# Molina Healthcare of California

# Frequently Asked Questions (FAQ)

**Assessment /Reassessment Process**

1. **How do we work with the Health Plan when we identify a new Member who may be eligible for CBAS services?**

   **Answer: Molina can accept referrals from CBAS Centers, Providers, Members and Family / Caregivers by telephone or fax Monday – Friday from 8:30 AM to 5:30PM. To refer a new member please complete Molina's CBAS Referral Form and send it to the fax number found on the form.**

2. **Will plans take recommendation of Centers for authorization of # of days?**

   **Answer: Molina realizes that the centers have a special bond with their clients. Our clinical and Medical Director teams will take into consideration your recommendations along with the member specific information when reviewing the need against the State requirement standards.**

3. **Once center had completed their 3 days of assessments, what procedure should they follow to notify the plans?**

   **Answer: The CBAS centers will follow Molina's referral request process (refer to workflow) and fax the CBAS Referral Form and completed ICP with Level of Service recommendations to Molina's Utilization Management Department. The UM fax number is located on Molina's CBAS Referral Form.**

4. **The plans are supposed to determine eligibility within 5 days of notification. How quickly and in what form will the centers be notified of eligibility?**

   **Answer: For <u>new Members</u> who have not yet received CBAS services the plan is required to complete the face-to-face assessment using the State CEDT tool within 30 calendar days of receiving the request. If the member does not respond to written and telephone attempts to schedule the face-to-face assessment the health plan will send a follow-up letter to the member and**

**requestor letting them know that if the services are still needed a new inquiry must be submitted to begin the process again.**

**For <u>existing Members</u> who have been receiving CBAS services the plan is required to make a determination within 5 business days of receiving the authorization request with the required IPC including level of service recommendations.**

**If the plan cannot make the decision in 5 business days (for example when an authorization request is received without all appropriate information to support the request) a 14 day delay letter, identifying the additional information that is needed, will be mailed to the Member and faxed to the CBAS Centers within 24 hours of making the determination that insufficient information was received. The plan will make a decision within 5 business days of receiving the additional information.**

**In the event that the member is hospitalized or inpatient at a skilled nursing facility and a request has been made for CBAS eligibility assessment as a condition of discharge; Molina will consider this as an expedited request and complete the initial eligibility assessment within 72 hours.**

**In all cases once the assessments have been completed the Member, CBAS center and /or requestor will receive verbal notification of the decision within 24 hours of the decision. At the time of the member approval notification, the member will then be directed to the CBAS center of their choice for the multi-disciplinary team assessment.**

**In the event that a case is being denied or modified Molina will mail a denial letter to the Member and fax the denial letter to the CBAS center and / or requestor within 2 business days of the decision. The denial letter will include an explanation of why the case is being denied or modified, the Molina Medical Director who made the decision and the members grievance and appeal rights and instructions.**

5. **What center assessments/documentation do the plans need to assist in their CDET process? Review entire health record or have a summary?**

   **Answer: It is important that Molina's clinical professionals have a full view of all information that supports the member's appropriateness for CBAS services. To avoid having the decision delayed to request additional information; we ask that you include all appropriate information at the time of the initial request.**

   **If the request is to increase or decrease a LOS we will need all specific clinical information that details the medical / functional / mental health changes that underline the need to change the LOS.**

6. **Will plan representatives come to the centers or make home visits?**

   **Answer: Molina is required to do face-to-face visits with all new participants being evaluated for CBAS services and in the event that CBAS services are being denied or modified. Molina has contracted with Partners in Care to complete the face-to-face assessments. The location of the face-to-face visit will depend on the direction from the member, member's family and / or caregivers. Our hope is that this can occur at a CBAS center.**

7. **Do they want to speak to caregivers for those unable to answer questions for themselves?**

   **Answer: Yes, most definitely. Molina's goal is to ensure that our members receive the right care in the right setting at the right time. To do this we need to be able to talk to family and caregivers to ensure we are receiving all pertinent information to support this goal.**

8. **Are plans expecting centers to use the 15 – 20 page revised IPC?**

   **Answer: Yes, it is our understanding that the CBAS centers will continue to use the same IPC form that was in use before the transition to managed care. This will not change.**

9. **How will plans and center coordinate specific treatment goals?**

**Answer: At the time of your CBAS orientation meeting Molina will supply specific Health Care Services contact names and telephone numbers for each of the counties you reside in. The Molina contacts include management staff, RN Case Managers and Social Workers that are available Monday – Friday from 8:30AM – 5:30 PM to assist you and our members. Molina's Case Managers are available to assist with coordination of services that need to occur outside of the CBAS Center.**

10. **Will the center's treatment goals suffice in the beginning until both plans and center learn more about the patient's needs & behaviors etc.?**

**Answer: Yes as long as they support the member's need to receive CBAS services.**

11. **Where do we send TARS**

**Answer: Please refer to #3 above. While the state uses the term TARS for treatment authorization request; Molina's term is SRF or Service Request Form.**

12. **What risk is involved for centers to begin service to patients while waiting for eligibility determination from the plans?**

**Answer: While we want to be sure our members receive appropriate care, we also need to follow the requirements set out by the state establishing criteria for receiving CBAS services. The plan will reimburse the centers for all plan authorized services.**

**Clinical Issues**

13. **Will each patient be assigned a case manager to coordinate treatment goals & will that person be the liaison for centers to call if there are problems.**

**Answer: Molina case managers will be assigned based on the complexity of the member issues and needs. At the time of your CBAS orientation meeting Molina will supply specific Health Care Services contact names and numbers**

for each of the counties you reside in. The Molina contacts include management staff, RN Case Managers and Social Workers that are available Monday – Friday from 8:30AM – 5:30 PM to assist you and our members.

