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Medicaid-Funded Home- and Community-Based Services

The *LTC Fundamentals* series is produced by The SCAN Foundation to highlight and describe the organization and financing of long-term care (LTC) in California. This *LTC Fundamentals* Brief provides a background on the landscape of home- and community-based long-term care services funded by Medi-Cal, California's Medicaid program.

Introduction

Long-term care (LTC) refers to a broad range of services that support older adults and people with disabilities who have limitations in their ability to independently carry out activities of daily living (ADLs), including bathing, dressing, and walking; or instrumental activities of daily living (IADLs), including meal preparation, house cleaning, and medication management. LTC can be provided in a variety of settings including institutions, the community, and an individual's home, though most people prefer to receive these services in their homes and communities. LTC services that are provided outside of institutional settings over an extended period of time are referred to collectively as home- and community-based services (HCBS). Medicaid, the federal-state jointly funded program for low-income individuals, pays for a significant portion of LTC, including HCBS.

In an ideal world, the LTC system would be adequate to meet the needs of individuals, offering them options to receive the types of services they need in the setting of their choice. However, there is substantial fragmentation in the LTC system in California, with Medicaid-funded HCBS available through both optional Medicaid state plan benefits and a number of different waiver programs operated by several departments within the California Health and Human Services Agency.[1*] The result is a complex patchwork of programs that consumers, especially those receiving both optional state plan benefits and waiver services, must navigate in order to access the services they need. The focus of this brief is on this patchwork arrangement – California's landscape of Medicaid-funded HCBS – consisting of the array of personal care, homemaker services, case management, adaptive equipment, and other supports and services provided in the home and community to persons who need these services over an extended period of time.

[*] For additional information on Medicaid waivers, see *Long-Term Care Fundamentals: What is a Waiver?* produced by The SCAN Foundation at http://www.thescanfoundation.org/foundation-publications/long-term-care-fundamentals-no-8-what-medicaid-waiver.

Medicaid & HCBS

"While there are some services states must provide under their state plans, HCBS are not mandatory and states have considerable discretion as to whether and to whom they offer these services to their Medicaid-eligible populations."

Nationally, Medicaid is the primary payor of LTC for millions of Americans, accounting for almost 40 percent of spending on these services.[2] Across states, the percentage of Medicaid LTC spending on HCBS varies from 15 percent to over 80 percent. In California, almost 59 percent of Medicaid LTC dollars are spent on HCBS.[3] On average, these services can be provided at a lower per capita cost than institutional care. For example, the average monthly cost for part-time in-home assistance services for an individual is about $1,800 compared to $6,000 per month for care in a nursing home.[4]

States administer HCBS in several ways under their Medicaid state plans, which describe the broader scope of benefits and services provided under a state's Medicaid program. As required under Section 1902 of the Social Security Act (SSA), a state participating in the Medicaid program is required to develop its state plan and submit it for approval to the Centers for Medicare and Medicaid Services (CMS), the federal agency that oversees the Medicaid program. While there are some services states must provide under their state plans, HCBS are not mandatory and states have considerable discretion as to whether and to whom they offer these services to their Medicaid-eligible populations. HCBS are offered as optional state plan services or through Medicaid waivers.

Under Medi-Cal, California's Medicaid program, HCBS currently consist of optional state plan services including the In-Home Supportive Services (IHSS) program, Adult Day Health Care (ADHC),† and Targeted Case Management, as well as Medicaid waiver programs, including the Multipurpose Senior Services Program (MSSP).

Medi-Cal Optional State Plan HCBS

Optional state plan services are those that a state chooses to offer as part of its Medicaid state plan in addition to mandatory services. The optional services offered may vary by state.

In California, optional state plan HCBS include the In-Home Supportive Services (IHSS) program, Adult Day Health Care (ADHC), and Targeted Case Management.

