



Webinar: ADHC Discharge Planning Process September 28 and 29, 2011 Response to Questions



This document includes questions posed during and after the September 28 and 29, 2011, webinar on the ADHC discharge planning process. The webinar also included a presentation on completing the ADHC Discharge Plan form.

Additional questions may be forwarded to: adhc-transition@dhcs.ca.gov
You may also visit the ADHC website at: <http://DHCS.ca.gov/ADHCtransition>

General Questions about the ADHC Discharge Plan Form

1. Where do we submit the ADHC Discharge Plan form?

Send the original ADHC Discharge Plan form to:

Sacramento Medi-Cal Field Office
1501 Capitol Avenue, MS 4510
P.O. Box 997427
Sacramento, CA 95899-7427
Attn: ADHC Discharge

2. Is there an electronic version of the form?

The form is available online in Microsoft Word at <http://DHCS.ca.gov/ADHCtransition>.

3. Can we submit the ADHC Discharge Plan form electronically?

No. All ADHC Discharge Plan forms must be mailed to the Sacramento Medi-Cal Field Office.

4. Can the ADHC Discharge Plan form be handwritten if a computer is not available?

Yes.

5. What is the deadline to submit the ADHC Discharge Plan form?

Fully completed ADHC Discharge Plan forms postmarked:

- Now through October 15, 2011: Reimbursement \$60
- October 16 – November 30, 2011: Reimbursement \$30
- December 1, 2011, or later will NOT be reimbursed.

6. What if we have no time to complete these forms by December 1 when the program is eliminated?

The submission of the ADHC Discharge Plan forms postdated after December 1, 2011, will be used to obtain participant demographic, clinical and service information and to track each participant's health status and outcomes. However, those forms submitted after December 1 will not be reimbursed.

7. Can we have a sample completed form?

No. A sample completed form is not available at this time.

8. Is there a limit on the number of ADHC Discharge Plan forms that can be sent to the Medi-Cal Field Office at one time?

No. There is no limit on the number of ADHC Discharge Plan forms that can be sent at one time.

9. The evidence is on the Individual Plan of Care (IPC) form. Can we attach the IPC, rather than repeating all this information on the ADHC Discharge Plan form?

No. The ADHC Discharge Plan form must be completed in order to receive reimbursement. Reimbursement will not be given for uncompleted ADHC Discharge Plan forms. In addition, the form must contain current information which may not be reflected on the IPC.

10. The ADHC Discharge Plan form appears to be almost exactly the same as the CAADS Involuntary Discharge form. Should we be using the CAADS form in addition to the ADHC Discharge Plan form?

The ADHC Discharge Plan form is similar to the CAADS Involuntary Discharge form. However, ADHC centers must use the ADHC Discharge Plan form on the DHCS website in order to receive reimbursement.

11. CadCare has created a discharge form in their software. Can we use that form instead?

ADHC centers must submit a completed ADHC Discharge Plan form provided by DHCS in order to receive reimbursement.

12. The discharge plan form is still not available in CadCare, but we have a due date of October 15, 2011, for full reimbursement. Is there a possibility of extending this date?

ADHC centers must submit a completed ADHC Discharge Plan form provided by DHCS by the submission deadlines in order to receive reimbursement. A deadline extension is not available.

13. Are you considering this a recommended or a required form?

The ADHC Discharge Plan form is recommended; however, it is required in order to receive reimbursement.

14. How do you cross an item out on the electronic form?

If something is not applicable on the form, you may enter "N/A."

15. Where can I find the Community Resource Guide on your website?

There is a link to the Community Resource Guides online at <http://DHCS.ca.gov/ADHCtransition>. The link is under the section titled "Transition Materials." This link will connect you to the California Department of Aging (CDA) website where the Community Resource Guides are located.

Reimbursement / Completeness of ADHC Discharge Form

- 1. The \$60 is not nearly enough to do all these discharges. We pay \$40 per hour for our RNs and it takes them 3 to 4 hours to do one discharge form. Plus, we are running a center and the RNs have to do this at nights or weekends which we have to pay at 1 and half times their salary. How can we do this and run the center at same time?**

All ADHC centers are required to prepare discharge plans for their participants, but they are not mandated to use the ADHC Discharge Plan form in particular. However the ADHC Discharge Plan form is being requested since the information will be used to obtain participant demographic, clinical and service information and to track each participant's health status and outcomes. The ADHC Discharge Plan form is also required for reimbursement.

