



Home and Community Based Alternatives (HCBA) Waiver

Stakeholder Advisory Committee

February 8, 2018

HCBA Waiver Overview

- The HCBA Waiver is a Medicaid Home and Community-Based Services (HCBS) Waiver program authorized under §1915(c) of the Social Security Act
- 1915(c) Waivers manage the provision of HCBS to eligible Medi-Cal beneficiaries who would otherwise receive care in a facility if not for the nursing and support services they receive in the community setting of their choice



HCBA Waiver Overview

What does a Medi-Cal 1915 (c) Waiver do?

1915(c) Waivers allow states to provide services outside of the Medicaid State Plan by waiving one of three provisions of the Social Security Act:

- Comparability - offer services to eligible waiver participants that are not provided to other Medicaid beneficiaries
- Statewideness - limit the operation of a waiver to specified geographic areas of the state
- Income and Resources for the Medically Needy – deem individuals eligible for Medicaid under the waiver who would otherwise only be eligible in an institutional setting (often because of the income and resources of a spouse or parent)



HCBA Waiver Overview

- 1915(c) Waivers are submitted to the Centers for Medicare & Medicaid Services (CMS) for re-authorization every 5 years
- Prior to submitting the most-recent HCBA Waiver renewal application, DHCS underwent an extensive public engagement process to solicit input from participants, providers, and other stakeholders



NF/AH Waiver Renewal and Stakeholder Engagement

October 2015 Stakeholder Meetings

- North and South Meeting
- Stakeholder & Beneficiary Interviews

December
2015,
February
and April
2016

Technical
Workgroup
Meetings

June 10 –
July 10,
2016

30-Day
Comment
Period

July 2016, Stakeholder Meetings

Sacramento
Fresno
Los Angeles
San Diego
Redding

September
2016,
Waiver
Renewal
Due to CMS

Nov/Dec
2016
Additional
30 -Day
Comment
Period

January
2017,
Proposed
Waiver
Effective
Date



HCBA Waiver Overview

Utilizing stakeholder input, DHCS submitted a significantly revised waiver renewal application to CMS, and CMS retroactively authorized the HCBA Waiver back to Jan. 1, 2017.

What changed?

- Waiver name
- Waiver capacity
- Reserved capacity
- Aggregate cost limit
- Level of care consolidation
- Waiver integration
- Shift to Organized Health Care Delivery System (OHCDS) model



New Waiver Name

Previous Waiver

Nursing
Facility/Acute
Hospital (NF/AH)
Transition and
Diversion Waiver

1/1/2012 –
12/31/2016

Home and
Community-Based
(HCB) Alternatives
Waiver

1/1/2017 –
12/31/2021

New Waiver



Waiver Capacity no longer set by Level of Care (LOC)

