Returning California Community Transitions (CCT) Lead Organization (LO) Narrative Proposal

CCT	Lead:
Orgar	nization:
Form	Completed by:
	e provide a response to each prompt included below. If you require additional space, attach onal pages and label the continued response clearly.
1.	.As a former CCT LO, was your organization able to follow up with all CCT Participant(s) to ensure Home and Community Based (HCB) Long-Term Services and Supports (LTSS) provided continued to meet the needs of the CCT Participant in the community for 365 days after transition? \Box Yes \Box No
lf "No	," provide explanation.
2.	Date of last CCT transition facilitated:
3.	Date of last CCT transition completed, including 365-day after transition:
4.	If the answer to #1 was "No", how were CCT Participants notified the CCT LO was discontinuing support? How did the LO ensure the participant's continuing needs were addressed?

State	of California – Health and Human Services Agency	Department of Health Care Services
5.	Explain why your agency discontinued providing CCT LO mitigate the same circumstances in the future so the prog Medi-Cal beneficiaries, CCT Enrollees and CCT Participation	ram can continue to support eligible
6.	Describe your organization's capacity for keeping confide activities, and reporting to DHCS. Participant records stor HIPAA standards.	
7.	List inpatient facilities within your proposed region with wh	nich a transition team could work.
8.	Describe your organization's experience with facility trans support of transitioning individuals, and/or de-institutional practices does your team bring to the Demonstration?	

9. Identify the Demonstration population(s) your organization will service.☐ Elders who have One or More Medical, Functional or Cognitive Disabilities
☐ Persons with Developmental Disabilities
☐ Persons who have One or More Physical Disabilities
☐ Persons who have Mental Illness
☐ Persons who have experiences an Acquired Brain Injury/Traumatic Brain Injury (TBI)
□Adults and Children who are Hard-to-Place
10. Describe how your organization will actively furnish transition candidates with an individualized search for affordable and accessible housing. Describe any existing local affordable housing initiative, clearinghouse, or inventory of single public housing units or accessible housing. Mention any shared housing match initiatives or programs and how the team will actively implement best practices in coordinating affordable housing with Med-Cal HCBS Services.
11. Describe your organizations' access to other funding sources for flexible, one-time funding of goods or services that could be used in transitioning facility residents. Flexible funding has been identified as a component of successful facility-to-home transitions, especially in the case of individuals who have been in inpatient facilities for six months or longer.

State of California – Health and Human Services Agency

Department of Health Care Services