- 2. Do you have to complete the ADHC Discharge Plan form if you do not need the \$60 or \$30 reimbursement and just use your own center's form?**

No. However, it is recommended that you submit completed ADHC Discharge Plan forms for your participants since the information will be used to obtain participant demographic, clinical and service information and to track each participant's health status and outcomes.

- 3. Do we have to complete the "evidence" column on page 1 for each skilled intervention in order for the form to be deemed complete for payment?**

Yes. Each section of the form must be completed in order to receive reimbursement. If a section or question is not applicable, enter "N/A."

- 4. If we enter "unknown" for the date of referral will you still accept our discharge plan and will we get paid?**

Yes, as long as the form is completed.

- 5. If we mark "yes" for a risk factor, does the evidence column need to be completed for that specific risk factor to be deemed complete for payment?**

Yes.

- 6. How do we know that our ADHC Discharge Plan form is not fully completed after it is submitted to the field office?**

If the center fills out each section of the ADHC Discharge Plan form as requested, the form will be considered complete.

- 7. I just want to make sure that completing and submitting this form by October 15 for a participant for full reimbursement will not automatically discharge the participant before December 1. Please confirm.**

Participation in submitting each participant's ADHC Discharge Plan will NOT result in discharging the participants.

- 8. If the Discharge Plan is not completely filled out, will it be returned to the provider for completion?**

No, incomplete forms will not be returned and will not receive reimbursement.

- 9. Under Title 22, before all the ADHC centers close at the end of November, is each center allowed to use their own discharge form or must they use the discharge form that has been provided in order to get paid?**

A completed ADHC Discharge Plan form is required for reimbursement. The form is available online at <http://DHCS.ca.gov/ADHCtransition>.

- 10. If ADHC continues to be open beyond November 31, will the participants be able to attend ADHC even if we have submitted the discharge plan forms?**

Yes.

Legality of the ADHC Discharge Plan Form / Future Court Hearing

- 1. Is the ADHC center mandated to submit the ADHC Discharge Plan form?**

No. The ADHC Discharge Plan form is not required or legally mandated. It is being requested.

- 2. Will the ADHC Discharge Plan form be used as evidence in the November 8 court hearing?**

No.

- 3. You indicated that some of the information is optional. Which information is mandatory?**

All of the information on the ADHC Discharge Plan form is required in order to receive reimbursement.

Questions Related to Developmentally Disabled Participants

- 1. Do we need to submit discharge plans for the non-Medi-Cal (DD, etc.) population?**

No, unless they are being discharged from your facility.

- 2. Do we have to discharge developmentally disabled clients even if they will be attending our program as private pay after December 1?**

No.

ADHC Discharge Plan Form: Page 1

- 1. What should I enter in the “Medi-Cal Client Index No” section?**

The Medi-Cal Client Index Number (CIN) is a unique number assigned to a Medi-Cal recipient. The Benefits Identification Card (BIC) contains the CIN. Please insert the BIC or CIN in the Medi-Cal Client Index Number section. Some Medi-Cal Identification numbers contain the county and aid code and then the CIN. Any of these numbers may be used to identify the recipient.

- 2. What is the difference between the skilled services needed in Section A on page 1 and the Summary of Needs in Section C on page 3?**

Page 1 lists the medical diagnoses and required skilled intervention. Page 3 asks for the different services needed and potential sources for providing that care in your community.

- 3. If a participant is currently being followed by a psychiatrist, do we need to state that the participant needs skilled services of a psychiatrist in Section A? Does this need to be repeated in section C as service needs?**

Yes.

- 4. Are we supposed to use Section C to refer the participant to an agency for service even though it is not identified as a skilled need in Section A?**

Yes. Section C involves referrals for all types of providers.

- 5. For Section A, column 6, physical therapy (PT) and occupational therapy (OT) should not be listed because they are not skilled services, correct?**

If it is for maintenance therapy, then no. But if it is for restoration or rehabilitation for a participant recovering from a condition, then yes, these services need a skilled therapist.

