Medi-Cal Home & Community Based Services & CalAIM Updates

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Housekeeping

• All on mute. Use Questions function for substantive questions and for technical concerns.

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• Find materials for this training and past trainings by searching the Resource Library, justiceinaging.org/resource-library. A recording will be posted to Justice in Aging's Vimeo page at the conclusion of the presentation, vimeo.com/justiceinaging.

• Enable closed captioning by selecting “CC” from the Zoom control panel.
Topics To Cover Today

• Common senior fraud schemes
• Medi-Cal Home and Community-Based Services (HCBS)
  • HCBS waivers
  • IHSS and other statewide programs
• Medi-Cal eligibility
• CalAIM and what it means for seniors and people with disabilities
Common Medicare Fraud Schemes
Common Fraud Schemes

Hospice Enrollment
- Enroll non-terminal patients
- False promises
- Unskilled technicians
- Lack medical services
- Denied curative care

COVID-19 Scams
- Charge for vaccine, test
- False claims for add-on services
- Phony websites
- Counterfeit vaccines
- Fake vaccine surveys
Senior Medicare Patrol

• Fraud prevention education
• Billing research
• Fraud alerts and handouts
• www.cahealthadvocates.org
• Report fraud 855-613-7080
• Outside California: www.smpresource.org

California SMP
Empowering Seniors To Prevent Healthcare Fraud
Medi-Cal Home and Community-Based Services (HCBS)
Medicaid State Plan v. Waiver

• A Medicaid state plan is an agreement between a state and the federal government describing how that state administers its Medicaid program

• Optional v. mandatory services:
  • Mandatory services (hospitals, nursing facilities)
  • Optional services (physical therapy, IHSS)
  • Together these form Medi-Cal State Plan
Medicaid State Plan v. Waiver (continued)

• Written approval from the federal government (reviewed and determined by the Centers for Medicare & Medicaid Services)

• Allows states to differ from the rules of the standard federal program. In other words, the state is allowed to “waive” some of the requirements of the federal program.
California’s Medicaid Waivers Include:

• Section 1915(c) Home and Community-Based Services Waiver Programs
• Section 1115 Waivers Research and Demonstration Projects
• Section 1915(b) Waiver Programs
Section 1915(c) – Home and Community-Based Services Waivers

- Home and Community Based Services (HCBS or 1915(c)) Waivers provide an alternative to institutional care for people who qualify for placement in a Medicaid-funded facility. Authorized under Section 1915 of the Social Security Act (42 U.S.C. § 1396n(c))

- Can waive three Medicaid requirements:
  - Comparability (42 U.S.C. § 1396a(a)(10)(B))
  - Statewideness (42 U.S.C. § 1396a(a)(1))
  - Income and resources for the medically needy (42 U.S.C. § 1396a(a)(10)(C)(i)(III))
Section 1115 Waivers: Community-Based Adult Services (CBAS); CalAIM

- States can apply for program flexibility to waive certain provisions of the federal Medicaid law and test policy innovations that promote Medicaid program objectives.
Section 1915(b) Waivers

• In California, DHCS provides Specialty Mental Health Services through County Mental Health Plans through a 1915(b) waiver entitled the Medi-Cal Specialty Mental Health Services Waiver.
Other Relevant California HCBS Non-Waiver Programs

• Community-Based Adult Services (CBAS)
• Program of All Inclusive Care for the Elderly (PACE)
• California Community Transitions (CCT)
• In Home Supportive Services (IHSS)
Section 1915(c) Home-and Community-Based Waivers in California
### Section 1915(c) – Home and Community-Based Services Waivers

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<td>Assisted Living Waiver (ALW)</td>
<td>Aged, Disabled, 21 &amp; Over</td>
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<td>46 Counties; Waiting list</td>
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<td>Self-Determination Program</td>
<td>Has a developmental disability and receives services from a Regional Center</td>
<td>2500 slots Statewide during 2018-2021</td>
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Which Waiver?

