



Webinar: Eligibility Criteria for NF-B Level of Care Response to Questions



This document includes questions posed during and after the August 31, 2011, webinar on eligibility criteria for Nursing Facility-B (NF-B) level of care. The intent of the webinar was to provide guidance on how DHCS determines NF-B level of care to help Adult Day Health Care (ADHC) center nurses decide whether ADHC participants may qualify for the In-Home Operations (IHO) Waiver.

Additional questions may be forwarded to adhc-transition@dhcs.ca.gov.

1. Is the initial assessment for participants who meet eligibility requirements for the IHO waiver, or will it apply to all participants enrolled in the center?

The intent is for ADHCs to complete initial assessment reports ONLY for participants who may meet NF-B level of care, and therefore may be eligible for the IHO Waiver.

2. How does one apply for IHO waiver services?

The best way for ADHC participants to apply for the IHO Waiver is for the ADHC center nurse to complete the initial assessment report and forward it to DHCS using the "Cover Sheet for Initial Assessment Report" posted on the website at <http://DHCS.ca.gov/ADHCtransition>.

3. What are the eligibility requirements for the IHO services?

Waiver participants must meet the NF-B level of care criteria, and they must be receiving ADHC services at the time the program is eliminated or when the participant's ADHC center closes.

4. What is the difference between the IHO Initial Assessment Report and the Discharge Plan form on Cadcare, and do they both need to be filled out?

The Discharge Plan form is a document that the ADHC center must complete and submit to the DHCS Sacramento Medi-Cal Field Office. The IHO Initial Assessment Report is intended to be completed by an ADHC center nurse if a referral is being made to the IHO waiver. DHCS will then determine whether the participant meets NF-B level of care, which would make him or her eligible for the IHO Waiver. The submission of a completed Discharge Plan form is required for reimbursement. The Discharge Plan form and the Initial Assessment Report are available online at: <http://DHCS.ca.gov/ADHCtransition>.

5. As a center we would like to request an application to become a provider of IHO waiver services and a provider of Nursing Facility/Acute Hospital waiver services.

ADHC centers will be provided information about these processes once provider enrollment begins.

6. In Western Contra Costa County, what services are available for our participants to be referred to other than MSSP, IHSS and CCHP?

Your county's local representatives are the best resource for learning about available services. ADHC centers should already be connected to community-based organizations dedicated to serving individuals of all ages and abilities.

7. Please advise when the recorded webinar will be available online.

The webinar is available online at: <https://www1.gotomeeting.com/register/737410384>. The webinar recording will be available online until approximately Friday, December 9, 2011. It is important to know that the time it takes to buffer will vary depending on the speed of the personal computer and that the sound does not begin immediately.

8. Can a client be enrolled in both managed care and the IHO waiver?

Yes.

9. Can DHCS work with MSSP and provide funding for MSSP to include ADHC services in the MSSP waiver since these are clients who meet MSSP eligibility (very frail population)?

DHCS had considered the Multi-Purpose Senior Services Program (MSSP) as a viable option for some beneficiaries. However, there are approximately 1400 non-ADHC participants on the MSSP wait list. These individuals must be served first before covering ADHC participants. Since the budget does not include funding for expanded MSSP slots for non-ADHC participants, it is not likely that MSSP can be considered an option at this time.

DHCS believes that even without MSSP as a current option, the IHO Waiver, expanded IHSS hours, and the case management and care coordination provided by managed care plans and APS will provide sufficient community resources for the transitioning of beneficiaries to ensure they can remain independent in the community. DHCS will continue to evaluate alternative services throughout the transition period.

10. How will the state triage IHO assessments if more participants are eligible than there are slots available?

The State does not anticipate that there will be more participants than slots available.

11. In previous meetings, ADHC was mentioned as a site of care. Is that real?

Yes. Under the current State Plan, ADHC services are provided at an ADHC center. They cannot be authorized in other settings as "ADHC services." What makes ADHC services is the ADHC center or site of service.

12. How would any ADHC participants qualify under NF-B as the centers are not open 7 days a week?

Level of care is not the same as the services being provided. Participants in your center may meet the NF-B level of care even though ADHC centers do not provide 24 hour care.

13. Why isn't the state using our Individual Plans of Care (IPC)?

The State is sharing beneficiary-specific IPCs to be used for assessments by the appropriate managed care plan for beneficiaries in managed care, or by APS for fee-for-service beneficiaries.

14. Can the client receive IHSS while receiving services through the IHO Waiver?

ADHC participants can be enrolled in the IHO Waiver and receive IHSS services. IHSS is a State Plan service, not a waiver service.

15. Can the ADHC centers contract for the IHO Waivers? This is why we would complete the evaluation form for the NF-B level of care--is that correct?

