WELCOME

February 10, 2016

Nursing Facility/Acute Hospital Waiver Renewal

Technical Workgroup Meeting # 2
NF/ AH Waiver Renewal Timeline

October 2015, Stakeholder Meeting
• North Meeting
• South Meeting

December 18, 2015, Technical Workgroup Meeting

February 10, 2016, Technical Workgroup Meeting

April 20, 2016, Technical Workgroup Meeting

May 2016, 30-Day Comment Period

July 2016, Stakeholder Meeting
• North Meeting
• South Meeting

September 2016, Waiver Renewal Due to CMS

January 2017, Proposed Waiver Effective Date
Topics to Cover

- Care Management Approach
- Waiver Capacity
- Care Management Entities
Care Management Approach

GOALS

Intensive and comprehensive care management ensuring stabilization and access to home- and community-based services (HCBS) interspersed with managing and anticipating episodes of medical crisis in which transitional care management is needed. The model of care should:

- Assess medical need(s) **including diagnosis, functional abilities, and cognitive abilities, environmental and social needs, and whole person assessment**
- Anticipate changes in health, **environmental, social, and functional status**
Care Management Approach
GOALS continued

- Understand and address existing barriers and challenges
- Anticipate changes in the supports and services system changes, while informing DHCS of challenges
- Care planning to mitigate risk
- Provide linkages to community-based services
- Monitor delivery and quality of services and changes in health and functional status
- Adjust care plan, as appropriate
- Community Living Services Agency: Combination of several HCBS programs.
Model of Care Assessment

NF/AH Current Assessment Structure
Basic clinical case management model in which a case manager serves to:
• Assess eligibility for the program
• Assess level of care (LOC) **barriers**
• Assess needed services
  – Variations in other programs have direct impact on NF/AH services
• Coordinate and monitor ongoing services/care
• **Explain POT and assist with person-centered care plan development**
Model of Care Assessment

Level of Care Assessment Process:

• Face to face by case manager (DHCS RN)
• Complete the medical report/assessment tool (IMS/CMR)
• Review the Plan of Treatment (POT) and submitted medical documentations
• Review of Title 22 criteria for LOC
• Assist waiver participant and/or authorized representative with selection of waiver services and providers
• Reassessment, which determines ongoing eligibility and services/care
• **Don’t exceed cost cap**
Models of Care

Milliman & Robertson

• Diagnosis Based

Interqual

• Acuity Based

Other Waivers: **Specific disabilities or target populations.**

• DD: Diagnoses Based (DD/ID)

• MSSP: Functional and Cognitive Based

• ALW: Functional Based
HCBS Standardization Tools & Process

• Promoting integration: streamlining, standardization, and effective administration across long-term care (LTC) waivers
  – ALW and CCT assessment tool

• New proposed care management process
  – CMS person-centered expectations
  – Assessment and care management activities performed by Care Management Agencies (CMAs)
• Per CMS, “Person-centered planning is a process, directed by the participant, intended to identify the strength, capacities, preferences, needs and desired outcomes of the participant.”
• Individuals take a more active role in their treatment planning.
• Does not mean simply giving whatever is wanted. Instead, it requires providers to take into account and to base decision making process in which the person plays a central role.
Person Centered Planning (cont.)

• Health care does “to” or “for”. This process does “with”.
• Improves the waiver participant’s outcomes
• Enhances the waiver participant’s experience
NF/ AH Model of Care Recommendations

• Standardize tools and processes
• Assessment tool(s) – **Single Entry into Waivers**
• Assessment process
• Care management structure
• **Chronic Case Management under HHA provider type**
• **Maximizes Medicare HHA benefits**
Waiver Capacity and Enrollment GOALS

• Facilitate timely waiver enrollment and decrease or eliminate the waitlist
• Reduce enrollment length of time between referral and waiver services
Waiver Capacity

Current Capacity – 3,792 slots

New waiver slots are allocated annually based on the level of care:

• NF A/B Level of Care (LOC) – 110
• Subacute LOC – 50
Waiver Capacity

• Number of individuals on NF/AH waitlist:
  – As of December 2015, approximately 1,800 individuals

