

California Community Transitions (CCT) Treatment Authorization Request (TAR) Data Entry Information

This overview provides information required to complete electronic-TARs to submit claims for reimbursement for providing CCT services. Detailed descriptions of CCT services are included in the CCT Operational Protocol (OP), available at: <http://www.dhcs.ca.gov/services/ltc/Pages/CCT.aspx>. Service codes and modifiers are published in the Medi-Cal Provider Manual, available at: http://files.medi-cal.ca.gov/pubsdoco/Manuals_menu.asp.

TRANSITION COORDINATION

Transition Coordination services are broken into three phases: 1) Enrollment, 2) Transition and Care Planning, and 3) Post-transition Follow-up.

Enrollment Services

The enrollment TAR authorizes up to 20 hours of Transition Coordination for interviewing a potential participant, conducting a clinical assessment, and developing a person-centered Initial Transition and Care Plan (I-TCP) to submit to the assigned state Nurse Evaluator (state RN) for adjudication. State RNs evaluate the enrollment documentation attached to the TAR to determine if the individual's needs and preferences are met by the home and community-based (HCB) long-term services and supports (LTSS) included in the I-TCP.

<u>Code</u>	<u>Required Documentation</u>	<u>Rate</u>
G9012 U6 ¹ (PI ² = 0)	<ul style="list-style-type: none"> • Clinical Assessment Tool • Facility Face Sheet • I-TCP 	1 Unit = 1 hour \$45.43 per hour (1 Unit) Up to 20 hours (20 Units)

Transition and Care Planning Services

Upon receiving enrollment authorization, the CCT Lead Organization (LO) submits a TAR for 100 hours of Transition Coordination to set-up and/or secure proposed LTSS identified in the I-TCP. More hours are available with documented justification.

<u>Code</u>	<u>Required Documentation</u>	<u>Rate</u>
G9012 U6 (PI = 0)	No documentation is required for the standard 100 hour TAR; however, written justification is required when requesting additional hours	1 Unit = 1 hour \$45.43 per hour (1 Unit) Up to 100 hours (100 Units)

Transition Coordination continued on page 2

¹ CCT Enrollment is "approved" when the beneficiaries' risks, needs, and preferences are identified and addressed in the TCP to help ensure a safe and sustainable transition to community living.

² P.I. stands for "Pricing Index" and is used in Medi-Cal billing.

Post-Transition Follow-Up Services

Once the individual transitions to community living, the CCT LO submits a TAR for 50 hours, two (2) weeks prior to transition. Post-transition follow-up hours are to insure that necessary LTSS are in place, and that the Participant's needs continue to be met by the services and supports available to them in the community. More hours are available with documented justification.

<u>Code</u>	<u>Required Documentation</u>	<u>Rate</u>
G9012-U6 (PI = 0)	Final Transition and Care Plan (F-ITCP) (F-ITCPs should be submitted 2 weeks prior to transition) Written justification is required to request additional hours	1 Unit = 1 hour \$45.43 per hour (1 Unit) Up to 50 hours (50 Units)

Transition Coordination Service Boundaries

If the participant is enrolled in an HCBS waiver, CCT allows up to 50 hours of post-transition transition coordination **in addition to** the services received under the waiver, as long as the services do not duplicate those provided under the waiver.

HABILITATION

Coaching and life skills development / training for the individual to learn, improve, or retain adaptive, self-advocacy, and/or social skills, as identified in the TCP. Habilitation helps support successful transitions and improved quality of life in the community. More hours are available with documented justification.

Pre-Transition Services

Limited habilitation services provided to an Enrollee while still living in an inpatient facility to ensure s/he is able to live safely in the community on the day of transition.

<u>Code</u>	<u>Required Documentation</u>	<u>Rate</u>
T2017 U6 (PI = 0/3)	No documentation is required for pre -transition habilitation up to 15 hours; however, written justification is required when requesting additional hours	\$11.36 per 15-minute increment for an agency provider x number of increments, up to 15 hours

Post-Transition Services

Habilitation services provided to Participants who have transitioned out of an inpatient facility, to provide ongoing support to them in the community.

<u>Code</u>	<u>Required Documentation</u>	<u>Rate</u>
T2017 U6 (PI = 0/3)	No documentation is required for post -transition habilitation up to 50 hours; however written justification is required when requesting additional hours	\$11.36 per 15-minute increment for an agency provider x number of increments, up to 50 hours

Habilitation Services continued on page 3

Habilitation Service Boundaries

If the Participant is enrolled in an HCBS waiver, CCT allows up to 50 hours of habilitation in addition to habilitation services received under the waiver, as long as the services do not duplicate those provided under the waiver.

FAMILY AND INFORMAL CAREGIVER TRAINING

Family and Informal caregiver training are **only to be provided by an RN**.

