



KERN HEALTH SYSTEMS

Policy and Procedure Review

KHS Policy & Procedure: 19.23-P Home and Community Based Services was developed per DHCS APL 22-018; approval received on 12/20/2022. The policy also includes approved revisions per 2024 Operational Readiness.

Reviewer	Date	Signature
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KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Home and Community Based Services (HCBS) Waiver Programs				POLICY #: 19.23-P	
DEPARTMENT: Population Health Management					
Effective Date: 11-01-2022	Review/Revised Date: 12-06-2024	DMHC		PAC	
		DHCS	X	QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

Emily Duran
Chief Executive Officer

Date _____

Chief Operating Officer

Date _____

Chief Medical Officer

Date _____

Medical Director of Population Health Management

Date _____

Director of Population Health Management

Date _____

Senior Director of Provider Network

Date _____

Director of Claims

Date _____

Director of Utilization Management

Date _____

POLICY:

A. Kern Health System (KHS) will implement Home and Community Based Services (HCBS)

Waiver Programs in compliance with DHCS Contract. HCBS waiver services are designed to provide in-home care and support to recipients who would otherwise require institutionalization in a medical facility for a prolonged period of time.

- B. The HCBS waiver programs include, but are not limited to: HIV/AIDS Waiver, Assisted Living Waiver, HCBA Waiver, and MSSP. If the agency administering the waiver concurs with Contractor's assessment of the Member and there is available placement in the waiver program, the Member will receive HCBS waiver program services while remaining enrolled with Contractor.
- C. The HCBA Waiver provides care management services to persons at risk for nursing home or institutional placement. The care management services are provided by a multidisciplinary care team comprised of a nurse and social worker. The care management team coordinates Waiver and State Plan services (e.g., medical, behavioral health, In-Home Supportive Services, etc.), and arranges for other available long-term services and supports available in the local community. Care management and Waiver services are provided in the Participant's community-based residence. This residence can be privately owned, secured through a tenant lease arrangement, or the residence of a Participant's family member.
- D. HCBS do not include services that are available as an EPSDT service, HCBS waiver services for recipients 20 years of age and younger will only be those services that are otherwise not covered under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit as described in Title 22 CCR Sections 51184, 51340 and 51340.1. Waiver recipients must use Medi-Cal services prior to using waiver services. For example, waiver recipients 20 years of age and younger are eligible to receive EPSDT Private Duty Nursing (PDN) and Pediatric Day Health Care (PDHC) services.
- E. The primary goal of the Medi-Cal Waiver Programs is to provide support to ensure that recipients' medical needs can be met appropriately and safely in a home environment. Another goal is for the recipients to experience an enhanced and enriched quality of life by receiving services in the home rather than in an institution. A further objective, and a Federal requirement, is that waiver programs must be less costly than the institutional alternative.
- F. A recipient may be enrolled in only one HCBS waiver program at a time. If enrolled in the Multi-Purpose Senior Services Program (MSSP), Developmentally Disabled (DD) Waiver or AIDS Waiver, a recipient must first disenroll to be eligible for one of IHO's HCBS waivers.
- G. Recipients are not required to disenroll from managed care plans (MCPs) to remain or enroll in a Medi-Cal waiver program (MCWP) authorized under Section 1915(c) of the Social Security Act. This applies to HCBS waiver services including but not limited to the NF/AH Waiver Program and the AIDS Waiver Program. Seniors and persons with disabilities who are required to enroll in a MCP may continue to receive services from the waiver program in which they are enrolled.

Home and Community Based Services will align with the requirements outlined in Exhibit A Attachment III Section 4.3 Population Health Management and Coordination of Care; Exhibit A Attachment III Subsection 5.2.12 (Continuity of Care), and California Medi-Cal 2020 Demonstration, Number 11-W-00193/9 Special Terms and Conditions Section VIII.44

DEFINITIONS:

Multipurpose Senior Services Program (MSSP) Waiver:	<p>Program that provides alternative to nursing facility placement for Medi-Cal eligible individuals who are 65 years or older and disabled. Eligibility:</p> <ul style="list-style-type: none">A. Nursing facility level of care - 65+B. Only enrolled in one HCBS waiver program at any timeC. Must reside in a county with an MSSP site Services may include:<ul style="list-style-type: none">1. Case management2. Personal care services3. Respite care (in-home and out-of-home)4. Environmental accessibility adaptations5. Housing assistance/minor home repair6. Transportation7. Chore services8. Personal emergency response system/communication device9. Adult day care/support center/health care10. Protective supervision11. Meal services12. Social reassurance13. Money management14. Communication services (translation/interpretation)
HIV/AIDs Waiver:	<p>The HIV/AIDs Waiver: Provides home and community-based services as an alternative to nursing facility or hospitalization. Eligibility may include:</p> <ul style="list-style-type: none">A. Health status qualifies them for nursing facility care or hospitalization.B. In an “aid code” with full benefitsC. Not enrolled in PACED. Have a written diagnosis of HIV disease or AIDS with current signs, symptoms or disabilities related to HIV disease or treatment. <p>Services may include:</p> <ul style="list-style-type: none">1. Case management2. Skilled nursing3. Attendant care4. Psychotherapy5. Home delivered meals.6. Nutritional counseling7. Nutritional supplements8. Medical equipment and supplies9. Minor physical adaptations to the home10. Non-emergency medical transportation11. Financial supplements for foster care.
Assisted Living Waiver:	<p>Assisted Living Waiver: Offers eligible seniors and persons with disabilities who are at risk of being institutionalized an opportunity to utilize ALW services that will allow them to remain safely at home.</p>