• Average number of individuals enrolled on NF/AH waitlist (LOC NF-B) per year:
  – 400 individuals*

• Average number of waiver participants enrolled on NF/AH per year (all LOC):
  – 250 individuals*

*Based on three years of information (2012-15)
Waiver Enrollment

Enrollment types across LOCs:

- Community (50%)
- EPSDT Age-Out* (15%)
- Long Term SNF* (33%)
- Acute Hospital* (2%)

% - percent for the enrollment type out of total enrollment

*Enrollment types are categorized as priority enrollments
NF/ AH Capacity and Enrollment Recommendations

• January 1, 2017, increase **beyond clearing the waitlist and anticipate unmet need**

• Annual capacity increases

• Enrollment goals:
  – Priority enrollment
  – Incentivize institutional transitions
  – **Free up existing dollars to meet needs and serve more people**
# Care Management Entities

<table>
<thead>
<tr>
<th>Function</th>
<th>NF/AH Waiver</th>
<th>DD Waiver</th>
<th>MSSP Waiver</th>
<th>AIDS Waiver</th>
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</thead>
<tbody>
<tr>
<td>Participant waiver enrollment</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
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<tr>
<td>Waiver enrollment managed against approved limits</td>
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<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Waiver expenditures managed against approved levels</td>
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<td>X</td>
<td>X</td>
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<tr>
<td>Level of care evaluation</td>
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<tr>
<td>Review of Participant service plans</td>
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<tr>
<td>Prior authorization of waiver services</td>
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<td>X</td>
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<tr>
<td>Utilization management</td>
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<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Qualified provider enrollment</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Execution of Medicaid provider agreements</td>
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<tr>
<td>Establishment of a statewide rate methodology</td>
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<tr>
<td>Rules, policies, procedures and information development governing the waiver program</td>
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<tr>
<td>Quality assurance and quality improvement activities</td>
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Similar CMA Functions Across DD, MSSP, and AI DS Waivers

• Assessment, intake & outreach
• Service plan implementation, service arrangement, and purchasing waiver services
• Maintaining, monitoring, and recruiting an appropriate array of qualified service providers
• Developing progress reports
• Performing evaluations/reevaluations
• Developing and maintaining backup service plans
• Assuring access to bilingual service providers and interpreter services
• Addressing the health and welfare needs of each participant on an ongoing basis
Similar CMA Functions Across DD, MSSP, and AI DS Waivers

- Educating the participant on how to report instances of abuse, neglect, and exploitation
- Providing grievance policies and procedures to each participant
- Developing corrective action plans
- Informing participants (or their representative) of service alternatives and choice of living arrangements
- Maintaining and storing waiver participant records
- Reporting critical events and incidents
- Providing case management and developing person-centered service plans
- Quarterly face-to-face visits monitoring the participant’s health, safety, and well-being. Assess the effectiveness of services and monitor progress in meeting identified goals
- Emergency planning
# Different CMA Functions Across DD, MSSP, and AIDS Waivers

<table>
<thead>
<tr>
<th>OHCDS Activity</th>
<th>DD</th>
<th>MSSP</th>
<th>AIDS</th>
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</thead>
<tbody>
<tr>
<td>The Interdisciplinary Team Case Conference (IDTCC) is held for each client at least every 90 days.</td>
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<tr>
<td>Provides enhanced case management (at a minimum, face to face monitoring every 30 days for the first 90 days after transition to the community) for individuals moving from developmental centers to community living arrangements.</td>
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<tr>
<td>Manages waitlist</td>
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<tr>
<td>Limitation on the Number of Participants Served at Any Point in Time</td>
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<tr>
<td>Provides annual client satisfaction surveys to all waiver clients</td>
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<tr>
<td>Establishes and implements policies and procedures for provider enrollment, criteria for admission and services to clients in a residential facility, and abuse, neglect and exploitation.</td>
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</tbody>
</table>
Care Management Agency Enforcement

