



California Department of Public Health **MEMORANDUM**

DATE: 5/16/16

SUBJECT: AIDS MCWP Application Companion Guide

This Memorandum serves as a Companion Guide to the Medi-Cal HIV/AIDS Waiver Program (MCWP) Waiver Application that will be submitted to the Centers for Medicare and Medicaid Services (CMS) on August 1, 2016, in order to provide adequate review time and to ensure timely approval. The term of the current approved Waiver is five years, and expires on December 31, 2016. The new Waiver term will also be five years, from January 1, 2017 to December 31, 2021. The Waiver application is due to CMS by no later than September 30, 2016.

Background

The MCWP is authorized by CMS as a 1915(c) Home and Community- Based Services (HCBS) Waiver for Medi-Cal recipients under Title XIX of the Social Security Act. Operating a program of services under the authority of Section 1915(c) of the Social Security Act permits a state to waive certain Medicaid requirements in order to furnish an array of HCBS that promote community living for Medicaid beneficiaries and, thereby, avoid institutionalization. Waiver services complement and/or supplement the services that are available through the Medicaid State plan and other Federal, state and local public programs as well as the supports that families and communities provide to individuals.

The MCWP provides comprehensive case management and direct care services at no cost to persons with HIV disease or AIDS as an alternative to nursing facility care or hospitalization. Case management incorporates a collaborative interdisciplinary team approach consisting of a nurse case manager and a social work case manager, who work with the client and his/her physician, family, caregiver(s), and other service providers, to determine and provide needed services. The goals of the program are to:

- Provide HCBS for persons with HIV-related disabilities who may otherwise require institutional services;
- Assist clients with disease management, preventing disease transmission, stabilizing their health, improving their quality of life, and avoiding costly institutional care;
- Assist client and family in moving toward self-determination; and
- Increase coordination among service providers and eliminate duplication of services.

Waiver Components

The MCWP Waiver application consists of a Brief Waiver Description and ten Appendices (A – J). Each Appendix defines separate elements of Waiver activities. The following is a summary of the Brief Waiver Description and each additional Appendix (significant changes

from the prior approved MCWP Waiver application will be noted in each individual summary):

Brief Waiver Description

This section describes the overall purpose of MCWP, including its goals, objectives, organizational structure, and service delivery methods.

Significant changes:

1. Description of how the State secures public input into the development of the waiver now includes public comment option (*Section 6. Additional Requirements: I. Public Input*).
2. Completed new section regarding State Transition Plan activities (*Section 8. Authorizing Signature: Attachment #2. Home and Community-Based Settings Waiver Transition Plan*).

Appendix A: Waiver Administration and Operations

This appendix identifies the state agency that is responsible for the day-to-day waiver administration and operation, other contracted entities that perform waiver operational functions, and, if applicable, local/regional entities that have waiver administrative responsibilities. The Appendix also provides for indicating how specific waiver operational functions and activities are distributed among state, local/regional and other entities and how the State Medicaid agency monitors performance of those functions.

Significant changes:

1. Edited to clearly outline each entities' roles and responsibilities in administering and operating the MCWP.
2. Performance measures edited to match current CMS requirements (*Quality Improvement: Administrative Authority of the Single State Medicaid Agency*).

Appendix B: Participant Access and Eligibility

This Appendix is designed to answer the question: “*Who receives waiver services?*” In this Appendix, MCWP specifies: (a) the waiver’s target group(s); (b) the individual cost limit (if any) that applies to individuals entering the waiver; (c) the number of individuals who will be served in the waiver and how this number will be managed during the period that the waiver is in effect; (d) the Medicaid eligibility groups served in the waiver; (e) applicable post-eligibility treatment of income policies; (f) procedures for the evaluation of level of care of prospective entrants to the waiver and the periodic re-evaluation of the level of care of waiver participants; (g) how individuals are afforded freedom of choice in selecting between institutional and home and community-based services; and, (h) how MCWP provides for meaningful access to the waiver by individuals with Limited English Proficiency (LEP).