• What was the IHO Waiver?
• In Home Operations is a division of DHCS
• Previous administered NF/AH Waiver and IHO Waiver
• IHO Waiver is Closed
• NF/AH waiver is now HCBA Waiver
• HCBS DD Waiver serves Regional Center Clients
HCBS Waiver for Individuals with Developmental Disabilities

• No waitlist
• Administered by Department of Developmental Services (DDS) by Regional Centers
• Not required to be on the Waiver in order to receive Regional Center Services
Self Determination Waiver for Individuals with Developmental Disabilities

• Currently a pilot program; This program offers individuals the freedom to self-direct all services that they qualify to receive. Under this Program, participants have employer authority and budget authority. 2,500 slots, and a waitlist of 7,500+ individuals. The program opens state-wide in June 2021.

• https://www.dds.ca.gov/initiatives/sdp/

Home and Community-Based Alternatives (HCBA) Waiver

• Capacity:
  • 8000 slots, up for renewal in 2022
  • Enrollment prioritized for individuals who have been living in a facility for more than 90 days and children
  • Current Waitlist: 507; approximately 2200 open slots
Home and Community-Based Alternatives Waiver (HCBA) Services

- Facility respite, family/caregiver training
- Medical equipment operating expense
- Personal Emergency Response System (PERS)—installation and testing
- Private duty nursing including home health and shared services
- Transitional case management for medically fragile and technology dependent individuals of any age
Home and Community-Based Alternatives Waiver (HCBA) Services (continued)

- Case management/coordination
- Habilitation
- Home respite
- Waiver Personal Care Services (WPCS)

- Community transition
- Continuous nursing and supportive services
- Environmental accessibility adaptations
Home and Community-Based Alternatives (HCBA) Waiver—How to Apply?

• Submit Waiver Application to the Waiver Agency

• In Alpine; Imperial; Inyo; Marin; Mendocino; Mono; Napa counties submit to DHCS

• [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)

• Enrollment priority in Covid-19 hotspots
Assisted Living Waiver

• Provides assisted living (including personal care) care coordination and other benefits in either a Residential Care Facility for the Elderly or Subsidized Housing.
  • Eligibility: Full-scope Medi-Cal; over age 21, no share of cost; Meet Nursing Facility Level of Care; 5090 enrolled, 4307 on the waiting list
Assisted Living Waiver Services

• Assisted Living Services includes personal care services (including assistance with ADLs and IADLs as needed), chore services, companion services, medication oversight, and therapeutic social and recreational programming provided in a home-like environment. This service includes 24-hour on-site direct care staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence, and to provide supervision, safety, and security.

• Individual Service Plans (ISPs) developed

Assisted Living Waiver—How to Apply

• Call Care Coordination Agencies (CCA):
  • https://www.dhcs.ca.gov/services/ltc/Documents/Care-Coordination-Agencies.pdf
  • Covid-19 hot spot flexibility—priority enrollment
  • https://www.dhcs.ca.gov/services/ltc/Pages/AssistedLivingWaiver.aspx
Multi-Purpose Senior Services Program (MSSP)

- Provides Home and Community-Based Services (HCBS) to Medi-Cal eligible individuals who are 65 years or older and disabled, as an alternative to nursing facility placement.

- Provides community-based case management, linkages to other needed services, and can fund or purchase some services needed to help participants remain in their homes.
Multi-Purpose Senior Services Program (MSSP)—How to Apply

• Medi-Cal individuals who, but for the provision of such services, would require the Nursing Facility (NF) level of care

• Aged 65 years and older

• Individuals must reside in a county with an MSSP Site

• [https://aging.ca.gov/Programs_and_Services/Multipurpose_Senior_Services_Program/](https://aging.ca.gov/Programs_and_Services/Multipurpose_Senior_Services_Program/)
AIDS Waiver

• The AIDS Medi-Cal Waiver Program (provides comprehensive case management and direct care services to persons living with HIV as an alternative to nursing facility care or hospitalization. Participants must (1) have a written diagnosis of HIV/AIDS, (2) have a health status to make home care appropriate, (3) be Medi-Cal eligible on date of enrollment and each month thereafter, and (4) have been certified to meet the Nursing Facility Level of Care or higher.

