



CFP TECHNICAL ASSISTANCE BULLETIN

AIDS ADULT DAY HEALTH CARE & DUAL ENROLLMENT IN COBRA



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BACKGROUND:

AIDS Adult Day Health Care Services (ADHC) for registrants with AIDS were established in January 1995 with specific guidelines published in May 1996. AIDS Adult Day Health Care Programs are licensed by the NYS Department of Health through an existing Residential Health Care Facility (RHCF) or a freestanding Diagnostic and Treatment Center (DTC). Guidelines written to accompany regulations were updated in 2003 to reflect changes in the needs of the population. Admission criteria have been expanded to include any person who is HIV+ and is dually diagnosed with substance abuse and/or mental health illness.

A total of 14 programs are currently licensed by the NYS Department of Health to provide this service (*see attached list*). The majority of programs are located in New York City. Two are operating in Westchester and Nassau counties. Clients typically attend the program 2 to 3 times a week and are required to stay at least 3 hours per visit.

STANDARDS AND GUIDANCE

The ADHC regulations mandate the provision of the following services:

- Interdisciplinary Team Planning/Case Management
- General Medical Care
- Nursing Care
- Nutrition
- Treatment Adherence
- HIV Prevention /Risk Reduction
- Chemical Dependency
- Mental Health
- Rehabilitation (OT/PT)
- Therapeutic Recreation
- Pastoral Care

Additionally, many of these programs now provide primary care services on-site, enabling them to provide more comprehensive one-stop shopping for clients.

CASE MANAGEMENT-- ADHC SETTING

The interdisciplinary care planning process provides the core for identifying the service needs of the client. Each professional discipline is required to conduct an individual assessment and problem list that is brought forward to the care planning process and becomes part of the client's Comprehensive Care Plan (CCP).

Each client is also assigned a case manager in the ADHC whose responsibility is to monitor the client's activities in the program and their progress in their CCP goals. This is reflected in a monthly case management note that summarizes the client's participation in the program and their successes or barriers in achieving their goals.

The designated case manager also has the responsibility of identifying other case management services that the client might be receiving from outside agencies, and providing on-going case coordination with other case managers and case conferences on a quarterly basis. Duplication of services should be avoided whenever possible and the roles of the respective case managers should be clearly delineated in the Joint Case Management Plan.

The Guidelines for the ADHC specifically describe Interdisciplinary Planning/Case Management as follows: "This guideline assures the provision of interdisciplinary team assessment and care planning for each registrant. The AIDS Adult Day Health Care Program must assume the role for primary case management coordination and ensure the continuum of care through case conferencing and accessing appropriate services." Since the reimbursement rate for ADHC services includes case management in which the ADHC is considered the primary case management source, COBRA case management is considered duplicative. However, there may be some instances in which the client benefits from the mental health and/or substance use services provided by the ADHC but has individual or family/collateral needs that can only be addressed by COBRA CFP.

CRITERIA FOR DUAL ENROLLMENT:

Under no circumstances can a client be dually enrolled in COBRA and ADHC for more than 60 days. Upon admission to the ADHC, the program must determine if the client is enrolled in COBRA. The COBRA program must be contacted immediately so that a joint case conference can take place to determine if the client meets the criteria for dual enrollment. Prior to the expiration of the 60-day period, it is incumbent on the ADHC to meet with both the client and the COBRA case manager to make a determination as to where the client will remain in service.

The following information describes circumstances in which dual enrollment, for no more than 60 days, would be appropriate and non-duplicative. Clients will not be enrolled in both programs unless they meet the eligibility criteria outlined below and there is a documented justification of need:

- The client requires some time to stabilize their housing or family issues that are outlined in the service plan. These are issues that are beyond what the ADHC can provide.

In these cases, or for clients who have multiple case managers, the ADHC will have the primary responsibility for the coordination of case management services. A Joint Case Management Plan, developed through a case conference with the client, the ADHC and the COBRA program, must delineate the responsibilities of all case managers involved in the client's care during the 60 day period. This Joint Case Management Plan must be placed in both the ADHC and CFP record.

In the instance where a provider is operating both a CFP and ADHC program, the CFP should be an active referral source for their ADHC program. Conversely, there may be clients enrolled in the ADHC program who are no longer appropriate for day care, but still have intensive case management needs. In these instances, clients will be appropriately referred to the CFP.

**Please note that eligible family members can be considered for direct CFP enrollment if they meet CFP eligibility standards.

APPROPRIATE REFERRALS TO ADHC:

- Client requires health care monitoring on a routine basis and/or treatment adherence support.
- Client has a history of active substance use and/or has a history of mental health problems, which require regular interventions;

- Client could benefit from a structured program offering a comprehensive service package, which meets many of the client's needs;
- It is more cost effective to refer a client to ADHC than to multiple agencies for the same types of services.

CFP clients who are referred to ADHC programs or who self present and are accepted into the ADHC program, will have their case management needs assumed by the ADHC case manager and with few exceptions should no longer require CFP case management. In cases in which dual enrollment for no more than 60 days is warranted, and a joint case management plan is not documented at the time of referral, Medicaid claims for both providers will be considered unsubstantiated and may be denied.

EXAMPLES OF INAPPROPRIATE REFERRALS:

- ADHC refers to CFP for home visitation only or to assess the home environment;
- ADHC refers to CFP for escort to clinic or other appointments;
- ADHC refers to CFP for housing placement only;
- ADHC refers to CFP for initial entitlement processing but not long term case management;
- ADHC refers to CFP to assume all case management responsibilities;
- CFP refers to ADHC for structured socialization only.

In any case where a referral is being made, the client must have their options explained so that they can make an informed decision as to which program they feel is best for them.