



2022 HCBA Waiver Renewal Technical Workgroup Meeting #1

Department of Health Care Services
October 28, 2020



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Background and Purpose

- HCBA Waiver term ends 12/31/21
- CA must submit an updated waiver to the Centers for Medicare and Medicaid Services (CMS) for approval to continue to provide HCBA services for a new 5-year waiver term
- DHCS requests input from stakeholders to ensure the HCBA Waiver continues to meet the needs of the population



Technical Workgroup Objectives

- Technical Workgroup members representing HCBA Waiver stakeholder groups will identify and provide input on:
 - Opportunities and challenges within the Waiver
 - Pros and cons of proposed changes to the Waiver
- Technical Workgroup members will provide a final list of recommended changes to DHCS by the end of the third meeting



Agenda

Topic
Welcome and Introductions
Setting the Stage
Deep Dive into the HCBA Waiver
Q & A
Break
Change Concepts
Public Open Forum
Next Steps and Closing



WebEx Housekeeping

- Technical Workgroup Members are logged in as panelists and can mute/unmute their line at will
- Please mute your line when you are not speaking
- Wait to be recognized by the WebEx facilitator before speaking
- Use the “raise hand” function if you wish to be recognized
 - The “raise hand” function is on the participant panel on the right side of the screen
 - Un-raise your hand after speaking



WebEx Housekeeping

- This meeting is being recorded
- To send a message to the WebEx facilitator, use the “Chat” function by clicking the speech bubble icon at the bottom of the screen
- Public attendees will enter the meeting on mute
- There will be time for public input at the end of the meeting to allow members of the public to provide feedback
 - Instructions for the public open forum will be provided at that time



WebEx Housekeeping

- To the extent possible, please limit comments to 2 to 3 minutes to ensure everyone has a chance to speak
- Discussions should be focused on the issue at hand, and on solutions



WebEx Housekeeping

If you experience technical difficulties during today's WebEx Event, send an email to the HCBA inbox at HCBAAlternatives@dhcs.ca.gov for assistance



Technical Workgroup Members

- DHCS received a total of 53 Statements of Interest from stakeholders
- 27 people were selected to represent themselves and their cohorts
 - Selection was based on experience and to ensure equal representation



Technical Workgroup Introductions

HCBA Waiver Participants and Families

First & Last Name	Title	Affiliation
Christina Cannarella	Parent	
Paul Konanz	Parent	Friedreich's Ataxia Parents Group
Jenifer McLelland	Parent	Medically Complex Children of California
Deborah Schwartz	Spouse	
Joseph S. Wilson	Participant	Resources for Independent Living



Technical Workgroup

Introductions

Advocates, Associations, and Foundations

First & Last Name	Title	Affiliation
Karen Keeslar	Executive Director	California Association of Public Authorities for IHSS (CAPA)
Paula Wilhelm	Director of Policy	County Behavioral Health Directors Association
Cindy Kauffman	Deputy Director, Community Services	County Welfare Directors Association (CWDA) San Francisco Department of Disability & Aging Services
Elizabeth Zirker	Managing Attorney	Disability Rights California
Claire Ramsey	Senior Staff Attorney	Justice in Aging
Sarah Steenhausen	Senior Policy Advisor	The SCAN Foundation



Technical Workgroup Introductions HCBA Waiver Agencies

First & Last Name	Title	Affiliation
Shelley Chilton	Administrator	Access TLC Home Health Care
Barbara Hanna, PhD, RN, PHN, CCM	President	Home Health Care Management Inc. / Olmstead Advisory Committee member
Lola Ramos	Regional Director	Institute on Aging
Jonathan Istrin	Executive Director	Libertana Home Health
Anwar Zoueihid	Vice President, Long Term Services & Supports	Partners in Care Foundation
Alejandrina Arevalo	Director of Patient Engagement	San Ysidro Health
Susan Guffee	Direct Program Operations Manager	Ventura County Area Agency on Aging



Technical Workgroup Introductions HCBS Providers

First & Last Name	Title	Affiliation
Marie Vernon	Program Director	All Hours Adult Care CCA
Kenny Ha	Sr. Business Development Manager	Aveanna Healthcare
Sheila Olea	Office Manager	Connected Living
Marty Lynch, Ph.D.	CEO Emeritus	LifeLong Medical Care
Eleanor Castillo Sumi, Ph.D., BCBA-D	Vice President, Research & Program Development	Uplift Family Services



