

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: 11/14/2017

Conference Phone Line – **PLEASE NOTE NEW NUMBER**

*Line Phone Number: (888) 323-9687

*Participant Code: 8073807

Standing Updates:

- Review of Minutes/Action Items
 - Meeting minutes – any edits/comments/questions?
 - Action item: Last meeting one of the LOs requested clarification on 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. We will need the facility face sheet, assessment tool, and initial transition and care plan if one has been developed. If an initial transition and care plan has not been developed, we simply need a justification as to why. For example, the applicant chose to discontinue the enrollment process before one could be developed.
- Forms Submission
 - ISCD would like to remind LOs that they are required to utilize current forms posted on the 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
 - The number of CCT transitions completed as of November 2, 2017 is 3,580.
 - As a reminder, the CCT grant expires September 30, 2020. Therefore, we have set some hard deadlines based on this expiration date. We will not be funding any transition that occurs after December 31, 2018 through the CCT program. This will allow us to fund a full 365 days of post-transition services and approximately nine months for state administrative close out activities.
 - **Shamael Ali (PICF):** What if we have members that are still waiting for their applications to be processed? Can they still transition after December 31, 2018?
 - **Urshella Starr (DHCS):** In order for the transition to be funded through CCT, it would need to be completed by December 31, 2018.
 - **Bruce Morgan (DMC):** Since there won't be any transitions after December 31st, if we had TARs waiting to be approved to transition somebody at that date, would we still be able to continue on with that person to transition them?

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- **Karli Holkko (DHCS):** Let me just make sure I understood your question. You intend to transition someone before the December 31st date, but a TAR is in the system and the enrollment TAR has not been approved yet?
- **Bruce Morgan (DMC):** That's correct.
- **Karli Holkko (DHCS):** As of today, our goal will be to make sure that we have all enrollment TARs approved timely. We don't want to delay any transition. This is a great question and something that we'll work through as we move closer to that December 31st date.
- Housing/811
 - **Urshella Starr (DHCS):** We submitted a request to HUD on July 28, 2017 to amend the Phase II Notice of Federal Award and increase the rental subsidy to Fair Market Rent. We are tracking the progress of this request very closely but unfortunately have not heard anything back yet. We'll provide everybody with an update as soon as we can. We still do still have funds available in Round I, which is a statewide project. I also wanted to give a little shout out to several of our Tenant Referral Organization (TRO) providers working with the 811 Project Rental Assistance project. The first one is Home and Healthcare Management. Their first tenants moved in almost three years ago and are doing well. Thank you for helping these individuals live successfully in the community.
 - **Julie Lehmann (HHCM):** Urshella, I just want to say thank you so much. We couldn't have done it without you.
 - **Urshella Starr (DHCS):** The second TRO is Libertana. Libertana's first tenants moved in two and a half years ago. Thank you to the Libertana team, keep up the good work.
 - **Jonathan (Libertana):** You're welcome. It takes a team at DHCS to get a lot of this work done. Thank you very much and it's a pleasure working with you.
 - **Urshella Starr (DHCS):** The third TRO is East Bay Innovations (EBI). Their first tenants moved in about two years ago and they're still living there. EBI continues to work hard on establishing new developments, so I thank you for that. We really appreciate all of the hard work your team has done.
 - **Linda (EBI):** Thank you.

Topics:

2. TAR Updates

- **Urshella Starr (DHCS):** We have received feedback from several LOs about TARs that are older than 30 days. Please continue to send these emails to the CCT inbox. It is very helpful for the CCT project staff to know about any potential delays. We are working with the TAR authorization team in the LA office to review TAR status and direct resources as necessary to address any TAR backlogs.
- **Julie (HHCM):** With all the backlog, can't you just go and approve all of the TARs and then do a post payment review on those? That's the way Medicare works, and it would make things much easier for the lead organization, to be able to get paid and process things, and get people transitioned.

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- **Karli Holkko (DHCS):** I don't have an answer to that question, but that's very good to know that that's how it's done on the Medicare side and certainly something we can look at.
 - **Julie (HHCM):** Overall, I don't believe many TARs are denied. I wouldn't think it's very high. You might need some more documentation or something, but you could always get that on the after side of things, after payment.
 - **Karli Holkko (DHCS):** Yes, again thank you. That's really good feedback and we can take a look and see if that's an option for us.
 - **Shamael Ali (PICF):** The expiration date of December 31, 2018, is that a hard date or do you see a potential extension for the program?
 - **Karli Holkko (DHCS):** We are not aware of any extension of the program at this time. If there is a transition that will not be completed until after December 31, 2018, we will have to look at each one on a case by case basis to determine if it can be funded through CCT.
3. Maximum Units Billable Per Day for G9012 U6
- **Karli Holkko (DHCS):** As some of you may be aware, we discovered that the G9012 U6 service code can only be billed up to 24 units per day. We are working on a system change to increase the number of billable units per day but for now, please be aware that the maximum payable amount is 24 units per day. We are very sorry for any inconvenience this causes.
 - **Woman:** Karli, how do we deal with the initial 20 hour TAR, which will always be billed in more than 24 units?
 - **Karli Holkko (DHCS):** That will have to be split up over - that's 80 units so it will have to be split up over four days.
 - **Woman:** How do we split it up if the payment is a onetime lump sum payment?
 - **Karli Holkko (DHCS):** You bill per service day. You would bill a number of units over four days so that you could get reimbursed 80 units.
4. Assisted Living Waiver Waitlist Update
- **Karli Holkko (DHCS):** The Assisted Living Waiver continues to operate at capacity. We currently have over 2,400 individuals on the ALW waitlist and we are continuing to work through applications received in March. We still have approximately 300 applications to process before we will reach the waitlist. Once we're able to clear out all of the applications we currently have in house we'll be reaching out to the individuals on the waitlist as slots open up.
 - **Reina Oliver (SCAN):** Is there a way for us to obtain status updates so we know where our clients are in the grand scheme of things?
 - **Karli Holkko (DHCS):** It is challenging to give specific status updates for individuals on our waitlist because we are still working through a backlog of applications. Instead, we will continue to give you updates on the roundtable calls about what our status is for application review. We'll continue to keep you updated. You can also send a status request to the ALWP.IR@dhcs.ca.gov mailbox.

