

Department of Health Care Services (DHCS)
Home- and Community Based Alternatives (HCBA) Waiver
Solicitation for Applications (SFA)
Questions and Answers

Original Post: October 31, 2017

Application Format Requirements

Question. Will DHCS consider an extension of the previously communicated application submission deadline of November 15, 2017?

Response. Yes, due to the level of interest DHCS has received since posting the SFA, DHCS has extended the SFA period to ensure all entities have sufficient time to assess HCBA Waiver program requirements and complete/submit an application. The new application submission deadline is December 15, 2017.

Question. Should the line spacing for the Narrative sections be single, double, or 1.5?

Response. There are no requirements for line spacing. Applicants must meet the following identified formatting requirements:

1. the application is in 12-point Arial font
2. each page has a one-inch (1") margin at the top, bottom, and both sides
3. the maximum number of pages allowed for each narrative section is not exceeded

Question. Should the submission have single or double-sided pages?

Response. There are no requirements for single- or double-sided pages. However, if an applicant chooses to print their application double-sided, each side of the page is counted as a single page.

Question. Is the sequential pagination just for each section or continuous from the beginning to end of the full application document?

Response. Sequentially paginate the application as a whole, from beginning to end.

Application Submission

Question. You state if we chose to hand deliver we must pre-schedule a delivery time, can we call now to schedule that time? If we are late for our scheduled time, i.e. of 3pm, will you

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still accept our package if it is there before 4pm? We must drive approximately 2 hours to get to your office in Sacramento.

Response. Applicants may pre-schedule an application delivery time at any time between now and 5:00 p.m. on December 14, 2017.

If an applicant does not arrive at the pre-scheduled time of delivery, DHCS cannot guarantee that a staff person will be available to meet the applicant in the lobby; however, DHCS will do everything within its power to have a staff person available in the lobby between the hours of 8:00 a.m. and 4:00 p.m. on December 15, 2017.

Applications will be accepted until 4:00 p.m. on December 15, 2017.

Organizational Structure

Question. Does DHCS have any preference for regional collaborative applications or do they prefer individual applications?

Response. DHCS will award contracts to the most qualified and able individual or collaborative applicant.

Question. How many case management agencies is the state looking for, and in what areas?

Response. DHCS will award contracts to the most qualified and able applicants throughout the state. Ideally, every county in California would be served by a Waiver Agency.

Question. Does DHCS intend to allow multiple agencies to serve the same geographic area? [We] may submit an application if we were only responsible for participants who are our Members. It would be awkward to administer this program for [members enrolled in other health plans]. And it would be beyond our scope to administer this program for FFS [fee-for-service] Medi-Cal recipients in managed care excluded geographic areas.

Response. DHCS reserves the right to determine the number of agencies it will approve to operate in a specified geographic area. In most instances, DHCS envisions selecting a single Waiver Agency per County but in areas with larger population concentrations, it may be necessary to identify more than one Waiver Agency to

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meet workload/staffing capacity requirements. For example, in Los Angeles it is anticipated that multiple Waiver Agencies will be needed to serve the entire population. The division of LA County will depend entirely on the number and type of applicants applying to become Waiver Agencies.

* Applicants may receive contract awards to serve multiple counties if they demonstrate they are the most-qualified organization applying to serve the area.

Question. Are Medi-Cal Managed Care Plans eligible to apply to be a Waiver Agency?

Response. Yes, Medi-Cal Managed Care Plans (MCPs) are eligible to apply to be a Waiver Agency. Please note that waiver participants are not allowed to be concurrently enrolled in the following managed care delivery models:

- Cal MediConnect Demonstration plans
- Senior Care Action Network (SCAN) Health Plan
- Program of All-Inclusive Care for the Elderly (PACE) plans

Beneficiaries enrolled in these models are excluded from enrollment in a 1915(c) waiver because they are required to receive all Medi-Cal funded services (traditional state plan and long-term services and supports (LTSS) / home- and community-based services (HCBS)) through these models.

Question. Could you clarify whether PACE plans are eligible to become HCBA waiver agencies?

