

# ASSISTED LIVING WAIVER AND MANAGED CARE OPPORTUNITIES

JUNE 6, 2018



# Presenter

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**George Kutnerian, MS, MBA**

*6Beds Senior Vice President of Public Policy & Legislation,  
RCFE Operator*

Education:

*B.S. UC Berkeley*

*M.S. Columbia University*

*MBA University of Chicago*

# Today's Roadmap

- 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 (Los Angeles, Sacramento, and San Joaquin)
- March 2009, CMS approves waiver for five additional years
- Effective March 1, 2014 five year waiver renewal

# History

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# 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 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 Department of Social Services, 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

# Eligibility Criteria for Facilities

## **BASIC REQUIREMENTS** (continued)

- Adequate staff to ensure provision of care and supervision to meet client health and safety needs
- Required to provide private or semi-private bedrooms and private or semi-private bathrooms, shared by no more than two waiver participants
- Call systems\*
- Lockable door and kitchenettes\*

*\*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)

# Role of the Care Coordination Agency (CCA)

## **ENROLLMENT** (continued)

- 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
- Share documentation with ALW facility

# Role of the Care Coordination Agency (CCA)

## POST ENROLLMENT (continued)

- Verify Medi-Cal eligibility monthly
- Identify, organize and coordinate services needed by participant
- Monitor service delivery
- Perform monthly face to face visits

# Role of the Care Coordination Agency (CCA)

## POST ENROLLMENT (continued)

- Conduct reassessment of waiver participants and update ISP of waiver every six months, or more frequently if indicated by a change in the condition
- Maintain consistent communication with facility
- 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 for this assessment
- Maintain consistent communication with CCA and participant and/or legal representative and family

# Role of the Facility

## 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.
- 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



# ALW Services

## **REQUIRED SERVICES** (continued)

- 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 Considered Payment in Full

- Medi-Cal payment is considered payment in full for ALW services
- Facilities may not bill a participant a monthly or per-item fee for items covered by Medi-Cal or required by CCL
- Specified on ALW Provider Agreement

42 CFR 447.15 and W&I Code 14019.3

# Benefit of the ALW

# Purpose

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1

Bridges the gap between independent living and nursing home care

2

Combines a home-like setting with access to continuous personal support and services

3

Provides an opportunity for individuals to transition out of nursing facilities

4

Offers an alternative to nursing facility placement

# ALW GOALS

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- Facilitate a safe and timely transition from a skilled nursing facility (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 (May be Changing to 60% to 40% Ratio)

# 15 PARTICIPATING COUNTIES

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- Alameda
- Contra Costa
- Fresno
- Kern
- Los Angeles
- Orange
- Riverside
- Sacramento
- San Bernardino
- San Diego
- San Francisco
- San Joaquin
- San Mateo
- Santa Clara
- Sonoma

# Levels of Care & Service Rates

# Levels of Care

- Tier 1: Supervision
- Tier 2: Limited Assistance
- Tier 3: Extensive Assistance
- Tier 4: Total Dependence
- Tier 5: Traumatic Brain Injury



# Levels of Care (Continued)

- Supervision: Cueing or set-up assistance provided 3 or more times during the last 7 days and/or physical assistance provided 2 times during the last 7 days
- Limited Assistance: Client highly involved in activity, received physical assistance 3 or more times during the last 7 days.
- Extensive Assistance: Extensive assistance provided or full performance of task by others during part, but not all of last 7 days.
- Total Dependence: Full performance of activity by others during entire 7 days.

# Daily Service Rates

- Tier 1: \$58 (Supervision)
- Tier 2: \$69 (Limited Assistance)
- Tier 3: \$80 (Extensive Assistance)
- Tier 4: \$92 (Total Dependence)
- Tier 5: \$200 (Traumatic Brain Injury)

Source: ALW Fact Sheet (Department of Health Care Services website)

# Monthly Room & Board Paid By ALW Beneficiary

The resident is responsible to pay for their own monthly room and board. For 2018, for those with Supplemental Security Income (SSI) income of \$1,173.37, room and board is \$1,039.37 and those with income of \$1,193.37 or greater, room and board is \$1,059.37.

