Overview of Long-Term Care Programs in the Long-Term Care Division

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Long-Term Care Division

April 17, 2014
Webinar Overview

- Long-Term Care Programs
- Care Coordination and Payment Structures/Responsibilities
- Universal Assessment
- Future of Long-Term Care and Conclusion
- Questions?
2 LTC Programs (Home and Community-Based Waivers)
List of Long-Term Care Programs

- California Community Transitions (CCT)
- Assisted Living Waiver (ALW)
- Nursing Facility/Acute Hospitals (NF/AH)
- Developmentally Disabled (DD)
- HIV/AIDS
- In-Home Operations (IHO)
- San Francisco Community Living Support Benefit (SF-CLSB)
- Pediatric Palliative Care (PPC)
- 1915(i) SPA: DD-RC
California Community Transitions (CCT)

- Federal grant funding to implement a Money Follows the Person (MFP) Rebalancing Demonstration program (known as CCT in California)
  - Provides individuals living in a nursing home or other institution new opportunities to live in the community with the services and supports they need
  - In 2012, 432 CCT Transitions, capacity to double in 2015
  - CCT Project pre-transition services are available through September 30, 2016
- Entry point for NF transitions to LTSS programs
Eligibility:

- Person must be a Medi-Cal beneficiary for at least one day
- Person must be an SSI/SSP recipients
- Person must have been living in an inpatient facility (freestanding NF or DP/NF, acute or ICF/DD) for 90 consecutive days not on Medi-Care
- Person must continue to require the “level of care” provided in a health care facility to transition to an HCBS waiver
California Community Transitions (CCT)

**Services provided**
- Help access IHSS program
- Search for affordable housing
- Assist in training personal attendants
- Assist in interviewing and hiring caregivers
- Follow-up assistance: post-transition coordination
- Home set-up: home and vehicle modifications

**Provider Types:**
- Independent Living Centers
- Department of Developmental Services
- Home Health Agencies
- Other Community Organizations (e.g. SCAN, IOA, Rehabilitation Services of Northern CA)
• Individuals who are in CCT:
  • Most have physical or developmental disabilities
  • Less elderly in CCT: challenging, tend to require more medical care, supervision and LTSS
  • Person with DD/ID

• Geographic Service Area
  • Northern region: Alameda, San Joaquin, Sacramento
  • Southern region: Los Angeles, Orange, San Bernardino

For list of all CCT counties, visit the DHCS website: http://www.dhcs.ca.gov/services/ltc/pages/CCT.aspx
Overview of 1915(c) HCBS waivers

- Must reside in HCB settings
- Must only be on one 1915(c) waiver
- Must be NF certifiable
- 7 Assurances
- Waive – eligibility, statewideness, comparability

- In general, waiver slot is held for 30 days if admitted to institution and no payments made for holding slot
Assisted Living Waiver (ALW)

- Provides HCBS as an alternative to long-term nursing facility placement for Medi-Cal beneficiaries in either of two settings: a Residential Care Facility for the Elderly or in Publicly Subsidized Housing with a Home Health Agency providing the assisted care services.

- Assisted Living Waiver
  - Capacity: 3,000
  - Current # of participants: 2,500

- Eligibility
  - Person must be age 21 years and older
  - Person must be eligible for full-scope no share-of-cost or share-of-cost Medi-Cal
  - Person must require a nursing facility level of care
  - Person must be receiving SSI/SSP
Assisted Living Waiver (ALW)

• Services
  ▫ 24 hour oversight
  ▫ Personal care and assistance
  ▫ Health-related services: skilled nursing
  ▫ Arrange/provide transportation
  ▫ Social services

• Provider Types
  ▫ Care Coordination Agencies (CCA)
  ▫ Service Providers: Residential Care Facility for the Elderly (RCFE) and Home Health Agencies (HHA)
    o Visit the following link for more information about service providers: http://www.dhcs.ca.gov/services/ltc/pages/alwpp.aspx
Assisted Living Waiver (ALW)