Technical Workgroup Introductions

Medi-Cal Managed Care Plans

First & Last Name	Title	Affiliation
Farid Hassanpour	Chief Medical Officer	CenCal Health
Ben Jauregui, MPA, CCM	Manager, Behavioral Health & Care Management Support Services	Inland Empire Health Plan
Sheena Savdharia	MLTSS Program Manager II	LA Care
Hannah Kim	Director of Long-term Services and Supports	Molina Healthcare of California



HCBA Waiver Technical Workgroup Charter



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Workgroup Scope & Strategy

- What is working well?
- What are opportunities for improvements?
- Are there other factors DHCS should consider in the renewal of the HCBA Waiver?
- How can DHCS improve California's overall HCBS strategy, across all Medi-Cal systems of care?
 - How can DHCS support “no wrong door” efforts?
 - What can DHCS do to strengthen care coordination between case management providers?
 - Should DHCS move forward with integrating the Assisted Living Waiver into the HCBA Waiver, either through renewal or through an amendment?



Workgroup Deliverables

- Provide DHCS with recommendations for changes to the HCBA Waiver by the end of the third meeting in January
- In general, recommendations should:
 - Never put the health, safety, or Civil Rights of applicants, participants, providers, nor local and/or state staff at risk
 - Comport with State and federal statute and regulations
 - Are achievable within existing timelines and systems
 - Do not compromise cost neutrality
 - Benefit participants first



Workgroup Expectations

- Workgroup members will attend all three WebEx meetings
- Discussions will be solution-focused, and allow for respectfully expressing different points of view
- Members may be asked to provide and/or present information to the workgroup
- DHCS will not pay a per diem or compensate members for their time attending meetings



Discussion / Clarifications



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HCBA Waiver Deep Dive



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Deep Dive Overview

- High level overview of 1915(c) HCBS Waiver Authority
- 1915(c) HCBA Waiver Components
- How the HCBA Waiver Works Today
- Improving the HCBA Waiver



High Level Overview of 1915(c) HCBS Waiver Authority

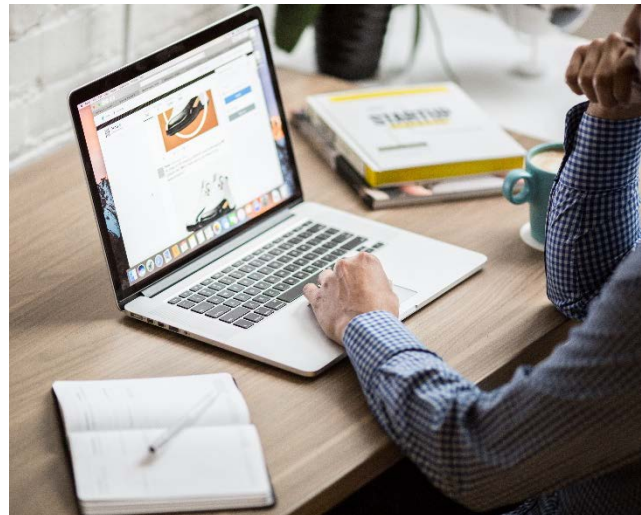


Photo by Burst from Pexels



Home and Community-Based Services (HCBS) 1915(c) Waiver Authority

- Under Section 1915(c) of the Social Security Act (SSA), states submit HCBS waiver applications to the U.S. Centers for Medicare & Medicaid Services (CMS) for initial authorization, and every 5-years for renewal



Why have an HCBS waiver?

- HCBS waivers allow states to waive one or more of three requirements under the SSA:
 - **Comparability** - offer services to waiver participants not provided to other Medicaid beneficiaries
 - **Statewideness** - limit the operation of a waiver to specified geographic areas of the state; and
 - **Income and Resources for the Medically Needy** - deem individuals eligible for Medicaid who would otherwise only be eligible in an institutional setting
- All other provisions of the SSA apply



HCBS Waiver Eligibility

Individuals must meet the following criteria to be eligible to enroll in an HCBS waiver:

- Meet Medicaid eligibility requirements
- Have care needs equal to the level received in an institution
- Require one or more waiver service to remain safe in the community
- Want to receive HCBS in the community, instead of receiving care in an institution



HCBS Waiver Goals

- Protect health, welfare, and safety
- Person-centered plan of care
- Participant choice and self-determination
- Institution to community diversion / transition
- Cost neutrality