An existing ADHC center may apply to be enrolled as a waiver provider. DHCS is asking ADHC centers to assist in assessing their participants so that DHCS can determine if the ADHC participant may be eligible for the IHO Waiver, regardless of whether or not any particular ADHC center participates in the waiver as a provider.

16. As of now, ADHC centers have been required to give a minimum of 4 hours of care (program hours) and typically participants go home somewhere between 1-3 pm depending upon the program. If a NF-B qualified ADHC participant goes home at 3 p.m. then most will not have someone available until 5 p.m. (after work) and let alone, most will not have a nurse at home from 3 p.m. to -7 a.m. the next day. How will this be addressed in terms of ADHC participants qualifying for IHO?

If an ADHC participant is currently at the NF-B level of care and doing well during the hours you cite, it would be anticipated that they would continue to do well under the IHO Waiver. If their care needs change, the IHO Waiver case manager can arrange for additional services.

17. Some ADHC centers may not complete a discharge plan because their doors may already be closed due to funding cuts.

ADHC centers are required to complete and submit discharge plans for their participants.

18. What is the difference between NF-A and NF-B?

NF-A is a lower level of care than NF-B. NF-B is characterized by the need for continuous availability of skilled nursing care.

19. Who should be completing the Initial IHO Assessment? Should it be completed at the ADHC center or are we required to complete a home visit?

Assessments may be completed at the ADHC center by a registered nurse.

20. Can a person qualify to receive IHO Waiver services at an ADHC facility?

Possibly. The ADHC center would need to be an approved home and community-based services waiver provider for the IHO Waiver, and a Treatment Authorization Request (TAR) must be approved by a DHCS nurse.

21. We have read the list of IHO waiver services. What we need are the details. What is the frequency of the services? Who coordinates them? Who provides them?

Various provider types may enroll as IHO Waiver providers, e.g., non-profit organizations, home health agencies, professional corporations, and others. The provider submits a TAR requesting the specific waiver services and their frequencies. Coordination is provided by a DHCS nurse and the participant's case manager.

22. Regarding continuity of care for fragile ADHC patients, the transition from Agnews took years. We have a few months. Is this feasible?

Agnews Developmental Center was a 24-hour, seven days per week inpatient facility. Transition services replace only those ADHC services being lost, not the 24/7 care that an institution would provide.

23. Who determines service level needs and how will reimbursement work when collaborating with ADHC?

Service needs are determined by a DHCS nurse and the participant's case manager. ADHC centers that become waiver providers may provide IHO waiver services authorized via a TAR. Reimbursement for ADHC centers will follow the established IHO waiver rates for specific services.

24. Will there be carve outs for the MSSP program or will clients lose their MSSP care management services once qualified for IHO?

Individuals can only be enrolled in one waiver. If an MSSP Waiver enrollee is also an ADHC participant and meets NF-B level of care, the individual will have the option of either enrolling in the IHO Waiver – where they will have an option of receiving care management services – or remain in the MSSP Waiver.

25. Is the IHO waiver able to fund Medi-Cal ADHC services after December 1, 2011?

ADHC will no longer be a Medi-Cal benefit after December 1, 2011. IHO Waiver services will be provided to waiver participants upon their enrollment in the Waiver.

26. Please describe what the IHO waiver will actually do for people -- we are still unclear what services will be offered through the waiver, and whether they will all be in-home services, or will continue to be served at the ADHC through the IHO waiver. This is a critical question for us.

Services available under the IHO Waiver for participants include all those available to current IHO Waiver participations, plus social services and non-emergency medical transportation. A list of IHO Waiver services, including those proposed through a recent amendment to cover the Medi-Cal ADHC population, will be available online at <http://DHCS.ca.gov/ADHCtransition> soon. Participants will be able to select their providers under the IHO Waiver and may receive services in their home or at an ADHC center that is an approved waiver provider.

27. If qualified for the waiver, what kinds of services will be made available to the patient? Does this include ADHC, or only in-home care?

Services available under the IHO Waiver for participants include all those available to current IHO Waiver participations, plus social services and non-emergency medical transportation. A list of

IHO Waiver services, including those proposed through a recent amendment to cover the Medi-Cal ADHC population, will be available online at <http://DHCS.ca.gov/ADHCtransition> soon. Participants will be able to select their providers under the IHO Waiver and may receive services in their home or at an ADHC center that is an approved waiver provider.

28. What is the cost cap for the IHO Waiver for ADHC participants?

The cost cap under the IHO Waiver is determined on an individual basis based upon the cost of services being received at the time of waiver enrollment.

29. What is the daily reimbursement rate under this waiver?

DHCS is currently in the process of developing rates to be paid under the IHO Waiver.

