



Nursing Facility/Acute Hospital Waiver Renewal

Olmstead Advisory Committee

July 20, 2016



NF/AH Waiver Renewal Timeline

Stakeholder Engagement Process



*Sacramento, Fresno, Los Angeles, San Diego, Redding



KICKOFF IN-PERSON MEETINGS

October 2015 Stakeholder Meetings



Public Comment Summary

- A total of 305 stakeholders (waiver participants and providers, family members, advocates, etc.) participated in the October meetings.
- The state received 116 written comments.
- Breakdown of Comments:
 - 36% from advocates
 - 33% from waiver participants and family members
 - 31% from waiver providers



October 2015

Stakeholder Meetings

Identified Waiver Strengths

- Waiver Services provide participants with flexibility to self-direct some benefits.
- Not every state offers waivers similar to NF/AH waiver.
- The NF/AH waiver offers participants a choice of institutional alternative.
- The NF/AH waiver can maximize independent living.



October 2015

Stakeholder Meetings

Identified Waiver Challenges

Care Management

- Limited capacity and long waitlist
- Prescriptive assessment of members eligibility and participant needs
- Lengthy approval process, risking institutionalization

October 2015

Stakeholder Meetings



Identified Waiver Challenges Continued

Cost Neutrality and Fiscal

- Individual cost neutrality methodology
- Amounts for annual individual cost limits
- Reimbursement Structure—provider payments, annual individual cost limits, etc.
- Institutional bias



TECHNICAL EXPERTS WORKGROUP



Technical Experts Workgroup

The Department of Health Care Services (DHCS) formed a technical experts workgroup composed of NF/AH Waiver participants, family members, advocates, providers and other interested stakeholders to guide and provide recommendations on a proposal for the NF/AH Waiver Renewal application, to become effective January 1, 2017.



Technical Experts Workgroup Recommendations

- Support for a local non-state entity performing care management – care coordination.
- Comprehensive care management made available to the NF/AH Waiver participant.
- 20,000 Waiver slots within the first year of the waiver renewal.
- Annual Capacity Increases based on historical data.
- Consider aggregate cost neutrality and assess participants based on their medical necessity.



PROPOSED WAIVER CHANGES



Proposed Waiver Changes

The State is proposing to contract with entities other than Medi-Cal Managed Care Plans, which can provide care management at the local level to increase service delivery, increase access to providers, and improve health outcomes for current and future Participants.



Proposed Waiver Changes

Care Management

Current

State Clinical Staff Roles and Responsibilities

- Determine LOC assignment
- Monitor Individual Cost Cap
- Provide basic care management

Proposed

State Clinical Staff Roles and Responsibilities

- Determine initial member eligibility
- Complete performance reviews
- Confirm authorization of services from review of all medical documentation and identified need
- Track and confirm appropriate actions were taken by CMAs to reduce or resolve issues affecting Participants



Proposed Waiver Changes

Care Management Continued

Care Management Agencies (CMAs)

- Perform person-centered and all-inclusive care management
 - Face-to-face assessments
 - Intake activities (environmental assessments) to determine initial LOC
 - Discuss options in services, service settings, and providers with Participants and possible outcomes
 - Assist Participants when choosing appropriate Waiver services and providers
 - Assess LOC and medical necessity
 - Connect Participants with qualified Waiver providers
 - Identify and address access to care or service issues, if any



Proposed Waiver Changes

Care Management Continued

The State would require that interested CMAs:

- Be capable of serving the target population
- Deliver cost-effective services and utilize other funding streams and resources, whenever possible
- Establish, contract with and maintain a capable provider network, including a requirement to contract with all willing existing NF/AH providers



Proposed Waiver Changes

Care Management Continued

The State would require that interested CMAs:

- Identify Participant health and functional status through care management
- Track and pay claims and other necessary data to monitor service delivery and Participant health outcomes
- Maintain a community presence to meet the care and service needs of Participants