	<p>Eligibility:</p> <ul style="list-style-type: none"> A. Age 21 or older B. Full-scope Medi-Cal with zero share of cost C. Health care needs equal to nursing facility level of care. D. Willing to live in an assisted living facility or public subsidized housing.
<p>Home and Community-Based Services Home and Community-Based Alternatives Waiver (HCBA)</p>	<p>HCBA is to provide Medi-Cal members with long-term medical conditions who meet one of the designated LOC:</p> <ul style="list-style-type: none"> A. Hospital, for 90 consecutive days or greater and meet waiver medical care criteria. B. Nursing Facility- NF-A, NF-B, and NF-Subacute LOC. C. Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID): <ul style="list-style-type: none"> 1. ICF/DD-CN non-ventilator dependent and ICF/DD-CN ventilator dependent LOC <p>The waiver provides the option of returning to and/or remaining in a home or home-like community setting in lieu of institutionalization. The Member must meet the acute hospital, adult subacute, pediatric subacute, intermediate care facility for developmentally disabled, continuous nursing care and nursing facility A/B levels of care with the option of returning and/or remaining in their home or home-like setting. through the provision of:</p> <ul style="list-style-type: none"> A. Waiver Personal Care Services (WPCS), B. community transition services, C. comprehensive care management, continuous nursing and supportive services, D. Developmentally Disabled/Continuous Nursing Care (DD/CNC) non-ventilator dependent services, E. Developmentally Disabled/Continuous Nursing Care (DD/CNC) ventilator dependent services, F. Environmental accessibility adaptations, G. Facility respite, H. Family/caregiver training, I. Medical equipment operating expense, J. Personal Emergency Response (PERS) installation and testing, Personal Emergency Response Systems (PERS) monthly, K. Private duty nursing - including home health aide and shared services, and transitional case management.

PROCEDURES:

A. General Waiver Provisions

1. The approval of waiver services requires the active participation of the recipient, their family and/or primary caregiver, primary care physician and HCBS waiver Case Manager in the development of a Plan of Treatment (POT), to ensure the continued health and safety

of the recipient.

2. Each request for waiver enrollment and for waiver services is carefully evaluated based on special circumstances of each recipient.
3. Waiver enrollment and authorization of services are approved only under the following conditions:
 - a. The recipient's medical care needs meet the HCBS waiver's level of care.
 - b. The total cost of providing waiver services and all other medically necessary Medi-Cal services is less than the total cost incurred by the Medi-Cal program for providing institutional care to the recipient.
 - c. The requested waiver services are prescribed by the recipient's primary care physician based on medical necessity and in accordance with meeting the criteria for the identified institutional alternative.
 - d. The recipient's home is medically appropriate as determined by DHCS.
 - e. A responsible adult, trained and available to perform the tasks necessary to care for the recipient, should be prepared to ensure that care is not interrupted by an unforeseen event (for example, the inability of a home health agency to provide nursing services due to staff illness, temporary staff shortage or natural disaster).
 - f. The HCBS waiver provider is able and willing to commit to providing the number of nursing hours and waiver services requested.

B. Referral and Coordination

1. Kern Health Systems (KHS) shall identify members who may benefit from the HCBS Waiver programs and refer them to the appropriate administering agency.
2. KHS will coordinate care for those members who are accepted into the waiver program to ensure they receive medically necessary covered services that are not provided as part of the program.
3. If the member is not accepted into the waiver program KHS will coordinate services as needed and necessary.

C. Provision of Unbundled Services

KHS will endure the provision of unbundled services including:

1. Professional Nursing Services
2. Nutrition
3. Physical Therapy
4. Occupational Therapy
5. Speech and Language Pathology Services
6. Nonmedical Emergency Transportation (NEMT) and Non-Medical Transportation (NMT), only between the Member's home and the CBAS unbundled service Provider
7. Non-specialty Mental Health Services (NSMHS) and Substance Use Disorder (SUD) services that are Covered Services

Home and Community Based Services will align with the requirements outlined in Exhibit A Attachment III Section 5.3 Scope of Services; Exhibit A Attachment III Section 5.2.8.J Community

Based Adult Services; California CalAIM 1115(a) Demonstration; and Number 11-W-00193/9 (CalAIM) Special Terms and Conditions (STCs) Section V.A.19.and Section VII.A.51.b.

REFERENCE:

Revision 2023-08: Director of Population Health Management (PHM) requested renumbering to PHM. **Revision 2022-12:** Policy submitted per 2024 OR, artifact R.0215, approval received on 12/27/2022. Policy revised per 2024 OR artifact R.0216; approval received on 1/27/2023. **Revision 2022-11:** Policy developed for DHCS APL 22-018; approval received on 12/20/2022.

1. Social Security Act, Section 1915(c)
2. [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)
3. DHCS Kern Health Systems 22-20201 Exhibit A SOW, 4.3.21 HCBS Waiver Programs A, B
4. <https://www.dhcs.ca.gov/services/Pages/Medi-CalWaivers.aspx>