

AMENDED IN SENATE MARCH 3, 2021

SENATE BILL

No. 281

Introduced by Senator Dodd

February 1, 2021

An act to amend Sections 14196.2, 14196.4, and 14196.5 of, to amend the heading of Article 6.2 (commencing with Section 14196.2) of Chapter 7 of Part 3 of Division 9 of, ~~to add Section 14196.7 to, and to add and repeal to add~~ Article 6.25 (commencing with Section 14196.71) ~~of to~~ Chapter 7 of Part 3 of Division 9 of, *and to repeal and add Section 14196.6 of*, the Welfare and Institutions Code, relating to Medi-Cal, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

SB 281, as amended, Dodd. Medi-Cal: California Community Transitions program.

Existing law establishes 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. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing federal law establishes the Money Follows the Person Rebalancing Demonstration, which is designed to achieve various objectives with respect to institutional and home- and community-based long-term care services provided under state Medicaid programs. Under the Money Follows the Person Rebalancing Demonstration, an eligible individual is required to meet prescribed qualifications, including that they have resided in an inpatient facility for at least 90 consecutive days.

Existing law requires the department to provide services consistent with the Money Follows the Person Rebalancing Demonstration for

transitioning eligible individuals out of an inpatient facility who have not resided in the facility for at least 90 days, and to cease providing those services on January 1, 2024. Existing law repeals these provisions on January 1, 2025.

This bill would instead require the department to provide those services for individuals who have not resided in the facility for at least 60 days, and would make conforming changes. ~~The bill would require the department to use federal funds, which are made available through the Money Follows the Person Rebalancing Demonstration, to implement prescribed services, and to administer those services in a manner that attempts to maximize federal financial participation if those services are not reauthorized or if there are insufficient funds. The bill would extend the provision of those services to January 1, 2029, and would extend the repeal date of those provisions to January 1, 2030.~~

This bill would require the department to implement and administer the California Community Transitions program to provide services for qualified beneficiaries who have resided in the facility for 60 days or longer. The bill would require a lead organization to provide services under the program. The bill would require program services to include prescribed services, such as transition coordination services. The bill would authorize a Medi-Cal beneficiary to participate in this program if the Medi-Cal beneficiary meets certain requirements, and would require eligible Medi-Cal beneficiaries to continue to receive program services once they have transitioned into a qualified residence. The bill would require the department to use federal funds, which are made available through the Money Follows the Person Rebalancing Demonstration, to implement this program, and to administer the program in a manner that attempts to maximize federal financial participation if that program is not reauthorized or if there are insufficient funds. ~~The bill would repeal these provisions January 1, 2030.~~

This bill would declare that it is to take effect immediately as an urgency statute.

Vote: $\frac{2}{3}$. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The heading of Article 6.2 (commencing with
2 Section 14196.2) of Chapter 7 of Part 3 of Division 9 of the
3 Welfare and Institutions Code is amended to read:

4
5 Article 6.2. Short Term Community Transitions
6

7 SEC. 2. Section 14196.2 of the Welfare and Institutions Code
8 is amended to read:

9 14196.2. (a) (1) The Legislature finds and declares that in
10 order to reduce the risk of transmission of COVID-19 during the
11 current pandemic and to further the objectives of the Money
12 Follows the Person Rebalancing Demonstration, a temporary
13 program is hereby established to facilitate the transition of
14 individuals from an inpatient facility who have resided in that
15 setting for fewer than 60 days.

16 (2) The department shall provide services consistent with the
17 Money Follows the Person Rebalancing Demonstration ~~Program,~~
18 *program*, pursuant to Section 6071 of Public Law 109-171, as
19 amended, for transitioning eligible individuals out of inpatient
20 facilities.

21 (b) Notwithstanding Chapter 3.5 (commencing with Section
22 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
23 the department may implement, interpret, or make specific this
24 article by means of letters, provider bulletins, or similar
25 instructions, without taking regulatory action.

26 (c) Commencing January 1, ~~2023,~~ 2028, the department shall
27 cease to enroll beneficiaries pursuant to this article and
28 commencing January 1, ~~2024,~~ 2029, the department shall cease to
29 provide services pursuant to this article.