Source: ALW Fact Sheet (Department of Health Care Services website)

# Total Monthly Compensation At Each Tier Level

## Monthly Room & Board + Daily Service Rate (30 Days)

- Tier 1: \$1,039 + \$1,740 = **\$2,779** Supervision
- Tier 2: \$1,039 + \$2,070 = **\$3,109** Limited Assistance
- Tier 3: \$1,039 + \$2,400 = **\$3,439** Extensive Assistance
- Tier 4: \$1,039 + \$2,760 = **\$3,799** Total Dependence
- Tier 5: \$1,039 + \$6,000 = **\$7,039** TBI

# Service Level Mix

• Tier 1: \$58	33%	\$19
• Tier 2: \$69	17%	\$12
• Tier 3: \$80	28%	\$22
• Tier 4: \$92	<u>22%</u>	<u>\$20</u>
	100%	\$74 (Weighted Avg. Daily Rate)

Weighted Avg. Monthly Compensation (30 Days):  $\$1,039 + \$2,220 = \mathbf{\$3,259}$

# Positive Rate Developments

After no provider rate increases from 2006 through 2016, ALW providers finally received a rate increase in both 2017 and 2018

<u>Tier</u>	<u>2006-2016</u>	<u>2017</u>	<u>2018</u>	<u>2016/2017</u>	<u>2017/2018</u>
1	\$52	\$55	\$58	5.77%	5.45%
2	\$62	\$66	\$69	6.45%	4.55%
3	\$71	\$75	\$80	5.63%	6.67%
4	\$82	\$87	\$92	6.10%	5.75%

# Program Capacity Developments

- March 2017: ALW Hits Program Capacity of 3,700
- March-May 2017: Application Freeze is Implemented
- May 2017: ALW Waitlist Goes Into Effect
- Current: ALW Waitlist Has ~3,500 Persons On It
- Pending: Governor's 2018-2019 Budget Proposes Addition of 2,000 Slots. Likely to Take Effect in Fall of 2018.

Advocacy Efforts By Coalition That Included 6Beds, CALA, LeadingAge CA, Alzheimer's Association, California Hospitals Association, and SCAN Foundation Leads to Governor's 2018-2019 Budget Proposing Addition of 2,000 Slots

# Current Proposed Legislation: AB 2233 (Kalra)

- Proposes to Increase ALW Program Slots to 18,500 Over 5 Year Term of the Waiver
- Proposes Geographic Expansion Over 5 Year Term of the Waiver
- Proposes to Increase Provider Rates to Account for Minimum Wage Increases That Took Place From 2006 Through 2016.



# ALW Provider Base Needs

- Greater Need for Adult Residential Facilities (ARFs):
  - Common Myth that ALW Is Only for the Elderly
  - There are Only 18 ARFs Currently Enrolled as Providers in ALW, out of ~315 Facilities (5.7%)
  - 9.31% of Current Enrollees Are Between Ages 21 and 60
- There is an Identified Need for Facilities Specializing in Traumatic Brain Injury (TBI)
  - Currently Only 2 Facilities Specializing in TBI

# DHCS' Strategic Plan for ALW

- Phase I: Renew ALW with Minimal Changes for New Five Year Term
- Phase II: After Approval, Work on Merging ALW with Home and Community Based Alternatives (HCBA) Waiver
  - Merging of the ALW with HCBA Will Make the ALW Statewide
  - More Providers Will Be Needed to Meet Statewide Demand

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# ALW Provider Application Basics

# ALW Provider Application Basics

## Phase I

- Apply for a National Provider Identification (NPI) Number (<https://nppes.cms.hhs.gov>)
- ALW Initial Provider Application
- ALW Provider Agreement
- Residential Provider Verification
- Site Visit

# ALW Provider Application Basics

## Phase I

- ALW Initial Provider Application
  - What Kind of RN and/or LVN availability will your facility have?
  - How will your facility meet skilled nursing needs?
  - Does your facility have at least 3 bathrooms?
  - How will your facility maintain privacy?