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5. Application Date Extended for HCBA SFA
- **Karli Holkko (DHCS):** As we have discussed during previous meetings, we have made significant structural changes to the 1915(c) Home-and Community-Based Services Waiver previously known as the Nursing Facility/Acute Hospital (or NF/AH) Waiver. This change creates a new opportunity for community-based, care management organizations and long-term care service providers. The Department released a Solicitation for Application (or SFA) #17-10118, on October 4, 2017, to invite eligible organizations to apply to become Home and Community-Based Alternatives (HCBA) Waiver “Waiver Agencies.” The HCBA Waiver SFA requires applicants to demonstrate that they have the experience, organizational capacity, and fiscal stability to meet minimum Waiver Agency qualifications and to meet the needs of participants within their proposed service area over the five-year term of the waiver. Contracted Waiver Agencies will receive funding to perform waiver administrative functions and provide the Comprehensive Care Management Service. Current HCBS providers interested in expanding their business models are encouraged to submit an application in response to this SFA.
 - Because of the level of interest DHCS received in response to SFA #17-10118, the Department has extended the SFA application period to ensure all entities have sufficient time to assess the HCBA Waiver program requirements and complete/submit the application. The new application submission deadline is December 15, 2017. Additional information is available on the DHCS website. Questions about the SFA should be emailed to the HCBA Waiver Inbox at HCBAAlternatives@dhcs.ca.gov and include “SFA #17-10118 – Question” in the subject line of the email.
 - **Sheri Burns (SCRC):** Regarding the HCBA waiver, are there any other changes to the SFA requirements for the request that was put forward from some of the home health agencies and centers for independent living or has a determination been made on that at all?
 - **Karli Holkko (DHCS):** We have received a formal letter through the Olmstead Advisory Committee. We are preparing a response, but we don’t have a response for you today. No changes have been made thus far.
 - **Sherry Burns (SCRC):** Okay, great.
 - **Anwar Zoueihid (PICF):** If I have a question about the HCBA waiver, specifically on Exhibit B, the budget details, can I ask that question now, or is that something that you said we’d have to email you?
 - **Karli Holkko (DHCS):** I’d request that you email it to the inbox because we are gathering and tracking all of the questions received and preparing responses that will be posted publicly. We want to make sure that the application process is fair and equitable for all potential applicants and that each potential applicant has the same information.
 - **Anwar Zoueihid (PICF):** Is it the expectation of the department that this waiver will succeed the CCT program? Meaning that if we do get some more referrals after December 31, 2018, we can refer them to the HCBA providers?
 - **Karli Holkko (DHCS):** That’s right. Yes. We have built CCT like services into the HCBA waiver, so that we can sustain institutional transitions and sustain some of

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the transition services that we have in CCT today. Once transitions are no longer funded through the CCT program, our vision is that one of the avenues people can receive assistance with transitioning is through the HCBA waiver.

- **Julie Lehmann (HHCM):** Reading through the proposal, it does not pay for transition coordination time. It only pays for home setup, that kind of thing. It's not paying for our time to do the transition work so therefore there's no funding for transitions.
- **Karli Holkko (DHCS):** There is a transitional case management service built into the waiver and the intention of that service is to pay for that work.
- **Julie Lehmann (HHCM):** So once this waiver starts and we started doing waiver transition coordination, we could get paid the regular waiver transition coordination pay rate and start working with them in the nursing home and get paid to get them transitioned?
- **Karli Holkko (DHCS):** It all depends on if we have a waiver agency in that area or not. If we have a waiver agency, providers of this service will need to contract with a waiver agency to received authorization to perform the transition coordination work. It will be up to the waiver agency to authorize and pay the provider for this service. If there's no waiver agency in that area, the provider will be working with the state and will need to submit TARs for reimbursement. The state cannot reimburse for this service until the individual is enrolled in the waiver.
- **Anwar Zoueihid (PICF):** I just wanted to clarify that the waiver has three buckets and one of the buckets does pay for the post transition work.
- **Karli Holkko (DHCS):** The waiver has a transitional case management service similar to CCT today and the intent of that service is to pay for the work that our lead organizations are doing today for individuals who are transitioning out of skilled nursing facility back into the community and enrolling in the HCBA waiver.

6. Open Discussion

- None

Attachments:

- DRAFT Roundtable meeting minutes from September 19, 2017