

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

Posted: November 28, 2017

Waiver Development Questions

Question. How will DHCS and Waiver Agencies maximize the ability of Waiver applicants to transition from institutional care to home? Please explain how funding for transitional care management will work, how the requirements for nursing and MSW/LCSW staff were arrived at? What is the role for current CCT providers and their particular experience and expertise in transitioning individuals from nursing facilities?

Response. Applicants are asked to respond to responsibilities outlined in the SOW, which includes institution to home transitions. Transitional care management is included as a part of the Comprehensive Care Management PMPM, which is addressed in Exhibit B of the Waiver Agency Contract. Applicants are asked to respond to responsibilities outlined in the SOW, which includes experience in transitioning individuals from nursing facilities. The question regarding staffing requirements is not necessary for SFA development.

Question. Please explain how Waiver Agencies will be able to negotiate rates for waiver providers as stated in the Waiver. Where will the funding come from?

Response. Waiver Agencies will receive reimbursement for direct care services through the fee-for-service reimbursement system via the fiscal intermediary. Waiver Agencies are responsible for negotiating the cost of Waiver Services, but must pay providers at least the published Medi-Cal fee-for-service rate for Waiver services.

Question. How will DHCS ensure that individuals on the Waiver waitlist will be assessed for and provided with Waiver services in light of the 60/40 ratio? How will this work statewide (ie, will each Waiver Agency maintain a waitlist, will the current waitlist be divided up by Waiver Agency, will the 60/40 ratio apply statewide so that if the ratio is being met or exceeded statewide Waiver Agencies can accept more people from the waitlist)?

Response. DHCS will manage the central, statewide waitlist and will monitor new enrollments to maintain the 60:40 enrollment ratio. DHCS will inform Waiver Agencies when their applicant is to be notified about the open Waiver slot.

Question. How will the Waiver Agencies be informed about and expected to maintain cost-neutrality (and please explain what cost neutrality means for Waiver Agencies)

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Response. Waiver Agencies will authorize Waiver services based on medical necessity and are not responsible for tracking cost neutrality. Applicants are not asked to respond to cost neutrality in the SFA.

Rates/PMPM questions

Question. Will case management agencies set their own rates for the providers or will they still be Medi-Cal standard rates?

Response. At minimum, Waiver Agencies must pay Waiver service providers the Medi-Cal provider rates published in the current California Medi-Cal Fee Schedule, which is located in the Medi-Cal Provider Manual, which can be accessed at http://files.medi-cal.ca.gov/pubsdoco/publications/masters-MTP/Part2/homecd_o07.doc.

Question. Since some of the Medi-Cal rates are now equal to minimum wage, at what point will they case management agencies be responsible to increase the rate to their providers?

Response. Waiver Agencies must pay Waiver service providers at least the Medi-Cal provider rates published in the current California Medi-Cal Fee Schedule, which is located in the Medi-Cal Provider Manual, which can be accessed at http://files.medi-cal.ca.gov/pubsdoco/publications/masters-MTP/Part2/homecd_o07.doc.

Question. Does DHCS anticipate a projected increase in payment rates throughout the contract period?

Response. There are no plans for rate increases for Waiver payments at this time.

Question. Can a Waiver Agency provide Habilitation Services to Waiver participants? Will the rate for Habilitation stay the same?

Response. A Waiver Agency may only provide direct Waiver services to Waiver participants when they are the only qualified service provider in the contracted service area – AND – they have submitted a request for, and received DHCS-approval of, an exemption to the Conflict of Interest requirement.

Question. What opportunities are there for Waiver Agencies to be reimbursed at a higher rate?

Response. Reimbursement and payment details are included in Exhibit B of the Waiver Agency Contract template attached to the HCBA Waiver SFA.

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Question. Does the Administrative Fee have any requirements or restrictions for use?

Response. Administrative payments must be used for administrative costs. Time studies will be required on a quarterly basis to maintain the Waiver's Administration PMPM with the State Plan allocation methodology.

Question. Is there any restriction on allowable indirect rate?

Response. Fiscal requirements are included in the HCBA Waiver Agency Contract template attached to the HCBA Waiver SFA.

Question. If we are a Comprehensive Care Management Team, then Transition Case Management is part of the Comprehensive Care Management (CCM) pmpm rate and not billed separately. Is that correct?