In-Home Supportive Services (IHSS): IHSS is the largest personal care program in the nation. Services under the program are administered

† The ADHC State Plan Option was eliminated as part of the FY 2011-12 California budget. At the time of publication of this brief, CMS approved California's state plan amendment to eliminate this optional benefit as of December 1, 2011. However, a class action lawsuit is pending to stay the elimination indefinitely, which will be heard in federal court on November 1, 2011.

by counties and include domestic services such as housework, grocery shopping, meal preparation, personal care, transportation, necessary health care activities that an individual would normally perform for herself were it not for having functional limitations, and protective supervision for individuals with limited cognitive or mental functioning.[6] Services are provided in one-hour increments up to a maximum of 283 hours depending on an individual's level of need.[6] During budget negotiations for FY2010-11, IHSS recipients received a 3.6 percent across-the-board reduction in the number of hours they could be authorized. Additionally, the FY2011-12 budget requires physician certification of need for IHSS services to continue to receive the benefit; those who do not or cannot produce this certification will lose access to authorized hours. As a result, IHSS recipients receive an average of 85 hours of service per month.[7,8]

To receive benefits, an individual must submit an application to the county office that administers IHSS locally. A social worker determines program eligibility and authorizes the hours of care for each recipient. As part of the assessment, county social workers consider factors such as the individual's physical and mental condition, ability to perform various functions of daily life, living situation, and statement of need.[9] IHSS services can be delivered in two ways: 1) by a provider dispatched by the county or an outside agency; or 2) by independent providers. If the provider comes from the county or an outside agency, that entity is responsible for the hiring, supervising, and firing of the care provider. If the provider is independent, he or she is screened by the local IHSS Public Authority and are hired, supervised, and fired by the individual or their representative.[10] As of May 15, 2011, IHSS serves almost 440,000 participants, with a program budget (including federal, state, and county expenditures) totaling about $5 billion.[8]

Adult Day Health Care (ADHC): ADHC is a community-based day program that provides a variety of medical, therapeutic, and social services to persons at risk of nursing home placement in a community-based center. Established by the Legislature in 1978 as a Medi-Cal optional benefit, ADHC represents one of the earliest community-based programs aimed at providing support to caregivers and delaying nursing home placement for seniors and adults with disabilities. Currently, over 300 licensed ADHC centers exist in many urban and rural areas of the state.‡ Each ADHC center has a multidisciplinary team of health professionals who conduct assessments of each participant to

‡ Following the passage of legislation to eliminate the ADHC benefit in March 2011, several centers have closed, with more anticipated to close in the coming months.

determine and plan the services required to meet their specific health and social needs. Services provided can include: medical services; nursing and personal care; physical, occupational and speech therapy; psychiatric and psychological services; social services; therapeutic activities; meals and nutritional counseling; and transportation to and from the center. Medi-Cal beneficiaries must be at least 18 years of age and meet specific medical necessity and eligibility criteria to receive ADHC services.[11,12] In FY 2008-09, over 47,000 individuals participated in the ADHC program. About 45,500 of these were Medi-Cal beneficiaries. Program expenditures for that year totaled about $400 million.[13]

In March of this year during the budget process for FY 2011-2012, ADHC was eliminated as a Medi-Cal optional benefit to achieve savings of $170 million to the state's General Fund. At the time of publication of this brief, CMS approved the state plan amendment to eliminate ADHC as an optional state plan benefit, but delayed the effective date for elimination until December 1, 2011 at the request of California's Department of Health Care Services. This effort was to ensure that ADHC beneficiaries can be safely transitioned into other services.[14] A class action lawsuit has been filed in federal court to stay the elimination of ADHC.[15]

Targeted Case Management (TCM): The TCM program provides funding for case management to help individuals obtain services covered under the Medi-Cal State Plan, such as home health and IHSS, as well as services provided through other public and private providers, such as emergency food and housing. Currently, TCM services are made available to targeted Medi-Cal beneficiaries.[16]

TCM is administered at the county level and the way in which individuals are referred to the program varies in each county. Individuals are typically referred to the program from other subdivisions of a county's public health department or from other agencies in the area that may come into contact with prospective clients.[17] TCM activities include needs assessment, services/support planning, assistance in accessing services (i.e. the arrangement of appointments, transportation, or translation services) and periodic evaluation of the effectiveness of services provided under the program. Care managers follow up with individuals receiving services at least once every six months. In California, TCM is offered through local governmental agencies that provide services directly or by contracting with non-governmental entities or the University of California.[16,18] In FY 2010-11, 41,000 individuals were served by the program. Total

expenditures that year were estimated at approximately $84.4 million.[17]

HCBS & Medi-Cal Waivers

In addition to Medicaid state plan benefits, states may also apply to CMS for waivers of certain Medicaid requirements in order to modify their Medicaid programs and implement new approaches in the delivery and payment of services. Medicaid waivers allow states to limit services to specific geographic areas; limit the amount, duration, and scope of services; and limit the number of individuals served or target services to certain populations. Medicaid waivers also allow federal matching payments[§] to state investments that would otherwise not be matched under existing Medicaid rules.[19,20] These waiver provisions are codified in several sections of the SSA. Included among these Medicaid waivers are two that are particularly relevant to HCBS provision within California: Section 1915(c) and Section 1115 waivers.

