assessment conducted within the first 45 days of enrollment in the Plan. This will be accomplished while the participant continues to receive ADHC services. This assessment can be done in person or over the phone depending upon the preference of the beneficiary.
- Care Coordination - During the months of October and November, beneficiaries may also continue to attend the ADHC centers. The Plans and the ADHC centers will confer and determine the best menu of services individualized to the beneficiary.
- Case Management - By working with the Seniors and Persons with Disabilities (SPDs) population, the managed care plans have gained considerable expertise in providing ongoing case management to medically complex individuals. The Plans will assess the medical and social support needs of the beneficiaries and find appropriate providers, or refer beneficiaries to services that meet those needs. This may include facilitating additional hours of service from their In-Home Support Services (IHSS) provider. In addition, it may include the direct provision and payment for specific medical therapies and other ADHC-like services that support avoidance of nursing home placement. The plan may choose to provide these services through an individual provider or through a contract with a former ADHC.
- Tracking and Reporting - Plans will track outcomes of former ADHC clients with the goal of holding the Plans accountable for reducing the risk of institutionalization to this membership.
- Finance - DHCS will develop financial rewards and penalties based on the Plans' management of this population.

3,300 ADHC participants living in the COHS counties are already enrolled in managed care. The COHS will reach out to ADHC centers in their catchment areas and work with them on assessing ADHC participant needs for ongoing services. COHS will use this information in their comprehensive assessment of the ADHC participants, and the plans of care, referrals, and care management activities resulting from the comprehensive assessments.

Several plans, including CalOptima and Health Plan of San Mateo, have already begun working with ADHC providers and beneficiaries to transition ADHC clients to other services. These activities among all health plans will increase over the coming months.

In addition, 3,000 ADHC clients who are eligible for Medi-Cal only will be mandatorily enrolled in managed care according to their birth month, as required under the state's 1115 waiver. While this process continues, DHCS will contact these members to give them the option to join managed care sooner, or to receive transitional care services through the FFS options.

Using an intensive outreach and education process, DHCS will inform dually eligible ADHC clients who do not live in COHS counties or in FFS counties about enrolling in local managed care plans. DHCS will send educational and outreach information about the local Medi-Cal managed care plans, then follow up to make sure clients received the material. DHCS will respond to any questions and then enroll the clients into the managed care plan of their choice.

There are other managed care options for those ADHC clients who are extremely frail or at high risk of nursing home placement. The major urban counties where most of the ADHC clients live have Program of All-Inclusive Care for the Elderly (PACE) and Senior Care Action Network (SCAN) programs of comprehensive medical and social care for adults who are eligible for nursing home placement. While the requirements for each program are slightly different, approximately 20 percent of the ADHC clients – the frailest individuals - may qualify for these programs and will be referred by either DHCS or the managed care plan for enrollment. DHCS and CDA are working together to identify these clients as soon as possible and refer them to PACE or SCAN programs. Enrollment in either program is entirely voluntary.

In counties that do not participate in managed care, or when a beneficiary chooses not to participate in managed care, DHCS is expanding its contract with a current care management contractor, APS, Inc. This contractor will offer and pay for the same services (health risk assessment, care coordination and case management) as those offered by the Plans. Approximately 650 ADHC clients live in counties with only FFS providers.

In addition to the services available through the managed care plans and APS, DHCS will:

- Work with counties to offer expanded IHSS hours where appropriate. The Plans and DHCS will identify ADHC clients who can remain in home settings with additional hours and work with counties to increase the available hours.
- Expand the Multipurpose Senior Services Program to cover ADHC clients.
- Amend the In-Home Operations (IHO) Waiver to cover ADHC clients who are at a long term care institutional placement level, and to allow ADHC centers to qualify as providers of IHO services (case management, nursing, and personal care services).
- Add ADHCs as a provider type under the Nursing Facility/Acute Hospital waiver, allowing them to serve former ADHC clients who elect to receive some of their waiver services in a center environment instead of in their homes.
- Work with DDS to assure that Developmentally Disabled ADHC clients continue to have the full scope of services available to them through DDS, and that they are not enrolled into managed care. Funding was included in DDS' budget to ensure that DDS consumers receive needed services to avoid institutionalization.

