

Operational Protocol Final Project Budget and Appendices

This document contains the remainder of the California Community Transitions Operational Protocol:

- ♦ Pages 132 through 139 Section E – Final Project Budget
- ♦ Page 140 List of appendices.

Requests for copies of the eleven appendices in original format (Microsoft Word, Excel or Publisher) may be e-mailed to OLTC_CCT@dhcs.ca.gov.

Section E – Final Project Budget

MFP Demonstration Service Cost Estimates

Current state budget estimates were used to calculate **Qualified HCBS**, **Demonstration HCBS**, and **Supplemental Services** expenditures:

- Population targets to be transitioned were used to estimate costs. All demonstration participants will receive appropriate waiver services up to existing caps and/or state plan services. Existing caps were increased by 2% each year for CYs 2009, 2010, and 2011.
- Demonstration HCBS and supplemental services expenditures are in addition to QHCBS waiver caps and state plan services expenditures: 100% of participants will also receive demonstration HCBS valued at \$6,000 and 50% of participants will receive supplemental services valued at \$3,000. Demonstration services include a 24/7 personal emergency response system, transition coordination services, and Waiver Personal Care Services hours, all of which may exceed scope and duration under a HCBS waiver or the state plan. Supplemental services include housing supports which could be required due to the length of participants' facility stays.
- Waiver caps and state plan service costs were estimated by multiplying the assumed number of demonstration participants meeting eligibility and choosing each waiver/service.

Refer to the chart on the next two pages for detail, and section B.5 for more information on proposed demonstration and supplemental services.

Federal Evaluation Supports

Costs for federal evaluation supports were estimated using the number of residents targeted for transition in each CY. Providers will use procedure code S5190TS to bill \$100 per Quality of Life Survey.

The following methodology was used:

1. Target number of transitions in each CY divided by the number of lead organizations established per CY.
2. A single lead organization was the basis for calculating the number of Quality of Life Surveys administered annually.
3. The number of lead organizations was plotted onto a spreadsheet with the estimated number of surveys to be administered monthly with the three administration times based on a participant's discharge month. Once the total for one lead organization was compiled, that number was multiplied by the number of lead organizations for each year to determine the total of each survey type (A, B, and C, or 1st, 2nd and 3rd) per year. This number was used to calculate the annual cost using the survey rate of \$100 per survey except for CY 2011.
4. Estimated costs for administering the remaining Quality of Life Surveys beyond the end of the demonstration were included in CY 2011.

Estimated Costs

**Projected Qualified **HCBS Costs for Demonstration Participants:
Elders, Persons with Physical Disabilities, and Persons with Mental Illness**

Waiver/State Plan Services:		Nursing Facility/Acute Hospital (NF/AH)			
Calendar Year:		2008	2009	2010	2011
Estimated Participants Receiving Services:		16	254	290	337
*** Service Cost	\$ 48,180	\$ 48,180	\$ 49,144	\$ 50,126	\$ 51,129
Total Cost:		\$ 770,880	\$ 12,482,474	\$ 14,536,677	\$ 17,230,473

Waiver/State Plan Services:		Distinct Part Nursing Facility, Level B (DP/NF-B)			
Calendar Year:		2008	2009	2010	2011
Estimated Participants Receiving Services:		27	172	195	210
*** Service Cost	\$ 77,600	\$ 77,600	\$ 79,152	\$ 80,735	\$ 82,350
Total Cost:		\$ 2,095,200	\$ 13,614,144	\$ 15,743,333	\$ 17,293,446

Waiver/State Plan Services:		Nursing Facility Subacute (NF SA)			
Calendar Year:		2008	2009	2010	2011
Estimated Participants Receiving Services:		8	50	65	60
*** Service Cost	\$ 180,219	\$ 180,219	\$ 183,823	\$ 187,500	\$ 191,250
Total Cost:		\$ 1,441,752	\$ 9,191,169	\$ 12,187,490	\$ 11,474,991

**Projected Qualified HCBS Costs for Demonstration Participants:
Persons with Developmental Disabilities**

Waiver/State Plan Services:		Developmentally Disabled (DD)			
Calendar Year:		2008	2009	2010	2011
Estimated Participants Receiving Services:		0	75	98	143
*** Service Cost	\$ 76,586	\$ 76,586	\$ 78,118	\$ 79,680	\$ 81,274
Total Cost:		\$ -	\$ 5,858,829	\$ 7,808,647	\$ 11,622,136

Calendar Year:	2008	2009	2010	2011
Total Number of Participants:	51	551	648	750
Grand Total of All Services Costs:	\$ 4,307,832	\$ 41,146,616	\$ 50,276,147	\$ 57,621,045

** Home and Community-Based Services

*** 2% cost increase in CY 2009, 2010, and 2011.

Estimated Costs

Services:		Demonstration HCBS			
Calendar Year:		2008	2009	2010	2011
Number of Participants Receiving Services:		51	551	648	750
***Waiver Cap/Service Cost:	\$ 6,000	\$ 6,000	\$ 6,120	\$ 6,242	\$ 6,367
Total Cost:		\$ 306,000	\$ 3,372,120	\$ 4,045,075	\$ 4,775,436

Services:		Supplemental			
Calendar Year:		2008	2009	2010	2011
Number of Participants:		51	551	648	750
Estimated Participants Receiving Services:	50%	26	276	324	375
***Waiver Cap/Service Cost:	\$ 3,000	\$ 3,000	\$ 3,060.00	\$ 3,121.20	\$ 3,183.62
Total Cost:		\$ 76,500	\$ 843,030	\$ 1,011,269	\$ 1,193,859

** Home and Community-Based Services

*** 2% cost increase in CY 2009, 2010, and 2011.

Administrative – Normal

- During the demonstration, the state will widely implement the use of the Preference Interview Tool (see Benchmark #3, pg. 25). The state will reimburse providers the same rate (\$100) using a similar code (S5190) as that which will be used to bill for the Quality of Life Survey.
 - 8,000: 6,000 administered 1 time x \$100 = \$600,000
 - 2,000 administered 2 times x \$100 = \$400,000
 - Total \$1,000,000 / 4 (2008 through 2011) = \$250,000 per year
- Normal administrative expenditures were calculated for the existing project team (as described beginning on pg. 120).
 - One new position, a Health Program Specialist I, will be funded through this Grant beginning July 1, 2008. Total costs for this position are approximately \$117,000. For Calendar Year (CY) 2008, this figure was divided by two. Current total costs were used for CY 2009; total costs were increased by five percent each year for CY 2010 and CY 2011.

- A Research Analyst II is funded through this Grant beginning April 1, 2008. Total costs for this position are approximately \$110,000. For Calendar Year (CY) 2008, this figure was divided by four, and the sum was multiplied by three. Current total costs were used for CY 2009; total costs were increased by five percent each year for CY 2010 and CY 2011.
- An existing position, an Associate Governmental Program Analyst, was diverted to work 100% time on the demonstration. Total costs for this position are approximately \$105,000. Current total costs were used for CYs 2008 and 2009; total costs were increased by five percent each year for CY 2010 and CY 2011.
- The Project Director is filled in the Health Program Manager I classification. Total costs for this position are approximately \$125,000. Current total costs were used for CYs 2008 and through June 30, 2009.

Project Team - Normal

HPS I – 117,000	Beginning 7/01/08 and on
RA II – 110,000	Beginning 4/01/08 and on
AGPA – 105,000	All of 2008 and on
HPI I – 125,000	All of 2008 through 6/30/09

	2008	2009	2010	2011
NORMAL	\$371,000	\$394,500	\$348,600	\$366,030

Administrative – 75%

A full-time Nurse was hired for the Project Team on January 1, 2008.

	2008	2009	2010	2011
ENHANCED	\$138,183	\$145,092	\$152,346	\$159,964

Administrative – 90%

The costs related to MMIS programming modifications to enable tracking of demonstration participants and the associated expenditures/claims are indeterminate at this time. Additionally, costs for modifying existing databases utilized by partner agencies or managed care plans that will provide qualified HCBS, demonstration, and/or supplemental services to demonstration participants are indeterminate.

Estimate: \$500,000

	A	B	C	D	E	F	G	H	
1	Money Follows the Person Demonstration Worksheet for Proposed Budget								
2									
3									
4	Instructions: Please fill in only the cells highlighted in YELLOW. All other cells will autopopulate. Please DO NOT alter any formulas.								
5									
6	State/Grantee:								
7	California								
8	Grant #:								
9	1LICMS30014-9								
10	Demonstration Program Title:								
11	California Community Transitions								
12									
13									
14									
15									
16									
17									
18	Populations to be Transitioned (unduplicated count)								
19	<i>Unduplicated Count</i> - Each individual is only counted once in the year that they physically transition.								
20	All population counts and budget estimates are based on the <u>Calendar Year (CY)</u> .								
21									
22		Elderly	MR/DD	Physically Disabled	Mental Illness	Dual Diagnosis			
23	CY 2007	0	0	0	0	0			
24	CY 2008	17	0	16	8	10			
25	CY 2009	122	75	254	50	50			
26	CY 2010	130	98	290	65	65			
27	CY 2011	150	143	337	60	60			
28	Total Count	419	316	897	183	185			
29		Total of Populations					2000		
30									

Please express FMAP as a decimal. (example: 68.32%=.6832)

State FMAP	Enhanced FMAP
FFY 2007	0.5
FFY 2008	0.5
FFY 2009	0.5
FFY 2010	0.5
FFY 2011	0.5

	A	B	C	D	E	F	G	H
31	Demonstration Budget							
32	Qualified HCBS Services, Demonstration HCBS Services and Supplemental Services are defined in the RFP.							
33	Administration - Normal - costs that adhere to CFR Title 42, Section 433(b)(7); Administrative - 75% - costs that adhere to CFR Title 42, Sections 433(b)(4) and 433(b)(10); Administrative - 90% - costs that adhere to CFR Title 42 Section 433(b)(3)							
34	Federal Evaluation Supports - costs related to administering the Quality of Life Survey (reimbursed @ \$100 per survey).							
35	Rebalancing Fund is a calculation devised by CMS to estimate the amount of State savings attributed to the Enhanced FMAP Rate that could be reinvested into rebalancing benchmarks.							
36	Other - Other costs reimbursed at a flat rate (to be determined by CMS)							
37								
38	Total Expenditures (2007 - 2011)	Rate	Total Costs	Federal	State			
39	Qualified HCBS		153,351,640.00	115,013,730.00	38,337,910.00			
40	Demonstration HCBS		12,498,631.00	9,373,973.25	3,124,657.75			
41	Supplemental		3,124,658.00	1,562,329.00	1,562,329.00			
42	Administrative - Normal		2,480,130.00	1,240,065.00	1,240,065.00			
43	Administrative - 75%		595,586.01	446,689.51	148,896.50			
44	Administrative - 90%		500,000.00	450,000.00	50,000.00			
45	Federal Evaluation Supports		600,000.00	600,000.00	-			
46	Other		-	-	-			
47	State Evaluation		-	-	-			
48	Total		173,150,645.01	128,686,786.76	44,463,858.25			
49								
50	Per Capita Service Costs		84,487					
51	Per Capita Admin Costs		1,788					
52	Rebalancing Fund		41,462,568					
53								
54								
55								
56	CY 2007	Rate	Total Costs	Federal	State	Summary		
57	Qualified HCBS	0.75	0	0	0	Actual Grant Award for CY		
58	Demonstration HCBS	0.75	0	0	0	Total Fed Costs		
59	Supplemental	0.5	0	0	0	Balance		
60	Administrative - Normal	0.5	0	0	0	Award Request for next year		
61	Administrative - 75%	0.75	0	0	0	Total (Balance + Request)		
62	Administrative - 90%	0.9	0	0	0	90,000		
63	Federal Evaluation Supports	1	0	0	0	6,273,000		
64	Other	1	0	0	0	6,363,000		
65	State Evaluation (if approved)	0.5	0	0	0			
66	Total		0	0	0			

A	B	C	D	E	F	G	H
67							
CY 2008	Rate	Total Costs	Federal	State	Summary		
68	0.75	4,307,832.00	3,230,874.00	1,076,958.00	Actual Grant Award for CY		
69	0.75	306,000.00	229,500.00	76,500.00	Total Fed Costs		
70	0.5	76,500.00	38,250.00	38,250.00	Balance		
71	0.5	621,000.00	310,500.00	310,500.00	Award Request for next year		
72	0.75	138,183.00	103,637.25	34,545.75	Total (Balance + Request)		
73	0.9	250,000.00	225,000.00	25,000.00			
74	1	10,000.00	10,000.00	-			
75	1		-	-			
76	0.5		-	-			
77		5,709,515.00	4,147,761.25	1,561,753.75			
78	Total						
79							
CY 2009	Rate	Total Costs	Federal	State	Summary		
80	0.75	41,146,616.00	30,859,962.00	10,286,654.00	Actual Grant Award for CY		
81	0.75	3,372,120.00	2,529,090.00	843,030.00	Total Fed Costs		
82	0.5	843,030.00	421,515.00	421,515.00	Balance		
83	0.5	644,500.00	322,250.00	322,250.00	Award Request for next year		
84	0.75	145,092.15	108,819.11	36,273.04	Total (Balance + Request)		
85	0.9	250,000.00	225,000.00	25,000.00			
86	1	60,000.00	60,000.00	-			
87	1		-	-			
88	0.5		-	-			
89		46,461,358.15	34,526,636.11	11,934,722.04			
90	Total						
91							
CY 2010	Rate	Total Costs	Federal	State	Summary		
92	0.75	50,276,147.00	37,707,110.25	12,569,036.75	Actual Grant Award for CY		
93	0.75	4,045,075.00	3,033,806.25	1,011,268.75	Total Fed Costs		
94	0.5	1,011,269.00	505,634.50	505,634.50	Balance		
95	0.5	598,600.00	299,300.00	299,300.00	Award Request for next year		
96	0.75	152,346.76	114,260.07	38,086.69	Total (Balance + Request)		
97	0.9		-	-			
98	1	125,000.00	125,000.00	-			
99	1		-	-			
100	0.5		-	-			
101		56,208,437.76	41,785,111.07	14,423,326.69			
102	Total						

