

Revised CCT Transition Process

Steps	Deliverable(s)		State Approval	Outcome(s)	CCT Lead Organization Performance Measures
	Keep On-site	Submit to State			
1. Outreach & Targeting <ul style="list-style-type: none"> Develop relationships with area SNF (building relationships with MCHPs is recommended, but not required) Receive SNF referrals of residents requesting more information about community integration (MDS, Section Q) 	<ul style="list-style-type: none"> LO & MCHP contracts MDS Referral Tracking Log 	<ul style="list-style-type: none"> CCT Monthly Event/Issue Report Tracking Data Sheet for MDS 3.0 Section Q Referral Encounters 		Regional recognition & on-going business relationships; sustainable network of service providers	
2. Information Gathering <ul style="list-style-type: none"> Conduct an initial interview with Medi-cal member For interested members who sign the CCT Enrollees'/ Participants Rights & Responsibilities/ Consent Form & Authorization for Release of Protected Health Info., TC will collect records necessary to conduct local-level Clinical Assessment Assessment Tool <ul style="list-style-type: none"> RN completes clinical assessment of member CCT Initial Transition & Care Plan <ul style="list-style-type: none"> Developed with the majority of needs, services, & supports identified 	<ul style="list-style-type: none"> Authorization for Release of Protected Health Info CCT Enrollees'/ Participants' Rights & Responsibilities/ Consent Form 24-7 Back-up Plan Independent Housing Disclosure Copy of the signed Lease Agreement 	<ul style="list-style-type: none"> CCT EI Form (submitted by email to CCT Inbox) INITIAL TAR Attach the following documents: <ul style="list-style-type: none"> Assessment Tool CCT Initial Transition & Care Plan Facility Face Sheet 	\$908.60 "dollar amount" for TC (dollar amount is = to 20 hrs. of TC)	<ol style="list-style-type: none"> Member is enrolled in CCT, or LO informed additional information is required LO will receive TC hours for work performed from the START of the Assessment Tool & if all documentation is provided, regardless of NEII approval; however, subsequent TARs will require an approved I-TCP 	Ratio between the number of members who were referred to CCT, & the # of those individuals who signed the CCT Enrollees'/ Participants' Rights & Responsibilities/ Consent Form to enroll in CCT

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<p>3. DHCS Nurse Evaluator (NE) Review of Enrollee's</p> <ul style="list-style-type: none"> • <i>Assessment Tool</i> • <i>CCT Initial Transition & Care Plan</i> • <i>Facility Face Sheet</i> <p>(with all necessary supporting documentation)</p>			100 hours of TC		<ol style="list-style-type: none"> 1. Ratio between # of members enrolled in CCT, & # determined to be transition-able by DHCS NEs 2. Max., min., & average costs of individuals who are not approved by DHCS NEs
<p>4. Implementation</p> <ul style="list-style-type: none"> • <i>CCT Final Transition & Care Plan</i> <ul style="list-style-type: none"> ○ Work with Enrollee, Legal Representative (if applicable), facility discharge planner, MCHP representative, LO RN, & LO TC to develop a <i>CCT Final Transition & Care Plan</i> that addresses the individual's unique medical & socio-economic needs in the community ○ Identify & secure appropriate & available HCBS, housing, in home support worker(s), etc. 	<p>Any additional supporting documentation</p> <p><i>(be sure to provide copies to consumers &/or legal reps.)</i></p>	<ul style="list-style-type: none"> • <i>100 hr. TAR</i> — Additional TAR: • <i>Baseline QOL</i> As of 6/1/16, Baseline QOL Surveys should no longer be conducted, & will no longer be eligible for reimbursement • <i>Home Set-Up TAR</i> • <i>Home Modification TAR</i> • <i>Vehicle Adaptation TAR</i> • <i>Assistive Devices TAR</i> • <i>Habilitation TAR</i> 	<ul style="list-style-type: none"> • Home Set-up \$ based on qualified housing arrangement (3 month span) • Home Modification, up to \$7,500 (3 month span) • Vehicle Adaptation, up to \$12,000 (9 month span) • Assistive Devices, \$7,500 (9 month span) • Habilitation \$11.36 / 15 min. 	<p>HCB LTSS identified, secured, & ready to implement safe & sustainable transition</p>	<ol style="list-style-type: none"> 1. Ratio between the # of members determined to be transition-able by DHCS NEs, & the # who actually transition to the community 2. Max, Min, & Average costs of transition coordination hours for individuals (approved by DHCS NEs) who do not transition to the community 3. CCT documents that are provided to the member must be easily accessible (physically & cognitively) at home/ residence