GROUNDWORK AND PLANNING

The actual transition begins with individualized discharge planning and the completion of the AHDC individual plan of care before the benefit ends. On May 6, 2011, the CDA notified the ADHC centers that ADHC would be eliminated as a Medi-Cal benefit and encouraged them to begin updating discharge plans. CDA asked that the ADHC centers notify the state if there are clients for whom they cannot secure access to services. In August, CDA is sending follow-up letters to the ADHC centers reminding them of their discharge planning responsibilities and the process to be followed for the discharge planning process. The letter will provide information about local community-based organizations that may provide transitional and ongoing services to ADHC clients, options for providing adult day care services, and a link to a website and a phone number for more information. DHCS expects that the ADHC centers will work closely with the managed care plans or APS to ensure the discharge planning allows for a smooth transition of the beneficiaries to other services.

DHCS continues to meet with several of its partner departments, including CDA, DDS, DSS, the Department of Mental Health (DMH), and the Department of Rehabilitation (DOR) about the ADHC transition. Departments are reaching out to their local partners (e.g., Area Agencies on Aging, county IHSS offices, Independent Living Centers, 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 clients.

DHCS is also having ongoing discussions with stakeholders like the California Association of Adult Day Services (CAADS), county IHSS representatives, Medi-Cal Managed Care plans, APS, Inc., TCM Consortium, and the California Association of Area Agencies on Aging. DHCS is also using a comprehensive list of interested stakeholders to send them updated information on a periodic basis.

CDA has developed guides to other services that are available, including:

- 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., AAAs, Independent Living Centers, In-Home Supportive Services, Medi-Cal Managed Care plans and FFS options, etc.)
- Services and supports available through Older American Act programs such as home delivered and congregate meals and local non-governmental supports.

DHCS and CDA staffs have reviewed the Individual Plans of Care for 7,900 ADHC clients who receive four or five days of ADHC services per week. This review revealed the most commonly recorded diagnoses which have led to the range of services currently being provided. This information will be provided to the managed care plans and APS to assist with their health risk assessments. Understanding the most prevalent diagnoses will help identify the resources that may provide an alternative to ADHC services. DHCS and CDA will continue to review these care plans for ADHC clients

authorized for fewer days of service and provide this information to health plans and APS and the ADHC centers.

DHCS will regularly issue communications to affected clients, ADHC program administrators, advocates, industry representatives, sister agencies and their local counterparts, and other stakeholders about the ADHC transition. Stakeholder participation is critical to the success of this transition's refinement. DHCS will engage stakeholders, including the Legislature, and involve them to develop an ongoing dialogue about the needs of the former ADHC clients so that together, a smooth transition can be ensured for these Medi-Cal beneficiaries.

August 5, 2011

Department of Health Care Services

Adult Day Health Care Transition Plan

Assembly Bill 97 (Chapter 3; Statutes of 2011) eliminated payment for ADHC services under the Medi-Cal program, and directed the Department of Health Care Services (DHCS) to develop and implement a transition process to facilitate Medi-Cal ADHC participants with accessing available community-based services that address their needs, keep them in the community, and minimize their risk of institutionalization (Welfare and Institutions Code sections 14589 and 14590).

To implement these goals, DHCS has the following objectives:

1. Assess ADHC participants' needs for long-term services and supports (LTSS) after the ADHC benefit is no longer covered by Medi-Cal.
2. Utilize existing health care and LTSS delivery systems and providers to deliver needed services on an ongoing basis.
3. Utilize managed care delivery systems to provide appropriate, ongoing services.
4. Cease payment for ADHC services effective December 1, 2011.

Groundwork and Planning

The first step was to obtain federal approval from the Centers for Medicare and Medicaid Services (CMS) for the State Plan Amendment (SPA) eliminating the ADHC Program as an optional Medi-Cal benefit. Initially DHCS submitted, and CMS approved, the SPA to eliminate the ADHC benefit, effective September 1, 2011. However, the DHCS director, using his administrative authority, postponed the elimination of the ADHC benefit until December 1, 2011 and submitted a conforming SPA to CMS. CMS approved this SPA, allowing California to claim federal financial participation for ADHC services through November 30, 2011.

