

CCT Monthly Roundtable | MINUTES

Meeting Hours: 2:00 PM – 4:00 PM
2:00 PM – 3:00 PM CCT
3:00 PM – 4:00 PM CCA ALW

Date: 7/5/2016

Conference Phone Line

*Line Phone Number: (877) 929-7616

*Participant Code: 6918960

Standing Updates:

[2:00 – 2:10 pm]

Review of Minutes/Action Items

- **Karli Holkko (DHCS)** Minutes Approved, no questions or comments or edits, there were 3 action items from the previous Roundtable meeting. Roundtable Meetings are now being recorded, which enables us to capture more conversation and provide you with more detailed minutes. We encourage everyone to refer to the minutes as they are a valuable tool to keep everyone up to date.

- **Action Item 1:** CCT Guidance Letter GL #16-016.

QOL Survey

Last Day to Submit each Type of QOL Survey

Baseline

May 31, 2016

First Follow-up

December 31, 2016

Second Follow-up

December 31, 2016

- The Guidance Letter will be posted to the CCT web site.
- **Action Item 2:** Date on the New Enrollee Information Form and intent of the Assessment date field. The field for the assessment date was removed. This will allow LOs to submit their enrollee information forms in to the CCT inbox as soon as possible, this will allow us to notify you if another LO is not already working with the individual.
- **Action Item 3:** Adding clarifying information onto 2 policy letters:
 - #16-010 Community Physician Requirement and
 - #16-011 Reimbursement for CCT related Transportation Costs.
 - Policy Letters have now been finalized and are posted to the CCT web site.

Forms Submission

- **Karli Holkko (DHCS)**

- Be sure to use the updated forms now available on the CCT website. Also, please remember to use the current forms posted on our Web site, and use the current assessment tool dated 6/1/2016.
- Please submit the Enrollee Information Forms (EIF) directly to the CCT email in-box, do not attach them to the TAR. If an EIF is attached to a TAR, the TAR will not be processed until the EIF has been forwarded to the CCT email inbox and information has been logged into the CCT database. It will save you both time and resources to submit the EIF as directed, which is to the CCT email inbox. This important procedure enables project staff to verify if an individual is already working with another LO, you can then be alerted and stop working with that individual.
- The Assessment tool, which is not posted on the web site, is sent out with every update, the current revision date of the CCT Assessment Tool is June 1, 2016.

Policy/Guidance Letters

- **Karli Holkko (DHCS)** (See Action Item 1 above)

Housing/811

- **Urshella Starr (DHCS)**
- Hi everyone. I thought I would give everybody some numbers of where we are with 811. So as you may recall, we put out a Notice of Funding Availability (NOFA) in August of 2014, and as of that time, we have sent award letters out to nine housing projects.
- Two of those are still under construction and seven are not. Out of the seven, we have three apartment complexes where we had gotten allotments of units that are now full.
- One is in San Leandro, Casa Verde. We have applications for all of the remaining units and there are six individuals that currently live there. We have four applications for others to move in.
- We have Garden Village which is in Sacramento with eleven units, and we just had a new one - Heritage Comments, that has ten units. That's fully occupied.
- We have units available in Bermuda Gardens and we have a new property coming online in Davis called Mutual Housing. We also have units available in Acacia which is located in Sacramento.
- We also have Ethics which is in LA County and Lancaster. We have a total of 46 people currently living in these 811 housing units.
- We have made awards for 113 units and believe that with the remaining money, which is about \$7.4 million, that we could fund about another 150 811 units.
- I just want to throw out there to everybody, if you have developers that you work with, please give me a call and I can help you determine if they would qualify for 811 funding.

- Round Two is specifically for Los Angeles County and we are pairing that with a NOFA that's coming out from the Housing Authority and that's probably going to come out in September.

Other Items, CCT Marketing Materials

- **Karli Holkko (DHCS)** CCT now has new brochures, and posters available. Please send your requests for these items to the CCT email in-box.

Topics:

[2:10 – 3:00 pm]

1. Process for Submission of Emails

- **Karli Holkko (DHCS)** We previously sent out a guidance on how to submit emails to the CCT inbox, and standard subject lines to utilize. We are requesting you continue to utilize the standard subject line formats. It helps us with the processing of your emails in a timelier manner.

2. Discontinuance of Baseline QOLs

- **Karli Holkko (DHCS)** We touched on this previously, this is just a reminder that we are no longer accepting Baseline QOLs that have been conducted on or after June 1, 2016. The history behind this is that CMS is no longer requiring us to collect this information.
- Starting January 1, 2017, we will discontinue collecting all QOLs, and will no longer be accepting or reimbursing for the 1st and 2nd Follow Up QOLs after that date. This is all laid out for you on the Guidance letter we have issued and just wanted to let you know today of the changes coming. Please be sure to inform your staff of these changes regarding the QOLs.