# ALW Provider Application Basics

**Send all application packets to:**

Assisted Living Waiver Unit  
Long-Term Care Division  
Department of Health Care Services  
1501 Capitol Avenue, MS 4503  
P.O. Box 997437  
Sacramento, CA 95899-7437

# ALW Provider Application Basics

## Phase II

- DHCS MediCal Provider Application (DHCS 6204)
- DHCS MediCal Disclosure Statement (DHCS 6207)
- DHCS MediCal Provider Agreement (DHCS 6208)
- Non-Refundable Application Fee of \$560.00

# Resources

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- **VISIT ALW 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



# Non-ALW Opportunities

# Acute Hospitals Paying for Transitional Care at Board & Care RCFEs

- Hospitals Starting to Pay for up to 60 Days of Care at Board & Care RCFEs (Example: Dignity Health – [www.dignityhealth.org](http://www.dignityhealth.org))
- Hospitals Save More Money By Paying for 60 Days of Board & Care as an Alternative to Keeping Someone in the Hospital for Months
- Can Serve as a Bridge to ALW Enrollment
- Can Serve as a Bridge to Sale of Asset (Example: Home)

# Managed Care vs. Fee-for-Service Model

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- 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

# Program of All-Inclusive Care for the Elderly (PACE)

The Programs of All-Inclusive Care for the Elderly (PACE) provides comprehensive medical and social services to certain frail, community-dwelling elderly individuals, most of whom are dually eligible for Medicare and Medicaid benefits. An interdisciplinary team of health professionals provides PACE participants with coordinated care. For most participants, the comprehensive service package enables them to remain in the community rather than receive care in a nursing home.

Financing for the program is capped, which allows providers to deliver all services participants need rather than only those reimbursable under Medicare and Medicaid fee-for-service plans. PACE is a program under Medicare, and states can elect to provide PACE services to Medicaid beneficiaries as an optional Medicaid benefit. The PACE program becomes the sole source of Medicaid and Medicare benefits for PACE participants.

# Program of All-Inclusive Care for the Elderly (PACE)

- Some PACE programs will pay monthly towards the cost of care at an RCFE

# PACE Eligibility

Individuals can join PACE if they meet certain conditions:

- Age 55 or older
- Live in the service area of a PACE organization
- Eligible for nursing home care
- Be able to live safely in the community

The PACE program becomes the sole source of services for Medicare and Medicaid eligible enrollees. Individuals can leave the program at any time.

# PACE Programs

Alameda, Contra Costa - Center for Elders' Independence  
[www.cei.elders.org](http://www.cei.elders.org)

Fresno - Fresno PACE ([www.fresnopace.org](http://www.fresnopace.org))

Humboldt - Redwood Coast PACE ([www.humsenior.org](http://www.humsenior.org))

Los Angeles – AltaMed ([www.altamed.org](http://www.altamed.org))

Los Angeles - Brandman Centers for Senior Care  
([www.brandmanseniorcare.org](http://www.brandmanseniorcare.org))

Orange County - CalOptima PACE ([www.caloptima.org](http://www.caloptima.org))

Riverside and San Bernardino - InnovAge Greater CA PACE  
([www.myinnovage.com](http://www.myinnovage.com))

San Francisco, Alameda, Santa Clara - On Lok Lifeways  
([www.onlok.org](http://www.onlok.org))

San Diego - St. Paul's PACE ([www.stpaulspace.org](http://www.stpaulspace.org))

San Diego - San Diego PACE ([www.syhc.org](http://www.syhc.org))

Sacramento - Sutter SeniorCare  
([www.sutterhealth.org/PACE](http://www.sutterhealth.org/PACE))

# Cal MediConnect and Coordinated Care Initiative

**1. Mandatory enrollment in Medi-Cal managed care.** With few exceptions, all Medi-Cal beneficiaries in the eight counties will be mandatorily enrolled in a managed care plan for their Medi-Cal benefits.

