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State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

March 17, 2020

Todd S. Wilson  
Project Officer  
Money Follows the Person Rebalancing Demonstration  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, MS: S2-14-26  
Baltimore, MD 21244-1850

**REQUEST TO TEMPORARILY MODIFY SERVICE DELIVERY METHODS FOR MONEY  
FOLLOWS THE PERSON DUE TO EMERGENCY**

Dear Mr. Wilson:

In response to the novel coronavirus (COVID-19) pandemic, the California Department of Health Care Services (DHCS) requests authorization from the Centers for Medicare & Medicaid Services (CMS) to temporarily modify service delivery methods in California's Money Follows the Person (MFP) grant program, known as California Community Transitions (CCT) in California, effective February 4, 2020, through June 30, 2020. Long-term residents of in-patient nursing facilities are the most vulnerable population receiving services under Medicaid (Medi-Cal in California), and the flexibilities included in this request would help reduce their exposure to COVID-19 without sacrificing their freedom to choose where and how they receive long-term care services.

**Nature of Emergency**

Coronavirus disease 2019 (COVID-19) is a respiratory illness caused by a novel virus that has been spreading worldwide. Community-acquired cases have been confirmed in California. The State of California has been working in close collaboration with the national Centers for Disease Control and Prevention (CDC), with the United States Department of Health and Human Services, and local health departments to monitor and plan for the potential spread of COVID-19.

**Number of Individuals Affected and the State's Mechanism to Identify Individuals at Risk**

On March 4, 2020, the State of California declared a state of emergency. As of March 12, 2020, there are 1,215 presumptive cases of COVID-19 in the United States, including 198

confirmed cases and four fatalities in California. More than 11,100 Californians, across 49 counties, are self-monitoring because of the potential for travel-based exposure to the virus. Officials expect the number of cases in California to increase. Experts anticipate that while a high percentage of individuals affected by COVID-19 will experience mild flu-like symptoms, some will have more serious symptoms and require hospitalization, particularly vulnerable populations such as those enrolled in CCT.

### **Roles of State, Local, and Other Entities in Approved MFP Grant Operations**

DHCS contracts with CCT Lead Organizations (LOs) to identify individuals interested in transitioning to the community instead of receiving long-term care in an institution. CCT LOs work with in-patient facilities, managed care plans, state-administered Home and Community-Based Service (HCBS) waivers/programs, and community-based organizations to identify and secure services beneficiaries want and require to remain in the community setting of their choice. CCT LOs are also responsible for tracking and responding to the needs of CCT participants residing in the community for 365 days post-transition.

DHCS is the State Medicaid Agency, and is responsible for all HCBS programs, including the administration of the grant and oversight of CCT LOs. The state's responsibilities include authorizing enrollment of CCT applicants, adjudicating Treatment Authorization Requests for CCT services, developing policies and guidance related to federal and state statute and regulations, and monitoring the contracted CCT LOs and service providers for compliance.

### **Expected Changes Needed to Service Delivery Methods**

DHCS anticipates that the COVID-19 outbreak will directly impact CCT service delivery methods for a minimum of two to three months. As a result, the state anticipates there will be a negative impact to transition counts, since many skilled nursing facilities in California are restricting outside service providers (and in some cases, family members) from entering their facilities as a way to prevent their residents from contracting the virus. Similarly, but to a lesser extent, CCT staff have received anecdotal reports about participants who are choosing to self-isolate and are not allowing HCBS direct care service providers to enter their homes.

To prevent CCT enrollees and participants from being exposed to COVID-19 and to reduce the impact of the pandemic on the population, DHCS is requesting the following temporary modifications to CCT service delivery methods:

1. Modify processes for level of care assessments by allowing CCT LOs to conduct telephonic assessments and desk reviews of medical charts, case notes, and telephonic consultations with applicants' primary care providers, in lieu of face-to-face assessments.
2. Conduct person-centered planning conversations via conference calls and/or live virtual video conferencing, instead of face-to-face.
3. Extend the 30-days re-institutionalization disenrollment period for any participant who must remain in an institutional setting beyond the 30-day limit because they, or their caregiver(s) have contracted the virus, and/or if it is unsafe for them to return to the community because they would be exposed to the virus, through June 30, 2020.
4. Temporarily allow CCT Transition Coordinators to conduct face-to-face post-transition visits by phone, instead of face-to-face

Should you have any questions about the content of this letter, please contact Joseph Billingsley, Program Policy and Operations Branch Chief, at (916) 713-8389, or [Joseph.Billingsley@dhcs.ca.gov](mailto:Joseph.Billingsley@dhcs.ca.gov). Thank you for your consideration, we look forward to your response.

Sincerely,

**ORIGINAL SIGNED BY**

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