



## SB 281 – Dodd

### The Community Living with Choice, Independence, and Dignity Act

#### Summary

California Community Transitions (CCT) is part of the Federal demonstration project called Money Follows the Person (MFP). Established in 2007, CCT made funding available for the first time to help low-income people with disabilities to transition from skilled nursing facilities back into homes of their own. This bill would require the department to implement CCT, as authorized under federal law, for individuals who have resided in a facility for at least 60 days and maximizes federal financial participation for qualified individuals. It would also conform SB214 (Dodd 2020) to recent changes in federal eligibility that reduced the length of stay requirement in an inpatient facility from 90 to 60 days and makes the program a state funded Medi-Cal benefit if federal funding is terminated.

#### Background

To date, CCT providers have assisted over 4,300 Californians transition from institutional living to their own home or other community setting. Surveys of nursing residents reveal that a majority of residents do not want to remain in a nursing facility, but thousands of Californians with disabilities are, not because they need the level of care, but simply because they lack the appropriate services and resources necessary to transition.

The lack of services and support for this population results in individuals languishing in institutionalized care, at great public cost, when that level of care is neither necessary nor desired. CCT empowers those trapped in institutionalized settings, so they can return to a life of dignity and choice. Without these

resources, people with disabilities who are low income simply cannot leave the nursing facility.

By federal statute, the CCT is limited to Medi-Cal beneficiaries residing in an inpatient facility for not less than 60 consecutive days, where inpatient facility is defined as “a hospital, nursing facility, or intermediate care facility for the mentally retarded.” However, in 2019 84% of nursing home residents were discharged after a stay of three months or less. During the pandemic, individuals over 65 years of age have been more likely to experience a more severe case of COVID-19 with 12,579 deaths occurring among skilled nursing facility residents, 27 percent of the state’s total. Given the vulnerability of this population and the high incidence of residents in nursing facilities infected with COVID-19, it is imperative that the state fund CCT services to transition individuals eligible under MFP except for the length of stay requirement.

The CCT program spends an average of \$1,509 per person annually while the annual per person skilled nursing facility (SNF) cost is \$85,782. The cost of a state-funded CCT to non-federally eligible SNF residents with stays under 60-days would more than pay for itself while simultaneously meeting the state’s goal of decompressing nursing facilities during the current pandemic. It is also significant to note that CCT participants were less likely than a comparison group to be readmitted to an institution in the year after transition, which is more important than ever.

Due to past instability in federal funding as well as the ongoing pandemic, it is necessary to codify the program and ensure that the state



fund CCT in order to continue these transitions and decompress nursing facilities.

funding for Money Follows the Person is terminated.

### Existing Law

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services.

Existing law also establishes the Money Follows the Person Rebalancing Demonstration, which is designed to achieve various objectives for individuals in institutional, home, and community-based long-term care services.

In California, the CCT program provides essential services and resources for Californians with disabilities including: re-establishment of income maintenance, setting up access to medical care in the community, housing search, transportation needs, formal and informal support needs, home set up and readiness, caregiver training, service authorizations for other needed supports. The CCT is also responsible for 365 days post-transition – including help with activities of daily living, and other supports like meal delivery.

### This Bill

This bill:

1. Conforms to federal law by lowering the length of stay requirement from 90 days to 60 days;
2. Extends the sunset until 2030 for CCT services to be used to decompress skilled nursing homes for Medi-Cal beneficiaries who have resided in a skilled nursing facility for less than 60 days; and
3. Makes the CCT permanent as a state-funded Medi-Cal benefit if federal

### Support

Disability Rights CA (Co-Sponsor)  
East Bay Innovations (Co-Sponsor)  
AARP  
Assoc of CA Caregiver Resource Centers  
CA Advocates for Nursing Home Reform  
CA Alliance for Retired Americans  
CA Association for Health Services at Home  
CA Association for Public Authorities  
CA Hospital Association  
CA Long-Term Care Ombudsman Assoc.  
Independent Living Center Kern Co.  
LifeSTEPS  
Western Center on Law and Poverty

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