

WELCOME



December 18, 2015

**Nursing Facility/Acute Hospital
Waiver Renewal**

Technical Workgroup Meeting # 1



Topics to Cover

- NF/AH Waiver structure
- Overview of Waiver benefits
- Summary of public comments
- Waiver challenges
- Workgroup and Waiver renewal timeline



ESTABLISHMENT OF HOME AND COMMUNITY-BASED SERVICES

- 1999 Olmstead decision
- The HCBS waiver program is a viable option to achieve the principle of Olmstead



HCBS Waiver Program Goals

- Protect people's health, welfare and safety
- Deliver and authorize services through an individualized and person-centered plan of care
- Provide Medi-Cal beneficiaries and their families with choices
- Demonstrate that providing waiver services won't cost more than providing these services in an institution



Overview of NF/AH Waiver

- January 2007- consolidated the Nursing Facility A/B (NF A/B) Waiver, Nursing Facility Subacute (NF S/A) Waiver, and In-Home Medical Care (IHMC) Waiver into one waiver
- Offers the same services and includes community and habilitation services
- Expanded waiver capacity
- Offered Statewide
- 2nd renewal cycle



NF/AH Care Management Activities

DHCS provides on-going administrative Care Management.

- Face to Face assessment
- Home safety assessment
- Review Care Plans
- Encourage member participation in development and on-going waiver program
- Between scheduled home visits, maintains contact with members and waiver providers.



Medi-Cal NF/AH Waiver Services

- Case Management
- Transitional Case Management (up to 180 days prior to discharge)
- Private Duty Nursing, including home health aide services
- Shared Private Duty Nursing
- Environmental Accessibility Adaptations
- Personal Emergency Response Systems



Medi-Cal NF/AH Waiver Services (continued)

- Personal Care Services (Companion and Attendant Care)
- Family Training
- Medical Equipment Operating Expenses
- Community Transition Services
- Habilitation Services
- Home Respite
- Facility Respite

Medi-Cal NF/AH Waiver Service Providers



- Licensed Home Health Agencies
- Licensed Individual Providers – RN, LVN, LCSW, MFT, Licensed Psychologist
- Unlicensed Caregivers
- Durable Medical Equipment Providers
- Professional Corporations
- Nonprofit Organizations
- Personal Care/Employment Agencies
- HCBS Nursing Facilities (CLHF)

NF/AH MONITORING AND OVERSIGHT ACTIVITIES



- Audits
- Home visits
- Provider visits

NF/AH Waiver Education and Outreach



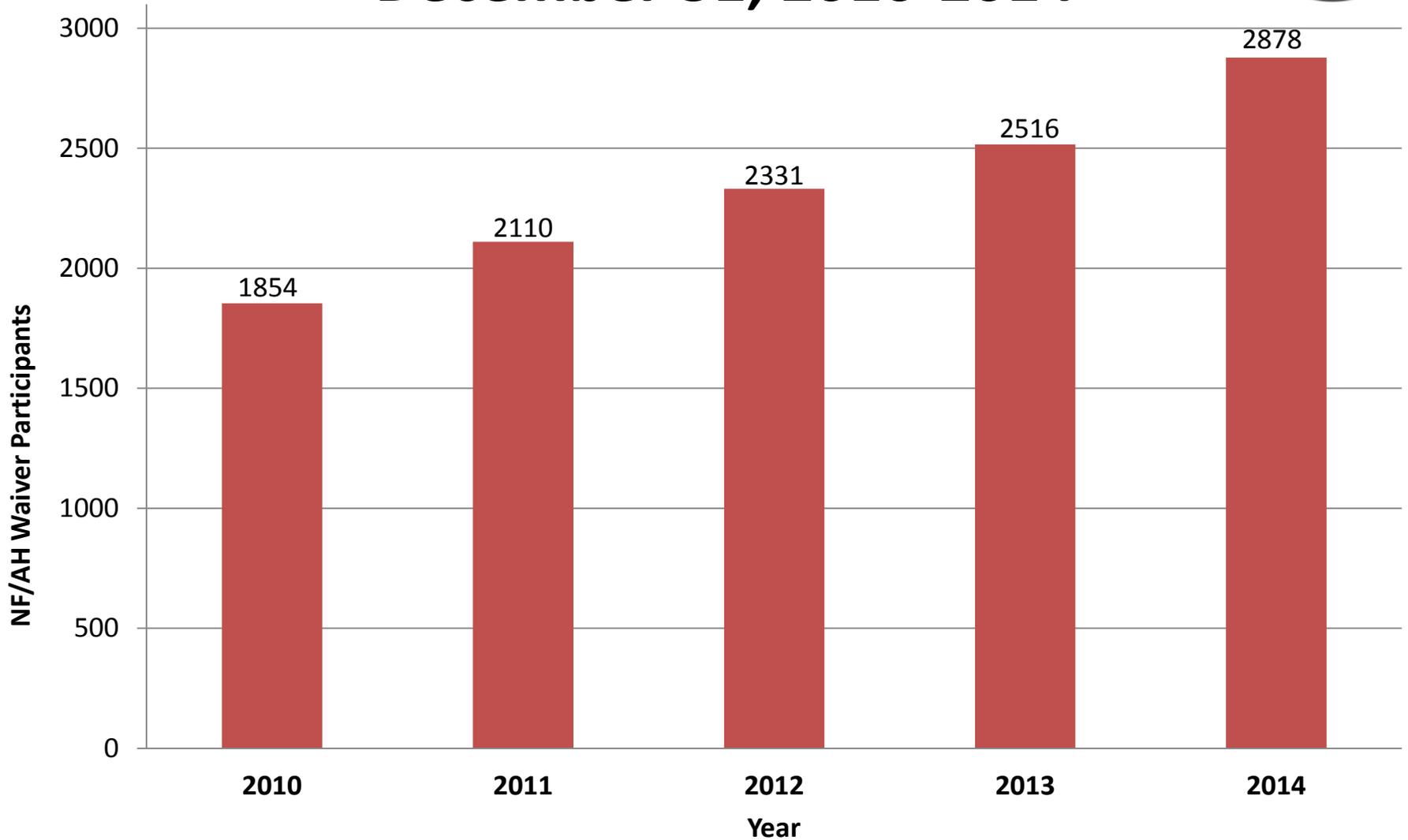
- Annual provider visits, review of current waiver services, member eligibility and review of updates
- Visits to Waiver providers or interested entities as requested to present Waiver information
- Teleconference with members and providers for specific questions and answers and general Waiver overview