30 SEC. 3. Section 14196.4 of the Welfare and Institutions Code
31 is amended to read:

32 14196.4. The following definitions apply for purposes of this
33 article:

34 (a) “Eligible individual” means a Medi-Cal beneficiary who
35 meets both of the following requirements:

36 (1) The individual meets the definition of an “eligible
37 individual” under Section 6071(b)(2) of Public Law 109-171,

1 except that the individual is not required to have resided for at
2 least 60 consecutive days in an inpatient facility.

3 (2) The individual is targeted to receive assistance in
4 transitioning from an inpatient facility to a qualified residence,
5 identified in the agreement between the department and the federal
6 Centers for Medicare and Medicaid Services for the Money
7 Follows the Person Rebalancing Demonstration, except the
8 individual shall not be required to have resided for at least 60
9 consecutive days in an inpatient facility.

10 (b) “Inpatient facility” has the same meaning as that term is
11 defined in Section 6071(b)(3) of Public Law 109-171.

12 SEC. 4. Section 14196.5 of the Welfare and Institutions Code
13 is amended to read:

14 14196.5. (a) A Medi-Cal beneficiary who has resided for at
15 least 60 consecutive days in an inpatient facility, as required by
16 the Money Follows the Person Rebalancing Demonstration, is not
17 eligible for services under this article unless the department
18 determines that any necessary federal approvals have been obtained
19 and federal financial participation is available for this purpose.

20 (b) Services shall not be provided pursuant to this article during
21 any period that the department has obtained any necessary federal
22 approvals under the Money Follows the Person Rebalancing
23 Demonstration to not apply the eligibility requirement that the
24 beneficiary has resided for at least 60 consecutive days in an
25 inpatient facility.

26 ~~SEC. 5. Section 14196.7 is added to the Welfare and~~
27 ~~Institutions Code, to read:~~

28 ~~14196.7. (a) The department shall use federal funds made~~
29 ~~available through the Money Follows the Person Rebalancing~~
30 ~~Demonstration, as authorized under Section 1396a of Title 42 of~~
31 ~~the United States Code, to implement the services described in~~
32 ~~this article.~~

33 ~~(b) If the Money Follows the Person Rebalancing Demonstration~~
34 ~~is not reauthorized, or if sufficient funds are not appropriated~~
35 ~~through the Money Follows the Person Rebalancing Demonstration,~~
36 ~~the department shall fund the services described in this article, and~~
37 ~~shall administer those services in a manner that attempts to~~
38 ~~maximize federal financial participation.~~

1 ~~(e) The department may seek enhanced and complementary~~
2 ~~funding to increase the utilization of services described in this~~
3 ~~article.~~

4 *SEC. 5. Section 14196.6 of the Welfare and Institutions Code*
5 *is repealed.*

6 ~~14196.6. This article shall remain in effect only until January~~
7 ~~1, 2025, and as of that date is repealed.~~

8 *SEC. 6. Section 14196.6 is added to the Welfare and Institutions*
9 *Code, to read:*

10 *14196.6. This article shall remain in effect only until January*
11 *1, 2030, and as of that date is repealed.*

12 ~~SEC. 6.~~

13 *SEC. 7. Article 6.25 (commencing with Section 14196.71) is*
14 *added to Chapter 7 of Part 3 of Division 9 of the Welfare and*
15 *Institutions Code, to read:*

16
17 *Article 6.25. California Community Transitions*
18

19 14196.71. (a) The department shall provide services consistent
20 with the Money Follows the Person Rebalancing Demonstration
21 ~~Program~~, *program*, pursuant to Section 6071 of Public Law
22 109-171, as amended, for transitioning eligible individuals out of
23 inpatient facilities.

24 (b) Notwithstanding Chapter 3.5 (commencing with Section
25 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
26 the department may implement, interpret, or make specific this
27 article by means of letters, provider bulletins, or similar
28 instructions, without taking regulatory action.

