The purpose of this document is to provide CCT LOs with a TAR submission resource summarizing the information/documentation that is required when requesting authorization for CCT services via eTAR.

The single greatest reason TARs are not approved is because required information and/or documents are missing. Before submitting a TAR, please take a few minutes to ensure it is complete.

| **Code** | **Service** | **Miscellaneous Information** | **Documentation to be Attached to TAR** | **Instructions** | **Reasons TAR may be Deferred** |
| --- | --- | --- | --- | --- | --- |
| G9012 **U6** | Enrollment TAR | * Must submit Enrollee Information Form (EIF) to the CCT inbox prior to submitting the initial TAR (LTCD recommends submitting the EIF as soon as the *CCT Rights, Responsibilities, and Consent* form is signed) * If enrollment is *Declined* – LO may request the number of hours that were worked, up to 19 hours (19 units) * If *Enrolled* – request 20 hours (20 units) | * Must attach a completed copy of all of the following documents:   + Clinical Assessment Tool (AT)   + Facility Face Sheet (FS)   + Initial Transition and Care Plan (ITCP) | **Units** = Number of 1 hour increments, up to 20 units  **Frequency** = Units per month | * EIF is not submitted to the CCT mailbox prior to TAR being submitted * ALL of the required documents are not attached * Required documentation is not complete * Required signature(s) are missing  (e.g. member, RN, and/or LO staff) * Legal paperwork authorizing a member’s representative to sign on his/her behalf is missing |
| G9012 **U6** | Pre-Transition Coordination | * Initial 100 hours (100 units) does not require documentation * When necessary, additional hours may be requested with a detailed justification of need | * Written justification for more than 100 hours (400 100 units) must be submitted as an attachment to the TAR for additional hours * Justifications for additional hours must include:  1. Summary of services that have been provided to date, 2. Basis for requesting the number of additional hours (how was it determined), and 3. What the LO plans to accomplish with the additional hours | **Units** = 100  **Frequency** = Units per month | * Justification for additional hours is submitted in the comment line of the TAR; instead of as an attachment * Requests for more than 100 hours (100 units) do not include adequate justification  (See (1) - (3) under “Documentation to be Attached to TAR” column) |
| G9012 **U6** | Post-Transition Coordination | * Requests for more than 50 hours (50 units) may be requested during 365 day Demonstration period with detailed justification of need | * Final Transition and Care Plan (FTCP) submitted **prior** to the Enrollee’s transition * Day of Transition report must be submitted to the CCT inbox * Written justification for more than 50 hours (50 units) must be submitted as an attachment to the TAR for additional hours * Justifications for additional hours must include:   1. Summary of services that have been provided to date,   2. Basis for requesting the number of additional hours (how was it determined), and   3. What the LO plans to accomplish with the additional hours | **Units** = 50  **Frequency** = Units per month | * FTCP not submitted * Required information is missing (i.e. blank sections)   + HCSP within the FTCP is not complete * Missing signature(s) (e.g., member, RN, and/or LO staff) * Day of Transition report not submitted to the CCT inbox * Justification for additional hours is included in the comment line of the TAR, not as an attachment to the TAR * Request for more than 50 hours (50 units) does not include justification  (See (1) - (3) under “Documentation to be Attached to TAR” column) |
| S5111 **U6** | Family and Informal Caregiver Training | * Must ONLY be provided by an RN * May only be billed by LOs that are home health agencies | * Must include the topics to be taught and by whom | **Units** = Request in 15 minute increments  **Frequency** = Units per month | * Requested training not provided by an RN * Family and Informal Caregiver Training is covered by the Participant’s chosen waiver, but were not billed to the wavier first |
| S5165 **HT** | Home Modification | * Up to $7,500 maximum per lifetime * Requires at least 2 bids, or documentation of LO’s attempts to obtain two bids * Contractor must have a current business license in California * If demolition and/or installation related to assistive devices are completed at the same time as home modification(s), there must be separate bids for each type of cost * CCT covers the difference between what is authorized under a waiver and the identified need, not to exceed $7,500, and approval is contingent on denial from all other potential funding sources | * Must include copy of purchase order, if requesting pre-authorization, or a copy of the actual receipt if purchase already made * Enrollee’s name must be on bid | **Units** = 1  **Frequency** = 1 per lifetime  List total amount billed in miscellaneous section | * Contractor is not currently licensed in California * Only one bid is submitted without an explanation of why there are no other bids * Bid for home modifications include assistive devices without splitting the bid into two distinct parts  (one for each service code) * Home Modifications are covered by the Participant’s chosen waiver, but were not billed to the waiver first |
