Home and Community Based Services under Cal MediConnect
Questions and Answers

On January 26th, the Department of Health Care Services (DHCS) posted the Home and Community Based Services (HCBS) policy guidance paper to the CalDuals.org website for stakeholder review and comment. This document is a supplement to the HCBS policy paper and is in response to comments submitted by stakeholders to DHCS.

1. What optional services are available under Cal MediConnect and what are they called?

In addition to the benefits a plan must offer, the optional services that plans may offer will be called Care Plan Option services (CPO services). Generally speaking, CPO services refer to services that Cal MediConnect plans can choose to offer as specified in legislation, (SB 1008 Chapter 33, 2012) including:

1. Respite care: in home (in addition to In Home Supportive Services (IHSS) or out-of-home;
2. Additional Personal Care and Chore Type Services beyond those authorized by IHSS;
3. Habilitation;
4. Nutrition: Nutritional assessment, supplements and home delivered meals;
5. Home maintenance and minor home or environmental adaptation; and,
6. Other services (the list provided by legislation is permissive.) [1]

Under this policy, a plan may offer, as a CPO service, a wide array of services including, but not limited to, services offered under a federal 1915(c) waiver, subject to agreement with the beneficiary. However, these CPO services are not intended to supplant HCBS that a beneficiary has already been authorized to receive. (IHSS, CBAS, MSSP) CPO services may be determined appropriate and necessary through a beneficiary's Individualized Care Plan, or to address a more immediate or short-term health risk.

2. Why aren't the CPO services being offered as part of the covered benefit package?

CPO services are only available today through waivers of federal law. As such, they are not being incorporated into the rate being paid to plans to provide care. Therefore, DHCS believes that it cannot mandate services be provided. At the same time, DHCS believes there is an incentive for plans to provide such services to reduce unnecessary nursing home use. As a result, plans may choose to offer CPO services, but they are not a required benefit.

[1] The legislation allows for "other services," which could include Personal Emergency Response Systems (PERS), assistive technology, In-home skilled nursing care, and other items.

3. Are the waivers open in CCI counties?

Yes. Beneficiaries enrolling in Cal MediConnect will have the option of either staying on a waiver waiting list, or being added to one. If the Cal MediConnect enrollee finds that a waiver slot has opened, they may choose to opt out of Cal MediConnect and join the waiver, or stay in the Cal MediConnect and continue to receive the CPO services as offered by the Cal MediConnect plan.

CPO services may not match services exactly as those under the waiver. These services are upon Cal MediConnect plan discretion and may vary according to the needs of the beneficiary and the recommendations of the Interdisciplinary Care Team. However, it is the intent of the department to encourage Cal MediConnect plans to offer these same waiver services under their CPO services as an alternative to institution- based care.

4. If these CPO services are optional and not part of a covered service, how will this affect Olmstead?

The CCI strengthens the state's response to the Olmstead Act by creating more opportunities to protect the individual's right to be served in the least restrictive setting. Also, since the 1915(c) HCBS waivers will remain open, beneficiaries will have the same waiver opportunities as they do today.

5. Why aren't the CPO services subject to the Medi-Cal grievance and appeals process?

Since the CPO services are not part of the covered Medi-Cal services program today, Cal MediConnect plans are offering them as optional services only. As a result, they are not subject to the Medi-Cal grievance and appeals process. Cal MediConnect plans will develop internal procedures as part of developing a care plan that is person-centered, and will account for consumer preference of services to be provided. In an effort to provide consumer protection and add transparency, the plans will be required to track and report all complaints, including those related to the CPO services, to DHCS on a quarterly basis.

6. What are the incentives that Cal MediConnect plans will have to offer these CPO services?

The Cal MediConnect plans' new authority to offer a broader range of these CPO services will reduce the need for waivers for those eligible for Cal MediConnect. At the same time, Cal MediConnect plans will have the incentive to offer the CPO services in order to keep their members in the least restrictive, community setting resulting in a higher quality of life, and preventing costly institution-based care.

7. ***Will Cal MediConnect plans be required to contract with California Community Transitions (CCT) lead organizations for transition services?***

No. Cal MediConnect plans will be encouraged to utilize service providers that have resources and expertise-including CCT lead organizations. DHCS will assist in facilitating meetings between the CCT and Cal MediConnect plans to discuss how they may work together.

8. ***What happens if a waiver eligible beneficiary has opted out of Cal MediConnect, and there is no open waiver slot?***

A person that opts out of Cal MediConnect would not receive waiver services, with the exception of MSSP, unless enrolled in a waiver. This is what happens today.

9. ***Is a beneficiary required to give up their waiver slot if they enroll in Cal MediConnect?***

If a beneficiary that is on a waiver waiting list joins Cal MediConnect, then that beneficiary retains his or her position on that list. Once a slot opens, the beneficiary has the choice to: 1) opt out of Cal MediConnect and join the waiver; or, 2) continue to receive services from the Cal MediConnect plan. A beneficiary cannot be both in the waiver and in Cal MediConnect, consistent with CCI legislation.

10. ***Does institutional deeming apply?***

Yes. Institutional deeming rules will continue to apply to recipients of the CPO services that would be otherwise eligible for nursing facility care.

11. ***What does the term "Habilitation" mean in the context of the CPO services?***

Habilitation refers to training to persons with disabilities to meet their daily living needs. It may include a wide range of orientation, training, educational services (e.g. teaching beneficiaries to take public transportation, navigate streets, shopping for them, using tools and facilities etc.) The term habilitation tends to be reserved for services to individuals who have never developed those skills, e.g. a developmentally disabled person.

12. ***What does the term "MSSP-like" services mean?***

"MSSP-like" is a colloquial term (not used in guiding policies or documents) used to describe the care management and coordination activities that Cal MediConnect plans are required to provide as described in plan's Medicare Model of Care (MOC), Care Coordination Standards, and the Plan Readiness Review tool. MSSP provides social and health care management for frail elderly clients who are certifiable for placement in a nursing facility but who wish to remain in the community. Most MSSP participants use state plan services like IHSS, CBAS, NF, and all Medi-Cal or Medicare medical services.