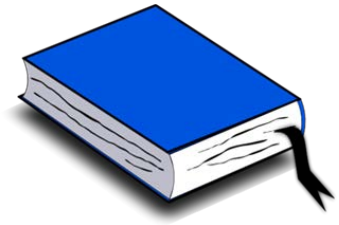
Training Module 2

Overview of the California Community Transitions (CCT) a Money Follows the Person (MFP) Program

MONEY FOLLOWS THE PERSON

Guiding Principles

- U.S. Supreme Court's Olmstead Decision (1999)
- Centers for Medicare & Medicaid Services (CMS) offers the "Money Follows The Person" (MFP) Demonstration Grants enabling states to align Medicaid long-term care services with the Olmstead Act. MFP provides states flexibility in how Medicaid dollars are spent.
- All individuals have the right to self-determination, independence, and choice
- Public entities must provide services to eligible individuals in the setting of their choice, when such services are appropriate



CCT History and Timeline

- In 2005, Congress authorized the MFP Rebalancing Demonstration and appropriated grant funding under the Deficit Reduction Act.
- In 2007, California was awarded a federal grant and implemented California's MFP Rebalancing Demonstration, known as CCT.
- The Initial MFP Demonstration grant was set to expire in 2011, but the federal government extended the term of the MFP Demonstration from September 30, 2011 to September 30, 2016, under the Patient Protection and Affordable Care Act.
- In 2015, CMS asked state grantees to submit a five-year Sustainability Plan for calendar years 2016 through 2020 to allocate remaining MFP appropriations. CMS approved California's Sustainability Plan on April 30, 2015.
- In August 2016, DHCS was awarded a supplemental budget for the period of January 1, 2016 through September 30, 2020. Under the new, 5-year budget extension, CCT transitions were scheduled to end on December 31, 2018.
- on January 24, 2019, the federal government passed an amendment to extend the end date of the MFP Demonstration from September 30, 2016 to September 30, 2021. CCT transition services are currently available through December 31, 2021.
- DHCS continues to monitor federal and state legislation that could extend MFP/CCT Services.

CCT Purpose & Intent

- “Rebalance” Medi-Cal spending by shifting more resources toward Home and Community-Based Services (HCBS) to decrease the use of long-term nursing facility care.
- Support Medi-Cal beneficiaries to receive services in the setting of their choice.
- MFP allows states to provide additional services that enhance the scope and duration of existing Medicaid programs.

CCT Eligibility Requirements

- Persons of **all ages**
- Continuous residence in an inpatient nursing facility* **for a minimum of 90 days**, not counting any days covered by Medicare
- Medi-Cal Eligibility for at least **one** day
- **Continue to require** the same "level of care" provided in a health care facility

*Includes freestanding nursing facilities (NF), those that are distinct parts of acute care hospitals (DP/NF), or intermediate care facilities for the developmentally disabled (ICF/DD).

CCT Target Populations

- Elders who have medical, functional or cognitive disabilities
- Persons with:
    - Developmental disabilities
    - Physical disabilities
    - Mental illness
    - Acquired brain injury/traumatic brain injury
    - few or no care options outside of the institution because of medical or behavioral conditions and are hard to place

HCBS Waivers/
Programs/Services

IHSS

Employment

Nursing Home
Resident

Community

AT/DME

Health
Care
Services

Community
Services

Independent
Living Centers

Transition to:

- Where?
  - Living in the community:
    - Apartment, House, Publically Subsidized Housing, Assisted Living Facility, or Small Group Home
- What?
  - Receiving services in the community:
    - Waivers, Programs and/or State Plan Services

CCT Services Include:

- Pre-Transition Coordination
- Home Set-Up, including rental assistance
- Habilitation
- Family and Informal Caregiver Training
- Personal Care Services pre IHSS
- Home and Vehicle Modification
- Assistive Devices
- Transitional Case Management

*CCT services end on day 365, but existing services will continue as long as the participant remains eligible for Medi-Cal HCBS

Who Makes Transitions Happen?

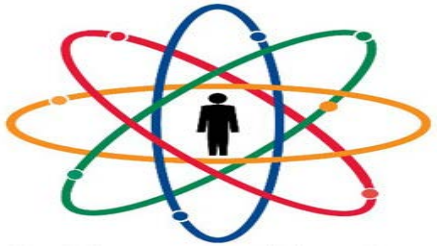
CCT is grounded in partnerships throughout the state with local counties, health care facilities, home and community-based service organizations and consumers.

Where We Were Pre-CCT Redesign

- Inconsistency between service providers
- Gaps in identifying and mitigating risk
- Desired outcomes of community living were not always achieved
- Inconsistency in development and implementation of care plans

Intent of CCT Redesign

- Transition services bundled with an emphasis on outcomes
- Focus is on the whole person, identifying and mitigating risk early on and throughout the entire transition process
- Driving goal is integrated care for all participants to allow for continued success of participant in the community



Questions

Send CCT questions and inquiries to the general mailbox at:
California.CommunityTransitions@dhcs.ca.gov