

**State of California
Department of Health Care Services**

**MONEY FOLLOWS THE PERSON REBALANCING DEMONSTRATION
CALIFORNIA COMMUNITY TRANSITIONS OPERATIONAL PROTOCOL**

Section A. Project Goals and Benchmarks
(Approved by CMS August 2010)

A. Introduction

The State of California is committed to providing health care services and supports in the least restrictive and most integrated setting as envisioned by the U.S. Supreme Court's Olmstead decision. The demonstration provides the state, in coordination with stakeholders and local organizations, the opportunity to proactively implement system changes for persons who have resided in an inpatient facility¹ for at least six months or longer, and want to transition to a community living arrangement. Through these entirely new state and local linkages, consumers in inpatient facilities will be provided an opportunity to be informed about, and discuss the feasibility of, receiving home and community-based services (HCBS) alternatives. Currently, access to HCBS has been limited primarily to referrals by Medi-Cal provider networks of organizations serving distinct segments of long-term care populations such as, elders, persons with physical, developmental, and mental disabilities.

The California Community Transitions (CCT) demonstration is administered under the authority of section 6071 of the Deficit Reduction Act (DRA) of 2005, Money Follows the Person Rebalancing Demonstration (P.L. 109-171), and the state's approved Medi-Cal state plan and approved HCBS waivers. The Governor's Office, the California Health and Human Services Agency and the Department of Health Care Services (DHCS) are committed to implementing the demonstration as part of a larger effort to make system improvements that enable HCBS to be accessible and understandable to a diverse consumer base. The end result is that more consumers will be informed of the opportunity to enroll in HCBS waivers or certain state plan programs thereby exercising their choice and opportunities for self management. In addition to meeting federal requirements for rebalancing, each program decision for this demonstration has been considered with three overarching principles in mind:

1. Improve existing and establish new procedures that support the diversity of long-term care consumers and their formal and informal support networks.

¹ Section 6071 of the DRA defines "inpatient facility" as a hospital, nursing or subacute care facility, or intermediate care facility for persons with developmental disabilities.

2. Improve existing and establish new procedures that are proactive and supply adequate information for informed consumer decision-making.
3. Establish new system changes that build linkages between the state's Administration and the unique range of local Medi-Cal and non-Medi-Cal HCBS providers and supportive community agencies such as affordable housing, income maintenance and transportation.

CCT provides a means for the state to create regional partnerships and build on the work achieved under the CMS Real Choice Systems Change Grant for Community Living, No. 11-P-92077/9-01, *California Pathways*. Under California Pathways, the state developed and tested a resident interview tool and protocol that focuses on direct statements of preference about whether residents prefer to receive services in a health facility or in the community. CCT employs the same direct interview process to find facility residents who prefer to transition to community living. The state is promoting the "Preference Interview" as a statewide resident protocol that goes well beyond the use of the tool under this demonstration. With wider use of the Preference Interview Tool, the state will broaden the base of consumer information about HCBS in general and will, as a result, increase utilization and expenditures for HCBS. An outcome of this proactive process of interviewing facility residents will be increased public access to information about alternatives to costly facility-based long-term care.

Outreach for the demonstration and Preference Interviews will be conducted by representatives of local organizations that, until now, have not had a critical link to the Medi-Cal HCBS service delivery system. Facility residents will interact with professionals and peers familiar with local resources and people who work and live in their home communities. The rationale for drawing in local organizations is to begin to establish infrastructure that goes well beyond the period of the demonstration. The state currently has spotty implementation of single points of entry, "no wrong door," Aging and Disability Resource Connection programs and other communities that have established high degrees of coordinated HCBS planning under one organizational umbrella. The demonstration offers the opportunity to widen the circle and to share information among successful local HCBS networks.

The state believes that local communities, local programs and local caregivers are the logical parties to work directly with individuals who want to transition from inpatient facilities. The state will oversee every aspect of local implementation from authorizing transition team activities to state approval of demonstration participants' comprehensive service plans and be accountable for meeting all benchmarks. Four organizations have initially volunteered to participate in CCT and have been designated as lead organizations. The lead organizations will contract with DHCS and convene project teams that will meet with demonstration participants to help them navigate the complex array of Medi-Cal waiver and state plan services, affordable housing, transportation, income maintenance and all the factors that must blend to support a transition from a facility. Consolidating responsibilities for all these care/service plan features under one organizational umbrella is a unique and new venture for Medi-Cal HCBS service delivery in California.

