



Home and Community-Based Alternatives Waiver & Assisted Living Waiver Integration

Expanding Options and Streamlining Systems

Today's Agenda

- » Medi-Cal Home and Community-Based Services (HCBS)
- » 1915(c) HCBS waivers
- » Why Integrate?
- » Similarities and Differences between the Waivers
- » Federal Requirements
- » Stakeholder Engagement
- » Integration Amendment Timeline

Medi-Cal HCBS

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Medi-Cal

- » Medicaid, known as Medi-Cal in California, provides free or low-cost health coverage for children and adults with limited income and resources
- » Medi-Cal is authorized and funded through a federal-state partnership
- » Federal government sets minimum standards
- » Medi-Cal delivery systems include Medi-Cal managed care, fee-for-service, and waiver programs

HCBS

- » Home and Community-Based Services are provided to beneficiaries in the setting of their choice, outside of an institution
- » Person-centered to allow people with disabilities and chronic conditions to:
 - » Decide where and with whom they live
 - » Have control over the services they receive and who provides them
 - » Include friends and supports to help them participate in community life
- » Cost effective, while improving quality of life

Medi-Cal HCBS

- » Under Medi-Cal, California offers and/or funds a broad array of HCBS programs and providers to eligible beneficiaries
 - » CalAIM Enhanced Care Management (ECM) and Community Supports
 - » Program of All-Inclusive Care for the Elderly (PACE)
 - » In-Home Supportive Services (IHSS)
 - » Money Follows the Person (MFP) / California Community Transitions (CCT)
 - » HCBS Waivers
 - » And more!

1915(c) HCBS Waivers

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HCBS 1915(c) Waiver Authority

- » Under Section 1915(c) of the Social Security Act (SSA), states have the option to submit HCBS waiver applications to the U.S. Centers for Medicare & Medicaid Services (CMS) for approval
- » HCBS waivers allow states to provide medically-necessary services to eligible individuals in a community setting, instead of in an institution

Medical Necessity

Service authorization is based on medical necessity

» A service is “medically necessary” or a “medical necessity” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.

- Welfare and Institutions Code 14059.5

Why have a 1915(c) HCBS waiver?

- » HCBS waivers allow states to waive one or more of three requirements under the SSA:
 - » **Comparability** - offer services to waiver participants not provided to other Medicaid beneficiaries
 - » **Statewideness** - limit the operation of a waiver to specified geographic areas of the state; and
 - » **Income and Resources for the Medically Needy** - deem individuals eligible for Medicaid who would otherwise only be eligible in an institutional setting
- » All other provisions of the SSA apply

1915(c) HCBS Waiver Goals

- » Protect health, welfare, and safety
- » Person-centered plan of care
- » Participant choice and self-determination
- » Institution to community diversion / transition
- » Cost neutrality

1915(c) HCBS Waiver Eligibility

- » Meet Medicaid eligibility requirements
- » Have care needs equal to the level received in an institution
- » Require one or more waiver service to remain safe in the community
- » Want to receive HCBS in the community, instead of receiving care in an institution

Why Integrate the Waivers?

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California's 1915(c) HCBS Waivers

Waiver	Target Population	Service Area
Home and Community-Based Alternatives (HCBA)	Aged, disabled, all ages	Statewide
Assisted Living Waiver (ALW)	Aged, disabled, 21 and over	15 Counties
HCBS Waiver for Individuals with Developmental Disabilities (HCBS-DD)	Individuals with Intellectual or Developmental Disabilities, all ages	Statewide
Medi-Cal Waiver Program (MCWP)	Individuals with HIV/AIDS, all ages	Statewide
Multipurpose Senior Services Program (MSSP)	Aged, 65 and older	46 Counties
Self-Determination Program (SDP)	Individuals with Intellectual or Developmental Disabilities, all ages	Statewide

HCBA Waiver

Term: 1/01/2022* - 12/31/2026

Enrollment: 7,401 (Point in time, as of 7/1/2022)

Enrollment Cap on 2/28/2024: 10,081

Coverage: Statewide

- » Organized Health Care Delivery System (OHCDS) administered by contracted delegates of the State known as HCBA Waiver Agencies
- » Comprehensive Care Management Services provided by a multidisciplinary team comprised of a Registered Nurse (RN) and a Social Worker
- » Other Waiver services are provided by HCBS providers enrolled in fee-for-service Medi-Cal, or In-Home Supportive Services (IHSS)
- » Services are provided in the home, Congregate Living Health Facilities (CLHF), or Intermediate Care Facilities for Individuals with Developmental Disabilities – Continuous Nursing Care (ICF/DD-CNC)

ALW

Term: 3/01/2019 - 2/28/2024

Enrollment: 6,301 (Point in time, as of 7/1/2022)

