CCT Monthly Roundtable | AGENDA

Meeting Hours: 2:00 PM – 4:00 PM Date: **9/19/2017**
2:00 PM – 3:00 PM CCT
3:00 PM – 4:00 PM CCA ALW

Conference Phone Line – **PLEASE NOTE NEW NUMBER**
*Line Phone Number: (800) 619-7571
*Participant Code: 3017199

Standing Updates:

- Review of Minutes/Action Items:
  - No comments or edits
- Forms Submission
  - ISCD would like to remind LOs that they are required to utilize current forms posted on website. LOs are also required to use current consolidated Assessment tool provided by ISCD. The current revision date of the CCT Assessment Tool is 6-1-2016.
- Policy/Guidance Letters
  - None
- Transition Counts
  - Total transitions completed to date is 3,488; as a reminder, we will no longer be funding transitions through CCT that occur after December 31, 2018. More information will be forthcoming but due to the expiration of the CCT grant, we will no longer be funding transitions through CCT that occur after December 31, 2018. Are there any questions regarding that timeframe?
  - **Bruce Morgan (DMC):** Yes, who's going to be doing transitions after December 31, 2018?
  - **Karli Holkko (DHCS):** Transitions will still occur. As you know, independent living centers perform transitions, and then there's also transitions that occur into some of our waiver programs such as the Assisted Living Waiver and the Home and Community-Based Alternatives (HCBA) Waiver. We have built some CCT-like services into the HCBA Waiver, but we will no longer be funding transitions separately through the CCT grant that occur after December 31, 2018.
  - **Norma Vescovo (ILC-SC):** we as an independent living center are going to have to have a waiver in order to work under the program?
  - **Karli Holkko (DHCS):** Hi Norma. No, that wasn't the intent. I'm sorry for the confusion there. Bruce Morgan had asked who will be conducting transitions once the CCT grant goes away so I was just mentioning how independent living centers do perform transitions, which include institutional transitions. While transitions won't be funded through the CCT program, they will still occur outside the CCT program.
  - **Bruce Morgan (DMC):** Who will be funded to do transitions after that date?

- **Karli Holkko (DHCS):** We have built some transition services into our Home and Community Based Alternatives Waiver, but we'll also be looking at having a workgroup next year to discuss our Sustainability Plan of the CCT grant. Our vision for that workgroup is to bring stakeholders together to talk through other opportunities to sustain institutional transitions. More information will be forthcoming. As of today, once CCT goes away, Medi-Cal will only fund transitions through the waivers that have transition services built in.
- **Bruce Morgan (Organization):** So, you're saying the Skilled Nursing Facilities will be doing the transitions after that date?
  Karli Holkko (DHCS): Just as it occurs today, Skilled Nursing Facilities do help to facilitate transitions, that is correct. Those activities will no longer be funded through the CCT program for transitions that occur after December 31, 2018.
  Bruce Morgan (Organization): What incentive does the Skilled Nursing Facility have to transition the consumer out, unless that consumer is not making them as much money. What's the incentive?
  Karli Holkko (DHCS): It's a very good question Bruce, I don't know that I have the answer to that question because I think that that's a global problem that still exists even today, while CCT still exists. So, while it's a very good question, I don't have an answer for you.

