

**CALIFORNIA COMMUNITY TRANSITIONS (CCT)  
ENROLLEE AND PARTICIPANT  
RIGHTS AND RESPONSIBILITIES/CONSENT**

All individuals participating in the CCT Demonstration Project are entitled to specific rights regarding delivery of CCT services.

**ENROLLEE AND PARTICIPANT RIGHTS**

As a CCT enrollee or participant, you have the following rights:

1. Be informed of your rights and available services prior to agreeing to participate in CCT.
2. Receive services without regard to race, religion, age, color, creed, gender, national origin, sexual orientation, marital status, or disability.
3. Be treated with consideration, dignity, and respect.
4. Assume reasonable risks and have the opportunity to learn from these experiences.
5. Be provided with an explanation of available Medi-Cal Home and Community-Based Services, and other community Long-Term Services and Supports that may benefit you.
6. Have the opportunity to participate in the development, review, and approval of your own Transition and Care Plan (TCP), including any subsequent revisions to the TCP.
7. Select service providers and choose to receive additional services from different agencies or staff within the same agency without jeopardizing your enrollment or participation in CCT.
8. Be fully informed of the process for requesting an informal conference and/or state hearing.
9. Be informed of the name and duties of any person providing CCT services to you.
10. Have input into when and how CCT services will be provided to you.
11. Receive services from approved and qualified individuals.
12. Receive, in writing, a list of names, telephone numbers, and supervisors for all CCT service providers from your CCT Transition Coordinator.

13. Receive, in writing, a copy of the complaint and resolution process from your CCT Transition Coordinator.
14. Refuse care, treatment, services, and/or supports after you have been fully informed of the potential risks and consequences of such actions.
15. Refusal of care must be in writing to indicate you understand the potential for associated risks and consequences. If you decide to refuse care, you may take back your choice, in writing, at any time.
16. Have your privacy respected, including the confidentiality of personal records, and have the right to refuse the release of the information to anyone not authorized to have such records, except in the case of your transfer to a health care facility or as required by law or Medi-Cal requirements.
17. Submit complaints about any violation of rights and/or any concerns regarding provided services, without jeopardizing your participation in the CCT and not being subjected to restraint, interference, coercion, discrimination, or reprisal as a result of submitting a complaint.
18. Receive support and direction from the lead organization/transition coordinator during the transition process to resolve your concerns.
19. Receive additional support and direction from the CCT Lead Organization in the event that your transition coordinator is not successful in resolving concerns.
20. Have your transition coordinator protect and promote your ability to exercise all rights identified in this document.
21. If appropriate, have all rights and responsibilities outlined in this document forwarded to your court-appointed legal guardian or others authorized to act on your behalf.
22. Participate in surveys inquiring about your experience as a CCT participant, including about the quality of services you received under the demonstration and your general satisfaction with your return to community living.

## **ENROLLEE AND PARTICIPANT RESPONSIBILITIES**

As a CCT enrollee/participant your responsibility is to:

1. Work with your lead organization/transition coordinator to develop, and as appropriate, revise your TCP, to provide long-term services and supports needed to support your health and welfare during and after transitioning to community living.
2. Work with the service providers as described in your TCP.
3. Follow your TCP, and notify your CCT Transition Coordinator during the transition process if you want to change your goals or services.
4. Provide, to the best of your knowledge, complete and accurate health history including all prescribed and over-the-counter medications you are taking, and communicate the risk(s) associated with your decision about the services and supports you choose.
5. Inform your CCT Transition Coordinator about all treatments and interventions you are receiving.
6. Maintain your home in a manner that enables you to maintain good health and welfare while living in the community.
7. Ask questions of health professionals and other service providers when you do not understand your services.
8. Respond to questions in two follow up Quality of Life (QOL) Surveys; at approximately 11 and 24 months after transition through the end of 2016.
9. Refrain from becoming involved in any criminal behavior. You understand that, if you do, your service provider(s) may leave, the police may be called, and your continuation in CCT may be jeopardized.
10. Report any significant changes in your health condition, circumstances, informal supports, and/or formal supports to the appropriate service provider.
11. Provide accurate information related to your coverage under Medi-Cal (including recertification and spend-down), Medicare, or other medically-related insurance programs to your lead organization/transition coordinator.
12. Notify the appropriate providers as soon as possible if the scheduled service visit needs to be rescheduled or changed.
13. Notify the appropriate person(s) if any problems occur, or if you are dissatisfied, with the services you are receiving.
14. Show respect and consideration for all persons and their property.

