

**Memorandum of Agreement
Between
[name of LO]
and
[name of PHA]**

Purpose

This Memorandum of Agreement is between the [name of Public Housing Authority] (PHA) and [name of the Lead Organization Name), a California Community Transitions (CCT) Lead Organization (LO), concerning resources for consumers participating in the Money Follows the Person (MFP) Rebalancing Demonstration (Demonstration).

This agreement is effective until terminated by either party and may be revised upon the mutual concurrence of both parties.

Background

The State of California strives to ensure that all individuals have the right to receive long-term services and supports in the least restrictive and most integrated settings. This right became law under the American with Disabilities Act (1990) and in 1999 was further interpreted by the U.S. Supreme Court in the Olmstead vs. L.C. decision. The Governor, the California Health and Human Services Agency and the Department of Health Care Services (DHCS) are committed to informing consumers about opportunities to exercise choice and self-direction.

CCT is the name of California’s MFP Demonstration. The Demonstration:

- Was authorized by Congress in section 6071 of the Deficit Reduction Act of 2005.
- Enables eligible Medi-Cal beneficiaries who have lived continuously in an acute, intermediate care, skilled nursing or subacute care facility for six months or longer to receive long-term services and supports in a community living arrangement if that is their preference.
- Relies on LOs which contract with DHCS to assist individuals living in long-term licensed health facilities to find independent housing and other health and social services and supports.
- Aims to increase spending for Medi-Cal home and community-based services and access to all home and community-based services; and decrease spending for institutional care.
- Is consistent with goals stated in the California Health and Human Services Agency’s Olmstead Plan and with the measures for quality under California Health and Safety Code section 1418.81 (Statutes 2004, chapter 875, §2).

Roles and Responsibilities

Lead Organization:

1. Determine eligibility and feasibility of individuals to participate in CCT and move to a community living setting.
2. Adhere to Health Insurance Portability and Accountability Act requirements.
3. In consultation with the CCT Project Nurse, develop comprehensive service plans for participants.

4. Meet with CCT participants, their support persons, and/or other decision-makers, to provide information and discuss the events necessary for a successful transition, e.g., setting discharge dates; effecting changes in Medi-Cal eligibility codes; locating/purchasing housing and home set-up items; establishing long-term services and supports.
5. Facilitate and oversee completion and submission of applications and other required paperwork for assessment and/or enrollment in appropriate programs: housing waiting lists; home and community-based services waivers; In-Home Supportive Services; etc.
6. Ensure all services and supports are in place prior to discharge.
7. Stay in monthly contact with the participant for the duration of the demonstration.

Examples of Demonstration services which the LO may facilitate and/or provide include:

	Service Description
Transition Coordination	One-on-one connection among a participant, health facility, and lead organization responsible for the assessment and planning process, and implementation of the comprehensive service plan before, during, and two months after transition from a facility.
Home Set-Up	Non-recurring expenses for goods and services, i.e., moving costs, household items, etc.
Home Modification	Environmental adaptations to a participant's home, including, but not limited to, grab-bar and ramp installation; modifications to existing doorways and bathrooms; installation and removal of specialized electric and plumbing systems.
Habilitation	Coaching and life skills development on how to build and manage relationships, and other training needed for a participant to learn, improve, or retain adaptive, self-advocacy, and social skills. Services ensure success and quality of life in the community.
Informal Caregiver Training	One-on-one individually tailored sessions, conducted in person or electronically by an approved trainer, to assist caregivers to develop skills and gain knowledge necessary to enhance a participant's health, nutrition, and financial literacy. Examples include, but are not limited to, daily care management, fall prevention, coping skills, emergency response and long-term care planning.
Vehicle Adaptations	Devices and controls required to enable demonstration participants, family members, and caregivers to transport participants in their own vehicles. Includes but is not limited to installation and training in the care and use of these items.
Assistive Devices	Adaptive equipment designed to accommodate a participant's functional limitations and promote independence, including, but not limited to, lift chairs, stair lifts, diabetic shoes, and adaptations to personal computers. The need for items must be documented in the comprehensive service plan with an explanation of how they would prevent elevation to a higher level of care or return to an inpatient facility.

The LO will estimate the number of housing choice vouchers needed to serve qualified consumers, and forward well-prepared applications to the PHA for consideration, thereby alleviating burden on the PHA.

Public Housing Authority:

1. Amend the Administrative Plan in accordance with applicable program regulations and requirements.
2. Obtain names of families or individuals from the LO who may be eligible for non-elderly persons with disabilities Housing Choice Vouchers (HCV) and compare them with the PHA's HCV waiting list. Any family or individual whose name is on the PHA's HCV waiting list which matches the LO's list will be assisted in order of their position on the HCV waiting list in accordance with the PHA's admission policy.
3. Determine whether or not individuals on the PHA waiting list are eligible for Non-Elderly Persons with Disabilities vouchers and refer them to the LO.
4. Will place all families or individuals who are certified by the LO, but who are not on the HCV waiting list, on the waiting list targeted for Non-Elderly Persons with Disabilities HCVs. If the PHA has closed this targeted waiting list, it will reopen the waiting list to accept a non-elderly disabled family or individual who is not currently on the PHA's targeted or HCV waiting list.

Acceptance

[LO representative signature]
[Place name of LO here]

[Insert date]

[PHA representative signature]
[Place name of PHA here]

[Insert date]

Effective: *[Insert date]*
Revised: *[Insert date]*