

DRAFT NF/AH Waiver Renewal Technical Workgroup Meeting #1

Meeting Minutes

December 18, 2015, 10:00 a.m. - 4:00 p.m.

Department of Health Care Services

1500 Capitol Avenue, 1st Floor, Room 72.170

Sacramento, CA 95814

HCBS Advisory Workgroup Members:

Present: Aaron Starfire, Maggie Dowling, Connie Arnold, Deborah Doctor, Mary Williams, Ellen Rollins, Jonathan Istrin, Karen Keeslar, Denise Likar, Rosalyn Daggs (*Proxy for Roy Williams*)

Absent: Charles Griffin, Louis Frick, Francis Gracechild, Blanca Castro, Beverely Thomas, Irene Tokar

State Representatives:

Present: Sarah Brooks, Rebecca Schupp, Christine King-Broomfield, Carol Keen, Elise Church, Maha Edlbi, Jonathan Alspektor, Maria Dryden.

Proceedings:

Meeting commenced at 10:00 a.m. by Rebecca Schupp

- Member introduction and brief statement about meeting objectives and agenda
- Sarah Brooks communicated that Department of Health Care Services (DHCS) is meeting with our health plans to: 1.) make sure they are aware of the waiver, 2.) to answer any questions, 3.) to welcome suggestions, and 4.) to look for opportunities and other options to further educate individuals about the waiver.

- Sarah Brooks mentioned that educating individuals about the waiver may lead to a larger waitlist and we are aware of the issue.

Workgroup Charter

- Introduction of draft charter. (Note: Charter changes in track and final have been sent to workgroup members)
- Charter Purpose/Mission: To engage experts, advocates and consumers for their recommendations to the DHCS Long-Term Care Division (LTCD) on renewal of the Nursing Facility / Acute Hospital (NF/AH) Transition and Diversion Waiver.
 - o Revised to read: To engage experts, including advocates and consumers for their recommendations to the DHCS Long-Term Care Division (LTCD) on renewal of the Nursing Facility / Acute Hospital (NF/AH) Transition and Diversion Waiver.
- The Role of Workgroup Members: The NF/AH Technical Expert Workgroup Members were selected based on their knowledge of, and experience with, serving seniors and persons with disabilities and Home and Community-Based Services (HCBS). As subject-matter experts, we are grateful to you for partnering with DHCS to inform and make recommendations on NF/AH services and benefits to meet the needs of the population served. DHCS plans to incorporate the Workgroups recommendations into the NF/AH Waiver renewal. DHCS will continue to administer the program, leverage opportunities to delegate responsibilities along with develop waiver assurances and performance measures based on the recommendations; however, the U.S. Centers for Medicare and Medicaid Services (CMS) has final authority over approval of the waiver renewal.

- Charter Objectives:

1. Advise and make recommendations to ensure the proposed NF/AH waiver renewal meets member's needs.
 - Revised to read: Advise and make recommendations to ensure the proposed NF/AH waiver renewal meets waiver participant's need.
2. Provide a member and community perspective and be a sounding board for entities involved in the NF/AH waiver renewal process.
 - Revised to read: Provide a waiver participant and community perspective and be a sounding board for entities involved in the NF/AH waiver renewal process.
3. Work towards achieving the desired goals of the NF/AH waiver by improving quality of care, increasing and improving member outcomes, and reducing total healthcare costs.
 - Revised to read: Recommend and propose solutions to achieve the desired goals of the NF/AH waiver by improving quality of care, increasing access and improving waiver participant outcomes, to remain in or be transitioned to the home or community, and minimize avoidable institutionalization.

- Charter Outcomes: The Technical Experts Workgroup will:

1. Demonstrate understanding of the challenges within the NF/AH Waiver and propose recommendations and solutions to overcome these challenges.
 - Revised to read: Demonstrate understanding of the challenges within the NF/AH Waiver and propose recommendations and solutions to improve the NF/AH Waiver.