NF/AH Waiver – Max enrollment
per waiver year by LOC

NF A/B
LOC

• 2230

Sub-Acute
LOC

• 1302

Acute LOC

• 300

ICF DD-CN
LOC

• 132

Total

• 3964

HCB Alternatives Waiver – Max point
in time enrollment per waiver year

2017

• 5500

2018

• 6500

2019

• 7500

2020

• 8500

2021

• 8974



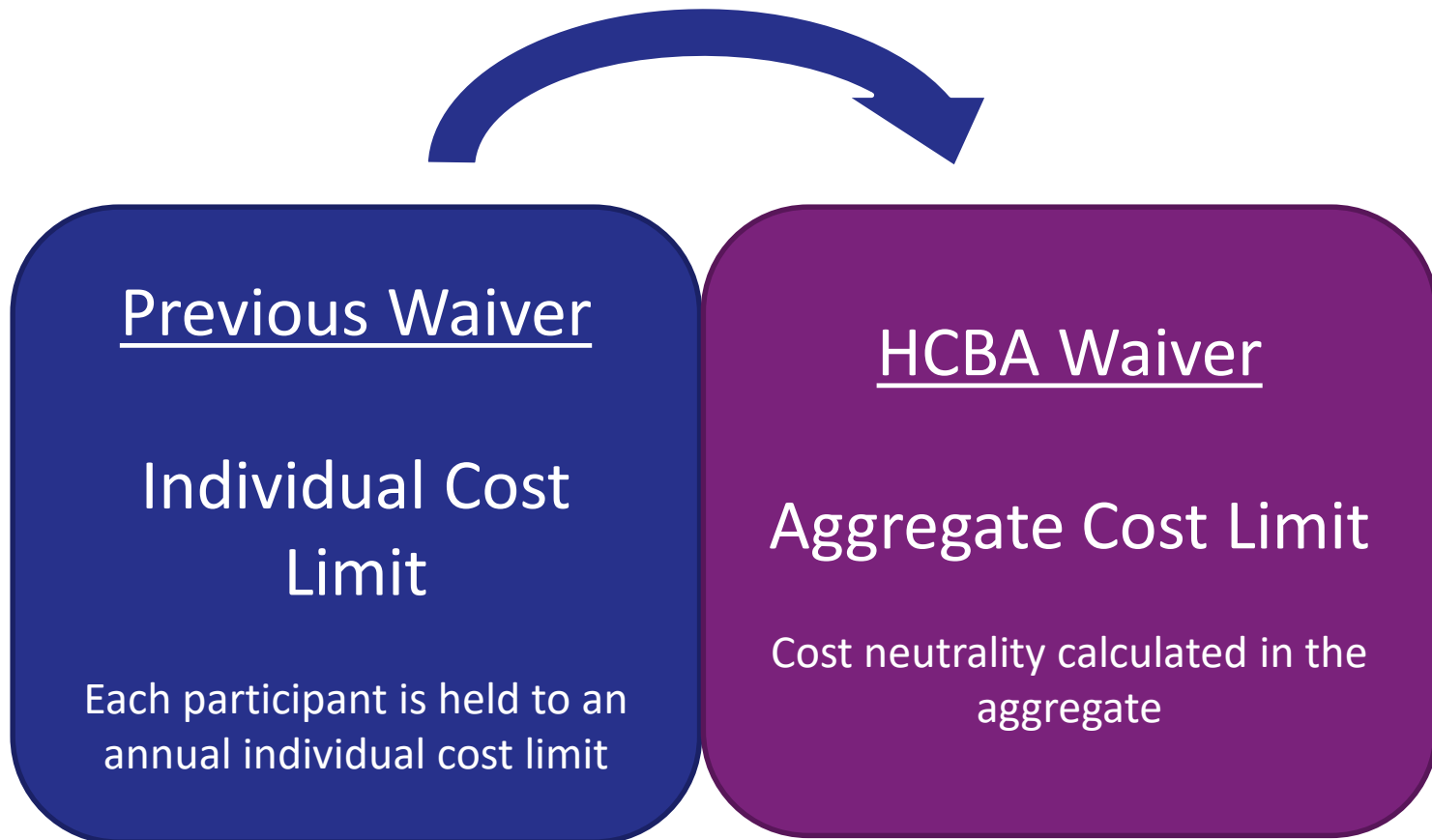
Reserved Capacity

DHCS reserves waiver capacity at 60% of total enrollments for:

- Individuals residing in an institution
- Individuals turning 21 years old receiving private duty nursing transitioning from Early and Periodic Screening, Diagnosis, & Treatment or transitioning from programs such as California Children's Services or Pediatric Palliative Care Waiver (PPW).



Aggregate Cost Limit



Waiver LOC & Acuity

Waiver LOCs were consolidated from nine to three:

NF-AB, NF-Subacute, Acute Hospital

- LOC remains pertinent in the absence of cost limits since waiver applicants must meet LOC criteria to be eligible for potential waiver enrollment.
- Each LOC includes adult and pediatric services

Acuity Levels:

- 1 – Re-evaluation at least once every 365 days
 - 2 – Re-evaluation at least once every 270 to 365 days
 - 3 – Re-evaluation at least once every 180 to 270 days
 - 4 – Re-evaluation more frequently than once every 180 days.
- *# of face-to-face visits and contacts necessary increases by acuity level*



Waiver Integration

Seamless transition of all In-Home Operations (IHO) Waiver Participants to the HCBA Waiver

- No change in services
- Participants' safety and well-being will be protected
- Provides IHO Waiver Participants access to comprehensive care management



New Waiver Model

The new HCBA Waiver approved as an Organized Health Care Delivery System (OHCDS) Model.