Response. Yes, PACE plans are eligible to apply to become Waiver Agencies. Please note that Waiver participants are not allowed to be concurrently enrolled in a PACE plan.

Should a PACE Organization apply to become a Waiver Agency, they would be required to provide Waiver services as a completely separate line of business for those not enrolled in a PACE plan. Beneficiaries enrolled in a PACE plan are required to receive all Medi-Cal funded services (traditional state plan and LTSS/HCBS) through the PACE Organization.

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Question. Can DHCS please confirm our understanding that an MSSP [Multipurpose Senior Services Program] site cannot participate as a waiver agency/entity to administer the HCBA Waiver program?

Response. An MSSP site can apply to become a Waiver Agency if they meet the minimum requirements and provide the HCBA Waiver as a separate line of business. Medi-Cal beneficiaries are only eligible to enroll in a single HCBS Waiver at a time. Therefore, an MSSP site could apply to become a Waiver Agency to serve non-MSSP participants.

Question. Can a nonprofit community based organization who is not a “qualified Managed Care Health Plans (MCHP), Public Hospitals, Organized Health Care Delivery Systems (OHCDs), and City/County Health and/or Social Services Departments” qualify to apply?

Response. Yes, as long as the organization meets the minimum criteria included in the SFA and attached contract Scope of Work.

Question. Can a provider that is a home health agency or a personal care agency apply to be a contracted waiver agency?

Response. Yes, as long as the organization meets the minimum criteria included in the SFA and attached contract Scope of Work.

Question. If an applicant is applying as an individual organization, will it need a home health agency as part of application?

Response. As long as the organization meets the minimum criteria included in the SFA and attached contract Scope of Work it is eligible to apply to become a Waiver Agency. Note: Waiver Agencies are responsible for providing Comprehensive Care Management services provided by a Care Management Team (CMT), which must be comprised of a Registered Nurse (RN) and a Social Worker with at least a Master’s in Social Work (MSW).

Question: If a collaborative application is submitted, what is the role of a home health agency if one is part of the application?

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Response: The applicant would be required to describe that in their application.

Target Population

Question: What kind of Medi-Cal are eligible participants on? (SFA, Section B.1.A, Goals). Are any aid codes excluded?

Response. HCB Alternatives Waiver Participant Eligibility criteria can be found in Exhibit A, Attachment I, Provision 1. A. of the HCAB Waiver Agency Contract.

Question. Is the target population of HCB Alternatives Waiver, in fact, limited to persons who are developmentally disabled or substantially disabled or, is it **any** Medi-Cal eligible person who (a) wishes to transition from a medical facility to a home or community setting or, (b) resides in the community but is at risk of being institutionalized within the next 30 days?

Response. HCB Alternatives Waiver Participant Eligibility criteria can be found in Exhibit A, Attachment I, Provision 1. A. of the HCAB Waiver Agency Contract.

Question. If an individual is being served within a whole person care program [WPC], are they also eligible to receive services from the HCBA Waiver?

Response. This would need to be evaluated on a case-by-case basis since each WPC pilot is unique, but the likely answer is no. If the WPC program is funding any services that are duplicative of services available through the HCBA Waiver (i.e. care management) then a beneficiary cannot be enrolled in both the WPC program and the HCBA Waiver.

This does not disallow a lead or participating entity in the WPC program from applying to operate as a Waiver Agency for the HCBA Waiver. It simply means that it would need to monitor enrollment to ensure beneficiaries enrolled in the HCBA Waiver are not enrolled in the WPC program.

Applicant Capacity Narrative

Question: Can the “brief history” of the organization and list of Medi-Cal providers be limited to applicable departments or lines of business within the organization? Can the list of Medi-

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Cal providers be limited to a certain number of years? Larger and older organizations such as ours are at a competitive disadvantage given the 7-page narrative limit. In addition, some of this information, which may date back decades or more, is difficult or impossible to obtain by the application deadline

Response: Applicants may choose to limit historical information to applicable departments or lines of business.

