

Department of Health Care Services Adult Day Health Care Transition Outreach Plan

In May 2011, the Department of Health Care Services (DHCS) commenced an outreach effort to provide important and timely information regarding the current adult day health care (ADHC) transition plan to beneficiaries who are enrolled in ADHC programs, ADHC providers, other affected state agencies, and Medi-Cal managed care health plans. The following information outlines the department's outreach effort, and upcoming outreach actions DHCS will conduct throughout the remainder of the transition.

BENEFICIARY OUTREACH

DHCS' outreach to ADHC beneficiaries comes in the form of notice letters that describe their options for services and supports. These letters encourage beneficiaries to select a managed care plan to provide on-going Medi-Cal services and supports or offer care coordination through a contracted case management provider in fee-for-service counties and for beneficiaries who choose not to participate in managed care.

The first notice to dual-eligible ADHC participants was mailed on August 17, 2011, reaching the beneficiaries' homes by Friday, August 19th at the earliest. The notice was printed in English with phone numbers for beneficiaries to call for information in the 13 threshold languages if the beneficiaries do not understand English. The notice was accompanied by a managed care choice packet in the participant's threshold language that contains information regarding how to select a managed care health plan or fee-for-service, the health plans available in the participants' county, schedules for in-person assistance, and comparison charts for health plans including quality of care. The choice packet also includes a brief description of the benefits available in each plan, phone numbers and locations for additional information, a checklist to assist with choosing a plan, and information about working with health plans and the grievance procedure. To ensure that the providers, plans, and other stakeholders would have copies of the notice prior to receipt of the notice by beneficiaries, the notice was faxed to all ADHC providers on August 18, 2011, and emailed to the California Department of Aging's (CDA) stakeholder network, Multipurpose Senior Services Program (MSSP) sites, and Area Agencies on Aging (AAA). The notice was also emailed to managed care plans on August 15, 2011. Additionally, notices were made available, August 15, 2011, on the DHCS website. DHCS will also mail follow-up reminder notices in Medi-Cal's threshold languages to these dual eligible ADHC beneficiaries on September 2, 2011 reaching the beneficiaries' homes by September 6, 2011.

Beginning on August 30, 2011 through the month of September, DHCS will send notice letters to other ADHC beneficiaries first in English and then in Medi-Cal's threshold languages. These letters will target:

- ADHC participants in rural counties or enrolled in Medicare Special Needs Plans that do not have a Medi-Cal contract and who will remain in Fee-for-Service (FFS).
- Seniors and Persons with Disabilities (SPDs) who have only Medi-Cal coverage and who are currently in the 90-day transition process to enroll in a managed care plan that encourages them to enroll prior to their mandatory transition date set by their birth month.
- SPDs who have not currently entered the transition process to enroll into a managed care plan because their birth month is more than 90 days away. The notice will encourage enrollment prior to their mandatory date set by their birth month.

All ADHC beneficiaries who have the option of enrolling into a managed care plan will receive a managed care choice packet. (Attached to this document is a sample managed care choice packet. Please note that although the sample packet is for Los Angeles County, each ADHC participant received a packet that is specific to their county and translated into their appropriate threshold language.)

The notice letter is posted to our website for public view, as will be the notices to ADHC participants who are not dual eligibles or who live in fee-for-service counties. <http://dhcs.ca.gov/ADHCtransition>

DHCS's enrollment broker, Health Care Options, is available to assist beneficiaries in all languages, via telephone, with making a choice for managed care. Their contact information is included in the outreach material with a number to call for each threshold language. Health Care Options also has in-person representatives available in each Two-Plan and Geographic Managed Care (GMC) county to provide in-person presentations and assistance with completing forms.

Upon enrollment into a health plan, each health plan is has available assistance in the county and via telephone to assist new members with the transition. Health plans are required to provide linguistic services in all languages and written material in threshold languages, per the county demographics. Many plans provide additional services to ensure they can communicate effectively with the population they serve, such as additional written material that does not meet the threshold requirements.

In fee-for-service counties, or for persons who cannot or choose not to enroll in a Medi-Cal managed care plan, DHCS will use its contract with APS, Inc. to perform comprehensive assessment for ADHC participants. APS, Inc. has had a presence in California providing care coordination for Medi-Cal's SPD population, subcategories of behavioral health (including Department of Mental Health and Health Care Services), serious mental illness, and CalMend since 2004. APS currently maintains four office locations including two in Sacramento, one in Newport Beach and one in Burbank. APS will send communications materials to all new enrollees explaining the services and supports that they can receive through APS.