29 14196.72. (a) The department shall implement and administer
30 the California Community Transitions (CCT) program to help an
31 eligible Medi-Cal beneficiary move to a qualified residence after
32 the beneficiary has resided in an institutional health facility for a
33 period of 60 days or longer. The department shall administer this
34 program consistent with the federal Money Follows the Person
35 Rebalancing Demonstration, as authorized under Section 1396a
36 of Title 42 of the United States Code.

37 (b) CCT program services shall be provided by a lead
38 organization, as defined in subdivision (d) of Section 14196.74.
39 A lead organization shall coordinate and ensure the delivery of all

1 services necessary to implement this article. Lead organization
2 functions shall include all of the following:

3 (1) Ascertaining the eligibility and interest of a CCT-eligible
4 beneficiary to return to a qualified residence by completing the
5 following:

6 (A) Reviewing the beneficiary's medical records, including
7 prior and current medical conditions, current treatments, functional
8 impairments, cognitive and behavioral status, and ability to perform
9 activities and instrumental activities of daily living.

10 (B) Reviewing the beneficiary's family support.

11 (C) Interviewing the beneficiary, and if applicable, their legal
12 representatives, guardians, conservators, or anyone else authorized
13 in writing by the beneficiary to speak with the CCT lead
14 organization.

15 (2) Conducting an independent assessment to ascertain the
16 beneficiary's functional ability and identify associated risks that
17 must be addressed to ensure their health and welfare in the
18 community.

19 (3) Developing a person-centered initial CCT transition and
20 care plan, as defined in subdivision (c) of Section 14196.74, and
21 a final CCT transition and care plan, as defined in subdivision (d)
22 of Section 14196.74.

23 (4) Following up with the CCT program beneficiary to ensure
24 home- and community-based long-term services and supports that
25 are provided pursuant to the final CCT transition and care plan
26 continue to meet the needs and preferences of the beneficiary in
27 the community for 365 days after transition.

28 (c) The CCT program services shall include, but are not limited
29 to, all of the following:

30 (1) Transition coordination services, including enrollment,
31 transition and care planning, and post-transition followup.

32 (A) Enrollment shall include, but is not limited to, interviewing
33 a potential participant, conducting a clinical assessment, and
34 developing a person-centered initial CCT transition and care plan,
35 as defined in subdivision (c) of Section 14916.74.

36 (B) Transition and care planning shall include, but is not limited
37 to, developing a final CCT transition and care plan as defined in
38 subdivision (b) of Section 14196.74 and setting up and securing
39 proposed home- and community-based long-term services and
40 supports.

1 (C) Post-transition followup shall include, but is not limited to,
2 services to ensure that long-term services and supports are in place
3 and a participant’s needs continue to be met by the services and
4 supports available to them in the community.

5 (2) Habilitation services, including coaching and life skills
6 development, training for the individual to learn, improve, or retain
7 adaptive, self-advocacy, and social skills. Habilitation services
8 shall support transitions and improve the beneficiary’s quality of
9 life in the community. Habilitation services shall include both of
10 the following:

11 (A) Pretransition habilitation services, which shall be provided
12 to a CCT program beneficiary while the beneficiary is still living
13 in an inpatient facility. The services shall ensure the beneficiary
14 is able to live safely in the community on the day of transition.

15 (B) Post-transition habilitation services, which shall be provided
16 to a CCT program beneficiary who has transitioned out of an
17 inpatient facility and shall provide ongoing support to the
18 beneficiary in the community.

19 (3) Family and informal caregiver training.

20 (4) Personal care services to assist a beneficiary to remain at
21 home including, but not limited to, assistance with independent
22 activities of daily living and adult companionship.

23 (5) Home setup services, including, but not limited to,
24 nonrecurring setup expenses for goods and services for a
25 beneficiary who will be directly responsible for living expenses
26 upon transition.

27 (6) Home modification services, including environmental
28 adaptations to a beneficiary’s home, including, but not limited to,
29 grab bar and ramp installation, modifications to existing doorways
30 and bathrooms, and installation or removal of specialized electric
31 and plumbing systems.

32 (7) Vehicle adaption services, including, but not limited to,
33 devices, controls, and training required to enable beneficiaries,
34 their family members, and their caregivers to transport beneficiaries
35 in their own vehicles.