Enrollment Cap on 2/28/2024: 12,744

Coverage: 15 Counties

- » Care Coordination Agencies help eligible individuals return to, or remain in, a community-based, assisted living setting in lieu of an institution.
- » Services are delivered by RCFE/ARF staff, or Home Health Agency staff, based on the participant's choice of residential setting
- » Services are provided in community-based:
 - Residential Care Facilities for the Elderly (RCFE)
 - Adult Residential Facilities (ARF)
 - 811 public subsidized housing developments

Benefits of Integration

- » Expands access to assisted living services statewide
- » Streamlines access to more types of waiver services with one application
- » Reduces the complexity of California's home and community-based long-term care system for consumers
- » Reduces federal reporting burden
- » Consolidates program administration
- » Standardizes monitoring and oversight

Known Concerns to be Addressed

- » Filling open HCBA Waiver slots with people seeking assisted living services, while there is still a demand for HCBA services
- » Workload required to enroll and onboard RCFE and ARF statewide
- » Waiver Agency capacity to provide integrated waiver services to a significantly larger population
- » Reconciliation of differences between the Waivers (tools, service authorizations, payment structures, etc.)

Similarities and Differences between the Waivers

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Similarities

- Provide case management services to avoid institutionalization
- Waiver services complement the services available through the Medicaid State plan
- Participant freedom of choice
- Right to a Fair Hearing
- Opportunities for public input
- Cost-neutrality requirement
- Written care plan
 - HCBA = Plan of Treatment (POT)
 - ALW = Individualized Service Plan (ISP)
- Must comply with the HCBS Settings Final Rule
- Waiver payments exclude Room and Board

Differences

- Administrative structures
- Assessment tools
- Care plans
- Service authorization processes
- Case Management System Access
- Age restrictions
- Geographic coverage
- Allowance for provider overlap
- Share of Cost restrictions

Federal Requirements

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Federal Requirements

- » No waiver within a waiver
- » Maintenance of effort
 - » **FFCRA** = states must ensure continuous eligibility/coverage of “validly enrolled” individuals through the last month of the public health emergency (PHE)
 - » **ARPA** = states must at least maintain, and may not reduce, their level of spending on HCBS as of April 1, 2021
- » Transition plan & participant notifications

Stakeholder Engagement

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Stakeholder Workgroup

- » Robust public engagement helps ensure the Waiver continues to meet the needs of the eligible population.
- » Between September 2022 and January 2023, DHCS will be facilitating stakeholder workgroup meetings to reconcile the differences between the Waivers and submit formal recommendations about the integration amendment to DHCS Executive Leadership.

Stakeholders

- Participants & Families
- HCBA Waiver Agencies
- ALW Care Coordination Agencies
- Advocates
- Associations
- Managed Care Plans
- HCBS Providers

Statement of Interest

- » To be considered for the HCBA and ALW Integration Stakeholder Workgroup, stakeholders must submit a *Statement of Interest*, to the HCBAAlternatives@dhcs.ca.gov inbox by September 3, 2022, or by mail to:

Department of Health Care Services
Integrated Systems of Care Division
P.O. Box 997437, MS 4502
Sacramento, CA 95899-7437
Attn: HCBS Policy Section

- » Detailed instructions on what to include in your Statement of Interest are available on the HCBA and ALW Integration Webpage

Opportunities for Public Feedback

- » Public input opportunities:
 - » After today's presentation
 - » After the February 8, 2023, webinar
 - » During the 30-day public comment period
- » Submit feedback no later than one week after today's presentation, and future public webinars, to ensure your questions and comments are received in time for consideration
- » Send feedback to HCBAlternatives@dhcs.ca.gov_inbox; and include **"Integration Public Feedback"** in the subject line

Integration Timeline

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Waiver Submissions

Initial Submissions / Renewals

- Initial waiver term
 - (3) years
- Waiver renewals
 - Every five (5) years

Amendments

- Technical Amendment
 - Non-substantive, does not require a 30-day public comment period
- Substantive
 - Changes that impact participants, or access to waiver services, requires a 30-day public comment period
- Appendix K Amendments
 - Emergency flexibilities, does not require a 30-day public comment period