NF/AH Waiver Operations and Data



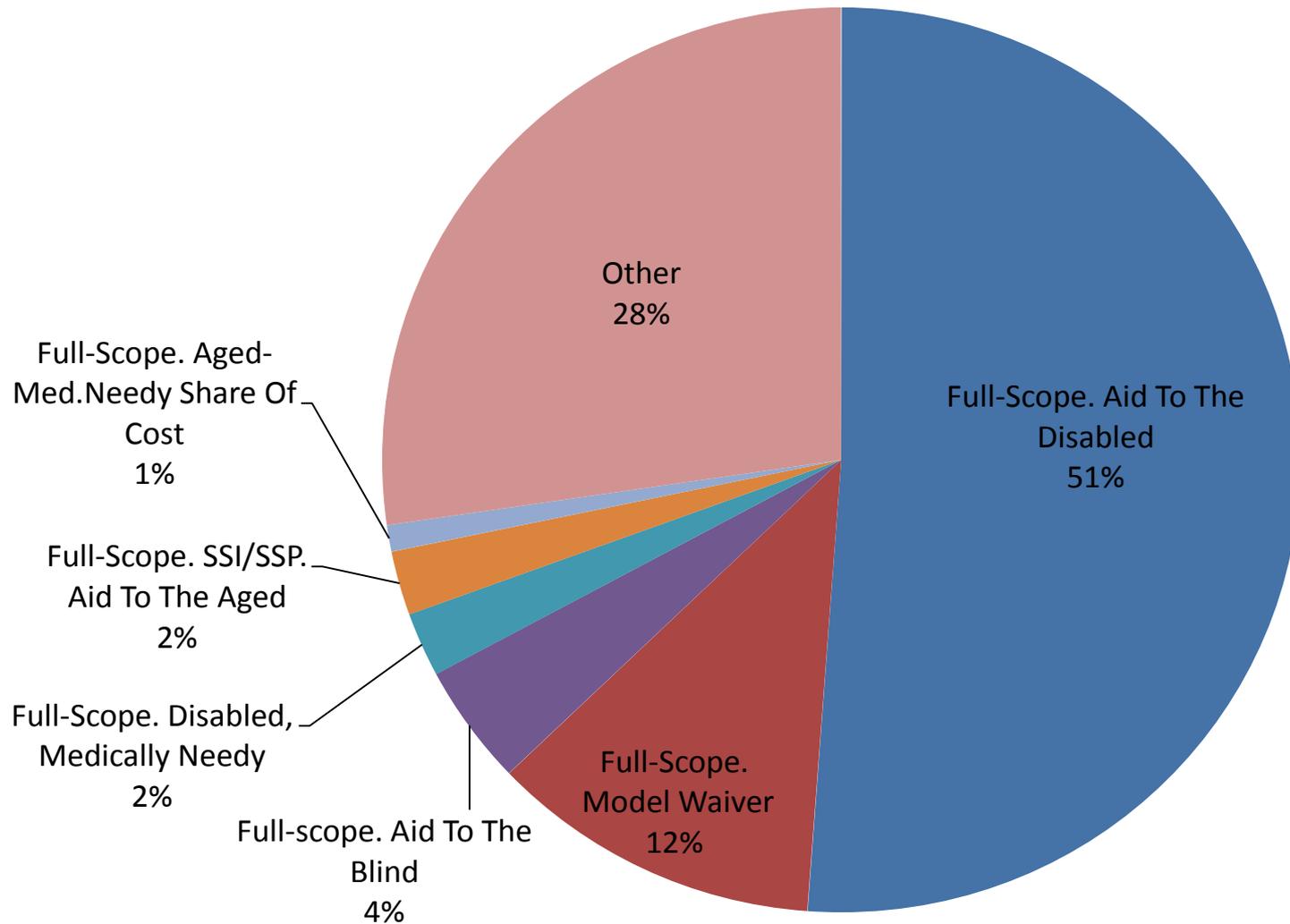
- Enrollment Statistics
- Care Management
- Monitoring and Oversight

