

Assisted Living Waiver Benefits Forum

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Presenters

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History

- ▶ The ALW is a 1915(c) Home and Community Based Services (HCBS) waiver
- ▶ Initiated by the California Legislature - AB 499 (Aroner) Statutes of 2000
- ▶ Pilot program from 2006 - 2009 in three counties
- ▶ March 2009, CMS approves waiver for five additional years
- ▶ Effective March 1, 2014 five year waiver renewal

Purpose

- ▶ Bridges the gap between independent living and nursing home care
- ▶ Combines a home-like setting with access to continuous personal support and services
- ▶ Provides an opportunity for individuals to transition out of nursing facilities
- ▶ Offers an alternative to nursing facility placement

ALW Goals

- ▶ Facilitate a safe and timely transition from a SNF into homelike community setting
- ▶ Prevent SNF admissions for members with an imminent need for nursing facility placement
- ▶ Maintain a one-to-one ratio of SNF transitions to community placements

Who is served by the ALW?

- ▶ Medi-Cal eligible over the age of 21 with no share of cost
- ▶ Meet nursing facility level of care
- ▶ Choose to reside in an Assisted Living setting as an alternative to skilled nursing facility (SNF), hospital, or institutional setting
- ▶ Ability to remain safe in an Assisted Living setting

Eligibility Criteria for Facilities

Basic Requirements

- ▶ Must meet licensure and certification requirements set forth by the California Department of Social Services (CDSS), Community Care Licensing (CCL)
- ▶ Must be in substantial compliance and good standing with licensing regulations
- ▶ Must have nursing staff, either on call or employed, in order to provide skilled nursing services as needed to waiver participants
- ▶ Adequate staff to ensure provision of care and supervision to meet client health and safety needs
- ▶ Required to provide private or semi-private bedrooms
- ▶ Lockable door
- ▶ Call systems*
- ▶ Kitchenettes*
- ▶ 24-hour awake staff*

*These requirements are waived for 6 bed facilities

ALW Care Coordination Benefits

Role of the Care Coordination Agency (CCA)

Enrollment

- ▶ Assess potential participants for the waiver program
- ▶ Verify Medi-Cal eligibility
- ▶ Identify Durable Power of Attorney (DPOA), Advanced Healthcare Directive, or Conservator. Assist with obtaining if none
- ▶ In collaboration with participant and/or legal representative and family, complete an assessment and individualized service plan (ISP)
- ▶ Submit application to the state
- ▶ Coordinate move in conjunction with ALW facility
- ▶ Maintain constant communication with the participant and/or legal representative, family and ALW facility

Role of the CCA (continued)

Post Enrollment

- ▶ Identify, organize and coordinate services needed by participant
 - ▶ This includes waiver and non-waiver services
- ▶ Monitor service delivery
- ▶ Perform monthly face to face visits
- ▶ Conduct reassessment of waiver participants and update ISP of waiver every six months, or more frequently if indicated by a change in the condition
- ▶ Ensure all documentation related to the ALW is sent to the facility
- ▶ Provide ongoing care coordination for duration of time the participant is enrolled in the waiver

Role of the Facility

Enrollment

- ▶ Assess potential participant and determine if appropriate for placement
 - ▶ ALW facilities are not allowed to charge potential ALW participants for this assessment
- ▶ Maintain consistent communication with CCA and participant and/or legal representative and family

Role of the Facility (continued)

Post Enrollment

- ▶ Ensure monthly visits are performed
- ▶ Maintain consistent communication with CCA
- ▶ Report incidents to CCL and the CCA
- ▶ Notify the CCA of any hospitalizations, reinstitutionalization, non-compliance, etc.
- ▶ Notify the CCA when the participant has left the facility
 - ▶ Participant must be disenrolled when out of the facility for over 30 days
- ▶ Verify all participant documentation is current
- ▶ Assist with establishment of Durable Power of Attorney (DPOA) or Advanced Healthcare Directive

ALW Required Services

ALW Services

Required Services

- ▶ Development of a care plan that details the frequency and timing of assistance
- ▶ Participation in the development of ISP
- ▶ Provision and oversight of personal and supportive services
- ▶ Personal care and assistance with ADLs sufficient to meet both the scheduled and unscheduled needs of the residents
- ▶ Assistance with self-administration of medication
- ▶ Three meals per day plus snacks
- ▶ Housekeeping and laundry
- ▶ Transportation or arrangement of transportation
- ▶ Daily recreational activities
- ▶ Skilled nursing services as needed

Medi-Cal Payment

- ▶ Medi-Cal does not pay for room and board
- ▶ **Must have confirmation of enrollment in order to bill for services**
 - ▶ Informing Notice
 - ▶ Confirmation of enrollment from DHCS
- ▶ Provider may only bill for days the participant is in the facility
- ▶ Facility may not bill a participant a monthly or per-item fee for items covered by Medi-Cal or required by CCL
- ▶ Medi-Cal payment is considered payment in full for ALW services
- ▶ Payment in Full specified on ALW Provider Agreement

