

CCT Monthly Roundtable | MINUTES

Meeting Hours: 2:00 PM – 4:00 PM
2:00 PM – 3:00 PM CCT
3:00 PM – 4:00 PM CCA ALW

Date: 5/3/2016

Conference Phone Line

*Line Phone Number: (877) 929-7616

*Participant Code: 6918960

Standing Updates:

[2:00 – 2:10 pm]

- **Review of Minutes/Action Items**
 - **Karli Holkko (DHCS)** Minutes Approved, no questions or comments or edits, there were no action items from the previous Roundtable meeting.
- **Forms Submission**
 - **Karli Holkko (DHCS)** Quick note, we are still receiving transition forms without the date filled in, so please be sure your staff is filling out that part of the form. It's very important for us to know the actual day a CCT participant transitioned so that we can begin tracking his or her 365 day demonstration period.
 - Be sure to use the updated forms now available on the CCT website. Also, please remember use the current forms posted on our Web site, and use the current assessment tool dated 10/2/2015.
- **Policy/Guidance Letters**
 - **Karli (DHCS)** CCT Policy Letter # 16-010 Community Physician Requirement and CCT Policy Letter # 16-011 Reimbursement for CCT related Transportation Costs, are out for feedback, questions or edits. Please send comments to Karli by May 9th, 2016
- **Housing/811**
 - **Urshella Starr (DHCS)** Update on 811 Round 1: We have awarded funds for about nine projects and spent about a third of the \$11 million awarded. There are still funds available statewide from Round I.
 - We are doing outreach to housing developers, if anybody wants to partner and knows a housing developer, you can find all of that information on the CalFHA Web site for 811 Round I.

- 811 Round II has just released a NOFA on March 16th that is specifically for Los Angeles County. We have not received any applications yet.
- The Housing Authority of the City of Los Angeles (HACLA) will be putting out a Notice of Funding later this month.
- HACLA will give housing developers extra points on their applications if they include 811 funded units.
- Housing for Health, part of LA Dept. of Health Services, is trying to see if they can use 811 funds to subsidize apartments in some of the buildings where they have contracts with the owners for designated units.
- Orange County has NED 2 housing Vouchers that are still available, that can possibly be ported around the southern region. Please contact your local Housing Authority to get a porting process started, Orange County would very much like to see them all used.
- Please contact Urshella if you have any questions on any of these topics

Topics:

[2:10 – 3:00 pm]

1. CCT Team Materials Pilot

- **Karli Holkko (DHCS)** We will be running a pilot in Fresno County to test the effectiveness of the newly developed CCT marketing materials, which includes posters, postcards and brochures. We will have more information for our Fresno County providers on this pilot at a later date, but we wanted to inform all of the other Lead Organizations (LOs) today that we have brochures available for distribution. Send an email to the CCT inbox if you would like some brochures sent to you.

2. Process for Forms Submission to the CCT e-mail box

- **Karli Holkko (DHCS)** To assist us in processing your CCT forms in a timely manner, please refer to the information sent to you with the meeting materials marked, Process for Submission of Emails, and follow the standard format when submitting emails to the CCT inbox.

3. Facility Visits

- **Karli Holkko (DHCS)** This is a reminder for our CCT LOs to check in at the front desk when visiting a CCT participant at an Assisted Living facility. LTCD is working on instituting a process to provide more consistent communication and training and technical assistance to our waiver facility providers and will be working on implementing a policy for how the facility should track these visits. In the meantime be sure to check with the front desk at every visit, and check out as well.

4. Office of Administrative Hearings and Appeals (OAHA)

- **Karli Holkko (DHCS)** This is an internal Division at DHCS we wanted to inform you about. They conduct both informal and formal hearings on behalf of Medi-Cal members that are being discharged from a facility against their will or when a facility refuses to readmit them after a hospital stay.

We want to be sure that you have this information and know about this resource. We've attached two All Facility Letters from the California Department of Public Health with the meeting materials which includes the Scope of Work for OAHA and their contact information. OAHA's contact phone number is (916) 322-5603, which is also on the letters. Please utilize this resource and inform the facility of their obligations or the Medi-Cal member of their right to contact OAHA. You may also contact OAHA on behalf of the Medi-Cal member.

5. Discontinuance of Baseline Quality of Life Surveys (QOLs)

- **Karli Holkko (DHCS)** CMS has advised us they are no longer requiring the submission of the Baseline Quality of Life Survey. As a reminder of what the Baseline QOL is, it's the survey that is conducted up to 30 days prior, or no later than 14 days immediately following the transition of an individual, and establishes a baseline of specific comparison data for that participant. It is the first of 3 surveys conducted for each CCT participant.
- As of June 1, 2016, we will no longer be accepting or requiring our lead organizations to conduct the Baseline QOLs. We will also no longer be paying for Baseline QOLs conducted on or after June 1, 2016.
- Just to clarify, this is for Baseline QLs that would have been completed "on or after" June 1st. We will still accept the Baseline QOLs completed "prior" to June 1st, to ensure you are paid for any work you've already completed. With the program sunseting, we will still continue to track outcomes for individuals that have transitioned, through the first and second follow up QOLs. We will also continue tracking CCT participant through other data reporting measures.
- **Mark Kunz (SCAN)** Will there be an updated Policy Letter on that?
- **Karli Holkko (DHCS)** Yes, we will draft a guidance letter

6. Policy Letters: Community Physician Requirement

- **Karli Holkko (DHCS) Policy Letter 16-101, Community Physician Requirements** This policy letter was sent out for review and comment on April 8, 2016. We will no longer requiring doctors' signatures on the final transition care plan. The new policy is that each LO will be responsible for establishing an intake appointment immediately following transition. The purpose of this new policy is to ensure the continuity of care of the CCT participant and ensure he/she is getting linked up with a community physician who will continue to care for him/her in the community. The CCT LO will need to attach proof/confirmation of the intake appointment to the post-transition TAR.

