

Local Contact Agency Questions
Minimum Data Set 3.0 Section Q Implementation
10/27/10

1. What are the expectations of the LCA?

DHCS Response: A LCA must establish a formal relationship with DHCS, execute a data sharing agreement with DHCS, and respond to referrals from nursing facilities (NF) to provide counseling to NF resident who request it as a part of their Section Q responses. The LCA may conduct transition services but this is not required. LCA options counseling does not replace other NF transition efforts.

2. Does the group to be interviewed include non Medi-Cal eligible clients?

DHCS Response: Yes. The MDS process applies to all nursing facility (NF) residents regardless of payer source.

3. If we are billing Medi-Cal what counseling activity are we billing? How?

4. DHCS Response: We'll forward the names and NPIs of each of the Local Contact Agencies (LCAs) to the Fiscal Intermediary and Contracts Oversight Division (FICOD). FICOD will set up a payment system outside of the normal billing process.

5. Does that include telephone contact with the individual? Encounters?

DHCS Response: Yes. Reimbursement is only available to LCAs for Section Q options counseling including telephone contact. If the NF resident is eligible for Medi-Cal and/or California Community Transitions, LCAs that are also CCT Lead Organizations could bill transition coordination and other services under that project.

6. What are the expectations regarding services to the individual?

DHCS Response: LCA team members should be able to counsel NF residents who are interested in learning about community-based options. There is no expectation that all residents who want to move to community settings will be able to transition.

7. What technical training did you have in mind and does that include forms?

DHCS Response: The teleconference on 10/28/10 is intended to be an open forum for LCAs and other interested stakeholders to allow exchange of information. The Long-Term Care Division envisions holding group trainings, ideally in Northern, Central and Southern California, but plans are currently tentative. All expenses, including LCAs' expenses will be reimbursed from a special federal grant.

8. Are the services billed by the LCA by the client's name or by the NF name?

DHCS Response: Neither. At this time, the seven minimum data elements are: sex, age, primary diagnosis, payer source, length of stay, length of calls with dates of encounters, and outcome of call, e.g., transition feasible; referrals made to home and community-based programs and services until the Centers for Medicare & Medicaid Services instructs otherwise. LCAs will not be billing through the fiscal intermediary (FI) but directly to DHCS. More information about the billing process will be provided during the 10/28/10 teleconference.

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9. If the services are billing for the clients name, how is the consent to be obtained to bill MediCal or the Dept of Health Services if the contact is over the phone?

DHCS Response: Nursing facilities are required to get consent from individual residents before making referrals to LCAs. For more information, refer to the "Section Q Implementation Q As 09-23-10final.pdf" document attached or at the California Community Choices website at <http://communitychoices.info/secure/>. Use Login: caladrc; Password: connections08.

10. How are we listed to provide this service if under MediCal, i.e., as a home health agency or as a LCA? We are still having problems with ALW billing, where the transition fee of \$1,000 is not being paid to us. We have had numerous CIF and appeals of denials, but to no avail. We are suggesting that the fiscal intermediary be a very integral part of building the new codes and set-up of agencies in the system.

DHCS Response: As stated above, we are establishing a different method of reimbursement as opposed to billing through the FI. We are working closely with our Fiscal Intermediary & Contracts Oversight Division to set up the payment system.

11. What type of staff, or background do you want providing these services, do they need to have licenses i.e. Registered nurses, or Licensed Clinical social workers, or MFT's, or can they be other levels of skill set and if so, what level of training and or experience are they?

DHCS Response: The expectation is that LCAs will identify staff members who have the skills and knowledge to inform consumers about available community services, and the ability to counsel NF residents and their families about options to receive services outside of NFs.

12. Will the reimbursement level of the 15 min increment be different for someone who is licensed vs. another skill set? If yes, what will the reimbursement be?

DHCS Response: Reimbursement will be the same regardless of LCA staff members' credentials.

13. What other items besides the seven data elements described earlier are required? What type of medical record do you want? How long will you want us to keep the information?

DHCS Response: At this time, minimal records are required to provide *"counseling [to] identified residents about options for living and receiving services and supports in the community."* LCAs should keep records for a minimum of one year. However, if the LCA determines a NF resident may be eligible to participate in California Community Transitions, and the resident chooses to participate, the same record keeping would be required.

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14. Does the recipient in the SNF have to have MediCal in order for us to bill and be reimbursed? Can they have share of cost MediCal? Does the recipient have to reside in a SNF or can they be living in the community and have this service available to them, as a method to prevent institutionalization?

