



WELCOME

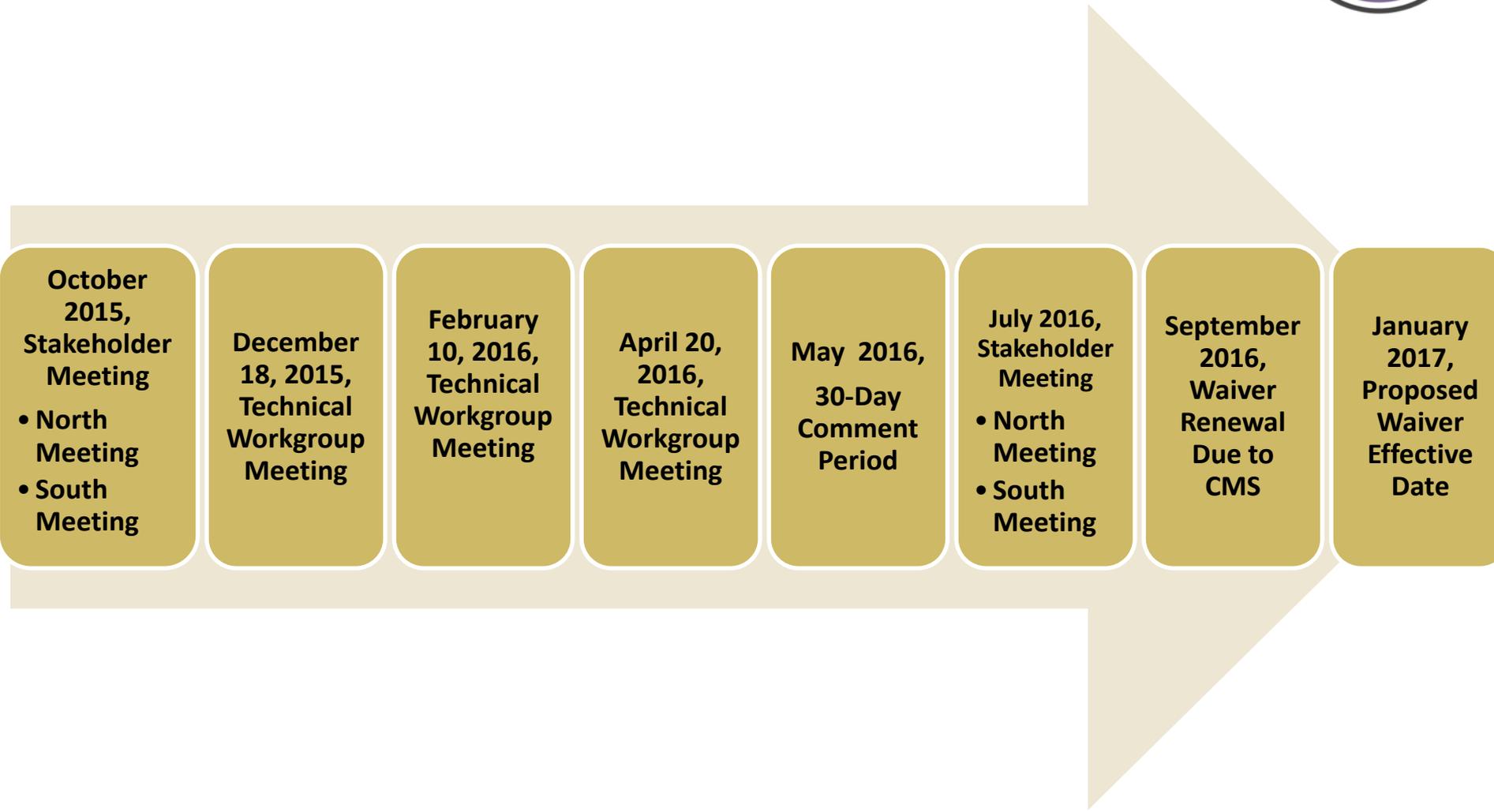
February 10, 2016

**Nursing Facility/Acute Hospital
Waiver Renewal**

Technical Workgroup Meeting # 2



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



Topics to Cover

- Care Management Approach
- Waiver Capacity
- Care Management Entities

Care Management Approach GOALS



Intensive and comprehensive care management ensuring stabilization and access to home- and community-based services (HCBS) interspersed with managing and anticipating episodes of medical crisis in which transitional care management is needed. The model of care should:

- Assess medical need(s) **including diagnosis, functional abilities, and cognitive abilities, environmental and social needs, and whole person assessment**
- Anticipate changes in health, **environmental, social,** and functional status

Care Management Approach

GOALS continued



- **Understand and address existing barriers and challenges**
- Anticipate changes in the supports and services system **changes, while informing DHCS of challenges**
- Care planning to mitigate risk
- Provide linkages to community-based services
- Monitor delivery and quality of services and changes in health and functional status
- Adjust care plan, as appropriate
- **Community Living Services Agency: Combination of several HCBS programs.**



Model of Care Assessment

NF/AH Current Assessment Structure

Basic clinical case management model in which a case manager serves to:

- Assess eligibility for the program
- Assess level of care (LOC) **barriers**
- Assess needed services
 - **Variations in other programs have direct impact on NF/AH services**
- Coordinate and monitor ongoing services/care
- **Explain POT and assist with person-centered care plan development**

Model of Care Assessment



Level of Care Assessment Process:

- Face to face by case manager (DHCS RN)
- Complete the medical report/assessment tool (IMS/CMR)
- Review the Plan of Treatment (POT) and submitted medical documentations
- Review of Title 22 criteria for LOC
- Assist waiver participant and/or authorized representative with selection of waiver services and providers
- Reassessment, which determines ongoing eligibility and services/care
- **Don't exceed cost cap**



Models of Care

Milliman & Robertson

- Diagnosis Based

Interqual

- Acuity Based

Other Waivers: **Specific disabilities or target populations.**

- DD: Diagnoses Based (DD/ID)
- MSSP: Functional and Cognitive Based
- ALW: Functional Based

HCBS Standardization Tools & Process



- Promoting integration: streamlining, standardization, and effective administration across long-term care (LTC) waivers
 - ALW and CCT assessment tool
- New proposed care management process
 - CMS person-centered expectations
 - Assessment and care management activities performed by Care Management Agencies (CMAs)



Person Centered Planning

- Per CMS, “Person-centered planning is a process, directed by the participant, intended to identify the strength, capacities, preferences, needs and desired outcomes of the participant.”
- Individuals take a more active role in their treatment planning.
- Does not mean simply giving whatever is wanted. Instead, it requires providers to take into account and to base decision making process in which the person plays a central role



Person Centered Planning (cont.)

- Health care does “to” or “for”. This process does “with”.
- Improves the waiver participant’s outcomes
- Enhances the waiver participant’s experience



NF/AH Model of Care Recommendations

- **Standardize tools and processes**
- Assessment tool(s) – **Single Entry into Waivers**
- Assessment process
- Care management structure
- **Chronic Case Management under HHA provider type**
- **Maximizes Medicare HHA benefits**

Waiver Capacity and Enrollment GOALS



- Facilitate timely waiver enrollment and decrease or eliminate the waitlist
- Reduce enrollment length of time between referral and waiver services



Waiver Capacity

Current Capacity – 3,792 slots

New waiver slots are allocated annually based on the level of care:

- NF A/B Level of Care (LOC) – 110
- Subacute LOC – 50



Waiver Capacity

- Number of individuals on NF/AH waitlist:
 - As of December 2015, approximately 1,800 individuals
- Average number of individuals enrolled on NF/AH waitlist (LOC NF-B) per year:
 - 400 individuals*
- Average number of waiver participants enrolled on NF/AH per year (all LOC):
 - 250 individuals*

*Based on three years of information (2012-15)



Waiver Enrollment

Enrollment types across LOCs:

- Community (50%)
- EPSDT Age-Out* (15%)
- Long Term SNF* (33%)
- Acute Hospital* (2%)

% - percent for the enrollment type out of total enrollment

*Enrollment types are categorized as priority enrollments



NF/AH Capacity and Enrollment Recommendations

- January 1, 2017, increase **beyond clearing the waitlist and anticipate unmet need**
- Annual capacity increases
- Enrollment goals:
 - Priority enrollment
 - Incentivize institutional transitions
 - **Free up existing dollars to meet needs and serve more people**