• Geographic Service Area
  ▫ **Counties:** Fresno, Los Angeles, Riverside, San Diego, Sacramento, San Joaquin, Sonoma, Alameda and Contra Costa

• Expanding to Santa Clara, San Mateo, Orange and San Bernardino retroactive to 3/1/2014

• NF Transition waiver
  ▫ 1 community to 1 NF transition
  ▫ Housing afforded through waiver enrollment

• Waitlist: None
• NF/AH waiver implemented in January 2007

• Consolidates the Nursing Facility A/B, Nursing Facility Subacute and the In-Home Medical Care waivers

• NF/AH offers services for individuals at home who would otherwise receive care for at least 90 days in a skilled nursing, intermediate care, subacute facility, or an acute care hospital

• Non residential, residential facility provider types

• Target Population:
  ▫ Medically Fragile
  ▫ Technology dependent
  ▫ Aged (65 and older)
  ▫ Physically disabled (under age 65)
• Eligibility
  ▫ Person must have full scope Medi-Cal Eligibility
  ▫ Person must be physically disabled (No Age Limit)
  ▫ Person must meet the following levels of care:
    • Acute hospital (90 days +)
    • Adult or pediatric subacute nursing facility (180+ days)
    • Distinct-part nursing facility (180+ days)
    • Adult or pediatric Level B (skilled) nursing facility and Level A (intermediate) nursing facility (180+ days)
Nursing Facility/Acute Hospital (NF/AH)

• Services
  ▫ Case management (e.g. transitional)
  ▫ Home health aide services
  ▫ Home modifications to enable improved access
  ▫ Personal care
  ▫ Medical equipment maintenance and recurring expenses
  ▫ PERS (Personal Emergency Response service, installation and fees)
  ▫ Respite care (both at home and in residential care on a temporary basis)
  ▫ Skilled nursing services
Nursing Facility/Acute Hospital (NF/AH)

- **Geographic Service Area:** Statewide
- **Waiting list:** Yes (for certain levels of care)
- **Demographics**
  - People admitted to NF tend to be older (65 years and older)
- **Living arrangements**
  - Over one-quarter of duals with extended stay NF admission were living alone prior to admission
- **Reimbursement LOC cap amount:** direct individual services monthly so not to exceed LOC cost cap
Developmentally Disabled (DD) Waiver

- Provides HCBS to Regional Center consumers with developmental disabilities, enabling them to live in the community rather than in an intermediate care facility for the developmentally disabled

- Provider type: Regional Centers
  - Visit website for more information:
    - DHCS website: http://www.dhcs.ca.gov/services/ltc/pages/dd.aspx
    - DDS website: http://www.dds.ca.gov/RC/Home.cfm

- Diagnosis:
  - Persons in waiver diagnosed with developmental disability before the age of 18
  - Includes: cerebral palsy, epilepsy, autism, other neurological conditions

- Enrollment Cap (persons per waiver year)
  - 110,000 – 2013/14
  - 115,000 – 2014/15
  - 120,000 – 2015/16

- Current Enrollment: 100,000+
Developmentally Disabled (DD) Waiver

- **Eligibility**
  - Person must be eligible or have full scope Medi-Cal
  - Person must have a formal diagnosis of a developmental disability before the age of 18 (and expected to continue indefinitely)
  - Person must be a Regional Center consumer
  - Person must meet at a minimum the level of care of intermediate care for ICF/DD-type facilities
  
*Persons residing in a State Developmental Center are ineligible for waiver enrollment*
• **Services include coverage for:**

  ▫ **Case management** (TCM benefit contained in CA State Plan and not billed directly to DD waiver)
  
  ▫ **Chore services**
  
  ▫ **Homemaker**
  
  ▫ **Home health aide services**
  
  ▫ **Respite care**
  
  ▫ **Habilitation**
  
  ▫ **Environmental accessibility adaptations**
  
  ▫ **Skilled nursing**
  
  ▫ **Transportation**
Developmentally Disabled (DD) Waiver

- Geographic Service Area: Statewide
- Waitlist: None
- Reimbursement: DDS pays directly to Regional Centers on FFS basis and claims FFP from DHCS
HIV/AIDS Waiver

