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CCT PL #15-001

Date: February 27, 2015
To: CCT Program Director
Subject: INDIVIDUALIZED 24 HOUR/7 DAYS A WEEK BACKUP PLAN

POLICY EFFECTIVE ON: 03/01/15

PURPOSE

This California Community Transitions (CCT) Policy Letter (PL) provides direction on the Centers for Medicare and Medicaid Services' (CMS) *MFP Quality Requirements* Policy Guidance, dated April 3, 2013, pertaining to 24-7 community living backup plans.

CMS POLICY GUIDANCE

Requirements for 24 Hour Backup Strategy

- 1. Each MFP participant must have an individualized backup plan in place to respond to, **and** address:*
 - any lapse in essential services, and*
 - other circumstances that could have a negative effect on participant health or welfare.*
- 2. The backup plan may include provider(s), informal supports and/or other agreed-upon resources. In addition, the plan must include 24-hour telephone access to a live person (backup service such as an on-call case manager) who can arrange for essential services or address circumstances that could negatively affect a participant's health in the event that other backup options fail.*
- 3. Access to the 24-hour backup service (live person 24 hours/7 days/week) must be available to all MFP individuals regardless of population (Aged, PD, ID/DD, etc.), service delivery program (state plan services, waiver program, etc.), or service delivery model (participant-directed, agency, managed LTSS, etc.).*

BACKGROUND

The CMS MFP 24/7 backup plan policy guidance improves participants' safety in the community and reduces recidivism by ensuring every individual who moves out of a 24/7 full-care environment has reliable supports in the community.

For many states, the requirement was easily met through pre-existing 24/7 non-emergency assistance hotlines available throughout the entire state. For states without such a hotline, alternative services and/or supports were created to meet the federal requirement.

Regrettably for California, the most populous state in the nation (our state contains more people than the 21 least populous states combined), creating, funding, and staffing a 24/7 hotline to serve the entire state was well beyond the capacity of the MFP grant.

However, California has a significant network of Home and Community-Based Service Programs providing backup services to their consumers, which also includes or will include a portion of CCT recipients. See the table below for the available 24/7 supports by program.

Waiver / Program	Description	Response	% of CCT Population
AIDS Waiver	Provides home and community-based services (HCBS) to Medi-Cal beneficiaries with mid- to late-stage HIV/AIDS disease as an alternative to nursing facility or hospital care.	No mandatory backup plan is required (since it is not a state plan service); but most waiver agencies staff 24/7 on-call case managers.	> 1%
Assisted Living Waiver (ALW)	Provides HCBS as an alternative to long-term nursing facility placement to Medi-Cal beneficiaries over the age of 21 in either of two settings: a Residential Care Facility for the Elderly (RCFE) or Adult Residential Facility (ARF); or in Publicly Subsidized Housing with a Home Health Agency providing the assisted care services.	24-hour staffing is required at RCFEs and ARFs; ALW facilities are required to have 24-hour accessible call systems in each room.	28%
Cal Medi-Connect	Fully-integrated managed Medicare and Medi-Cal delivery system through local managed care health plans. Serves persons 21-years and older who are dually-eligible for both Medicare and Medi-Cal.	Medicare is required to have a 24/7 nurse advice line available to beneficiaries.	Beneficiaries enrolled in Cal Medi-Connect are included in the Medi-Cal Managed Care % on the following page

Waiver / Program	Description	Response	% of CCT Population
Medi-Cal Managed Care	Provides high quality, accessible, and cost-effective health care through managed care delivery systems (established networks of organized systems of care) that emphasize primary and preventive care.	Contracted service providers must ensure that a Member needing Urgent Care is seen within 24 hours upon request; and that a Physician (or an appropriate licensed professional under his/her supervision) is available for after-hours calls.	33%
DD Waiver	Provides HCBS to Regional Center consumers with developmental disabilities, enabling them to live in the community rather than in an intermediate care facility for the developmentally disabled (ICF/DD), or State Developmental Center.	Yes, 24/7 backup for each Regional Center.	20%
In-Home Supportive Services (IHSS)	In-Home Supportive Services (IHSS) refers to a variety of non-medical personal care, paramedical, domestic, and other attendant care services offered to Medi-Cal eligible beneficiaries who have a “chronic, disabling condition that causes functional impairment that is expected to last 12 consecutive months or that is expected to result in death within 12 months and who is unable to remain safely at home without the services.”	No overall backup; Public Authority will help replace worker during normal business hours.	33%

