Reset Form

California Community Transitions (CCT)
Request to Re-enroll a Former CCT Participant
Who Completed 365 Days in the Community

Former CCT Participants who were re-institutionalized after completing 365 days in the community, may be re-enrolled in the Demonstration as long as they meet MFP eligibility requirements. To begin the "Re"-enrollment process for a former CCT Participant, the Lead Organization's (LO's) Transition Coordinators (TCs) must:

1. Identify the specific event(s) and/or condition(s) that led to the re-institutionalization.
2. Identify if any of the following issues led to the individual's re-institutionalization:
   - **A.** Medical and/or behavioral changes that resulted in the need to readmit the individual into a long-term, inpatient facility;
   - **B.** A lack of community services to adequately support the participant that had been identified in the original plan of care; and/or
   - **C.** The plan of care was not supported by the delivery of quality services.
3. Work with the individual and his/her support network to develop measures and/or interventions to address each of the events and/or conditions that led to the re-institutionalization of the former CCT Participant.
4. Complete this form and submit it to the CCT Inbox.

Note: *Members may only participate in the CCT Demonstration twice (2x).*

Member's Name:

Date of Birth: Gender: Male Female

Medi-Cal Number:

Inpatient Facility Name:

Date of Re-admission:

Respondent's Name:

Reason(s) for Current Inpatient Nursing Facility Admission

Health Care Diagnosis(es) (i.e., main illness, injury, and/or health condition)

Major Health Event(s) (i.e., traumatic brain injury, hip fracture, stroke, etc.)

Evaluation of the Previous CCT Transition and Care Plan

If the former CCT Participant was re-institutionalized for any of the reasons listed below, mark the box and provide an explanation in the space that has been provided. If the reason for the re-institutionalization is not identified below, mark the box for "Other" and include an explanation.

- ☐ Medical and/or behavioral changes resulting in the necessity of readmission into the inpatient facility.
- ☐ Lack of community services to adequately support the individual that were originally identified in the *Transition and Care Plan*.
- ☐ *Transition and Care Plan* was not supported by the delivery of quality services.
- ☐ Other

Respondent's Name:

Action Plan

Provide an action plan to address each of the previously identified events and/or contributing factors that led to the re-institutionalization of the individual. In developing the action plan, explain how new and/or different services, supports, and procedures will prevent the individual from being re-admitted to an inpatient facility upon transition to the community.

Respondent's Name:

Prior CCT Participation Information

Previous CCT LO

Previous date of transition

End date of the previous demonstration period

Re-enrollment Information

Current LO

Current TC

LO's clinical review conducted by

Date of clinical review

By submitting this form the CCT Lead Organization (LO) affirms that due diligence was exercised in identifying the HCB services, supports, and procedures necessary to reduce the individual's risk of returning to an institution.