Home and Community-Based Services 101 Under CalAIM

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Medi-Cal for Housing

• Medi-Cal Health Homes Program: Connecting health with housing services and transitioning to housing.
• Cal AIM Housing Support
• Federal Medicaid dollars cannot be used for housing
CalAIM Housing Community Support:

- Substitute Services - least restrictive setting possible and to keep Medi-Cal beneficiaries in the community as medically appropriate.
- Medi-Cal – Managed Care Plans can choose to provide one or more of these supports:
  - Finding/transition to housing
  - Housing Deposits
  - Support in maintaining safe/stable housing
  - Recuperative Care – short-term residential care for those without housing. (Illness/injury)
  - Short-term Post-Hospitalization Housing – recovery place after institutional care (medical/behavioral)
  - Respite Services
  - Day Habilitation: Skills to live at home
  - Support: Transitioning into housing, sobering centers, medically supportive food.
Housing Transition Navigation Services

- Tenant Screening and assessment – understanding barriers to housing and obstacles to retention.
- Individualized housing support plan – set up goals
- Housing search
- Completing housing applications
- Benefits advocacy, including SSI
- Identifying/obtaining rental subsidy and coverage for expenses.
- Reasonable Accommodations & Environmental Accommodations
- Landlord engagement
- Ensuring a safe living environment
- Transition into housing – transportation, crisis plan.
Day Habilitation Programs

- Peer mentoring for self-help, socialization, and adaptive skills for a person’s environment.
- Skills – using public transportation, conflict resolution, interpersonal relationships, community
- Daily Living: cooking, cleaning, money management,
Housing Tenancy and Sustaining Services

- Intervention for behaviors that risk losing housing and compliance
- Education of rights and responsibilities of tenant and landlord.
- Coaching on maintaining relationships with landlord/managers.
- Coordination with landlord
- Resolving disputes with landlord and neighbors
- Eviction prevention
- Benefits advocacy
- Help with recertification
- Housing support plan
- Health and Safety Visits
- Independent living – financial literacy, community services.
Eligibility

• Varies depending on the program
• Meet HUD definition of homeless
• Meet HUD definition of at risk of homelessness
• Serious mental illness
• Serious chronic conditions
• Risk of institutionalization
• Child at risk of homelessness, homeless, or Transition- Age Youth with barriers to housing.
HCBS Waivers

- Assisted Living Waiver (ALW)
- Home and Community-Based Alternatives (HCBA) Waiver
- Home and Community-Based Services Waiver for the Developmentally Disabled (HCBS-DD)
- Multi-Purpose Senior Services Waiver (MSSP)
- Medi-Cal Waiver Program (formerly AIDS Waiver)
Assisted Living Waiver

• Assisted living setting as an alternative to long-term placement in a nursing facility.
• Facilitates the transition of institutionalized members to a less-restrictive setting and prevents institutionalization.
• Care needs equal to those of Medi-Cal-funded residents living and receiving care in Nursing Facilities
• Willing to live in an assisted living facility or publicly subsidized housing as an alternative to a Nursing Facility
• Eligibility
  • Age 21 or older
  • Full-scope Medi-Cal eligibility with zero share of cost
  • Able and willing to reside safely in an assisted living facility or publicly subsidized housing in one of the counties providing ALW services
Home and Community-Based Alternatives (HCBA) Waiver

- Care management services to persons at risk for nursing home or institutional placement
- Nursing Home Level of Care
- Safely and sustainably receive their required care in their homes.
- Eligibility
  - Any age
  - Medi-Cal eligible
  - Living in a Hospital or Nursing Facility OR At Risk of Institutionalization within 30 days
- Waiting List as of July 12, 2023
Home and Community-Based Services Waiver for the Developmentally Disabled (HCBS-DD)

- Allow persons with developmental disabilities to live at home or in the community rather than residing in a licensed health facility.

- Eligibility: Person or family member:
  - 1) Has a formal diagnosis of intellectual disability or developmental disability
  - 2) Regional center consumer
  - 3) Care level = licensed health care facility for people with an intellectual disability
  - 4) “Full scope” Medi-Cal eligibility
    - Under the age of 18 = “institutional deeming”
Multi-Purpose Senior Services Waiver (MSSP)

• Alternative to nursing care facility for those with nursing home level of care
• Services:
  • Case Management, Money Management, supervision
  • Personal Care Services and Adult Day Care
  • Respite Care (in-home and out-of-home)
  • Environmental Accessibility Adaptations and Minor Repairs
  • Transportation
  • Personal Emergency Response System
  • Meal Services - Congregate / Home Delivered
  • Social Reassurance / Therapeutic Counseling
  • Communication Services
• Eligible
  • 65 and older
  • Medi-Cal eligible
  • Live in OR Willing to Move to one of the Counties where the Waiver is Available
Medi-Cal Waiver Program  
(formerly AIDS Waiver)

- Case management and direct care services to persons living with HIV/AIDS as an alternative to nursing facility care or hospitalization.
- Living at home instead of an institution.
- Eligibility:
  - Medi-Cal recipients eligible for nursing facility care or hospitalization, in an “Aid Code" with full benefits
  - Not enrolled in the Program of All-Inclusive Care for the Elderly (PACE)
  - HIV or AIDS with related signs, symptoms, or disabilities
  - Nursing facility level of care and score 60 or less using the Cognitive and Functional Ability Scale assessment tool.
  - Children under 13 years with HIV/AIDS symptoms and
  - Health status: in-home services
  - Home setting that is safe for both the client and service providers.
• Call member services for help.
• File a formal complaint/grievance with your plan
  • Response in 30 days or 3 if urgent.
• Medi-Cal Fair Hearing/State Fair Hearing
  • County or Dep’t of Health Care Services, Covered California eligibility: File request within 90 days of receiving Notice of Action or good cause
  • Medi-Cal managed care plan: File appeal within 60 days of NOA
• Request:
  https://acms.dss.ca.gov/acms/login.request.do or (800) 743-8525 or complete request for hearing on NOA
Independent Medical Review & Complaint Process

- When your health plan denies, changes, or delays your request for medical services, denies payment for emergency treatment or refuses to cover experimental or investigational treatment for a serious medical condition.
- First file grievance (unless immediate threat to your health)
  - Response within 30 days
- 45 days to respond or 7 if expedited.
Questions?

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