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<p>5. Follow-Up</p> <ul style="list-style-type: none"> Collaborate with other service providers to ensure a smooth transition to IHSS Social Worker, MCHP Case Manager, or HCBS Case Manager Review the CCT Final Transition & Care Plan with the participant & address any needs &/or concerns Explain that the CCT project ends on day 365, but that existing services will continue as long as the person remains eligible for HCB Medi-Cal services 	<ul style="list-style-type: none"> Case Management notes 	<ul style="list-style-type: none"> Post Transition TAR (submitted pre-transition) Attach the following documents: <ul style="list-style-type: none"> CCT Final Transition & Care Plan — Signed Day of Transition Report Form (submitted by email to CCT Inbox) — Additional TAR: <ul style="list-style-type: none"> Follow-Up QOLs x 2 (submitted by email to CCT Inbox) <ul style="list-style-type: none"> Month 11 Month 24 As of January 1, 2017, all follow-up QOL Surveys should no longer be conducted, & will no longer be eligible for reimbursement 	<p># hours of post-transition services (see table next page)</p>	<p>The goal(s) of requiring on-going TC contact with transitioned CCT Participants is to provide:</p> <ol style="list-style-type: none"> Support/resources necessary to address changes in health status; Address previously unidentified needs that only became apparent after leaving the SNF; & A reduced sense of isolation/abandonment after transition, &/or an increase in a person's quality of life 	<ol style="list-style-type: none"> Ratio between the # of participants who drop out of the demonstration (death, return to the SNF, etc.), to the # of who remain in the community, & the total # who were transitioned Balance between the cost of transitioning an individual, & the amount of money that was saved during the time the individual lived in the community

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Post-transition Follow-up*				
Service Code ➔ Participant's post-transition HCB Services ↓	G9012 – U6: Transitional Case Management (TCM) Coordinated care fee, risk adjusted maintenance, other specified care management. Services to transition an eligible individual from a health facility to a HCB setting. \$11.36 / 15 minutes (\$45.44 / hour) Additional care coordination required for re-establishing care, if necessary	T2017 – U6: Habilitation, residential, waiver Services to assist the CCT Participant in acquiring, retaining, & improving the self-help, socialization, & adaptive skills necessary to reside successfully in a participant's natural environment. \$11.36 / 15 minutes (\$45.44 / hour)	S5111 – U6: Home care training, family Family training services provided to the families of individuals served under the waivers. Training includes instruction about treatment regimens & use of equipment specified in the plan of care, & shall include updates as necessary to maintain the individual's safety at home. HHAs only** \$11.36 / 15 minutes (\$45.44 / hour)	T1019 – U6: Personal Care Services before IHSS starts Supportive services to assist an individual to remain at home & includes assistance to independent activities of daily living & adult companionship. \$3.62 / 15 minutes (\$14.48 / hour)
Informal Support OR State Plan Services	<u>Months 1 – 3 after transition:</u> Face-to-face 2X / month <u>Months 4 – 12 after transition:</u> Face-to-face 1X / month	As required (based on medical necessity), within the first 3 months after transition, capped at 50 hours	As necessary	N/A
In-Home Support Services	<u>1st Month after transition:</u> Face-to-face 2X / month <u>Months 4, 8 & 12 (Quarterly) after transition:</u> Face-to-face 1X / month <u>Months 2, 3, 5, 6, 7, 9, 10 & 11 after transition:</u> Phone call 1X / month	50 hours, post-transition (based on medical necessity)	As necessary	As required, # of hours based on IHSS Assessment &/or RN Assessment (based on medical necessity)