	A	B	C	D	E	F	G	H
		Rate	Total Costs	Federal	State		Summary	
103								
104	CY 2011							
105	Qualified HCBS	0.75	57,621,045.00	43,215,783.75	14,405,261.25		Actual Grant Award for CY	48,971,250.00
106	Demonstration HCBS	0.75	4,775,436.00	3,581,577.00	1,193,859.00		Total Fed Costs	48,227,278.33
107	Supplemental	0.5	1,193,859.00	596,929.50	596,929.50		Balance	743,971.67
108	Administrative - Normal	0.5	616,030.00	308,015.00	308,015.00		Award Request for next year	-
109	Administrative - 75%	0.75	159,964.10	119,973.08	39,991.03		Total (Balance + Request)	743,971.67
110	Administrative - 90%	0.9		-	-			
111	Federal Evaluation Supports	1	405,000.00	405,000.00	-			
112	Other	1		-	-			
113	State Evaluation (if approved)	0.5		-	-			
114	Total		64,771,334.10	48,227,278.33	16,544,055.78			
115								

APPENDICES

Appendix I	Transition Coordinator Duties
Appendix II	Recruitment Brochure
Appendix III	Preference Interview Guidance
Appendix III-A	Preference Interview Tool
Appendix IV	Participant Information Form
Appendix V	Medi-Cal Waivers Chart
Appendix VI	Primary Threshold Languages
Appendix VII	Appendix A Self Direction
Appendix VIII	Project Director Résumé
Appendix IX	California Community Transitions Organizational Chart
Appendix X	Training Curriculum
Appendix XI	Demonstration Population and Medi-Cal Home and Community-Based Services

Transition Coordinator Duties

Transition coordinators facilitate service coordination for those residents who choose to relocate from an inpatient facility to community living. Transition coordinators, in cooperation with the project nurse, facility discharge planning staff, regional transition team, and waiver intake staff, are responsible for linking the individual to all necessary services and supports and for ensuring that all services and supports are in place prior to discharge. After discharge, the waiver case manager/service manager will assume the lead on service coordination.

Transition coordinators, in partnership with transition teams, will be responsible for activities such as:

- Working directly with nursing facility residents, their families, physicians, service providers and significant others to develop a comprehensive service plan.
- Coordinating services and service providers.
- Establishing and maintaining working relationships with nursing facility and hospital staff, Long-Term Care Ombudsmen staff and volunteers, multiple community health and social services agency staff, county Medi-Cal eligibility staff, state and federal agency staff (e.g., Social Security Administration), regional centers and providers of medical and social supports, demonstration project team, and others.
- Using team resources to create linkages between inpatient facility residents and services, supports, agencies, housing, income, and additional resources necessary to move from the inpatient facility to a safe and supportive home or assisted living environment.
- Coordinating the date of discharge from the inpatient facility with the various programs and services, including Medi-Cal eligibility, in the community setting.
- Maintaining accurate, comprehensive and confidential case records.
- Coordinating referral and assessment by agencies that provide medical and social services, income maintenance, Medi-Cal eligibility, housing, modification of the home environment, transportation, and others as appropriate for preliminary care-planning for services in a community setting.
- Assisting residents with paperwork, deadlines and record keeping.
- Scheduling meetings and consultations with individuals, groups or agencies that can provide input regarding preliminary care coordination for a specific resident.
- Furnish information directly to resident to determine preferences and keep them apprised of the coordination progress.
- Coordinating (but not providing) transportation, if necessary.
- Coordinating starting and ending dates of services.
- Coordinating changes with Medi-Cal eligibility aid code in the community.
- Assisting with paperwork to re-engage residents to their income support, depending on residents' own income source(s).
- Arranging visits, making phone calls and running errands, as necessary, for service coordination.
- Making revisions and finalizing comprehensive service plans based on residents' stated preferences.

Transition Coordinator Duties (continued)

Skills and Abilities

- Communicate professionally and personally with the general public and professionals in a variety of arenas such as health care, social services, income maintenance, housing, and others.
- Exercise diplomacy, tact and good judgment.
- Schedule and carry out Preference Interviews and conferences with residents and their significant others.
- Exercise residents' rights to privacy and adherence to HIPAA guidelines.
- Observe and document details relative to a resident's needs and preferences for services and service providers.
- Demonstrate excellent oral and written communication skills.
- Demonstrate knowledge of and working experience with community-based organizations, and long-term care programs, policies, and financing in the regional area.
- Demonstrate knowledge and insight to working with elders and persons with disabilities.
- Market demonstration services and supports to facilities, families, residents and interested persons.
- Keep individual service coordination records and reports.

Education and Experience Considerations

Education and experience may vary widely

Ideally, candidates will have life and work experience with long-term care programs, home and community-based services and programs serving seniors and/or persons with disabilities. Educational requirements are:

- High school plus at least two years of college, vocational school, certification training or equivalent in a related field (health or human services).
- BA in gerontology, social work, liberal arts, or any health and human services desirable.
- MA desirable, but not required.
- RN desirable, but not required.

Preference may be given to candidates with specific experience with:

- Programs serving seniors who have mental, physical and/or functional impairments.
- Programs and services for independent, younger adults who have disabilities.
- Medi-Cal and/or Medicare and individuals on Supplemental Security Income/State Supplemental Payment (SSI/SSP).
- Needs and services for dependent adults.
- Independent living skills.
- Mental health programs and services.
- Programs/services for persons with disabilities.
- Long-term care services in the home or community setting.

Transition Coordinator Duties (continued)

- Planning or arranging affordable housing programs.
- Assessing need for and coordinating medical, social and supportive services.
- Inpatient facility discharge planning.
- Information about and referral to health and social services programs.
- Care and service planning, specifically in the home setting.

Reimbursement

Reimbursement will be made subject to state and federal approvals. Reimbursement may be available under authority of Medi-Cal Administrative Activities (MAA) claiming, Targeted Case Management (TCM), HCBS waiver, Medical Case Management, or other Medi-Cal reimbursement mechanisms identified and approved by the California Community Transitions project director. In addition, public or private funding may be available, as identified by lead organizations.

For additional information about these requirements, contact the California Department of Health Care Services, Long-Term Care Division, e-mail: OLTC_CCT@dhcs.ca.gov

California Community Transitions

The federal and state governments are working with professionals in your home community to let you know about options to long stays as an inpatient in a health facility. If your stay in a hospital, a nursing or subacute care facility or an intermediate care facility for persons with developmental disabilities has lasted longer than six months and you have been a Medi-Cal beneficiary for the last 30 days, you may be eligible for this special program. Someone from your local area can speak with you and the people you name to find services and supports that could help you live in a community setting.

California Community Transitions *program representatives can assist you by:*

- * Talking to you about where you want to live and receive services.
- * Exploring services and supports that are available in your home community.
- * Helping you talk about the program with your physician and other people you name.
- * Planning and coordinating a return to community living.

Talk to a Transition Coordinator

This is a voluntary program. There are many things to think about and consider with your family, friends and your doctor. Talking to a transition coordinator will help you find out if there is an affordable place to live and what services are available.

Make YOUR own decision; explore your choices!

If you (or your loved one):

- * Have lived continuously in a hospital, a nursing or subacute care facility or an intermediate care facility for persons with developmental disabilities for six months or longer; and
- * Have used Medi-Cal during the last 30 days; and
- * Want more information about moving to your own place with services you want and need; and
- * Will work on a plan with a transition coordinator, your doctor, family and others who support your moving;

What to think about ...

- ◆ Where and with whom do you want to live?
- ◆ What can you do for yourself?
- ◆ What do you need help with?
- ◆ What questions do you have?
- ◆ What income and resources do you have available?
- ◆ What transportation is available for your doctor visits, shopping and other trips?



Then call:

1 (XXX) XXX-XXXX

This guidance is intended for California Community Transitions (Deficit Reduction Act of 2005, Money Follows the Person Rebalancing Demonstration) Teams when using the Preference Interview Tool. The tool was developed under the Department of Health Care Services' and Department of Rehabilitation's California Pathways project, Centers for Medicare & Medicaid Services Real Choice Systems Change Grant for Community Living, Grant No. 11-P-92077/9-01.

Regional transition teams are required, with a few exceptions, to make use of the Preference Interview Tool to identify long-term care facility residents who prefer to live in a community setting. The Tool employs a uniform process that ensures residents are treated with fairness, provided consistency in information, and given equal access to opportunities to receive needed services in the setting of their choice.

For Users Who Voluntarily Adopt the Tool Under Other Authority: Agencies or organizations who wish to adopt the Preference Interview Tool outside the authority of the California Community Transitions Demonstration must do so under other authority, and must ensure privacy consistent with the Health Information Portability and Accountability Act (HIPAA). The Department of Health Care Services and Department of Rehabilitation have no liability or responsibilities if an agency, organization or individual voluntarily adopts, uses, revises or otherwise implements the Preference Interview Tool under authority other than the California Community Transitions Demonstration. The Department of Health Care Services or other approved California Community Transitions Lead Organization will provide training on the use of the Tool.

Reference materials related to this protocol include:

- The Preference Interview Tool (includes introductory script and programmed questions).
- A research article published in the January 2008 volume of the Journal of American Geriatrics Association describing the development and testing of the Tool.
- A paper published by the Rutgers Center for State Health Policy (includes recommendations for the Centers for Medicare & Medicaid Services about modifying the Minimum Data Set to include a protocol for assessing individual preference).

Materials and protocols used by other states can be found on the Internet at www.hcbs.org.

Protocol Name: Preference Interview Tool Guidance

Purpose: To objectively and proactively identify an individual's preference for staying or leaving a nursing facility, the stability of that preference, the level of motivation to transition and his/her level of understanding about his/her service needs in a community setting.

GUIDANCE FOR USE WITH PREFERENCE INTERVIEW TOOL

Guidance
Identify long-term care facilities and develop working relationships with facility staff.
Identify who is going to use the Preference Interview Tool and ensure there is authority to engage private discussions with individual long-term care facility residents.
Set up recordkeeping protocols.
Develop protocols for scheduling and conducting Preference Interviews.
Identify long-term care facility residents who give consent for their own health care decisions and those who have authorized surrogate decision-makers.
Conduct a 1:1 private Preference Interview with residents who make their own health care decisions.
Contact authorized surrogate decision-makers by telephone (or use another consistent method) regarding Preference Interview.
Provide an information sheet about Home and Community-Based Services (HCBS). Be prepared to provide HCBS information in alternative formats and languages.
With each Preference Interview ensure privacy consistent with HIPAA. Have protocol to document resident authorization to discuss plans for discharge, access private health information and discuss community plans with personal physician and other service providers.
Conduct 1:1 Preference Interview with authorized surrogate decision-maker.
Develop a protocol for accommodating residents who refuse the Preference Interview and/or could not be contacted, e.g., schedule follow-up interviews or re-schedule the interview; provide more information on HCBS, etc. Ensure that residents who refused and were not interested will not be re-contacted unnecessarily.
After about two weeks after an Interview that resulted in a "yes" response, repeat the Interview to determine a stable preference to transition. Ask if there are any questions about HCBS, and provide applicable information, as requested. Ensure documentation of HIPAA release in order to initiate resident service planning.
Begin individual resident service planning. Prepare and maintain individual information records for residents who want to transition. Keep data and records on all aspects of individual HCBS planning based on individual resident situations. Consult with social worker, nursing staff, and other community resources for technical information.
Proceed with discharge planning per established protocols.

California Department of Health Care Services

INTERVIEWER NOTE: *The purpose of this interview is to determine a resident's preference for leaving the nursing home/nursing facility to live in a community setting, and identify services that might be needed to assist in the move (or transition). The California Department of Health Care Services sponsors a variety of service alternatives which make it possible for a resident to choose where s/he receives supportive services.*

Many nursing home residents are not aware of services which may be available to assist him/her to live in the community. The purpose of this survey has two goals. The first goal is to determine which Residents chose to move to the community. The second goal is to make sure that people who respond that they do not want to leave the nursing home, are fully informed of their choices, at the time they make their decision. Because of the need to inform residents about the possibility of receiving care and services in the community, questions 4 and 5 of this survey are designed to educate residents about housing alternatives and available services. All residents interviewed, including those who expressed an initial preference to not leave the nursing home, are asked the same questions. Specific questions about housing and services (questions 6-26) are not designed to screen people from further consideration for relocation.

Any discussion on moving from a nursing home to live in the community is complex. These questions are designed to educate residents and family members about the services and housing options might be available whether they are or are not eligible for the MFP Demonstration, California Community Transitions. Specific questions about housing and services (questions 6-26) are not designed to screen people from further consideration for relocation. Those residents not eligible for the Demonstration will be referred to existing service alternatives consistent with their choice of treatment setting and the goals of the US Supreme Court's Olmstead decision.