Question: If the applicant identifies two counties as their geographical area, how many contracts will there be between the applicant and DHCS? (SFA, K.3.a.3) (eg: for two counties, will there be two separate contracts?)

Response: DHCS will issue a single contract per selected awardee, which may include multiple counties.

Question. If more than one applicant services a geographical area, will there be an overlap of service areas?

Response. DHCS reserves the right to determine the number of agencies it will approve to operate in a specified geographic area. In most instances, DHCS envisions selecting a single Waiver Agency per County but in areas with heavier population concentrations, it may be necessary to identify more than one Waiver Agency to meet workload/staffing capacity requirements. For example, in Los Angeles it is anticipated that multiple Waiver Agencies will be needed to serve the entire population. The division of LA County will depend entirely on the number and type of applicants applying to become Waiver Agencies.

*Applicants may receive contract awards to serve multiple counties if they demonstrate they are the most-qualified organization applying to serve the area.

Question. If a case management agency is approved to manage a particular zip codes does that mean that they have to accept all patients in that particular zip code or can they choose?

Response. All eligible participants within a service area must be served by the contracted Waiver Agency.

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Question. Do we have to specify the zip codes for counties that are large?

Response. No. Applicants are only required to specify their requested service area by zip code if they are not requesting a whole county(ies).

Question. Can involvement as a Provider in the DHCS' ALW [Assisted Living Waiver] and CCT [California Community Transitions] Programs be cited as examples of projects that involved similar services?

Response. Yes

Model of Care Narrative

Question. If a CMT staff member serves participants at all different acuity levels, how is caseload ratio adherence to be calculated?

Response. As percentages of the whole.

Question. What is the maximum number of participants that a waiver agency is expected to serve? Can a waiver agency restrict capacity?

Response. DHCS is seeking applicants that will be able to continue to serve new participants as slots are added to the cap each year of the waiver term. One of the requirements of Waiver Agencies is that they have the capacity to serve the entire Waiver population in the proposed service area. Waiver Agencies are not authorized to cap enrollment for their service area.

Question. What is the patient census minimum expectation per waiver agency?

Response. At minimum, the applicant must demonstrate the capacity to serve the contracted waiver service area and to continuously enroll eligible new participants onto the waiver as slots become available. Current County enrollment counts and population projections are included in Appendix 3 of the SFA; which is available at: http://www.dhcs.ca.gov/services/ltc/Documents/Appendix_3_Projections_by_County.pdf.

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Question. Can the Social Worker have a Master's Degree in a relevant degree other than Social Work? E.g.: psychology, counseling, rehabilitation, gerontology or sociology.

Response. The Master's degree must be for Social Work.

Question. Can non-MSW staff overseen by an MSW provide follow-up case management services as part of the CMT? Same with Transition Case Management services? This is staffing level was allowed under CCT.

Response. No, Comprehensive Care Management services may only be provided by an MSW.

Question. Waiver Administration questions A-C: Do you specifically require a written description of the processes for Administrative review of LOC [level of care], POT [Plan of Treatment] and service authorization? May copies of actual forms be substituted or added as supportive addendum?

Response. Applicants may include examples from forms, but the content would count towards the total number of pages allowed for the narrative (we will not accept supportive addendum). In addition, DHCS is interested in the thought behind the content. What policies or requirements are decisions based on? How are POTs developed? Etc. Please develop a detailed description to provide an overview of the applicant's experience with these processes. Evaluators will not review pages in excess of the 20-page limit for the Model of Care Narrative section.

Fiscal Stability

Question. How is financial solvency demonstrated? What is the purpose?

Response. DHCS will evaluate the application responses to the Funding section of the Business Plan Narrative to determine whether the applicant has demonstrated financial solvency. Applicants must show that they are well positioned financially to take on the role of a Waiver Agency.

Question. Is the dollar amount of \$3,870 a real average to be used in the proposal or just an example? If it is a real number, can you provide any differentiation of services by geographic

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area and clients? In other words, are there outliers in this calculation that we should be aware of when calculating budgets. For example, is the cost of care in LA the same as in Butte County? If there are a few participants that drive the costs down or up who are they and how are they identified and where do they reside?