2. Establish recommendations that recognize member's needs.
 - Revised to read: Establish recommendations that recognize waiver participants' needs that include independent living self-direction and ability to live in the community.
3. Provide a list of consensus recommendations on ways to meet the holistic needs of every individual, including: program-wide standards, flexibilities, gaps, areas of concerns, etc.
 - Revised to read: Provide a list of consensus recommendations on ways to meet the holistic needs of every individual that address: program-wide standards, flexibilities, gaps, areas of concerns, etc.
4. Provide recommendations on opportunities to enhance or transform existing policies, procedures, tools, and resources to strengthen and enhance person-centeredness to better align with CMS' final rule.
 - Revised to read: Provide recommendations on opportunities to enhance or transform existing policies, procedures, tools, and resources to strengthen and enhance person-centered approach to better align with CMS' final rule.

Added a new #5 to read: Recommend and propose solutions that take into consideration future trends, population demographics and characteristics, and waiver participant needs.

- Provide a list of recommended strategies or solutions for DHCS to present to CMS on ways to improve the delivery and efficacy of NF/AH.
- Moved to #6

5. Ensure recommendations and solutions adhere to applicable regulatory and governmental rules and regulations.
 - Moved to #7 and revised to read: Ensure recommendations and solutions adhere to existing federal rules and regulations.
6. Be active participants in meetings and contribute to group discussions.
 - Moved to #8
7. Be considerate of input from all stakeholders.
 - Moved #9

PowerPoint Presentation

NF/AH Waiver Structure

PowerPoint presented by Rebecca Schupp, Carol Keen, and Christine King-Broomfield to provide a brief history of the waiver, a list of care management activities, a brief overview of waiver services, a brief overview of waiver providers, monitoring and oversight activities, education and outreach strategies, waiver operations and data, summary of public comments received, identified strengths, identified challenges, and waiver renewal timeline.

Rebecca Schupp asked: What are other innovative models or ways that we could provide more extensive care management to our participants?

Rebecca Schupp stated: There are areas in which we could do more targeted outreach or hit specific provider types. Are there any recommendations from the workgroup members about strengthening our outreach and education process today?

Access

Deborah Doctor commented: There's no way to get on the waiver quickly. There are 3,900 slots, and there are 100,000 people in nursing homes on Medi-Cal. The caps and other problems make the potential of the waiver not real for people. Three to six months before an assessment doesn't meet the definition of expedited.

Rebecca responded: Our current outreach and education just informs people of what the waiver can offer. So being more proactive and targeting based on provider type, whether that's a skilled nursing facility, a hospital, In-Home Supportive Services (IHSS) clients, ones that are already involved in a different delivery system that could be an intake point or an entry point for needed services under the NF/AH. I think I'm also hearing, not only to educate about the opportunity to have what the services and how the services can be delivered, but educate clients on what the application process is, expected wait times or time frames before they start to receive waiver services.

Deborah Doctor responded: There's a complete disconnect between the process to approve somebody for nursing home payment or for the waiver. So the default is going to a nursing home because it's the path of least resistance. It's nobody's job to stand at that gate and say, did you know there's this waiver?

Connie Arnold mentioned: There are people on maximum IHSS hours that should be automatically eligible for the waiver program because of their high level of need.

Self-Direction

Connie Arnold explained: waiver participants want to direct their own lives and a lot of participants don't feel they need a team because they are quite self-sufficient.

Rebecca Schupp responded: I think we want to support your self-direction, so that you know there's a safety net for you in carrying out your individual plan even though you are primarily self-directing and

independent in your life, and that there are support systems for you as well.

Rosalyn Daggs commented: A lot of waiver participants want their independence. They don't want 24 hour a day care. They want to get back to how their lives were, as close as possible, to how they were living before. But they can only do that with the correct resources.