Care Management Entities



Function	NF/AH Waiver		DD Waiver		MSSP Waiver		AIDS Waiver	
	Medicaid/ Other State Agency	Local Non- State Entity	Medicaid/ Other State Agency	Local Non- State Entity	Medicaid/ Other State Agency	Local Non- State Entity	Medicaid/ Other State Agency	Local Non- State Entity
Participant waiver enrollment	X		X	X	X	X	X	
Waiver enrollment managed against approved limits	X		X	X	X	X	X	
Waiver expenditures managed against approved levels	X		X		X	X	X	X
Level of care evaluation	X		X	X	X	X		X
Review of Participant service plans	X		X	X	X	X	X	X
Prior authorization of waiver services	X			X	X	X		X
Utilization management	X		X	X	X	X	X	
Qualified provider enrollment	X		X	X	X	X	X	
Execution of Medicaid provider agreements	X		X	X	X		X	
Establishment of a statewide rate methodology	X		X		X		X	
Rules, policies, procedures and information development governing the waiver program	X		X		X		X	
Quality assurance and quality improvement activities	X		X	X	X	X	X	X



Similar CMA Functions Across DD, MSSP, and AIDS Waivers

- Assessment, intake & outreach
- Service plan implementation, service arrangement, and purchasing waiver services
- Maintaining, monitoring, and recruiting an appropriate array of qualified service providers
- Developing progress reports
- Performing evaluations/reevaluations
- Developing and maintaining backup service plans
- Assuring access to bilingual service providers and interpreter services
- Addressing the health and welfare needs of each participant on an ongoing basis



Similar CMA Functions Across DD, MSSP, and AIDS Waivers

- Educating the participant on how to report instances of abuse, neglect, and exploitation
- Providing grievance policies and procedures to each participant
- Developing corrective action plans
- Informing participants (or their representative) of service alternatives and choice of living arrangements
- Maintaining and storing waiver participant records
- Reporting critical events and incidents
- Providing case management and developing person-centered service plans
- Quarterly face-to-face visits monitoring the participant's health, safety, and well-being. Assess the effectiveness of services and monitor progress in meeting identified goals
- Emergency planning

Different CMA Functions Across DD, MSSP, and AIDS Waivers



OHCDS Activity	DD	MSSP	AIDS
The Interdisciplinary Team Case Conference (IDTCC) is held for each client at least every 90 days.			X
Provides enhanced case management (at a minimum, face to face monitoring every 30 days for the first 90 days after transition to the community) for individuals moving from developmental centers to community living arrangements.	X		
Manages waitlist		X	
Limitation on the Number of Participants Served at Any Point in Time		X	
Provides annual client satisfaction surveys to all waiver clients			X
Establishes and implements policies and procedures for provider enrollment, criteria for admission and services to clients in a residential facility, and abuse, neglect and exploitation.			X

Care Management Agency Enforcement



- State responsible for administrative authority:
 - Provides technical assistance regarding state and federal guidelines, contract provisions, and departmental policies.
 - Provides oversight and monitoring of the local sites' compliance with their program and contract requirements
 - Performs a performance review every 24 months for each organized health care delivery system
 - Monitors and facilitates access to services for limited English proficient persons

Care Management Agency Enforcement



- State responsible for waiver compliance:
 - Ensures that areas of non-compliance are remediated
 - Monitors compliance through the receipt of progress reports, program compliance reviews, periodic technical assistance visits, ongoing telephone contact, and reviews of written policies and procedures
 - Maintains client database
 - Reviews of each community residential setting to ensure services are consistent with the program design and applicable laws

Care Management Agency Enforcement



- State responsible for financial integrity and health, welfare, and safety of participants:
 - Ensures case documentation supports the level of care, evaluations and reevaluations are timely, and documentation has been completed by the appropriate staff
 - Performs fiscal audits and completes follow-up reviews
 - Reviews, approves, and monitors corrective actions plans
 - Reviews participants charts and investigates health and safety complaints, grievances, and instances of abuse, neglect, and exploitation
 - Maintains a formal quality improvement/assurance system to monitor quality control, provider standards, plans of care, and the services provided to participants