The state does not propose to limit facility services, nor does the state propose reducing the number of available inpatient facility “beds” at this time. The number of Medi-Cal facility beds has remained relatively flat for well over 15 years. By continuing that pattern, the state projects that the ballooning aging demographic will, in essence, be a reduction of facility options as the increase in available and accessible HCBS alternatives occur. Rebalancing in favor of HCBS will happen as a result of strengthening HCBS options and networks and keeping flat the number of facility options.

California has multiple, successful networks serving distinct subgroups of the long-term care population. As the demonstration is implemented, the state will continue to identify community-based organizations such as independent living centers, area agencies on aging, aging and disability resource connection programs, caregiver resource centers and other agencies that can successfully inform and educate a broader population. Many of these organizations do not currently have critical roles with Medi-Cal service delivery. The demonstration is an opportunity for them to be involved in the Medi-Cal program to provide transition coordination, case management, and other waiver services. This venture is a major systems change in California.

Consistent with the purpose of the DRA, through the partnerships developed under the demonstration, DHCS will strive to eliminate existing barriers that prevent Medi-Cal-eligible individuals from receiving support for appropriate and necessary long-term care services in the setting of their choice. The demonstration will provide the vehicle for additional outreach, education, and training to consumers and stakeholders from the local, grass-roots level, up through state departments. For example, for some time, California’s independent living centers have successfully transitioned residents from nursing facilities to a home environment without the aid of Medi-Cal waiver services. CCT provides additional impetus for DHCS and the Department of Rehabilitation (DOR) to partner in ensuring that independent living centers also have the opportunity to be providers of waiver services so they can offer additional supportive resources to consumers after the transition is complete. The DHCS/DOR partnership is only one example. DHCS expects to re-create that partnership with other state departments on behalf of the long-term care population they currently serve.

The demonstration benchmarks beginning on page 24 represent the overall system achievements reflected by increasing population served under HCBS and the fiscal increases that result from increased utilization of HCBS services. The state estimates approximately \$41 million will support statewide rebalancing efforts. This rebalancing fund will be reinvested to expand waiver capacity to enroll more Medi-Cal eligible residents who want to transition but who do not meet the six month residency requirement to participate in the demonstration (refer to Benchmark #3, page 26).

The demonstration will serve up to 2,000 Medi-Cal beneficiaries who choose home and community-based long-term care services over receiving services in a facility setting. As previously stated, DHCS has initially designated four lead organizations, two in

southern California and two in northern California, to participate in the demonstration and to recommend technical updates to the protocol based on their successes with transitioning residents. The lead organizations and teams will also assist DHCS in training successive teams in demonstration years 3, 4 and 5. Once CMS approves the protocol, DHCS will begin the recruitment process to phase in six or more lead organizations to reach the 2,000 transition goal. DHCS will also continue its collaboration with other state departments whose goal it has been to safely transition facility residents to a community environment, such as the Department of Developmental Services' progress with Laguna Honda Hospital in San Francisco.

Under this demonstration the state must prioritize development activities within the context of tremendous resource constraints and staff time necessary to gain approvals from oversight entities, e.g., the Governor, the Legislature, the California Department of Finance, and the California Health and Human Services (CHHS) Agency. The state's working priorities for this demonstration, in rank order, are as follows:

1. Proactively inform inpatient facility residents of services available if they want to return to community living.
2. Proactively inform consumers to create a broader public understanding of HCBS long-term care alternatives.
3. Maximize existing Medi-Cal HCBS options across networks.
4. Expand or enhance existing service definitions that previously were limited to only certain subpopulation groups (for example, habilitation services can also be interpreted to mean coaching and training non-developmentally disabled participants in independent living skills).
5. Gain experience with successful transitions to community living.
6. Gain experience upon which to evaluate the state's inpatient facility and HCBS level of care criteria.
7. Amend existing HCBS waivers, where necessary, to clarify service definitions and/or the numbers of individuals who can enroll in waivers.
8. Develop new HCBS policy based on experience, e.g., new waivers, state plan amendments, level of care criteria, financial assumptions, etc.

Taking these eight priorities into consideration, the next table presents a snapshot of the state's strategy for establishing new waiver and state plan services.