- 6. Are maintenance physical therapy and maintenance occupational therapy considered skilled services? Should they be included in the plan?**

See Question 5 above.

- 7. What should we put as the anticipated date of discharge from the ADHC center?**

The date you anticipate the recipient will be discharged. If unknown, enter unknown.

- 8. The date of discharge should be unknown instead of December 1, 2011, correct?**

Either answer indicates the anticipated date is unconfirmed.

- 9. If the participant has an IHSS caregiver, are they considered as residing alone?**

Not necessarily. If the participant's IHSS caregiver lives with the participant, then the participant is not living alone.

- 10. If the participant lives with his/her spouse, is it considered as living alone or with a caregiver?**

If the participant is living with his/her spouse, then he/she is not living alone. He/she is living with someone who could be the caregiver. If the spouse is unable to care for the participant, then add a statement clarifying this on the form.

- 11. If we have a participant who rents a room and there are others in the same household but not related to him, would that be considered as residing alone?**

No.

- 12. I am still confused. We have a participant who lives with his elderly spouse. He does not live alone and the spouse is not the caregiver. What box do we mark?**

If a participant lives with his spouse, then he is not living alone and is considered as living with someone. If the participant's spouse is unable to provide needed care and supervision, then please add in that the participant is living with a spouse who is unable to care for him.

13. Some of our participants live with a spouse and family who are not their caregivers. Thus, they do not live alone or live with caregivers. What should we mark?

Enter that they are living with caregivers since it is the best fit and because they have someone there that can provide immediate care if needed. You may want to clarify the participant's living situation in the "Summary/Additional Information" section on page 6.

14. In Part A, we have a very small field to state the "Significant Diagnoses Requiring Skilled Intervention." This is something that can be obtained from the IPC; however, the space we are given in the form is minimal. Do you want just a summary, or the actual significant diagnoses? In other words, is it expected that we can fill this with a simple phrase, or is a detailed diagnoses needed?

The ICD-9 code (entered in column 1) defines the diagnosis that is entered in the "Significant Diagnoses Requiring Skilled Intervention" section (column 2). If a diagnosis needs more detail, enter a short description/explanation.

15. What if the participant has urinary incontinence but has not been diagnosed with it? Intervention is still required, but we cannot put it in Section A.

Correct. However, you should make a referral to the primary care physician.

16. Should the required intervention in Section A be the same as the information in the current IPC?

Yes, for some of the interventions.

17. For part A, should the recommended frequency be the same as it is IPC?

Yes, unless it has changed.

18. What is the Record ID Number?

Many ADHC providers assign a number for each participant's health record for confidentiality purposes. If your center does not assign a record number, then enter "N/A."

19. Can we add more rows if there are more than 5 descriptions for intervention?

Yes.

20. Sometimes the intervention is not related to the diagnosis because it is actually a nursing diagnosis. How do we treat those interventions? Or it could be fall risk.

It could be a fall risk or it can be included under Section C and come under a nursing diagnosis.

ADHC Discharge Plan Form: Page 2

No questions were received for page 2.

ADHC Discharge Plan Form: Page 3

1. How are we supposed to know the potential agency/provider?

The service needed should dictate the provider category. For example, insulin shots would need to be given by a home health nurse, and the provider category would be home health.

2. What do you mean by provider category in Section C?

Provider category would include category of service such as IHSS, pharmacy, physical therapy (PT), occupational therapy (OT), Meals on Wheels, etc.

3. Do you have a list of provider categories, or are we making up our own?

You can use your own choice of categories.

4. Managed care will not contact our clients before October 15, so how are we supposed to submit the ADHC Discharge Plan form with a date of referral and service available? We also do not know what managed care our clients are all in.

Managed care does not need to contact the participant in order for the center to complete the ADHC Discharge Plan forms. This is the center's determination about what services the recipient needs and who could potentially provide that service.

5. Recommended treatment can include assessment, education, monitoring, and crisis intervention. How do we address insulin injection daily?

You should work with your participant's primary care doctors to find the best alternative service in the community possible for your participants who require daily insulin injections.

6. Most of our patients receive maintenance therapy. There are no providers available for these participants, so how do we complete the "Provider Category" or "Potential Agency/Provider" columns? I would assume we enter "nothing available" and then include an explanation in the last column.