Significant changes:

1. Allowed all primary care providers, and not just the primary physician, to sign the HIV/AIDS diagnosis certificate of eligibility (*Appendix B-1. Specification of the Waiver Target Group(s): b. Additional Criteria*).
2. Applied Spousal impoverishment information (*Appendix B-5. Post-Eligibility Treatment of Income*).
3. Required psychosocial assessments to be completed 15 days prior to enrollment instead of 15 days prior and after enrollment (*Appendix B-6. Evaluation / Reevaluation of Level of Care: f. Process for Level of Care Evaluation/Reevaluation*).
4. Changed case managers' face to face reassessment intervals from 90 days to 180 days, with at least a monthly face to face contact (*Appendix B-6. Evaluation / Reevaluation of Level of Care: f. Process for Level of Care Evaluation/Reevaluation*).
5. Performance measures edited to match current CMS requirements (*Quality Improvement: Level of Care*).
6. *MUpdated estimated number of unduplicated participants in Appendix B-3: Number of Individuals Served to reflect current enrollment data and trends.*

Appendix C: Participant Services

This Appendix is designed to answer the question: *“What services does the waiver offer?”* In this Appendix, MCWP establishes the specifications for each waiver service and any limitations that apply to a service or the overall amount of waiver services. A service specification template (*Appendix C-3*) consolidates information about each waiver service (including its scope, provider qualifications, and whether the service may be participant-directed).

Significant changes:

1. Clarified Social Worker Case Manager qualifications must include at a minimum, a Master's Degree in Social Work, Counseling, or Psychology, as approved by CDPH/OA (*Appendix C-1/C-3. Provider Specifications for Service: Service Type: Statutory Service: Service Name: Enhanced Case Management*).

Appendix D: Participant-Centered Planning and Service Delivery

In this Appendix, MCWP describes how the person-centered service plan is developed along with how MCWP monitors (a) the implementation of the person-centered service plan and (b) participant health and welfare. This Appendix is designed to answer two questions: *“How are participant needs identified and addressed during the person-centered service plan development process?”* and *“How does MCWP monitor the delivery of waiver services?”*

Significant changes:

1. Per new CMS requirements, required better documentation of participant's involvement in service plan development and choice of service providers (*Appendix D-1. Service Plan Development: Service Plan Development Process*).
2. Changed service plan reevaluation from every 90 days to every 180 days, and when there is a change in a participant's needs (*Appendix D-2. Service Plan Implementation and Monitoring: a. Service Plan Implementation and Monitoring*).
3. Performance measures edited to match current CMS requirements (*Quality Improvement: Service Plan*).

Appendix E: Participant Direction of Services

This Appendix is designed to answer the questions: “*What authority do participants have to direct some or all of their waiver services?*” and “*How are participants supported in directing their services?*” This Appendix permits MCWP to specify the opportunities afforded to waiver participants to direct and manage their waiver services.

Significant changes: Changes to this appendix have not been identified at this time.

Appendix F: Participant Rights

In this Appendix, MCWP describes how it affords waiver participants the opportunity to request a Fair Hearing as well as any alternate processes that are available to resolve disputes or address participant complaints/ grievances. This Appendix addresses the question: “*How are participant rights protected?*”

Significant changes: The current participant rights process follows standard Medi-Cal policies and procedures for State Fair Hearings. Necessary changes have not been identified at this time.

Appendix G: Participant Safeguards

This Appendix addresses the question: “*What safeguards has MCWP established to protect participants from harm?*” In this Appendix, MCWP describes how it provides for specific safeguards related to assuring participant health and welfare (e.g., response to critical incidents).

Significant changes:

1. Medication Management and Administration section not applicable since MCWP providers don't have round-the-clock responsibility for the health and welfare of residents (*Appendix G-3. Medication Management and Administration*).
2. Performance measures edited to match current CMS requirements (*Quality Improvement: Health and Welfare*).

Appendix H: Systems Improvement

Here, MCWP describes the mechanisms it will use to engage in systems improvement activities based upon the information it gathers from the discovery and remediation strategies described throughout the application.

Significant changes: The current monitoring and oversight plan collects and tracks compliance and non-compliance in an appropriate fashion. Necessary changes to this appendix have not been identified at this time.

Appendix I: Financial Accountability

In this Appendix, MCWP specifies how it makes payments for waiver services, ensures the integrity of these payments and complies with applicable requirements concerning payments and Federal financial participation. The Appendix is designed to answer the question: *“How does MCWP maintain financial accountability in the waiver?”*

Significant changes: The MCWP employs numerous layers of checks and balances to ensure financial accountability. Necessary changes to this appendix have not been identified at this time.

Appendix J: Cost Neutrality Demonstration

In this Appendix, MCWP furnishes necessary information to demonstrate the cost neutrality of the waiver. This Appendix is designed to answer the question: *“Does the waiver meet statutory cost-neutrality requirements?”*

Significant changes:

The Department of Health Care Services (DHCS) analyzed the most recent and complete enrollment, financial, and utilization data to estimate users and units per service for each Waiver year. The Waiver Renewal Appendix J estimates are based on historical average units of service per user and average cost per service. Further, MCWP enrollment has decreased an average of 7% during the previous Waiver term. DHCS has estimated the five renewal years to follow a historical compound annual trend reflecting a more accurate estimate of MCWP costs.