NF/AH Waiver Enrollment December 31, 2010-2014

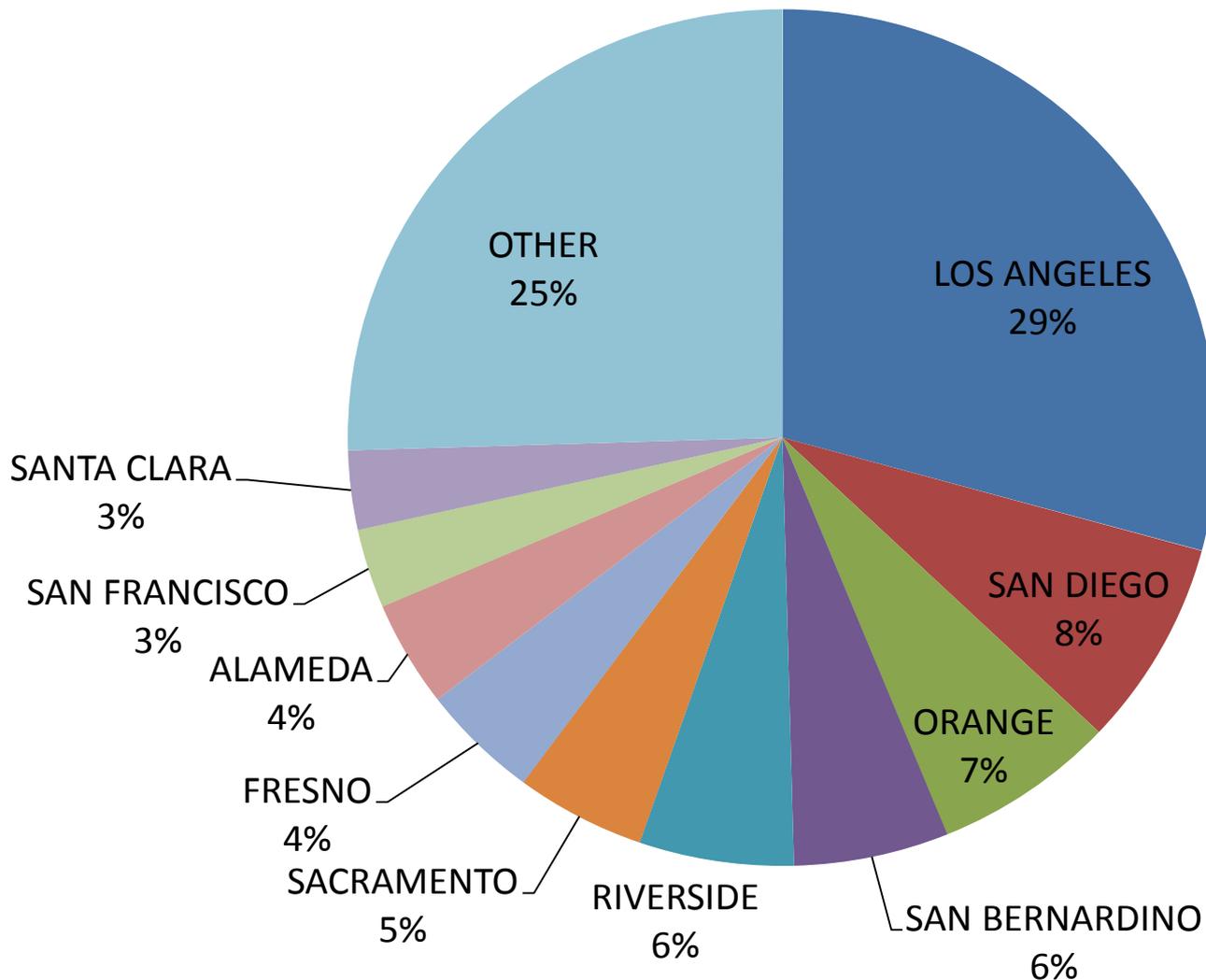