Timeline – Part 1

Note: All dates are subject to change

July 27, 2022

HCBA Waiver – ALW Integration Amendment public engagement kick-off presentation

Aug. 11,
2022 & Sept.
7, 2022

Stakeholder workgroup applications due
DHCS notifies workgroup member selections

Sept. 2022
to
Jan. 2023

Workgroup convenes every six weeks to develop formal recommendation for DHCS

Feb. 8, 2023

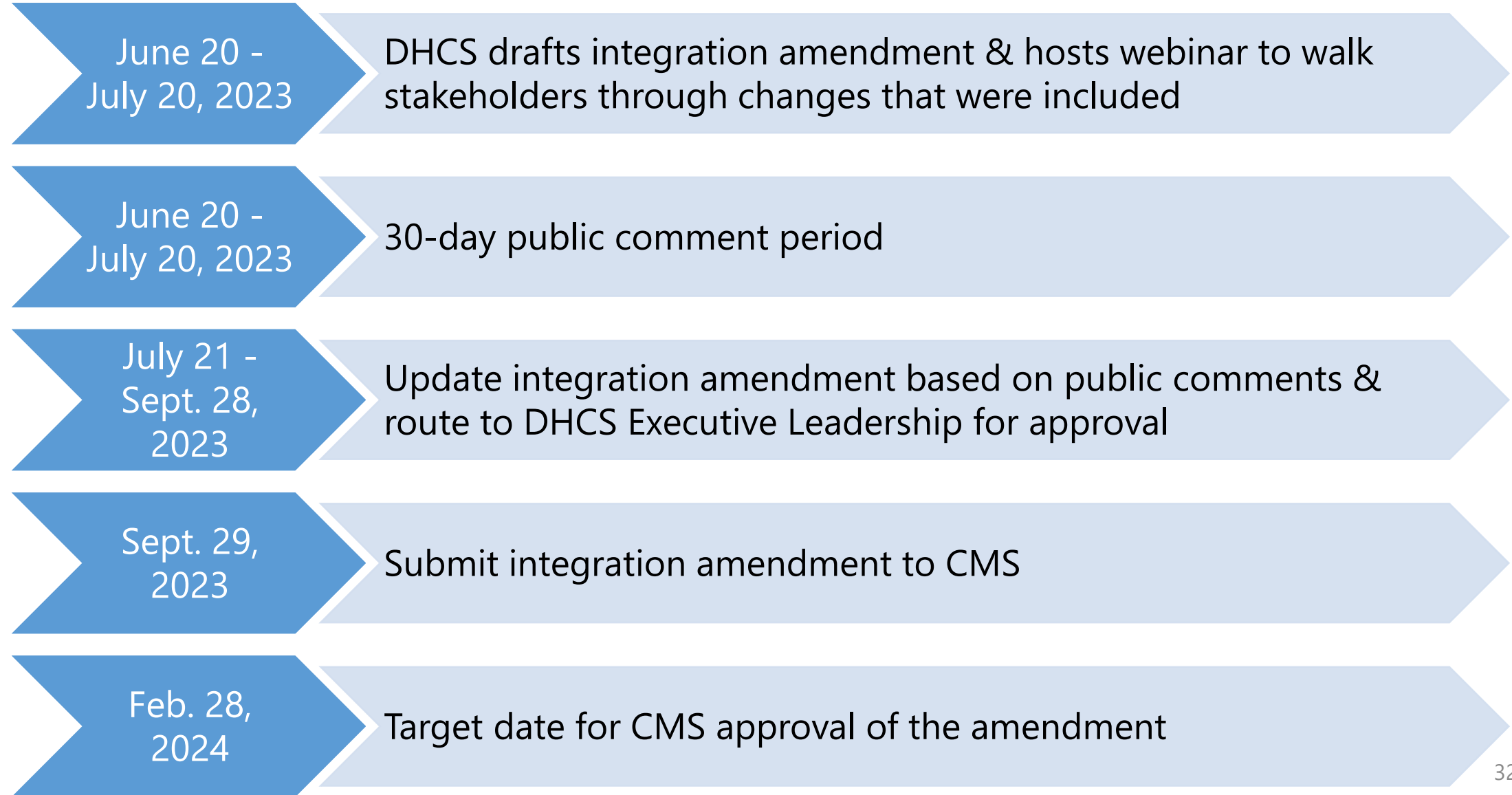
Stakeholder Webinar to present the workgroup's recommendations and receive public feedback

March 2023

Final recommendations sent to DHCS Executive Leadership

Timeline – Part 2

Note: All dates are subject to change



Next Steps

- » To apply for the HCBA Waiver –ALW Integration Amendment Stakeholder Workgroup, applicants must submit a *Statement of Interest*, following the directions available on DHCS' website, to the HCBAalternatives@dhcs.ca.gov inbox by **August 11, 2022**.

Questions?

Submit questions about the HCBA & ALW Integration to:
HCBAalternatives@dhcs.ca.gov

For More Information

DHCS

- <https://www.dhcs.ca.gov/Pages/default.aspx>

HCBA Waiver

- [https://www.dhcs.ca.gov/services/ltc/Pages/Home-and-Community-Based-\(HCB\)-Alternatives-Waiver.aspx](https://www.dhcs.ca.gov/services/ltc/Pages/Home-and-Community-Based-(HCB)-Alternatives-Waiver.aspx)

ALW

- <https://www.dhcs.ca.gov/services/ltc/Pages/AssistedLivingWaiver.aspx>

HCBA & ALW Integration

- <https://www.dhcs.ca.gov/services/ltc/Pages/Home-%26-Community-Based-Alternatives-Waiver-and-Assisted-Living-Waiver-Integration-Amendment.aspx>