- **Bruce Morgan (Dayle McIntosh)** We are still having issues with physicians not wanting to meet with our clients until they get paid.
- **Karli Holkko (DHCS)** Right. So just to confirm, LOs would be required to submit be proof of an intake appointment post-transition, not prior to transition.
- **Thomas Gregory (CIL Berkeley)** I had a question about the confirmation of an intake appointment. The Policy Letter said it may include, but it's not limited to, a note from the doctor or appointment desk, an appointment card, or a printout confirmation from a Web-based consumer portal. My question is can a printout of an email from SNF staff stating that the appointment has been made sufficient?
- **Karli Holkko (DHCS)** A printout from SNF staff that an appointment with a community physician has been made?
- **Thomas Gregory (CIL Berkeley)** Correct.
- **Joseph Billingsley (DHCS)** Why would the communication not come from the doctor's office?
- **Thomas Gregory (CIL Berkeley)** Because sometimes you can get SNF staff to help you schedule appointments with primary care providers, and the SNF staff would be the one to set up that first appointment.
- **Joseph Billingsley (DHCS)** We will talk about this internally and provide a response. I also recommend submitting this question formally to the CCT inbox.
- **Yesenia Zepeda (Always Best Care Senior Services)** Ideally, wouldn't we want the clients' HMO long-term services social worker to help us with that?
- **Karli Holkko (DHCS)** Absolutely.
- **Yesenia Zepeda (Always Best Care Senior Services)** I've been working really well with one of the HMOs, and the health plan has been able to assist with the transitional appointments and specialty doctors.
- **Joseph Billingsley (DHCS)** That's exactly the relationship we are actively encouraging our organizations to develop with local Medi-Cal Managed Care Plans.
- **Mark Kunz (SCAN)** If someone were to transition, and despite multiple efforts to get them connected with a doctor or get them to agree to see a doctor, we aren't able to do that, is there any form of documentation we can show the effort made to try to comply with this requirement?
- **Melanie Rager (Health Projects Center)** Given that we're not likely to get the signature, and you guys have made it clear that that's not really what's needed — it's really about ensuring the Continuity of Care — could we just swap out the signature on the form and, instead, list the date of the appointment that we've made? Because of the follow-up to the last speaker, if we're working with a discharge unit at a SNF, they may get the confirmation. This kind of goes back to Thomas's questions as well, but we may not get that written confirmation, but we know the date. We know it's confirmed. Can we just give you guys a date?

- **Joseph Billingsley (DHCS)** A number of you are raising this issue. So I really recommend, because we're hearing this broadly across several LOs, that you include this in your formal response to the formal comments period and we will definitely look at this question in more detail before issuing the final letter.
- **Karli (DHCS) Policy Letter 16-011, Reimbursement for CCT Related Transportation Costs.** This policy letter was sent out for review and comment on April 8, 2016. **The purpose of this policy letter is to establish the criteria for reimbursement for CCT-related Transportation Costs.** This CCT Policy Letter includes information on:
 - Non-emergency Medical Transportation (NEMT) for Medi-Cal members;
 - CCT-related NEMT for CCT Enrollees; CCT-related, non-emergency, non-medical transportation (NENMT) for CCT Enrollees; and
 - Instructions on how to submit requests for reimbursement for CCT-related transportation, prior to the day of transition.
- Please submit your comments, questions or edits for both policy letters to the CCT inbox by May 9, 2016.
- These are "draft" policies and we appreciate your comments and feedback. Please submit all comments, questions or edits officially to the CCT email box on the comment template. Several of LOs have raised good questions today and we would like to discuss them internally, so be sure to submit them formally.

7. Other Topics

- **Doug Micetich (SVILC)** Karli, another thing that I would like you to review if you're reviewing the forms is on the new enrollee form, is the "date of the assessment" the date that we're completing the form or is it the date we complete the assessment tool?
- **Karli Holkko (DHCS)** It's the date you're completing the assessment tool.
- **Doug Micetich (SVILC)** So the NEI form should not be completed unless you've done the assessment as well?
- **Karli Holkko (DHCS)** Yes, the purpose of this is to ensure the LO has begun working with the individual – assessing them, working up the care plan and determining their eligibility to transition. The enrollee information form lets the project staff know that an LO is working with an individual, but the person is not officially enrolled until the TAR is approved by the nurse. We want to know the assessment date because we want to ensure the LO is actually working and assessing the person before asking for enrollment in CCT.
- **Thomas Gregory (CIL Berkeley)** I would like to recommend that the date on the new enrollee information form not refer to when the assessment tool was completed. This will allow us to submit the NEIF to the inbox before we submit the initial care plan and the assessment to ensure the individual is not

enrolled by more than one LO. This will ensure there is not a duplication of effort that results in one LO not being paid for work completed.

- **Joseph Billingsley (DHCS)** I think that you raised a good point and what we need to do is go back and look at the form. This will be an action item for this call.

Action Items:

- Remove the references to 3 QOLs on the Rights and Responsibilities and Consent form, and the OP, since the Baseline QOL is not being conducted/accepted after June 1st. Remove the Baseline form from the CCT website. Also make sure all information, guidelines and forms on CCT web site are updated according any to new policies
- Revisit the date on the NEIF and its intent, perhaps it should not refer to the assessment tool completion.
- Review comments on the 2 Policy Letter drafts