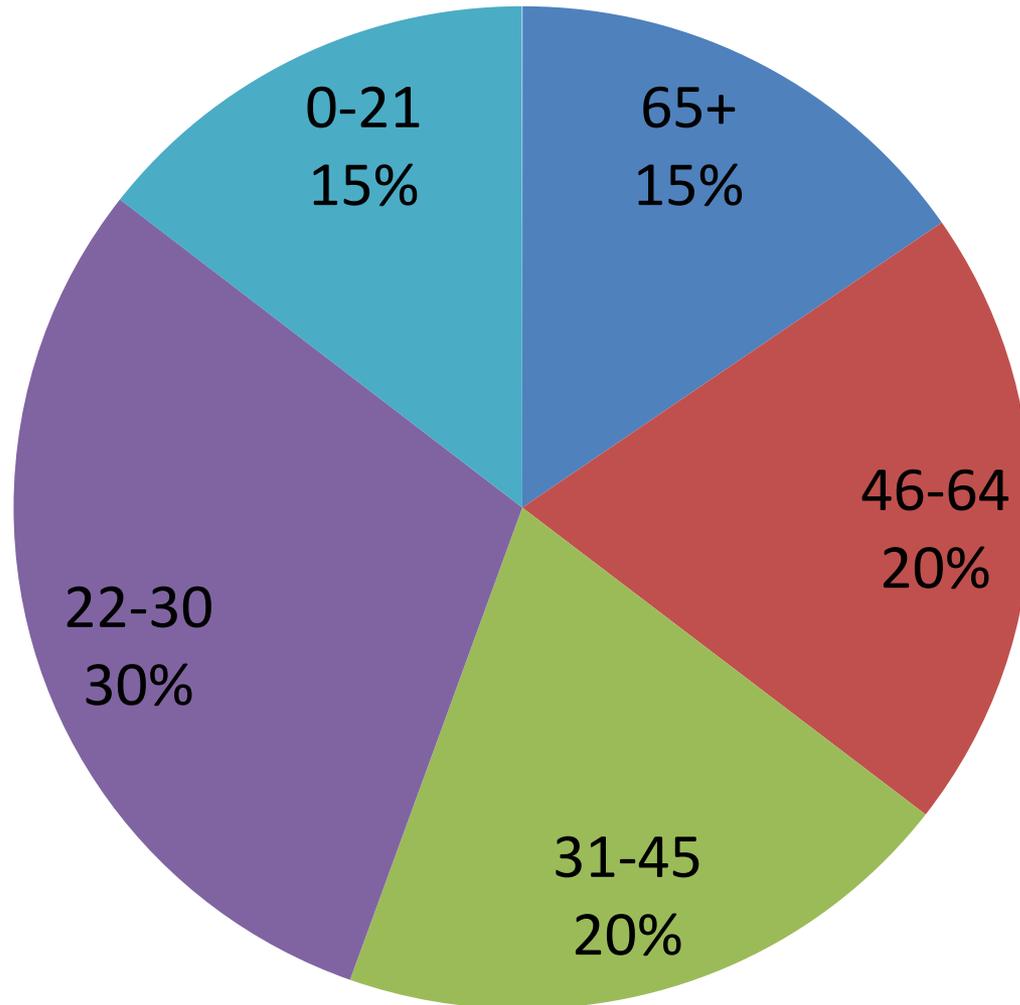
NF/AH Waiver Target Population by Aid Code December 31, 2014