1915(c) HCBA Waiver Components



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1915(c) Waiver Components

- Main Section
- Appendix A: Waiver Administration and Operation
- Appendix B: Participant Access and Eligibility
- Appendix C: Participant Services
- Appendix D: Participant-Centered Planning and Service Delivery
- Appendix E: Participant Direction of Services
- Appendix F: Participant Rights
- Appendix G: Participant Safeguards
- Appendix H: Quality Improvement Strategy
- Appendix I: Financial Accountability
- Appendix J: Cost Neutrality Demonstration



Main Section

- Includes the State's formal request to operate a 1915(c) HCBS waiver
- Identifies which of the three SSA requirements are to be waived
- Description of the state's goals, objectives, and service delivery methods
- Includes the fundamental assurances that must be fulfilled



1915 (c) Waiver Assurances

42 CFR §441.302

- Health & Welfare
- Financial Accountability
- Evaluation of Need
- Choice of Alternatives
- Average Per Capita Expenditures
- Actual Total Expenditures
- Would Require Care Provided in an Institution Absent Waiver Services
- Reporting
- Habilitation Services
- Services for Individuals with Chronic Mental Illness



1915(c) Additional Requirements

- Service Plan
- No waiver services provided in inpatient facilities
- Costs for Room and Board not paid under waiver
- The state does not limit or restrict participant access to waiver services except as provided in Appendix C
- Free Choice of Provider
- Waiver is payer of last resort
- Right to request a Fair Hearing
- Quality Improvement
- Public Input
- Meaningful access for persons with Limited English Proficiency (LEP)



Appendix A: Waiver Administration and Operation

- Identifies the state agency responsible for the waiver
- Identifies other entities involved in the operation of the waiver, including contracted entities and local/regional non-state entities.
- Specifies the distribution of waiver operational responsibilities among the entities



Appendix B: Participant Access and Eligibility

- Identifies who receives waiver services, and includes:
 - Specific target populations
 - Number who can be served
 - Medi-Cal eligibility groups
 - Level of Care assessment procedures
 - How individuals are afforded freedom of choice
 - How individuals with LEP are provided meaningful access to the waiver



Appendix C: Participant Services

1. Case Management
2. Habilitation
3. Home Respite
4. Waiver Personal Care Services (WPCS)
5. Community Transition Services
6. Comprehensive Care Management
7. Continuous Nursing and Supportive Services
8. Developmentally Disabled / Continuous Nursing Care (DD/CNC), Non-Ventilator Dependent Services
9. DD/CNC, Ventilator Dependent Services
10. Environmental Accessibility Adaptations
11. Facility Respite
12. Family / Caregiver Training
13. Medical Equipment Operating Expense
14. Personal Emergency Response (PERS) Installation and Testing
15. PERS Monthly Service
16. Private Duty Nursing
17. Transitional Case Management



Other Appendices

Appendix D: Participant-Centered Planning and Service Delivery

Appendix E: Participant Direction of Services

Appendix F: Participant Rights

Appendix G: Participant Safeguards



Appendix H: Quality Improvement Strategy

- Must address waiver assurances and their component elements
- The QIS strategy must include a continuous quality improvement (CQI) process



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Appendix I: Financial Accountability

Appendix J: Cost Neutrality Demonstration



Break for Questions



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How the HCBA Waiver Works Today



Photo by Matthias Zomer from Pexels



HCBA Waiver Overview

- The current HCBA Waiver (formerly the Nursing Facility/Acute Hospital (NF/AH) Waiver) term expires December 31, 2021
- Provides care management services to persons at risk for nursing home or institutional placement
- Multidisciplinary team provides care management services, coordinates waiver and State Plan services, and arranges for other long-term services and supports available in the local community



HCBA Population and Service Locations

- Target population:
 - Full-Scope Medi-Cal
 - All Ages
 - Nursing Facility Level of Care
- Current enrollment (as of Oct 22, 2020): 5,466 participants, and 594 applicants on waitlists
- Maximum 8,974 slots in 2021
- Services are provided in the home, a Congregate Living Health Facility (CLHF), or an Intermediate Care Facilities for Individuals with Developmental Disabilities – Continuous Nursing (ICF/DD-CN)



Organized Health Care Delivery (OHCD) System

- DHCS contracts with entities with the experience and capacity to administer the waiver at the local level
- As an OHCD, Waiver Agencies must provide at least one Medi-Cal service
- All HCBS providers must be enrolled in Medi-Cal before they may provide waiver services for payment



Advantages of the OHCD Framework

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



Waiver Agency Service Areas

- 51 of CA's 58 Counties are covered by an HCBA Waiver Agency
- Participants who live in Counties that are not covered by a Waiver Agency receive waiver services under the centralized administrative model