Regular communication with stakeholders is critical to the success of this transition. DHCS has had, and is continuing, ongoing discussions with external stakeholders such as the California Association of Adult Day Services (CAADS), county In-Home Supportive Services (IHSS) representatives, Medi-Cal Managed Care plans, APS, Inc., TCM Consortium, and the California Association of Area Agencies on Aging (C4A). The department developed a website (http://DHCS.ca.gov/ADHCtransition) specific to the ADHC transition and is also using a comprehensive list of interested stakeholders to send them updated information on a periodic basis. DHCS will regularly issue communications to affected participants, ADHC program administrators, advocates, industry representatives, sister agencies and their local counterparts, and other stakeholders about the ADHC transition. 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, a smooth transition can be ensured for these Medi-Cal beneficiaries.

DHCS has convened ongoing meetings regarding the ADHC transition process with several of its partner departments, including the California Department of Aging (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 IHSS offices, Independent Living Centers, etc.) to inform them of the ADHC benefit elimination. Under the Health Insurance Portability and Accountability Act's (HIPAA's) care coordination provisions, DHCS is providing its partner departments with information about ADHC participants who utilize other Home and Community-Based Services (HCBS) programs so that these programs can anticipate the volume of reassessment requests that will be made over the next few months and effectively and timely manage this workload. In managed care counties, DHCS will work with the Plans to facilitate cooperation and collaboration between the Plans and the social service programs that can assist these clients to stay in their homes.

DHCS and CDA staffs have reviewed the Individual Plans of Care (IPCs) for 7,900 ADHC participants who receive four or five days of ADHC services per week. This review is revealing the most commonly recorded diagnoses which have led to the range of services currently being provided. ADHC participants often have many co-occurring diagnoses. Understanding the most prevalent diagnoses will help identify the resources that may provide alternative services. DHCS and CDA will continue the IPC review process for ADHC participants authorized for fewer days of service and provide this information to health plans and APS and the ADHC centers.

The results of these reviews are being communicated to appropriate state and local agencies for follow up. For example, 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 has sent information to DSS about the ADHC participants who also receive IHSS; DSS in turn has forwarded this information on to the affected counties so they may plan for reassessing ADHC participants who may need additional IHSS hours after the ADHC benefit is eliminated.

State and local entities are collaborating 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, IHSS, Medi-Cal Managed Care plans and fee-for-service (FFS) options, etc.] have been 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.

Services and supports available through Older American Act programs such as home delivered and congregate meals, social day care, and 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 through Area Agencies on Aging, Independent Living Centers, Adult and Disability Resource Connections, “Money Follows the Person” Lead Organizations, and other local groups.

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 DDS’ budget to ensure that DDS consumers receive other available services to avoid institutionalization.

The Current ADHC Landscape

Getting a current picture of ADHC center and participants is key to developing viable options for the ADHC transition process. Data about ADHC centers and participants come from a variety of sources-- Medi-Cal paid claims data, Treatment Authorization Request information, center reported enrollment and participant characteristics data, etc.—and is very difficult, if not impossible, to reconcile. However, these different data do provide an overall picture of ADHC.

- Attachment 1 displays data about the number of ADHC participants in each county, whether they are dually eligible for Medicare and Medi-Cal services, and whether they reside in a managed care or FFS county.
- Attachment 2 details the age and sex of ADHC participants.
- Attachment 3 displays several key characteristics that ADHC participants have.
- Attachment 4 displays data about what other Medi-Cal HCBS ADHC participants utilize.

Participant Discharge Planning and Outreach

Transitioning ADHC participants begins 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). On May 6, 2011, 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 letter additionally requested that the ADHC centers notify the state if there are participants for whom they cannot secure access to services. CDA is sending follow-up letters to the ADHC centers reminding them of their ongoing discharge planning responsibilities for ADHC participants, the importance of obtaining informed consent to streamline the referral process, information about local community-

based organizations that may provide transitional and ongoing services to ADHC participants, options for centers becoming eligible adult day care providers, and links to CDA and DHCS websites and phone numbers for more information.