- Provide service alternatives to hospitalization or institutional care to persons living with HIV or AIDS

- Department of Public Health/Office of AIDS (OA) administers waiver program

- OA contracts with AIDS Waiver agencies to implement the waiver at local level
  - HIV/AIDS waiver provider CDPH website link: [http://www.cdph.ca.gov/programs/aids/Pages/tOACareProviders.aspx](http://www.cdph.ca.gov/programs/aids/Pages/tOACareProviders.aspx)
• **Eligibility**

- Person must be full-scope Medi-Cal
- Person must be eligible for Medical Assistance
- Person must be diagnosed with Symptomatic HIV or AIDS (foster kids or HIV/AIDS waiver)
- Person must meet the level of care needs for a Skilled Nursing Facility
- Person must meet financial requirements as determined by local County Assistance office
- Person may not be in a hospice program
HIV/AIDS Waiver

- **Services**
  - Supplemental skilled nursing
  - Supplemental home health aide
  - Homemaker services
  - Nutritional Consultations
  - Durable Medical Equipment and Supplies
  - Transitional Services
    - One time expense not to exceed $4,000 per person
    - Expense is used to transition from institution to own home or in the community
**HIV/AIDS Waiver**

- **Provider Types:** AIDS Waiver Agencies (local non-profits; some county-based)
- **Geographic Service Area:** Regional (43 counties covered)
- **Enrollment limits:** None
  - Allowable cost limit for each waiver client is $13,209 per calendar year
  - No waitlist
- **Currently enrolled:** 2,897
- **Reimbursement:**
  - FFS directly billed to DHCS
  - No bundled services
  - Waiver Agency provides case management and contracts for all direct services
Established in January 2007

Serves Medi-Cal beneficiaries who require direct care services provided primarily by a licensed nurse and needed services in excess of that available through the NF/AH waiver

Non residential provider types

Eligibility
- Person must have full-scope Medi-Cal Eligibility
- Person must be physically disabled (no age limit), blind or over the age of 65
- Person is unable to live safely at home without care
- Person must meet certain financial requirements
• **Target Populations:**
  ▫ Individual from birth onwards who are Medically Fragile or Technology Dependent

• **Services**
  ▫ Environmental Accessibility Adaptations
  ▫ Case management
  ▫ Respite Care (home and facility)
  ▫ Personal Emergency Response System
  ▫ Community Transition Services
  ▫ Home Health Aide Services
  ▫ Habilitation Services
  ▫ Family Training
Providers

- HCBS Benefit Provider: licensed psychologist, marriage and family therapist (MFT), Licensed Clinical Social Worker (LCSW)
- HCBS Waiver Nurse Provider - RN
- Home Health Agency - RN
- Independent Provider (IP)

Geographic Service Area: Statewide

Waitlist: None*

Reimbursement:
- LOC cost cap = direct individual services not to exceed annual LOC cost cap

* IHO Waiver has closed statewide and no longer accepts new applicants
San Francisco-Community Living Support Benefit (SF-CLSB)

- Assist individuals to move into available community settings and increase independence
- Eligibility
  - Person must be a resident of San Francisco
  - Person must be at least age 21 years or over
  - Person must be eligible for placement in an SNF or ICF
  - Person must be homeless and at risk of entering a nursing facility
  - Person is determined to benefit from supportive housing

*Nurses from SF DPH determines eligibility for waiver

*Waiver is limited to State-approved housing
  - Adult Residential Facilities (ARFs)
  - Direct Access Housing (DAHs)
San Francisco-Community Living Support Benefit (SF-CLSB)

- Services
  - Care Coordination (Enhanced)
  - Community Living Support Benefit in licensed settings
  - Behavior Assessment and Planning
  - Environmental Accessibility Adaptations
  - Home delivered meals in housing sites
San Francisco-Community Living Support Benefit (SF-CLSB)

