



**Home and Community Based Alternatives (HCBA) Waiver
 HCBA Waiver Renewal Technical Workgroup Data
 Period: January 1, 2019 - June 30, 2020**



Demographics

Age Group	Participant Count	Age Group %
0-20	908	16%
21-64	3,871	66%
65+	1,078	18%
Total	5,857	100%

Level of Care (LOC)	Participant Count	LOC %
NFAB	4,188	72%
SubA	1,368	23%
ACU	34	1%
Null	267	5%
Total	5,857	100%

Gender	Participant Count	Gender %
Male	3,272	56%
Female	2,585	44%
Total	5,857	100%

Primary Language	Participant Count	Primary Language %
English	4,737	81%
Spanish	702	12%
Vietnamese	98	2%
Armenian	41	1%
Other Non-English	38	1%
Russian	37	1%
Cantonese	34	1%
Tagalog	33	1%
Farsi	26	0%
Mandarin	23	0%
Korean	16	0%
Hmong	15	0%
No Valid Data Reported (MEDS generated)	13	0%
Arabic		
American Sign Language (ASL)		
Other Sign Language		
Cambodian		
Lao		
Portuguese		
Other Chinese Languages		
Japanese		
No response, client declined to state		
Unknown		
French		
Mien		
Samoan		
Total	5,857	100%

Access to Services*	Participant Count	*% Access to Services
Enrolled in Managed Care	3,514	60%
Duals population (Medicare\Medi-Cal)	2,702	46%
CCT Transition	317	5%

*Access to Services percentages were derived by dividing Participant count per Services over total CIN count of 5,857

Ethnicity	Participant Count	Ethnicity %
White	2,342	40%
Hispanic	1,616	28%
Black	750	13%
No response, client declined to state	262	4%
Other	252	4%
Vietnamese	126	2%
Filipino	125	2%
Chinese	115	2%
Other Asian or Pacific Islander	99	2%
Asian Indian	55	1%
Korean	41	1%
Alaskan Native or American Indian	24	0%
Laotian	21	0%
Samoan		
Japanese		
Cambodian		
Hawaiian		
Guamanian		
Total	5,857	100%

County	Participant Count	County %
Los Angeles	1,514	26%
San Diego	472	8%
Orange	425	7%
Fresno	350	6%
Sacramento	344	6%
Riverside	315	5%
San Bernardino	271	5%
Alameda	267	5%
Contra Costa	169	3%
Santa Clara	168	3%
Kern	115	2%
San Francisco	113	2%
Sonoma	99	2%
Butte	99	2%
Shasta	90	2%
Stanislaus	89	2%
UNKNOWN	84	1%
San Joaquin	81	1%
Placer	81	1%
Tulare	79	1%
Ventura	78	1%
Solano	73	1%
Madera	41	1%
Santa Cruz	39	1%
San Mateo	39	1%
Yolo	36	1%
Nevada	34	1%
El Dorado	28	0%
Santa Barbara	26	0%
Tehama	25	0%
Kings	22	0%



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Merced	22	0%
San Luis Obispo	21	0%
Marin	20	0%
Sutter	18	0%
Monterey	18	0%
Tuolumne	14	0%
County	Participant Count	County %
Siskiyou	11	0%
Yuba		
Lake		
Napa		
Humboldt		
Calaveras		
Imperial		
Glenn		
San Benito		
Lassen		
Colusa		
Amador		
Sierra		
Del Norte		
Mariposa		
Plumas		
Mendocino		
Total	5,857	100%

Methodology: Pulled MEDCOMPASS Waiver enrollment report for 1/1/2019 through 6/30/2020. Used list of CINS to generate Demographics report, access to services data and cost and utilization. Cost calculation was derived for Waiver and State Plan using existing 372 template and excluded IHO, CCT, and FFS claims. Pulled utilization from TAR data for the same time period. Reported Community and Facilities enrollment count from MEDCOMPASS canned report. Transfers from EPSDT generated via Tableau using information gathered from Location at Intake (464 + 15). Institutionally Deemed participants were identified by Aid Codes 6X and 6Y per Program. Managed Care data extracted from Eligibility table and calculated by subtracting FFS participants versus Enrollment count. Dual population was identified as Medicare/Medi-Cal participants by Program. Data for dual was generated using Eligibility table and filtered for Dual. CCT Transition data was extracted from an existing CCT CIN file and compared versus HCBA enrollment file. Per Program request via email, break down average Waiver services cost by quarter. For cost neutrality figures, use the 18 month period.