- Housing/811
  - **Pa Lee (DHCS):** Section 811 PRA Round I is on its last $1 million out of the $11 million fund. There are currently four housing projects awarded and under construction to be ready in years 2018, 2019, and 2020. In addition, there are about four projects in the pipeline right now to be awarded and possibly some more prospective housing projects to exhaust Round I funds. We are in the process of amending the 811 PRA Round II to allow statewide projects to be funded, extending the initial occupancy deadline to September 30, 2021, eliminate homeless and mental health populations, change the non-institutionalization definition, streamline the tenant referral process and waitlist, and increase rental subsidy to Fair Market Rent (pending HUD approval). We will have the amended Notice of Funding Award (NOFA) application posted as soon as HUD approves our request. Are there any questions?
  - **Woman 1:** So, it's through this amended NOFA that you're going to be able to pay fair market rent for 811 units?
  - **Pa Lee (DHCS):** Yes. Currently, for Round 2 we are not able to pay fair market rent and we're not having much success utilizing the grant in LA. One of the changes will be to get approval from HUD to pay fair market rent so that we can attract more housing developers statewide.
  - **Woman 1:** Okay, and is this going to be primarily for the health and human services or is this going to be for medical services through the hospitals? Is this arrangement going to be only to help people get out of nursing homes or to be able to gain these waivers?
  - **Karli Holkko (DHCS):** The purpose of the 811 program is to develop housing. With Round II we have $11 million to award. However, because we could only fund projects in LA County we just weren't getting a lot of developers -- or any

developers really -- to come on board and develop new housing in the LA area for the rent we were able to fund. We've requested to amend that award and go up to the fair market rent as well as extend it statewide. The goal there is to get more housing stock for individuals who are transitioning.

Topics:

1. **TAR Updates**
   - **Karli Holkko (DHCS):** As I mentioned on the last roundtable call, our division merged with another division. We are now known as the Integrated Systems of Care Division. We have a new team of nurses in our LA office that will be responsible for processing CCT TARs. We have been working on training the team and addressing the TAR backlog. As of today, we are within 30 business days for all CCT TARs. We sincerely appreciate your patience as we work through the backlog.
   - I have received a lot of emails requesting the expedited processing of a TAR. Please be sure and send these requests to the CCT inbox so that we can forward them to the nurse team. They will do their best to address your request. Are there any questions?
   - **Bruce Morgan (DMC):** Are we not going to be able to call the nurses anymore?
   - **Karli Holkko (DHCS):** At this time, we'd like to direct all the inquiries to the CCT inbox. That way we can make sure that they're addressed.
   - **Elizabeth Mason (RICV):** On the enrollment TAR and the 100 hour pre-transition coordination TAR. They were always done together, but it seems like the pre-transition coordination TAR was being deferred and then possibly denied if the enrollment TAR wasn't yet approved, and so my question is, are we supposed to do the enrollment TAR, wait for approval on that, and then do the 100 hour TAR? **Karli Holkko (DHCS):** Thanks for that feedback, that's really helpful because the policy is to submit them together. That way if the nurse is able to approve the enrollment TAR, then they can immediately approve the 100 hour TAR. If the 20 hour TAR is deferred for any reason, then they'll defer the 100 hour TAR too because they can't approve that one while the 20 hour TAR is deferred.

2. **Assisted Living Waiver Waitlist Update**
   - **Karli Holkko (DHCS):** The Assisted Living Waiver continues to operate at capacity. We currently have 1,856 individuals on the ALW waitlist and we are continuing to work through applications received in early March. We still have approximately 400 applications to process before we will reach the waitlist. Once we're able to clear out all of those applications that we currently have in house we'll be reaching out to the individuals on the waitlist as a slot opens up. Are there any questions about the Assisted Living Waver or the waitlist process?
   - **Tom Lyle (PICF):** What is your goal to complete the 400?
   - **Karli Holkko (DHCS):** That's hard to say, only because we can only process an application as a slot becomes available, and we have about 50 to 60 slots turnover every month. It all depends on the number of slots we have available,

the number of applications that have closed, and the number of pending applications that we have open, so we can't really give a timeframe.

