

B.6 Consumer Supports

(Approved by CMS October 10, 2008)

Consumer supports are an integral part of California Community Transitions as they are necessary to demonstration participants' successful transition from inpatient facilities to community living. Each service participants choose becomes a building block in the framework that makes up the participant's comprehensive service plan.

In designing a comprehensive service plan, a lead organization brings together an interdisciplinary team, or regional transition team, to explore all resources available to a demonstration participant. The role of lead organizations and transition teams are explained in section B.1. As stated in the introduction, the state believes that it is logical for local communities, local programs and local caregivers to work with facility residents who prefer a community living arrangement. Because communities are diverse in size, geography, culture, primary languages, economics, social supports, health care networks, housing and transportation options, and other demographic features, it is unreasonable to list in this protocol, the myriad home and community-based programs and services available throughout the state. In this protocol, the state has provided basic requirements for regions who wish to participate but the actual one-on-one transitional service coordination will be provided by people with local knowledge and expertise. Comprehensive service plans are therefore, best designed at the local level.

As previously discussed in section B.1, four diverse agencies initially agreed to contract with DHCS to serve as the initial lead organizations: Home Health Care Management, Inc., Independent Living Resource, Independence at Home™, and Westside Center for Independent Living. Each lead organization will choose a designated transition coordinator to work with a transition team comprised of representatives from local organizations with expertise in providing community-based services. Together with the demonstration participant, they will design a comprehensive service plan which will detail post-transition services. This process is detailed in section B.1 beginning on page 29. The following chart shows the projected transition coordinator-to-participant ratio:

Lead Organization	# of Transition Teams	# of Transitions	Ratio
Home Health Care Management, Inc.	1	10	1:15
Independent Living Resource	2	20	1:15
Independence at Home™	3-4	15	1:15
Westside Center for Independent Living	1	15	1:15

Demonstration participants play a major role in planning and defining their post-discharge services which will be documented in their comprehensive service plan. The process begins with his or her circle of support, if there is one, and the transition coordinator who works with the transition team to make contact with various service agencies.

Transition coordinators will provide demonstration participants informational packets that include local resources and other specific information related to the demonstration.

- Services and supports available to participants during and after the demonstration period.
- Services and supports NOT provided by the demonstration (for example, rent income support, food, etc.).
- Roles and responsibilities of the transition coordinator, waiver case manager, and other service coordinators
- Participant roles and responsibilities
- Emergency telephone numbers and what to do in various types of emergencies
- Conditions that may result in termination of demonstration services such as unresolved health and safety issues, abuse of service providers or caregiver, or an unscheduled inpatient facility stay greater than 30 days.

As building of the participant's comprehensive service plan progresses, the transition coordinator will begin working with the project nurse. The purpose of this overlap is to ensure a smooth transition of care from inpatient services to community services. At this point, the transition coordinator is designated as having "lead responsibility" for oversight of the service plan. The lead responsibility designation should not be misconstrued to undermine the participant's rights, desires, and abilities to self-direct and coordinate his or her own services. Demonstration participants will remain an active part of the team, and will be kept informed of the contact information of waiver case manager, service coordinator or person offering peer support during his or her entire period of participation in the demonstration.

The transition coordinator will hand off lead responsibility for service coordination to the waiver case manager and/or state plan service program on day one (day of discharge of a resident's transition). Both coordinators will work together during the first two months to assure needed services continue to be provided. Though the transition coordinator's role is less active, s/he will continue to follow the participant through contact with the waiver/service case manager. In addition, the project team will ensure a Quality of Life Survey is administered approximately one year after discharge, prior to the end of the demonstration, and again in month 24 after discharge.

Back-up Systems

Every demonstration participant's comprehensive service plan must include provision of a 24-hour back-up system. This will ensure participants' health and safety in emergency and non-emergency situations. In addition, back-up support will include information on service provider qualifications, care/service plans, contingency planning for fire and natural disasters, medication problems, and other qualifications, restrictions and provisions established by rules, licensing, and regulation.