Preference Interview Data Collection Tool

Resident ID #		Date	
Facility #		Room #	
Interviewer #		Start Time	

INTERVIEWER GREETING:

Hi. My name is _____ **name** _____ from _____ **agency name** _____.

I am working with the state and a local team on a new program. We are talking with people who live in nursing homes, who might like to move out into their own places. The program would use the same money that the state spends on your care here, to pay for the care you might need if you lived in your own place.

I would like to ask you some questions about where you (or your relative) might want to live. I will also ask some questions about what services you might need. What you tell us is private. It will not be used to change the care you get now. It may help us to know what your needs will be if you choose to move later on. Talking to me today is your choice. You may choose to not answer any one question or all the questions. You may end our meeting at any time. Your choice will not change the care you (or your relative) receive here at the nursing home.

Would you like to talk more about the possibility of receiving services in your own place?

--- (If yes) I have some questions to ask you. The questions might help you decide if moving to your own place is a good choice for you (or your relative).

--- (If no) Thank you for letting me talk with you. If you would like to talk about living in your own place at another time, here is my number.

This interview will take about 20 minutes. If you choose to try and move to your own place, I may give (or mail) you a permission form. The form gives me (us) written permission to take a look at your medical record. This is necessary to get information about what services might be needed if you moved into your own place instead of living here in the nursing home. We will not give information about our talk to any other person, unless you give us written permission. All information will be kept confidential.

Thinking about living in your own place may make you feel disappointed if you are not able to move. The main reason for this interview is to provide you with information. If you want to move, more information will be given to you. That information will be about services that could meet your needs. We will not give information about this discussion to any other person unless you want to move from the nursing home and you give us written permission. All information will be kept confidential.

Is now a good time and can I ask you some questions?

_____ NO, **STOP INTERVIEW**
_____ YES, **CONTINUE**

1. What changes occurred in your (your relative's) life that led you (your relative) to move to the nursing home?(PROMPT WITH EXAMPLES BELOW IF RESIDENT IS UNCERTAIN OR CONFUSED)

- _____ 1. A change in medical health,
- _____ 2. A need for therapy to recover from surgery,
- _____ 3. A change in physical ability,
- _____ 4. A long illness,
- _____ 5. A need for help 24 hours a day,
- _____ 6. Money problems,
- _____ 7. Don't know, Not sure
- _____ Other (LIST): _____

2. Do you think you (your relative) would be able to leave the nursing home and live somewhere else, now?

- _____ 1. NO (GO TO Q2a),
2a. What are some reasons you (your relative) couldn't leave the nursing home? (LIST)
 - 1. _____
 - 2. _____
 - 3. _____
 - 4. _____(GO TO Q3)
Comments: _____
- _____ 3. Don't know, Not sure (GO TO Q3)
Comments: _____
- _____ 2. YES (GO TO Q3)

3. Would you (your relative) want to live somewhere other than the nursing home?

- _____ 1. NO (Go to Q3a)
3a. What are some reasons you (your relative) want to continue living in the nursing home? (LIST)
 - 1. _____
 - 2. _____
 - 3. _____
 - 4. _____

(GO TO Q4)

_____ 3. Don't know, Not sure (GO TO Q4)

Comments: _____

_____ 2. YES (GO TO Q4)

4. There are options for living outside the nursing home. You (your relative) could live in your (their) own home or (a senior) apartment with help from in home supportive services, personal care assistants, community meals, and special activities; you (your relative) could live in an assisted living facility (if it takes Medi-Cal), which provides meals, housekeeping, some light personal assistance, and special activities; or you (your relative) could live with 3 to 6 other people in a group home which provides meals, housekeeping, and in home supportive services and personal care assistants. Do you think any of these would be good for your relative? NO, (Go to Q5)

_____ YES, (Go to Q5)

_____ Don't Know, Not Sure, (Go to Q5)

5. I am going to list some services that you (your relative) might be able to get. You (your relative) could get help with: getting out of bed, bathing, eating, toileting, getting dressed, walking, using the phone, shopping, preparing meals, housekeeping, taking medications, transportation, managing money. Would it be feasible for you (your relative) to live outside the nursing home with these services?

_____ NO,

STOP INTERVIEW, GET HIPAA CONSENT SIGNED (TELL FAMILY MEMBERS THIS WILL BE MAILED TO THEM).

Would you allow us to talk with your relative? _____NO
_____YES

Thank you for taking the time to answer these questions

_____ YES, (Go to Q6)

_____ Don't Know, Not Sure, (Go to Q6)

6. Where would you (your relative) live and with whom?

_____ Apartment or home alone

_____ Apartment or home with family

_____ Apartment or home with spouse or partner

_____ Assisted living facility (if they take Medi-Cal)

_____ Group home

_____ No place to go

- a. _____ Are you willing to live in a group home with 3 to 6 other people?
- b. _____ Are you willing to live in an assisted living facility?
- c. _____ Are you willing to live in a senior apartment?

Now I'm going to list the services that might help you (your relative) live outside the nursing home. Listen to them and tell me if you need the service.

7. Help getting out of bed and into a chair? _____ NO (7),
 _____ YES (7),

If yes, how much assistance: (*circle response*)

7a. Set-up only (side rails moved out of way, wheelchair placed nearby)

7b. Supervision from nurse aide

7c. Limited assistance – nurse aide does not bear resident weight during assistance, resident uses bed-rails or other devices such as a trapeze for support

7d. Extensive/total assistance – nurse aide bears significant amount or all of resident weight

8. Help getting started to eat? For example, cutting up your food, or getting your silverware at meal times?

_____ NO (8),
 _____ YES (8),

9. Help eating? For example, someone to feed you?

_____ NO (9),
 _____ YES (9),

When eating, do you use: (*circle all responses*)

9a. special utensils to eat?

9b. special cups to drink?

10. Help turning or moving in bed?

_____ NO (10),
 _____ YES (10),

11. Help getting to the toilet?

_____ NO (11),
 _____ YES (11),

a. _____ Wears adult briefs or pads

_____ NO (11a),
 _____ YES (11a),

If adult briefs or pads are worn, how often (i.e., always, only when going out of the facility)? _____

b. Help changing your adult brief or pad?

_____ NO (11b),
_____ YES (11b),

12. About how many times during the day do you think you need help getting to the toilet OR changing your adult brief /pad? _____

If resident states they do not know, use the following prompts: (*circle response*)

12a. Do you need help when you wake up? NO YES

12b. Do you need help after breakfast? NO YES

12c. Do you need help before lunch? NO YES

12d. Do you need help after lunch? NO YES

12e. Do you need help before dinner? NO YES

12f. Do you need help after dinner? NO YES

12g. Do you need help before bed? NO YES

Total number of YES responses approximates how many times the resident needs assistance to get to the toilet or have their pad changed.

13. Help with morning care like brushing your teeth, washing your face, brushing your hair, or putting on your deodorant? _____

_____ NO (13),
_____ YES (13),

If yes, what type of assistance? (*circle response*)

13a. Set-up only

13b. Supervision from nurse aide

13c. Limited assistance – nurse aide performs some but not all care tasks

13d. Extensive/total assistance – nurse aide performs all morning care tasks

14. Help with bathing or taking a shower? _____

_____ NO (14),
_____ YES (14),

Do you prefer showers or baths? (*circle response*)

14a. Showers

14b. Baths

15. Help walking inside? _____

_____ NO (15),
_____ YES (15),

16. Help walking outside? _____

_____ NO (16),
_____ YES (16),

17. What kind of help do you need?

- Cane
- Walker
- Safety rails on walls
- Wheelchair

a. If Wheelchair, do you need help getting around in your wheelchair **inside**?

NO (17a),

YES (17a),

b. If Wheelchair, do you need help getting around in your wheelchair **outside**?

NO (17b),

YES (17b),

For questions 18 and 19, ask the resident if they can bend down to reach their shoes and if they need assistance with buttons, zippers or tying laces even if they state that they do not need help dressing.

18. Help getting dressed in the morning?

NO (18),

YES (18),

a. If YES, what do you need help with

Shoes/socks

Shirt/dress

Pants

19. Help getting undressed at night?

NO (19),

YES (19),

a. If YES, what do you need help with

Shoes/socks

Shirt/dress

Pants

20. Help using the telephone?

NO (20),

YES (20),

a. YES, Do you need

Volume increased, can't hear

Large numbers, can't see to dial

Dialing assistance, can't dial

21. Help cooking or preparing your meals? _____ NO (21),
_____ YES (21),

22. Help with medications? _____ NO (22),
_____ YES (22),

22a. Able to read labels? Yes No

22b. Able to open medication bottles
and/or blister packs? Yes No

23. Help with housework? _____ NO (23),
_____ YES (23),

a. If YES, what do you need help with

_____ Laundry

_____ Washing dishes (able to stand for extended periods of time?)

_____ Cleaning house (able to bend over to pick things up?)

24. Help shopping? _____ NO (24),
_____ YES (24),

25. Help with transportation? _____ NO (25),
_____ YES (25),

Is resident currently using transportation and how
often? _____

26. Help managing your money or finances? _____ NO (26),
_____ YES (26),

a. If YES, do you need help with

_____ Paying your bills

_____ Balancing your check book

_____ Tracking your bank accounts

27. If you had help available for any of these services, would you (your relative) **be able to** leave the
nursing home? _____ NO (27)

_____ YES (27)

STOP INTERVIEW, GET HIPAA CONSENT SIGNED (TELL FAMILY MEMBERS THIS WILL BE MAILED TO THEM).

For Surrogate Decision-Makers

Would you allow us to talk with your relative? _____NO _____YES

Thank you for taking the time to talk with me. We want to be sure you understand that answering these questions does NOT mean that you will be relocated out of the nursing home without your consent and discussion about what you want to do. We don't want to create false hope about moving. We do want to get information to you if you would prefer to live some place other than the nursing home.

OFFER TO FOLLOW UP ACTION TO PROVIDE INFORMATION OR REFERRAL ABOUT COMMUNITY SERVICES OR FOR ANY NEED THAT IS EXPRESSED DURING THE INTERVIEW.

Follow-Up Notes:

For interviewer to fill out:

28. How clear is the person in terms of what services are needed?

- _____ 1-Not at all clear
- _____ 2-Somewhat clear
- _____ 3-Neither clear nor unclear
- _____ 4-Somewhat clear
- _____ 5-Very clear

29. How motivated is the person to relocate?

- _____ 1-Not at all motivated
- _____ 2-Somewhat unmotivated
- _____ 3-Neither motivated nor unmotivated
- _____ 4-Somewhat motivated
- _____ 5-Very motivated

End Time: _____

**California Community Transitions
Participant Information Form**

(Provided in any convenient format and read aloud as necessary)

I have had an opportunity to learn about and discuss the California Community Transitions demonstration and I am interested in participating. I understand that:

- ✓ The demonstration is authorized through an agreement between the California Department of Health Care Services (DHCS) and the federal Centers for Medicare & Medicaid Services.
- ✓ A transition team is made up of program professionals and peers from my home community.
- ✓ _____ will be my transition coordinator. I can reach him/her at _____.
- ✓ My transition coordinator will be working with me about my plans to leave the inpatient facility and has my informed consent to access my Personal Health Information (PHI). The transition coordinator also has my permission to discuss my transition with my personal physician and other service providers.
- ✓ The demonstration allows me to work with a transition team to arrange for services under the demonstration for 365 days following, and including, my day of discharge from the inpatient facility. On the 366th day, the services I continue to need at home will be provided under a Medi-Cal Home and Community-Based Services waiver and/or with Medi-Cal state plan services for as long as I am eligible, and as long as I have a need for such services. Changes in my comprehensive service plan will be discussed with me and I will make decisions about services and any risks that may affect my services, my providers, and my well-being.
- ✓ I can contact my transition coordinator at any time to arrange for and/or make changes to my comprehensive service plan under the demonstration.
- ✓ I can report suspected elder and dependent abuse by calling my local Adult Protective Services office at _____, and/or by contacting the local police department or sheriff at _____.
- ✓ I will promptly contact someone that I trust if I feel that I am at risk in any way of failing to get the needed supports and services to allow me to stay in my community home.
- ✓ If my request for Medi-Cal services are denied or modified for reasons unknown to me, I have the choice of filing a request for a state hearing.
- ✓ I will share my ideas on surveys or questionnaires about the quality of services under the demonstration and my general satisfaction with my return to community living.