DHCS Response: The individual residing in the SNF does not have to be in the Medi-Cal program for LCAs to bill and get reimbursed for educating him/her about community service options. However, to be reimbursed for time spent counseling individuals about the possibility of returning to the community, they must have been referred by SNFs as a result of responding to MDS 3.0 Section Q. Share of cost is irrelevant. Options counseling to individuals living in the community cannot be reimbursed with Section Q funds.

15. If the recipient has to have Medi-Cal to be reimbursed, are you required to provide the same service for the non Medi-Cal clients?

DHCS Response: LCAs will be reimbursed for talking with all individuals residing in SNFs, regardless of payer source, as long as they have been referred as a result of responding to MDS 3.0 Section Q. The Department does not require LCAs to provide the same level of service to every individual they counsel. However, LCAs must guard against raising individuals' expectations for transitioning out of SNFs if there are no resources available to support them safely in the community.

16. Do we need to submit a TAR for counseling an individual referred to us as a result of his/her response to Section Q?

DHCS Response: No. LCAs will submit invoices directly to the Department. The Long-Term Care Division will process the invoices for payment from a federal grant awarded for this purpose. If individuals meet eligibility for CCT, the expectation is that LCAs will TAR for transition coordination and other required services.

17. Who will pay these claims, what is the appeal, denial process for claims for this new program.

DHCS Response: The LTCD is still negotiating internally with the Divisions of Fiscal Intermediary and Contracts Oversight, and Provider Enrollment, on the details of the reimbursement process. The LTCD will work with stakeholders to draft a policy for the appeal and denial process for claims.

18. Can you send a copy of the MDS 3.0, or a link to the document that the SNF are now using to each LCA for review.

DHCS Response: Links to MDS 3.0 Section Q resources are available on the CMS website; however, for a simplified list of Section Q documents, consult the American Association of Homes and Services for the Aging website at <http://www.aahsa.org/SectionQ.aspx>.

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19. What HIPAA implications are there for implementation of this program? How are HIPAA concerns being addressed between facility, consumers, and LCAs? Do you recommend that LCA's have business associate agreements with facilities?

DHCS Response: As Medi-Cal waiver providers, LCAs have Business Associate Agreements with Medi-Cal. The Department is drafting a suggested Memorandum of Agreement for LCAs to use with NFs.

20. If a LCA receives a direct phone call from a facility vs. from the State Point of Contact (POC), do we need to record this differently? Do we need to notify the State POC that we received a referral? (We suggest a "no wrong door approach" meaning that if a referral is made to any LCA, the LCA takes the referral and begins to process the client request, vs. suggesting that the client, family, rep or the SNF staff call someone else.)

DHCS Response: The State POC, Therese Llanes, Chief of the Office of Long-Term Care Section, is providing nursing facilities with the contact information for each LCA according to a provisional list. She is instructing NF representatives to contact LCAs directly. LCAs do not need to notify Therese that they received a referral.

21. Please clarify what LCAs are supposed to do with the MDS calls. Will this be addressed in the teleconference? So far I have had social service people calling about what services they can receive for their residents. We have had a few Medi-Cal referrals, but one person called with a Medicare referral. What do we tell them that we can do for them?

DHCS Response: DHCS has requested that when making Section Q referrals, NF representatives: 1) tell LCAs that they are contacting the LCA on behalf of an individual who is being referred as a result of MDS 3.0 Section Q; 2) give a telephone number for the resident and the name of the facility's social services designee; and 3) provide a suggested time of day for the LCA representative to contact the interested resident. The NFs should be calling you with names of residents who responded – per Section Q – that they want to talk to someone about possibly receiving services in the community. To the extent the NF social services designees are giving you information about the residents, document it, but you should speak directly with the residents to educate them about community options based on their resources.

21. Who decides who can be a LCA and what are the minimal requirements to become a LCA?

DHCS Response: Each state Medicaid agency—DHCS in California—is responsible for designating the LCAs. LCAs in California include ADRCs, California Community Transitions Lead Organizations, Centers for Independent Living, and Area Agencies on Aging. However, only Medi-Cal providers can be reimbursed for Section Q Options counseling.

22. My agency was contacted to conduct Section Q counseling but we are not listed as a LCA on the provisional list.

DHCS Response: There is some confusion among NF staff regarding implementation of Section Q. Many NFs do not realize that LCAs are a formal group designated by the State and have made Section Q referrals to known community partners. The State POC is working with the Department of Public Health and NF industry organizations to educate NF representatives on the Section Q referral process.