One-on-one, individually tailored sessions conducted by an approved trainer, to assist caregivers in developing the skills and gaining the knowledge they need to enhance a Participant's health, nutrition, and/or financial literacy. Examples include, but are not limited to: daily care management, fall prevention, coping skills, and emergency response and/or long-term care planning.

<u>Code</u>	<u>Required Documentation</u>	<u>Rate</u>
S5111 U6 (PI = 0)	None	\$45.43 per 1-hour session (or \$11.36 per 15 min session) x number of sessions, not to exceed 50 hours

Family and Informal Caregiver Training Service Boundaries

Family and informal caregiver training is only to be provided by an RN; and, may only be billed by a Home Health Care Agency.

If covered under an existing waiver chosen by the Participant, CCT provides services in addition to those covered by the waiver, as long as the services do not duplicate those provided under the waiver.

PERSONAL CARE SERVICES

Personal care services are supportive services to assist an individual to remain at home and include assistance to independent activities of daily living and adult companionship.

Post-transition personal care services may only be provided to Participants by LOs before In-Home Supportive Services (IHSS) is in place.

<u>Code</u>	<u>Required Documentation</u>	<u>Rate</u>
T1019 U6 (PI = 0)	Documentation (DSS approval) showing that personal care service hours have been approved.	\$3.62 per 15-minute increments for an individual provider x number of increments

Personal Care Services Service Boundaries

Not for an inpatient or resident of a hospital, nursing facility, Intermediate Care Facility/Mental Retarded (ICF/MR) or Institution for Mental Disease (IMD). Part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant).

Approval is contingent on prior DSS approval of specified IHSS hours of service.

HOME SET-UP

Non-recurring set-up expenses for goods and services identified in the Enrollee's TCP, for an Enrollee who will be directly responsible for his/her own living expenses when s/he transitions to community living.

<i>New Apartment</i>	\$5,000.00 initially
<i>Established Housing</i>	\$2,000.00 initially
<i>Group Home</i>	\$2,000.00 initially
<i>Assisted Living Waiver (ALW) Facility</i>	\$1,000.00 initially

<u>Code</u>	<u>Required Documentation</u>	<u>Rate</u>
T2038 HT (PI = 3)	Written justification to request authorization for costs beyond the pre-authorized amount.	\$1,000.00 - 5,000.00, depending on housing type

Home Set-up Service Boundaries

Pre-authorized amount are based on the type of housing into which the Enrollee transitions. With additional justification all home set-up may be increased to the maximum of \$7,500.00.

If home set-up is covered under an existing waiver chosen by an Enrollee, CCT covers the difference between what is covered under the waiver and the identified home set-up need(s) of the Enrollee, not to exceed \$7,500.00, as long as the services do not duplicate those provided under the waiver.

HOME MODIFICATION

Home modifications are environmental adaptations to a Participant's home, as identified in the TCP. Home modifications may include, but are not limited to: grab-bar and ramp installation; modifications to existing doorways and bathrooms; installation/removal of specialized electric and plumbing systems; etc.

<u>Code</u>	<u>Required Documentation</u>	<u>Rate</u>
S5165 HT (PI = 3)	At least 2 bids for each modification	Cost not to exceed \$7,500.00

Home Modification Service Boundaries

If covered under an existing waiver chosen by the Participant, CCT covers the difference between what is covered under the waiver and the identified need, not to exceed \$7,500, as long as the services do not duplicate those provided under the waiver.

VEHICLE ADAPTATIONS

Vehicle adaptations include, but are not limited to devices, controls, and training required to enable Participants and/or family members/caregivers to transport Participants in their own vehicles. The TCP must include information on how the adaptations will sustain the Participants' independence or physical safety, and how the adaptations will allow them to remain in the community.

Vehicle Adaptations continued on page 5

<u>Code</u>	<u>Required Documentation</u>	<u>Rate</u>
T2039 U6 (PI = 3)	Written approval from dealership	Cost not to exceed \$12,000

Vehicle Adaptations Service Boundaries

If covered under an existing waiver chosen by the Participant, CCT covers the difference between what is authorized under the waiver and the identified need, not to exceed \$12,000.

Approval is contingent on denial from all other potential funding sources.

ASSISTIVE DEVICES

Adaptive equipment designed to accommodate a Participant's functional limitations and promote independence, including but not limited to: lift chairs, stair lifts, diabetic shoes, and adaptations to personal computers. The need for such devices must be included in the TCP with an explanation of how they would prevent the Participant from elevating to a higher level of care or returning to an inpatient facility.

<u>Code</u>	<u>Required Documentation</u>	<u>Rate</u>
T2028 U6 (PI = 3)	Written justification	Cost not to exceed \$7500

Assistive Devices Service Boundaries

If covered under an existing waiver chosen by the Participant, CCT covers the difference between what is covered under the waiver and the identified need, not to exceed \$7,500.

Approval is contingent on denial from all other potential funding sources.