



# Department of Health Care Services

## 2022 Home and Community-Based Alternatives (HCBA) Waiver Renewal Change Concepts



The following change concepts have been collected to date and are included in no particular order. Duplicate recommendations have been consolidated into a single entry.

Recommended Change	Pros	Cons
1. Modify the requirement to include an MSW on every Care Management Team (CMT) to allow BSWs with medical and/or case management experience to provide services as long as they are supervised by an MSW		
2. Modify the home set-up service so it can be utilized by those living in the community, when they require goods or services to make their home safe (e.g., to purchase smoke detectors/carbon dioxide detectors, cleaning products, clean linens, etc.)		
3. Remove restrictions to Habitation and Respite for children – the services are not available through EPSDT		
4. Allow overlapping service areas with multiple Waiver Agencies <b>Variation:</b> Allow Waiver Agencies to subcontract CMT and intake functions to other Waiver Agencies for specific beneficiaries or zip codes		
5. Remove Transition Coordination from the Comprehensive Care Management PMPM payment so it can be paid based on the actual number of hours it takes to transition a person form a SNF		
6. Include time frames for intake screening and		

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enrollment (those time frames within the control of the WA)		
7. Allow non-medical transportation under <u>one-time</u> home set-up costs (when required to obtain legal documentation, sign leases, view an available residence, etc.) when required to secure housing		
8. If an intake applicant is only assessed for WPCS services and has no other regular need for skilled care (e.g. Nursing), they should not be eligible for enrollment in the Waiver		
<p>9. Merge Assisted Living Waiver Services into the HCBA Waiver</p> <p><b>Variation:</b> Streamline and Consolidate 1915(c) Waivers by:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Consolidating the services of the HCBA Waiver, MSSP Waiver, and Assisted Living Waiver so that the various services through each waiver are fully available for Medi-Cal eligible adults with qualified functional needs to remain at home and avoid institutionalization</li> <li><input type="checkbox"/> Expanding waiver capacity and remove any extraneous criteria, such as age limits</li> </ul>		
10. Can we explore a WA mid-month transfer reimbursement rate?		
11. Consider Including Federal COVID-19 Medicaid Regulatory Flexibilities to Strengthen the Service Delivery System		
12. To develop a more person-centered approach, the state should incorporate all HCBA waiver services within the managed care delivery system. We recommend DHCS develop a plan to increase		

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<p>access to fully-integrated care throughout the state that includes HCBA waiver services. The 1915(c) waiver system should reflect a more integrated, coordinated approach to care with access to services across the continuum of health and LTSS. Utilizing the basic Dual Eligible Special Needs Plan structure and MLTSS is a solid first step in expanding access to integrated, coordinated care throughout the state. The state and health plans should examine all potential pathways to offer fully-integrated care options for dual eligible Californians.</p>		
<p>13. Change WPCS from a distinct service to an extended service.</p>		
<p>14. Increase rates for WPCS – in the Bay Area they are paid less than minimum wage.</p>		
<p>15. CLHF requesting rate increase to align with increases in cost of care.</p>		
<p>16. Need to improve care coordination between service providers - to coordinate between medical, dental, and waiver care/services. <b>Variation:</b> Waiver Agencies need access to data (e.g., service authorizations, claims/payments) under different care systems for efficient and effective care management.</p>		
<p>17. Need to improve consistency across Waiver Agencies for HCBS providers working with multiple – policies and procedures are inconsistent</p>		
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<p>20.</p>		

Recommended Change	Pros	Cons
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