Data Source: Demographics, Services, and Cost data (MEDS), Utilization (CMIS), CCT database, MEDCOMPASS for currently enrolled CIN population

Data Period: Data extraction period is between 1/1/2019 through 6/30/2020

Data Collection Date: Various data extraction dates between 1/15 through 1/26

Data Limitations: Level of Care (LOC) field is not a mandatory field that would result in missing values, claims data lag, WPCS authorization data is not available at this time, 29 CINs were identified as non-eligible during timeframe



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Utilization and Cost

Utilization		Utilization Period: January 1, 2019 through June 30, 2020				
WPCS	Program Type Code	Distinct Count of Recipient ID	% of Total Participants	Sum of Units Approved Number	Sum of Units Used Number	% Utilized
	3	2,940	49.95%	NA	372,541,762	NA
HCBA Waiver Services						
Procedure Code	Procedure Code Description	Distinct Count of Recipient ID	% of Total Participants	Sum of Units Approved Number	Sum of Units Used Number	% Utilized
T1016	Case management, each 15 minutes. Consists of the development of a treatment plan, ongoing case management activities and HCBS registered nurse supervisory activities of private duty services (individual or shared) provided by an HCBS LVN.	1,592	28.41%	248,193	114,741	46%
S9124	Nursing care, in the home; by licensed practical nurse, per hour. Individual private duty nursing services provided by a licensed vocational nurse (LVN) for individual and shared nursing care.	1,482	29.25%	6,325,032	4,865,976	77%
G9012	Other specified case management service not elsewhere classified. Transitional Case Management (TCM), per one-hour billing increment. Coordinated care fee, risk adjusted maintenance, other specified care management: Services provided to transition an IHO HCBS waiver eligible individual from a health facility to a home and communitybased setting. This includes the assessment of the individual's medical and non-medical needs, supports in the home and funding. TCM services may be provided up to 180 days before discharge from an institution.	627	11.51%	73,212	47,066	64%
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, Intermediate Care Facility/Mentally Retarded (ICF/MR) or Institution for Mental Disease (IMD), part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant). Supportive services to assist an individual to remain at home and includes assistance to independent activities of daily living and adult companionship.	488	8.50%	6,517,157	5,998,098	92%
T2038	Community transition, waiver; per service. Non-recurring set-up expenses for individuals transitioning from a licensed medical facility to the community where the person is directly responsible for his/her own living expenses. When claims are submitted for the same person with modifier HT and are submitted on the same or different days for different areas of the home, descriptions need to be included in the Remarks section of the claim or on an attachment describing the area of the home and work being done.	322	6.17%	901	680	75%
T2033	Residential care, not otherwise specified (NOS), waiver; per diem.	270	4.43%	106,290	90,249	85%
S9123	Nursing care, in the home; by registered nurse, per hour (use of general nursing care only, not to be used when CPT® codes 99500 thru 99602 can be used). Individual private duty nursing services provided by a registered nurse for individual and shared nursing care.	257	4.39%	603,691	431,868	72%



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S9122 Home health aide or certified nurse assistant, providing care in the home; per hour. Individual private duty services provided by a certified home health aide (CHHA) who is employed by a Home Health Agency and supervised by a registered nurse.	S9122 HOM HLTH AIDE/CERT NURSE ASST PROV CARE HOM; HR	186	2.83%	547,958	385,089	70%
T2017 Habilitation, residential, waiver; 15 minutes. Services to assist in acquiring, retaining and improving the selfhelp, socialization and adaptive skills necessary to reside successfully in a participant's natural environment.	T2017 HABILITATION RESIDENTIAL WAIVER; PER 15 MINUTES	169	3.07%	413,754	214,369	52%
S5165 Home modifications; per service. Environmental accessibility adaptations that consist of physical adaptations to the home, given the individual's unique physical condition and requirements necessary to enable the waiver recipient to receive care at home and to ensure the health, welfare and safety of the individual. Lifetime benefit limit.	S5165 HOME MODIFICATIONS; PER SERVICE	53	0.57%	62	48	77%
S5161 Emergency response system; service fee, per month (excludes installation and testing). Personal Emergency Response System (PERS) is an electronic device that enables individuals at high risk of institutionalization to secure help in the event of an emergency. Authorization is limited to individuals who: live alone or who are alone for significant parts of the day; have no regular caregiver for extended periods of time; and who would otherwise require extensive routine supervision.	S5161 EMERGENCY RESPONSE SYSTEM; SERVICE FEE PER MONTH	38	0.78%	659	488	74%
S5160 Emergency response system; installation and testing. Installation and testing of a Personal Emergency Response System (PERS) for individuals at high risk of institutionalization to secure help in the event of an emergency. Authorization is limited to individuals who: live alone or who are alone for significant parts of the day; have no regular caregiver for extended periods of time; and who would otherwise require extensive routine supervision.		5	0.04%	4	4	100%
T2035 Utility services to support medical equipment and assistive technology/devices, waiver. Reimbursement to the individual for utility costs limited to the portion of the utility costs attributed to the use of life sustaining equipment, such as ventilators, suction machines, monitors and feeding pumps. Assistive technology/devices are not covered by this waiver. Requests for less than \$20 per month will not be approved. Monthly.	T2035 UTIL SRVC SUPP MED EQP&ASSTIV TECH/DEVC WAIVER	4	0.06%	48	24	50%
T1005 Respite care services, up to 15 minutes. Intermittent or regularly scheduled temporary care and supervision provided to an individual in their home or in an approved out of home location.		1	0.01%	32	-	0%
Grand Total		3,158	100.00%	14,836,993	12,148,700	67%