Participant's Signature*		Date
Participant's Name Printed		
Facility Name and NPI		
Lead Organization or Transition Coordinator		Date

* Or participant's authorized decision maker

**Department of Health Care Services
Medi-Cal Waivers Chart
May 23, 2008**

Title	Description	Waiver Enrollment Capacity by Waiver Year (WY)	Waiver Term
1915(c) Home and Community-Based Services Waivers (HCBS)			
Acquired Immune Deficiency Syndrome (AIDS)	Provides home and community-based services (HCBS) to Medi-Cal beneficiaries with mild to late stage HIV /AIDS disease as an alternative to nursing facility or hospital care. Services include: minor home modifications, case management, home health aide/attendant care, non-emergency medical transportation, homemaker services, nutritional services, specialized medical equipment, home delivered meals, psychotherapy, and nutritional supplements.	3,560 – CY 2007 3,720 – CY 2008 3,890 – CY 2009 4,070 – CY 2010 4,250 – CY 2011	1/1/07–12/31/11
Assisted Living Waiver Pilot Project (ALWPP)	Provides HCBS services as an alternative to long-term nursing facility placement to Medi-Cal beneficiaries over the age of 21 in either of two settings: a Residential Care Facility for the Elderly; or in Publicly Subsidized Housing with a Home Health Agency providing the assisted care services. The pilot is being trialed in three counties: Sacramento, San Joaquin and Los Angeles. Services include: minor home modifications, nursing home transitional services ³ , community transition services ⁴ , care coordination, consumer education, and translation/interpretation services.	200 – CY 2006 600 – CY 2007 1000 – CY 2008	1/1/06–12/31/08
Home and Community-Based Services Waiver for the Developmentally Disabled (DD Waiver)	Provides HCBS to mentally retarded and developmentally disabled persons who are regional center clients and reside in the community as an alternative to care provided in an intermediate care facility for the developmentally disabled mentally retarded (ICF/DD/MR). Services include: minor home modifications, respite care, personal emergency response system, home health aide services, habilitation, transportation, communication aides, family training, homemaker / chore services, nutritional consultation, specialized medical equipment/supplies, crisis intervention, and supported employment and living services.	75,000 – WY 06-07 80,000 – WY 07-08 85,000 – WY 08-09 90,000 – WY 09-10 95,000 – WY 10-11	10/1/06–9/30/11
Multipurpose Senior Services Program (MSSP)	Provides HCBS to Medi-Cal beneficiaries who are 65 or over and disabled as an alternative to nursing facility placement. HCBS allow the individuals to remain in their homes. Services include: health care and personal care assistance, respite care, housing assistance, meal services, transportation, protective services, communication services ⁵ and chore services.	16,335 per each WY	7/1/04–6/30/09

³ Nursing home transitional services is a one-time benefit to compensate the Care Coordination Agency for the higher cost/effort of transitioning someone from skilled nursing into the assisted living setting. It is equivalent to five months of on-going care coordination, or \$1000.

⁴ The community transition services benefit is a one-time benefit for the resident to assist with the acquisition of needed items to successfully transition from skilled nursing into the assisted living setting. The benefit includes clothing, household items, but specifically prohibits televisions, cable service or telephone services.

⁵ The communication service is the personal emergency response system, a 24-hour emergency assistance electronic device that enables the beneficiary to contact EMS in the event of an emergency.

**Department of Health Care Services
Medi-Cal Waivers Chart
May 23, 2008**

Title	Description	Waiver Enrollment Capacity by Waiver Year (WY)	Waiver Term
Nursing Facility / Acute Hospital (NF/AH)	Previously known as the Nursing Facility A/B waiver, the Nursing Facility Acute Hospital waiver combines the following three prior HCBS Waivers: (1) Nursing Facility A/B Waiver; (2) Nursing Facility Subacute (NFSA); and the In- Home Medical Care (IHMC) Waiver into one large waiver. Services include: minor home modifications, case management, respite care (home & facility), personal emergency response system, community transition services, habilitation, family training, personal care services, transitional case management, medical equipment operating expenses, and private duty nursing, including shared services.	2,392 – CY 2007 2,552 – CY 2008 2,712 – CY 2009 2,872 – CY 2010 3,032 – CY 2011	1/1/07–12/31/11
Pediatric Palliative Care Waiver (New)	This is a new waiver application that is scheduled to be filed in 2008. The waiver allows federal reimbursement of HCBS for children with life limiting conditions with the concurrent provision of hospice-like services and curative treatment. According to diagnosed need and an approved plan of care services include; concurrent provision of the hospice-like services and therapeutic state plan services, care coordination, expressive therapies, family training, individual and family caregiver counseling and bereavement services, and respite care.	Undetermined	Initial waiver will cover a three-year period once approved
Self-Directed Services / Developmental Disabilities Waiver (New)	This is a new waiver application that was submitted to CMS on April 2, 2008. The waiver provides individuals the ability to have control over their waiver services by establishing individual program budgets for self directed services. Services include: home health aides, prevocational services, supported employment, respite, live-in caregiver, community living supports, communication support, housing access supports, advocacy services, skilled nursing, therapeutic services, nutritional counseling, behavior intervention, family assistance and support, minor home and vehicle modifications, specialized medical equipment and supplies, personal emergency response system, transportation, and crisis intervention.	Undetermined	Initial waiver will cover a three-year period once approved
1915(b) Freedom of Choice Waivers			
County Organized Health Systems (COHS) – Health Insuring Organizations of California (HIO)	Authorizes the following county operated managed health care programs: CalOPTIMA (Orange County), Central Coast Alliance for Health (CCAH) (Santa Cruz and Monterey counties), and Partnership Health Plan of California (PHC) (Solano, Napa, and Yolo Counties). Enrollment is mandatory for all covered aid codes.	N/A	7/1/07–6/30/09
Specialty Mental Health Consolidation Program	Provides specialty mental health services for Medi-Cal beneficiaries with specified diagnoses requiring treatment by licensed mental health professionals through county mental health plans.	N/A	7/1/07–6/30/09

**Department of Health Care Services
Medi-Cal Waivers Chart
May 23, 2008**

Title	Description	Waiver Enrollment Capacity by Waiver Year (WY)	Waiver Term
1115 Demonstration Project Waiver In-Home Supportive Services Plus (IHSS Plus)	Provides aged, blind and disabled individuals an array of self-directed personal care assistance and delivery options that are not available under the Personal Care Services Program. This Independence Plus waiver enables recipients to remain in their own home or family home. Services include: a restaurant meal allowance for those unable to cook in their own home, advanced pay for individuals to hire their own caregivers, and payment for services provided by a parent or spouse that enables their child or spouse, who would otherwise have to have the service performed by a hired caregiver, to remain in the home.	N/A	8/1/04–7/31/09

**Money Follows the Person Rebalancing Demonstration
California Community Transitions Operational Protocol**

Appendix A: Self-Direction

I. Participant Centered Service Plan Development

a. **Responsibility for Service Plan Development.** Specify who is responsible for the development of the service plan and the qualifications of these individuals (*check each that applies*):

<input checked="" type="checkbox"/>	Registered nurse, licensed to practice in the State
<input type="checkbox"/>	Licensed practical or vocational nurse, acting within the scope of practice under State law
<input checked="" type="checkbox"/>	Licensed physician (M.D. or D.O)
<input checked="" type="checkbox"/>	Case Manager. <i>Specify qualifications:</i> Case Management services are designed to assess the Participant’s need for medical, social and other services, and to assist them in gaining access to those needed services, regardless of the funding source, to ensure the Participant’s health and safety, and support of their community living. Case Managers also assist in acquiring personal care providers as described in the Participant’s Service Plan (SP), which includes the medical Plan of Care. Case Managers work with the Participant, his/her legal representative/legally responsible adult and/or circle of support (Participant, Surrogate Decision-Maker, and/or Support Group), and physician in developing goals and identifying a course of action to respond to the assessed needs of the SP. Case Managers assist the Participant in understanding the various services he/she is receiving or may receive and the impact, if any, of the services received/requested, based on the source of funding, as well as oversee implementation of the services described in the SP, and evaluate the effectiveness of those services. Case Management responsibilities include assessing, care planning, locating, coordinating, and monitoring services for community-based Participants on the waiver. Case Management services do not include the direct delivery of any service.
<input type="checkbox"/>	Social Worker. <i>Specify qualifications:</i>
<input type="checkbox"/>	Other (<i>specify the individuals and their qualifications</i>):

b. **Service Plan Development Safeguards.** *Select one:*

<input checked="" type="checkbox"/>	Entities and/or individuals that have responsibility for service plan development <i>may not provide</i> other services to the Participant.
<input type="checkbox"/>	Entities and/or individuals that have responsibility for service plan development <i>may provide</i> other direct services to the Participant. The State has established the following safeguards to ensure that service plan development is conducted in the best interests of the Participant. <i>Specify:</i>

- c. **Supporting the Participant in Service Plan Development.** Specify: (a) the supports and information that are made available to the Participant (and/or family or legal representative, as appropriate) to direct and be actively engaged in the service plan development process and (b) the Participant's authority to determine who is included in the process.

• The Case Manager provides the Participant, Surrogate Decision-Maker, and/or Support Group with information on the purpose of the service plan and encourages them to participate in identifying his/her needs, services, and providers to support and ensure the safety of his/her home program. The information is provided verbally at the initial and ongoing face-to-face home visits, as well as in writing through the Medi-Cal Home and Community-Based Services (HCBS) Waiver Informing Notice and Menu of Health Services (MOHS). During the ongoing home visits, the Case Manager reviews the SP with the Participant, Surrogate Decision-Maker, and/or Support Group to ensure the SP accurately reflects the Participant's identified care needs, type and duration of services, and providers of the service. The Case Manager is available to assist the Participant, Surrogate Decision-Maker, and/or Support Group with information on the State Plan and waiver services that can meet his/her identified needs. Participant is encouraged to select service providers who are best suited to meet his/her needs, taking into account experience providing direct care services in the home, availability, hours of service, and cultural and linguistic competencies.

The Case Manager provides technical assistance to Individual Nurse Providers (INPs) and/or other providers who assist the Participant in the development of his/her SP, on the waiver requirement to include the Participant, Surrogate Decision-Maker, and/or Support Group in the development of the SP. The provider receives this information verbally during the provider visit and in the HCBS Informing Notice that is mailed to the HCBS waiver provider.

• Beginning with the application for waiver services and throughout the development of the SP, the Participant, Surrogate, and/or Support Group are provided with the opportunity and encouraged to involve individuals of his/her choice in the development of the SP. The "HCBS Informing Notice" informs the Participant and/or his/her Surrogate Decision-maker in determining who can assist them in selecting and identifying waiver services and providers. The Informing Notice includes a complete description of the Participant, his/her primary caregivers, the primary care physician, HCBS waiver service providers, and DHCS' roles and responsibilities in the development and implementation of the SP.

- d. **Service Plan Development Process** In three pages or less, describe the process that is used to develop the Participant-centered service plan, including: (a) who develops the plan, who participates in the process, and the timing of the plan; (b) the types of assessments that are conducted to support the service plan development process, including securing information about Participant needs, preferences and goals, and health status; (c) how the Participant is informed of the services that are available; (d) how the plan development process ensures that the service plan addresses Participant goals, needs (including health care needs), and preferences; (e) how the MFP demonstration and other services are coordinated; (f) how the plan development process provides for the assignment of responsibilities to implement and monitor the plan; (g) assurance that the individual or representative receives a copy of the plan. State laws, regulations, and policies cited that affect the service plan development process are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

The Case Manager is responsible for developing the Service Plan (SP). A Case Manager can be:

- An RN licensed to practice in the State of California, who is employed by a Home Health Agency or who is under the direction of a licensed physician.
- A Physician licensed to practice in the State of California who is the Participant’s treating physician.
- A Marriage and Family Therapist (MFT), Licensed Clinical Psychologist, Licensed Clinical Social Worker (LCSW).
- A professional corporation that employs MFTs, Licensed Clinical Psychologists, and/or LCSWs.
- A non-profit agency that employs MFTs, Licensed Clinical Psychologists, LCSWs, individuals with a Baccalaureate degree or higher in Clinical Social Worker, Social Welfare, Psychology, Marriage and Family Therapy or Gerontology.

The Participant’s primary care physician, if different from the treating physician, must participate in the development of the SP.

DHCS policies and procedures require that the Participant’s Case Manager include the Participant, Surrogate Decision-Maker, and/or Support Group in identifying the Participant’s care needs, waiver services, and providers in the development of the SP.

The Participant’s Case Manager is responsible for completing the initial SP and updating it, at least every 180 days thereafter. If after the completion of the initial SP it is determined that the Service Plan does not meet the Participant’s needs due to significant changes in the Participant’s condition, the Case Manager, consulting with the treating physician, must submit an updated or revised physician-signed SP to the DHCS. "Significant changes" are changes that suggest the need to modify the SP, such as changes in the Participant’s health status, home setting, or availability of waiver providers.

DHCS monitors the timeliness of the SP. Waiver service providers are required to submit a copy of the current physician-signed SP with each request for authorization of waiver services. Case Managers may use the “Medi-Cal Operations, Home and Community-Based Services, Plan of Treatment” or the CMS-485 Home Health Plan of Care for the SP. The SP must include the Participant’s demographic information; treating and primary care physician information; medical information and diagnosis; HCBS waiver program and level of care (LOC); all required waiver services, including amount, frequency, duration and waiver service provider requirements; the treatment plan for the home program; the Participant’s functional limitations; permitted activities; mental status; medical supplies; ongoing therapies and therapy referrals; treatment goals, including rehabilitation potential; and training needs for the Participant and family.

The Case Manager completes the SP summarizing the status of the Participant during the previous SP period and the effectiveness of the services provided. The Participant, and/or his/her legal representative/legally responsible adult(s), the physician who oversees the home program, and all providers of waiver services sign the completed SP.

The Case Manager reviews the completed SP to verify the Participant’s care needs, the frequency and

APPENDIX VII

duration of waiver and state plan services, providers, and the Participant's goals.

Back-up systems are also identified. The Case Manager's review of the SP is conducted during the initial request for NF/AH Waiver services, during the re-evaluation of the Participant's LOC, at the annual provider visit, and with each request for waiver services. The Case Manager may ask for additional documentation supporting the medical necessity of the services described in the SP. Any necessary or suggested revisions of the SP are discussed with the waiver service providers, the treating physician, and Participant, Surrogate Decision-maker, and/or Support Group. Modifications to the SP are made only with approval of the Participant and/or his/her Surrogate Decision-Maker and the treating physician.