Section 1915(c) Waivers

Section 1915(c) of the SSA authorizes states to provide HCBS to individuals who would otherwise require care in a nursing home, hospital, or other type of institution.[19] There are eight section 1915(c) HCBS waivers operational in California at this time. Below, we highlight those waivers that serve seniors and people with disabilities.[21,‖] For further information on specific services, eligibility requirements, and enrollment capacities for each waiver see *Long-Term Care Fundamentals: What is a Waiver?* produced by The SCAN Foundation.[20]

- **Multipurpose Senior Services Program (MSSP):** MSSP provides social and medical care case management and purchases some services for older adults who are eligible for Medi-Cal, meet clinical qualifications for nursing home admission, and reside in a county with an MSSP site. There are currently 41 MSSP sites located across the state.[22] In FY 2008-09, MSSP served approximately 12,648 individuals.[13] That year, total

[§]The federal government matches state funds for Medicaid services, referred to as the federal medical assistance percentage or "FMAP". The federal government has traditionally reimbursed California for most Medi-Cal funded services at an FMAP of 50 percent.

‖ Additional HCBS waivers that are active in California include: the Acquired Immune Deficiency Syndrome (AIDS) waiver, Developmentally Disabled Continuous Nursing Care waiver, and the Pediatric Palliative Care waiver. For a complete listing of these waivers, see *LTC Fundamentals: What is a Waiver?*, produced by The SCAN Foundation at http://www.thescanfoundation.org/foundation-publications/long-term-care-fundamentals-no-8-what-medicaid-waiver.

federal and state expenditures for MSSP were about $45.5 million. As part of the state's budget process for FY 2011-12, the Legislature reduced MSSP funding by $2.5 million in General Fund, or 13 percent of the program's current funding.[7]

- **Assisted Living Waiver (ALW):** The ALW covers the cost of assisted living, care coordination and other services provided to a limited number of participants that live in residential care facilities for the elderly or publicly subsidized housing in certain counties.[23,24] As of June 2011, approximately 1,400 individuals were receiving services under the ALW. Anticipated state and federal costs for this fiscal year are approximately $20.6 million.[25]

- **Nursing Facility/Acute Hospital (NF/AH) Waiver:** Along with the In-Home Operations Waiver discussed below, the NF/AH Waiver consolidated three former waivers (the Nursing Facility A/B Waiver, the Nursing Facility Subacute Waiver, and the In-Home Medical Care Waiver). The NF/AH Waiver provides services in the home to Medi-Cal beneficiaries who would otherwise receive care in an intermediate care facility, a skilled nursing facility, a subacute nursing facility, or an acute care hospital. In 2008, the most recent year for which expenditure data are available, the NF/AH Waiver served 1,464 participants and total waiver expenditures were estimated at almost $64 million.[26] As of May 2011, there were 1,965 active waiver participants.[8] The NF/AH Waiver is set to expire in December 2011. The Department of Health Care Services is planning to submit an application for renewal of the waiver to CMS by October 1, 2011. The renewal is expected to become effective January 1, 2012.[27]

- **In-Home Operations (IHO) Waiver:** The IHO Waiver grandfathered in Medi-Cal beneficiaries previously enrolled in the Nursing Facility A/B Waiver, Nursing Facility Subacute Waiver, and In-Home Medical Care Waiver that require direct care services provided primarily by a licensed nurse and need services in excess of that available through the NF/AH Waiver.[28] In 2008, the most recent year for which expenditure data are available, the IHO Waiver served 180 participants and total waiver expenditures were estimated at over $16 million.[29] As of May 2011, there were 143 active waiver participants.[8]

- **HCBS Waiver for the Developmentally Disabled (HCBS-DD):** The HCBS-DD Waiver is California's first HCBS waiver for individuals with developmental disabilities. It provides services to Medi-Cal eligible individuals with developmental disabilities through regional centers to enable them to live in their homes and communities rather than in an intermediate care