In August, DHCS will undertake a special outreach and education campaign to inform ADHC participants about the elimination of the ADHC benefit, the importance of their providing informed consent to their ADHC centers to streamline the referral process, the alternative services available to them in their communities, through managed care, PACE, SCAN, FFS or waiver programs. ADHC clients eligible for both Medicare and Medi-Cal will begin receiving notification mailings the third week of August. This mailing will tell the member about the elimination of the ADHC benefit and provide information on managed care, and an enrollment packet to choose a plan within their county. The first week of September, a second mailing translated into preferred languages will go to the same ADHC clients reminding them to make a choice. At that time members who are enrolled in a health plan or who will remain in FFS will receive a notice about the benefit termination. This letter will provide information on managed care and other programs available. Additionally, a mailing will be sent to SPDs who are ADHC members and are a part of the SPD transition. It will inform them of the change to the ADHC benefit and encourage early plan enrollment, prior to their mandatory enrollment date, so that they can receive the health assessment and care coordination to transition from the ADHC.

Utilizing Existing Services

Currently DHCS provides Medi-Cal benefits to approximately 7.4 million Medi-Cal beneficiaries. Throughout California Medi-Cal is provided through either Medi-Cal FFS or Medi-Cal managed care. Approximately 3.1 million beneficiaries receive services in Medi-Cal FFS throughout the state with approximately 4.3 million beneficiaries receiving services in Medi-Cal managed care within 30 counties. The Medi-Cal managed care program provides a system, which emphasizes primary, preventive and acute care, including access to primary care doctors, specialty care doctors, comprehensive assessment, case management, care coordination, 24-hour nurse advice, and member services.

The Medi-Cal managed care program has three primary models of managed care. A Two-Plan operating with a local initiative and a commercial plan within the county. A County Organized Health Systems (COHS) operating a single health plan designated by the County Board of Supervisors, which currently provides managed care services to ADHC participants. A Geographic Managed Care (GMC) operating with multiple commercial plans within the county. In some counties, specialty plans, including Programs of All-inclusive Care for the Elderly (PACE) and the Senior Care Action Network (SCAN) provide all-inclusive care to beneficiaries meeting defined criteria.

The vast majority of ADHC clients (34,350 of 35,000) live in counties with Medi-Cal Managed Care. Thus, the major transition effort will center on encouraging and assisting with the enrollment of these clients into managed care plans starting October

1, 2011. In addition, most ADHC clients are eligible for both Medicare and Medi-Cal, receiving the bulk of their health care services through Medicare. Enrollment into Medi-Cal Managed Care will allow the participants to receive assessments, care coordination and case management through their Medi-Cal benefit – services they generally do not receive under Medicare or fee-for-service (FFS) Medi-Cal. Beneficiaries whose primary insurance is Medicare may disenroll from a Medi-Cal Managed Care plan at any time and return to FFS Medi-Cal. In Two-Plan and Geographic Managed Care counties, beneficiaries will receive an enrollment packet that informs them they will be enrolled into managed care on October 1st. The packet will include instructions on selecting a plan and the available services.

It should be noted that DHCS has embarked on a "dual integration project" with CMS. It is designed to bring people eligible for both Medicare and Medi-Cal into managed care plans that include the full spectrum of services from primary and acute care through long term care and supports as well as behavioral health. The move of these ADHC clients into managed care is a prelude to the statewide efforts that will occur after 2012.

Using an intensive outreach and education process, DHCS plans to inform dually eligible ADHC participants who do not live in COHS or FFS counties about enrolling in local managed care plans. Beginning in late August, ADHC beneficiaries will receive a notice that the ADHC benefit will be eliminated as of December 1st and an enrollment packet with instructions on selecting a plan, the available services, and how to disenroll from managed care should they so choose.

The enrollment campaign targeting dually eligible ADHC participants differs in one significant respect from the mandatory enrollment process for SPDs. Former ADHC clients may opt out of the managed care plan at any time. This is an allowable process under California's Medicaid State Plan and does not require amending the Section 1115 Demonstration project.