- **Provider Type**
  - SF City and County staff
  - ARFs

- **Geographic Service Area:**
  - City and County of San Francisco, Alameda

- **Reimbursement:**
  - Through city and county of San Francisco and receive FFP from DHCS

- **Participants not in CCI as they are clients of city and county of San Francisco**
Pediatric Palliative Care (PPC) for Children

- Provide services to children with chronic, complex and/or life-threatening conditions and their families

- Target Population:
  - Children under 21 who are medically fragile and technology dependent

- Eligibility
  - Person must be under 21 years old
  - Person must have full scope Medi-Cal
  - Person must reside in participating county
  - Person must have a life-threatening medical condition
  - Person must meet level of care
Pediatric Palliative Care (PPC) for Children

• Services
  ▫ Community-Based Care Coordination
  ▫ Pain and symptom management
  ▫ Expressive therapies (art, music, play, massage)
  ▫ Respite care (in-home/out-of-home)
  ▫ Family education
  ▫ Bereavement support

• Provider types
  ▫ Home Health Agencies
  ▫ Local participating hospice agencies
Pediatric Palliative Care (PPC) for Children

- Geographic Service Area
  - Counties: Alameda, Monterey, San Diego, Santa Clara, Santa Cruz, Marin, Orange, San Francisco, Sonoma, Fresno, Los Angeles

- Participants of PPC are not eligible for CCI due to minimum age requirement
1915(i) SPAs (Developmentally Disabled – Regional Centers)

- 1915(i) State Plan Amendment (09-023A and 11-041)
  - CMS approved 2013 DD services under State Plan
  - Targets DD individuals with a need for habilitation services
  - Extends Medi-Cal eligible coverage for existing specialized health and other HCBS provided to Medi-Cal eligible persons with DD

- Projected Numbers of DD individuals to be served annually:
  - 2012-13 = 46,000
  - 2013-14 = 48,000

- Eligibility Criteria:
  - Criteria for DD services must be less stringent than the institutional level of care criteria required under other Medi-Cal waivers
Eligibility

- Person must be determined by RC to be in need of habilitation services

- Person must have impairment/condition resulting in three or more of major life activities:
  - Learning
  - Self-care
  - Mobility
  - Capacity for independent living and economic self-sufficiency
1915(i) SPAs (Developmentally Disabled – Regional Centers)

- **Services**
  - Habilitation (e.g. community living arrangement, day services, behavioral intervention)
  - Respite Care
  - Homemaker services
  - Home Health Aide (CBAS)
  - Personal Emergency Response Systems
  - Vehicle modification and adaptation

- **Provider Type:** Regional Centers, Foster Family Agency (FFA)-Certified Family Homes (children only), Group Homes (children only), Adult Residential Facilities (ARF), RCFEs

- **Geographic Services Area:** Statewide
1915(i) SPAs (Developmentally Disabled – Regional Centers)

- **Community Living Arrangement Services (CLAS)**
  - Licensed/certified settings
    - Includes assistance with acquisition, retention, or improvement in skills related to living in community
    - Services and supports include daily living activities, adaptive skills, social and leisure skill development
  - Supported living services (provided in residences owned or leased by the recipients)
    - Includes daily living activities, locating and scheduling medical services
    - Selecting and moving into a home
    - Training and hiring personal attendants

- **Waitlist**: None
Care Coordination and Payment Structures/Responsibilities
CCT Care Coordination

- CCT Care Coordination:
  - Organizations work directly with eligible individuals and Medicaid State Agency
    - Center for Independent Living (CIL)
    - Alternative Home Care (AHC)
    - Home and Health Care Management (HHCM)
    - Elder Options, Inc (EO)
  - Team members work with participant to design personal service plan detailing health, social and supportive services needed to transition to community living
  - Monthly support meetings with DHCS LTCD
CCT Payment Structure/Responsibilities

- **No Cost Cap**
  - Average cost varies by target population: $18,000-$101,000
  - Average cost for entire CCT population: $48,000 per beneficiary per year