Connie Arnold suggested: An exception needs to be created for dual eligible recipients with significant disabilities who have both IHSS and Waiver services/Regional Center services to have an automatic 84 providers' hours cap exception to allow persons with disabilities the right to travel and function in life when they need someone to travel and that allows the same provider to work the already existing 12 hours cap per day with the person with a disability (7 days x 12 hours=84 hours).

Outreach and Education

Aaron Starfire commented: A lot of what my managers do is we go educate people about this waiver. That's not happening so much anymore because we're running out of air with the program. It's actually in a negative margin for us, which is saying a lot considering how much volume we do. The waiver name is a problem; no one knows what it means.

Maggie Dowling commented: I just think that if we don't move forward in the education department. The discharge planner should be way ahead of the process to determine if a patient is eligible for home healthcare while they are institutionalized or in a hospital prior to discharge in order to transition to home healthcare right after discharge.

Technical Workgroup Member commented: And look at the contracts with the Developmentally Disabled (DD) system. You don't see people going into developmental centers by default anymore. The

default is the community. You have to make a case for going into an institution.

Deborah Doctor commented: There's nobody whose job it is to tell people who are in facilities or on their way to facilities that this waiver exists. There's no way to get on the waiver quickly.

Mary Williams responded: I deal with...severely disabled people all the time. ...They don't know what they can do until they're educated and helped. There's a whole educational component that has to be done.

Fiscal

Deborah Doctor commented: [Connie Arnold] said she wants her workers to be able to get paid more whether they're working for IHSS or Waiver Personal Care Services (WPCS).

Connie Arnold suggested: There needs to be individual training budgets [should be provided] for the individual with disabilities to train regular providers and recruiting emergency backups.

Opportunities

Denise Likar commented: I hope we're not here to make recommendations that the waiver be made smaller. I mean, that would be a problem. But maybe an understanding of the opportunities would put it the other way, that there's more we could do.

Rebecca Schupp stated: I think there is an opportunity to provide the information through IHSS on the waiver program.

Rebecca Schupp stated: Care management is a huge function of the waiver and the way that care management is delivered through the DD system is regionally structured by regional centers at the local level. Multipurpose Senior Services Program (MSSP) is regionally structured through care management at the local levels. You can serve a higher number of persons based on the need of the state through a more regionally structured system.

Technical Workgroup Member stated: So better understanding the Medi-Cal eligible that could be potentially eligible for the NF/AH should be the driver to do local care management.

Aaron Starfire commented: I agree on the case management. We need to bring in some sort of technological approach to case management.

Aaron Starfire commented: If you develop a regional type program with local control that would make sense.

Rebecca Schupp responded: The entity would be contracted with State Department to do a number of activities that would serve a larger number of the population because we are developing a stronger foundation to touch and reach more people. To provide them essential services that they need to remain in their homes. And then also that care management entity is required to do person-centered planning. That they may end up being the care management entity that implements the care plan, facilitates access to services, and has the provider network available for the member's and waiver participants that they're serving. There's a number of requirements of what this organized healthcare delivery system needs to do, and they could vary regionally by what's available within that region service wise and participant wise. There will be some baseline of standards that are required of each organized healthcare delivery system to be a care management entity for the NF/AH waiver.

Connie Arnold responded: I don't want to see the nursing home put in charge of person-centered planning. I'd rather see independent living centers provide person-centered planning.

Connie Arnold suggested: set up an 800 number to gather data about who needs the waiver. The 800 number could be placed on IHSS publications.

Challenges

Mary Williams commented: Well, I see a big problem because some people want to come home and there's no home to go to a lot of the time, no family. I think there's a lot of people that are not ready yet, and it takes six months to look at that person. Who really can be discharged in the 30 days?

Connie Arnold suggested: we develop a questionnaire for people who are on the waitlist.

Rebecca Schupp responded: I do like the idea of a simple survey for the people on the waitlist to determine how they heard about the waiver and other market-type questions.