By enrolling into managed care, these beneficiaries will become the responsibility of the Medi-Cal managed care plans. The health plan will receive an enhanced per member per month capitation rate to provide the following plan services that will ensure that ADHC participants have the ability to continue to receive services in the community:

- Health Risk Assessment: A comprehensive health risk assessment conducted within the first 45 days of enrollment in the Plan. This will be accomplished while the participant continues to receive ADHC services. This assessment can be done in person or over the phone, depending upon the preference of the beneficiary.
- Care Coordination: During the months of October and November, beneficiaries may also continue to attend the ADHC. The Plans and the ADHCs will be able to confer and determine the best menu of services individualized to the beneficiary.
- Case Management: By working with the Seniors and Persons with Disabilities (SPDs) population, the managed care plans have gained considerable expertise in providing ongoing case management to medically complex individuals. The

Plans will assess the medical and social support needs of these beneficiaries and find providers or refer to services that meet those needs. This may include facilitating additional hours of service from their In-Home Support Services provider. In addition, it may include the direct provision and payment for specific medical therapies and other ADHC-like services that support avoidance of nursing home placement. The plan may choose to provide these services through an individual provider or through a contract with a former ADHC.

- Tracking and Reporting: Plans will track outcomes of former ADHC clients with the goal of holding the Plans accountable for reducing the risk of institutionalization to this membership.
- Finance: The Department will develop financial rewards and penalties based on the Plans' management of this population.

Several plans, including CalOptima and Health Plan of San Mateo, have already begun working with ADHC providers and beneficiaries to transition ADHC participants to other services. These activities among all health plans will increase over the coming months.

3,300 ADHC participants living in the COHS counties are already enrolled in managed care. COHS will reach out to ADHC centers in their catchment areas and work with them on assessing ADHC participant needs for ongoing services. COHS will use this information in their comprehensive assessment of the ADHC participants, and the plans of care, referrals, and care management activities resulting from the comprehensive assessments.

In addition, 3,000 ADHC clients who are eligible for Medi-Cal only will be mandatorily enrolled in managed care according to their birth month, as required under the state's 1115 waiver. While this process continues, DHCS will contact these members to give them the option to join managed care sooner, or to receive transitional care services through the FFS options.

There are other managed care options for those ADHC participants who are extremely frail or at high risk of nursing home placement. ADHC participants 55 years or older who meet Nursing Facility Level of Care criteria can be enrolled in PACE programs in Alameda, Los Angeles, Sacramento, San Diego, San Francisco, and Santa Clara Counties. Similarly, ADHC participants who are 65 years or older and are dually eligible for Medicare and Medi-Cal services can enroll in SCAN in Los Angeles, Riverside and San Bernardino Counties. SCAN provides an enhanced benefit package of long-term services and supports for its enrollees who meet the NF LOC criteria.

DHCS and CDA will work closely with ADHCs in their discharge planning processes to identify those ADHC participants at highest risk of institutionalization and to obtain the participants' informed consent to make referrals to Programs of All-inclusive Care for the Elderly (PACE) organizations or the Senior Care Action Network (SCAN). These referrals will allow interested participants the opportunity to easily find out if PACE or SCAN enrollment meets their comprehensive care needs, and will speed up the

assessment and enrollment processes so that these participants experience a smooth transition process and uninterrupted continuity of care.

In counties that do not participate in managed care, or when a beneficiary chooses not to participate in managed care, DHCS is expanding its contract with a current care management contractor, APS, Inc. to offer and pay for the same services (health risk assessment, care coordination and case management) as those offered by the Plans. Currently APS, Inc. provides comprehensive case management for persons with chronic health conditions in Butte, Shasta, Contra Costa, Sutter, El Dorado, Tehama, Placer, Yuba, Humboldt, and Sacramento Counties. APS Inc. also provides services for persons with chronic health conditions and serious mental illness in Kern, Stanislaus, Kings, Tulare, Madera, and San Diego Counties.

In addition to the services available through the managed care plans and APS, DHCS will:

- Work with counties to offer expanded IHSS hours where appropriate. The Plans and DHCS will identify ADHC participants who can transition to home with additional hours and work with counties to increase the hours.
- Expand the Multipurpose Senior Services Program (MSSP) to cover ADHC participants.
- Amend the In-Home Operations Waiver to 1) cover ADHC participants who are at an LTC institutional placement level (Nursing Facility B level of care), using their historic ADHC and other HCBS utilization to establish their individual budget caps under the waiver; and 2) allow ADHC centers to qualify as providers of In-Home Operations (IHO) services (case management, nursing, and personal care services).
- Add ADHCs as a provider type under the Nursing Facility/Acute Hospital waiver, allowing them to serve former ADHC participants who elect to receive some of their waiver services in a center environment instead of in their homes.