NF/AH Waiver Benes by County December 31, 2014

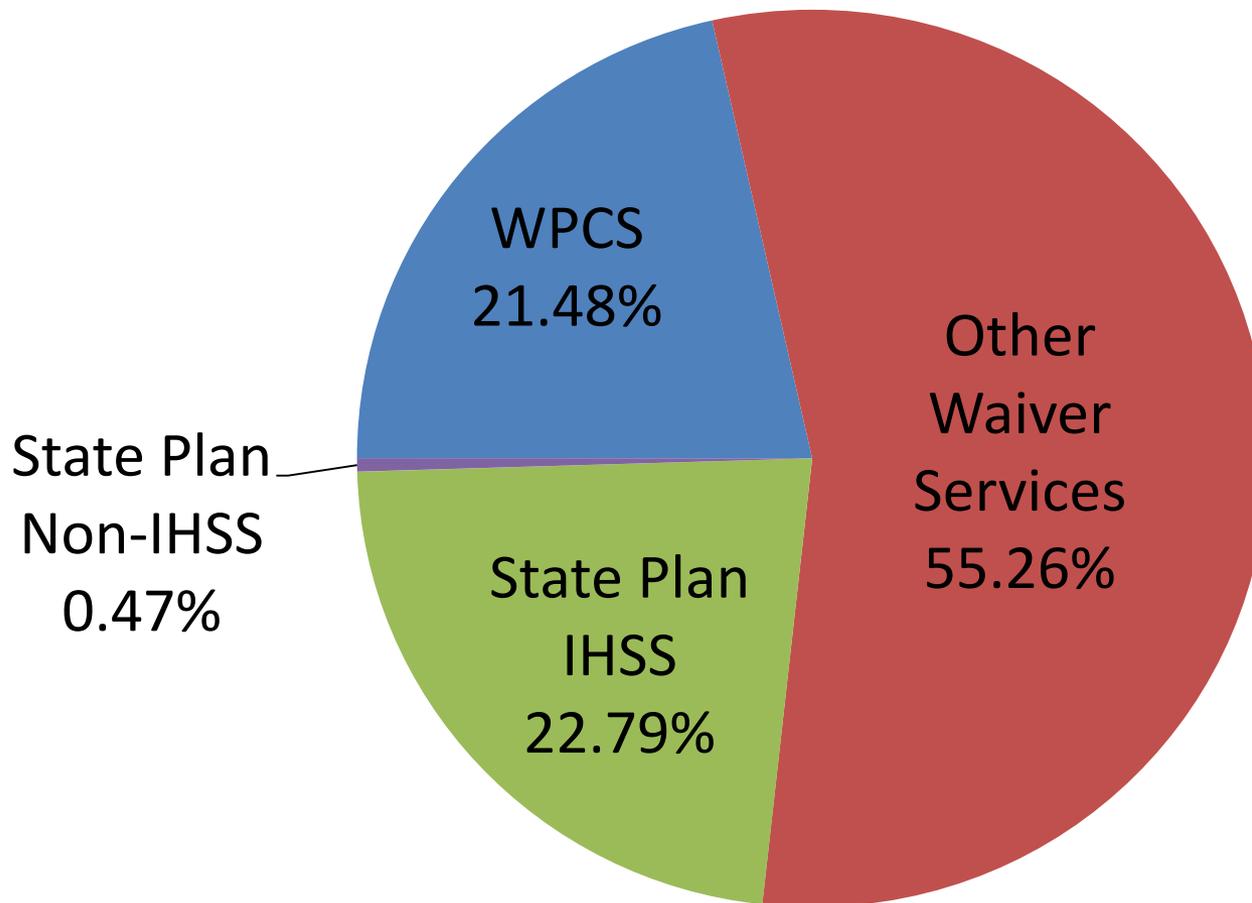


NF/AH Waiver Participant Age December 31, 2014



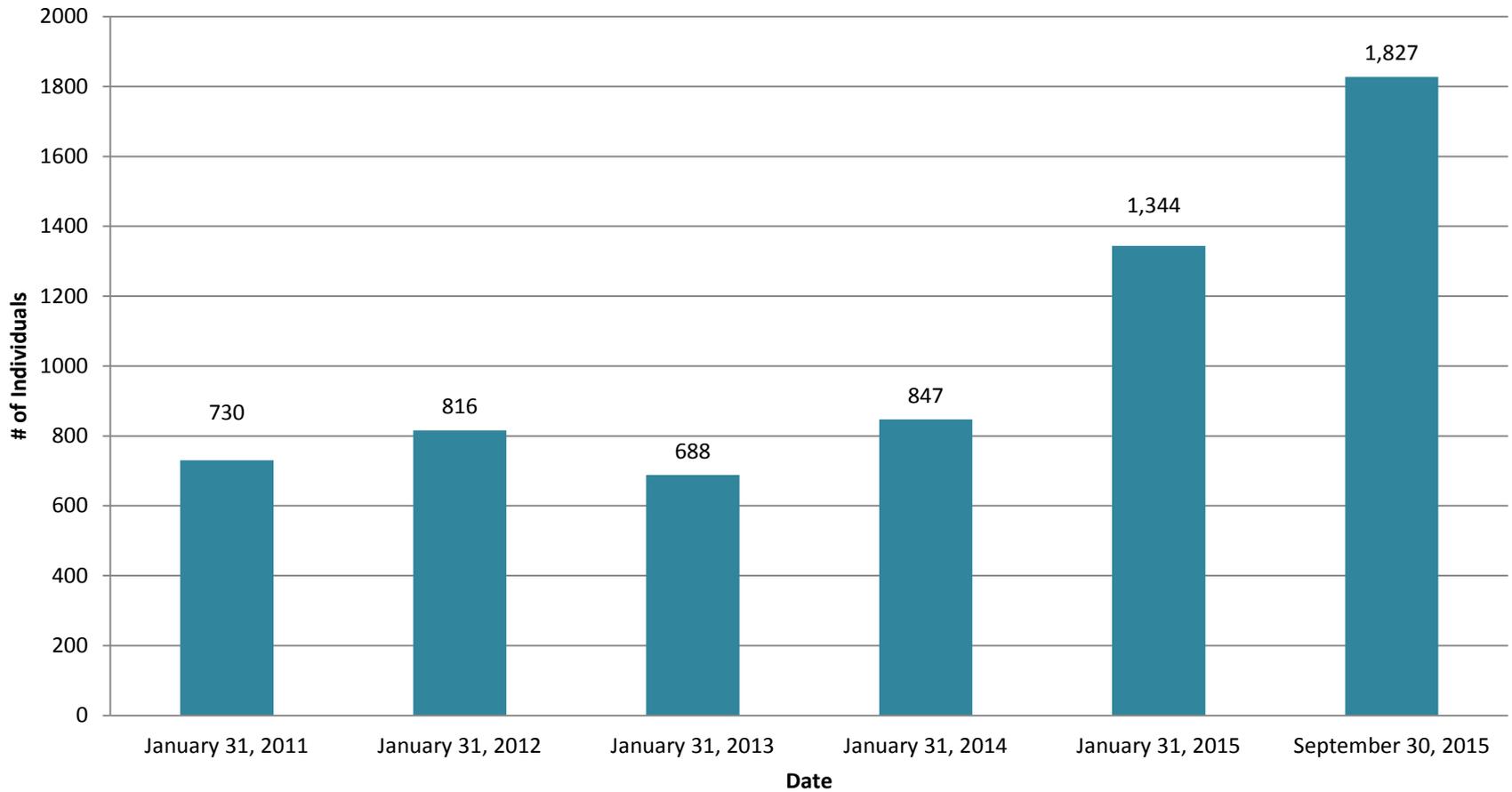


NF/AH Waiver Medi-Cal Claims by Service Type CY 2014



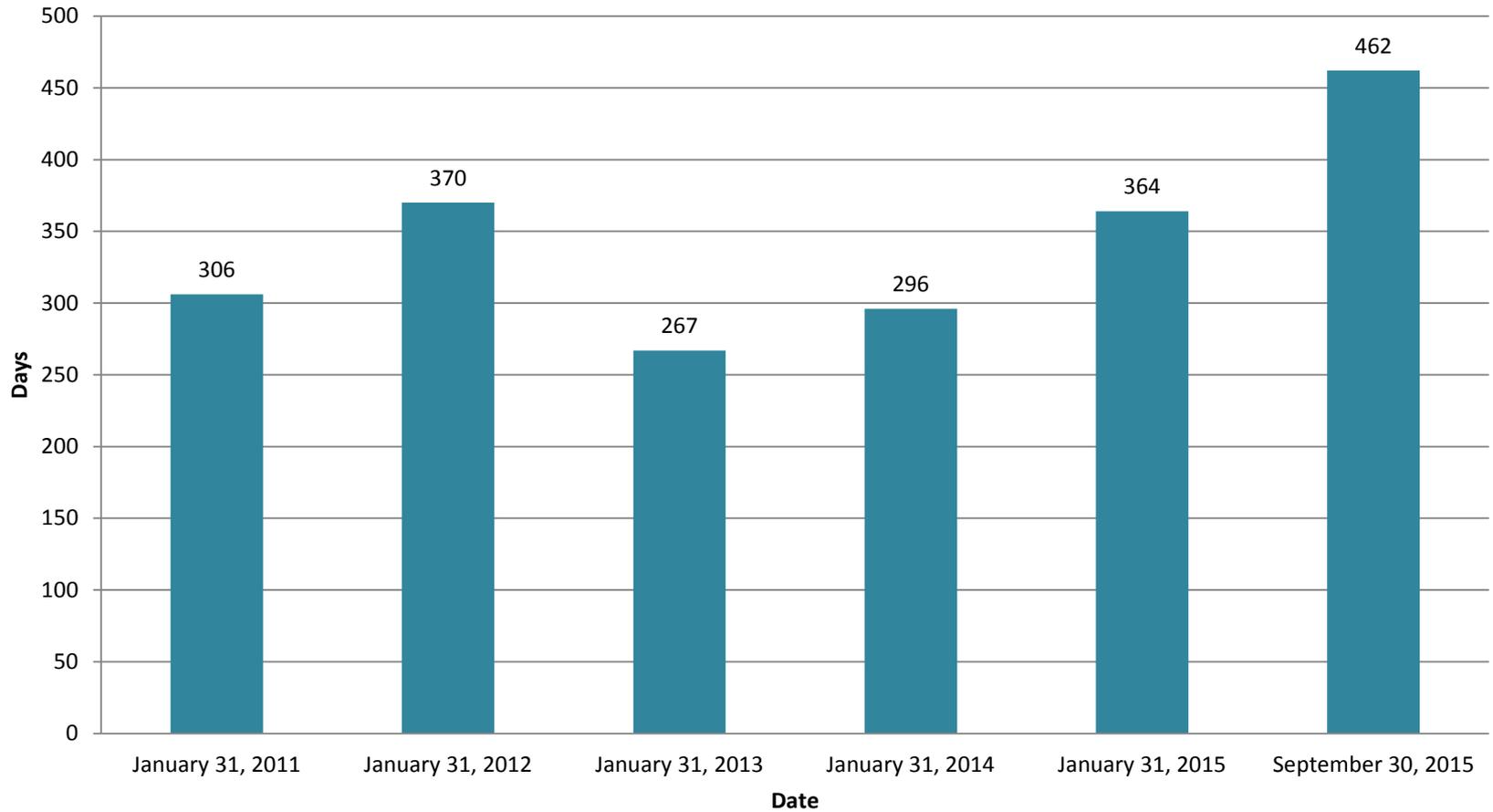


Number of Individuals on NF/AH Waiver NF A/B Waitlist





Average Days on NF/AH Waiver NF A/B Waitlist





NF/AH Waiver Renewal Public Comments

- Types of public comment received
- Summary of general comments
- Identified strengths
- Identified challenges



Types of Public Comments Received

- A total of 305 stakeholders (providers, members, family members, advocates, etc.) joined the October meetings
- The state received 116 comments
- Breakdown of Comments:
 - 36% from advocates
 - 33% from members and family members
 - 31% from providers



Types of Public Comments Received

- Public comments were placed into six Themes:
 1. General Comments
 2. Comments on Waiver Benefits
 3. Comments on Meeting Logistics
 4. Comments on Waiver Overview
 5. Comments on Care Management
 6. Fiscal Comments



Summary of Public Comments

1. General Comments

