



# Department of Health Care Services

## 2022 Home and Community-Based Alternatives (HCBA) Waiver Renewal Technical Workgroup Member Goals



The Department of Health Care Services (DHCS) held the first of three HCBA Waiver Renewal Technical meetings on October 28, 2020. The meeting was attended by DHCS staff, workgroup members, and members of the public. The individual goals provided by workgroup members during the meeting are included in the table below.

Goal
1. Create a way to have better collaboration between other entities that are involved with the participants of the HCBA Waiver, for example Regional Centers and IHSS.
2. Change the new provider enrollment system to fix delay time of getting their first [WPCS] paycheck. It took 3.5 months before one of my providers got their first paycheck.
3. To ensure that the HCBA waiver remains functional as institutional deeming for medically complex children under 18 who have no other way to access Medi-Cal and EPSDT home nursing care. I also want to make sure that medically complex children don't fall through the cracks, and that children who need access to home nursing care get enrolled in the correct waiver program seamlessly as part of safe discharge planning.
4. My husband is on the waiver and requires 24/7 LVN care, and it takes a lot of work between a lot of providers to get the care he needs. I would like to see better system to be developed so participants can use multiple providers and have an easier time navigating the program, getting paid.
5. Make it easier for people to sign up for waiver services in the first place – so that their wait is so long.
6. Better coordination between IHSS and WPCS, with specific emphasis on Public Authorities.
7. Interested in seeing an expansion of the HCBA Waiver program, increasing its functionality, especially now during the COVID-19 pandemic – this is a critical part of California's home and community services and we've already heard that we need to improve access and streamline the various processes for participants to receive the services that they want and need and to do so in a way that keep them in their own homes and the community with what they want as their package of services.
8. SCAN focuses on the continuum of care so people can age with dignity, and we see the HCBA waiver as a key program to provide services in the community to people who would otherwise be institutionalized. We want to use the waiver renewal to

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think about how to streamline access to services, particularly services available across other HCBS Waivers, such as the ALW Waiver, the MSSP Waiver. How might we think differently about streamlining access, expanding access to where there is unmet need, and as part of the larger healthcare system? How can we better connect these services with the larger system of care to eliminate the siloes and fragmented delivery system so more people have access to all of the services?

9. Counties are responsible for administering Medi-Cal benefits to persons with substance abuse disorders and serious mental illness, so I'm interested in learning how the HCBA Waiver program meets the needs, specifically the behavioral health needs, of participants. And then looking at opportunities to improve access to HCBA service for folks who have had mental health or SAD conditions, and that if they are participating in the program that their behavioral health needs are being well-coordinated along with their physical health needs as care management priorities.
10. We support the older population's access to home and community based services, and because of the pandemic has been particularly terrible for older adults, people with disabilities, and people of color, we are really trying to focus on how people can live safely in the community and in their home, and are not being forced into institutions – this is why we are interested in improving the HCBA Waiver and integrating it with the other HCBS programs within the state.
11. One of our Department's main goal is to keep people with disabilities in the community, as well as getting people back to the community and my goal is to see a better coordination and more streamlined system.
12. Create opportunity for program flexibility broadly, use prior waivers as an example. Component to allow CMS or state to have program flexibility, when certain things can't be met.
13. Streamlined collaborative process that is efficient for Waiver Agencies, waiver providers, and that creates the best experience for our waiver beneficiaries and improve quality outcomes for the clients we serve.
14. Engaging MCP, layer on different sources of benefits. How we can we continue to layer the services. Need rate variance for the different areas (rural vs. cities).
15. Looking for a more efficient way to manage the Waiver from a staffing point of view, reporting point of view, actual care management to the participant point of view, new provider enrollment point of view. It would be nice to see all components in one place, instead of having to ask repeatedly for different things is just not efficient as an organization. How can we make this more efficient for everyone involved?
16. We administer a couple of Waiver programs and the main thing we're hoping to get out of this are modifications to the Modify case management process, enrolment process, streamlining while meeting the needs of the Waiver Agency and the Participants, expanding services that waiver is able to offer so we are better able to meet more holistic needs of our participants, both medical and nonmedical needs of our participants.

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17. Streamlining the process between the Waiver and outside agencies to better serve the Medi-Cal participants. And also streamline the enrollment process to better to serve the beneficiaries.
18. Create an opportunity for program flexibility broadly, and would like to use examples of other Waivers such as the MSSP and HIV/AIDS Waivers that include a component within the waiver that allows the state to include flexibility when a component of the waiver can no longer be met. Program flex would allow us to address barriers.
19. How do we truly implement a No Wrong Door access to care? Wants to address consistency in access, consistency across areas – we provide services to many different counties and have very different experiences for each one – there are different funding streams, so we really want to answer that question about creating a true no wrong door system.
20. Better streamlined process to have access to HCBA services. Issue with bottleneck of consumers wishing to gain access to services – most challenging obstacle. Also, processes across Waiver Agencies are not consistent, we have good working knowledge working with each Waiver Agency; however, we would like to see better streamlined processes that are more similar and more consistent across the Waiver Agencies.
21. I wanted to ask about responsibility of the waiver program to work with managed care programs. I assume participants are Medi-Cal only or Duals...and therefore MC plans would also be paying attention to participants needs and might be providing their own case management. Likewise if person is a Dual what is the practice or policy to work with Medicare providers or even Medicare advantage plans?
22. Better system of getting patients off waiting list. Assessments faster, more staffing to allow for the Nurses to come and see the patients quicker, and reimbursement rate evaluated, especially with the COVID pandemic, costs have gone up significantly and the reimbursement rate that we are receiving is barely covering those costs.
23. Streamlined layering of services. No guidance outlined and it's back and forth about every single person. It is frustrating for providers and facilities when we cannot refer them back to guidance.
24. As a County Organized Medi-Cal Plan our responsibilities are a little different from regular Medi-Cal Managed Care Plans. So we want to understand how we can better coordinate with the waiver and for the continuity of care between systems. We look forward to learning a lot, and to providing information on the way managed health care can be provided to coordinate with the waiver.
25. Better and expanded access to this program and want to improve communication and collaboration to better support members receiving services.
26. Agree with [other workgroup member] that we need to address the silos of services to support the continuum of care. And to implement best practices to support participants.

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27. Echo and agree with a lot of what has been said by others, and want to see a more streamlined enrollment process that addresses the long waitlist.