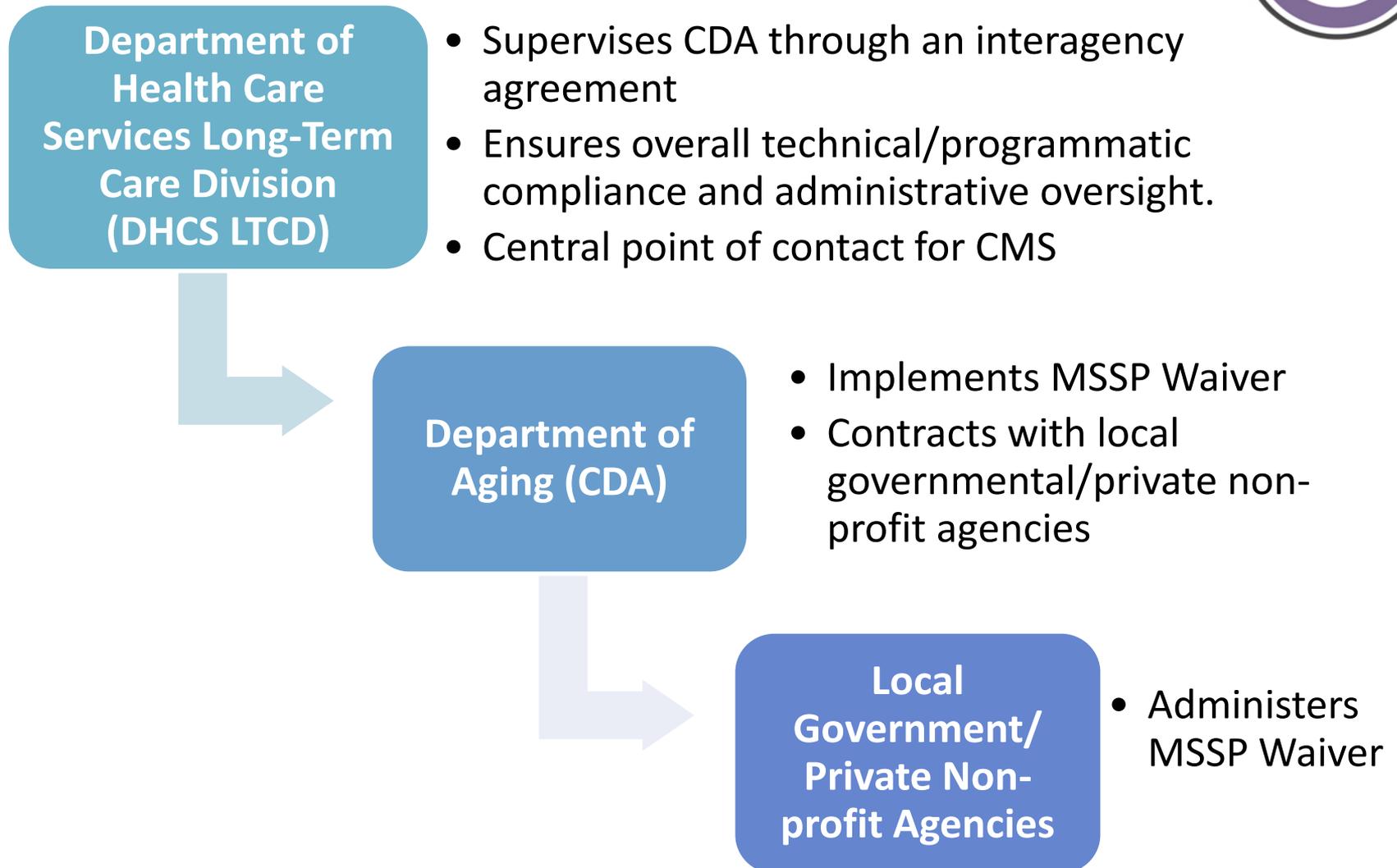
Care Management Entities

MSSP, DD, and AIDS Waiver Strengths and Qualifications:

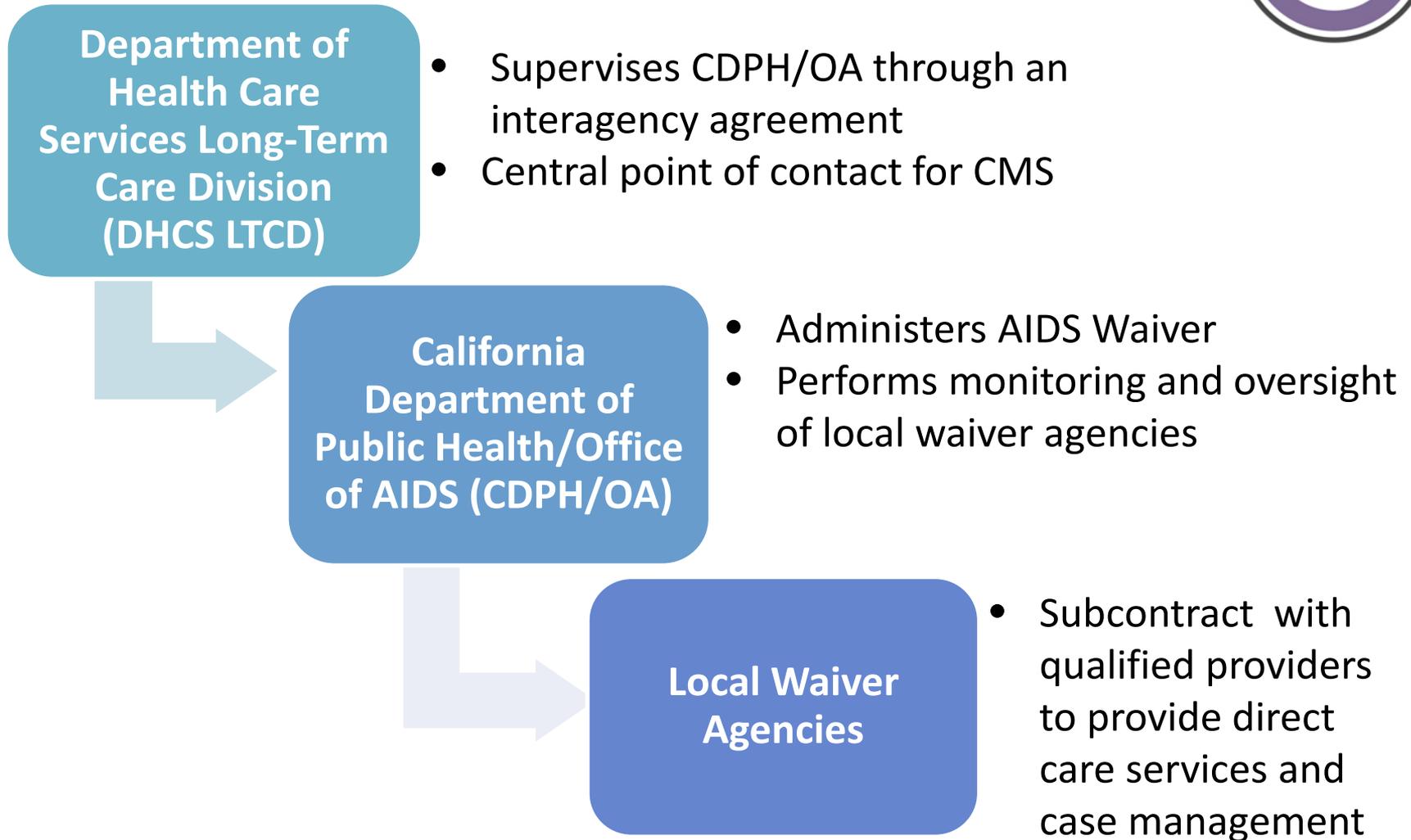
- Comprehensive care management
- Local support
- Monthly monitoring by phone
- Maintains an array of qualified providers
- Conducts annual client satisfaction surveys to all waiver clients
- Provides at least three provider options for each service, if possible



