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## **The NF/AH Waiver Renewal Process Bulletin # 2**

Please tell state officials to do the right thing for Californians who need long term services and supports and want to stay out of institutions – and for California taxpayers who are paying for that high cost institutional care.

**\*Stakeholder meetings are on October 1st and October 5th**

The information about stakeholder meetings is at the end of this Bulletin. You can also email comments to: [IHOWaiver@dhcs.ca.gov](mailto:IHOWaiver@dhcs.ca.gov)

We suggest you email comments by October 5th, if possible.

### **Suggested Talking Points for Consumers, Advocates and Providers for Public Meetings and Written Comments**

**A.) CONSUMERS:** For people who are on the Waiver or on the Waiver waiting list, you may want to tell state officials about:

**1) Application and assessment process:**

- a) How long did it take for you to get an assessment?
- b) Did the person who did the assessment ask the right questions to find out what you need to go home or stay at home?
- c) Could you have gone home sooner if you had waiver services available more quickly?

**2) Waitlist:** If you lived at home when you applied for the waiver, how long did you wait, after your assessment and approval, to receive waiver services?

**3) Case Management:** Does your waiver case manager give you all the help you need to get services?

If not, what kind of help should the case manager provide?

**4) Finding Providers:** Have you had trouble finding providers, such as waiver personal care services and home nursing services? If so, what kind of trouble? For example, are the rates too low? Did you need more help from your case manager?

**5) Waiver Cost-Cap:**

- a) Are there other Waiver services you need but you can't get because of your waiver budget, such as more nursing care or home modifications?
- b) Is your "level of care" appropriate to meet your service needs?
- c) Have you lost services when IHSS wages increased?

**6) Services/Service Providers:** Are there additional types of services or service providers that should be considered in the renewed waiver?

**7) Waiver Flexibility:** Should the Waiver be more flexible?

- a) For instance, if you are at the Acute level of care (not the Nursing Facility level of care), should you be able to use IHSS instead of nurses?
- b) If you are authorized for nursing hours, do you need to also have attendant care authorized for backup care?
- c) Do you need an exception to the 12-hour per day rule for providers?
- d) Do you need two caregivers at a time for some tasks? (such as driving, transferring, bathing, etc.)
- e) Do you need extra hours to train a new provider?

**B.) PROVIDERS:** If you provide Waiver services (for example, Community Transitions Lead Agencies, home nursing agencies):

- 1) Are Waiver applicants assessed for the correct level of care? That is, if people are in a nursing home, with the state paying, do they ever get assessed for a level of care lower than Nursing Facility?
- 2) Do you screen out nursing home residents because you know the Waiver budget is too low to meet their needs? (This means their names never show up on the waiting list.)
- 3) Do you have trouble providing services because the reimbursement rates are too low?

**C.) EVERYBODY:** These are problems DRC has identified and our ideas about how to fix them:

**1) Too few waiver slots:**

- a) At any one time, approximately 20,000 nursing home residents say they are interested in returning to the community.
- b) The latest studies show there are about 10,000 people with low care needs in California nursing homes.
- c) There are only 3,792 waiver slots to serve those who want to get out of nursing homes or other institutions and those already out who want to stay out.
- d) Approximately 700 people, living at home and qualified for nursing home care, are waiting, for years, on the waiver wait list.

**FIX:** Add 5,000 "slots," with further additions based on need, as determined by several factors (specified in AB 1518).

- 2) Individual cost cap:** Federal law requires that the **overall** cost to serve all the people on the waiver does not exceed the cost of serving that population in institutions. California has an **individual** cost cap, which the federal government does not require. This means that each individual has a Waiver "budget", which has to cover IHSS as well as waiver services.

Waiver "Budget" Example: Ms. Doe lives in Santa Clara county and is approved for the NF/AH Waiver at the nursing facility level of care (NF/B). Her monthly waiver "budget" is \$4,015 a month. She receives 260 hours per month of IHSS services which, in Santa Clara, costs \$13/hr times 260 hours equals \$3,380.

So the amount actually available for waiver services is \$4,015 minus \$3380 equals \$635, not enough to pay for the nursing services she needs.