Response. Yes, the Transitional Case Management waiver service is built into the per member per month (pmpm) rate developed for the Comprehensive Care Management (CCM) waiver service provided by Waiver Agency Care Management Teams (CMTs).

Question. We understand that the payments to the providers cannot be less than the Medi-Cal rates, but keeping cost neutrality in mind, could we pay the providers more than the Medi-Cal rates in order to increase the available provider network?

Response. Waiver Agencies are responsible for negotiating rates with waiver service providers. DHCS will pay Waiver Agencies the Medi-Cal provider rates for direct Waiver services, at the rate published in the current California Medi-Cal Fee Schedule, which is located in the Medi-Cal Provider Manual, which can be accessed at http://files.medi-cal.ca.gov/pubsdoco/publications/masters-MTP/Part2/homecd_o07.doc.

Question. You have provided a *minimum* vendor reimbursement rate at the current Medi-Cal rate for each service. If a vendor charges MORE than the Medi-Cal rate, is the excess payment allowable as a waiver (purchase of service) expense?

Response. Waiver Agencies are responsible for negotiating rates with waiver service providers. DHCS will pay Waiver Agencies the Medi-Cal provider rates for direct Waiver services, at the rate published in the current California Medi-Cal Fee Schedule, which is located in the Medi-Cal Provider Manual, which can be accessed at http://files.medi-cal.ca.gov/pubsdoco/publications/masters-MTP/Part2/homecd_o07.doc.

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Question. How were the payment rates determined? These rates seem far below the current payment rates under fee-for-service Medi-Cal. Is it possible that these rates can be adjusted?

Response. Provider rates for direct Waiver services, at the rate published in the current California Medi-Cal Fee Schedule, which is located in the Medi-Cal Provider Manual and can be accessed at http://files.medi-cal.ca.gov/pubsdoco/publications/masters-MTP/Part2/homecd_o07.doc.

Participant Waiver Enrollment

Question. Are 2 face-to-face visits required? One within 60 days of application and then another within 60 days of notification of a waiver slot?

Response. This question refers to two separate timelines. The first requirement, within 60 days of application, is applicable when there is no waitlist. The second requirement, within 60 days of notification of a waiver slot, is applicable when there is a waitlist. Only one face-to-face visit is necessary.

Question. If the applicant is hospitalized, can the face-to face visit be deferred beyond 60 days?

Response. Face-to-face visits can be conducted in the hospital.

Question. Is the percentage of waiver enrollment by institution or community calculated statewide or site-by-site?

Response. DHCS is responsible for maintaining this ratio at the state level.

Question. What are the required credentials for the individual responsible for determining medical necessity?

Response. For an individual to determine medical necessity, her or she must be at least a licenced registered nurse (RN), a licensed RN supervisor, or a physician licensed to practice in the State of California.

Provider claim adjudication and processing

Question. Would contractor be required to pay providers without a service contract in place/outside of the provider network?

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Response. To ensure participants' freedom of choice, all qualified and willing providers selected by a participant must be able to provide Waiver services. It is in the best interest of both the provider and the Waiver Agency to enter into a contractual relationship. Waiver Agencies are responsible for authorizing and paying qualified and willing participant-selected service providers; even if a provider chooses not to contract to become a part of the Waiver Agency's provider network. All HCBS Waiver providers must be enrolled as Medi-Cal providers.

Question. Contractor must reimburse Waiver service providers within 45 days" – please clarify – within 45 days of the date of service delivery or within 45 days of the date the Authorization Request was submitted? (SFA, Exhibit A, Attachment 1, section F.2., Provider Claim Adjudication and Processing)

Response. The Waiver Agency must reimburse waiver service providers for authorized services within 45 days of an undisputed provider claim for reimbursement.

Question. What systems will the waiver agencies be utilizing to issue and process authorizations? Will this be electronic?

Response. Applicant entities are required to identify the system they will utilize to respond to authorization requests in their Solicitation for Application (SFA) response.

Question. Are claims going to be paid and processed electronically? Through what system?

Response. Applicant entities are required to identify the system they will utilize to process and pay claims in their SFA response.

Question. Will all waiver agencies be using the same system?

Response. There is no single system requirement for waiver agencies. Applicant entities are required to describe their claims adjudication process, background. All Waiver Agencies will be required to use DHCS' MedCompass Database as described in the HCBA Waiver and HCBA Waiver Agency contract.

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