The Case Manager provides information to the Participant, Surrogate Decision-Maker, and/or Support Group on the NF/AH Waiver and available provider types. This information is provided verbally during the initial and subsequent home visits, and in writing through the Menu of Health Services (MOHS). The MOHS lists all the waiver services and provider types available to the Participant. The MOHS is a planning instrument that is used by the Participant, Surrogate Decision-Maker, and/or Support Group and Case Manager in the development of a home care program, and to ensure the home program meets the NF/AH Waiver cost neutrality requirements. The Participant, Surrogate Decision-Maker, and/or Support Group are encouraged to select the waiver service best suited to meet his/her needs during the completion of the MOHS. They are advised to contact, by telephone or in writing, the Case Manager when they have questions regarding waiver services and/or providers.

The SP process is designed to document the Participant, Surrogate Decision-maker, and/or Support Group's goals for successfully living at home in the community. Participants are encouraged to participate in the development of the SP, choosing waiver services, providers, and treatment options that will assist them in meeting the stated goals. The Participant and/or his/her Surrogate Decision-maker responsible adult(s) and waiver service providers responsible for the services specified in the plan must sign the completed SP. The Case Manager reviews the effectiveness of meeting the goals described in the SP during the LOC reevaluation home visit.

The Case Manager is primarily responsible for assisting the Participant with coordination of waiver and State Plan services. S/he regularly updates the SP, documenting changes in the Participant's health status and identifying waiver and non-waiver services needed for the Participant to remain safely at home. The Case Manager can assist the Participant, Surrogate Decision-maker, and/or Support Group to identify providers, or other necessary services.

The Case Manager can also assist the Participant and/or his/her legal representative/legally responsible adult(s) and/or circle of support and waiver case manager to identify local resources, provided by non-governmental organizations or state and local government agencies, for transportation, housing, and nutrition services.

The SP requires the Case Manager to identify waiver services, waiver providers, and the amount and frequency of waiver services. The Case Manager is responsible for making certain that services are provided in accordance with the SP. After the completion of the initial Service Plan, if it is determined that the SP does not meet the Participant's needs due to significant changes in the Participant's condition, the Case Manager, consulting with the treating physician, must submit an updated or revised SP to the Case Manager. "Significant changes" are changes that suggest the need to modify the SP such as changes in the Participant's health status, home setting, or availability of waiver providers.

The Case Manager reviews the SP while conducting the LOC reevaluation. During the reevaluation, the Case Manager reviews the SP with the Participant, Surrogate Decision-Maker, and/or Support Group to identify any problems in the home care program. The waiver case manager is required to be present during the Participant's scheduled reevaluation.

- e. **Risk Assessment and Mitigation.** Specify how potential risks to the Participant are assessed during the service plan development process and how strategies to mitigate risk are incorporated into the service plan, subject to Participant's needs and preferences. In addition, describe how the service plan development process addresses backup plans and the arrangements that are used for backup.

The Service Plan documents the waiver case manager's nursing evaluation and proposed interventions enabling the Participant to live safely at home in the community. The Case Manager reviews the SP, taking into account the Participant's medical condition and care need(s), and verifies the SP is signed by the waiver case manager service provider and the responsible physician. The physician's signature is evidence that the physician has reviewed the SP, agrees that it addresses the Participant's health care needs so that he/she can live safely at home in the community. The SP is developed based on information obtained from the nursing evaluation and the home safety evaluation. It includes an evaluation of risk factors affecting the Participant's health and safety (e.g. sufficient care providers trained in the Participant's care needs, effective back-up plan, evaluation of possible abuse, neglect and exploitation). Identified conditions that may affect the Participant's health, welfare, and/or safety require the waiver case manager to develop a plan of correction and provide evidence that the conditions are corrected. An approved SP will include the following information:

- Assurance that the area where the Participant will be cared for can accommodate the use, maintenance, and cleaning of all medical devices, equipment, and storage supplies necessary to maintain the Participant in the home in comfort and safety, and to facilitate the nursing care required;
- Assurance that primary and back-up utility, communication, and fire safety systems and devices are available, installed, and in working order, including grounded electrical outlets, smoke detectors, fire extinguisher, and telephone services;
- Evidence that local emergency and rescue services and utility services have been notified that a person with special needs resides in the home;
- Assurance that all medical equipment, supplies, primary and back-up systems, and other services and supports, are in place and available in working order, or have been ordered and will be in place at the time the Participant is placed in the home;
- Documentation that the Participant is not subjected to abuse, neglect, or exploitation and is knowledgeable of his/her rights and who to contact if incidents occur; and
- Documentation that the caregivers are knowledgeable of the care needs of the Participant.

- f. **Informed Choice of Providers.** Describe how Participants are assisted in obtaining information about and selecting from among qualified providers of the services in the service plan.

Participants receiving services through the NF/AH Waiver can select any Medi-Cal provider who is willing to provide State Plan or waiver services, and is qualified and enrolled as a waiver provider. The Case Manager provides the Participant, Surrogate Decision-Maker, and/or Support Group with a list of current HCBS waiver providers and information on how a non-HCBS waiver provider can enroll as a waiver provider. Additionally, the Case Manager provides the Participant and/or his/her legal representative/legally responsible adult(s) with the MOHS, which includes the provider types authorized to provide approved waiver services.

Participants are encouraged to identify providers of waiver services that can best meet his/her needs. Factors considered should include a provider's experience, abilities, and availability to provide services in a home and community-based setting, as well as the ability to work with the Participant's other caregivers, the primary care physician, and the Case Manager. When needed, the Case Manager can assist the Participant and/or Surrogate Decision-Maker in locating waiver service providers.

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- g. Process for Making Service Plan Subject to the Approval of the Medicaid Agency.** Describe the process by which the service plan is made subject to the approval of the Medicaid agency or other agency operating the MFP demonstration project:

The Case Manager is responsible for approving the Service Plan (SP). A current SP must be submitted to DHCS at the initial waiver enrollment and with each Treatment Authorization Request (TAR) for authorization of waiver services. The Case Manager reviews the SP with the Participant and/or legal representative/ legally responsible adult(s), and/or circle of support, during each home visit and with the HCBS waiver providers during the annual visit. Service plans not meeting the NF/AH Waiver standards are returned to the waiver case manager with instructions regarding needed revisions or additional information required. The revised SP must be sent to the Participant’s physician for review and signature. Enrollment in the NF/AH Waiver or authorization for requested waiver services will not be completed until the SP is revised and accurately reflects the Participant’s needs, services, providers, goals, and identifies and corrects safety issues.

- h. Maintenance of Service Plan Forms.** Written copies or electronic facsimiles of service plans are maintained for the duration of time that the state is operating the Money Follows the Person project plus one year. For example, if the state enrolls individuals into the MFP program for three years the state must retain all service plans for four years time (the three years of the demo plus one additional year.) Service plans are maintained by the following (*check each that applies*):

<input checked="" type="checkbox"/>	Medicaid agency
<input type="checkbox"/>	Operating agency
<input checked="" type="checkbox"/>	Case manager
<input type="checkbox"/>	Other (<i>specify</i>):

II. Service Plan Implementation and Monitoring

- a. **Service Plan Implementation and Monitoring.** Specify: (a) the entity (entities) responsible for monitoring the implementation of the service plan and Participant health and welfare; (b) the monitoring and follow-up method(s) that are used; and, (c) the frequency with which monitoring is performed.

The Case Manager is responsible for:

- monitoring the implementation of the Service Plan (SP), and ensuring that it accurately reflects the Participant's care needs, and that the Participant is receiving the described waiver services.
- ensuring that waiver services are furnished in accordance with the SP by maintaining regular contact with the Participant, Surrogate Decision-Maker, and/or Support Group. Contact includes home visits and telephone calls.
- regularly maintaining information on the Participant's status and reporting any unforeseen issues or problems that could negatively affect the Participant.
- maintaining Participant case notes documenting the Participant's health status and identified problems and issues.
- documenting plans of correction and resolution of identified problems or issues regarding implementation of the Participant's SP or his/her health and welfare.

The Case Manager regularly reviews the case notes and documentation to ensure that any plan of correction was completed with appropriate follow-up. During regularly scheduled meetings with the Participant, Surrogate Decision-Maker, and/or Support Group, the Case Manager asks if they are satisfied with the plan of correction and resolution.

At the home visit, Case Manager reviews the SP with the Participant, Surrogate Decision-Maker, and/or Support Group to:

1. Verify the Participant's SP is current and signed by the treating physician. Copies of the current and past SPs are filed in the Participant's case record.
 2. Verify the Participant is receiving the services described in the SP, review the SP with the Participant and/or his/her legal representative/legally responsible adults and/or members of his/her circle of support and discuss the recommendations for waiver and non-waiver services and providers of services.
 3. Ensure the SP meets the Participant's health care needs and personal goals. During the on-site home visit, the Case Manager attempts to determine if the Participant is receiving all the services identified in the SP, whether the Participant is satisfied with the care being delivered, and if the Participant is receiving the services needed to remain safely at home.
 4. Ensure a complete and accurate written medical record, including diagnoses, complete evaluation, treatment plan, and prognosis is available when determining the need for the HCBS waiver services described in the SP.
 5. Determine that waiver and non-waiver State Plan services provided do not exceed the waiver cost neutrality.
- Review the back-up plan in the event a provider is not available. The Case Manager can assist the Participant, Surrogate Decision-Maker, and/or Support Group in identifying providers and community resources as part of his/her back-up plan.
 - Document the Participant and his/her Surrogate Decision-Maker are evaluated for and instructed on how to recognize and report abuse, neglect and exploitation.

The SP reflects any risk for abuse, neglect and exploitation and how incidents will be prevented.

- Ensure the written home safety evaluation has been completed and all identified issues are addressed on the SP. The home safety evaluation assesses Participant’s accessibility, structural barriers, utilities, evacuation plans, and communication and fire safety systems and devices.
- Document the Participant’s home is safe.

Identified problems or deficiencies in the SP are discussed with the waiver case manager, the Participant, Surrogate Decision-Maker, and/or Support Group. Corrections must be made to the SP, which is reviewed and approved by the Participant’s physician, before additional HCBS waiver services and/or continued enrollment in the NF/AH Waiver can be authorized by DHCS.

Health and safety issues described in the SP are documented using the Event/Issue Report and included in the Participant’s case record.

- On enrollment into the HCBS NF/AF Waiver, the intake DHCS Case Manager reviews the initial SP with the Participant, Surrogate Decision-Maker, and/or Support Group. Ninety (90) days after waiver enrollment and the start of waiver services, the Case Manager case manager conducts a home visit to assess how the Participant is coping, reviews the SP with the Participant, Surrogate Decision-Maker, and/or Support Group, to verify that services are provided as described. Subsequent scheduled LOC reevaluation visits include a review of the SP with the Participant, Surrogate Decision-Maker, and/or Support Group to determine if the SP continues to meet the Participant’s needs.

The level of case management acuity system is used by the DHCS Case Manager to determine the frequency of home visits based upon the Participant’s risk factors and the complexity of his/her home program. The system identifies four levels of case management of increasing acuity. The level of acuity is reevaluated at each home visit and upon changes to the Participant’s medical care needs, support system, and provider types. The level of case management acuity system is described in detail in Appendix B, at item B-6(g) in the NF/AH Waiver.

Between the scheduled home visits, the Case Manager maintains contact with the Participant. A record of the interim contact is documented in the running record section of the Participant’s case record. Based on interim contact reports and/or information received from the Participant, the Case Manager may request the SP be updated to reflect changes in the Participant’s care needs, waiver providers, and/or the delivery of waiver services. The Case Manager is responsible for submitting the revised SP to the DHCS for review and approval.

b. Monitoring Safeguards. *Select one:*

<input checked="" type="radio"/>	Entities and/or individuals that have responsibility to monitor service plan implementation and Participant health and welfare <i>may not provide</i> other direct waiver services to the Participant.
<input type="radio"/>	Entities and/or individuals that have responsibility to monitor service plan implementation and Participant health and welfare <i>may provide</i> other direct waiver services to the Participant. The State has established the following safeguards to ensure that monitoring is conducted in the best interests of the Participant. <i>Specify:</i>

III. Overview of Self-Direction

- a. **Description of Self-Direction.** In no more than two pages, provide an overview of the opportunities for Participant direction in the demonstration, including: (a) the nature of the opportunities afforded to Participants; (b) how Participants may take advantage of these opportunities; (c) the entities that support individuals who direct their services and the supports that they provide; and, (d) other relevant information about the demonstration’s approach to Participant direction.

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- b. **Participant Direction Opportunities.** Specify the Participant direction opportunities that are available in the demonstration. *Select one:*

<input checked="" type="radio"/>	Participant – Employer Authority. As specified in <i>Appendix E-2, Item a</i> , the Participant (or the Participant’s representative) has decision-making authority over workers who provide demonstration services. The Participant may function as the common law employer or the co-employer of workers. Supports and protections are available for Participants who exercise this authority.
<input type="radio"/>	Participant – Budget Authority. As specified in <i>Appendix E-2, Item b</i> , the Participant (or the Participant’s representative) has decision-making authority over a budget for demonstration services. Supports and protections are available for Participants who have authority over a budget.
<input type="radio"/>	Both Authorities. The demonstration provides for both Participant direction opportunities as specified in <i>Appendix E-2</i> . Supports and protections are available for Participants who exercise these authorities.

- c. **Availability of Participant Direction by Type of Living Arrangement.** *Check each that applies:*

<input checked="" type="checkbox"/>	Participant direction opportunities are available to Participants who live in their own private residence (whether owned or leased) or the home of a family member.
<input type="checkbox"/>	Participant direction opportunities are available to individuals who reside in other community-based living arrangements where services (regardless of funding source) are furnished to four or fewer persons unrelated to the proprietor.
<input type="checkbox"/>	The Participant direction opportunities are available to persons residing in a leased apartment, with lockable access and egress, and which includes living, sleeping, bathing and cooking areas over which the individual or individual’s family has domain and control.