**The state allows only \$4,015 per month for Ms. Doe's services at home, but if she went to a nursing home, the state would pay around \$6,800 a month.**

- a) When costs increase for IHSS, which is paid for from the individual waiver budget, consumers already at their cost cap lose otherwise authorized and needed services to "pay" for the increase.
- b) For certain individuals who need significant in-home care the low cost cap may mean the difference between remaining at home or being removed from home and family and forced into a more costly, less desirable and unnecessary institutional placement.
- c) Many other individuals are served well below the cost cap. Instead of using those savings to offset costs for people who need more,

the state denies needed services to them and scores savings to the General Fund.

**FIX:** Use an aggregate cost cap, as is done in the Developmental Disabilities (DD) waiver that serves approximately 115,000 clients.

- 3) Outdated "cost caps":** The cost caps are biased in favor of institutional care, which prevents some people from receiving needed waiver services. For instance: the state pays about \$68,074 a year for a nursing home bed, but allows only \$48,000 for comparable services in the consumer's home. The state pays \$151,821 for a NF-Distinct Part bed, but only \$77,600 for that care in the community.

\*\*This chart shows that institutional rates are now higher in some levels of care.

Institutional Level of Care	Annual Institutional Rate**	Annual Waiver Cost-Cap (Current in 2012 Waiver)
Nursing Facility (NF)-A	\$34,388 (2012)	\$29,548
Nursing Facility (NF)-B	\$68,074 (2014)	\$48,180
NF-B Pediatric	\$110,280 (2012)	\$101,882
NF-Distinct Part	\$151,821 (2013)	\$77,600
NF-Subacute, Adult	\$320,991(2013, no vent)	\$180,219
NF-Subacute, Pediatric	\$282,574 (2012)	\$240,211
Acute Hospital	\$437,757 (2012)	\$305,283

**FIX:** Base the aggregate cost cap on comparable institutional rates.

- 4) Slow waiver approval process:** The waiver approval process takes so long that people who could go home are sent to nursing homes or other institutions from hospitals.

**FIX:** Establish an expedited waiver approval process for people in danger of going to institutions.

- 5) The dangerous EPSDT "cliff":** Young people can get home nursing services through the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program. They age out of EPSDT at age 21. Because of different rules and rates for EPSDT and NF/AH waiver services, many young people with significant disabilities and high care needs lose half or more of their services when they turn 21 and switch from EPSDT to the NF/AH waiver. This endangers their health

and may force them into an institution even though they have a family that wants to keep them at home.

**FIX:** Ensure that young people continue to get the services they need when they turn 21.

**6) Who knows about the waiver?:** A wide range of people need to know about the Waiver: consumers, IHSS social workers, nursing home staff, managed care staff, hospital discharge planners and other service providers.

**FIX:** Publicize the availability of the waiver.

**\*Here is information about the two meetings:**

**Purpose:**

The Department of Health Care Services (DHCS), Long-Term Care Division, In-Home Operations Branch is holding two public meetings/phone conferences to discuss the upcoming NF/AH Waiver Renewal, effective January 1, 2017 through December 31, 2021, and the NF/AH Waiver Home and Community-Based (HCB) Settings Transition Plan. The two meeting locations, dates, times and call-in information are provided below:

<b>Northern California</b>	<b>Southern California</b>
<b>Date: Thursday, October 1, 2015</b>	<b>Date: Monday, October 5, 2015</b>
<b>Time: 1:00 pm – 5:00 pm</b>	<b>Time: 1:00 pm – 5:00 pm</b>
<b>Location: Department of Health Care Svcs. 1500 Capitol Avenue Sacramento, CA 95814</b>	<b>Location: Ronald Reagan State Building 300 S. Spring St. Los Angeles, CA 90013</b>
<b>Toll Free Phone Number: (888) 989-4413 Passcode: 4470499</b>	<b>Toll Free Phone Number: (888) 989-4413 Passcode: 4470499</b>

**Please RSVP via phone or email by September 21st.**

For individuals with disabilities, the Department will provide assistive devices such as sign-language interpretation, real-time captioning, note takers, reading or writing assistance, and conversion of training or meeting materials into Braille, large print, audiocassette, or computer disk. Please contact us prior to each scheduled meeting to request assistive services or meeting materials in an alternate format.

Please Note: The range of assistive services available may be limited if requests are received less than ten working days prior to the meeting or event.

Please visit the IHO website for updates, agenda, and meeting materials:  
<http://www.dhcs.ca.gov/services/ltc/Pages/In-HomeOperations.aspx>

For Further Information, contact [IHOWaiver@dhcs.ca.gov](mailto:IHOWaiver@dhcs.ca.gov) or (916) 445-4611

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