

CCT Monthly Roundtable | MINUTES

Meeting Hours: 2:00 PM – 4:00 PM
2:00 PM – 3:00 PM CCT
3:00 PM – 4:00 PM CCA ALW

Date: 1/5/2016

Conference Phone Line

*Line Phone Number: (877) 929-7616

*Participant Code: 6918960

Standing Updates:

- Review of Minutes/Action Items
 - Guidance Letter #15-009 regarding reimbursement for PERS under CCT was emailed out on November 10, 2015.
 - We had a question about whether or not managed care plans will cover the cost of a PERS during the last roundtable meeting. We followed up with our Managed Care Operations Division and was informed that managed care plans evaluate the requests for PERS on a case-by-case basis. The Medi-Cal member must work with their managed care plan or their primary care physician to assist in their request for a PERS. Medi-Cal is always the payer of last resort so managed care plans often work with other community programs or organizations who can cover the cost of a PERS.
 - We received a request during the last roundtable meeting for the PowerPoint presentations that were used during the October training. Training PowerPoints have been added to the website. Please access these PowerPoints as needed and be sure to share with your staff.
 - Review of Minutes/Action Items from 11/3/2015 meeting – no comments or changes.
- Forms Submission
 - LTCD would like to remind LOs that they are required to utilize current forms posted on website. LOs are also required to use current consolidated Assessment tool provided by LTCD.
 - Bruce Morgan (DMC) why is the assessment tool not on the website?
 - Joseph Billingsley (DHCS) because the assessment tool contains algorithms and formulas that cannot be shared.
 - Thomas Gregory (CIL-B) Can we post the version date on the website so LOs know which version to be using?

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- Joseph Billingsley (DHCS) Yes. We will send out the most current copy to LO's following the meeting
- Policy/Guidance Letters
 - CCT Guidance Letter # 15-008 on qualified housing has been sent out with the meeting materials and will be posted online. The purpose of this guidance letter is to provide you with CMS's guidance on the Money Follows the Person (MFP) requirements for qualified housing.
 - Norma Vescovo (ILC-SC) if staff have questions, need clarification or are requesting TA, where can they get immediate answers from CCT staff so they are not wasting time on transitions? For example 20 hour TARS.
 - Joseph Billingsley (DHCS) 20 hour TARs should include the SNF face sheet, the assessment and the initial transition and care plan. LOs can also submit the 100 TAR immediately after submitting the 20 hour TAR. If enrollment into CCT is not feasible or denied, LOs can bill actual hours spent for enrollment activities.
 - Norma Vescovo (ILC-SC) Enrollment activities entail a lot of more work than the 20 hours given, need more clarification, time for assessments, paying for staff and nurses. If there is staff that will respond to questions up front, time would not be wasted. For example is client eligible? If a client is an immigrant and granted temporary Medicaid eligibility. We would not waste time continuing to transition client if it is known that the client is not eligible up front.
 - Joseph Billingsley (DHCS) contact is very important at LTCD. We try our best to keep lines open to LOs. Karli Holkko or Alice Chan can be reached with any questions. Did you reach out to CCT staff regarding your question?
 - Norma Vescovo (ILC-SC) yes but no answer. That is just one example. There are other situations.
 - Joseph Billingsley (DHCS) if issues arise on a case by case basis, it may be best to schedule a call with CCT project staff. You can also send an email to the CCT inbox.
 - Doug Micetich (SVILC) 20 hour TAR – can we bill for time spent if participant does not transition?
 - Joseph Billingsley (DHCS) yes, as long as you've completed the assessment tool and ITCP. You can bill for the time spent.
 - Thomas Gregory (CIL-B) if client does not have eligibility we cannot bill?
 - Joseph Billingsley (DHCS) Yes, if the client does not have Medicaid eligibility you cannot bill.
 - Doug Micetich (SVILC) what if the client is discharged to a board and care facility?
 - Joseph Billingsley (DHCS) depends on what kind of facility. If you still can work with the client to transition then yes. It's a case by case basis.
- Housing/811

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- Housing updates

Topics:

1. CCT Billing Updates

- Joseph Billingsley (DHCS) We made some updates to our billing processes recently. A memo highlighting these changes was emailed out on December 21.
- Joseph Billingsley (DHCS) We would like to clarify that service code G9012 with modifier **U7** should be used when submitting an enrollment TAR. The LO only has to submit the TAR for one unit if using the U7 modifier and no longer has to submit the TAR for 20 units. If the TAR is approved, the LO only needs to submit one claim and bill for the full amount of \$908.60. If the DHCS Nurse determines that enrollment into CCT is not appropriate, the TAR will be denied and the CCT LO must resubmit the TAR utilizing service code G9012 with modifier **U6** and bill for the number of hours spent working with the client. This is also true for clients the LO determines not to be appropriate for the program or who decide not to continue with the program. The LO can submit a TAR for the hours worked but must use service code G9012 with modifier **U6**.
- Joseph Billingsley (DHCS) Are there any questions about these changes/updates?
- Julie Lehmann (HHCM) we are unable to bill for 15 minutes increments. Xerox is still paying the hourly rate per unit.
- Joseph Billingsley (DHCS) what code is that?
- Julie Lehmann (HHCM) G9012 U6 for 15 minute increments. The code did not change, and 1 unit equals 1 hour. 1 unit should equal 15 minutes.
- Joseph Billingsley (DHCS) we will follow up with Karli Holkko and Xerox on status and will send an update to everyone.
- Doug Micetich (SVILC) can you please explain the new procedure for the Home set-up TAR? How do we submit claims to Xerox to bill against that TAR for the full amount?
- Joseph Billingsley (DHCS) the direction we received from Xerox was that the LO only needs to submit the TAR for one unit and indicate the type of housing. Our nurses will modify the TAR into a pricing TAR and the LO can bill multiple times against this TAR up to the pre-determined cap (for example, this amount is \$5,000 for a new apartment). This is the direction we have received from Xerox and we are following up to confirm this information with another source. Please let us know if you experience something different when billing for Home Set-Up.
- Doug Micetich (SVILC) how do we attach a TAR to Xerox to bill for that? Do we send the original TAR to Xerox?