- CCT lead organizations receive hourly reimbursement for providing transition coordination services, home set-up costs, home/vehicle modification costs and post transition care coordination
CCT Payment Structure/Responsibilities

- CCT LOs bill Medi-Cal FFS and is carve out from CCI

- CCT and CCI care coordination:
  - Plan or CCT LO identifies NF transition with Plan RN and ICT to discharge and establish community care plan
  - CCT LO finds housing
CCT Participants by Target Population*

<table>
<thead>
<tr>
<th></th>
<th>Elderly</th>
<th>PD</th>
<th>DD/ID</th>
<th>MH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>23%</td>
<td>46%</td>
<td>29%</td>
<td>2%</td>
</tr>
</tbody>
</table>

* MFP/CCT Performance Data is reported to CMS biannually. The CCT Performance Data presented at the March 7, 2014 LTSS Advisory Committee Meeting only included the first 6 months of calendar year 2013. Updated data will be posted on the Community Choices website as it becomes available.

CCT Post-Transition HCBS

<table>
<thead>
<tr>
<th>Informal Support</th>
<th>IHSS Only</th>
<th>NF/AH Waiver</th>
<th>Other Waivers**</th>
<th>ALW</th>
<th>DD Waiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>9%</td>
<td>35%</td>
<td>12%</td>
<td>1%</td>
<td>14%</td>
<td>29%</td>
</tr>
</tbody>
</table>

** Other Waivers = AIDS, MSSP, Specialty MH Consolidation Program (SMHCP)
## Housing Outcomes by Target Population

<table>
<thead>
<tr>
<th>Target Population</th>
<th>Home</th>
<th>Apartment</th>
<th>ALW</th>
<th>Group Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elderly</td>
<td>25%</td>
<td>37%</td>
<td>36%</td>
<td>2%</td>
</tr>
<tr>
<td>PD</td>
<td>22%</td>
<td>65%</td>
<td>12%</td>
<td>1%</td>
</tr>
<tr>
<td>DD/ID</td>
<td>6%</td>
<td>9%</td>
<td>2%</td>
<td>83%</td>
</tr>
<tr>
<td>MH</td>
<td>43%</td>
<td>38%</td>
<td>19%</td>
<td>0%</td>
</tr>
<tr>
<td>Total Population</td>
<td>18%</td>
<td>42%</td>
<td>15%</td>
<td>25%</td>
</tr>
</tbody>
</table>

## 1-year CCT Post-transition Status

<table>
<thead>
<tr>
<th>Remained in the community for the entire 365-day Demonstration</th>
<th>Died</th>
<th>Re-institutionalized</th>
<th>Other (no longer Medi-Cal eligible, moved out of state, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>7%</td>
<td>8%</td>
<td>5%</td>
</tr>
</tbody>
</table>
Post-transition HCBS Cost***

<table>
<thead>
<tr>
<th>Which costs are included?</th>
<th>Cost for all CCT Participants (post-transition) who completed 365-day Demonstration within CY 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Cost</td>
<td>$48,222 per beneficiary</td>
</tr>
<tr>
<td>Low</td>
<td>$18,000 per beneficiary</td>
</tr>
<tr>
<td>High</td>
<td>$101,000 per beneficiary</td>
</tr>
<tr>
<td>Savings</td>
<td>20% of the annual cost of care in a long-term nursing facility</td>
</tr>
</tbody>
</table>

*** The average cost of post-transition services varies by target population
ALW Care Coordination

- **Care Coordination includes:**
  - Enrolling clients
  - Conducting assessments (using ALW Assessment Tool)
  - Determining Level of Care (based on tiers)
  - Help transition clients from nursing facilities to RCFEs or PH setting
  - Capacity: 3,000
  - Current # of participants: 2,500

- **NF Transition Care Coordination**
  - Contracted Care Coordinators may provide transition care coordination for up to 180 days prior to transitioning an individual from skilled nursing facility into ALW program
**ALW Care Coordination**