• State responsible for administrative authority:
  – Provides technical assistance regarding state and federal guidelines, contract provisions, and departmental policies.
  – Provides oversight and monitoring of the local sites' compliance with their program and contract requirements.
  – Performs a performance review every 24 months for each organized health care delivery system.
  – Monitors and facilitates access to services for limited English proficient persons.
Care Management Agency Enforcement

• State responsible for waiver compliance:
  – Ensures that areas of non-compliance are remediated
  – Monitors compliance through the receipt of progress reports, program compliance reviews, periodic technical assistance visits, ongoing telephone contact, and reviews of written policies and procedures
  – Maintains client database
  – Reviews of each community residential setting to ensure services are consistent with the program design and applicable laws
Care Management Agency Enforcement

• State responsible for financial integrity and health, welfare, and safety of participants:
  – Ensures case documentation supports the level of care, evaluations and reevaluations are timely, and documentation has been completed by the appropriate staff
  – Performs fiscal audits and completes follow-up reviews
  – Reviews, approves, and monitors corrective actions plans
  – Reviews participants charts and investigates health and safety complaints, grievances, and instances of abuse, neglect, and exploitation
  – Maintains a formal quality improvement/assurance system to monitor quality control, provider standards, plans of care, and the services provided to participants
Care Management Entities

MSSP, DD, and AIDS Waiver Strengths and Qualifications:

• Comprehensive care management
• Local support
• Monthly monitoring by phone
• Maintains an array of qualified providers
• Conducts annual client satisfaction surveys to all waiver clients
• Provides at least three provider options for each service, if possible
MSSP Waiver Administration Process

- Implements MSSP Waiver
- Contracts with local governmental/private non-profit agencies
- Supervises CDA through an interagency agreement
- Ensures overall technical/programmatic compliance and administrative oversight.
- Central point of contact for CMS

- Administers MSSP Waiver

Department of Health Care Services Long-Term Care Division (DHCS LTCD)

Department of Aging (CDA)

Local Government/Private Non-profit Agencies
AIDS Waiver Administration Process

Department of Health Care Services Long-Term Care Division (DHCS LTCD)

- Supervises CDPH/OA through an interagency agreement
- Central point of contact for CMS

California Department of Public Health/Office of AIDS (CDPH/OA)

- Administers AIDS Waiver
- Performs monitoring and oversight of local waiver agencies

Local Waiver Agencies

- Subcontract with qualified providers to provide direct care services and case management
DD Waiver Administration Process

- Oversees DD Waiver
- Central point of contact for CMS

Department of Health Care Services Long-Term Care Division (DHCS LTCD)

Department of Developmental Services (DDS)

- Administers DD Waiver through interagency agreement with DHCS
- Contracts with Regional Centers

Regional Centers

- 21 private, non-profit corporations
- Coordinate and provide community-based services
ALW Administration Process

- Oversees ALW Waiver
- Central point of contact for CMS

Department of Health Care Services Long-Term Care Division (DHCS LTCD)

Care Coordination Agencies (CCA)

- Contracts with DHCS
- Manages and coordinates care with direct service providers

Provider Network

- ARF, RCFE, HHA
- Coordinate and provide community-based services
NF/ AH CMA Structure Recommendations

• Care Management Agency Types
• CMA Qualifications
• CMA Roles and Responsibilities
• Self-direction for those who can (financial manage)
Looking Ahead

• Technical Workgroup Meeting on April 20, 2016 – Cost Neutrality and Fiscal Structure

Objectives

• Discussion of NF/AH Waiver cost neutrality and fiscal methodology
• Opportunities for change
• Solutions to address challenges
NF/ AH Waiver Renewal Timeline

May 2016 – 30-Day Comment Period
• The state opens the 30-day comment period on draft waiver proposal

July 2016 – Stakeholder Meetings
• North Meetings – Redding, Sacramento
• South Meetings – San Diego, Fresno, Los Angeles
• September 2016 – Waiver Renewal Due to CMS
• January 2017 – Proposed Waiver Effective Date
Questions & Answers