Response: \$3,870 is the average used in the Waiver Application approved by the federal Centers for Medicare and Medicaid Services (CMS) based on actual Waiver direct service cost experience. The amount was not differentiated by geographic area, and it is an aggregation of participants at all of the levels of care. The cost of direct waiver services is based on the published Medi-Cal rates.

It should also be noted that the cost experience for two prior waiver services (Case Management and Transitional Care Management) was built into the new Comprehensive Care Management waiver service for which Waiver Agencies will receive a per member per month (PMPM) payment. The cost for those two waiver services was not built into the \$3,870 average cost.

Question. What are the services and the breakdown of those HCBS services that comprise the \$3,870 per waiver participant? In other words, how did you get to the \$3,870 per waiver participant? Does this number \$3,870 represent the total expenses by member by month/year?

Response. The amount of \$3870 is the aggregated average of the total monthly cost of providing all waiver services. It should also be noted that the cost experience for two prior waiver services (Case Management and Transitional Care Management) was built into the new Comprehensive Care Management waiver service for which Waiver Agencies will receive a PMPM payment. The cost for those two waiver services was not built into the \$3,870 average cost.

Question. Why do you not want to accept financial information from a bank that provides a line of credit to the organization for cash flow needs? Your comment states attach a copy of the most recent financial year to date financial statements of the applicant, excluding banks? Please explain.

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Response. Applicants must submit financial statements for their own organization and any organizations providing loans/other financing arrangements, but are not expected to request audited financial statements from their bank.

Question. Are the most recent year's audited financial statements, as described, sufficient to submit alone or must such an applicant also submit a copy of the most recent year-to-date financial statement?

Response. Applicants must attach a copy of the most recent year-to-date financial statement of the applicant. Applicants are not required to submit audited financial statements if they do not have them, but DHCS will award additional points if they are provided.

Question. May we limit financial projections to the applicable departments or lines of business within the organization?

Response. Yes

Question. If your intent was to have existing CCT sites be waiver providers, why have the requirement that they have millions of dollars in reserve (financial test calculation you provided yields that in larger counties)?

Response. CCT sites that meet the minimum requirements included in the SFA and Waiver Agency contract may submit an application in response to this SFA. To be selected as a Waiver Agency, an organization must be able to cover 2 months of direct service costs for all of their participants to ensure there are no breaks in services.

Question. In removing transitions funding specifically, and creating a team with extremely high ratios and expensive staffing requirements, how do you make the case for being able to make/fund the transition?

Response Waiver Agencies will receive a PMPM Comprehensive Care Management payment by acuity level upon participant enrollment into the waiver. Historical utilization of the Transitional Case Management waiver service was built into the

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Comprehensive Care Management rate to account for case management services necessary during a transition.

Additionally, the Comprehensive Care Management benefit is required to coordinate usage of the Community Transition waiver service. This waiver service can be utilized to fund services/costs (up to \$5,000) incurred during a transition from an institutional setting to a home or community-based setting. Eligible services include but are not limited to security deposits, home modifications, vehicle modifications, etc. The Waiver Agency would bill the Medi-Cal fiscal intermediary (FI) directly for this waiver service.

Question. If the transition is unsuccessful or if it takes over six months, how will providers be made whole financially?

Response. Selected Waiver Agencies will receive a PMPM Comprehensive Care Management payment by acuity level upon participant enrollment into the waiver.

Payment

Question. Will waiver agencies have to submit claims to the state or will it be an automatic payment?

Response. Waiver Agencies will be responsible for authorizing waiver services through waiver providers in their provider network. Upon verification that the service has been provided, the Waiver Agency will submit claims to the Medi-Cal FI for all direct waiver services authorized through their provider network. The Waiver Agency is required to pay providers for an authorized service within 45 days of receipt of a claim from the provider.

PMPM payments for Waiver Administration and the Comprehensive Care Management waiver service will be automatically generated by DHCS based on enrollment data.

Question. When will payment be made to waiver agencies?