• **How to find a provider:** [MCWP provider list (PDF)](https://example.com/).
Community-Based Adult Services (CBAS)

• Authorized under 1115 Waiver and administered through Medi-Cal Managed Care Plans

• Services include:
  • individual assessment;
  • professional nursing services;
  • physical, occupational and speech therapies;
  • mental health services;
  • therapeutic activities;

• social services;
• personal care;
• a meal and nutritional counseling;
• transportation to and from the participant's residence and the CBAS center.
Community-Based Adult Services (CBAS)—How to Apply

• DHCS has information about the program here:
  • [https://www.dhcs.ca.gov/services/Pages/Community-BasedAdultServices(CBAS)AdultDayHealthCare(ADHC)Transition.aspx](https://www.dhcs.ca.gov/services/Pages/Community-BasedAdultServices(CBAS)AdultDayHealthCare(ADHC)Transition.aspx)

• More specific consumer information is available through the California Department of Aging:
  • [https://www.aging.ca.gov/Programs_and_Services/Community-Based_Adult_Services/](https://www.aging.ca.gov/Programs_and_Services/Community-Based_Adult_Services/)

• Covid-19 Flexibilities include CBAS Temporary Alternative Services (TAS)
Program of All Inclusive Care for the Elderly (PACE)

• The Program of All-Inclusive Care for the Elderly (PACE) benefits include, but are not limited to, all Medicaid and Medicare covered services.
  • Is 55 years of age or older;
  • Meets the requirement for skilled nursing home care as determined by the PACE organization’s interdisciplinary team assessment and certified by the California Department of Healthcare Services;
  • Lives in a service area (county and zip code) served by a PACE program, and;
  • Can live in the community without jeopardizing his or her health or safety.
Program of All Inclusive Care for the Elderly (PACE)—How to Apply

- Medicare and Medi-Cal eligible
- Medicare Only
- Medi-Cal Only
California Community Transitions (CCT)

• Medi-Cal program which helps transition people from hospitals and skilled nursing facilities to community-based settings

• SB 214 makes CCT available to anyone in one of these settings (previously required 90 days stay; available through January 1, 2024)

• Federal Medicaid rules require 60 days

• CCT coordinates housing, services (e.g., IHSS, ALW, HCBA, CBAS), home modifications and provides post-discharge case management
California Community Transitions (CCT)—How to Apply

• DHCS contracts with community providers called Lead CCT Organizations

• Find a provider here: California Community Transitions Project - DHCS - CA.gov
In-Home Supportive Services
In-Home Supportive Services

Statewide Medi-Cal program to help people with disabilities remain in their own homes

- Provides basic services to individuals who cannot safely perform the tasks themselves
- Administered by each County under the direction of the California Department of Social Services (CDSS)
- Alternative to out-of-home placement

Any California resident is eligible for IHSS if they:

- Are blind, disabled, or 65 years of age or older
- Are SSI/SSP or Medi-Cal eligible
- Are living in a home or apartment (not including a hospital, nursing home, assisted living, or licensed care facility)
- Cannot live safely at home without assistance
In-Home Supportive Services (continued)

- Domestic
- Heavy cleaning
- Related services
- Personal care
- Accompaniment to medical appointments
- Yard hazard abatement
- Teaching and demonstration
- Paramedical services
- Protective supervision
In-Home Supportive Services—How to Apply

• IHSS application information:
  • https://www.cdss.ca.gov/in-home-supportive-services

• Covid-19 Flexibilities:

• IHSS Advocates Manual:
  • https://justiceinaging.org/advocates-guide-in-home-supportive-services-ihss/
  • https://www.disabilityrightsca.org/system/files/file-attachments/5470.01_Appendix%20D.pdf
Medi-Cal Eligibility
What is Medi-Cal?