- **Home Health Agency in PSH**
  - Develop Service Plan for each resident
  - Provide personal care and assistance

- **RCFE:**
  - Assisted Living Services
    - Provided or coordinated by RCFE staff
    - RCFE staff develop Service Plan for each resident
    - Provide other services to meet individual special needs

- **ALW and MLTSS Care Coordination**
  - ALW care manager on Plan ICT to understand full medical picture and ensure daily care is delivered and person-centered
• **Frequency**
  - Minimum of every 30 days face-to-face visit
  - Re-assessment conducted every 6 months
    - Individual is disenrolled if level of care needs improve and sustain for 60 days at a level that no longer qualifies for ALW

• **Payments**
  - CCA are paid for finding, evaluating, placing, and monitoring ALW participants
  - Service providers (RCFEs and HHAs) are reimbursed based at four levels of care, with daily rates ranging from $52/day for Tier 1 to $82/day for Tier 4, establishing Tier 5 at $200/day for applied behavior needs
  - Payment is for services where RCFEs or landlords receive in addition to SSI/SSP payments for room and board (about $35/day)
• RCFE’s Care Coordination Cost: $200/participant/month for care coordination services and for coordination of other benefits and services

• Additional funds:
  ▫ $1,000 lifetime benefit for Nursing Facility Transition Services for relocating from a nursing home

• Waitlist: None - assessed by Care Coordination Agency depending on level of care and availability

• ALW services are provided as a carve out to MLTSS

• ALW is not provided to Cal MediConnect members
ALW Data

- **Age Range:** 85% are 65 and older
  15% are ages 22-64

- **Average Cost Per Client:** $17,356

- **Most Prevalent Diagnosis:** 60% Dementia
  26% Alzheimer’s
  10% Schizophrenia
  4% Traumatic Brain Injury

- **Average Length of Stay:** 247 days
NF/AH Care Coordination

• NF/AH Care Coordination
  ▫ DHCS Northern and Southern California regional office conducts initial waiver LOC evaluations and reevaluations and ongoing case management activities

  ▫ Waiver participants must have Plan of Treatment (POT) signed by representative, primary care physician and HCBS Waiver providers describing participant’s care services, frequency, scope and duration

• NF/AH and MLTSS Care Coordination
  ▫ NF/AH care manager on Plan ICT to understand full medical picture and ensure daily care is delivered and person-centered
### NF/AH Payment Structure/Responsibilities

- **Level of Care annual waiver budget expenditures:**

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Budget Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Hospital</td>
<td>$305,283</td>
</tr>
<tr>
<td>NF Subacute Pediatric</td>
<td>$240,211</td>
</tr>
<tr>
<td>NF Subacute Adult</td>
<td>$180,219</td>
</tr>
<tr>
<td>NF B Pediatric</td>
<td>$101,882</td>
</tr>
<tr>
<td>NF B DP</td>
<td>$77,600</td>
</tr>
<tr>
<td>NF B</td>
<td>$48,180</td>
</tr>
<tr>
<td>NF A</td>
<td>$29,548</td>
</tr>
<tr>
<td>ICF/DD-CN (non-ventilator dependent)</td>
<td>$140,678</td>
</tr>
<tr>
<td>ICF/DD-CN (ventilator dependent)</td>
<td>$155,461</td>
</tr>
</tbody>
</table>

- Individual cost cap amount depends on level of care
NF/AH Payment Structure/Responsibilities

• Services are delivered through HHAs, DME companies, Nurse Providers, Licensed clinical social workers, WPCS providers

• Reimbursement:
  ▫ NF/AH services are provided as a carve out to MLTSS
  ▫ NF/AH is not provided to Cal MediConnect members
Age Range: 67% are ages 22-64  
20% are ages 65 and older  
13% are ages 21 and under

Average Cost Per Client: $41,744

Most Prevalent Diagnosis: 45% Cerebral Palsy  
30% Muscular Dystrophy  
15% Quadriplegia  
10% Respiratory Failure