3. Household Set Up TARS

- **Karli Holkko (DHCS)** We received several reports of Home Set-Up claims not paying out accurately. We reported the issue to Xerox and learned that the issue had to do with the number of units set for each TAR. We established the policy of submitting home set-up TARs with 10 units which means each unit is assigned a maximum payable amount of 1/10 of that total dollar amount. For example, a TAR approved for 10 units and \$5000 will pay a maximum amount of \$500 per unit claimed ($\$5000 / 10 \text{ units} = \500 per unit). Before billing against a home set-up TAR you will need to look closely at the claims you are submitting and make sure to include the appropriate amount of units per claim. If you are billing \$2000 towards a TAR that is approved for a maximum of \$5000, you will need to bill for 4 units.
- Secondly, any requests for additional funding (i.e. requests for additional dollars above the Home Set-Up soft cap) or units will need to be submitted on a new TAR. Once the units on a TAR have been used, that TAR is exhausted and a new TAR must be submitted. DHCS nurses will no longer be able to go in and modify approved TARs that have been claimed against.

- For organizations who have been underpaid on claims previously submitted, please re-bill the claim using the appropriate number of units. For example, a claim submitted for \$2000 that was only paid \$500 on a TAR pre-approved for \$5000, bill 3 units to the TAR to make up the \$1500 that was underpaid originally.
- The intent behind submitting one home set-up TAR up to a pre-determined dollar amount, based on the type of CCT-qualified housing option selected by the CCT Enrollee, is to provide the LO flexibility to bill for expenses as soon as they occur. However, in light of the recent challenges we have experienced, we received a request to reconsider the former process for submission of home set-up TARs. This is where LOs were able to bundle their expenses after they occurred and submit a TAR for 1 unit. The challenge with this process is it may create a cash flow issue and creates more TARs for our nurses to review. However, we wanted to take this opportunity to discuss this option now and get feedback from the group. Is there interest from other LOs to return to the former Home set-up billing process?
- **Jonathan Istrin, (Libertana)** I would say no because it puts a tremendous cash flow burden on us if we have to wait until we spend all this money to get reimbursed for it.

4. **Nursing Facility Acute Hospital Waiver Renewal Proposal**

- **Karli Holkko (DHCS)** We held a call on Tuesday, June 7th for our CCT and ALW providers to introduce the Nursing Facility / Acute Hospital (NF/AH) Waiver Renewal Proposal and discuss the proposed Care Management Agency (CMA) Model and the potential downstream impact for the CCT and ALW providers. A summary of the call was sent out on June 9, 2016 for those who were not able to make the conference call. The renewal proposal was released on June 10, 2016 and is open for public comment until 5:00 PM on July 10, 2016. Any written comment must be received electronically by 5:00 PM on July 10th or postmarked by July 10th in order to be considered. We are also holding a stakeholder meeting on July 7, 2016 from 10:00 AM – 1:00 PM at 1500 Capitol Ave, Sacramento, CA 95814 to discuss the comments received on the waiver renewal so far and to inform the public of changes made to the waiver as a result of public input received to date.
- We also wanted to take the opportunity today to talk about any questions you may have in regards to the waiver renewal proposal. One question I have personally received to date is in regards to the 8 minimum qualification requirements for the CMAs. The draft qualifications states that the provider must be from a local government or private nonprofit organization. This qualification will be amended to allow for-profit agencies to apply as a CMA.
- Are there any other questions regarding the waiver renewal proposal or the CMA qualifications?

- Please feel free to submit comments through the public comment or reach out to us if you have any questions regarding the renewal proposal.

5. **SDR Submitted Due to Expiration of TAR**

- **Karli Holkko (DHCS)** We've received some Service Discontinuation Reports recently with the reason for discontinuation being the 100-hour TAR has expired. CCT does not consider that a valid reason to discontinue someone, as the 100-hour TAR can always be extended as long as there is a reasonable assumption that the individual will be able to transition.
- CCT does not want to cut anyone off or keep anyone from being able to transition simply because the TAR has expired. Please work with your nurse if you have a 100-hour TAR that needs to be extended or modified to allow for more time to work with an individual.