NOTE: The CCT Population percentages included in this table should be read independently (not as a part of the whole). Many beneficiaries are eligible for, and receive, multiple services.

For example – a beneficiary receiving care under a Managed Care Health Plan may also receive IHSS.

Because there is a patchwork of services providing 24/7 backup to the majority of CCT participants, State CCT staff worked closely with CMS and California's assigned Technical Assistance Lead to create a tool that would fill-in the gaps for participants who did not receive waiver or managed care services after transitioning to the community.

The tool attached to this PL is the final result of extensive consultation with CMS and feedback from local providers.

POLICY AND REQUIREMENTS

- Every CCT Participant must have 24/7 backup **prior** to transitioning to the community.
- A copy of the most-current 24/7 backup plan must be provided to the CCT Participant and must be posted/kept in an accessible location near the telephone inside the Participant's home.
- A copy of the most-current 24/7 backup plan must be included in every CCT Participant's case file. If the individual receives 24/7 backup through a waiver or managed care plan, the CCT Transition Coordinator (TC) must secure documentation on the plan from those service providers to include a copy in the participant's care file.
- Although the tool was created for CCT participants who do not receive waiver or managed care services, DHCS highly-recommends that the tool is discussed with every CCT Enrollee to provide everyone with additional resources, and a better understanding of the ways in which their life will be different in the community.
- TCs must develop the backup plan **WITH** the beneficiary, and/or the beneficiary's legal representative. This requires the TC to actively engage beneficiaries in discussions about the risks and/or challenges (s)he may face post-transition, and about how to manage those risks through the development of a strong network of support.
 - Some people will not need to include a phone number for every service listed in the tool, but every person **must** have a comprehensive plan that meets his/her individualized needs.
 - Handing a completed list of phone numbers to a CCT Enrollee is **not** sufficient. The open, supportive, and informative dialogue between the TC and the individual is the greatest determining factor in the success of a useful and reliable 24/7 backup plan, and potentially, in the success of a sustainable transition.
- TCs must discuss the 24/7 backup plans with the Participant at every follow-up meeting, both face-to-face and by phone. Follow-up discussions must include direct questions about how often the Participant uses his/her plan, and if the plan continues to meet the Participant's needs.
- Copies of the most recent 24/7 backup plans must be included in CCT Participant's case files, and will be verified during on-site monitoring and oversight visits.

24/7 BACKUP FOR CURRENT CCT PARTICIPANTS

- By **March 1, 2015**, CCT Lead Organizations (LOs) must follow-up with their current CCT Participants¹ and work to develop an individualized 24/7 backup plan with every person who does not already have access to 24/7 backup services (identified in the table above), regardless of the reason.
- On **July 1, 2015**, every CCT Participant must have 24/7 backup (and corresponding documentation), whether it is through a Managed Care Health Plan, State Plan Waiver, or an individualized 24/7 backup plan. (Please refer to #3 of CMS' Policy Guidance included above.)

QUESTIONS

For further questions about this policy, please contact Nichole Kessel at (916) 445-8910, or by e-mail at: Nichole.Kessel@dhcs.ca.gov.

Sincerely,

(Original signed by)

Rebecca Schupp, Chief
Long-Term Services and Support Operations Branch
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Attachments (3 pages)

¹ Current CCT Participants are individuals who have transitioned from an institution to the community and are still within the 365-day Demonstration period.