Connie Arnold commented: It's a lot more challenging to find good people. People with the same work ethic that want to do the kinds of tasks that those of us with disabilities need. When I get a list, they send me people from North Highlands, Rancho Cordova, Natomas; I live in Elk Grove. They're not going to go that far to come to me.

Connie Arnold commented: Some participants don't have a family member to fall back on in emergencies.

Technical Workgroup Member commented: How do you really expect program workers to be there, to provide the services that we're even working on, and they can't live on that money?

Connie Arnold commented: Just because the interview and references check out doesn't mean that the provider is capable of doing the job or that they want to do the job.

Connie Arnold raised a concern: about giving a stranger her keys or passcode to enter her home at any time.

Deborah Doctor stated: It's great to have a whole list of benefits in the waiver, but there are only 3,900 slots statewide and there are 100,000 people in nursing homes on Medi-Cal. The caps and other problems make the potential of the waiver not real for people.

Technical Workgroup Member stated: Most people with disabilities don't have computers and aren't always computer savvy.

Joy Riley stated: Right now everybody is waiting to find out what's going to happen to parents with multiple family members with multiple high hour recipients that don't have multiple providers. We are being told that our hours will not be affected by the new overtime and regulations, but the Department of Social Services is communicating that there is a 66 to 70 hours cap combined for IHO and IHSS, and that's a problem.

Rebecca Schupp responded: We apologize. That was misinformation that was shared. The requirement is that the provider does not exceed 66 hours per work week where we deem seven days within the week.

Provider Rates

Aaron Starfire commented: If I can recruit six nurses at a very low wage when they live in San Francisco. The waiver participant might have to move, because a nurse cannot work for that wage in San Francisco. There's one statewide rate, when there should be a rate based on geographical location.

Aaron Starfire suggested: that managed Medi-Cal organizations should have a capitation rate index by county. A price based on where people live.

Data

Rebecca Schupp commented: We could also mine our waitlist data to better understand the need and demographics of the population.

Aaron Starfire suggested: The department could put Google ad words around "home nursing California." And have a little ad that said NF/AH Waiver disabled and trying to get home. You can compile data through targeted advertising.

Workgroup Timeline

- Next workgroup meeting is February 10, 2016, same time and location.
- The second meeting will focus on care management.
- The third meeting on April 20, 2016 will focus on costs.

Public Comment

- Brenda Klutz requested the department to provide data on the utilization of waiver benefits by participants.
- Michael Condon explained that a San Diego County TV channel would not put up information about IHSS and was concerned that they didn't want the program to grow. He suggested that we make the Federal Community First Choice Option available to more people to get people out of institutions.
- Joy Riley explained that there's an institutional bias even though IHSS and IHO get better outcomes and people live longer, you have better quality of life, and they're happier, you still pay the institution five times more.
- Susan Palagreno explained that during her husband's hospital stay the social workers, case managers, and discharge planners were not aware of the waiver. The only option they gave her husband was a nursing facility. In addition, she was concerned that in a facility he would not get the same quality and continuity of care that she could provide through IHSS. She would like the hospitals to be more educated about alternatives to nursing facilities.
- Paula Herman mentioned that she only learned about the waiver through a Facebook group.

Next Step - Action Items

For the February 10 meeting the agenda and meeting materials will be mailed out by January 13.

- Meeting minutes will be drafted and distributed to work group members by Tuesday, January 5, 2016.
- Workgroup Meeting #2 on February 10th will focus on the care management structure.
- Workgroup Meeting #3 on April 20th will focus on a better proposal for cost neutrality and fiscal reimbursement structure.
- DHCS will send out the following items:
 - o A list of workgroup members, their affiliations and email contact information.
 - o A link to the NF/AH Waiver Renewal website
 - o Proposed final draft of the Workgroup Charter

Questions to ponder for Workgroup Meeting #2

If we can localize care management:

- Are we building it?
- Are we leveraging existing resources?
- What would the qualifications of a care management entity be?
- What kind of quality or performance measures do we have on that care management entity?
- What kind of enforcement does the state have over that care management entity?