Average Length of Stay: 339 days
DD Waiver Care Coordination

- Care Coordination by Regional Centers
  - Responsible for intake, assessment, evaluation, and diagnostic services, preventative services, and case management/service coordination
  - Fund provision of preventive services through contracts with private vendors and implement individual program plans (IPP)
  - Conduct quality assurance activities
  - Conduct assessment (Client Development Evaluation Report (CDER))

- DD Waiver
  - Capacity: 95,000 (since 2010)
  - Additional slots per year: 5,000
  - Current # of participants: 100,000+

- DD Waiver and MLTSS Care Coordination
  - DD care manager on Plan ICT to understand full medical picture and ensure daily care is delivered and person-centered
DD Waiver Payment Structure/Responsibilities

- **Client cost cap:** No cost limit

- **Reimbursement:**
  - DD services are provided as a carve out to MLTSS
  - DD waiver is not provided to Cal MediConnect members
DD Waiver Data

- **Age Range:** 62% are ages 22-64
  34% are ages 21 and under
  4% are ages 65 and older

- **Average Cost Per Client:** $22,777

- **Most Prevalent Diagnosis:** 35% Mild Profound Mental Retardation
  25% Autistic Disorder
  20% Seizures
  20% Cerebral Palsy

- **Average Length of Stay:** 339 days
Care Coordination

- **Case management programs (case managers)**
  - Initiates comprehensive assessment of individual’s health status (includes psychosocial, nutritional, financial, environmental and risk status) to develop a service plan
  - Service plan includes individual’s needs, goals/objectives, services and interventions to be provided

- **Licensed Home Health Aide who is a Certified Nursing Assistant (CNA)**
  - CNAs are certified by CDPH and supervised by a licensed nurse
HIV/AIDS Waiver Care Coordination

- **Frequency of Care Coordination:** Every 90 days (performed by qualified case managers, face-to-face)

- **HIV/AIDS Interdisciplinary Team (IDT):**
  - **ID Team:** the individual, his or her representative, qualified case manager, attending physician or primary care practitioner, parent or guardian
  - IDT Conferences are held at least every 60 days
  - IDT Goals:
    - To assess multi-service needs of recipients
    - Plan for the provision of services to meet those needs
    - Evaluate the effectiveness and ongoing need for interventions identified in the service plan
HIV/AIDS Waiver and MLTSS Care Coordination

- HIV/AIDS Waiver and MLTSS Care Coordination
  - HIV/AIDS care manager on Plan ICT to understand full medical picture and ensure daily care is delivered and person-centered

- Persons with HIV/AIDS may disenroll from Medi-Cal managed care at any time
HIV/AIDS Waiver Payment Structure & Responsibilities

• Cost Cap per member
  ▫ Maximum allowable reimbursement
    $13,200/client/year
    ○ If limit is reached, individual is disenrolled from waiver and may be provided services from other available funding sources
    ○ If individual is eligible, can be re-enrolled in waiver in the new calendar year
  ▫ DHCS pays waiver agencies for administrative and case management services based on flat fees per eligible client per month

• Agencies include: Licensed HHA; County health department; Community-based organizations
HIV/AIDS Waiver Payment Structure & Responsibilities

- **Capacity:** 3,560
  - Additional slots per year: 170-180
  - Current # of participants: 2,897

- **Waitlist:** None
  - Individual agencies can enroll as many clients as feasible until federally imposed limit is reach

- **Reimbursement:**
  - HIV/AIDS services are provided as a carve out to MLTSS
  - HIV/AIDS is **not** provided to Cal MediConnect members
HIV/AIDS Waiver Data

- **Age Range:** 85% are ages 22-64
  
  34% are ages 21 and under
  
  12% are ages 65 and older

- **Average Cost Per Client:** $4,256.54

- **Most Prevalent Diagnosis:** 100% HIV

- **Average Length of Stay:** 302 days
1915(i) DD-RC Care Coordination

- **Regional Centers responsible for care coordination:**
  - Face to face assessment of individual’s support needs and capabilities
  - Assist in developing service plan for each individual
  - Person-centered planning