36 (8) Provision of assistive devices, which means adaptive
37 equipment designed to accommodate a beneficiary’s functional
38 limitations and promote independence, including, but not limited
39 to, lift chairs, stair lifts, diabetic shoes, and adaptations to personal
40 computers.

1 (d) Eligible Medi-Cal beneficiaries shall continue to receive
2 program services once they have transitioned into a qualified
3 residence for up to 365 days after the transition date.

4 (1) If an eligible Medi-Cal beneficiary receiving CCT services
5 is readmitted to an inpatient facility for a period of less than 30
6 days, the beneficiary remains enrolled in the CCT program and
7 eligible for services up to 365 days after the beneficiary was
8 admitted into the facility.

9 (2) If an eligible Medi-Cal beneficiary receiving CCT program
10 services is readmitted to an inpatient facility for a period of more
11 than 30 days, the beneficiary shall complete a new clinical
12 assessment and a new transition and care plan. Upon approval of
13 the new plan, the beneficiary may reenroll in the program without
14 meeting the requirement set forth in subparagraph (A) of paragraph
15 (1) of subdivision (e).

16 (e) (1) Participation in the CCT program shall be voluntary for
17 an eligible individual. The CCT program shall be made available
18 to an eligible individual.

19 (2) The CCT program shall target Medi-Cal beneficiaries who
20 meet at least one of the following criteria:

21 (A) Individuals who are 65 years of age and older who have
22 one or more functional, medical, or chronic conditions, including
23 Alzheimer's disease and other dementias.

24 (B) Individuals who have an intellectual or developmental
25 disability, or both, that manifested before 18 years of age.

26 (C) Individuals who are under 65 years of age who have at least
27 one physical disability, including individuals who are HIV positive
28 or have AIDS.

29 (D) Individuals who have been diagnosed with a chronic mental
30 illness.

31 (E) Individuals who have experienced brain trauma resulting
32 in functional challenges, but who do not have a mental illness.

33 (F) Individuals who are residents of nursing facilities with few
34 or no care options outside the facility due to the individual's
35 medical or behavioral conditions.

36 (f) (1) CCT program services shall be provided by a CCT lead
37 organization pursuant to a contract with the department.

38 (2) (A) A lead organization that intends to enroll a beneficiary
39 for CCT services shall do all the following:

40 (i) Complete a clinical assessment of the beneficiary.

1 (ii) Provide the beneficiary with a new enrollee information
2 form.

3 (iii) Work with the beneficiary to establish an initial CCT
4 transition and care plan, which shall be approved by the department
5 before the beneficiary ~~receiving~~ *receives the* services.

6 (B) (i) Before enrolling the beneficiary in the CCT program,
7 the lead organization shall ensure the beneficiary meets the
8 requirements established in subdivision (e).

9 (ii) The completed clinical assessment, new enrollee information
10 form, and final CCT transition and care plan shall be submitted to
11 the department.

12 (3) All services provided pursuant to this article shall be
13 person-centered and driven by the beneficiary receiving the services
14 and supports.

15 (4) (A) A clinical assessment using the consolidated Assisted
16 Living Waiver (ALW)-CCT assessment tool shall be performed
17 by a registered nurse.

18 (B) The department may exempt a lead organization from the
19 requirement specified in subparagraph (A) if a staff member of
20 the lead organization meets competency criteria established by the
21 department and is able to perform the assessment.

22 14196.74. The following definitions apply for purposes of this
23 article:

24 (a) “Eligible individual” is a Medi-Cal beneficiary who meets
25 all of the following requirements:

26 (1) The beneficiary has resided continuously in an inpatient
27 nursing facility for a minimum of 60 days and has received
28 Medi-Cal benefits for services furnished by the facility for at least
29 one day.

30 (2) The beneficiary has expressed interest in returning to the
31 community and has been identified, referred by facility staff or
32 family members, or self-referred to a CCT lead organization.

33 (3) The beneficiary has been deemed willing and eligible to
34 transition to a qualified residence.

35 (4) The beneficiary would continue to require the level of care
36 provided by an inpatient facility, but for the provision of home-
37 and community-based services after transferring to a qualified
38 residence.