- California’s Medicaid Program
- Health insurance for low-income children, adults, and seniors
- Payor of last resort
- Can be paired with Medicare
Medi-Cal Eligibility Basics

• Many ways to be eligible:
  • Low-income
  • Linked through SSI or CalWORKs
  • Linked through age, blindness, disability
  • Linked through pregnancy or medical condition

• Medi-Cal covers more than 13 million Californians
MAGI v. Non-MAGI

**MAGI**
- Free
- MAGI counting rules
- No asset test
- No linkage
- Excludes Medicare*

**Non-MAGI**
- Free or SOC
- Income limit
- Asset limit
- Linkage
- Pairs with Medicare
MAGI Medi-Cal and Medicare

• Expansion Adult (19-64):
  • Criteria—not eligible or enrolled in Medicare Part A or B

• Parent/Caretaker Relative:
  • Medicare eligibility/enrollment compatible with MAGI eligibility
  • 109% FPL, Child who lives with relative, relative assumes responsibility
Non-MAGI, Non-SOC Medi-Cal

• SSI-linked Medi-Cal (FREE)
• A&D FPL Medi-Cal (FREE)
• 250% Working Disabled Program (Prem.)
SSI-Linked Medi-Cal

- Categorical eligibility based on link to SSI
- Individual does not need to separately apply for Medi-Cal
- Will receive Medi-Cal “BIC” card in the mail
The Effect of Losing SSI on Medi-Cal Eligibility

- SSI-linked Medi-Cal will terminate, but...
  - Medi-Cal stays active while county determines whether eligibility for a different Medi-Cal program
  - Individual receives notice and must provide information to county so eligibility can be assessed.
Aged & Disabled FPL Medi-Cal

• Aged, blind or disabled
  • Aged—65 years and older
  • Blind—SSI disability standards
  • Disabled—SSDI disability standards

• If Aged, Blind or Disabled, then county welfare department determines whether applicant meets other eligibility criteria
Resource Limits

• Individual—$2000
• Couple—$3000
• Some resources are exempt:
  • Primary residence
  • Clothing, household goods, personal items
  • One car
Income Limits

• Changes year to year in April
• From April 2021 - March 2022
  • Individual—$1,482
  • Couple—$2,004
  • ACWDL 21-01 (January 27, 2021)

• Net countable income, not gross income
250% Working Disabled Program

• Eligibility Criteria:
  • Countable income below 250%
  • Disabled—Social Security standard
  • Countable resources ($2K/$3K)
  • U.S. Citizen or satisfactory immigration status
  • Working—even a little
What Constitutes Work?

• Almost anything where someone is paid for labor:
  • Walking a neighbor’s dog
  • Running an errand for your daughter
  • Reading to a friend
  • $20/month is enough
Medically Needy Share of Cost Medi-Cal

- Medi-Cal program
- Aged, Blind and Disabled
- Over A&D FPL Income Limit
- Resource limits = ($2K/$3K)
What is a Share of Cost?

• **Not** a premium, instead...

• **Monthly** amount that must be spent before coverage begins.
Spousal Impoverishment

- Income and Asset counting methodology
- Must be married/domestic partnership
- One spouse must need HCBS at a nursing home level of care

If all this applies, the rule will greatly reduce countable income and assets for the spouse who needs Medi-Cal and HCBS.
What is CalAIM?

• It is a multi-year initiative by DHCS to improve the quality of life and health outcomes of our population by implementing **broad delivery system, program and payment reform** across the Medi-Cal program.
Goals of CalAIM

• CalAIM has three primary goals:
  1. Identify and manage member risk and need through whole person care approaches and addressing Social Determinants of Health;
  2. Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
  3. Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform.
Major Proposed Changes Impacting Older Adults and People with Disabilities

1. Long term care carved into Medi-Cal Managed Care (1/1/23)
2. Multipurpose Senior Services Program (MSSP) carved out of Medi-Cal Managed Care (1/1/22)
3. Implementation of ECM and In Lieu of Services (1/1/22)
4. Statewide enrollment of dual eligible in Medi-Cal Plans (1/1/23)
5. Termination of Cal MediConnect (12/31/22)
6. Statewide launch of D-SNPs by all Medi-Cal plans (1/1/25)
7. Statewide MLTSS (1/1/27)
Opportunities to Get Involved

• Comment on waiver due by May 6, 2021
• Attend Managed Long-Term Services and Supports and Duals Integration Workgroup
  • Next meeting date: TBD
• Learn more at: https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx
Questions?

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