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facility for the developmentally disabled (ICF/DD).[30,31] In 2009, the most recent year for which data are available, 78,527 individuals were served by the HCBS-DD waiver. Total waiver expenditures that year were estimated at over $1.8 billion.[32]

- **Developmentally Disabled Continuous Nursing Care Waiver (DD-CNC):** The DD-CNC waiver provides continuous nursing care to medically fragile Medi-Cal beneficiaries with developmental disabilities in a small home-like community setting.[33] From June 2010 through May 2011, 47 individuals were served by the DD-CNC waiver. Total waiver expenditures during that year were estimated at over $5.4 million.[34]

Section 1115 Waivers

Section 1115 waivers are intended to demonstrate and evaluate a policy or an approach that has not yet been demonstrated on a widespread basis.[19] One of California's current Section 1115 waivers has relevance to HCBS. The "Bridge to Reform" Demonstration renewed in November 2010, enables California to mandatorily enroll Medi-Cal-only seniors and people with disabilities into managed care plans to achieve better care coordination and management. Care coordination includes the arrangement for the delivery of HCBS as dependent on an individual's needs and preferences.[35,36]

Organization of Medi-Cal HCBS

The "system" of Medi-Cal-funded HCBS in California was developed one program at a time over many years. As a result, these programs are operated by a variety of departments that function independently of each other.¶ The departments that have primary responsibility for the administration of Medi-Cal HCBS reside within the California Health and Human Services Agency and include: the Department of Health Care Services, the Department of Aging, the Department of Social Services, and the Department of Developmental Services.[37]

The Department of Health Care Services serves as the Single Medicaid Agency for the state. Among other responsibilities, it administers Medi-Cal HCBS, both as an optional state plan benefit as well as through Medi-Cal waiver programs. This is done through a combination of direct administration and interagency agreements with other Departments:

¶ For a graphical depiction of the agencies and departments that comprise this system, see Figure 1 in *Policy Brief No. 5: Transforming California's System of Care for Older Adults and People with Disabilities: A Look at the State's Administrative and Fiscal Organization* produced by The SCAN Foundation at http://www.thescanfoundation.org/sites/default/files/TSF_Policy_Brief_5.pdf

- The Department of Health Care Services directly administers several 1915(c) waivers including the Assisted Living, IHO, and NF/AH waivers. The Department also administers Section 1115 waivers.
- Through an interagency agreement with the Department of Health Care Services, the Department of Aging administers MSSP, contracting with 41 local agencies to provide services to clients. The Department of Aging oversees the programmatic, fiscal and service components of local MSSP site operations.[38,39]
- The ADHC program is administered through an interagency agreement with the Department of Health Care Services, the Department of Public Health, and the Department of Aging. As part of this agreement, the Department of Public Health licenses ADHC sites for operation. The Department of Aging administers the ADHC program, provides ongoing training and technical assistance and also is responsible for the certification of ADHC sites for participation in the Medi-Cal program, a prior requirement for licensure.[11] In July 2011, the Legislature passed and the governor signed budget trailer bill SB 91, which de-links Medi-Cal certification from licensure so that ADHC sites can serve individuals not enrolled in Medi-Cal and continue to operate as state-licensed program sites after the effective date that ADHC is eliminated as a Medi-Cal optional benefit.[40] See earlier notes about the status of the ADHC benefit.
- The Department of Health Care Services contracts with the Department of Social Services to oversee the IHSS program, which is administered at the county level.[41]
- Through an interagency agreement with the Department of Health Care Services, the Department of Developmental Services operates the HCBS-DD Waiver. The Department of Developmental Services contracts with 21 non-profit, community-based regional centers to coordinate, provide, or purchase waiver services for clients. Regional centers are also responsible for service provider contracts and payments.[30]
- The Department of Health Care Services operates the DD-CNC waiver and approved seven DD-CNC residences throughout the state to coordinate, provide or purchase waiver services for clients. DD-CNC residences are each located in a regional center catchment area and have direct relations with the regional center.[34]

Medi-Cal beneficiaries seeking to access services across programs must meet eligibility requirements and be approved by each program individually.

Medicaid HCBS & Health Reform

"The Patient Protection and Affordable Care Act (ACA; P.L. 111-148) provides new opportunities to further state efforts to expand HCBS for older adults and people with disabilities under Medicaid."