Transition Funding

The 2011/12 Budget Act provides $85 million general fund for transition services. In addition to the transition funding in the 2011/12 budget, $85 million general fund is provided in DHCS' budget base for future fiscal years to cover the costs of additional ongoing services needed by former ADHC participants. To the extent allowable, DHCS will draw down federal financial participation with these funds.

Potential uses for transition funding include:

- Paying ADHC claims through November, 2011.
- Providing enhanced capitation payments to Medi-Cal managed care plans for enrolling ADHC participants. These enhanced capitation payments will cover

additional assessment, care planning activities, the availability of ADHC-like services, and adjust for the higher levels of acuity of ADHC participants.

- Increasing the number of counties served by the APS, Inc. contract to provide comprehensive assessment, linkage to providers, and ongoing care management to persons with severe, chronic medical or mental health issues.
- Amending the IHO Waiver to cover 500 ADHC participants who meet the NF-B level of care, and allow ADHCs to be HCBS providers under the waiver.
- Amending the MSSP Waiver to increase caseload to serve eligible ADHC participants.

Options for ADHC Centers

DHCS, CDA, DSS and the California Department of Public Health are collaborating to implement Senate Bill 91 (Chapter 119, Statutes of 2011) so that existing ADHC centers can apply for and be granted licenses to operate Adult Day Programs through streamlined processes. On August 2, CDA sent an instruction letter to all ADHCs providing them with information on the processes.

DHCS' amendment to the IHO waiver will also propose to allow ADHC centers to qualify as providers of IHO services (case management, nursing, and personal care services) as prescribed in the individual's Plan of Care. DHCS will also add them as a provider type under the Nursing Facility/Acute Hospital waiver, allowing them to serve waiver participants who were not ADHC participants but who choose to receive some of their waiver services in a center environment instead of in their homes.

Some ADHC centers may contract with managed care or other social service organizations to continue to provide services such as protective supervision, social day care or respite care as part of a plan a care to avoid institutionalization.

August 5, 2011

OVERVIEW OF ADHC TRANSITION

AUGUST/ SEPTEMBER 2011

BENEFICIARY NOTICE & DISCHARGE PLANNING

REASSESSMENTS (if beneficiary is currently receiving the following)

Regional Center Services (RC)

In-Home Supportive Services (IHSS)

Multipurpose Senior Service Program (MSSP) Services

BENEFICIARY CHOICE

ADHC-like Services* Available via the Following Programs**

In-Home Supportive Services (IHSS)

In-Home Operations Waiver (IHO)

Multipurpose Senior Service Program (MSSP) Waiver

Independent Living Center (ILC) & Area Agencies on Aging (AAA)

OCTOBER 2011

BENEFICIARY PLAN SELECTION* (PACE, SCAN, Managed Care)

FEE-FOR-SERVICE (FFS)

OCTOBER 2011

Comprehensive Assessment (within 45 days of enrollment)

Comprehensive Assessment (within 45 days)

Services Available**

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

DECEMBER 2011

ADHC discharge & benefit elimination

Services Available**
- Primary/Preventive
- Acute
- LTC Facility
- HCBS, including ADHC-like services***

Services Available**
- Primary/Preventive
- Acute
- HCBS, including ADHC-like services***
- Other services as indicated

Services Available**
- Medicare wrap-around
- HCBS, including ADHC-like services***
- Other services as indicated

***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.**

Adult Day Health Care
Adult Day Health Care and FQHC/RHC providers
December 2010 by date of service
Claims adjudicated through the Medi-Cal Fiscal Intermediary
Note: Claims only reflect payments through May 2011 and cannot be considered completely reported.
Beneficiary County and Medicare Eligibility based on the Medicare status on the monthly Medi-Cal eligible record.