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Dual Role of Waiver Agency

Local Waiver Administration

- Participant intake for enrollment
- Level of Care Evaluation
- Review of POT
- TAR Adjudication
- Utilization Management
- Reporting / responding to critical incidents
- Issuing Notices of Action and participating in Fair Hearings
- Quality Assurance and Improvement Activities

Comprehensive Care Management

- Collaborative, person-centered development of Plan of Treatment
- Interdisciplinary
- Concentrated on the coordination and monitoring services to meet participants' complex medical needs and personal goals
- On-site home safety evaluation
- Monthly contact with participant



Administrative Functions that Cannot be Delegated

- Ensuring waivers are operated in accordance with federal regulations and provisions within the waiver
- Ensuring consistent application of policies, rules, and regulations across geographic areas
- Periodic assessment of the performance of other entities in conducting waiver administrative and operational activities
- Final Level of Care determinations must be by DHCS since only the Medicaid Agency can make an eligibility decision
- Establishment of Statewide Rate Methodology



LOC vs. Acuity

Level of Care

- Established in state statute and regulations
- Describes the type and amount of skilled / medical care needs required for admission to a nursing facility or hospital
- Used to determine eligibility for enrollment

Care Management Acuity

- Required intensity of case management services
- Considers but is not limited to a person's medical stability, also includes:
 - Compliance with POT
 - Health and safety concerns
 - Availability and adequacy of caregiver support and providers
 - ER visits and inpatient stays



Case Management vs. Comprehensive Care Management

- Case Management is only available in areas of the state not covered by an HCBA Waiver Agency
- Comprehensive Care Management is paid on a per member, per month basis, at amounts aligned with participants' assessed Case Management Acuity Level; Transitional Care Management is included



Care Management Acuity

Acuity Level	Frequency of Visits and Re-assessments	RN	MSW
4 Intensive	Participants must receive CMT contact at least once a month and must be re-evaluated more frequently than once every 180 days.	1:40 to 1:60	1:25 to 1:35
3 High	Participants must receive CMT contact at least once a month and must be re-evaluated more frequently than once every 180 to 270 days.	1:61 to 1:80	1:36 to 1:45
2 Medium	Participants must receive CMT contact at least once a month and must be re-evaluated more frequently than once every 270 to 365 days.	1:81 to 1:100	1:46 to 1:55
1 Low	Participants must receive CMT contact at least once a month and must be re-evaluated more frequently than once every 365 days.	1:101 to 1:120	1:56 to 1:65



Per Member Per Month (PMPM) Payments

Local Waiver Administration

- Flat fee payment for rendering HCBA Waiver Administration Services
- Functions include participant enrollment, service needs evaluations, review and approval of person-centered POT, TAR adjudication, utilization management, provider enrollment/network development, quality assurance activities, etc.

Comprehensive Care Management

- All costs associated with Case Management, Transitional Case Management, and the coordination of Community Transition Services are included
- PMPM amount based on participant's assessed care management acuity level and required frequency of participant visits



Care Management Team (CMT)

- Comprised of a Registered Nurse (RN) and Master of Social Work (MSW), directly employed or contracted by the Waiver Agency
- Staffing ratio for CMT based on assessed **care management acuity level**



Plan of Treatment (POT)

- CMT work with participants' and their families to develop person-centered POT
- Waiver services included in a participant's POT must be medically necessary to maintain the applicant's health, welfare, and safety in the community setting or residence
 - A service is “medically necessary” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain (WIC 14059.5)



Treatment Authorization Request (TAR) Adjudication

- HCBS providers submit paper TAR to the Waiver Agency for adjudication, prior to providing Waiver services
- Services must align with the POT signed by the individual's primary care physician
- Waiver Agencies send approved TAR to the Medi-Cal Fiscal Intermediary (FI) to enter into the systems



Waiver Agency TAR Submissions

- Waiver Agencies submit TAR to DHCS Nurse Evaluators for adjudication of:
 - Community Transition Services
 - Environmental Accessibility Adaptations
 - When there are no other qualified and willing providers available to provide direct care services, and only when a written exemption has been granted by DHCS



Claiming

- HCBS providers submit claims directly to the Medi-Cal Fiscal Intermediary (FI) for payment
-
- There is language in the Waiver and Waiver Agency Contract that would allow Waiver Agencies to pay HCBS providers directly; however, Medi-Cal providers cannot be compelled to receive payment through the Waiver Agency and have the right to bill the FI directly