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Response. PMPM payments for Waiver Administration and the Comprehensive Care Management waiver service will be automatically generated by DHCS based on enrollment data at the end of each month.

Question. Will the waiver agency have a direct contact to the Medi-Cal fiscal intermediary for support on claim payments, specific to the HCB Alternatives Waiver? Will it be a one-on-one contact?

Response. Waiver Agencies will be responsible for working with the FI to address claims payment questions/issues.

Question. Will claims submissions to the FI be in a specific format (ie, paper or electronic)?

Response. Yes. Waiver Agencies will be required to submit claims to the FI in a format approved by the FI.

Question. Can you assure that once Waiver Agencies submit claims to Medi-Cal they will be reimbursed within 60 days?

Response. Undisputed claims should be reimbursed within the stated timeframe.

Question. Will there be annual advance payment, similar to the MSSP program?

Response. No

Question. Is there a possibility that the state will provide a partial payment upfront (similar to the way Medicare pays their providers)?

Response. No

IT Requirements

Question. Is the MedCompass software provided to the waiver agency free of charge and free of monthly or yearly maintenance fees?

Response. DHCS is currently working with the vendor to determine MedCompass licensure payment mechanisms and whether there will be costs passed down to Waiver Agencies.

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Question. Can we look at a print out of the data fields that are being collected? Can we get access to the software prior to being selected as a contractor to look at the software and develop workflows that will ensure we can collect the required data for the system? If no, can you provide us with a required data fields that must be collected for this project?

Response. No, DHCS will not provide software access to entities during the application process.

Question. Could we get more information about MedCompass and why Silverlight is required for users to run it? Or is there a technical point of contact that our agency's IT staff could contact with specific questions about it, such as information on the software (website, links, documentation, etc...)?

Response. AssureCare is releasing a new look and feel that will not require Silverlight. We are verifying with the developer whether the provider-interface will require Silverlight to access MedCompass. Silverlight comes with Microsoft Office as an available download.

Question. Given that many waiver agencies have their own electronic health record systems, what level of additional duplicate documentation will be expected within MedCompass database? Is there an opportunity to develop an export file that communicates between waiver agency's database and MedCompass?

Response. DHCS will not develop export files to communicate between MedCompass and specific Waiver Agency databases/Electronic Health Records (EHR) systems.

Required Data

Question. So that we can make a sound decision, we need more data. We need to know who are the current providers for the Waiver services in each of the counties – and what services are the current waiver clients receiving. For example, how many people are getting LVN [Licensed Vocational Nurse]/RN shift services, WPCS [Waiver Personal Care Services], etc. Where can we get this information?

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Response. DHCS can provide listing of existing waiver providers by provider type and county upon request. Please note that due to provider/beneficiary confidentiality rules the listing of Individual Nurse Providers (INPs) and WPCS providers will be de-identified. Waiver Agencies will receive full provider lists upon notice of award. Requests must specify the county(ies) the information is being requested for and must be submitted to the HCBAAlternatives@dhcs.ca.gov email inbox. Specific provider information will be provided to those applicants that are selected to be Waiver Agencies. Applicants should describe in their submission all connection(s) to existing HCBS providers.

Question. The health plan eligibility files do not have an indicator that shows which assigned Members are in the NF/AH Waiver program currently. Does DHCS have that information and can it be sent to the health plans?

Response. DHCS is able to identify beneficiaries enrolled in the HCBA Waiver. This information can be shared with MCPs if selected to operate as a Waiver Agency. DHCS is also in the process of creating a secondary aid code that will be assigned as an identifier to all HCBA Waiver participants.

Question. Can you provide a list of providers by County that are currently contracted with the state to provide existing HCBS Waiver Services?

Response. We do not post a listing of specific providers, as some provider information is protected health information. DHCS can provide listing of existing waiver providers by provider type and county upon request. Please note that due to provider/beneficiary confidentiality rules the listing of INPs and WPCS providers will be de-identified. Waiver Agencies will receive full provider lists upon notice of award. Requests must specify the county(ies) the information is being requested for and must be submitted to the HCBAAlternatives@dhcs.ca.gov email inbox.