| T1019 **U6** | Personal Care Services | * Request in 15-minute increments * Set rate of $3.62 per 15 minutes * Post-transition personal care services may only be provided by LO staff before IHSS is in place | * Must include number of hours per day, and number of days per week in request * If submitting for services already rendered, the TAR must include the name of PCS provider | **Units** = Number of 15 minute increments to be used.  **Frequency** = Units per month. | * Missing documentation of IHSS status and/or total number of authorized hours * Missing a break out of the number of hours/day and days/week being requested * Missing name of PCS worker when requesting retroactive approval * DSS has not approved IHSS |
| T2017 **U6** | Habilitation | * Request in 15 minute increments * Identify the type of habilitation and the number of hours being requested * When more than 60 units of habilitation is required, request must include a detailed justification of need | * Written justification for more than 60 units must be submitted as an attachment to the TAR for additional hours * Justifications for additional hours must include:  1. Summary of services that have been provided to date, 2. Basis for requesting the number of additional hours (how was it determined), and 3. What the LO plans to accomplish with the additional hours | **Units** = Number of 15 minute increments  **Frequency** = number of increments per month | * Missing information on the type of habilitation to be provided * Missing the number of hours being requested * Justification for additional hours is included in the comment line of the TAR, not as an attachment to the TAR * Request for more than 60 units does not include a detailed justification of need (See (1) - (3) under “Documentation to be Attached to TAR” column) |
| T2028 **U6** | Assistive Devices | * Up to $7,500 maximum per lifetime * If the demotion cost required for home modifications is over the cost cap, this code may be used for demolition costs * Must have separate bid for the assistive device/installation, if using this code at the same time as home modification * CCT covers the difference between what is authorized under a waiver and the identified need, not to exceed $7,500, and approval is contingent on denial from all other potential funding sources | * Must include medical justification for the requested item signed by a licensed professional (e.g., RN, Physician, PT/OT) * Must have a copy of the purchase order if requesting pre-authorization, or a copy of the actual receipt if purchase already made | **Units** = 1  **Frequency** = 1 per lifetime  List total amount billed in miscellaneous section  May submit more than one TAR | * Incorrect use of service code * Missing medical justification for the device signed by licensed professional (e.g., RN, Physician, PT/OT) * Included bid does not show assistive device/installation portion of remodel separately * Request for DME without a Medicare or Medi-Cal denial * Assistive devices were/are not included in the F-TCP * Assistive devices are covered by the Participant’s chosen waiver, but were not billed to the waiver first |
| T2038 **HT** | Home Set-Up | * $7,500 maximum per lifetime * May request recliner chair (based on medical necessity) without special justification * Delivery fees and taxes must be included in the price of each item, and receipts/ supporting documentation must be retained on file for at least 3 years after purchase * CCT covers the difference between what is authorized under a waiver and the identified need, not to exceed $7,500, and approval is contingent on denial from all other potential funding sources | * Documentation may include: purchase order, receipt, written justification, or items to be purchased, photographs, diagrams, written statement of medical necessity from physician, nurse, or PT/OT, etc. * Requests for Personal Emergency Response Systems (PERS) must identify how the service will be continued beyond the 365-day participation period | **Units** = 1  **Frequency** = 1 per lifetime  List total amount billed in miscellaneous section  May submit more than one TAR for services | * Type of housing not on TAR for rent * Does not include acceptable documentation * TAR submitted with incorrect service code and/or modifier * Pre-transition travel request does not include provider, destinations, or cost of service * Requests for PERS does not indicate how service will be continued beyond 365-day participation * Home Set-Up costs are covered by the Participant’s chosen waiver, but were not billed to the waiver first |
| T2039 **U6** | Vehicle Adaptations | * Up to $12,000 per lifetime * Defined as “vehicle modifications” * Vehicle must belong to Enrollee or a parent/legal guardian for the express purpose of meeting the transportation needs of the Enrollee * Vehicle must be in working order * Requires a written statement of medical necessity from physician, RN, or PT/OT, etc. * CCT covers the difference between what is authorized under a waiver and the identified need, not to exceed $12,000, approval is contingent on denial from all other potential funding sources | * Must provide a letter from a manufacturer-authorized dealer approving/certifying the proposed shop and/or vendor to make the modifications * Explanation of how the adaptations will sustain the Participants’ independence or physical safety, and how the adaptations will allow them to remain in the community | **Units** = 1  **Frequency** = 1 per lifetime  List total amount billed in miscellaneous section  May submit more than one TAR for services | * Funds are requested to purchase a vehicle * Letter from dealership does not include required approval/certification of shop/vendor * Missing written statement of medical necessity and/or signature (RN, Physician, PT/OT) * Funds are requested for maintenance of a vehicle * Vehicle Adaptations are covered by the Participant’s chosen waiver, but were not billed to the waiver first |