**14. Do the plans need to approve changes in treatment goals within an approved TAR period?**

Answer: Yes, it is important that we know if treatment goals and / or the Member's condition / situation has changed. The best way to handle this is to call and discuss this with your Molina RN Case Manager or Social Worker as soon as you have identified the need to change treatment goals.

**15. Will someone from behavioral health work with centers for the special needs of the MH population.**

Answer: Yes, Molina has an identified BH Team which includes a dedicated BH Medical Director. When a member is identified with special MH and / or Substance Abuse Usage concerns the case will be handled by our BH professionals.

**16. Will someone from the plan attend the centers IDT meetings? If so – how often? [Recommend at minimum, monthly to review any unusual changes in patients condition to determine goals, medication changes, compliance issues , # of days needed to meet needs etc.?**

Answer: This will depend on the Member's goals and in changes with their condition or situation. Molina will work with each of our CBAS center contacts to evaluate this on a case by case basis.

**17. What mechanism will be in place if there's a clinical disagreement in goals, treatment, utilization, etc.?**

Answer: Molina believes the best way to handle this is in one on one conversation with your Health Care Services contact or within Molina's Interdisciplinary Care Team meetings. In the event that Molina decides to modify or deny CBAS services the Members are always given their grievance

and appeals rights in they, their family and / or care givers do not agree with our decision.

**18. If a patient's attendance declines and there is no legitimate reason, what procedure shall centers use to notify plans? Do plans want to be notified is there is some physical change in status that impairs attendance?**

**Answer: Yes, your Molina contact always needs to be notified of these changes as soon as they occur. Please refer to your contact list for their names and telephone numbers.**

**19. Will centers have access to 'shared patients' medical records to verify doctor appointments, changes in medication etc. as well as to report medical changes from baseline?**

**Answer: Whenever sharing member personal information we must always be mindful of HIPPA confidentiality requirements. In addition the Member must agree with sharing their personal information. This will need to be decided on a case by case basis.**

**20. What do the plans expect from centers regarding reporting? [Death, Injury, Unusual incidents, 911 calls??**
**Who in the plan needs to be notified and when? Currently 911 emergencies are reported to DHCS via a letter or fax within 48 hours of an incident. Will that continue or will centers now report to plans?**

**Answer: Molina would like you to continue to report just as you have done with DHCS within 48 hours of an accident, event or injury.**

**21. If centers feel a patient needs additional services – dental, optometric screening, podiatry etc., what procedures are in place? How will this differ between SPD's, Duals and Split Medi-cal/FSS Medicare?**

**Answer: Whenever additional service needs are identified please contact your Molina Health Care Services contact. Please keep in mind that our members**

**may not carry their Medicare and Medi-Cal benefits with Molina. If the member is eligible with us our HCS staff will assist you with this.**

**22. Centers are required to provide on-going training for a variety of special areas. Do the plans provide staff training and will center staff be included as appropriate?**

**Answer: You will continue to provide staff training as you have in the past. We are open to discussing special training needs as needed.**

**Communication**

**23. Will each center have a special contact person to call or e-mail.**

**Answer: Yes, at the time of your orientation meeting with Molina you will receive a Health Care Services contact list for each of your county locations.**

**24. Can centers communicate directly with plan doctors as needed without jumping through hoops of getting through the front desk staff?**

**Answer: Each physician office handles this differently. This is a perfect topic for the member, member family and /or caregiver to discuss with the member's primary care physician at their next physician appointment.**

**25. Recommendation for meeting on a regular basis with plans and centers to discuss and iron out unforeseen issues.**

**Answer: Great idea! With the large numbers of CBAS centers we would suggest this be handled in combined meetings. Individual case specific issues can be discussed with your Molina HCS contacts and if necessary within Molina's Interdisciplinary Care Team meetings.**

**26. Interpreter Services (Including sign language)**

**Answer: Molina understands that your CBAS certification requires centers that serve a substantial number of participants of a particular racial group, or whose primary language is other than English, employ staff of that particular**

racial or linguistic group at all times. We realize that there may be circumstances where you will need an alternate resource. Molina Member Services department will be happy to assist you accessing additional interpreter services resources.

**Referrals**

**27. How will plans determine which centers to refer patients?**

Answer: The Member always has the first choice in the CBAS center they want to attend. If the Member does not have a preference our plan is to do this on a case by case basis.

**28. What will that procedure look like?**

Answer: Our plan is to fully develop this with our contracted CBAS centers as we move forward. To begin with we will honor the Member's request to attend a specific center and work to match the Member's needs with the services the center provides.

**29. Will centers have the option of declining a plan referral? [Hard to think why unless they may not have the right staff in place to handle the level of medical need etc.]**

Answer: Molina hopes that this does not occur.

**Data Collection**

**30. Currently we are required to send to DOA a monthly statistical report. Do we continue to do that and do the plans want it as well?**

Answer: No, you do not need to continue to send a monthly report. However, it is important that you notify us of any Molina member that is receiving CBAS services or would like to receive CBAS services. You will not be reimbursed for services that are not authorized.

**31. Centers are required to maintain a "Participant Characteristics Form." Is this data that plans require as well?**

**Answer: Yes, please continue to maintain this form for now.**

**32. What specific data do the plans want the centers to provide and how often**

**Answer: This is still under development. Additional information will be shared once it is clear what DHCS will require of the health plan.**