

## **B.10 Continuity of Care Post Demonstration** (Approved by CMS August 2010)

During the 12-months participants are in the demonstration, they will receive existing, or “qualified,” home and community-based services, demonstration, and/or state plan services, based on their clinical eligibility and service needs and documented in their comprehensive service plan. Demonstration services are listed in B.5 beginning on page 81. Enrollment in a waiver and/or receipt of state plan services will occur at the onset of the transition period, and will be completed by discharge from the inpatient facility. On the 366<sup>th</sup> day, when the demonstration ends, the participant will continue to receive services at home without interruption, unless their clinical eligibility and/or Medi-Cal status changes under the state’s existing authority for waiver and state plan services into which they are already enrolled. Thus, the state will ensure continuity of needed care to demonstration participants after they have been in the demonstration for 12 months.

As previously discussed throughout this protocol, the following waiver and state plan services will be used to provide care after the participant’s time in the demonstration ends. See Appendix V for brief descriptions of the waivers listed below.

- Home and Community-Based Services; Section 1915(c)
  - Nursing Facility/Acute Hospital (NF/AH) Waiver
  - Multipurpose Senior Services Program (MSSP) Waiver
  - Assisted Living Waiver Pilot Project (ALWPP)
  - Developmental Disabilities (DD) Waiver
  - Acquired Immune Deficiency Syndrome (AIDS) Waiver
- Research and Demonstration; Section 1115
  - In-Home Supportive Services Plus (IHSS Plus) Waiver
- Freedom of Choice; Section 1915(b)
  - Specialty Mental Health Consolidation Program
- State Plan
  - Those services required by clinical and/or service need

The state believes that not every person who enrolls in California Community Transitions will continue to be eligible to receive the same level of services once the demonstration ends because:

- Their health has improved resulting in a reduced level of skilled care need which no longer meets waiver requirements.
- They have lost their preferred caregivers and/or support systems, resulting in re-institutionalization.

- Their income has increased requiring share of cost to maintain their Medi-Cal eligibility.

California has several medically needy programs available to assist individuals to continue receiving services while living in the community. Some examples follow.

### Linkages

The intent of the Linkages Program is to prevent premature or inappropriate institutionalization of frail, at risk-elders and adults with functional impairments age 18 and older, by providing case management and comprehensive information and assistance services. There are no income criteria, and no individual will be turned away solely because of inability or unwillingness to pay; however, consumers who can afford to pay are requested to contribute a share of cost for case management services and/or purchased services. Complete information on Linkages is available at [http://www.aging.ca.gov/aaa/guidance/Linkages\\_Program\\_Manual.pdf](http://www.aging.ca.gov/aaa/guidance/Linkages_Program_Manual.pdf).

### Lanterman Act

The Lanterman Developmental Disabilities Services Act states people with developmental disabilities and their families have a right to get services and supports they need to live like people who do not have disabilities. Information can be found at <http://www.lanterman.org/info/LantermanAct.asp>, such as how regional centers and service providers can help; what services and supports are available; how to use the individualized program plan to get needed services; what to do when someone violates the Lanterman Act, and how to improve the current system.

### County Indigent Program

Under California law (Welf. & Inst. Code, § 17000, all 58 counties are the “providers of last resort” for health services to low-income uninsured people with no other source of income. Counties serve the “medically indigent” population with one of two types of programs. For small rural counties, the California Medical Services Program exists, with standardized benefits modeled after the state’s Medi-Cal program. For larger, urban counties, the Medically Indigent Service Program offers a highly variable array of services. Information is available on each county’s website and at the following websites:

<http://www.chcf.org>

<http://www.chcf.org/documents/policy/CountyPrgrmsMedicallyIndigentFactSheet.pdf>

<http://www.chcf.org/topics/view.cfm?itemID=123106>

<http://www.cmspcounties.org>

### Medi-Cal Working Disabled Program

It is not unusual for Medi-Cal beneficiaries who return to the workforce to lose their Medi-Cal benefits because of income eligibility restrictions. Many times they do not have enough income to provide for their skilled care needs, but earn too much to receive Medi-Cal benefits. The Medi-Cal Working Disabled Program, administered by the California Health Incentives Improvement Project, enables individuals with disabilities who need services, yet would like to return to the workforce, to do so with certain restrictions.

Enrollees pay a small monthly premium based on countable earned income. They are allowed to earn up to \$52,092 a year or more, as an individual, and still qualify for affordable Medi-Cal coverage. For more information, consult the California Health Incentives Improvement Project website at <http://www.talentknowsnolimits.info>.

### Managed Care Plans

Medi-Cal beneficiaries also have the option of enrolling into managed care when plans are available in their area. See Appendix V for additional information.