Nursing Facility / Acute Hospital Renewal Technical Workgroup
Feedback vs. Recommendations

Purpose:

The purpose of the Technical Workgroup meetings was to engage in valuable and thoughtful discussions about how to improve the current Nursing Facility / Acute Hospital (NF/AH) Waiver during its renewal. The Workgroup was comprised of Department of Health Care Services (DHCS) staff, NF/AH Waiver Participants, family members, advocates, providers and other interested stakeholders. Outlined below is a breakdown of the feedback and recommendations that were received from Workgroup members and considered during the creation of the NF/AH Waiver renewal proposal.

Feedback:

Feedback is information or suggestions that did not produce Workgroup consensus and stated as a basis for improvement. DHCS received the following feedback during the Technical Workgroup meetings:

- Care Management – Entities should be called "Community Living Services Agency".
- Care Management Agencies – For profit organizations should be allowed as Care Management Agencies.
- Care Management Agencies – Mega qualification to maintain a management information system should be considered for reduced administrative burden on the local agency.
- Care Management Agencies – Mega qualification on local community knowledge and experience should include measuring Participant satisfaction and quality of life.
- Cost Neutrality – Individual cost neutrality methodology and amounts for annual individual cost limits should be updated.
- Global Budgeting - DHCS should research how other states are doing global budgeting for institutional and home and community-based services (HCBS) care.
- Financial Model - DHCS should consider looking at a blended financial model across the alternative financial arrangements allowable by the federal government.

Recommendations:

A recommendation is reached when Workgroup members had consensus on a statement or proposal for the best course of action. DHCS received the following recommendations during the Technical Workgroup meetings:

- Waiver Terminology – Persons enrolled on the NF/AH Waiver should be referred to as Participants.
- Outreach and Education – Should include understanding of need and population to be served, pre-assessment in acute or rehabilitation settings with discharge planner and continuous education and training for social workers.
- Care Management – Local, intensive and comprehensive care management should be made available to the NF/AH Waiver population.

- Care Management – Local, intensive and comprehensive care management should not be provided by Medi-Cal Managed Care Organizations.
- Care Management – Standardization of existing tools and processes should be developed with a sub-workgroup to determine if existing tools meet the Participant's needs.
- Waiver Capacity – Increase the current waiver capacity by 20,000 slots within the first year of the waiver renewal.
- Annual Waiver Capacity Increases – DHCS should look at current Medi-Cal enrollment trends, Minimum Data Set (MDS) Section Q data, the SCAN Foundation Long-Term Services and Supports (LTSS) scorecard, and other historical data for annual capacity increases.
    - Look at California Community Transitions (CCT) historical trends and anticipated growth with the aging and disabled populations.
    - Look at In-Home Supportive Services (IHSS) users and different program factors (e.g., those with maximum hours, on Community First Choice Option, etc.) within the IHSS population.
- Care Management Agencies – Support raised for a local non-state entity being able to provide the intensive and comprehensive care management – care coordination.
    - Mega Qualifications – Add requirement to all agencies when demonstrating the ability to navigate the disability system under federal, state and local programs; the agency must also be familiar with Disability Rights and Rehabilitation laws and Olmstead Decision.
    - Mega Qualifications – Add an eighth qualification around governance of the care management agency from a Participant or person with a disability representation.
    - Apply a scoring system to select CMAs.
    - CMA's should be financially solvent.
    - Local Flexibility – Make sure the CMA has local flexibility in order to build their provider network.
- Cost Limits – DHCS should consider using an aggregate cost neutrality and assess Participants based on their medical necessity.
- Cost Neutrality – DHCS needs to research the developmentally disabled (DD Waiver) cost neutrality model when choosing an individual cost limit to be able to continue to maintain cost neutrality in the NF/AH Waiver.
    - Care Management Costs – Care management costs should not come out of the waiver Participants service budget.
- Provider Rates - The financial model DHCS creates needs to reduce burden of negotiating service provider's rates.
    - DHCS needs to consider a geographically based rate structure or impacts that include economic and labor markets in order to increase provider rates to an acceptable level.