Plans for each back-up support system will include the following areas to address the variety and range of potential situations:

- 1. When to use 9-1-1.** Demonstration participants will be advised to call the emergency telephone number 9-1-1 in the event of a fire, or a crisis, where the health or safety of an individual is in immediate danger. Transition teams will ensure participants have access to the statewide suicide prevention hotline (1-800-SUICIDE or 1-800-784-2433) and/or the local 24 hour crisis hotline numbers.
- 2. What to do when care/service provider does not or cannot show up.**
 - a) In the event that a participant's scheduled personal attendant fails to report for work and the agency is unable to send a replacement staff member, the participant may reach out to his/her network of family and friends to provide some caregiving and personal care services. A written list of five (5) people who are capable of assisting the participant if the assigned caregiver is unable to perform services is part of the comprehensive service plan. Names will be listed in order of preference by participant, and available in the residence for access by all caregivers, case managers, and transition team members. If the skilled nursing staff member and/or personal attendant is not available for a shift, nursing and personal care become the responsibility of the trained primary caregiver (family member). Absence of the regularly scheduled caregiver may mean this back-up caregiver must stay home from work or other activity to provide care to the participant.
 - b) Licensed home health agencies must have a telephone number where individuals receiving 1915(c) waiver services can reach a person during the agency's operating hours. After normal business hours, home health agencies have call back or on-call systems in place to respond to messages left on a machine or answering service. Non-emergency calls placed after hours will be returned by agency staff the next day.
 - c) Within the Developmental Disability (DD) system, the provider agencies with which they subcontract have developed protocols for managing situations when scheduled staff is unable to provide the needed services. This includes, but is not limited to, a 24 hour service coordinator on-call system, use of relief/substitute staff and use of program managers and coordinators to cover for staffing shortage.
- 3. What to do during a power failure or equipment failure.** Healthcare providers and/or personal attendants are trained to provide appropriate care in the event of inability to use equipment (ventilator or monitor, etc.). If a participant's health or safety is in jeopardy, they are to call 9-1-1 to institute emergency measures until care is assumed by emergency response personnel. In a non-emergency situation, the participant and/or support person may contact the DME company directly to request replacement, and notify the waiver case manager of the problem. An Event/Issue report is to be completed and forwarded to the CCT project director.

4. **What to do in case of a natural disaster.** Specific arrangements will be discussed with the transition team members who are familiar with the local disaster needs and arrangements.
5. **When and how to use a personal communication device to contact a trained professional to enlist help in solving the imminent problem.** If a participant has the option and chooses to have a Personal Emergency Response System, the transition coordinator or PERS provider will work with the participant and/or family/personal attendant to become familiar with its use and able to troubleshooting if necessary.
6. **What to do when transportation does not show up.** The back-up plan for situations where initial transportation is not available is included in the comprehensive service plan. The original transportation plan may have included using a scheduled transportation service, family, and/or friends. If transportation is for an emergency condition, 9-1-1 should be called. If no transportation is available for a routine appointment, the participant may consult someone on the back-up caregiver list for help, or the appointment may be rescheduled to another time.
7. **What to do when a medication problem develops.** Demonstration participants and personal attendants will be advised to follow the “**When to use 9-1-1 back-up situation,**” plan if their health or safety is in immediate danger due to medication error. For situations in which no emergency exists, participants’ physicians will be contacted to obtain assistance in resolving the situation, and then the service case manager will be notified of the incident. An Event Occurrence Form will be completed and forwarded to the project nurse.
8. **What to do when abuse is suspected.** Demonstration participants and caregivers will be trained on elder and dependent adult and child abuse, and provided with the agency contact names and telephone numbers to use if suspected and/or actual abuse occurs.

All approved Medi-Cal waivers (and the PACE and SCAN programs) each have their own 24/7 back-up, emergency plan, and/or personal response system requirements written into their implementation language. For participants transitioning into one of these waivers or programs, back-up support systems will follow the waiver/program requirements.

The following examples describe specific waiver/program back-up system requirements:

- For a demonstration participant who chooses to receive home and community-based services through the Assisted Living Waiver Pilot Project, the participant will receive 24/7 service through the home health agency that has entered into a lend-lease agreement with the public subsidized housing management. The Department of Public Health’s Licensing and Certification Division licenses and

monitors ALWPP home health agencies and requires a branch office in every public subsidized housing site that provides ALWPP services.

- For participants who choose In-Home Supportive Services state plan services only, there is no 24/7 back-up requirement. Each participant who chooses this option will be required to include the emergency back up system as part of their comprehensive service plan.

Emergency and non-emergency back-up telephone numbers will be provided to each demonstration participant. Each lead organization will create a list of local telephone numbers needed, including, but not limited to, numbers for the county mental health or local mental health center, and abuse reporting.