Question. Will the state please provide the most recent 1-year data on this waiver's enrollments per zip code? If not, then please clarify on what basis projected service levels should be based.

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Response. Yes, this data has already been built into the enrollment trend analysis included as Appendix 3 of the SFA; and, is available at:
http://www.dhcs.ca.gov/services/ltc/Documents/Appendix_3_Projections_by_County.pdf.

Appendix 3 – Participant Projections

Question. Does Appendix 3 reflect projections for how many people are eligible to participate or how many slots will be funded in each county?

Response. Appendix 3 illustrates the total number of slots DHCS included in the Waiver Application to CMS for authorization. Projected enrollment is based upon current waiver enrollment and waitlist placement for each county and trended to project growth based upon additional waiver slots approved in the waiver renewal.

Suggested Test Phase

Question. Why is there no test roll out period? Try with one county or a limited number to see what works and what doesn't. These are critically ill/compromised folks, why would we just launch right into something you aren't sure will work?

Response. This question is not related to the HCBA Waiver SFA process. That said, DHCS is providing Waiver Agency training, conducting readiness review, and performing ongoing monitoring and oversight to ensure the health and safety of Waiver Participants.

Question. What is in place if this does not work to ensure the Olmstead rights are being upheld?

Response. This question is not related to the HCBA Waiver SFA process. The waiver is specifically designed to both prioritize the transition of qualified individuals from institutional settings back to home/community settings; and to divert qualified individuals from placement in an institutional setting.

Question. What is the plan for the roll out of this program? Can there be a discussion regarding a test phase of this project where the selected waiver agencies are given 1 county to work

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with and develop standard practices and work out the bugs and procedures from a variety of issues that no doubt will develop and come up.

Response. Applicants are expected to demonstrate the capacity to serve the areas applied for, at their existing level of enrollment, as of the Waiver Agency model implementation date of April 1, 2017. DHCS will work with selected Waiver Agencies to assess and validate readiness prior to the April 1, 2017 implementation date.

Proposed Award Schedule

Question. If the award notifications are sent earlier than expected, will there still be a 3-month window before the contract start date?

Response. Award notifications will go out no sooner than February 1, 2018

Question. Are there more details concerning what the initial rollout of the program will look like? What will be going on between January 1 and April 1 that the awarded Agencies should be preparing for?

Response. Upon announcement of awards, DHCS will work with selected Waiver Agencies to complete program implementation functions that will include but are not limited to the execution of Data Use Agreements, transfer of case files, Waiver Agency training, MedCompass training, and readiness review and validation.

Question. What will be the training period for waiver agencies and start-up times? It seems very unlikely that this program will be fully up and running and functional by April 1, 2018? Can you discuss and provide detail on this? What will happen to the beneficiaries currently receiving waiver services?

Response. DHCS will send Data Use Agreements to selected awardees with the notice of award on February 1, 2018. Data transfer will begin as soon as the data releases are authorized by DHCS (projected for late February or early March). Waiver Agency training will begin immediately after award notifications go out. Direct Care providers will be notified in March. DHCS will begin readiness reviews in March and caseload will not be transferred to providers until the contract is fully executed and

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DHCS has determined that the Waiver Agency is ready to take over the participant caseload.

Miscellaneous

Question. Will there be additional application periods in the future or is this the only planned application window for now?

Response. There are no additional application periods planned at this time, however, DHCS reserves the right to post additional SFAs if the Waiver Agency awards made are insufficient to cover existing waiver participation or it is determined to be in the best interest of the State to do so.

Question. Can I request the list of participants in the call so I may collaborate with potential partners in my area that may be interested in this program? You can share my information with anyone else calling into this question and answer period.

Response. No. Until awards are announced, all information pertaining to the SFA and potential applicants is confidential.

Question. Is there a waitlist for the HCBA Waiver (formerly the Nursing Facility/Acute Hospital (NF/AH) Waiver)? Can we still send a request/application for potential candidates for the waiver?