If there is nothing to refer the recipient to, then entering "nothing available" is appropriate. Either the service is not available or the provider cannot handle the additional workload. Any description of why a particular referral will not work is helpful.

7. For the date of referral column in Section C, what date should we enter?

The date contact was made with an actual entity, or the date that you attempted to make contact with an actual entity.

8. For the referral sources in the community, column 3 on page 3, can we use the managed care plan for all referrals since they are taking responsibility for the patient anyway?

Yes, if that is all that is available. However, you should be aware of alternative service providers in your area and refer accordingly.

9. Is the Medi-Cal Managed Care Plan one of the Potential Agency/Providers?

Yes, if nothing else is available to meet the recipient's needs. However, you should be aware of alternative service providers in your area and refer accordingly.

10. What if there is no referral source for a participant?

Then enter "none" on the ADHC Discharge Plan form.

11. Do service needs refer to specific services such as rehab, therapy, IHSS, etc.?

Yes.

12. Can you give an example of Section C?

Column 1: medication management. Column 2: pharmacy. Column 3: RiteAid.
Column 4: Pill-Paks. Column 5: date contact was made.

13. How far in advance do we have to refer participants to the services we identify? Meaning when do we have to give them these referrals by?

You should begin working on referrals and start dates as soon as possible. Doing so does not mean the person has to be discharged, just made aware of what services are available and when they may want to start. Once the participant has given approval that information can be shared with the potential referral, then a start date can be discussed.

14. Are the ADHC centers responsible for the outcome of the referrals per service needed?

No.

15. What if there are no available resources? Is putting "unavailable" sufficient?

Yes, but clarify if the service is not available or it does not meet the person's needs.

16. Please provide us with a list of Potential Sources of Care in Community.

There is a link to the Community Resource Guides online at <http://DHCS.ca.gov/ADHCtransition>. The link is under the section titled "Transition Materials." This link will connect you to the CDA website where the Community Resource Guides are located.

ADHC Discharge Plan Form: Page 4

1. On page 4, question 5, if we check "board and care/residential care facility," does it mean that no referral is needed on page 3?

No, not if the recipient is not residing in one. Referrals need to be made to those agencies that have the authority to place the recipient into one.

2. On page 4, question 4, does the overall prognosis for successful outcomes post-ADHC mean the outcomes pertaining to IPC goals successfully met without ADHC services?

Yes.

3. Do we need to MDT each participant for the discharge plan?

Yes. Title 22 regulations require the assessment team/multidisciplinary team (MDT) to participate in discharge planning. In addition, the MDT consists of many professional staff who are familiar with each participant and can properly identify the participant's current needs and possibly identify community resources that would best address those needs. However, if a reassessment has been recently done for the TAR submission, that information may serve as the MDT referral if is pertinent and current.

4. If the MDT recommends skilled nursing facility placement upon discharge, what is the center's responsibility after that? What is the next step?

The next step is to connect the recipient to the responsible party for prescribing and assisting in arranging that admission. A doctor has to prescribe skilled nursing facility placement so that would be the first step.

ADHC Discharge Plan Form: Page 5

- 1. Just a comment: The medication list on the ADHC Discharge Plan form is likely to have changed by the time the individual is discharged.**
Yes, the medication regimen may change prior to the participant's discharge date.
- 2. You mentioned that we can attach the current medication from the IPC. Does "current" mean the information within the past six months?**
Current means the medications that the participant is currently taking. Much can change in six months so the IPC may not contain the participant's current medication list.
- 3. Do the dosage strength and frequency columns need to be filled out? This information is optional on the current IPC.**
Yes. The dosage strength and frequency columns must be completed.

ADHC Discharge Plan Form: Page 6

- 1. What kind of information do you want written in the summary?**
Use the "Summary/Additional Comment" section for information regarding facts pertinent to the participant that are not indicated elsewhere in the form. Enter brief, clear, and concise information.