County	Count of Dual Medicare/Medi-Cal Eligibles	Count of Medi-Cal Only Eligibles	Total	GMC	2 PLAN	COHS	FFS
ALAMEDA	646	54	700		700		
AMADOR	1	1	2				2
BUTTE	42	8	50				50
CALAVERAS	1	1	2				2
CONTRA COSTA	170	39	209		209		
DEL NORTE	-	1	1				1
EL DORADO	1	1	2				2
FRESNO	568	299	867		867		
GLENN	3	1	4				4
HUMBOLDT	121	18	139				139
IMPERIAL	306	31	337				337
KERN	140	70	210		210		
LOS ANGELES	18,884	3,319	22,203		22,203		
MADERA	26	-	26		26		
MARIN	33	2	35			35	
MARIPOSA	3	-	3				3
MENDOCINO	25	2	27			27	
MERCED	76	10	86			86	
MONTEREY	3	-	3			3	
NAPA	39	6	45			45	
NEVADA	1	-	1				1

ORANGE	1,452	252	1,704			1,704	
PLACER	16	4	20				20
RIVERSIDE	342	133	475		475		
SACRAMENTO	624	201	825	825			
SAN BENITO	-	1	1				1
SAN BERNARDINO	433	170	603		603		
SAN DIEGO	1,948	593	2,541	2,541			
SAN FRANCISCO	1,216	91	1,307		1,307		
SAN JOAQUIN	28	7	35		35		
SAN LUIS OBISPO	9	2	11			11	
SAN MATEO	108	19	127			127	
SANTA BARBARA	34	7	41			41	
SANTA CLARA	762	58	820		820		
SANTA CRUZ	109	11	120			120	
SHASTA	45	6	51				51
SIERRA	1	-	1				1
SOLANO	44	7	51			51	
SONOMA	33	-	33			33	
STANISLAUS	78	37	115		115		
TEHAMA	1	1	2				2
TULARE	9	1	10		10		
TUOLUMNE	34	7	41				41
VENTURA	743	151	894			894	
YOLO	141	39	180			180	
YUBA	1	-	1				1
Total	**29,300**	**5,661**	**34,961**	3366	27,580	3,357	658

Adult Day Health Care
Adult Day Health Care and FQHC/RHC providers
CY 2010 by date of service
Claims adjudicated through the Medi-Cal Fiscal Intermediary
Monthly Count of Users
Note: Claims only reflect payments through May 2011 and may not be completely reported.

Service Month	Count of Unique IDs (based on CIN)
201001	33,903
201002	33,630
201003	34,542
201004	34,517
201005	34,368
201006	34,642
201007	35,087
201008	35,328
201009	35,301
201010	34,952
201011	35,089
201012	34,961

Attachment 2

ADHC Demographics - Paid Thru 04/25/2011

Run Date: 6/6/11

Service Period: 10/1/10 through 3/31/11

	Females, Ages 15-19	Females, Ages 20-24	Females, Ages 25-29	Females, Ages 30-34	Females, Ages 35-39	Females, Ages 40-44	Females, Ages 45-49	Females, Ages 50-54	Females, Ages 55-59	Females, Ages 60-64	Females, Ages 65-74	Females, Ages 75-84	Females, Ages 85+
Total	5	56	95	113	136	205	335	522	628	889	4,708	10,475	5,720

	Males, Ages 15-19	Males, Ages 20-24	Males, Ages 25-29	Males, Ages 30-34	Males, Ages 35-39	Males, Ages 40-44	Males, Ages 45-49	Males, Ages 50-54	Males, Ages 55-59	Males, Ages 60-64	Males, Ages 65-74	Males, Ages 75-84	Males, Ages 85+	Sum:
Total	3	108	173	261	253	322	493	699	712	798	2,472	5,254	3,007	38,442

	Females, Ages 15-19	Females, Ages 20-24	Females, Ages 25-29	Females, Ages 30-34	Females, Ages 35-39	Females, Ages 40-44	Females, Ages 45-49	Females, Ages 50-54	Females, Ages 55-59	Females, Ages 60-64	Females, Ages 65-74	Females, Ages 75-84	Females, Ages 85+	Sum:
Total	5	56	95	113	136	205	335	522	628	889	4,708	10,475	5,720	23,887

	Males, Ages 15-19	Males, Ages 20-24	Males, Ages 25-29	Males, Ages 30-34	Males, Ages 35-39	Males, Ages 40-44	Males, Ages 45-49	Males, Ages 50-54	Males, Ages 55-59	Males, Ages 60-64	Males, Ages 65-74	Males, Ages 75-84	Males, Ages 85+	Sum:
Total	3	108	173	261	253	322	493	699	712	798	2,472	5,254	3,007	14,555