39 (b) “Final CCT transition and care plan” means the final plan
40 for the beneficiary’s transition to the community. The final CCT

1 transition and care plan includes the secured housing option,
2 medical and other services required to maintain continuation of
3 care in the community, supervision of, or assistance with, activities
4 and instrumental activities of daily living, finalized plans for
5 managing identified risks and challenges the beneficiary may
6 experience upon returning to the community, and the final
7 transition date.

8 (c) “Initial CCT transition and care plan” includes the
9 beneficiary’s preferred, qualified housing option; anticipated need
10 for medical services and other services required to maintain
11 continuation of care in the community, based on medical necessity;
12 anticipated need for supervision of, or assistance with, activities
13 and instrumental activities of daily living, plans for managing
14 identified risks and challenges the beneficiary may experience
15 upon returning to the community; and a targeted transition date.

16 (d) “Lead organization” means an organization that is qualified
17 to provide Medi-Cal home- and community-based services and
18 meets any other requirements established by the department for
19 the purposes of implementing this article.

20 (e) “Person-centered” refers to a care planning process that is
21 driven by the beneficiary receiving services and supports, which
22 includes people chosen by the beneficiary, provides necessary
23 information and support to the beneficiary to ensure the beneficiary
24 directs the process to the maximum extent desired, and, includes
25 individually identified goals and preferences related to
26 relationships, community participation, employment, income and
27 saving, health care and wellness, education, and risk factors and
28 plans to minimize them.

29 (f) “Qualified residence” means a home owned or leased by an
30 eligible Medi-Cal beneficiary or their family member, an apartment
31 with sleeping, bathing, and cooking areas over which the
32 beneficiary or the beneficiary’s family has domain and control, or
33 another residence in a community-based residential setting that
34 meets the requirements of the federal home- and community-based
35 settings rule, as determined by the department, and consistent with
36 the requirements identified in Parts 430 and 431 of Title 42 of the
37 Code of Federal Regulations and Section 1915 of the Social
38 Security Act (42 U.S.C. Sec. 1396n).

39 ~~14196.75. (a) A Medi-Cal beneficiary who has resided for~~
40 ~~fewer than 60 days in an inpatient facility, as required by the~~

1 ~~Money Follows the Person Rebalancing Demonstration, is only~~
2 ~~eligible for services under this article if the department determines~~
3 ~~that any necessary federal approvals have been obtained and federal~~
4 ~~financial participation is available for this purpose.~~

5 ~~(b) Services shall not be provided pursuant to this article during~~
6 ~~any period that the department has obtained any necessary federal~~
7 ~~approvals under the Money Follows the Person Rebalancing~~
8 ~~Demonstration to not apply the eligibility requirement that the~~
9 ~~beneficiary has resided for fewer than 60 days in an inpatient~~
10 ~~facility.~~

11 ~~14196.76.~~

12 ~~14196.75.~~ (a) The department shall use federal funds made
13 available through the Money Follows the Person Rebalancing
14 Demonstration, authorized under Section 1396a of Title 42 of the
15 United States Code, to implement the CCT program.

16 (b) If the Money Follows the Person Rebalancing Demonstration
17 is not reauthorized, or if sufficient funds are not appropriated
18 through the Money Follows the Person Rebalancing Demonstration,
19 the department shall fund the CCT program and shall administer
20 the program in a manner that attempts to maximize federal financial
21 participation.

22 (c) The department may seek enhanced and complementary
23 funding to increase participation in the CCT program.

24 ~~14196.77. This article shall remain in effect only until January~~
25 ~~1, 2030, and as of that date is repealed.~~

26 ~~SEC. 7.~~

27 ~~SEC. 8.~~ This act is an urgency statute necessary for the
28 immediate preservation of the public peace, health, or safety within
29 the meaning of Article IV of the California Constitution and shall
30 go into immediate effect. The facts constituting the necessity are:

31 In order to ensure continuity of integrated, high-quality health
32 and community-based services for Medi-Cal beneficiaries that
33 seek to transition from a health care facility to the community, it
34 is necessary that this act take effect immediately.