42 CFR 447.15 and W&I Code 14019.3

The Future of ALW

Waiver at Capacity

- ▶ ALW has reached capacity of 3,700 enrollments
- ▶ Does not include the cases currently in a 'pending' status waiting for final enrollment or the applications awaiting medical review by a Department of Health Care Services (DHCS) Nurse Evaluator II or prescreening from administration staff
 - ▶ Any applicant that is found to be eligible is held until a slot opens up
 - ▶ Due to program attrition, approximately 50-60 slots become open each month
- ▶ DHCS immediately implementing a waitlist for the ALW
- ▶ Acceptance of applications halted until May 22, 2017 at which point will only be accepting names for the waitlist
 - ▶ An application will be requested at the point a slot becomes available

Trends in Provider Base

- ▶ Greater need for Adult Residential Facilities
- ▶ Identified need for facilities specializing in traumatic brain injury (TBI)
- ▶ Adding San Francisco County

Home and Community Based Services (HCBS) Final Rule

- ▶ The HCBS Final Rule defines HCB settings as more process and outcome-oriented, guided by the member's person-centered service plan by:
 - ▶ Being integrated in and supporting full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS;
 - ▶ Giving individuals the right to select from among various setting options, including non-disability specific settings and an option for a private unit in a residential setting;
 - ▶ Ensuring individuals' rights of privacy, dignity and respect, and freedom from coercion and restraint;
 - ▶ Optimizing autonomy and independence in making life choices, including daily activities, physical environment and with whom to interact; and
 - ▶ Facilitating choice regarding services and supports, and who provides them.

HCBS Final Rule Continued

- ▶ For Medicaid/Medi-Cal provider-owned or controlled HCB residential settings, the provider must offer:
 - ▶ A legally enforceable agreement between the provider and the consumer that allows the consumer to own, rent or occupy the residence and provides protection against eviction;
 - ▶ Privacy in units including lockable doors, choice of roommates and freedom to furnish and decorate units;
 - ▶ Options for individuals to control their own schedules including access to food at any time;
 - ▶ Individual's freedom to have visitors at any time; and
 - ▶ A physically accessible setting.

How Does the HCBS Final Rule Affect My Facility?

- ▶ Attestation added to ALW initial application
 - ▶ Facility will certify that all 10 requirements have been met
- ▶ Self-assessment survey for Providers - coming soon
- ▶ Provider may need to modify where and how services are delivered
- ▶ Training to staff may be necessary
- ▶ For settings that require change, there will be time to develop transition plans
- ▶ On-site visits

Managed Care vs. Fee-for-Service Model

- ▶ Managed care receives a set dollar amount per member per month
- ▶ Fee for service (FFS) is a payment model where services are unbundled and paid for separately after the service is performed
- ▶ The ALW is a mixture of the two and provides a tiered bundled rate as well as a fee scheduled flat rate
 - ▶ Per person per day for ALW services
 - ▶ Per person per month for Care Coordination services

Collaboration with Managed Care Plans

- ▶ Building/maintaining relationships with Medi-Cal Managed Care Plans and other HCBS providers
- ▶ Continuous collaboration with Medi-Cal Managed Care Plans to improve coordination of care for existing Managed Care Plan members

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Enrollment / Monitoring and Oversight Process

Enrollment Process

- ▶ ALW initial application/attestation
 - ▶ May require some back and forth with DHCS for clarifying/additional information
- ▶ Site visit
 - ▶ Site visits completed approximately 3 months after initial application has been approved
- ▶ Medi-Cal application and processing fee
 - ▶ May also require some back and forth with DHCS for clarifying/additional information

Why Might an Application be Denied?

- ▶ Incomplete initial application
 - ▶ Missing required attachments
 - ▶ Must meet skilled nursing needs
 - ▶ Non-compliance with CDSS-CCL
- ▶ On-site visit
 - ▶ Does not meet HCBS Final Rule or ALW requirements
- ▶ Medi-Cal Application
 - ▶ Incomplete application
 - ▶ Suspended entity
 - ▶ Must be in good standing with Secretary of State
 - ▶ On an exclusion list
 - ▶ Medi-Cal suspended (owners and/or entity)

What to Expect During Comprehensive Facility Reviews

- ▶ Facility clean, safe, and in good repair
- ▶ No recent Type A citations
- ▶ Complete ALW documentation
 - ▶ Current signed ISP
 - ▶ Informing letter
 - ▶ Admissions agreement
 - ▶ Amenity form
 - ▶ Current Physician's Report (602)
 - ▶ Documentation that IRs (incident reports) have been sent to CCAs
 - ▶ Documentation of CCAs monthly visits
- ▶ Interview participants
- ▶ Review of billing

Q&A



Resources

- ▶ Visit our website
 - ▶ <http://www.dhcs.ca.gov/services/ltc/Pages/AssistedLivingWaiver.aspx>
- ▶ Billing Issues
 - ▶ Work with your CCA
 - ▶ Contact Xerox at 1-800-541-5555
- ▶ General Questions
 - ▶ Contact our waiver hotline at (916) 552-9322
- ▶ Complaints/Report of Participant Concerns/Issues
 - ▶ Contact Karli Holkko or Tina Mayes directly
 - ▶ Karli.Holkko@dhcs.ca.gov; Tina.Mayes@dhcs.ca.gov

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