Strategies for Establishing New Waiver and State Plan Services

CY 2007	CY 2008	CY 2009	CY 2010	CY 2011
Pre-Implementation Phase: • Write Operational Protocol • Develop partnerships with potential lead organizations • Work with stakeholders to determine demonstration and supplemental services	A1. Begin transitioning residents using existing transition coordination services procedure codes	Continue A1.	Continue A1.	Continue A1..
	B1. Compare QHCBS across all waivers	B2. Analyze differences in existing HCBS and state plan services B3. Evaluate findings of waiver service comparison	B4. Develop standardized terminology and definitions for specific HCBS services across waivers	B5. Recommend standardized terminology for similar QHCBS across waivers
	C1. Determine initial demonstration and supplemental services C2. Develop enhanced/expanded HCBS waiver and state plan service definitions for demonstration and supplemental services	Continue C2. C3. Analyze the use of demonstration and supplemental (if any) services	Continue C3. C4. Evaluate effectiveness of making certain demonstration and supplemental services a core QHCBS	C5. Make recommendations for inclusion of enhanced/expanded services into existing waivers and/or state plan

General Assumptions

Individuals, who are inpatients beyond a short visit or rehabilitation period, remain in the facility for a wide variety of reasons. There is no typical consumer profile that represents the ideal candidate for the demonstration. For this reason, the state will require transition activities to be all-inclusive and transition teams will exercise no assumptions about who is likely or unlikely to prefer community living. Transition teams will be proactive and direct in their methods to create opportunities for facility residents and the people in their support systems to learn more about pursuing their preference to transition to community living.

The following assumptions demonstrate the state’s broad population approach to implementing the demonstration.

- Inpatient facilities will be informed of California Community Transitions.
- Interested individuals of any age residing in facilities will be informed about the demonstration and the opportunity to receive home and community-based services in the setting of their choice. Considerations of health, safety, risk(s) and other issues will be part of the comprehensive service plan development.
- Residents have a right to pursue their preference for staying or leaving an inpatient facility and will not be screened out of the informing process. Any resident who wishes to transition from an inpatient facility, but does not meet the eligibility requirements of the demonstration, will still be referred to community programs

which may assist in supporting the decision to transition to community living. No individual will be deterred or delayed from transitioning.

- Privacy and sensitivity to an individual's social choices, culture, and health information, is of greatest importance at each and every step of this protocol.
- Decision-making authority will remain with the resident or authorized surrogate decision maker (discussed in section B.2, Informed Consent). Assent of the resident will always be obtained, even when there is an authorized surrogate decision maker.
- A resident living in an inpatient facility for at least six months, who has: been approved for Medi-Cal services for 30 days and has been assessed for level of care is eligible to participate in the demonstration.
- After being provided the opportunity to review and discuss the transition information received, an eligible resident will have a choice to either participate in the demonstration or not participate.
- A resident who is eligible for the demonstration will not be placed on a HCBS waiver wait list. The state will continue to analyze and determine the need for additional waiver capacity and take appropriate action, including pursuing waiver amendments. Housing wait lists may be unavoidable.
- On discharge from the inpatient facility, a demonstration participant will be enrolled concurrently in an existing HCBS waiver and/or begin receiving Medi-Cal state plan services. Informed consent will be obtained at every change of enrollment, service plan and provision of service.

California's Leadership Role

The role of the state in this demonstration is to facilitate, support, train and oversee local organizations as they proactively create enhanced opportunities for consumers to make informed decisions about where they want to receive long-term care services and supports. The goal is to raise consumer awareness and access for consumers across the board and to create communication across distinct population-based networks. Local teams will provide information and opportunity to any inpatient facility resident who wishes to engage his or her social network, treating professionals, community resources and others in planning a transition back to community living. For example, the state is creating the environment under this demonstration for independent living center networks to communicate and partner with area agencies on aging, each with a rich array of direct service providers and information resources. The public at large in demonstration regions will be the beneficiaries of a richer and broader array of service options.

The state will also be evaluating definitions of services and provider types under the various HCBS waivers in order to make them relevant to a variety of consumer profiles. For example, stakeholders have identified peer mentoring as a type of service that may be preferable to both younger independent adults with physical disabilities and to seniors who need assistance but prefer a less intensive and intrusive intervention than full case management.