The Patient Protection and Affordable Care Act (ACA; P.L. 111-148) provides new opportunities to further state efforts to expand HCBS for older adults and people with disabilities under Medicaid. Some of these opportunities include financial incentives through increased FMAP for services provided.

Community First Choice State Plan Option: Community First Choice is a new Medicaid state plan option that provides community-based attendant services and supports to those meeting nursing facility level of care criteria and includes a six percent FMAP increase over and above a state's current federal match. In addition, states through this option may also cover the costs of community transition supports (e.g., rent/utility deposits, first month's rent and utilities, bedding, basic kitchen supplies) for institutionalized individuals who meet eligibility criteria and wish to return to the community.[42] Included as part of the budget negotiations for FY 2011-12, California is considering the adoption of the Community First Choice state plan option to serve the portion of IHSS participants who meet the nursing facility level of care eligibility criteria.[7]

Medicaid Home- and Community-Based Services State Plan Option (1915(i)): 1915(i) permits states to both extend HCBS enrollment to individuals with incomes up to 300 percent of Supplemental Security Income (SSI) and offer the full range of Medicaid benefits to all eligible individuals receiving services through the 1915(i) option. As it was originally enacted in the Deficit Reduction Act of 2005, states were unable to target 1915(i) services to specific populations with particular health and/or functional conditions and only those with incomes at or below 150 percent of the federal poverty level could be eligible. Due to changes made through the ACA, states are now afforded the opportunity to target benefits to state-specified populations, such as individuals with qualified functional impairments. Additionally, the law now requires that the benefit be available statewide. The changes to the 1915(i) state plan option became effective October 2010.

Money Follows the Person (MFP): In 2007, California was awarded a five-year federal grant to implement Community Care Transitions, the state's MFP Rebalancing Demonstration program. MFP helps to facilitate the relocation of eligible individuals receiving care in institutions for a certain length of time back to the community. This demonstration provides a 75 percent FMAP (a 50 percent

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increase over the standard federal match for California) for HCBS provided to individuals in the first year following relocation from an institution. Previously, those eligible for this program had to have been in an institutional setting for at least 180 days (not funded by Medicare). The ACA reduced the institutional length of stay requirement from six months to 90 days and also extended the demonstration through 2016.[42,43] Through MFP, California has the opportunity to enroll approximately 2,000 individuals in up to 10 regions of the state.[43]

Conclusion

As previously stated, an ideal system of LTC would be adequate to meet the needs of individuals, offering them the option to receive the types of services they need in the setting of their choice. In California, Medicaid HCBS are provided through a number of different programs operated by different departments, contributing to the substantial fragmentation that exists across the state's LTC system. Programs are implemented in silos and consumers are forced to navigate a complex maze of programs to receive the services they need.

The patchwork arrangement of HCBS in California has been negatively impacted by fiscal pressures and capacity issues that threaten its infrastructure. This is due primarily to the institutional bias inherent in the federal Medicaid program. Medicaid law provides an entitlement to institutional care and therefore requires states to cover the costs of nursing home services for Medicaid beneficiaries. However, there is no similar guarantee for the majority of Medicaid HCBS and thus, most HCBS in the state are provided as optional state plan services or through waivers. As a result, Medi-Cal HCBS has been vulnerable as California has taken steps to bring its budget into balance. For example, significant reductions to IHSS and MSSP, as well as the elimination of ADHC, have been adopted in an effort to close California's $25.4 billion budget gap.[7]

In addition to fiscal vulnerability, many Medi-Cal funded HCBS waiver services are not available on a statewide basis, nor are they funded at a level that could adequately serve every community in California. Additionally, individuals are often placed on long waiting lists before receiving services. Therefore, individuals who need and desire HCBS over institutional care have no assurance of accessing these services where available.

As currently structured, Medicaid HCBS will likely continue to be targeted as a means of generating cost-savings for states and this patchwork system will be further eroded. Conversely, as the population continues to age, the demand for

these types of services will continue to grow. Given these competing challenges, now more than ever is a time for California to consider redesigning its current LTC system into one with more permanence and sustainability for older adults and those with disabilities.

References

1. The SCAN Foundation. Policy Brief No. 5: Transforming California's System of Care for Older Adults and People with Disabilities: A Look at the State's Administrative and Fiscal Organization. 2011; http://www.thescanfoundation.org/sites/default/files/TSF_Policy_Brief_5.pdf. Accessed July 15, 2011.