DHCS will establish contracts with Waiver Agencies for the administration and operation of the waiver at the local level. Waiver Agencies must always be in compliance with the waiver.

Anticipated Advantages:

- Increased Waiver capacity
- Enhanced care management services
- Improved participant access to services
- Improved quality control



Implementation

Who

- Organizations with experience providing case management and administrative functions for comparable populations
- MCP, PACE Organizations, Public Hospital, FQHCs, OHCDS, Non-profits, For-profits (i.e. Home Health Agencies), Professional Corporations, County/City entities, etc.

How

- DHCS has developed a Solicitation for Application (SFA) process to identify qualified entities
- Waiver Agencies will be required to enter into a contract with DHCS

When

- DHCS will implement the Waiver Agency model effective April 2018
- DHCS will conduct training and readiness review functions for selected Waiver Agencies prior to implementation



Waiver Administrative Services

- Develop and maintain a qualified provider network for the entire service area
- Conduct annual on-site provider performance monitoring
- Perform quality assurance and performance improvement activities
- Adjudicate provider claims, and bill Medi-Cal
- Review Waiver enrollment applications, verify applicants' eligibility for the Waiver, and coordinate the Waiver enrollment process with DHCS
- Review / authorize requests for Waiver services
- Issue Notices of Action (NOA) and participate in Fair Hearings, as required
- Utilization management



Comprehensive Care Management (CCM)

- The WA is responsible for providing CCM through the Care Management Team (CMT). The CMT is comprised of a Registered Nurse (RN) and a Master of Social Work (MSW). The CMT is directly employed or contracted by the WA.
- CCM includes comprehensive participant assessment, care planning, service coordination, and participant monitoring.
- The CMT works with the participant to identify/coordinate waiver services and other resources necessary to enable the participant to transition to the community or remain in his/her own home.
- The CMT conducts on-site home visits based on acuity levels and contacts the participant via visits or telephone on at least a monthly basis.
- Waiver services are authorized by the WA and delivered by all willing and qualified HCBA Waiver providers enrolled as Medi-Cal providers by DHCS.



Application Timeline

SFA Released	October 4, 2017
Applications Due	December 15, 2017
Award Notices Released	February 2018

Preliminary SFA Results

- 17 Applications Received
- All applications went through initial pass/fail review of minimum required elements
- All applications that included minimum required elements, went through rigorous scoring process
- Waiver Agencies to be awarded by County or zip code
- In areas of the state with no Waiver Agency, DHCS shall continue to provide all administrative and case management functions

Estimated % coverage of state

- Percent of geographic coverage: 89.4%
- Percent of combined Waiver + waitlist population coverage: 98.8%



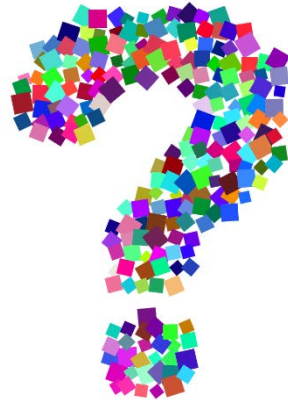
Waiver Agency Readiness

The purpose of the readiness review is to validate that the organization is able to meet Waiver and Contract requirements, as detailed in their HCBA Waiver Application. DHCS will review/verify the Waiver Agencies':

- Staffing capacity to serve their geographical service area
- Policies and Procedures for all Administrative and Comprehensive Care Management responsibilities
- Provider Network subcontracts covering all direct waiver services
 - Provider training materials/plans
- Marketing and outreach materials
- IT systems
 - MedCompass
 - Other systems for storing data/generating reports
- Billing and reimbursement systems



Questions



Questions can be sent to the HCBA Waiver email inbox
at: HCBAAlternatives@dhcs.ca.gov