**ENROLLEE AND PARTICIPANT  
ACKNOWLEDGEMENT AND CONSENT**

I, \_\_\_\_\_, have had an opportunity to learn about and discuss the California Community Transitions (CCT) Demonstration and I am interested in participating in the program.

By signing this form, I am acknowledging:

1. I understand that the CCT Demonstration is authorized through an agreement between the California Department of Health Care Services (DHCS) and the federal Centers for Medicare & Medicaid Services.
2. I have read the CCT Enrollee and Participant Rights and Responsibilities included in this document, or they have been read to me as written.
3. I understand the content and purpose of the CCT Enrollee and Participant Rights and Responsibilities included in this document.
4. I understand that failure to adhere to the responsibilities described in this document and/or in my signed TCP may result in termination from CCT.
5. The CCT Lead Organization of my choice will work with me to develop a Transition and Care Plan (TCP) for Long-Term Services and Supports that meet my skilled care and transition needs, to ensure my health and welfare when I leave the inpatient nursing facility and return to living and receiving services in the community.
6. I will be making decisions about Long-Term Services and Supports and that, once I transition to community living, there may be risks that may affect my services, my providers, and my well-being.
7. I am willing to assume the transition risks identified and discussed with my CCT Transition Coordinator.
8. I have received information on the following Home- and Community-Based Services and Housing Options that are available in the community of my choice:

**HCB SERVICES**

**HOUSING**

AIDS Waivers      In-Home Operations  
Assisted Living Waiver      NF/AH Waiver  
DD Waiver      MSSP Program  
Pediatric Palliative Care Waiver

Independent Apartment  
Established Household  
Group Home  
Assisted Living Facility

By signing this form, I am consenting to the following provisions:

1. CCT lead organization staff members working with me have my informed consent to access my Personal Health Information (PHI), and my permission to discuss my transition with my personal physician and other service providers.
2. Enrollment allows me to work with a CCT lead organization to arrange for services I will receive during the 365 days following my transition to the community (including, my day of discharge from the inpatient facility). On the 366th (three hundred sixty sixth) day, the Long-Term Services and Supports (LTSS) I continue to need at home will be provided under a Medi-Cal Home and Community-Based Services waiver and/or with Medi-Cal state plan services, as long as I maintain my Medi-Cal eligibility and meet all LTSS requirements.
3. Prior to completion of my 365 days changes in my Transition and Care Plan (TCP) will be discussed with me and updated to reflect the services I will continue to receive after my participation in the CCT Demonstration ends. I will make decisions about services and any risks that may affect my services, my providers, and my well-being.
4. I can contact my CCT Transition Coordinator at any time to arrange for and/or make changes to my transition and care plan under the demonstration.
5. I will promptly contact someone that I trust if I feel that I am at risk in any way of failing to get the needed supports and services to allow me to stay in my community home.
6. I can report suspected elder and dependent abuse by calling my local:  
**Adult Protective Services Office:**  
**Police/Sheriff's Office:**
7. If my request for Medi-Cal services are denied or modified for reasons unknown to me, I have the choice of filing a request for a state hearing.

**Lead Organization**

Name:

Telephone:

**Transition Coordinator**

Name:

Telephone:

Applicant's Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Legal Guardian/Representative

\_\_\_\_\_  
Legal Guardian/Representative's Signature

\_\_\_\_\_  
Date

LO-Transition Coordinator

\_\_\_\_\_  
LO-Transition Coordinator's Signature

\_\_\_\_\_  
Date