6. **CCT Provider Contracts**

- **Karli Holkko (DHCS)** As most of you are probably aware, our CCT contracts are due for renewal on January 1, 2017. We are working on an update to our current provider contract to incorporate some of the new policies established during this most recent contract term.
- There are several agencies, old and new, that are not performing any transitions. Prior to initiating a new contract, we will be working closely with those providers to get a better understanding of the desire to continue contracting with the CCT program, and will be requesting a justification to be submitted of the agency's intent to perform transitions throughout the new contract term.
- This will remain an outstanding agenda item to allow you time to ask questions.
- Are there any questions?
- **Thomas Gregory (CIL Berkeley)** One quick question, it might be premature. If the lead organization is currently not performing transitions, because they don't have nurse exemption or a nurse, will they be allowed to enter into a new contract with a plan being to get a nurse exemption soon as possible?
- **Karli Holkko (DHCS)** Hi Thomas, thank you. This would be a perfect justification as to why you want to continue to pursue a contract with the CCT program. These are some of the things we want to learn from you if you intend to renew your contract.

7. **HCBS Advisory Workgroup**

- **Karli Holkko (DHCS)** We are in our second series of the HCBS workgroup. There will be a total of five series.
- We are calling the second series "Building the Longevity of Institutional Transition to Home and Community-Bases Services." This series has been postponed until January 2017.

- The purpose of this second series is to determine solutions for developing an integrated, person centered transitions model, and explore how the CCT model, mission, services and best practices can be adapted into existing infrastructures beyond the end of the grant term.
- At this point we are heavily involved in the renewal activities associated with the Nursing Facility Acute Hospital Waiver. Once those renewal activities have been completed, we will be in a better position to look at our other waivers and determine the sustainability of transition services beyond the end of the CCT Grant.
- The first meeting for this second series will be held sometime in January 2017.

8. Other Topics of Discussion

- **Karli Holkko (DHCS)** Are there any other topics that you would like to discuss or questions or comments?
- **Tina Campbell (Access TLC)** The 1% withhold that is being applied to the home set up charges, is that being addressed with Xerox?
- **Karli Holkko (DHCS)** Hi Tina, yes, that is being addressed and we do have a systems change request in process to get that fixed and then to retroactively, fix the issue. We have requested for the systems change to be expedited. I'll have to follow-up with you offline with the status of that, but it is going through the review process at this time.
- **Murielle LaBeaud (DHCS)** Karli, could you review the documentation that's required for the final transition care plan with a transition?
- **Karli Holkko (DHCS)** Our new policy for the community physician is that the appointment date be added to the Final Transition Care Plan. The lead organization is going to work to schedule that community physician appointment and add the appointment date on the Final Transition Care Plan. The Lead organization, transition coordinator and nurse and enrollee are going to sign off on that plan, which will be our assurance that the community physician appointment has been established.
- **Murielle LaBeaud (DHCS)** Do we need the name of the physician?
- **Karli Holkko (DHCS)** I don't believe we requested the name of the physician, just the appointment date. I'll check the policy letter though. At a minimum, we want the appointment date on the plan just to ensure that the appointment has been set up post-transition. Hopefully no later than a week post-transition.
- **Murielle LaBeaud (DHCS)** And if there's no appointment, how would you like me to handle this case?
- **Karli Holkko (DHCS)** If there's no appointment, then we had instructed the lead organizations to work closely with their nurse to let them know what kind of troubles that they are experiencing in establishing an appointment. Sometimes they can't get them a week post-transition, but they can get them two weeks' post-transition.
- **Murielle LaBeaud (DHCS)** I'm getting a lot that have absolutely no appointment set up.

