CCT Program: Strengthening the Medical/Social Model

March 2, 2016

Community Physician Requirement

- Identify a community physician willing and able to accept the CCT Enrollee under his/her practice
- Schedule an intake appointment with the community primary care physician (PCP) in the first week after transition (preferably, as soon after the day of transition as possible)
- Attach confirmation of community PCP intake appointment to the CCT Final Transition and Care Plan PRIOR to transitioning the individual to the community

Non-Emergency Medical Transportation (NEMT)

- CCT Lead Organizations (LOs) complete the Request for CCT-related Pre-transition Transportation Authorization form, and attach it to a Home Set-up Treatment Authorization Request (TAR) for adjudication.
- CCT-related Pre-transition NEMT will be reimbursed for the actual cost of the service under Home Set-up.
- CCT-related Pre-transition Non-Emergency Non-Medical Transportation (NENMT), public or private transportation, will be reimbursed based on the actual cost or personal vehicle mileage reimbursement rate established by the Internal Revenue Service (IRS).

Pre-transition Transportation Authorization

	CCT-related, pre-transition, NEMT	CCT-related, pre-transition, NENMT
Vehicle	Transportation by ambulance, litter van, or wheelchair van	Ordinary public or private transportation
Coverage	Transportation required to: a) view and/or apply for housing, b) obtain legal documentation that requires the CCT Enrollee to complete in person, or c) attend an intake appointment with a community physician.	
Eligibility	• Eligible for Medi-Cal on the date of service • Must be a CCT Enrollee with an approved Initial Transition and Care Plan (ITCP). • May not be a CCT Participant living in the community	

Pre-Transition Services

- 100 hour TAR
  - Transition coordination to implement the ITCP, secure long-term services and supports (LTSS) necessary for a safe transition, and prepare the final transition care plan (FTCP)
  - Other billable activities include but are not limited to: phone calls, travel time, securing signatures, document preparation and submission, care plan development and consultation, coordinating with other service providers, follow-up with care providers, etc.

Pre-Transition Services (cont.)

- Habilitation
  - Coaching and life skills development and other training needed for the participant to learn, improve, or retain adaptive, self-advocacy, or social skills, as identified in the care plan.
  - Other billable activities include but are not limited to: family and/or caregiver training, counseling on options and facilitating access to the options selected, assistance with SSI or medical insurance, etc.

Assessment Tool Revisions

- Recommended revisions to assessment tool to enhance the following elements:
  - Pain
  - Psychiatric history
  - Substance use/abuse history
  - Enhancing social history section
  - Reason for the Skilled Nursing Facility admission
  - Location/living situation prior to admission

Care Plan Revisions

- Recommended revisions to care plan to enhance the following elements:
  - Goals
  - Strengths
  - Preferences
  - Safety issues
  - Harm to self or others

Additional Opportunities for Enhancement

- Potential Sub-Workgroups
  - Identify areas where additional policy/safeguards are needed
  - Identify additional services/flexibility in billing