Average Cost by Waiver Services	2019					2020		
	Qtr1	Qtr2	Qtr3	Qtr4	TOTAL	Qtr1	Qtr2	TOTAL
WPCS	\$ 7,952.32	\$ 8,535.50	\$ 8,591.05	\$ 8,702.28	\$ 27,164.14	\$ 8,146.74	\$ 8,338.71	\$ 15,132.67
G9012 OTHER SPECIFIED CASE MANAGEMENT SERVICE NEC	\$ 772.31	\$ 1,714.98	\$ 806.38	\$ 482.69	\$ 1,560.71	\$ 666.31	\$ 1,003.25	\$ 1,233.60
S5111 HOME CARE TRAINING FAMILY; PER SESSION	\$ 285.00	\$ 300.00	\$ 54.38	\$ 117.95	\$ 254.86	\$ 66.00	\$ 94.50	\$ 122.75



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S5161 EMERGENCY RESPONSE SYSTEM; SERVICE FEE PER MONTH	\$ 102.95	\$ 132.67	\$ 105.75	\$ 116.73	\$ 266.09	\$ 102.45	\$ 63.68	\$ 116.93
S5165 HOME MODIFICATIONS; PER SERVICE	\$ 700.00	\$ 975.75	\$ 4,268.38	\$ 5,000.00	\$ 2,452.00	\$ 2,267.83	\$ 4,120.75	\$ 3,091.35
S9122 HOM HLTH AIDE/CERT NURSE ASST PROV CARE HOM;-HR	\$ 11,026.04	\$ 13,045.99	\$ 15,370.23	\$ 14,632.98	\$ 41,725.81	\$ 15,936.57	\$ 17,072.77	\$ 29,481.36
S9123 NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	\$ 18,200.56	\$ 18,788.60	\$ 16,744.20	\$ 15,928.29	\$ 44,062.09	\$ 13,632.13	\$ 13,115.02	\$ 22,703.02
S9124 NURSING CARE IN THE HOME; BY LPN PER HOUR	\$ 27,613.18	\$ 29,995.72	\$ 30,339.00	\$ 30,005.36	\$ 102,637.41	\$ 29,175.11	\$ 29,930.04	\$ 55,332.07
T1016 CASE MANAGEMENT EACH 15 MINS	\$ 203.81	\$ 243.70	\$ 212.69	\$ 192.65	\$ 623.16	\$ 192.15	\$ 178.25	\$ 322.75
T1019 PERSONAL CARE SERVICES PER 15 MINUTES	\$ 10,848.21	\$ 10,509.60	\$ 10,564.30	\$ 10,442.41	\$ 36,012.94	\$ 9,707.27	\$ 9,860.75	\$ 17,549.42
T2017 HABILITATION RESIDENTIAL WAIVER; PER 15 MINUTES	\$ 5,185.32	\$ 5,114.35	\$ 5,458.97	\$ 4,984.85	\$ 14,642.76	\$ 4,861.19	\$ 4,850.96	\$ 8,700.04
T2033 RESIDENTIAL CARE NOS WAIVER; PER DIEM	\$ 30,854.29	\$ 32,103.63	\$ 32,679.27	\$ 29,400.53	\$ 102,563.56	\$ 30,359.57	\$ 29,968.02	\$ 55,955.14
T2035 UTIL SRVC SUPP MED EQP&ASSTIV TECH/DEVC WAIVER	\$ -	\$ -	\$ 103.13	\$ 78.91	\$ 130.48	\$ 168.75	\$ 204.69	\$ 373.44
T2038 COMMUNITY TRANSITION WAIVER; PER SERVICE	\$ -	\$ 1,966.48	\$ -	\$ 1,392.17	\$ 1,736.75	\$ 1,267.64	\$ 1,342.33	\$ 1,595.86

Claims Period: January 1, 2019 through June 30, 2020	
All State Plan and Waiver Services (Total cost of care)	
Total Waiver Cost	\$ 377,234,248.36
Unduplicated CIN count	5,886
	<u>\$ 64,090.09</u>
Total State Plan Cost	\$ 301,808,954.80
Unduplicated CIN count	5,886
	<u>\$ 51,275.73</u>

Or 6,409.21/month & 76,910.55/year

The \$115,365.82 is the annual average cost per participant for both waiver and state plan services.

The \$64,090.09 is the annual average cost per participant for waiver only.

The \$51,275.73 is the annual average cost per participant for state plan only.

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