At the August 9, 2011 ADHC Transition Stakeholder meeting, many centers made the point that doing comprehensive discharge planning for all their participants within the short time allowed for transition would require significant staff resources. Additionally, they expressed concern about what information they could share with managed care plans and other providers in the referral and service coordination processes. In response, DHCS is training ADHC centers on a standardized assessment tool for ADHC transition planning, and will pay centers additional funds for completing comprehensive discharge plans.

PROVIDER AND COMMUNITY OUTREACH

DHCS has been working closely with the CDA and other state departments to coordinate outreach and ensure that ADHC providers remain informed about the transition plan. Specifically,

- CDA has sent six notices to ADHC providers alerting them to the benefit elimination and providing various program updates.
- CDA has met multiple times AAA directors and staff and held conference calls with AAAs regarding coordination efforts
- CDA developed and participated in a webinar with the California Association of Adult Day Services to provide information regarding ADHC / Adult Day Program (ADP) dual licensure - a

subject of great interest to ADHC's planning on staying open and contracting with Medi-Cal managed care plans, Veterans Administration, and regional centers after benefit elimination.

- The Department of Rehabilitation met with California Foundation for Independent Living Centers (CFILC) and State Independent Living Council at their quarterly meeting to discuss ADHC benefit elimination, coordination with the ADHC centers, AAAs, and other community partners.
- The California Department of Developmental Services has been communicating with regional centers.
- The California Department of Social Services is currently coordinating with county IHSS to share data, provide guidance regarding reassessment of ADHC participants for additional hours, etc.
- The California Department of Mental Health has been coordinating with the county mental health director's association.
- Weekly "Partners" meetings since June to share information and efforts and to better coordinate activities. These meetings are coordinated by DHCS and include representation by department partners including the Departments of Aging, Developmental Services, Mental Health, Rehabilitation, and Social Services.
- The AAAs have been very active locally, including meeting with ADHC centers, health plans, MSSP sites, and IHSS; developing their own outreach plans locally; preparing for increased response for information and assistance; accepting referrals for care management programs. In addition to this state-coordinated outreach, Medi-Cal managed care plans in Orange, Contra Costa, San Mateo, San Francisco, San Diego and Los Angeles have begun meetings with their local ADHCs to establish lines of communication and discuss care coordination.
- The Health Insurance Counseling and Advocacy Program (HICAP) will assist ADHC participants with the transition. DHCS and CDA will provide materials, scripts, FAQs to help HICAP effectively respond to the ADHC beneficiary calls and in person visits they receive.
- DHCS is holding a Webinar on August 31, 2011 for ADHC centers and other interested stakeholders to learn about the criteria the Department uses to determine the NF-B level of care, how ADHCs can use the assessment tool to develop comprehensive discharge plans, what benefits dual eligibles receive from Medicare and Medi-Cal, and answers to ADHC participant questions about enrolling in managed care.

PLAN OUTREACH

In June 2011, DHCS conducted an all plan meeting with all Medi-Cal Two-Plan, GMC, and COHS managed care plans, along with representation from California Association of Health Plans and Local Health Plans of California. This meeting focused on the ADHC transition. Subsequently, there have been individual meetings or phone conferences with the Los Angeles Plans and most of the other managed care plans. DHCS has offered assistance in this transition to all of the Plans and will host another all plan call on August 24, 2011. The above coordination effort with each department's network is regular and ongoing. Coordination and communication efforts will continue through the transition. Beginning in August,

weekly meetings with all managed care plans will begin. The purpose of the weekly meetings will be to provide support and information sharing to ensure information and resources are available to all.

PUBLIC MEETINGS AND HEARINGS

DHCS Director Toby Douglas has participated at several public hearings and meetings to provide information and answer questions about the ADHC transition plan. Specifically, he testified before the Assembly Aging and Long Term Care Committee on August 16, 2011. On August 17, 2011, Director Douglas participated in the Olmstead Advisory Committee meeting to field questions and comments about the transition plan, and on August 19, 2011, he attended a meeting sponsored by Senator Carol Liu to provide information about the plan to ADHC providers.

On August 25, 2011, DHCS will testify at an oversight hearing sponsored by the Senate Budget Subcommittee #3, where information about the plan will once again be provided in a public setting.