

Training Module 6

CCT Reimbursement Structure



Objectives

By the end of this module, the audience should be able to:

- List the CCT services available at each stage of transition
- Provide a brief description of each service category/code
- Know which services can be billed under each service category/code



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5 Stages of CCT Transitions

1. Outreach and Targeting
2. Enrollment
3. Pre-transition
4. Transition
5. Post-Transition



Outreach and Targeting

- Develop relationships with area Skilled Nursing Facilities (SNF) and Managed Care Plans (MCP)
- Ongoing process to develop community-based partnerships, and to sustain local transition systems beyond the end of the CCT Demonstration



Enrollment

- 20 Hour Treatment Authorization Request (TAR)
 - Initial interview, face-to-face assessment, care planning with transition team (resident, family, legal representative, facility discharge planner, etc.), development of initial transition care plan (ITCP)
 - Submit to DHCS: Enrollee Information Form (EIF), CCT Assessment, and ITCP
- Code: G9012 U6
- Submit for 20 Units
- Amount: \$908.60



Pre-Transition

- 100 Hour TAR
 - Work with eligible Medi-Cal member to implement the ITCP, which includes, but is not limited to: identifying a community physician and managed care plan, securing the necessary long-term services and supports (LTSS), preferred housing, in-home supportive services (IHSS), waiver services, and other appropriate medical and social supports
 - Prepare the final transition care plan (FTCP)
- Code: G9012 U6
- Submit for 20 Units
- Rate: \$45.43 per hour



Transition (slide 1 of 7)

- Home Modification
 - Environmental adaptations to a Participant's home identified in the care plan, including, but not limited to: grab-bar and ramp installation, modifications to existing doorways and bathrooms, installation and removal of specialized electric and plumbing systems, etc.
 - Requires at least 2 bids to be attached to a TAR
- Code: S5165 HT
- Rate: Up to \$7,500



Transition (slide 2 of 7)

- Household/Home Set-Up
 - Household set-up costs are non-recurring expenses for goods and services required by a CCT Participant who is directly responsible for his or her own living expenses
 - Household set-up costs may include, but are not limited to: essential furniture, bedding, towels, toiletries, pots, pans, cooking utensils, basic food staples, etc.
- Code: T2038 HT
- Rate: Up to \$7,500 (depending on type of housing chosen)
- Please see [GL # 15-005](#) for additional guidance



Transition (slide 3 of 7)

- Assistive Devices
 - Adaptive equipment designed to accommodate a Participant's functional limitations and promote independence, including, but not limited to: lift chairs, stair lifts, diabetic shoes, and adaptations to personal computers
 - Should not be used for DME
 - The need for items must be documented in the care plan with an explanation of how each would prevent elevation to a higher level of care, or return to an inpatient facility
- Code: T2028 U6
- Rate: Up to \$7,500



Transition (slide 4 of 7)

- Vehicle Adaptations
 - Devices and controls required to enable Participants and/or family members and caregivers to transport Participants in their own vehicles
 - TCP must include explanation of how adaptations will sustain Participants' independence or physical safety, and allow them to live in their homes; includes, but is not limited to the installation and training in the care and use of these items
 - Vendor must be approved by the dealership to perform modifications
- Code: T2039 U6
- Rate: Up to \$12,000



Transition (slide 5 of 7)

- Habilitation
 - Coaching and life skills development for the Participant to learn how to build and manage relationships; and/or improve or retain adaptive, self-advocacy, financial, or social skills, as identified in the care plan
 - Habilitation is intended to ensure the Participant's success and quality of life in the community
- Code: T2017 U6
- Rate: \$11.36 per 15 minute session



Transition (slide 6 of 7)

- Personal Care Services
 - Supportive services to help a Participant to remain at home; includes assistance with activities of daily living (ADL), independent activities of daily living (IADL), and adult companionship
 - Provided as “gap” services until more formal supports are in place (i.e. IHSS, NF/AH waiver)
 - The number of hours approved for each Participant is based on IHSS assessment
- Code: T1019 U6
- Rate: \$3.62 per 15 minute session



Transition (slide 7 of 7)

- Family and Informal Caregiver Training
 - One-on-one individually tailored sessions conducted by an approved trainer, to assist caregivers in developing the skills and gaining the knowledge they need to maintain a Participant's health, nutrition, safety, etc.
 - Examples include, but are not limited to: daily care management, fall prevention, coping skills, and emergency response and long-term care planning
- Only billable by Home Health Agencies
- Code: S5111 U6
- Rate: \$45.43 per hour



Post-Transition

- 50 Hour Care Coordination TAR
 - Ensure the ongoing safety and sustainability of the transition
 - Address any needs and/or concerns that may come up during the 365-day demonstration period
 - Regularly scheduled follow-up visits and/or phone calls
 - Submit to DHCS: FTCP
- Code: G9012 U6
- Rate: \$45.43 per hour

Wellness Assessment: Quality of Life (QOL) Survey



- The Quality of Life survey includes:
 - Participants' freedom of choice and control
 - Satisfaction with housing, care, and life
 - Access to care and unmet needs
 - Feelings about being treated with respect and dignity
 - Ability to engage in and enjoy activities
- Code: S5190 TS
- Rate: \$100.00 per survey
- **As of June 1, 2016, baseline QOLs will no longer be accepted for reimbursement; however, first follow up and second follow up QOLs are to be conducted and submitted for reimbursement through Dec. 31, 2016**



Additional Training Resources

- [Medi-Cal Learning Portal](#)
 - [Billing & Claims Training](#)
 - [eTAR and TAR Training](#)
- No-cost in-person training is available by calling 1-800-541-5555
 - Tell the service agent you would like to be contacted by a [Regional Representative](#)
- [Training Calendar](#)
- [Recorded Webinars](#)