**2. Integration of Long-term services and supports (LTSS).** LTSS will be integrated into the Medi-Cal managed care benefit package. Accordingly, health plans will be responsible for providing In-Home Supportive Services (2), Community Based Adult Services, Multi-Purpose Senior Services Program benefits, and nursing facility benefits.

**3. Cal MediConnect.** Most dual eligibles will be automatically enrolled into a Cal MediConnect plan that combines their Medicare and Medi-Cal benefits. Beneficiaries will have one card and will access all of their Medicare, Medi-Cal, including LTSS, through the health plan.



# Cal MediConnect and Managed MediCal Plans

- **Cal MediConnect and Managed MediCal Plans May Pay for cost of care at RCFEs**
  - **San Mateo Has Created ALW Mirror Program**

# Cal MediConnect and Coordinated Care Initiative Participating Counties

Alameda

San Bernardino

Los Angeles

San Diego

Orange

San Mateo

Riverside

Santa Clara

# Cal MediConnect Plans

## Los Angeles County

- Los Angeles County Health Net Cal MediConnect  
1-888-788-5395 TTY: 711 [healthnet.com/calmediconnect](http://healthnet.com/calmediconnect)
- L.A. Care 1-888-522-1298 TTY: 711 [calmediconnectla.org](http://calmediconnectla.org)
- CareMore 1-888-350-3447 TTY: 711 [duals.caremore.com](http://duals.caremore.com)
- Care1st Cal MediConnect Plan 1-855-905-3825 TTY: 711  
[care1st.com/ca/calmediconnect](http://care1st.com/ca/calmediconnect)
- Molina Dual Options 1-855-665-4627 TTY: 711  
[molinahealthcare.com/duals](http://molinahealthcare.com/duals)

# Cal MediConnect Plans

## Riverside and San Bernardino Counties

- IEHP Dual Choice 1-877-273-IEHP (4347) TTY: 1-800-718-4347  
[iehp.org](http://iehp.org)
- Molina Dual Options 1-855-665-4627 TTY: 711  
[molinahealthcare.com/duals](http://molinahealthcare.com/duals)

# Cal MediConnect Plans

## Riverside and San Bernardino Counties

- IEHP Dual Choice 1-877-273-IEHP (4347) TTY: 1-800-718-4347  
[iehp.org](http://iehp.org)
- Molina Dual Options 1-855-665-4627 TTY: 711  
[molinahealthcare.com/duals](http://molinahealthcare.com/duals)

## Orange County

- Cal Optima OneCare Connect 1-855-705-8823  
TTY: 1-800-735-2929 [caloptima.org](http://caloptima.org)

# Cal MediConnect Plans

## San Diego County

- Care1st Cal MediConnect Plan 1-855-905-3825 TTY: 711  
[care1st.com/ca/calmediconnect](http://care1st.com/ca/calmediconnect)
- CommuniCare Advantage 1-888-244-4430 TTY: 1-855-266-4584  
[chgsd.com](http://chgsd.com)
- Health Net Cal MediConnect 1-888-788-5805 TTY: 711  
[healthnet.com/calmediconnect](http://healthnet.com/calmediconnect)
- Molina Dual Options 1-855-665-4627 TTY: 711  
[molinahealthcare.com/dual](http://molinahealthcare.com/dual)

# Cal MediConnect Plans

## San Mateo County

- Care Advantage CMC 1-866-880-0606 TTY: 1-800-735-2929 or 711 [hpsm.org](http://hpsm.org)

## Santa Clara County

- Santa Clara Family Health Plan Cal MediConnect 1-877-723-4795 TTY: 1-800-735-2929 [scfhp.com](http://scfhp.com)
- Anthem Blue Cross 1-888-350-3532 TTY: 711 [duals.anthem.com/ca](http://duals.anthem.com/ca)