2. The SCAN Foundation. DataBrief Series No. 13: Sources of Long-Term Care Spending. 2011; http://www.thescanfoundation.org/sites/default/files/DataBrief_No_13.ppt#264,1,Sources of Long-Term Care Spending. Accessed March 11, 2011.

3. Eiken S, Sredl K, Burwell B, Gold L. Medicaid Long Term Care Expenditures FY 2009: Table V Distribution of Medicaid LTC Expenditures, Aging/Physical Disabilities. 2010; http://www.hcbs.org/files/193/9641/FY2009InstitutionCommunityRankings.pdf. Accessed October 8, 2010.

4. Genworth Financial Inc. California State-Specific Data from the Genworth 2011 Cost of Care Survey. 2011; http://www.genworth.com/content/etc/medialib/genworth_v2/pdf/ltc_cost_of_care.Par.14625.File.dat/2010_Cost_of_Care_Survey_Full_Report.pdf. Accessed May 31, 2011.

5. The SCAN Foundation. Long-Term Care Fundamentals No. 3: The Financing of Long-Term Care. 2010; http://www.thescanfoundation.org/sites/default/files/LTC_Fundamental_3.pdf. Accessed March 11, 2011.

6. Mollica R, Hendrickson L. Home and Community-Based Long-Term Care: Recommendations to Improve Access for Californians. 2009; http://www.hcbs.org/files/162/8057/FINANCE_REPORT_FINAL.pdf. Accessed September 9, 2010.

7. The SCAN Foundation. Fact Sheet No. 21: Summary of the California 2011-12 Enacted Budget: Impact on Older Adults and People with Disabilities. 2011; http://www.thescanfoundation.org/sites/default/files/TSF-FactSheet-21.pdf. Accessed July 15, 2011.

8. California Department of Health Care Services, Long-Term Care Division Correspondence on June 2, 2011.

9. California Advocates for Nursing Home Reform. IHSS - In Home Supportive Services. 2011; http://www.canhr.org/factsheets/misc_fs/html/fs_ihss.htm. Accessed March 12, 2011.

10. Consortium I-HSS. IHSS Glossary. http://www.ihssco.org/glossary.html. Accessed March 11, 2011.

11. California Department of Aging. Adult Day Health Care Program Narrative. 2010; http://www.aging.ca.gov/stats/documents/Adult_Day_Health_Care.pdf. Accessed March 12, 2011.

12. California Department of Aging. Adult Day Health Care. http://www.aging.ca.gov/programs/adhc/adhc.asp. Accessed March 12, 2011.

13. California Department of Aging. Statistics/Demographics-CDA Statistical Fact Sheets & Program Narratives (March 2010) 2010; http://www.aging.ca.gov/stats/facts_and_program_narratives_2010.asp. Accessed February 2, 2011.

14. Centers for Medicare and Medicaid Services. ADHC Extension Approval Letter. 2011; http://www.dhcs.ca.gov/services/medi-cal/Pages/ADHC/ADHC.aspx. Accessed July 26, 2011.

15. Darling v. Douglas, et al., Second Amended Complaint for Injunctive and Declaratory Relief (C09-03798 SBA); http://www.disabilityrightsca.org/advocacy/Darling-v-Douglas/index.html. Accessed July 21, 2011.

16. California Department of Health Care Services. Targeted Case Management: Program Overview. http://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/TCM/TCM%20Intro.pdf. Accessed June 28, 2011.

17. California Department of Health Care Services, Targeted Case Management Unit Correspondence on July 29, 2011.

18. California Department of Health Care Services. Targeted Case Management Fact Sheet: Program Overview http://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/TCM/TCMFactSheet.pdf. Accessed June 14, 2011.

19. Shirk C. Shaping Medicaid and SCHIP Through Waivers: The Fundamentals. 2008; http://www.nhpf.org/library/background-papers/BP64_MedicaidSCHIP.Waivers_07-22-08.pdf. Accessed March 8, 2011.

20. The SCAN Foundation. Long-Term Care Fundamentals: What is a Waiver? 2011. http://www.thescanfoundation.org/foundation-publications/long-term-care-fundamentals-no-8-what-medicaid-waiver. Accessed August 5, 2011.

21. California Department of Health Care Services. Description of Medi-Cal Waivers, September 2010. 2010; http://www.dhcs.ca.gov/services/medi-cal/Documents/MediCalWaiversSept10.pdf. Accessed June 14, 2011.

