CCT Lead Organization Proposal Template

Department of Health Care Services
Phone: (916) 552-9105
Fax: (916) 440-5741
http://www.dhcs.ca.gov

Name of Organization:

Please provide a respond to each prompt included below. If you require additional space, attach additional pages and label the continued response clearly.

1. Describe your organization's capacity for keeping confidential participant data, recording team activities, and reporting to DHCS. Participant records storage and transactions must meet HIPAA standards.

2. List inpatient facilities within your proposed region with which a transition team could work.

3. Describe your organization's experience with facility transition work, independent living peer support of transitioning individuals, and/or de-institutionalization service planning. Identify any first-hand best practices that your team will bring to the Demonstration.

4. Describe the Demonstration population(s) your organization will serve. Additional information about the CCT target populations can be found in the Operational Protocol, pages 22-24.

5. Describe how your organization will actively furnish transition candidates with an individualized search for affordable and accessible housing. Describe any existing local affordable housing initiative, clearinghouse, or inventory of single public housing units or accessible housing. Mention any shared housing match initiatives or programs and how the team will actively implement best practices in coordinating affordable housing with Medi-Cal HCBS services.

6. Describe the lead organizations' access to other funding sources for flexible, one-time funding of goods or services that could be used in transitioning facility residents. Flexible funding has been identified as a component of successful facility-to-home transitions, especially in the case of individuals who have been in inpatient facilities for six months or longer.