- ❖ The state needs to open programs that manage brain injuries
- ❖ Provide 100 day training to individuals in nursing home to move them out of nursing homes



Summary of Public Comments

2. Waiver Benefits

- ❖ Not every state offers a similar waiver
- ❖ The intake nurses are respectful and kind
- ❖ WPCS includes psychosocial interaction



Summary of Public Comments

2. Waiver Benefits

- ❖ The Waiver pays providers for seven days of services when member is hospitalized
- ❖ Services provides members with flexibility, such as traveling



Summary of Public Comments

3. Comments on Meeting Logistics

- Transportation to/from the meetings should be provided
- Notices should be sent in other languages; A lot of Californians don't speak English. They need information in the language they understand.
- More meetings besides LA and Sacramento

Summary of Public Comments



4. Waiver overview comments

- Outreach and Education—Waiver information is hard to find
- Provider Training—Providers need training
- Public Authority Registry—Public Authorities are not available to NF/AH Waiver consumers.

Summary of Public Comments



5. Care Management Comments

- Speed the Approval Process—slow process causing individuals to be sent to nursing homes
- Flexibility in Level of Care (LOC)—current LOC is prescriptive; some flexibility is needed when examining members' cases and individual needs



Summary of Public Comments

5. Care Management Comments

- Increase in Number of Waiver Slots
- Application Waitlist—Many members had to be institutionalized while they are on the waitlist
- EPSDT Turning 21—Children lose services after the age of 21



Summary of Public Comments

5. Care Management Comments

- Provider Eligibility—Members have the right to decide who cares for them, even spouses and parents of children under 21
- Member Eligibility—Eligibility should be determined when application is processed, not upon entry of waitlist



Summary of Public Comments

6. Fiscal Comments

- Increase Individual Cost Cap—make the cost cap more in line with the cost of institutional care
- Aggregate the Cost—provide flexibility to members with higher needs
- Annual Adjustment of Individual Cost Cap to Reflect inflation
- Increase Provider Rate—The rate for providers have been frozen since 2001