22. California Department of Aging. Multipurpose Senior Services Program - Information For Professionals. http://www.aging.ca.gov/programs/mssp.asp. Accessed March 12, 2010.

23. California Department of Health Care Services. Assisted Living Waiver (ALW) http://www.dhcs.ca.gov/services/ltc/Pages/ALWPP.aspx. Accessed June 1, 2011.

24. The SCAN Foundation. Long-Term Care Fundamentals No. 7: Residential Care Facilities for the Elderly. 2011. http://www.thescanfoundation.org/sites/default/files/LTC_Fundamental_7.pdf. Accessed March 11, 2011.

25. California Department of Health Care Services. Correspondence on June 6, 2011.

26. CMS 372 Report - Annual Report on Home and Community-Based Services Waivers (NF/AH Waiver), 2009.

27. California Department of Health Care Services. Nursing Facility/Acute Hospital Waiver Renewal Public Meeting Notice. 2011; http://www.dhcs.ca.gov/services/Pages/IHO.aspx.

28. California Department of Health Care Services. Description of Medi-Cal Waivers. 2010; http://www.dhcs.ca.gov/services/medi-cal/Documents/MediCalWaiversSept10.pdf. Accessed May 11, 2011.

29. CMS 372 Report - Annual Report on Home and Community-Based Services Waivers (IHO Waiver), 2009.

30. California Department of Developmental Services. The HCBS Waiver Primer and Policy Manual. 2008; http://www.dds.ca.gov/waiver/docs/WaiverManual2008.pdf. Accessed June 28, 2011.

31. California Department of Health Care Services. Home and Community-Based Services Waiver for the Developmentally Disabled (HCBS-DD). http://www.dhcs.ca.gov/services/medi-cal/Pages/HCBSDDMediCalWaiver.aspx. Accessed June 28, 2011.

32. CMS 372 Report - Annual Report on Home and Community Based Services Waivers (HCBS-DD Waiver), 2009.

33. Department of Health Care Services. Developmentally Disabled – Continuous Nursing Care Program (DD-CNC). http://www.dhcs.ca.gov/services/medi-cal/Pages/ICFDDCN_MC_Waiver.aspx. Accessed June 30, 2011.

34. California Department of Health Care Services Correspondence on July 28, 2011.

35. 1115 Waiver Approval Letter (DHCS). 2010; http://www.dhcs.ca.gov/provgovpart/Documents/Waiver%20Renewal/WaiverApprovalltr110210.pdf. Accessed March 11, 2011.

36. Center for Medicare and Medicaid Services. Special Terms and Conditions, California Bridge to Reform Demonstration2010: http://www.dhcs.ca.gov/provgovpart/Documents/Waiver%20Renewal/CA%20Special%20Terms%20%20Conditions.pdf. Accessed March 11, 2011.

37. The SCAN Foundation. Long-Term Care Fundamentals: The Aging Network. 2011; http://www.thescanfoundation.org/sites/default/files/LTC_Fundamental_6.pdf. Accessed June 3, 2011.

38. California Department of Aging. Multipurpose Senior Services Program Narrative. 2010; http://www.aging.ca.gov/stats/documents/Multipurpose_Senior_Services.pdf. Accessed March 12, 2011.

39. California Department of Aging. Multipurpose Senior Services Program - Information For Professionals. http://www.aging.ca.gov/programs/mssp.asp. Accessed March 12, 2011.

40. Committee on Budget and Fiscal Review. AB 91, Chapter 119, Statutes of 2011. 2011; http://www.leginfo.ca.gov/pub/11-12/bill/sen/sb_0051-0100/sb_91_bill_20110725_chaptered.pdf. Accessed July 26, 2011.

41. California Department of Developmental Services. In-Home Supportive Services. http://www.dds.ca.gov/SupportSvcs/IHSS.cfm. Accessed March 12, 2011.

42. Justice D. Implementing the Affordable Care Act: New Options for Medicaid Home and Community Based Services. 2010; http://www.nashp.org/sites/default/files/LTSS_SCAN-FINAL-9-29-10.PDF. Accessed March 11, 2011.

43. California Department of Health Care Services. California Community Transitions Abstract. 2007; http://www.dhcs.ca.gov/services/ltc/Documents/CCT_Abstract.pdf. Accessed March 11, 2011.

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