3. **Open Discussion**
   - **Elizabeth Mason (RICV):** Do you know of any more grants or funding opportunities that you could think of that would be coming up soon?
   - **Karli Holkko (DHCS):** That's a great question. One of the opportunities we have coming up is through our Home and Community-Based Alternatives waiver, which is the renewed version of our Nursing Facility/Acute Hospital waiver. We talked a little bit during our last call about how we were changing up the model of that waiver and how we're going to be contracting with community based organizations to perform the administration and operations of the waiver at the local level. We will be releasing a Solicitation for Application so that interested agencies can apply to become a Waiver Agency and administer the HCBA waiver within their established service area. The role of the Waiver Agency is to perform all enrollment, assessment, service authorization, and care coordination of all of the participants within their given service area. The Waiver Agency will also be responsible for contracting with other direct service providers to deliver the other waiver services, which can also include care coordination. This is a potential opportunity for some of our CCT providers to contract with the Waiver Agency to provide care coordination, or other waiver services. Any interested lead organizations can also apply to become a waiver agency.
   - We're hoping to release the SFA at the end of this month. I'm sorry I don't have a set date for you at this time but we're really pushing hard to get that out at the end of this month. Once it is released, we'll make sure to release the information to all of our CCT providers so you are all aware. We will also be holding a webinar once the SFA is released to provide additional clarification on the application requirements. I'll make sure that everyone on this call gets that information once it's available.
     Shamael Ali (PICF): I'm not really sure how to ask it but some individuals that have had criminal issues in the past -- are they disqualified, or how are we to handle their cases?
     Karli Holkko (DHCS): That's a great question. I wouldn't say that they're disqualified per se, but it may make finding housing a little bit difficult. Some landlords may not be open to renting a room or an apartment to someone who's had a felony in the past, but as far as the CCT program is concerned it doesn't disqualify them from the program.
     Shamael Ali (PICF): Okay. Is that the same for the ALW program - they're still not disqualified?
     Karli Holkko (DHCS): That really depends on each facility and what the admission requirements are for each facility. It's a great question and I would definitely recommend that you ensure the facility has this information before they agree to admit someone. Again, it's going to depend on the facility itself. There is nothing within the regulations that we're aware of that would exclude them from living in assisted living facilities, but of course it's up to each facility.

Johnathan Istrin (Libertana): The current NF/AH clients, can they request additional hours since we're in the new waiver period?
Karli Holkko (DHCS): Yes, we are now adjudicating services based on medical necessity. If those additional hours are medically necessary then yes we can approve additional hours.
Johnathan Istrin (Libertana): Okay and are you increasing the slots, or are you still working the slots that were approved from when the waiver expired that last year?
Karli Holkko (DHCS): We did get an increase in slots and we are continuing to process enrollments as quickly as we can. Once we have the waiver agencies on board we're hoping this will help with the enrollment rate.
Shamael Ali (PICF): If a member already has an approved ALW application, can they still apply for a CCT?
Karli Holkko (DHCS): They've applied for the Assisted Living Waiver and they've been approved, but they didn't go through CCT initially?
Shamael Ali (PICF): Correct. Yes.
Karli Holkko (DHCS): And are they still in the nursing facility?
Shamael Ali (PICF): They're in the Assisted Living facility at this point, but this particular member would like to move to another facility and needs some services.
Karli Holkko (DHCS): Unfortunately since they're in the Assisted Living facility right now, they wouldn't qualify for CCT.
Shamael Ali (PICF): Just to clarify, in order to qualify for CCT and ALW, you don't necessarily have to be in a SNF, as long as you meet SNF level of care?
Karli Holkko (DHCS): You do have to currently be in some sort of institutional setting and have resided there for 90 consecutive days to potentially qualify for CCT. That could be a hospital, an Intermediate Care Facility, or a Skilled Nursing Facility, but it could not be a residential type setting like an Assisted Living Facility or a Congregate Living Health Facility. It has to be an institutional type setting.
Shamael Ali [Last Name] (PICF): Okay, and that's both for CCT and ALW?
Karli Holkko (DHCS): That's for CCT specifically, yes. If they're just going into ALW alone, then they can apply from the community or a Skilled Nursing Facility, but in order to be potentially eligible for CCT they have to have been in an institutional setting for 90 consecutive days.
Liliana Hernandez (L.I.F.E. Inc.): If I am working with someone in a Skilled Nursing Facility and they end up going to the hospital for a few weeks and then return to the facility, does that reset their 90 days, or are they okay to stay on the CCT?
Karli Holkko (DHCS): They're okay to stay on CCT, as long as they don't leave the facility and go back to the Community. That's going to reset their 90 days, but going to the hospital, we still see that as a continuous stay in an institutional type setting. So that wouldn't disqualify them.
Melody (Archangel): I'm wondering, in the past we've had CCT clients who are not capable of signing for themselves, but they are married and their spouse has signed for them, and that's been fine. Recently we had an application where the