ADHC Discharge Plan Form: Page 7

- 1. Many times participants have family members who sign forms for them, but there are not any formal/legal papers on file.**
It is the facility's responsibility to make sure the Protected Health Information release form is completed.
- 2. What is placed on the release form if the person is not in managed care or has chosen not to join a managed care plan?**
You may enter "Not Applicable (N/A)." In addition, Page 7 was recently revised. The section that asks for the name of the managed care plan has been omitted from the form and is no longer required.
- 3. If the legal authority is unclear, do we have the beneficiary sign the authorization form?**
Always have the beneficiary sign the release form if they are competent to do so.
- 4. What if the participant is not willing to sign the Authorization for Release of Protected Health Information form?**
Line through the form and write "Declined to Sign" or "Refused to Sign", so we know you requested the participant's signature.
- 5. Can centers use their own release of information forms and still be reimbursed?**

No, the release of information form attached to the ADHC Discharge Plan form has the required information DHCS needs in order to release information.

6. On page 7, what needs to be entered in the “Name of Managed Care Plan” section?

You may enter “Not Applicable (N/A).” In addition, Page 7 was recently revised. The section that asks for the name of the managed care plan has been omitted from the form and is no longer required.

7. Should a line be drawn through the release form that has the participant's name on it?

Yes, but only if the participant refused to sign the form.

Other Questions

1. Regardless of the outcome of the November 8 court hearing, is it a good idea to complete the discharge plans now, even if we decide not to submit them?

Yes. It is always good business practice to be prepared, in this case, for discharge. If the participant should end up being admitted to the hospital or having an unforeseen event occur, then documentation related to his/her needs or medications is very important to be able to share with the provider.

2. If managed care plans are asking centers for patient information directly, should we refer them to DHCS for the discharge form information?

The ADHC Discharge Plan form will be shared with the appropriate entity; however, ADHC centers should work directly with the managed care plans.

3. What happens if the person has not chosen a managed care plan?

They will remain in Fee-for-Service (FFS) with the DHCS contracted care coordinator, APS, handling the assessments.

4. What if the person has decided to remain in Medi-Cal FFS?

In some counties participants have the option to remain in Medi-Cal FFS. The DHCS contracted care coordinator, APS, will handle the assessment.

5. Since when have IHSS providers been able to administer insulin by injection?

Usually, the IHSS provider does not administer insulin injections unless the family member is the IHSS worker or has been specially trained to administer it.

6. We were told that managed care would be doing the referrals for potential agencies and providers.

That is correct. However, when completing the ADHC Discharge Plan form, ensure you enter the potential agencies and provider referral sources in the participant’s community that you feel best meet the participant’s needs.

7. What if patient has signed up with a health plan? Would that be the potential provider?

Yes.

- 8. Perhaps a caution regarding not referring to programs that cannot address the frailty of the individual would be in order; i.e., regular exercise programs in our community are not suited to our frail participants.**
Not all the participants in ADHC are frail and not all ADHC recipients are elderly. Some would benefit from an exercise program.
- 9. If the managed care plan is going to request the discharge plan and be responsible for the individual, why are they also being submitted to the field office?**
The ADHC Discharge Plan form contains information important for tracking and monitoring the individual over time.
- 10. What services will APS Healthcare provide after assessing?**
APS coordinates care. They do not provide services. APS will also be providing the assessments to Los Angeles county ADHC beneficiaries as well as Health Net members throughout the state.
- 11. Will home health services be made available over the long term for individuals who need insulin injections?**
If services needed are medically necessary and prescribed then there is coverage for this.
- 12. Is Accu-chek part of assessment?**
No, it is considered monitoring.
- 13. Please discuss participants with psychiatric diagnoses and their provider category.**
The provider category for participants with psychiatric diagnosis may include pharmacy, IHSS, meals on wheels, psychiatric services via their personal psychiatrist, county mental health programs, etc., depending on their identified needs.
- 14. How do we separate the services available for Medi-Cal – Medicare participants and Medi-Cal only participants?**
You do not. The ADHC Discharge Plan form is about what the participant's needs are, not what the insurance will cover.
- 15. What happens if a center doesn't submit their discharge plans to DHCS and decides to do their own discharge planning?**
The participant's information will not be available to DHCS for tracking purposes if an ADHC Discharge Plan form is not received for the participant.
- 16. Home health agency intervention is short-term and will not provide daily injections. IHSS providers are not skilled and often don't show up. These people have nowhere to go and may die depending on the type of injection they need.**
Then a referral to the participant's primary care provider (or locating a primary care provider), or working with the managed care plan would be important part of the discharge planning.
- 17. Explain, please, why some participants have not received any letters about managed care. How do they know if this is correct or in error?**
When identified, DHCS has found that the participant has been notified but chose not to share the information with their ADHC provider.