- d. **Election of Participant Direction.** Election of Participant direction is subject to the following policy (*select one*):

<input checked="" type="radio"/>	The demonstration is designed to afford every Participant (or the Participant’s representative) the opportunity to elect to direct demonstration services. Alternate service delivery methods are available for Participants who decide not to direct their services.
<input type="radio"/>	The demonstration is designed to offer Participants (or their representatives) the opportunity to direct some or all of their services, subject to the following criteria

	specified by the State. Alternate service delivery methods are available for Participants who decide not to direct their services or do not meet the criteria. <i>Specify the criteria:</i>

- e. **Information Furnished to Participant.** Specify: (a) the information about Participant direction opportunities (e.g., the benefits of Participant direction, Participant responsibilities, and potential liabilities) that is provided to the Participant (or the Participant’s representative) to inform decision-making concerning the election of Participant direction; (b) the entity or entities responsible for furnishing this information; and, (c) how and when this information is provided on a timely basis.

Demonstration staff will provide information about Participant direction opportunities to the Participant or legal representative at the time of the initial face-to-face intake assessment. The opportunity is also described in the *HCBS Waiver Informing Notice* and the *Menu of Health Services*.

If the Participant and/or Surrogate Decision-Maker expresses interest in hiring an unlicensed provider to provide Waiver Personal Care and/or Respite services, the Case Manager will provide the Participant with a *Waiver Personal Care Information Packet* which describes the roles and responsibilities of the Participant, Surrogate Decision-Maker, the Participant’s physician, DHCS, and the unlicensed provider. The packet includes information on the following topics:

- requirement for two or more personal care providers when a Participant is authorized to receive 360 hours or more a month of combined IHSS PCS and Waiver Personal Care services;
- waiver services can only be authorized upon DHCS receipt of a current, complete and signed Service Plan (SP);
- Participant or legal representative is responsible for scheduling the unlicensed provider’s hours of service;
- Participant or legal representative is responsible for signing the unlicensed provider’s timesheet validating the hours on the timesheet were provided; and
- Participant or legal representative is responsible for notifying DHCS upon the hiring and dismissal of providers.

The Participant or legal representative selects a licensed provider to provide case management, private duty nursing, medical equipment operating expenses family training and/or respite care services.

DHCS provides the Participant or legal representative with an *Individual Provider* letter. The letter explains the:

- roles and responsibilities of selecting an individual provider;
- the Participant or legal representative are responsible for scheduling the hours of service;
- the provider can only provide the services as described on the physician-signed Service Plan; and
- the Participant or legal representative is responsibility for notifying DHCS and/or the Case Manager upon the hiring or dismissal of providers.

- f. **Participant Direction by a Representative.** Specify the State’s policy concerning the direction of demonstration services by a representative (*select one*):

X	The State does not provide for the direction of demonstration services by a representative.
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○	The State provides for the direction of demonstration services by a representative. Specify the representatives who may direct demonstration services: <i>(check each that applies)</i> :
<input type="checkbox"/>	Demonstration services may be directed by a legal representative of the Participant.
<input type="checkbox"/>	Demonstration services may be directed by a non-legal representative freely chosen by an adult Participant. Specify the policies that apply regarding the direction of demonstration services by Participant-appointed representatives, including safeguards to ensure that the representative functions in the best interest of the Participant:

g. Participant-Directed Services. Specify the Participant direction opportunity (or opportunities) available for each demonstration service. *(Check the opportunity or opportunities available for each service)*:

Participant-Directed Demonstration Service	Employer Authority	Budget Authority
Case Management	X	<input type="checkbox"/>
Private Duty Nursing	X	<input type="checkbox"/>
HCBS Personal Care Benefit	X	<input type="checkbox"/>
Respite Care	X	<input type="checkbox"/>
Medical Equipment Operating Expenses	X	<input type="checkbox"/>
Family Training	X	<input type="checkbox"/>

h. Financial Management Services. Generally, financial management services are mandatory and integral to Participant direction. A governmental entity and/or another third-party entity must perform necessary financial transactions on behalf of the demonstration Participant. *Select one:*

○	Yes. Financial Management Services are furnished through a third party entity. <i>(Complete item E-1-i).</i> Specify whether governmental and/or private entities furnish these services. <i>Check each that applies:</i>
<input type="checkbox"/>	Governmental entities
<input type="checkbox"/>	Private entities
X	No. Financial Management Services are not furnished. Standard Medicaid payment mechanisms are used. <i>Do not complete Item E-1-i.</i>

i. Provision of Financial Management Services. Financial management services (FMS) may be furnished as a demonstration service or as an administrative activity. *Select one:*

○	FMS are covered as a Demonstration service	Fill out i. through iv. below:
○	FMS are provided as an administrative activity. Fill out i. through iv. below:	
i.	Types of Entities: Specify the types of entities that furnish FMS and the method of procuring these services:	

ii.	Payment for FMS. Specify how FMS entities are compensated for the activities that they perform:
iii.	Scope of FMS. Specify the scope of the supports that FMS entities provide (<i>check each that applies</i>):
	<i>Supports furnished when the Participant is the employer of direct support workers:</i>
<input type="checkbox"/>	Assist Participant in verifying support worker citizenship status
<input type="checkbox"/>	Collect and process timesheets of support workers
<input type="checkbox"/>	Process payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance
<input type="checkbox"/>	Other (<i>specify</i>):
	<i>Supports furnished when the Participant exercises budget authority:</i>
<input type="checkbox"/>	Maintain a separate account for each Participant's self-directed budget
<input type="checkbox"/>	Track and report Participant funds, disbursements and the balance-of Participant funds
<input type="checkbox"/>	Process and pay invoices for goods and services approved in the service plan
<input type="checkbox"/>	Provide Participant with periodic reports of expenditures and the status of the self-directed budget
<input type="checkbox"/>	Other services and supports (<i>specify</i>):
	<i>Additional functions/activities:</i>
<input type="checkbox"/>	Receive and disburse funds for the payment of Participant-directed services under an agreement with the Medicaid agency or operating agency
<input type="checkbox"/>	Other (<i>specify</i>):
iv.	Oversight of FMS Entities. Specify the methods that are employed to: (a) monitor and assess the performance of FMS entities, including ensuring the integrity of the financial transactions that they perform; (b) the entity (or entities) responsible for this monitoring; and, (c) how frequently performance is assessed.

j. **Information and Assistance in Support of Participant-Direction.** In addition to financial management services, Participant-direction is facilitated when information and assistance are available to support Participants in managing their services. These supports may be

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furnished by one or more entities, provided that there is no duplication. Specify the payment authority (or authorities) under which these supports are furnished and, where required, provide the additional information requested (*check each that applies*):

X	<p>Case Management Activity. Information and assistance in support of Participant direction are furnished as an element of Medicaid case management services. <i>Specify in detail the information and assistance that are furnished through case management for each Participant direction opportunity under the demonstration:</i></p>
	<p>Case Management service assists the Participant in developing the Service Plan (SP), which is reviewed and signed by the Participant’s physician. A physician-signed SP is required prior to authorization or re-authorization of waiver services.</p>
X	<p>Demonstration Service Coverage. Information and assistance in support of Participant direction are provided through the demonstration service coverage (s) entitled:</p>
	<p></p>
X	<p>Administrative Activity. Information and assistance in support of Participant direction are furnished as an administrative activity. <i>Specify: (a) the types of entities that furnish these supports; (b) how the supports are procured and compensated; (c) describe in detail the supports that are furnished for each Participant direction opportunity under the demonstration; (d) the methods and frequency of assessing the performance of the entities that furnish these supports; and, (e) the entity or entities responsible for assessing performance:</i></p>
	<p>The information is provided verbally during the initial face-to-face assessment for waiver enrollment and at each re-assessment visit. The information is also provided in writing in the <i>Informing Notice</i> and <i>Menu of Health Services</i> (MOHS). Upon enrollment in the waiver, the Participant is assigned a Case Manager (CM) who is a registered nurse. The CM is required to advise the Participant or legal representative of the option of selecting Participant direction services and providers at each re-assessment visits and at any time upon request from the Participant or legal responsive. Evidence of Participant being informed of the option is documented in the DHCS Case Report and copies of the <i>Informing Notice</i> and MOHS is filed in the Participant’s DHCS case record.</p> <p>At each Participant re-assessment visit, the CM interviews the Participant or legal representative about the effectiveness of the provider’s ability to provide the services as described on the SP. At each annual provider visit, the CM assesses the licensed provider’s documentation of the services rendered, and the Participant’s response to the services that are being provided per the SP. Information from the interview on the provider’s ability to provide the care is documented in the DHCS Case Report.</p> <p>It is the responsibility of the Participant and/or Surrogate Decision-Maker to assess the performance of the service provider. S/he will be advised to inform DHCS of any issues or problems, and to notify the appropriate law enforcement agency, child or adult protective services, county IHSS office and/or licensing board in the event of abuse, neglect and/or exploitation. Only the Participant or Surrogate Decision-Maker has the ability to hire or dismiss an individual service provider.</p>

k. Independent Advocacy (*select one*).

O	<p>Yes. Independent advocacy is available to Participants who direct their services. <i>Describe the nature of this independent advocacy and how Participants may access this advocacy:</i></p>
	<p></p>
X	<p>No. Arrangements have not been made for independent advocacy.</p>

- l. Voluntary Termination of Participant Direction.** Describe how the State accommodates a Participant who voluntarily terminates Participant direction in order to receive services through an alternate service delivery method, including how the State assures continuity of services and Participant health and welfare during the transition from Participant direction:

Demonstration Participants can elect to terminate Participant-directed services at any time. The Participant or Surrogate Decision-Maker is advised to call the Participant's assigned CM upon the decision to terminate services. The CM will provide him/her with a list of alternate service providers in the community to select from. The changing to an alternate service provider may affect the type and amount of services the Participant can receive. DHCS will work with the Participant or Surrogate Decision-Maker in identifying services that will meet the Participant's needs. Upon the Participant's identification of an alternative provider, DHCS will work with the existing provider and new provider to transition the authorization of services to ensure there is no break in service. The alternate provider must develop a Service Plan (SP) that describes all the care needs of the Participants, the providers of the services, and the frequency of the services. The SP must be reviewed and signed by the Participant or Surrogate Decision-Maker, the Participant's physician and the Service provider. If the Participant or Surrogate Decision-Maker is unable to secure an alternative provider, DHCS will offer to transition the Participant into a licensed medical facility until a new provider can be secured.

- m. Involuntary Termination of Participant Direction.** Specify the circumstances when the State will involuntarily terminate the use of Participant direction and require the Participant to receive provider-managed services instead, including how continuity of services and Participant health and welfare is assured during the transition.

DHCS may elect to terminate authorization of Participant-directed services for the following reasons:

- Lack of a current physician-signed SP describing all the Participant's care services, provider of the services and the frequency of the services;
- Participant or Surrogate Decision-Maker requires the provider to provide services that are not included in the SP or beyond to scope of practice of the licensed provider;
- Participant or legal representative are unable to keep providers, as demonstrated by frequent voluntary termination of the services by the provider, and the Participant or legal representative refusal to follow the provider enrollment process as described in the provider information packets.

Termination of authorization of services will only occur after all attempts by DHCS to train and inform the Participant or legal representative on the roles, responsibilities, and requirements of Participant-directed services have been exhausted, or refusal by the Participant or legal representative to receive training on hiring and managing their providers.

DHCS will provide the Participant or Surrogate Decision-Maker with a Notice of Action (NOA) informing him/her of DHCS's decision to terminate authorization of Participant-directed services and his/her appeal rights.

- n. **Goals for Participant Direction.** In the following table, provide the State’s goals for each year that the Demonstration is in effect for the unduplicated number of Demonstration Participants who are expected to elect each applicable Participant direction opportunity. Annually, the State will report to CMS the number of Participants who elect to direct their Demonstration services.

