



California Department of Public Health

MEMORANDUM

DATE: August 13, 2021

SUBJECT: HIV/AIDS Waiver Renewal Application Companion Guide
Medi-Cal Waiver Program

This Memorandum serves as a Companion Guide to the Medi-Cal Waiver Program (MCWP), HIV/AIDS Waiver Renewal Application that will be submitted to the Centers for Medicare and Medicaid Services (CMS) on or before September 30, 2021. The term of the new Waiver will be five years, with an effective date of January 1, 2022 to December 31, 2026.

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.

The MCWP provides comprehensive case management and direct care services at no cost to people 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 participant and his/her physician, family, caregiver(s), and other service providers, to determine and provide necessary services. The goals of the program are to:

- Provide HCBS for people with HIV-related disabilities who may otherwise require institutional services;
- Assist participants with disease management, preventing disease transmission, stabilizing their health, improving their quality of life, and avoiding costly institutional care;
- Assist participant and family in moving toward self-determination;
- Increase coordination among service providers and eliminate duplication of services; and
- Enhance utilization of the program by underserved populations.

Waiver Components

The HIV/AIDS Waiver application consists of a Brief Waiver Description and ten Appendices (A through 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 HIV/AIDS Waiver application will be noted in each individual summary.

Brief Waiver Description

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

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. Performance measures edited to match current CMS requirements (*Quality Improvement: Administrative Authority*).

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 reevaluation 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. Changed case managers’ reevaluation of level of care intervals from 180 days to at least every 365 days (*Appendix B-6. Evaluation / Reevaluation of Level of Care: Process for Level of Care Evaluation/Reevaluation*).

2. Performance measures edited to match current CMS requirements (*Quality Improvement: Level of Care*).

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. Changed Social Worker Case Manager (SWCM) minimum qualifications to include an individual who has a Bachelor’s degree in Social Work, Psychology, Counseling, Rehabilitation or Sociology and at least one year experience in case management. (*Appendix C-1/C-3. Provider Specifications for Service: Service Type: Statutory Service: Service Name: Enhanced Case Management*).
2. Changed Enhanced Case Management comprehensive reassessments, level of care certification; participant centered service plan development including service authorization and implementation, coordination, and monitoring from every 180 days to at least every 365 days. This will include at minimum a monthly face to face visit or telephone call; quarterly face-to-face visits [face to face visits may be conducted by the Registered Nurse Case Manager (RNCM), SWCM or both as warranted by identified medical and/or psychosocial needs]. All previously mentioned activities will occur more frequently should the waiver participant situation warrant it). (*Appendix C: Participant Services C-1/C-3 Service Specification*).
3. Clarified that home and community based services under this waiver are not provided in facilities subject to §1616(e) of the Social Security Act. (*Appendix C Participant Services C-2 General Service Specifications*).
4. Clarified that the Medi-Cal Supplements for Infants and Children in Foster Care as a Service Type has been removed as home and community based services are not provided in facilities subject to §1616(e) of the Social Security Act. (*Appendix C: Participant Services C-1/C-3 Service Specification*).
5. Performance measures edited to match current CMS requirements (*Quality Improvement: Qualified Providers*).

Appendix D: Participant-Centered Service Planning and Delivery

In this Appendix, MCWP describes how the participant centered service plan is developed along with how MCWP monitors: (a) the implementation of the participant 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 participant-centered service plan development process?” and “How does MCWP monitor the delivery of waiver services?”

Significant changes:

1. Changed case managers' review of all components of Participant Centered Service Plan from at least every 180 days to at least every 365 days. The Participant Centered Service Plan is kept current by the case managers through ongoing monitoring with at least monthly telephone contact and quarterly face-to-face visits to assure that the services are meeting the participant's needs. (*Appendix D: Participant-Centered Planning and Service Delivery D-1: Service Plan Development*).
2. Changed timeline that the case manager will work with the participant to determine if he/she is satisfied with current services and service providers from during the monthly contacts to during the monthly contacts and quarterly face-to-face visits. The case manager will work with the participant to determine if he/she is satisfied with current services and service providers (*Appendix D: Participant-Centered Planning and Service Delivery D-2: Service Plan Implementation and Monitoring*).
3. Changed Interdisciplinary team case conference (IDTCC) is held for each participant at least every 180 days to least quarterly to align with the quarterly face-to-face visits. (*Appendix D: Participant-Centered Planning and Service Delivery D-2: Service Plan Implementation and Monitoring*).
4. 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 proposed 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: Changes to this appendix have not been proposed 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. Performance measures edited to match current CMS requirements (*Quality Improvement: Health and Welfare*).

Appendix H: Systems Improvement

In this Appendix, the 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: Changes to this appendix have not been proposed at this time.

Appendix I: Financial Accountability

In this Appendix, the 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:

1. Clarified that Agencies are required to provide a Corrective Action Plan for all findings listed in their Summary of Findings (SOF) Report and submit to CDPH/OA from within 60 days of the receipt of the SOF report to within 30 days. (*Appendix I: Financial Accountability I-1: Financial Integrity and Accountability*)

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: Changes to this appendix will be updated when current data is available.