Response. Yes, there are currently 2,580 Medi-Cal beneficiaries on the waitlist for the HCBA Waiver. DHCS enrolls individuals onto the Waiver from the waitlist (in the order received) or directly if the individual qualifies for priority enrollment. DHCS received approval through the waiver renewal to increase waiver capacity by 5,000 additional enrollment slots, which are to be phased in over the five-year waiver term that began January 1, 2017 and runs through December 31, 2017.

If a candidate is enrolling from the community, he or she will be placed on the HCBA Waiver waitlist and will be opened to waiver enrollment in the order received, based upon available waiver slots.

Note: DHCS will continue to accept questions about the HCBA Waiver SFA, through the HCBAAlternatives@dhcs.ca.gov email inbox, through November 30, 2017. DHCS will add new questions with responses to this document on an ongoing basis.

Department of Health Care Services (DHCS)
Home- and Community Based Alternatives (HCBA) Waiver
Solicitation for Applications (SFA)
Questions and Answers

Original Post: October 31, 2017

If a candidate is either, 1) enrolling from a facility in which he or she has resided for 90 or more days; OR 2) is turning 21 and will be aging out of Early and Periodic Screening, Diagnostic and Treatment (EPSDT), he or she will potentially qualify for priority enrollment.

Question. Other 1915(c) waivers are identified on the 834 via an indicator. Will DHCS be able to add the HCBA as an indicator on the 834?

Response. Yes, DHCS is working to assign a secondary aid code for HCBA Waiver enrollees for use as an identifier.

Question. Can DHCS please elaborate on the interplay between the HCBA program and existing LTSS benefits for Medicaid Managed Care beneficiaries, including In Home Supportive Services (IHSS), Community-Based Adult Services (CBAS), Multi-purpose Senior Services Program (MSSP), Inpatient nursing facility and subacute care facility, and LTSS provided under the current home and community based services 1915 (c) waivers?

Response. Please note that waiver participants are not allowed to be concurrently enrolled in the following managed care delivery models:

- Cal MediConnect Demonstration plans
- SCAN Health Plan
- PACE plans

Beneficiaries enrolled in these models are excluded from enrollment in a 1915(c) waiver because they are required to receive all Medi-Cal funded services (traditional state plan and LTSS/HCBS) through these models.

There is a clear separation between Medi-Cal state plan services coordinated/authorized by the MCP and waiver services coordinated/authorized by the Waiver Agency. DHCS encourages communication between Waiver Agencies and Medi-Cal MCPs to ensure that the MCP is aware of the additional services their member is receiving.

Note: DHCS will continue to accept questions about the HCBA Waiver SFA, through the HCBAAlternatives@dhcs.ca.gov email inbox, through November 30, 2017. DHCS will add new questions with responses to this document on an ongoing basis.

Department of Health Care Services (DHCS)
Home- and Community Based Alternatives (HCBA) Waiver
Solicitation for Applications (SFA)
Questions and Answers

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Eligible Medi-Cal beneficiaries can only be enrolled in a single 1915(c) waiver at a time. Waiver services complement and/or supplement the services that are available to participants through the Medicaid State plan and other federal, state and local public programs. Eligible Medi-Cal beneficiaries cannot receive 1915(c) waiver services in an inpatient nursing facility or subacute facility. Waiver participants can receive IHSS, and are encouraged to enroll in IHSS if they are qualify to receive Waiver Personal Care Services.

In addition to the Waiver Agency providing administrative functions, the Waiver Agency will also be responsible for providing Comprehensive Care Management through a CMT. The CMT works with the participant to identify and coordinate waiver services, and other resources necessary to enable the participant to transition to the community or remain in his/her own home. The CMT will also assist the waiver participant with coordinating state plan services received through a FFS delivery system, but if enrolled in a MCP it is the responsibility of the MCP to coordinate state plan services.

Note: DHCS will continue to accept questions about the HCBA Waiver SFA, through the HCBAalternatives@dhcs.ca.gov email inbox, through November 30, 2017. DHCS will add new questions with responses to this document on an ongoing basis.