Table E-1-n		
	Employer Authority Only	Budget Authority Only or Budget Authority in Combination with Employer Authority
Demonstration Year	Number of Participants	Number of Participants
Year 1		
Year 2		
Year 3		
Year 4		
Year 5		

Participant Employer

- a. **Participant – Employer Authority** (Complete when the demonstration offers the employer authority opportunity as indicated in Item E-1-b)
- i. **Participant Employer Status.** Specify the Participant’s employer status under the demonstration. Check each that applies:

<input checked="" type="checkbox"/>	<p>Participant/Co-Employer. The Participant (or the Participant’s representative) functions as the co-employer (managing employer) of workers who provide demonstration services. An agency is the common law employer of Participant-selected/recruited staff and performs necessary payroll and human resources functions. Supports are available to assist the Participant in conducting employer-related functions. <i>Specify the types of agencies (a.k.a., “agencies with choice”) that serve as co-employers of Participant-selected staff:</i></p> <p>The Department of Social Services (DSS) acts as the common law employer. Unlicensed care providers must enroll as a IHSS PCS provider at the county’s DSS office. Payment for HCBS Personal Care Benefit services is processed through the DSS Case Management Information Payrolling System (CMIPS).</p>
<input type="checkbox"/>	<p>Participant/Common Law Employer. The Participant (or the Participant’s representative) is the common law employer of workers who provide demonstration services. An IRS-approved Fiscal/Employer Agent functions as the Participant’s agent in performing payroll and other employer responsibilities that are required by federal and state law. Supports are available to assist the Participant in conducting employer-related functions.</p>

- ii. **Participant Decision Making Authority.** The Participant (or the Participant’s representative) has decision making authority over workers who provide demonstration services. *Check the decision making authorities that Participants exercise:*

<input checked="" type="checkbox"/>	Recruit staff
<input checked="" type="checkbox"/>	Refer staff to agency for hiring (co-employer)
<input checked="" type="checkbox"/>	Select staff from worker registry
<input type="checkbox"/>	Hire staff (common law employer)
<input type="checkbox"/>	Verify staff qualifications
<input type="checkbox"/>	Obtain criminal history and/or background investigation of staff. Specify how the costs of such investigations are compensated:
<input type="checkbox"/>	Specify additional staff qualifications based on Participant’s needs and preferences
<input checked="" type="checkbox"/>	Determine staff duties consistent with the service specifications
<input type="checkbox"/>	Determine staff wages and benefits subject to applicable State limits
<input checked="" type="checkbox"/>	Schedule staff
<input checked="" type="checkbox"/>	Orient and instruct-staff in duties
<input checked="" type="checkbox"/>	Supervise staff
<input checked="" type="checkbox"/>	Evaluate staff performance
<input checked="" type="checkbox"/>	Verify time worked by staff and approve time sheets
<input type="checkbox"/>	Discharge staff (common law employer)
<input checked="" type="checkbox"/>	Discharge staff from providing services (co-employer)
<input type="checkbox"/>	Other (<i>specify</i>):

- b. **Participant – Budget Authority** (*Complete when the demonstration offers the budget authority opportunity as indicated in Item E-1-b*)

- i. **Participant Decision Making Authority.** When the Participant has budget authority, indicate the decision-making authority that the Participant may exercise over the budget. *Check all that apply:*

<input type="checkbox"/>	Reallocate funds among services included in the budget
<input type="checkbox"/>	Determine the amount paid for services within the State’s established limits
<input type="checkbox"/>	Substitute service providers
<input type="checkbox"/>	Schedule the provision of services
<input type="checkbox"/>	Specify additional service provider qualifications
<input type="checkbox"/>	Specify how services are provided,
<input type="checkbox"/>	Identify service providers and refer for provider enrollment
<input type="checkbox"/>	Authorize payment for demonstration goods and services
<input type="checkbox"/>	Review and approve provider invoices for services rendered

<input type="checkbox"/>	Other (<i>specify</i>):

- ii. **Participant-Directed Budget.** Describe in detail the method(s) that are used to establish the amount of the Participant-directed budget for Demonstration goods and services over which the Participant has authority, including how the method makes use of reliable cost estimating information and is applied consistently to each Participant. Information about these method(s) must be made publicly available.

- iii. **Informing Participant of Budget Amount.** Describe how the State informs each Participant of the amount of the Participant-directed budget and the procedures by which the Participant may request an adjustment in the budget amount.

- iv. **Participant Exercise of Budget Flexibility.** *Select one:*

<input type="radio"/>	The Participant has the authority to modify the services included in the Participant-directed budget without prior approval. Specify how changes in the Participant-directed budget are documented, including updating the service plan. When prior review of changes is required in certain circumstances, describe the circumstances and specify the entity that reviews the proposed change:
<input type="radio"/>	Modifications to the Participant-directed budget must be preceded by a change in the service plan.

- v. **Expenditure Safeguards.** Describe the safeguards that have been established for the timely prevention of the premature depletion of the Participant-directed budget or to address potential service delivery problems that may be associated with budget underutilization and the entity (or entities) responsible for implementing these safeguards:

Betsi Howard
 EMAIL: betsi.howard@dhcs.ca.gov
 PHONE: (916) 440-7544

EDUCATION

Advanced to Candidacy for a Master of Arts in a Special Major (Gerontology/Public Policy and Administration), February 2006, California State University, Sacramento.
 Bachelor of Arts (Business Administration), May 1986, National University, La Jolla, CA 92037
 Associate of Arts (Liberal Arts), May 1975, American River College, Sacramento, CA 95841

PROFESSIONAL EXPERIENCE

CHIEF, LONG-TERM CARE PROJECTS UNIT

PROJECT DIRECTOR, CALIFORNIA COMMUNITY TRANSITIONS (6/1/2007 – Present)

California Department of Health Care Services • Sacramento, CA

- Coordinate and oversee all aspects of the project team developing the Operational Protocol for the Money Follows the Person Rebalancing Demonstration, "California Community Transitions."
- Develop internal and external collaborations and strategies to advance the Demonstration.
- Participate in CMS-sponsored semi-monthly training teleconferences.

CHIEF, HOSPITAL FINANCING DATA UNIT (5/9/2006 – 5/31/2007)

California Department of Health Services • Sacramento, CA

- Managed and trained six team members performing duties required to implement the section 1115 Hospital/Uninsured Care Demonstration.
- Held direct responsibility for all written material generated by the team, e.g., new procedures, quarterly and annual reports, bill analyses, response letters to Legislators and Legislative staff, hospital associations, public inquiries, and Public Records Act Requests.
- Participated in frequent meetings with executive management, stakeholders, and CMS staff regarding issues relating to the status and progress of the Demonstration.

RESEARCH ANALYST II – (4/1/2005 – 5/8/2006)

California Department of Health Services • Sacramento, CA

- Explored, identified, and resolved issues related to development of a new section 1115 Demonstration.
- Researched, interpreted, and reported findings on issues related to relevant public policy issues.
- Drafted briefings, controlled correspondence, provider bulletins, and other documents related to the Demonstration.

RESEARCH ANALYST II (4/1/2003 – 3/31/2005)

California Department of Health Services • Sacramento, CA

- Researched and assisted with drafting and implementing legislation for a new rate-setting methodology for free-standing nursing facilities.
- Analyzed long-term care legislation, drafted sensitive correspondence, attended public meetings
- Monitored consulting contracts to ensure contract compliance.

OMBUDSMAN PROGRAM CONSULTANT – (2/1/03 – 3/31/2003)

California Department of Aging • Sacramento, CA

- Participated in the mandatory 50-hour certification training required to be a Long-Term Care Ombudsman.
- Served as Ombudsman Program lead with the Department of Health Services' Licensing & Certification program.

SUPPORTIVE HOUSING SPECIALIST – (8/27/2001 – 1/31/2003)

California Department of Aging • Sacramento, CA

- Designed and conducted outreach presentations and workshops.
- Developed outreach materials including a public service announcement for television, a "California Directory of Home Modification and Repair Services," a four-week internet-based curriculum with the National Resource Center on Supportive Housing and Home Modification in the Andrus Gerontology Center at the University of Southern California, and a concept paper on Consumer Awareness/Acceptance.
- Served as a consultant at three Annual Sessions of the California Senior Legislature.

PROJECT/PROGRAM COORDINATOR – (7/14/1997 – 7/2/2001)

Eskaton • Carmichael, CA

- Facilitated events, workshops, and fundraising efforts for this non-profit company's complete line of community services: Continuing care retirement communities; skilled nursing, assisted living, and low-income housing facilities; adult day health care and home care programs; and community services.
- Completed quality information surveys by telephoning discharged skilled nursing facility residents.
- Facilitated a weekly eight-hour orientation for all new employees, which included administrators (SNF, RCFE, Housing), clinical staff (RN, LVN, HHA, CNA, PI/OT), maintenance, and all support staff.

INFORMATION OFFICER and OFFICE ADMINISTRATOR – (4/6/1992 – 7/10/1997)

Area 4 Agency on Aging • Sacramento, CA

- As Information Officer for 2.5+ years, represented the Agency at local, and occasionally, statewide meetings. Acted as the primary contact for inquiries from the general public. Responsible for content, design, and publication of the Agency's quarterly newsletter, annual report, and fact sheets. Chaired conference/workshop committees within the community, including the Sacramento County Mental Health Board.
- As Office Administrator, coordinated workflow from fiscal, program, and administrative staff. Assisted with provider contract process ensuring inclusion of provider-specific data. Supported the 35-member Advisory Council and the 17-member Governing Board by arranging activities and distributing all communications in compliance with the Brown Act. Volunteered as Floor Clerk for the California Senior Legislature Annual Session.

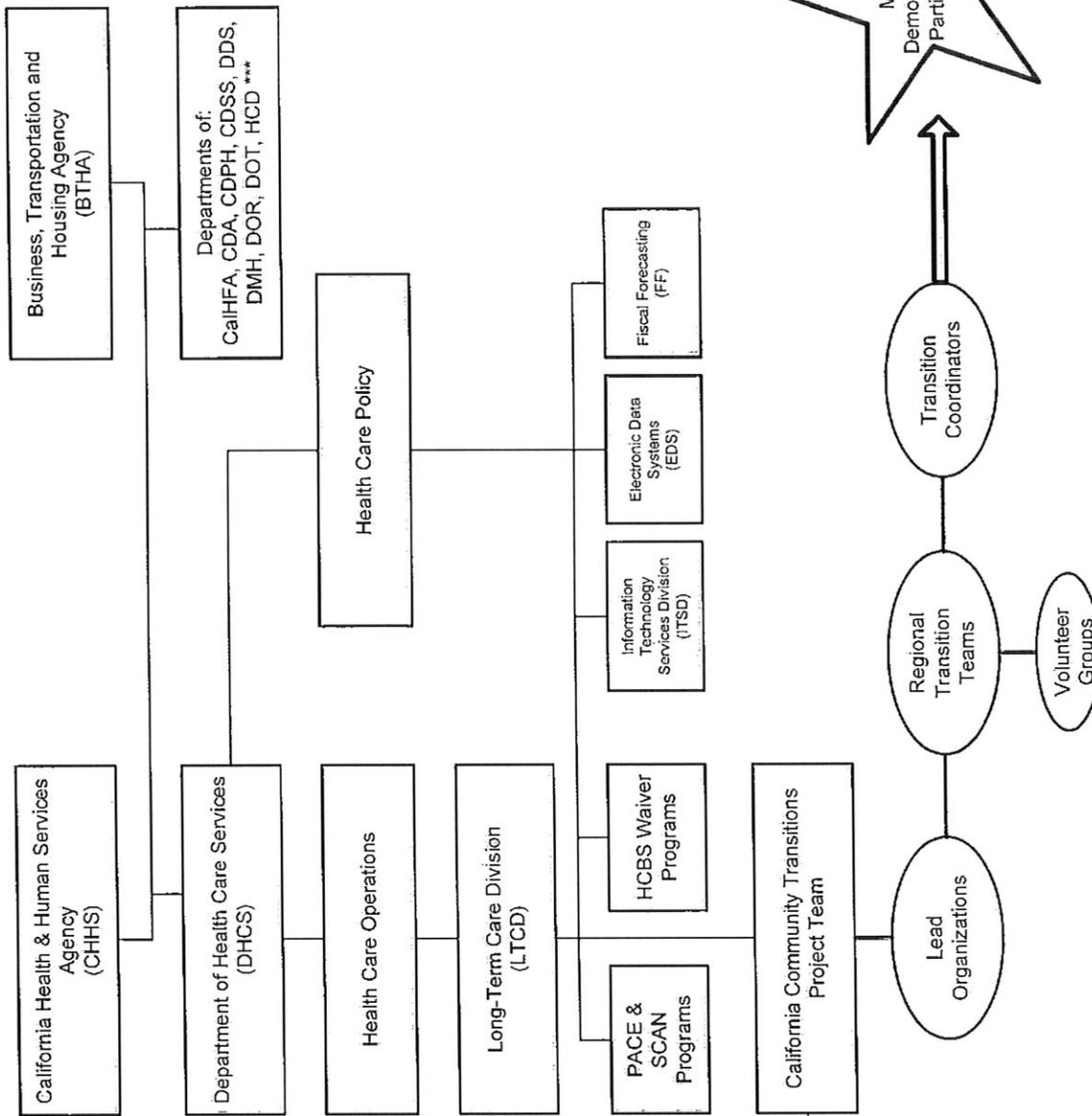
PROFESSIONAL AFFILIATIONS

Gerontology Advisory Board, American River College (Member since 1998)

Sigma Phi Omega National Honor and Professional Society, Gamma Chi Chapter (Member since 2006)

Eskaton Member (Term ending 2011)

California Community Transitions Organizational Chart



Olmstead Advisory Committee

Transitions Advisory Committee

- ***
- CalHFA California Housing Finance Agency
- CDA California Department of Aging
- CDSS California Department of Social Services
- CDPH California Department of Public Health
- DDS Department of Developmental Services
- DMH Department of Mental Health
- DOR Department of Rehabilitation
- DOT Department of Transportation
- HCD Department of Housing and Community Development

ORIENTATION TRAINING

Purpose: to provide information on aspects of the Demonstration Project on which students will be working.