18. Earlier in the month there was a plan for the centers to fill out and submit the first five pages of the IPC. Is that still so?

No, only the ADHC Discharge Plan form created by DHCS is being requested.

19. Do you really think ADHC will be terminated as of December 1?

It is unknown what will be decided at the court hearing. At this point, the ADHC center should plan for the elimination of the ADHC Medi-Cal benefit to ensure that every effort has been made to get the participants connected to available services and assistance.

20. How about Alzheimer's participants who cannot get into a skilled nursing facility (SNF)?

You may contact the Alzheimer's Association, or access the Community Services Resource Guides located online at <http://DHCS.ca.gov/ADHCtransition>.

21. I cannot find available resources for my Alzheimer's and dementia patients. Their family members are not willing to admit them to a SNF. Where can I refer them to?

You may contact the Alzheimer's Association, or access the Community Services Resource Guides located online at <http://DHCS.ca.gov/ADHCtransition>.

22. For participants with mental retardation, where they can be discharged?

They can be discharged to a regional center with a referral to a day program that has experience working with developmentally disabled individuals. It depends on what their problem is and what is available in the community.

23. There was a memo sent out for an extension of the ADHC Medi-Cal benefit to March 2012. Has that been approved?

No.

24. Do we complete a discharge form for the Medi-Cal participants who might be able to receive a scholarship from the agency?

Yes. ADHC centers are asked to complete the ADHC Discharge Plan form for all Medi-Cal participants.

25. Is the In-Home Operations (IHO) Waiver application sufficient enough to be a discharge plan or do we need to fill out both.

These are two separate forms with two different purposes. The ADHC Discharge Plan form will be used to ensure the participant has assessments and referrals for the services they will need once ADHC is eliminated. DHCS will reimburse the facility for completing and submitting the ADHC Discharge Plan forms (see page 1 for submission deadlines and where to mail the completed forms). The IHO Waiver Application is used to verify if the person qualifies for the IHO Waiver. Both forms need to be completed if you have a participant who you think may be eligible for the IHO Waiver.

26. If a participant voluntarily discharges from the program between now and November 30, do we still have to submit a discharge plan for him/her?

Yes. If participants are being discharged, voluntarily or involuntarily, a discharge plan should be completed. DHCS will reimburse centers that complete and submit discharge plans for their participants prior to December 1, 2011 (see page 1 for submission deadlines and where to mail completed forms).

27. If a center plans to continue to offer services to a participant after December 1, does Medi-Cal still ask that we complete a discharge form?

If Medi-Cal is no longer covering the benefit, then a discharge plan is recommended.

28. Did you say that it will not affect a participant's eligibility even if we submit this form?

Yes. Submitting the ADHC Discharge Plan form will not affect a participant's eligibility.

29. Per Title 22, what is the discharge form used for FFS participants.

There is no discharge form in Title 22. ADHC providers customarily have developed their own forms, including discharge forms. However, with the elimination of the ADHC benefit, DHCS has asked that ADHC providers supply specific information related to the discharge by completing the ADHC Discharge Plan form. The form is available online at <http://DHCS.ca.gov/ADHCtransition>.

30. Does your ADHC Discharge Plan form violate HIPAA? The participants have not acknowledged or have not been involved with the plans. What are we planning ahead for them before discharging them?

No, but the form contains protected health information. DHCS is making every effort possible to receive, use and share the information when necessary without compromising the participant's choices or confidentiality.

31. If for some reason the ADHC Medi-Cal benefit is extended to March 2012, but the discharge form indicates an anticipated discharge date from the ADHC center of November 30, 2011, what happens then?

Nothing changes for the participant. As long as they meet the eligibility criteria they may attend until the ADHC Medi-Cal benefit is eliminated.

32. After submission of the ADHC Discharge Plan form, when do we need to discharge the participant?

The participant should be discharged when the ADHC benefit is eliminated or whenever they no longer meet the ADHC criteria.