Selection of Entrants into the Waiver

- DHCS reserves waiver capacity at 60% of total enrollments for:
 - Individuals residing in a facility > 60 days
 - Individuals transitioning from EPSDT or other HCBS programs
 - Youth under the age of 21



Waiver Service Clarifications

- Providers of PDN services are only authorized to provide services in accordance with their licensure and scope of practice
- Two waiver services have \$5,000 lifetime limits
 - Community Transition Services
 - Environmental Accessibility Adaptions



Waiver Service Clarifications (continued)

- Durable Medical Equipment is a State Plan service and not authorized through the HCBA Waiver
- Assistive Technology / Devices is not a service covered under the HCBA Waiver
- States are not eligible to draw federal financial participation (FFP) for personal care services provided by legally responsible adults to a dependent (e.g., spouse or minor child)



Waiver Agency Quality Assurance Responsibilities

- Monitoring and responding to needed improvements to ensure ongoing compliance with the Waiver, and Contract requirements
- Development of HCBA Policies and Procedures that includes a quality assurance and performance improvement plan
- Ensuring the quality of all Waiver services
- Conducting ongoing oversight of network providers, including site visits



DHCS Quality Assurance Responsibilities

- Quality monitoring and oversight
- Collection of Quarterly Performance Reports from Waiver Agencies
- Bi-annual on-site Quality Assurance Review visits
 - Issuing findings, collecting Corrective Action Plans, and following up on outcomes
- Annual performance measure monitoring and reporting



HCBA Waiver Improvements



Photo by Anna Shnets from Pexels



Federal Limits

- Legally responsible adults cannot receive payment for providing personal care services to their minor children or spouses
- Waiver Agencies and HCBS providers cannot receive payment for services provided before a beneficiary is enrolled in the waiver
- A person cannot be enrolled in the waiver while they are still admitted to an inpatient facility



Potential Changes Based on Prior Feedback

- Performance measure alignment
- Remove age restriction for Habilitation and Respite services
- Identify that Financial Management Services (FMS) for participants directing Waiver Personal Care Services (WPCS) are provided by governmental entities



DHCS Requested Feedback from Stakeholders

- What is working well in the current HCBA Waiver?
- What are opportunities for improvements in the HCBA Waiver renewal?
- What other factors should DHCS consider in the HCBA Waiver renewal process?
- How can DHCS improve its overall HCBS strategy?



Technical Workgroup Change Concept Discussion



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Public Input Open Forum



Graphic by Aleandra Koch on pixabay



Public Open Forum

- If you are a member of the public and would like to make comments during the Open Forum session:
 - Use the “raise hand” function to indicate you want to make a comment, which can be found on the participant panel on the right side of the screen
 - DHCS will unmute your line to allow you to ask your question in the order in which your hand was raised
 - Un-raise your hand after you have asked you have spoken by clicking the hand again



DHCS Requested Feedback from Stakeholders

- What is working well in the current HCBA Waiver?
- What are opportunities for improvements in the HCBA Waiver renewal?
- What other factors should DHCS consider in the HCBA Waiver renewal process?
- How can DHCS improve its overall HCBS strategy?



Written Feedback

- If we were unable to get to you during today's event, or if you have additional ideas or input, please submit comments to the HCBA Waiver inbox at HCBAAlternatives@dhcs.ca.gov, using the *HCBA Waiver Renewal Public Feedback* form available on the [DHCS website](#)
- To ensure feedback can be considered and incorporated into the next workgroup meeting, please submit your written comments no later than **November 6, 2020**



Next Steps

- DHCS will distribute a comprehensive Change Concept document to Workgroup members in advance of the second technical workgroup meeting

Workgroup Meeting	Date	Time
#2	Wednesday, December 9, 2020	12:00 - 3:00 pm
#3	Friday, January 22, 2021	1:00 - 4:00 pm



For More Information

DHCS

- <https://www.dhcs.ca.gov/>

HCBA

- [https://www.dhcs.ca.gov/services/ltc/Pages/Home-and-Community-Based-\(HCB\)-Alternatives-Waiver.aspx](https://www.dhcs.ca.gov/services/ltc/Pages/Home-and-Community-Based-(HCB)-Alternatives-Waiver.aspx)

Waiver
Renewal

- <https://www.dhcs.ca.gov/services/ltc/Pages/HCBA-Waiver-Renewal.aspx>

Please submit questions about the HCBA Waiver renewal to: HCBAAlternatives@dhcs.ca.gov