Method: Lecture – Discussion – Participation
Group Work
Scenarios

Training Topics

Introduction

Overview – Demonstration Project: Purpose, Background and Program Information

What is the California Community Transitions Demonstration Project?
Purpose
Terminology and Abbreviations

Legal

MFP, and 1915 Waiver, State Plan Program Standards
DHCS Standards
HIPAA
Elder and Developmental Disability Abuse
Complaint Process & State Hearing Process
Incident Reporting Process

Who Can Receive Services

Eligibility Criteria
Informed Consent
Preference Interview Tool & Its Use

Person-Centered Self-Direction Transition Planning

Role of Transition Coordinator
Resident's Choices
Housing
Plan of Treatment
Finances
Service Providers (Health Care, Waiver, Non-Waiver, State Plan)
Transportation
Emergency Back-up

Resources and Services Available

- Lead Organization
- Regional Transition Team
- Transition Coordinator
- State Demonstration Project Staff
- Waiver Services
- Non-Waiver Programs
- State Plan Services
- One-Time Demonstration Services
- Support Services
- Agency Services
- Volunteer Services
- Interpretation and Translation Services
- Environmental Accessibility Adaptations

Transition Process

- Planning for Discharge
- What happens when the Resident goes Home?
- Transition to Waiver, Program or State Plan Service

Waivers, Programs, and state Plan Services

- Leave of Absence
- Discharge
- Termination of Services
- What happens when the demonstration project ends?

Review

Questions and Answers

LEGAL ISSUES

PURPOSE: to acquaint members of the Demonstration Project Staff with the legal issues related to implementation of the Demonstration. Topics to be covered will include the following:

- ✓ MFP Standards
- ✓ 1915(c) Waiver Standards
- ✓ DHCS Standards
- ✓ HIPAA Standards
- ✓ Elder & Dependent Adult Abuse
- ✓ Complaint Process and State Hearing Process
- ✓ Incident Reporting Process
- ✓ Quality Improvement Process

SESSION OBJECTIVES: At the end of this training the learner will be able to:

- 1) State where to find performance standards for Demonstration Project.
- 2) Define HIPAA.
- 3) Explain rationale for and requirement of HIPAA.
- 4) Describe the type of elder and/or dependent adult abuse which may occur.
- 5) State own responsibility related to required reporting of abuse.
- 6) Explain complaint process.
- 7) State rationale for state hearing.
- 8) State where to find information on state hearing process
- 9) Explain incident reporting process.
- 10) State rationale for quality improvement process.

MFP – CALIFORNIA COMMUNITY TRANSITIONS: DEMONSTRATION PROJECT

PURPOSE: Self-Direction is the cornerstone of the Demonstration Project. To assure everyone understands the Demonstration and its work, topics to be covered will include the following:

- ✓ Overview of California Community Transitions Demonstration
- ✓ Self-Direction: what it is and how it applies to the Demonstration
- ✓ History of MFP
- ✓ Demonstration's Operational Protocol: how it works, staff members, and roles & responsibilities

SESSION OBJECTIVES: At the end of this training the learner will be able to:

- 1) Explain the history behind the MFP-California Community Transitions Demonstration Project.
- 2) State the rationale for self-direction or choices.
- 3) Explain where to find procedural information related to the Demonstration.
- 4) State how the Demonstration Project works.
- 5) List the responsibilities of members of the Transition Team and the State Staff.

PERSON-CENTERED SELF-DIRECTED TRANSITION PLANNING

PURPOSE: to delineate the Transition Planning process. Choice by the Resident is a cornerstone of the Demonstration Project: choice about where to live and what services are to be provided for them. As a result, the Demonstration Participant drives the Transition Planning process. And the Resident or his/her Surrogate Decision-maker will be consulted in each area of planning.

Transition Planning areas include:

- ✓ Role of Transition Coordinator
- ✓ Resident's Choices
- ✓ Resident's Support System
- ✓ Home Location
- ✓ Housing
- ✓ Plan of Treatment
- ✓ Finances
- ✓ Service Providers (Health Care, Waiver, Non-Waiver, State Plan)
- ✓ Transportation
- ✓ Emergency Back-Up

SESSION OBJECTIVES: At the end of this training the learner will be able to:

- 1) State the rationale behind person-centered, self-directed transition planning.
- 2) List the various areas involved in planning a Resident's transition from inpatient facility to community living.
- 3) Explain the role of the Transition Coordinator in Transition Planning.
- 4) Identify who is the driving force behind the Transition Planning.

PREFERENCE INTERVIEW TOOL

PURPOSE: to determine an individual's ability and preference to leave the nursing home and receive care in a community-based setting, and whether a transition to the community is feasible. The feasibility of the transition is explored via a "service needs" assessment incorporated into the interview that addresses five areas key to a successful transition:

- ✓ Housing
- ✓ Personal care support (Activities of Daily Living, or ADLs)
- ✓ Activities of independent living support (Instrumental Activities of Daily Living, or IADLs)
- ✓ Medication administration
- ✓ Transportation

The "service needs" assessment is designed to educate individuals as to the living alternatives and services available in the community. Awareness of these options enables residents to make an informed decision when considering a move back into the community

CLASS TIME: 2 hours

METHODS:

Lecture – discussion

Practice

SESSION OBJECTIVES: At the end of this training the learner will be able to:

- 1) Understand their role in the process.
- 2) Identify potential Transition Candidates.
- 3) Determine Cognitive Impairment using the MDS Recall Sub-scale tool.
- 4) Conduct a Preference Interview Assessment with a:
 - Resident.
 - Surrogate Decision-Maker or Proxy.
- 5) Prepare a Transition Referral Packet

RESOURCES & SERVICES AVAILABLE

PURPOSE: to identify those Resources and Services available to Resident wanting to transition from inpatient facility care to community living. A review of Agencies, People, and Services will be done.

- ✓ Lead Organization
- ✓ Regional Transition Team
- ✓ Transition Coordinator
- ✓ State Demonstration Project Staff
- ✓ Waiver Services
- ✓ Non-Waiver Programs
- ✓ State Plan Services
- ✓ One-Time Demonstration Services
- ✓ Support Services
- ✓ Agency Services

SESSION OBJECTIVES: At the end of this training the learner will be able to:

- 1) Identify Resources and Services available to inpatient residents who chose to transition to community living.
- 2) Identify the people and agencies involved in the transition process.
- 3) State the cornerstone of the Demonstration Project.

TRANSITION PROCESS

PURPOSE: to bridge the gap from inpatient care to community living, a process known as “Transition” occurs. Assisting the Resident to obtain the needed care services will ensure a successful transition and help maximize independence, dignity, and health and safety.

- ✓ Planning for Discharge
- ✓ What Happens when the Resident goes Home?
- ✓ Transition to Waiver, Non-Waiver or State Plan Services

SESSION OBJECTIVES: At the end of this training the learner will be able to:

- 1) Discuss the planning needed for a smooth transition from inpatient care to community living in given “transition situations”.
- 2) State what arrangements must be made prior to a Resident’s being discharged into the community.
- 3) List the categories of Community Services available to Residents.
- 4) State the Resource People to be contacted for information on the Community Services.

DEMONSTRATION POPULATION

	<i>*Population Group Eligible to Receive Waiver Services</i>	<i>NF/AH Waiver Services</i>	<i>**MSSP Waiver Services</i>	<i>Assisted Living Waiver Services</i>	<i>AIDS Waiver Services</i>	<i>IHSS Plus Waiver Services</i>	<i>DD Waiver Svcs</i>	<i>Specialty Mental Health Services</i>
A	Elders with one or more medical, functional, or cognitive disabilities	x	x	x	x	x		x
B	Persons with developmental disabilities	x		x		x	x	
C	Persons with one or more physical disabilities	x	x	x	x	x		
D	Persons with Mental Illness	x	x	x	x	x		x
E	Persons with dual diagnosis	x	x	x	x	x	x	
F	Persons with acquired/traumatic brain injury	x	x	x	x	x		
G	Children who are hard-to-place	x			x	x		x
H	Adults who are hard-to-place	x	x	x	x	x		

* These population groups are also eligible to receive the HCBS demonstration services and supplemental services

** Requires Age 65+

MEDI-CAL HOME AND COMMUNITY-BASED SERVICES

State Label Service by Category	STATE PLAN SERVICES						
	A - H	***See Table of Demonstration Population Above					
Home Health Services							
Home Health Aide	x						
Medical Social Services	x						
Monthly Case Evaluation-Extension of Treatment Plan	x						
Occupational Therapy Services	x						
Physical Therapy Services	x						
Skilled Nursing Services	x						
Speech Therapy Services	x						
Unlisted Svcs including Administered Drugs & Supplies	x						
Hospice	x						
Personal Care Services	x						
Optional							
Adult Day Health Care	x						
Pediatric Day Health Care	x						

State Label Service by Category	N/AH Waiver Services	MSSP Waiver Services	Assisted Living Waiver Services	AIDS Waiver Services	IHSS Plus Waiver Services	Developmental Disabilities Waiver Svcs	Specialty Mental Health Services
	A - H	A, C-F, H	A-F, H	A, C-H	A-H	B, E	A, D, G
Case Management	x	x		x			
Care Coordination			x				
Community Transition	x		x				
Consumer Education			x				
Enrronmental Accessibility			x				
Family Training	x						

— Within Category of Services
 . . . Within Subcategory of Services

MEDI-CAL HOME AND COMMUNITY-BASED SERVICES

State Label Service by Category	NF/AH Waiver Services	MSSP Waiver Services	Assisted Living Waiver Services	AIDS Waiver Services	IHSS Plus Waiver Services	Developmental Disabilities Waiver Svcs	Specialty Mental Health Services
	A - H	A, C-F, H	A-F, H	A, C-H	A-H	B, E	A, D, G
Enrronmental Accessibility			x				
Family Training	x						
Nursing Facility Transition			x				
Targeted Case Management							x
Transition Case Management	x						
Tranlation & Interpretation			x				
Homemaker Services				x		x	
Chore Services		x					
Home Health Aid	x					x	
Home Health Aid-Attendant Care				x			
Personal Care		x			x		
Advanced Pay					x		
Domestic Services					x		
Food Shopping & Errands					x		
Heavy Cleaning/Yard Hazard Abatement					x		
Meal Prep./ Clean Up					x		
Paramedical Services					x		
Protective Supervision					x		
Restaurant Meal Allowance					x		
Routine Laundry					x		
Transportation to Non-Emerg Medical Appointments		x		x	x	x	
Waiver Personal Care	x						
Adult Day Health							
AdultDay Care/Support Ctr/Health Care		x					
Adult Foster Care						x	
Adult Residential Care						x	
Assisted Living						x	

— Within Category of Services
 . . . Within Subcategory of Services

MEDI-CAL HOME AND COMMUNITY-BASED SERVICES

State Label Service by Category	NF/AH Waiver Services	MSSP Waiver Services	Assisted Living Waiver Services	AIDS Waiver Services	IHSS Plus Waiver Services	Developmental Disabilities Waiver Svcs	Specialty Mental Health Services
	A - H	A, C-F, H	A-F, H	A, C-H	A-H	B, E	A, D, G
Supported Living Services						x	
Habilitation	x					x	
Adult Residential Treatment Programs							x
Chore Services						x	
Environmental Accessibility Adaptations	x	x				x	
Housing Assistance/Minor Home Repair, etc.		x					
Residential Habilitation for Children Services						x	
Day Habilitation						x	
Expanded Habilitation Services							
Prevocational Services						x	
Supported Employment						x	
Respite Care						x	
Home & Facility	x						
In-Home & Out-of-Home		x					
Day Treatment							
Partial Day or Day Treatment Programs							x
Psychosocial Rehabilitation							
Psychotherapy				x			
Other							
Adult Crisis Residential							x
Assisted Living Waiver Benefit in the Public Housing Setting			x				
Assisted Living Waiver Benefit in the RCFE Setting			x				
Behavior Intervention Services						x	

— Within Category of Services
 . . . Within Subcategory of Services

MEDI-CAL HOME AND COMMUNITY-BASED SERVICES

State Label Service by Category	NF/AH Waiver Services	MSSP Waiver Services	Assisted Living Waiver Services	AIDS Waiver Services	IHSS Plus Waiver Services	Developmental Disabilities Waiver Svcs	Specialty Mental Health Services
	A - H	A, C-F, H	A-F, H	A, C-H	A-H	B, E	A, D, G
Communication Aides						x	
Communication Services: Translation/ Interpretation		x					
Crisis Intervention Facility Services						x	
Crisis Intervention & Stabilization Services							x
Crisis Stabilization Urgent Care Therapeutic Interventions in Outpatient or Clinic Settings or in the Communication							x
Family Training						x	
Meal Services- Congregate/ Home Delivered		x					
Medi-Cal Supplements for Infants & Children in Foster Care				x			
Medical Equipment Operating Expenses	x						
Mobile Crisis Intervention						x	
Money Management		x					
Nutritional Consultation/ Counseling				x		x	
Nutritional Supplements/ Home-Delivered Meals				x			
Personal Emergency Response Systems (PERS)	x					x	
PERS/ Communication Device		x					

— Within Category of Services

... Within Subcategory of Services

MEDI-CAL HOME AND COMMUNITY-BASED SERVICES

State Label Service by Category	NF/AH Waiver Services	MSSP Waiver Services	Assisted Living Waiver Services	AIDS Waiver Services	IHSS Plus Waiver Services	Developmental Disabilities Waiver Svcs	Specialty Mental Health Services
	A - H	A, C-F, H	A-F, H	A, C-H	A-H	B, E	A, D, G
PERS Installation & Training	x						
Private Duty Nursing, including Shared Nursing	x						
Professional Services by Psychiatrists, Psychologists, LCSWs, & Marriage & Family Therapists							x
Protective Supervision		x					
Psychiatric Health Facility							x
Social Reassurance/Therapeutic Counseling		x					
Specialized Medical Equipment/Supplies & Minor Adaptations to the Home				x		x	
Specialized Therapeutic Services						x	
Therapeutic Behavioral Services for EPSDT Eligible Beneficiaries							x
Transition/Set-Up Expenses						x	
Vehicle Adaptations						x	

— Within Category of Services

. . . Within Subcategory of Services