Summary of Public Comments

6. Fiscal Comments

- Get Rid of Overtime Rule—It is difficult to find a provider willing to drive so many miles to provide two hours of service
- Payment Issues—It can take up to a year for a provider to get paid
- Timesheet Replacement—It is hard to replace timesheet when making a mistake



Identified Strengths

- ❖ Waiver Services provide members with flexibility to self-direct some benefits
- ❖ Not every state offers waivers similar to NF/AH waiver
- ❖ The NF/AH waiver offers members with an institutional alternative choice
- ❖ The NF/AH waiver can maximize independent living



Identified Challenges

Care Management

- Limited capacity and long waitlist
- Prescriptive assessment of members eligibility and needs
- Lengthy approval process risking institutionalization



Identified Challenges

Cost Neutrality and Fiscal

- Individual cost neutrality methodology
- Amounts for annual individual cost limits
- Reimbursement Structure—provider payments, annual individual cost limits, etc.
- Institutional bias

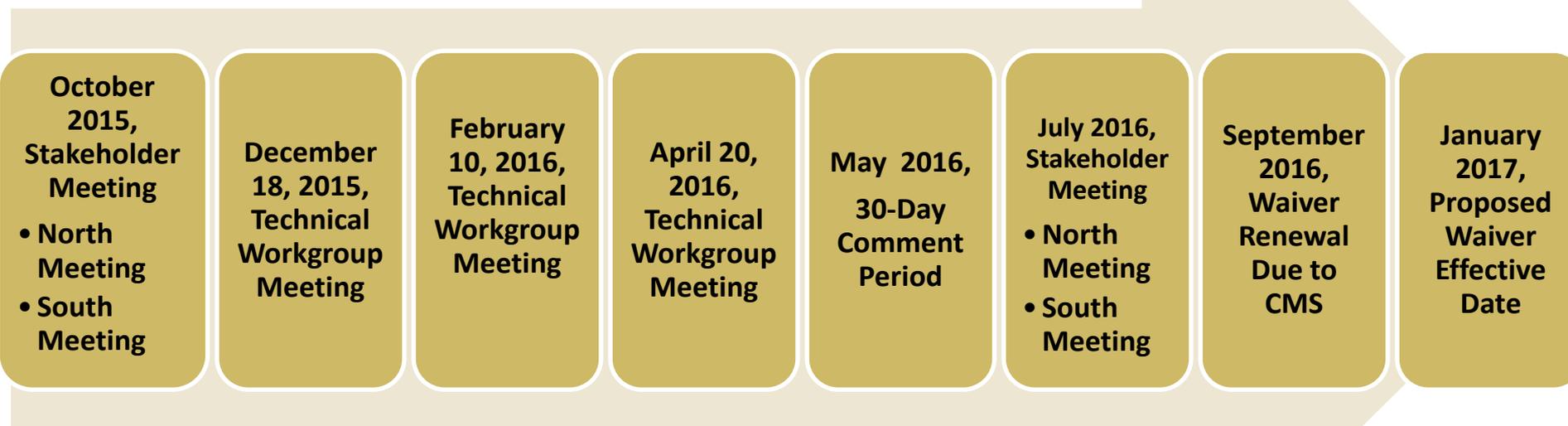


Looking Ahead

- Technical Workgroup Meeting in February 10, 2016 – Care Management
- Technical Workgroup Meeting in April 20, 2016 – Cost Neutrality and Fiscal



NF/AH Waiver Renewal Timeline



October 2015, Stakeholder Meeting
• North Meeting
• South Meeting

December 18, 2015, Technical Workgroup Meeting

February 10, 2016, Technical Workgroup Meeting

April 20, 2016, Technical Workgroup Meeting

May 2016, 30-Day Comment Period

July 2016, Stakeholder Meeting
• North Meeting
• South Meeting

September 2016, Waiver Renewal Due to CMS

January 2017, Proposed Waiver Effective Date



NF/AH Waiver Workgroup Timeline

February 10, 2016, Technical Workgroup Meeting Objectives

- Discussion of NF/AH Waiver care management structure
- Opportunities for change
- Solutions to address challenges



NF/AH Waiver Workgroup Timeline

April 20, 2016, Technical Workgroup Meeting Objectives

- Discussion of NF/AH Waiver cost neutrality and fiscal methodology
- Opportunities for change
- Solutions to address challenges



NF/AH Waiver Renewal Timeline

May 2016, 30-Day Comment Period

- The state opens the 30-Day comment period on draft waiver proposal

July 2016, Stakeholder Meetings

- North Meeting
- South Meeting
- **September 2016, Waiver Renewal Due to CMS**
- **January 2017, Proposed Waiver Effective Date**



Questions & Answers



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