MSSP Waiver Administration Process

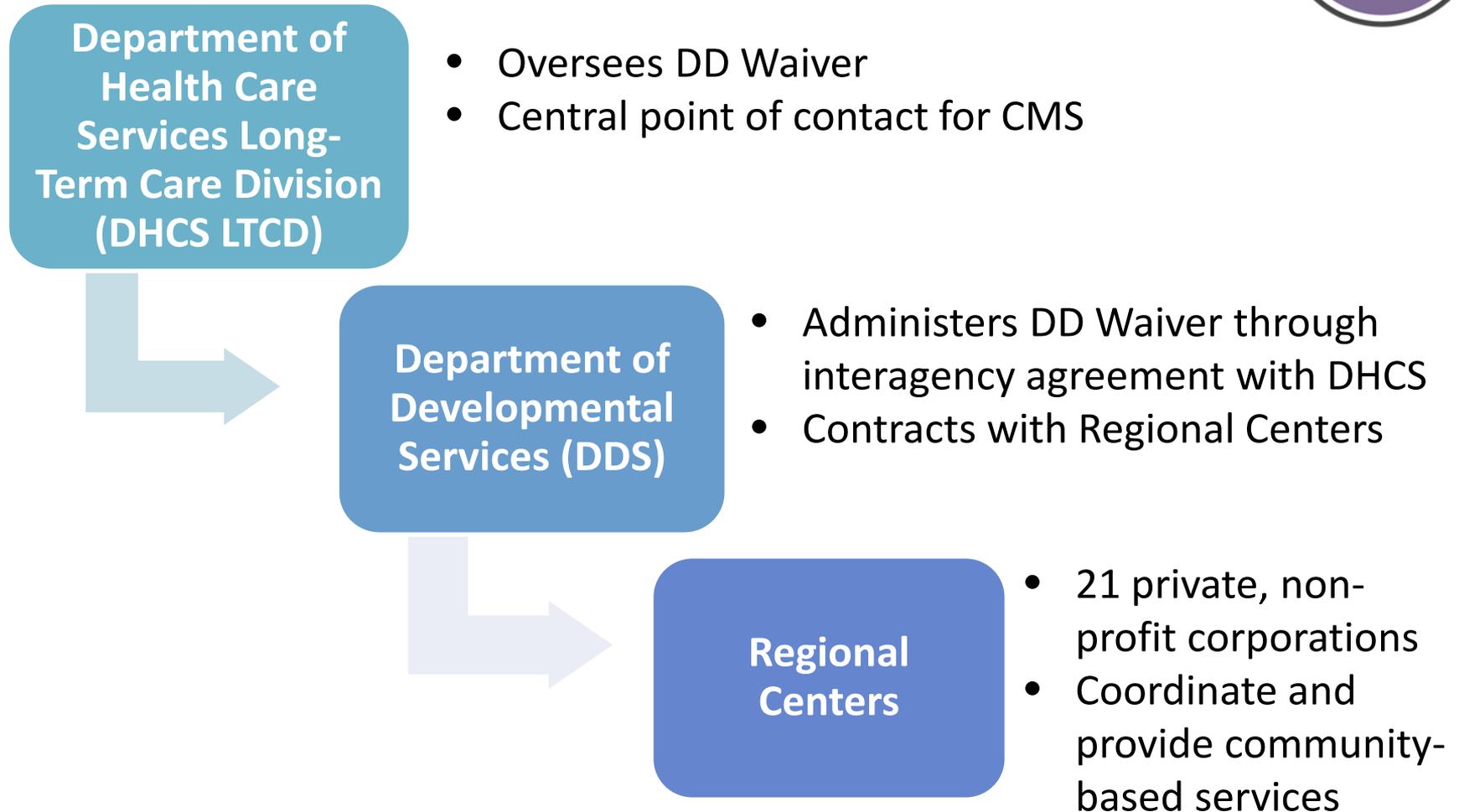


AIDS Waiver Administration Process





DD Waiver Administration Process





ALW Administration Process

Department of
Health Care Services
Long-Term Care
Division (DHCS LTCD)

- Oversees ALW Waiver
- Central point of contact for CMS

Care Coordination
Agencies (CCA)

- Contracts with DHCS
- Manages and coordinates care with direct service providers

Provider Network

- ARF, RCFE, HHA
- Coordinate and provide community-based services



NF/AH CMA Structure Recommendations

- Care Management Agency Types
- CMA Qualifications
- CMA Roles and Responsibilities
- **Self-direction for those who can (financial manage)**



Looking Ahead

- Technical Workgroup Meeting on April 20, 2016 – Cost Neutrality and Fiscal Structure

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 Meetings – Redding, Sacramento
- South Meetings – San Diego, Fresno, Los Angeles
- **September 2016 – Waiver Renewal Due to CMS**
- **January 2017 – Proposed Waiver Effective Date**



Questions & Answers



dreamstime.com