30. Does the IHO Waiver require admission to a skilled nursing facility or does it just provide extra funding for care?

Waiver participants will receive services in home and community-based settings. The purpose of the IHO Waiver is to provide services in an integrated setting so that waiver participants will not be unnecessarily institutionalized.

31. We have contacted the HMO plans in our area and no one seems interested in contracting with ADHC centers to provide ADHC services. Where will those participants go if they need care and services?

Medi-Cal beneficiaries have access to a wide range of providers that are part of the plan's provider network. ADHC participants will receive care and services through their plan's provider network.

32. Can ADHC participants who only have straight Medi-Cal and have already enrolled into a mandatory Medi-Cal HMO plan continue to attend an ADHC center and have the ADHC services covered by Medi-Cal for another 90 days from the effective day?

ADHC services will no longer be available effective December 1, 2011, and after. ADHC services can be provided until December 1, 2011 with an approved TAR, even if the beneficiary is also enrolled in a managed care plan.

33. For those ADHC participants who have both Medi-Cal and Medicare, will ADHC services continue to be covered by Medi-Cal?

Medi-Cal ADHC services will no longer be available effective December 1, 2011, and thereafter.

34. For ADHC participants who have both Medi-Cal and Medicare and are now enrolling into HMO plans, can they continue to receive the Medi-Cal ADHC benefit after their HMO plan becomes effective next month?

Yes. However, Medi-Cal ADHC services will no longer be available effective December 1, 2011, and thereafter.

35. Is there a plan for ADHC centers to be contracted to provide IHO service?

DHCS is working on a process for ADHC centers to apply to become waiver providers.

36. ADHC centers provide OT, PT, psych., diet, etc. services, but ADHC beneficiaries will only get partial services, if any services at all, while enrolled in Medi-Cal managed care.

ADHC beneficiaries will have access to these provider types who can provide these services as deemed medically necessary by the Medi-Cal managed care plans they enroll in.

37. Can ADHCs be providers of IHO Waiver services?

DHCS is working on a process for ADHC centers to apply as waiver providers.

38. What is the waiting list situation? I know that there is a waiting list for the IHO Waiver.

There is no waiting list currently for ADHC participants enrolling in the IHO Waiver. Additionally, there will no waiting list for ADHC participants to enroll in IHO Waiver services.

39. If possible, please provide a comparison chart of eligibility requirements between PACE and IHO and NF-A and NF-B LOC.

	IHO Waiver	PACE
Description	In the context of ADHC participants, offers services in a community setting to individuals who would otherwise receive care in a skilled nursing or sub-acute care facility, or an acute care hospital. Services offered include, but are not limited to; private duty nursing, case management, and waiver personal care services.	PACE is a federally defined, comprehensive capitated managed care program that delivers integrated services including medical, dental, vision and other specialty services; provides all the care and services covered by Medicare and Medi-Cal, as authorized by the interdisciplinary team, as well as additional medically-necessary care and services not covered by Medicare and Medi-Cal.
Eligibility	Serves individuals of all ages and disability who are medically fragile and/or technology dependent.	Services individuals 55 years and older who: <ol style="list-style-type: none"> 1. meet the Medi-Cal regulatory criteria for nursing facility placement 2. live in the service area of a PACE organization 3. are certified by the state as meeting the need for the nursing home level of care 4. upon enrollment, are able to live safely in the community through the assistance offered through the program

	NF-B Level Care Criteria	NF-A Level of Care Criteria
Eligibility	<ul style="list-style-type: none"> • Have one or more physical disabilities • Eligible to receive services in a skilled nursing facility • Care by licensed nurse to provide (but not limited to): <ul style="list-style-type: none"> ✓ Tracheostomy care ✓ Administration of routine and as-needed medication ✓ Tube feedings ✓ Suctioning ✓ Indwelling catheters in conjunction with other conditions ✓ Application of dressings with prescribed medication ✓ Extensive wound care ✓ Intake and output monitoring • Medical need for continuous nursing care for: <ul style="list-style-type: none"> ✓ Teaching of specific tasks and procedures ✓ Observation ✓ Assessment ✓ Judgment ✓ Supervision ✓ Documentation • Physical limitations <ul style="list-style-type: none"> ✓ Confined to bed ✓ Quadriplegia ✓ Inability to feed oneself • Psychological limitations/severe incapacitation due to mental health or developmental issues 	<ul style="list-style-type: none"> • Have one or more physical, cognitive or mental health disabilities. • Eligible to receive services in a nursing facility-level A. • Medical need for intermittent skilled nursing care for those care needs listed under NF-B Level of Care. • Minor physical limitations; able to provide some self-care in activities of daily living.