# MediCal Managed Care Plans

## Los Angeles County

- Health Net 1-800-327-0502 TTY: 1-800-431-0964 [healthnet.com](http://healthnet.com)
- Molina Health Plan 1-888-665-4621 TTY: 1-800-479-3310  
[molinahealthcare.com](http://molinahealthcare.com)
- L.A. Care 1-888-839-9909 TTY: 1-866-522-2731 [lacare.org](http://lacare.org)
- Anthem Blue Cross 1-800-407-4627 TTY: 1-888-757-6034 [anthem.com](http://anthem.com)
- Care1st 1-800-605-2556 TTY: 1-800-735-2929 [care1st.com](http://care1st.com)
- Kaiser Permanente 1-800-464-4000 TTY: 1-800-777-1370  
[healthy.kaiserpermanente.org](http://healthy.kaiserpermanente.org)



# MediCal Managed Care Plans

## Riverside and San Bernardino Counties

- Inland Empire Health Plan (IEHP) 1-800-440-4347 TTY: 1-800-718-4347 [iehp.org](http://iehp.org)
- Kaiser Permanente 1-800-464-4000 TTY: 1-800-777-1370 [healthy.kaiserpermanente.org](http://healthy.kaiserpermanente.org)
- Molina Health Plan 1-888-665-4621 TTY: 1-800-479-3310 [molinahealthcare.com](http://molinahealthcare.com)
- Health Net 1-800-327-0502 TTY: 1-800-431-0964 [healthnet.com](http://healthnet.com)

## Orange County

- CalOptima 1-888-587-8088 TTY: 1-800-735-2929 [caloptima.org](http://caloptima.org)

# MediCal Managed Care Plans

## San Diego County

- Care1st Health Plan 1-800-605-2556 TTY: 1-800-735-2929 [care1st.com](http://care1st.com)
- Community Health Group 1-800-224-7766 TTY: 1-800-735-2929 [chgsd.com](http://chgsd.com)
- Health Net 1-800-327-0502 TTY: 1-800-431-0964 [healthnet.com](http://healthnet.com)
- Molina Health Plan 1-888-665-4621 TTY: 1-800-479-3310 [molinahealthcare.com](http://molinahealthcare.com)
- Kaiser Permanente 1-800-464-4000 TTY: 1-800-777-1370 [healthy.kaiserpermanente.or](http://healthy.kaiserpermanente.or)

## San Mateo County

Health Plan of San Mateo 1-800-750-4776 TTY: 1-800-735-2929 [hpsm.org](http://hpsm.org)

# MediCal Managed Care Plans

## Santa Clara

- Santa Clara Family Health Plan 1-800-260-2055 TTY: 1-800-735-2929  
scfhp.com
- Kaiser Permanente 1-800-464-4000 TTY: 1-800-777-1370  
healthy.kaiserpermanente.org
- Anthem Blue Cross 1-800-407-4627 TTY: 1-888-757-6034 anthem.com

# Collaboration with Managed Care Plans

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- Building/maintaining relationships with Medi-Cal Managed Care Plans and other Home and Community Based Services (HCBS) providers
- Continuous collaboration with Medi-Cal Managed Care Plans to improve coordination of care for existing Managed Care Plan members

# Working with County Mental Health Departments

- Counties are starting to work with RCFEs and ARFs to better serve adults and older adults with severe mental illness who are homeless or are risk of chronic homelessness
- Counties are starting to contribute towards the cost of care at board & care RCFEs and ARFs serving this target population through a Supplemental Payment (PATCH)
- PATCHes vary widely, but can be as high as \$350/day

# Future of Medicare

- Medicare historically has only paid for skilled services (e.g. Home Health)
- Medicare is starting to allow for payment of non-medical in-home care through Medicare Advantage plans
- Could assisted living/residential care be next?

QUESTIONS?