Complaint and Resolution Process

Demonstration participants are informed of their right to a Medi-Cal state hearing. To file a request for a Medi-Cal state hearing, demonstration participants or their designated representatives will be provided with state hearing information. They may also call the DHCS Public Inquiry and Response Unit at 1 (800) 952-5253; persons with a hearing impairment can call TDD 1 (800) 952-8349. This information can also be accessed at <http://www.dhcs.ca.gov/services/medi-cal/Pages/WhereToGetHelp.aspx>.

California's Medi-Cal state hearing process includes a process that allows person's receiving care to continue receiving services during the hearing request process.

California State Hearing Process

1. When a demonstration participant or participant's surrogate decision maker is dissatisfied with any action or inaction of a county department, DHCS or any person or organization acting in behalf of the county or DHCS relating to Medi-Cal eligibility or benefits, s/he has the right to a state hearing on the issue. [Cal. Code Regs., tit. 22, §§ 50951 and 51014.1]
2. The hearing request must be filed within 90 days of the action or inaction. The request may be filed by the participant, the surrogate decision maker or legal representative, or if there is no authorized legal representative, by an heir of the deceased participant, on behalf of the decedent's estate. [W&I Code, § 10965]
3. DHCS will set the hearing to begin within 30 working days after the request is filed. [W&I Code, § 10952]
4. At least 10 days prior to the hearing, DHCS will give all concerned parties a written notice of the time and place of the hearing. [W&I Code, § 10952]
5. If regulations require a public or private agency to write a position statement concerning the issues in question in a state hearing, or if the public or private

agency chooses to develop such a statement, a copy of the statement will be made available to the participant not less than two working days prior to the date of the hearing. [W&I Code, § 10952.5]

6. A hearing will be conducted in an impartial and informal manner in order to encourage free and open discussion by participants, with the issues being limited to those who are reasonably related to the request for hearing or other issues identified by either party, and the participants have mutually agreed to discuss prior to or at the hearing. At the time of the hearing, the participant has a right to raise the adequacy of the county's or DHCS' notice of action as an issue. [W&I Code, § 10967]
7. All testimony will be submitted under oath or affirmation. The proceedings at the hearing will be recorded by mechanical, electronic or other means capable of reproduction or transcription. [W&I Code, §§ 10955, 10956 and 10958.1]
8. An administrative law judge (ALJ) employed by DHCS will conduct the hearing, unless the DHCS Director personally conducts the hearing. [W&I Code, § 10953]
9. If the hearing is conducted by a DHCS ALJ, s/he will prepare a written fair, impartial, and independent proposed decision for approval by the chief ALJ. The chief ALJ will file a copy of the proposed decision with the DHCS Director within 75 days after the hearing. [W&I Code, § 10958]
10. Within 30 days of DHCS' receipt of the ALJ's proposed decision, the Director may do one of the following: adopt the decision in its entirety; decide the matter him/herself; or order a further hearing to be conducted by him/herself or another ALJ.
 - a. If the Director decides the matter (affirmative or a different decision), a copy of the decision will be served on the participant and on the affected county.
 - b. If a further hearing is ordered, it will be conducted in the same manner and within the same time limits specified for the original hearing.
 - c. Failure to act on the proposed decision within 30 days will be deemed an affirmation of the proposed decision. [W&I Code, § 10959]
11. Within 30 days after receiving the Director's decision, participant and/or the affected county may file a request with the Director for a rehearing. The Director will immediately serve a copy of the request on the other party to the hearing and that other party may, within five days of the service, file with the Director a written statement supporting or objecting to the request. The Director will grant or deny the request no later than the 35th working day after the request is made. [W&I Code, § 10960]
12. The notice granting or denying the rehearing will explain the reasons and legal basis for granting or denying the request for rehearing. The Director's decision

remains final pending a request for rehearing. Only after rehearing is granted is the decision no longer the final decision in the case. [W&I Code, § 10960]

13. A participant may otherwise be entitled to a rehearing if s/he files a request more than 30 days after the Director's decision is issued, or if s/he did not receive a copy of the Director's decision, or if there is good cause for filing beyond the 30-day period. [W&I Code, § 10960]
14. Within one year after receiving notice of the Director's final decision, the participant or affected county may file a petition with the superior court, under the provisions of Section 1094.5 of the Code of Civil Procedure, "praying for a review of the entire proceedings in the matter, upon questions of law involved in the case." In this case, no fee will be required for the filing of a petition. [W&I Code, § 10962]