The state has developed this protocol in close collaboration with the California Community Transitions Advisory Committee (TAC) and other interested stakeholders and regards the protocol as a guide to oversee designated lead organizations and their transition team activities. This protocol sets the procedures for local implementation of the demonstration. California's local communities are diverse in size, geography, culture, primary languages, economics, social supports, health care networks, housing and transportation options, and other demographic features. Each unique local community is where the inpatient facilities' staff, the families, the caregivers and the network of home and community-based supports will come together to enable successful transitions. The state will oversee and approve activities but the actual one-on-one transitional service coordination will be provided by people employed locally with local knowledge, culture and expertise.

The state has convened stakeholders to set the demonstration policy and procedures, facilitate and oversee the operations of regional transition teams, gather data and report on outcomes. TAC has been meeting quarterly and has had input to every document, procedure and project decision. The following timetable has been revised to reflect recent tasks.

ACTIVITY	DATE	Completed (√)
2007		
1 st TAC meeting – Voluntary work Groups formed	July 24	√
Work Groups begin to meet	July 31	√
Work Groups submit all drafts to DHCS	Aug. 24	√
DHCS distributes/posts first draft	Aug. 31	√
2nd TAC meeting – Discussion of first draft	Sep. 11	√
TAC and interested persons submit written comments on first draft to DHCS	Sep. 21	√
DHCS distributes/posts second draft to TAC and Olmstead Advisory Committee	Oct. 5	√
3rd TAC meeting – Discussion of second draft	Oct. 16	√
DHCS finishes making stakeholder edits to 2 nd draft	Nov. 9	√
LTCD briefs DHCS executive management on issues contained in the draft protocol	Nov. 21	√
DHCS finalizes the protocol and sends to CMS	Nov. 30	√
2008		
CMS sends DHCS first response to the protocol	Jan. 2	√
4th TAC meeting – Discussion of CMS' assessment of protocol	Jan. 30	√

ACTIVITY	DATE	Completed (√)
DHCS responds to CMS' first response and sends revised protocol without budget	Mar. 16	√
DHCS sends revised budget with narrative	Apr. 29	√
CMS sends DHCS second response to the revised protocol	May 8	√
DHCS responds to CMS' second response and sends revised protocol	June 13	√
CMS sends DHCS third response to the revised protocol	June 19	√
DHCS responds to CMS' third response and sends revised protocol	June 27	√
CMS approves the protocol	June 30	√
DHCS receives terms and conditions	Aug. 12	√
DHCS agrees to terms and conditions	Sept. 3	√
Implementation begins	Sept. 4	√

This Operational Protocol (protocol) for the California Community Transitions demonstration includes elements that must be approved by the Centers for Medicare & Medicaid Services (CMS) before the state can enroll eligible individuals or claim federal funds. Special federal funding is available for the provision of direct services to enrolled participants.

The purpose of this protocol is to provide information for:

- Federal officials and others so they can understand the operations of the demonstration.
- State and federal monitoring staff who are planning a visit.
- The state project director and staff who will use it as a manual for program implementation.
- Regional partners who will use it as an operational guide.
- Stakeholders who will use it to understand the operation of the demonstration.

DHCS is the single-state agency for the administration of the state's Medicaid program. Medicaid is called Medi-Cal in California. As such, DHCS has administrative and fiscal monitoring and oversight responsibilities for all Medi-Cal waivers, including any waivers that are administered by other state departments through an interagency agreement with DHCS.

Therefore, DHCS will act as the overall coordinator for policy and operational issues related to the demonstration and will work with stakeholders including state departments, local governments, community-based organizations, inpatient health care facilities (hospitals, nursing or subacute care facilities, or intermediate care facilities for

persons with a developmental disability), advocates, direct service providers, and consumer groups to implement the demonstration at state and local levels.

DHCS will submit any information contained in this protocol to the California Health and Human Services Agency Institutional Review Board (IRB), if appropriate, after CMS approves the protocol. This will eliminate the need to submit revised documents to the IRB at a later date.

Subsequent changes to the demonstration and the protocol must be reviewed by the project director and stakeholders, and approved by DHCS management and CMS. A request for change(s) must be submitted to CMS 60 days prior to the date of implementing the proposed change(s). All aspects of the demonstration, including any changes to this document, will be coordinated through the DHCS project office at:

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