

## California Community Transitions (CCT) Transition Process and Required Paperwork

The CCT transition process is broken into five stages to simplify program administration and the billing process. Each stage of the process builds upon the ones that come before and must be completed in order. This resource was created to help CCT LOs ensure TAR approvals are not delayed because of a misdirected CCT form. Please distribute this resource to the appropriate staff; and, contact Karli Holkko, at (916) 322-5253, if you have any questions.

CCT Forms - In the order of the transition process	Where to Submit	Other Information
<b>Step 1: OUTREACH AND TARGETING</b>		
<i>DHCS' Notice of Privacy Practices</i>	N/A	Leave a copy with the member, and/or when appropriate, with the member's legal representative
<i>CCT Release of PHI<sup>^</sup></i>	Signed original is kept in the member's case file, and photocopy of the signed document is provided to the member	Must be signed by the member, or when appropriate, signed by the member's legal representative
<i>CCT Rights, Responsibilities, &amp; Consent<sup>^</sup></i>	Signed original is kept in the member's case file, and photocopy of the signed document is provided to the member	Must be signed by the member, or when appropriate, signed by the member's legal representative
<b>Step 2: INFORMATION GATHERING AND ENROLLMENT</b>		
<i>CCT Enrollee Information Form<sup>^^</sup></i>	CCT Inbox: <a href="mailto:California.CommunityTransitions@dhcs.ca.gov">California.CommunityTransitions@dhcs.ca.gov</a>	LO should complete this form <b>AFTER</b> the member signs the <i>CCT Rights, Responsibilities, &amp; Consent</i> form and member's eligibility has been verified
<i>CCT Assessment Tool<sup>^^^</sup></i>	Attach to 20-hr. TAR	NOT available online. Must be signed by the transition coordinator and nurse.
<i>Member's Face Sheet &amp; List of Medications<sup>^^^</sup></i> -- not a CCT form --	Attach to 20-hr. TAR	Obtained, with permission, from the facility
<i>CCT Initial Transition &amp; Care Plan<sup>^^^</sup></i>	Attach to 20-hr. TAR	Must be signed by the transition coordinator and member, or when appropriate, the member's legal representative; and a photocopy of the signed document is provided to the member

■ <sup>^</sup> = Keep these documents in the member's case file

■ <sup>^^</sup> = Attach these documents to an email

■ <sup>^^^</sup> = Attach to a Treatment Authorization Request (TAR)

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<b>Step 3: IMPLEMENTATION (Pre-Transition Coordination)</b>		
<i>CCT Home Set-Up Resource</i>	N/A	This is a resource for TCs to use when discussing home set-up with the member
<i>CCT Independent Housing Disclosure</i> <sup>^</sup>	Signed original is kept in the member's case file, and a photocopy of the signed document is provided to the member	
<i>CCT 24-7 Backup Plan</i> <sup>^</sup>	Signed original is kept in the member's case file, and a photocopy of the signed document is provided to the member	Complete this <b>BEFORE</b> Transition
<b>Baseline Quality of Life (QOL) Survey</b> As of June 1, 2016, Baseline QOL Surveys should no longer be conducted/submitted, and will no longer be eligible for reimbursement.		
<i>CCT Final Transition &amp; Care Plan</i> <sup>^^</sup>	Attach to 50-hr. post transition TAR	Must be signed by the transition coordinator, nurse and member, or when appropriate, the member's legal representative; and a photocopy of the signed document is provided to the member
<b>Step 4: TRANSITIONING TO COMMUNITY LIVING</b>		
<i>CCT Day of Transition Form</i> <sup>^^</sup>	CCT Inbox: <a href="mailto:California.CommunityTransitions@dhcs.ca.gov">California.CommunityTransitions@dhcs.ca.gov</a>	Immediately upon transition, not more than 2 weeks after transition. Must be signed by the member, or when appropriate, the member's legal representative.

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<b>Step 5: FOLLOW-UP</b>		
<b><i>11-month Quality of Life (QOL) Survey</i></b> <sup>^^</sup>  As of January 1, 2017, 11-month QOL Surveys should no longer be conducted/submitted, and will no longer be eligible for reimbursement.	CCT Inbox: <a href="mailto:California.CommunityTransitions@dhcs.ca.gov">California.CommunityTransitions@dhcs.ca.gov</a>	Complete this QOL in the 11 <sup>th</sup> month after the date of transition
<b><i>24-month Quality of Life (QOL) Survey</i></b> <sup>^^</sup>  As of January 1, 2017, 24-month QOL Surveys should no longer be conducted/submitted, and will no longer be eligible for reimbursement.	CCT Inbox: <a href="mailto:California.CommunityTransitions@dhcs.ca.gov">California.CommunityTransitions@dhcs.ca.gov</a>	Complete this QOL in the 24 <sup>th</sup> month after the date of transition
<b>CCT REPORTS</b>		
<b><i>Tracking Data Sheet for MDS 3.0 Referral</i></b> <sup>^^</sup>	Section Q Inbox: <a href="mailto:SectionQPOC@dhcs.ca.gov">SectionQPOC@dhcs.ca.gov</a>	Submit Quarterly: January 15 <sup>th</sup> , April 15 <sup>th</sup> , July 15 <sup>th</sup> , and October 15 <sup>th</sup>
<b><i>CCT Monthly Event/Issue Report</i></b> <sup>^^</sup>	CCT Inbox: <a href="mailto:California.CommunityTransitions@dhcs.ca.gov">California.CommunityTransitions@dhcs.ca.gov</a>	Due by the 5 <sup>th</sup> of the following month
<b>OTHER CCT FORMS (Event/Situation-Based)</b>		
<b><i>CCT LO Service Discontinuation Report</i></b> <sup>^^</sup>	CCT Inbox: <a href="mailto:California.CommunityTransitions@dhcs.ca.gov">California.CommunityTransitions@dhcs.ca.gov</a>	
<b><i>Request to Re-enroll a Former CCT Participant</i></b> <sup>^^</sup>	Email this form to your organization's assigned state Nurse Evaluator for review	A former-Participant (who completed 365-days in the community, has since returned to the SNF, and wishes to return to the community again) must sign the CCT Rights, Responsibilities, and Consent form, and eligibility must be verified
<b><i>CCT Additional Notes</i></b>	Use the same submission method as the form to which the notes are attached	Use this form when additional space is required to complete any of the CCT forms.

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