Attachment 3

CALIFORNIA DEPARTMENT OF AGING
ADULT DAY HEALTH CARE BRANCH
PARTICIPANT CHARACTERISTICS REPORTED BY CENTERS
FISCAL YEAR 2010 - 11
As of June 30, 2011

COUNTY	Total Ptps Enrolled	Dementia	Mental Retardation or DD	Psych Dx	Incontinent (bowel and/or bladder)	Restorative PT and/or OT	Does Not Speak English	Requires Skilled Nursing Services
Alameda	712	313	15	236	303	8	457	590
Butte	71	28	7	41	26	52	1	43
Contra Costa	288	105	16	90	64	108	82	51
Fresno	1008	214	119	636	354	66	450	923
Humboldt	206	63	45	105	104	50	0	141
Imperial	320	130	5	128	117	0	247	94
Kern	274	31	63	130	21	141	25	192
Los Angeles	23603	5700	1085	11467	9447	13872	16793	18457
Marin	52	41	1	19	30	33	5	12
Mendocino	37	15	3	5	8	13	3	6
Merced	82	26	8	10	31	0	29	62
Napa	106	50	10	23	48	37	16	47

COUNTY	Total Ptps Enrolled	Dementia	Mental Retardation or DD	Psych Dx	Incontinent (bowel and/or bladder)	Restorative PT and/or OT	Does Not Speak English	Requires Skilled Nursing Services
Orange	2067	727	218	727	705	974	1068	1757
Riverside	556	88	71	373	195	22	170	336
Sacramento	545	149	52	224	356	218	280	411
San Bernardino	429	65	75	227	175	29	47	310
San Diego	2928	777	225	1298	870	1225	1181	1897
San Francisco	1198	393	24	641	671	582	1090	1206
San Joaquin	68	11	16	37	19	15	1	68
San Mateo	157	68	10	32	20	10	26	98
Santa Barbara	59	22	14	30	42	33	9	58
Santa Clara	1089	224	69	304	256	234	739	714
Santa Cruz	136	37	5	44	43	1	70	53
Shasta	64	20	4	24	34	30	0	64
Solano	36	6	10	26	6	23	2	0
Sonoma	43	22	1	27	16	42	2	22
Stanislaus	145	66	13	60	73	1	68	113

COUNTY	Total Ptps Enrolled	Dementia	Mental Retardation or DD	Psych Dx	Incontinent (bowel and/or bladder)	Restorative PT and/or OT	Does Not Speak English	Requires Skilled Nursing Services
Tulare	0	0	0	0	0	0	0	0
Tuolumne	48	8	3	19	17	0	0	20
Ventura	1125	156	80	564	400	882	500	783
Yolo	328	75	7	75	170	101	218	240
	37780	9630	2274	17622	14621	18802	23579	28768
		25.5%	6.0%	46.6%	38.7%	49.8%	62.4%	76.1%

Attachment 4

Medi-Cal Home and Community Base Services Caseload Overlap	Caseload	Nursing Facility/Acute Hospital Waiver	In Home Operations Waiver	Assisted Living Waiver	Developmental Services HCBS Waiver	Senior Care Action Network	Program of All-Inclusive Care for the Elder	Multipurpose Senior Services Program	Adult Day Health Care	In-Home Supportive Services/ waiver personal care services
In-Home Supportive Services	441,699	1,570	124	54	26,884	X	X	9,125	22,006	
Adult Day Health Care	36,750	4	0	1	4,000	X	X	914		22,006
Multipurpose Senior Services Program	9,498	X	X	X	X	X	X		914	9,125
Program of All-Inclusive Care for the Elderly	2,812	X	X	X	X	X		X	X	X
Senior Care Action Network	7,591	X	X	X	X		X	X	X	X
Developmental Services HCBS Waiver	92,076	X	X	X		X	X	X	4,000	26,884
Assisted Living Waiver	1,453	X	X		X	X	X	X	1	54
In Home Operations Waiver	143	X		X	X	X	X	X	0	124
Nursing Facility/Acute Hospital Waiver	1,995		X	X	X	X	X	X	0	1,570

Current point in time data as of July 2011