Proposed Waiver Changes

Care Management Continued

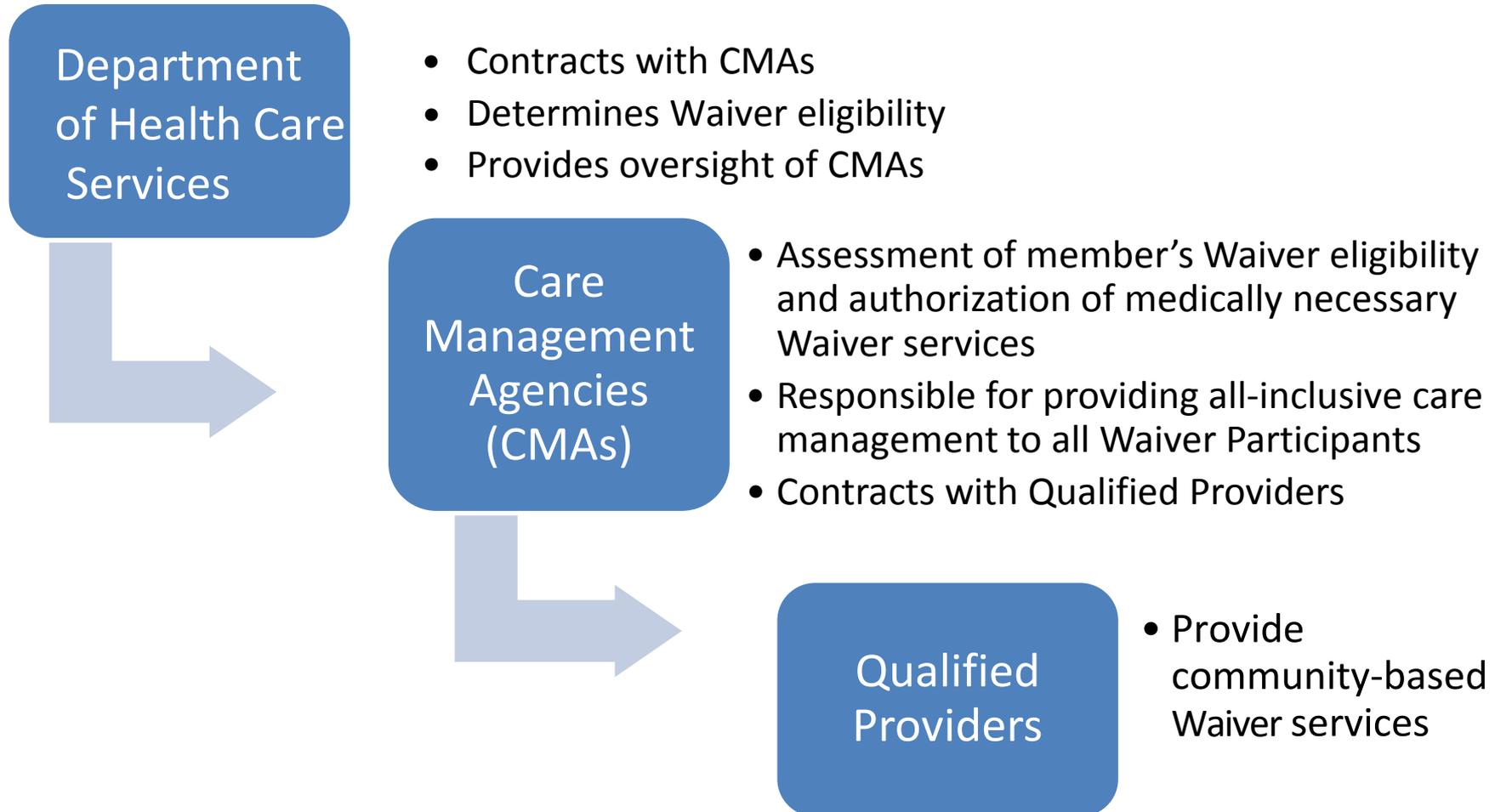
The State would require that interested CMAs:

- Are knowledgeable about the skills and abilities of the Waiver population, both current and potentially eligible
- Provide proof of financial solvency and ongoing viability
- Have global knowledge regarding the Medi-Cal, Medicare and disability delivery systems
- Have a Participant or person with a disability serving in an advisory or board member capacity within the CMA



Proposed Waiver Changes

Care Management Continued





Proposed Waiver Changes

Waiver Capacity

- Adding up to 5,000 slots over the term of the Waiver
- Interim assessment
- Setting a goal to move 60 percent of Participants out of institutions or persons aging out of Early Periodic Screening, Diagnosis and Treatment program
- Incrementally enrolling individuals off the waitlist



Proposed Waiver Changes

Individual Cost Limit



Current

Individual Cost Limit

Each Participant is held to an annual individual cost limit

Proposed

Aggregate Cost Limit

Cost Neutrality calculated in the aggregate



Proposed Waiver Changes

Individual Cost Limit

The amount of Waiver services that will be authorized to a participant is determined based on assessed medical care needs.

Aggregate cost neutrality allows Participants, who may require an amount of Waiver services in excess of the average cost of an institution, authorization of needed Waiver services.



Proposed Waiver Changes

Participant Rights

The State would send a Notice of Action terminating the Participant from enrollment in the Waiver when a Participant is found to be a threat or harm to others they are residing with, caregivers or service providers, care managers or the community at large; or are unable to safely integrate into social settings to ensure the health and safety of the circle of support around the Participant.



Proposed Waiver Changes

Waiver Integration and Renaming

- Seamless transition of all In-Home Operations (IHO) Waiver Participants to the NF/AH Waiver
 - No change in services
 - Participants' safety and well-being will be protected
 - Provides IHO Waiver Participants access to comprehensive care management
- Rename NF/AH Waiver to Home and Community-Based Alternatives (HCB Alternatives) Waiver



Proposed Waiver Changes

Home and Community-Based Settings

Ensure that home settings, including Congregate Living Health Facilities (CLHFs) and Intermediate Care Facilities for the Developmentally Disabled-Continuous Nursing Care (ICF/DD-CNCs) meet new Federal regulations or are transitioned to the State Plan as long-term care providers.



30-Day Comment Period

- The draft NF/AH Waiver renewal was posted on June 10, 2016, on the DHCS NF/AH Waiver Renewal webpage at:
[http://www.dhcs.ca.gov/services/ltc/Pages/Nursing-Family-Acute-Hospital-\(NF--AH\)-Waiver-Renewal.aspx](http://www.dhcs.ca.gov/services/ltc/Pages/Nursing-Family-Acute-Hospital-(NF--AH)-Waiver-Renewal.aspx)
- The full NF/AH Waiver application is also available upon request.



Public Comment



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