wife signed, but the nurse informed us that the wife also needs the legal advanced healthcare directive document. I'm trying to find out what is the correct answer for them.
Karli Holkko (DHCS): Okay, thank you. That's good feedback. Yes, our policy is that if the individual is married, the spouse can legally sign on their behalf, regardless of if they have the legal paperwork or not. That's been our policy. So we'll go ahead and clarify that for our nurses. If you want to send in a note to the CCT inbox of a specific case, then we can address that one specifically.
Elizabeth Mason (RICV): We recently had some natural disasters here in this area, and so some home modifications may be even more so. Is that a justifiable reason for increased home modification funds, or is it possible to get the maximum for that person even though its established housing?
Karli Holkko (DHCS): Yes. For the home modification fund we can go up to $7,500 and then in some cases we're able to utilize funds from other services, such as home set-up or assistive devices, as well. While we can't go over the established cap because those are hard caps, we can utilize the funding available within those caps. They can be used during pre-transition or post-transition. However, as I pointed out - we do have those hard caps and we need to make sure we stay underneath those. If you're running up against your 100 hour TAR -- you've already worked over those 100 hours and now you're having to do a lot of work to secure home modifications -- then that would be justification for increasing the hours on that 100 hour TAR.
Yanine Villafana (Libertana): In the past when we submitted enrollment TARs for hours used only, we were only required in the past to submit the RN Assessment Tool, and now we're seeing that our TARs are getting denied for hours used because there's no care plan attached. Is that required now? The client was no longer interested, they had an RN Assessment that gave us consent but changed their mind.
Karli Holkko (DHCS): Oh I see. You know what Yanine let me get back to you on that one. I'll need to check in with our nurses before I can answer that question. I'll get back to you.
Shamael Ali (PICF): I have a question as far as Spend Down and how to navigate through that. I know you've let me know that is has to be done through the county Medi-Cal office, but I just don't know what the exact process is. Do you know if there's specific steps we're supposed to be taking?
Karli Holkko (DHCS): The Medi-Cal eligibility determination specialist is going to be the one who knows about Spend Downs, what can qualify for Spend Down and the policy there. Unfortunately, I'm not much help in that area because I'm not an eligibility specialist. It really does have to be done at the county level. They're going to have the policy and they're going to be able to inform you what type of expenses would qualify for Spend Down.
Shamael Ali (PICF): Okay. We've already applied for this member so not having the Spend Down prior to the application shouldn't disqualify the application, correct?
Karli Holkko (DHCS): So you're saying right now they have a high Share of Cost?

Shamael Ali (PICF): Yes, they have a Share of Cost and we kind of know an estimate of what the Spend Down will be and we know how to navigate it. I just want to make sure her application won't get disqualified based on the fact that she has this Share of Cost.
Karli Holkko (DHCS): No, the application won't be disqualified. The nurse may note it for you -- which, it sounds like you're aware -- but it wouldn't disqualify them from the program.
Karli Holkko (DHCS): Any other questions?
Okay great, well thank you everyone very much for the call today and for our discussion. If you have any questions after we end the call go ahead and send those to the CCT inbox and we'll be happy to answer them. For the CCAs that are going to be staying on the call, we will talk to you at 3:00 PM, but for all others we will talk to you another time. Thanks so much.

Action Items

- What documentation is needed to attach to the enrollment TAR when the individual is not enrolling in CCT but the LO would like to bill for hours worked?