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- Joseph Billingsley (DHCS) Once the TAR is approved, nurses can modify the TAR up to the soft cap. There is no attachment needed. You have to bill against the approved TAR. Hard caps for \$7500 need justifications. Receipts and documentation should be kept on site in case of review.

2. Timeframe for Submitting Assessment Tool

- Joseph Billingsley (DHCS) The assessment tool must be submitted 90 days from the date the assessment is signed by the RN. We will be drafting a policy letter to put this requirement in writing but we wanted to mention it today on the roundtable call. Are there any questions or comments about this requirement?
- Laura Liesem (IOA) because of billing, turnover, recruiting for replacement or client moving from one place to another it is hard to get assessments completed and submitted in 90 days.
- Doug Micetich (SVILC) moving from one SNF to another is also an issue.
- Joseph Billingsley (DHCS) we will discuss internally and prepare a policy letter for comment. We will hold this discussion until the next roundtable.

3. Submission of FTCP

- We would like to remind the CCT LOs that the FTCP must be attached to the post-enrollment or “50 hour” TAR and must be submitted to DHCS 2 weeks before the CCT Enrollee transitions.
- Bruce Morgan (DMC) submitting the FTCP two weeks before the transition date is difficult because a lot can change in two weeks.
- Julie Lehmann (HHCM) the physician signature is also hard to get.
- Thomas Gregory (CIL-B) will a signature from the institutional physician be OK on the FTCP?
- Joseph Billingsley (DHCS) we are currently working on a policy letter to address the community physician requirement. During the interim a community physician signature on the FTCP is not required but is highly recommended.
- Bruce Morgan (DMC) we cannot get a community doctor to sign off on the transition if they have never seen the member before.
- Nichole Kessel (DHCS) the community doctor cannot approve or sign the care plan. Physicians should sign to say they will take them in under their care. The policy letter will clarify this further. We are also continuing to work with our partners in Managed Care for guidance on securing community physicians within Managed Care Plan networks.
- Julie Lehmann (HHCM) Northern California does not have many Managed Care Plans.

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- Joseph Billingsley (DHCS) we continue to work with Managed Care to address these issues. The draft policy letter will go out to LOs for review and comment prior to implementation.
- Doug Micetich (SVILC) as for the FTCP, what if it is a quick move to an apartment?
- Thomas Gregory (CIL-B) what if there is no address available?
- Mark Kunz (SCAN-IAH) I'm having the same issues.
- Nichole Kessel (DHCS) It is important to try and submit the FTCP with the post-transition TAR two weeks prior to the transition. This is to allow the DHCS nurses time to evaluate the FTCP and ensure that all the necessary services are in place. We understand that every transition is different and there are always exceptions. It is important to communicate with your nurse when situations arise that make it unfeasible to submit the FTCP prior to the transition date.

4. CCT Training

- We conducted another in person training for CCT on December 10 and 11 here in Sacramento. Thank you to those who were able to attend the training. As mentioned earlier, our training PowerPoints have been added to the website. We will be conducting another training this week on January 7th in Ventura for the Independent Living Resource Center and are looking to schedule another in person training in Southern California in late February. If you re interested in attending the training in late February please send Karli or Mary an email.

5. HCBS Workgroup Update

- We held our third HCBS advisory workgroup meeting on December 4th. Thank you to those who attended and presented at the meeting. The focus of this meeting was on person centered planning and the goals of this meeting were to present the guiding principles of person centeredness; discuss how to strike a balance between individuals' wants and needs; examine strategies that can be used to adhere to person-centeredness when there are limited community resources/options; and discuss and provide recommendations on how to ensure person centeredness within the CCT transition process.
- The fourth meeting in this workgroup series is scheduled for March 2, 2016. The focus of this workgroup with be to review the discussions from the previous workgroups and talk about the processes we have put in place to enhance the CCT program.

6. Pre-Enrollment Costs Survey

- Joseph Billingsley (DHCS) sorry but have to wrap up. We have gone over time. But would like to quickly go over topic #6 the Pre-Enrollment Costs Survey. We

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would like to get a better understanding of the costs associated with enrolling participants into the CCT program. This includes the time it takes to perform the initial assessment, develop the care plan, and conduct follow up visits. We would also like to know the classification of staff utilized to perform these activities, their hourly rate and your average percentage for overhead. We have developed a survey and will be sending it out this week. We would like to ask that each LO please take the time to fill it out. The more responses we receive, the better it is for us to understand these costs.

Action Items:

- Send out current CCT assessment tool
- Follow up on 15 minute billing increments issue with Xerox