- **Frequency:** every 12 months or as needed

- **Evaluations through Regional Centers**
  - Review current individual’s current record (social, medical, psychological)
  - Review eligibility criteria (significant functional limitations)

- **1915(i) DD-RC and MLTSS Care Coordination**
  - 1915(i) DD-RC care manager on Plan ICT to understand full medical picture and ensure daily care is delivered and person-centered
1915(i) DD-RC Payment Structure & Responsibilities

- **Organized Health Care Delivery System (OHCDS) arrangement** - DDS is the OHCDS
  - Qualified providers submit claims to RC for services delivered to the beneficiary
  - RC reviews and submits claim of payment to DDS as the OHCDS
  - OHCDS reimburses RC for actual cost of services and submits claim for FFP to DHCS
* Costs for administrative activities are not billed as part of OHCDS payment (claimed separately)

- **Community Living Arrangement Services (CLAS)**
  - Payments in licensed/certified settings do not include cost for room and board
  - Payments do not include routine care and supervision that is expected to be provided by family

- **Reimbursement:**
  - DD services are provided as a carve out to MLTSS
  - DD waiver is not provided to Cal MediConnect members
Universal Assessment
Universal Assessment Tool

- **In progress**
- **Currently, each waiver has an individual assessment tool to determine person’s need for level of care**
- **Goal:**
  - Create a universal standardized assessment tool for all waivers to be used by management, assessing individual care plans
  - Use assessment tool for CCI members rolling into the 8 CCI counties and for Medi-Cal managed care plans
Future of Long-Term Care
California has rebalanced its LTC services per Federal definitions

California has focused HCBS programs on deferring NF placement

Switch focus to NF transitions as CBO network can sustain high need, frail and/or elderly population
  ▪ Affordable and sustainable housing
  ▪ Streamline HCBS waiver programs (menu of providers and menu of services)
  ▪ LTSS Advisory Committee

HCBS future in managed care
GLOSSARY

ALW - Assisted Living Waiver
AHC: Alternative Home Care
ARF: Adult Residential Facilities
CBAS: Community-Based Adults Services
CCA: Care Coordination Agency
CCI: Coordinated Care Initiative
CCT - California Community Transitions
CDPH: California Department of Public Health
CIL: Center for Independent Living
CLAS: Community Living Arrangement Services
DAH: Direct Access Housing
DD - Developmentally Disabled
GLOSSARY

**DD/ID:** Developmental Disability/Intellectual Disability

**DDS:** Department of Developmental Services

**DHCS:** Department of Health Care Services

**DP/NF:** Distinct Part Nursing Facility

**EO:** Elder Options Inc.

**FFA:** Foster Family Agency

**FFP:** Federal Financial Participation

**FFS:** Fee-For-Service

**HCBS:** Home and Community-Based Services

**HHA:** Home Health Agency

**HHCM:** Home and Health Care Management

**HIV/AIDS:** Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
GLOSSARY

ICF/DD: Intermediate Care Facility/Developmental Disability
IHO: In-Home Operations
IHSS: In-Home Supportive Services
IP: Independent Provider
LCSW: Licensed Clinical Social Worker
LO: Lead Organization
LOC: Level of Care
LTC: Long-Term Care
LTSS: Long-Term Supports and Services
MFP: Money Follows the Person Rebalancing Demonstration
MFT: Marriage and Family Therapist
NF/AH: Nursing Facility/Acute Hospitals
OA: Office of AIDS
PPC: Pediatric Palliative Care
RC: Regional Center
GLOSSARY

**RCFE:** Residential Care Facility for the Elderly

**SSI/SSP:** Supplemental Security Income/State Supplementary Payment

**SF-CLSB:** San Francisco Community Living Support Benefit

**SF DPH:** San Francisco Department of Public Health

**SNF:** Skilled Nursing Facility

**TCM:** Targeted Case Management
QUESTIONS?

Please contact Michael Luu at Michael.Luu@dhcs.ca.gov