- **Karli Holkko (DHCS)** Post-transition TARs missing the physician appointment date, do not meet the requirements of our new policy, and need to be deferred until an appointment is made and the date is submitted.
- **Thomas Gregory (CIL Berkeley)** I was wondering if there was any possibility for the 2017 contracts, if the hourly reimbursement rates would go up? Reimbursement rates have remained constant since CCT began 8 or 9 years ago.
- **Karli Holkko (DHCS)** That is not something we have looked at, but thank you Thomas for your feedback, we can certainly take that back and discuss it.
- **Sheri Burns (SVILC)** Regarding the Advisory Group that you're postponing for January, will information be coming out before that as far as seeking folks that are interested. I had indicated quite a while ago to you that I would be interested in serving on the advisory workgroup for that.
- **Karli Holkko (DHCS)** Yes, definitely. We hope to have the first meeting in January, but we would need to send out a request for workgroup members probably in October to give us some time to compile the workgroup.
- **Sheri Burns (SVILC)** Great, thank you, I have a second question. I know in the recent past you have been down on the number of nurses in CCT available to do reviewing of TARs. Is that still the case, is that what is affecting the review time of TARs?
- **Karli Holkko (DHCS)** Yes, we have been down two nurses, but as of today these two nurses are back in the office, we hope that will help with the high workload. We do have one nurse position that is still open, we are actively trying to fill that position. I think the strain that some of you may have been feeling lately on TAR approvals is just the fact that we've been down two team members. Hopefully we'll be picking up speed again, now that they are back.
- **Sheri Burns (SVILC)** Okay, so now you're not expecting any significant delays?
- **CCT Nurse (?)** We have up to 30 days to adjudicate a tar, so far we have been on track. None of the TARs have been outstanding over 30 days. When a TAR comes in, it is first come first served, they are adjudicated by our nurses by the day they come in.
- **Sherri Brent (SCLC)** All right, thank you.
- **Mary Sayles (DHCS)** One more comment on that, if you have an enrollee who needs to transition in one or two weeks of the day the TAR is sent in, please let us know, and give us the date of transition, so we can try and process them a little bit quicker.
- **Alice Chan (DHCS)** We need a letter or statement as to why you need a TAR expedited, an expedite needs to be based on the criteria previously given to everyone.
- **Karli Holkko (DHCS)** Yes, as Alice as stated, we really want to make sure providers are doing their due diligence to ensure the person's safety is

being considered, and that the nursing facilities are not trying to push the person out due to lack of payment or other reasons that we need to know about, because maybe we can extend the TAR. Maybe we can talk to the managed-care plan, or get the Office of Administrative Hearings and Appeals involved to slow down the process. That way the facility is not trying to hurry up and discharge the person and the LO is scrambling to try and get things put into place for a transition. These things do take time, including the TAR review and approval, so just make sure your letting your nurse know what you are doing when an expedite is requested.

- **Mary Sayles (DHCS)** When you are visiting the person in the facility, you can check to see when the facility TAR expires so you will know from the beginning what lead time we all will have.
- **Bill Mathis (ABCSS)** I've got a quick question on TARs, when they are deferred and we have to redo them, do they always go to the back of the list and have to wait an additional 30 days for processing?
- **Alice Chan (DHCS)** If the TAR is deferred and corrections are made, the nurse who reviewed it will look at it again, it does not necessarily go back to the end of the line in the que. Your nurse may be able to pull it back knowing you have submitted requested up-to-date information.
- **Mary Sayles (DHCS)** Just so everyone understands, when a TAR comes in, it goes into a general que, then are rerouted to the assigned nurse. But if the TAR is active, waiting for something for the nurse, it goes directly to the que and it doesn't have to go through the rewriting process for assigning it to the nurse again. This does speed things up a little bit.
- **Karli Holkko (DHCS)** Okay, so we still have some more time today on our call. Is there anything else that you want to talk about?
- **Kathleen Riel (ILRC SB)** On the MDS referrals, we are not getting referrals from the skilled nursing facilities in the area so it's still not going very well. I'm not sure how it's going in other places. We're not getting referrals, but only by work-of-mouth from facilities that we have good relationships with. I read another article today that a lot of facilities, according to the HHS Office of Civil Rights, (the authors of the article), are not giving out referrals according to MDS Section Q. They say facilities aren't administering Section Q properly. Have you heard that too? Do you know if there's any kind of effort to change that?
- **Karli Holkko (DHCS)** I haven't heard of it here, but that's a federal law and they administer that survey, so that's a little alarming to hear. We can certainly follow up with the Department of Public Health to dive into that a little further. You know we do have marketing materials which might assist in generating some referrals for you if the MDS Section Q is not generating the referrals as they should.
- **Kathleen Riel (ILRC SB)** Yes, we've got some of the new materials. We are definitely using them. I was just wondering if there had been any kind of talk about the fact there are some areas where facilities are less diligent about making the referrals than others?

- **Karli Holkko (DHCS)** Have you tried reaching out to the ombudsman regarding that issue to seek their assistance?
 - **Kathleen R (ILRC SB)** No, I hadn't thought of that.
 - **Karli Holkko (DHCS)** Yes, they may be a good resource because at the local level they work with the facilities. They advocate for the residents and they could help to reinforce and remind the facilities that is a requirement. We can also certainly follow up with the Department of Public Health and let them know this is what we're hearing from our providers and see if they have an additional guidance for us.
- Karli Holkko (DHCS)** Anything else? Okay, great, then I guess we'll go ahead and end a little early for today. Thank you everyone for joining us for our CCT roundtable call.

Action Items:

- Clarification on physician information needed on the FTCP

Please forward your CCT questions to: California.CommunityTransitions@dhcs.ca.gov