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All Project Directors' Letter No. 23-01

Medi-Cal Waiver Program

April 24, 2023

SUBJECT: KEY CHANGES TO THE 2023 – 2027 MEDI-CAL WAIVER PROGRAM WAIVER

Purpose

This All Project Directors' Letter (APDL) provides information about key changes and updates to the [2023 – 2027 Medi-Cal Waiver Program \(MCWP\) Waiver](#) to MCWP Agencies. Any remaining updates will be clarified in future APDLs and/or updates to the 2022 – 2025 MCWP Agency contracts.

Background

The MCWP renewal application with the original term of 2022 – 2026 was submitted by the Department of Health Care Services (DHCS) on behalf of the California Department of Public Health (CDPH) to the Centers for Medicare & Medicaid Services (CMS) on September 29, 2021 for review and approval. The Waiver renewal application had several changes to the terms and conditions which will affect the way the MCWP is administered by CDPH and MCWP Agencies. These changes supercede any conflicting language detailed in the 2022 – 2025 MCWP Agency contract.

The MCWP Waiver application was not approved by CMS until February 16, 2023 due to various delays. Therefore, CMS amended the term of the [new MCWP Waiver](#) retroactively to January 1, 2023, through December 31, 2027. Any services provided to MCWP participants by MCWP Agencies during calendar year 2022 are subject to the terms and conditions of the 2017 – 2021 Waiver.

General Administrative Updates

1. The name of the Waiver has changed from *HIV/AIDS Waiver* to *Medi-Cal Waiver Program (MCWP)*.
2. The name of the oversight agency has changed from *Department of Health Care Services (DHCS) Long-Term Care Division (LTCD)* to *DHCS Health Care Delivery Systems (HCDS) Integrated Systems of Care Division (ISCD)*.



3. *Charts* are now referred to as *records* throughout the Waiver.

Significant Waiver Changes by Appendix

Appendix A: Waiver Administration and Operations

This Appendix identifies the State agency that is responsible for the day-to-day waiver administration and operation, other contracted entities that perform waiver operational functions, and if applicable, local/regional entities that have waiver administrative responsibilities. The Appendix also indicates how specific waiver operational functions and activities are distributed among state, local/regional, and other entities and how the State Medicaid Agency (DHCS) monitors performance of those functions.

Significant Changes:

1. Performance measures edited to match current CMS requirements (*Quality Improvement: Administrative Authority*).
2. Updated Level of Care (LOC) Determination Process (*Appendix A: Waiver Administration and Operations, Appendix A:2, Appendix A:3*) Additional information on this update can be found in [APDL 22-01](#).

Appendix B: Participant Access and Eligibility

This Appendix is designed to answer the question: “*Who receives waiver services?*” In this Appendix, the MCWP specifies:

- (a) the waiver's target group(s);
- (b) the individual cost limit (if any) that applies to individuals entering the waiver;
- (c) the number of individuals who will be served in the waiver and how this number will be managed during the period that the waiver is in effect;
- (d) the Medicaid eligibility groups served in the waiver;
- (e) applicable post-eligibility treatment of income policies;
- (f) procedures for the evaluation of level of care of prospective entrants to the waiver and the periodic reevaluation of the level of care of waiver participants;
- (g) how individuals are afforded freedom of choice in selecting between institutional and home and community-based services; and,
- (h) how the MCWP provides for meaningful access to the waiver by individuals with Limited English Proficiency (LEP).

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Significant Changes:

1. Changed case managers' reevaluation of level of care intervals from 180 days to at least every 365 days (*Appendix B-6. Evaluation / Reevaluation of Level of Care: Process for Level of Care Evaluation/Reevaluation*).
2. Performance measures edited to match current CMS requirements (*Quality Improvement: Level of Care*).
3. The individual cost limit per participant has increased from \$25,727 to \$33,937 (*Appendix B-2 a., Individual Cost Limit*).

Appendix C: Participant Services

This Appendix is designed to answer the question: "What services does the waiver offer?" In this Appendix, the MCWP establishes the specifications for each waiver service and any limitations that apply to a service or the overall amount of waiver services. A service specification template (*Appendix C-3*) consolidates information about each waiver service (including its scope, provider qualifications, and whether the service may be participant-directed).

Significant Changes:

1. Changed Social Worker Case Manager (SWCM) minimum qualifications to include an individual who has a bachelor's degree in Social Work, Psychology, Counseling, Rehabilitation or Sociology and at least one year experience in case management. (*Appendix C-1/C-3. Provider Specifications for Service: Service Type: Statutory Service: Service Name: Enhanced Case Management*).
2. Changed Enhanced Case Management comprehensive reassessments, level of care certification, participant-centered service plan (PCSP) development including service authorization and implementation, coordination, and monitoring from every 180 days to at least every 365 days. This will include at minimum a monthly face-to-face visit or telephone call; quarterly face-to-face visits may be conducted by the Registered Nurse Case Manager (RNCM), SWCM, or both as warranted by identified medical and/or psychosocial needs. All previously mentioned activities will occur more frequently should the waiver participant's situation warrant it. (*Appendix C: Participant Services C-1/C-3 Service Specification*).
3. Clarified that home and community-based services under this waiver are not provided in facilities subject to §1616(e) of the Social Security Act. (*Appendix C Participant Services C-2 General Service Specifications*).
4. Performance measures edited to match current CMS

requirements (*Quality Improvement: Qualified Providers*).

Appendix D: Participant-Centered Service Planning and Delivery

In this Appendix, MCWP describes how the PCSP is developed along with how MCWP monitors: (a) the implementation of the PCSP; and (b) participant health and welfare. This Appendix is designed to answer two questions: “*How are participant needs identified and addressed during the PCSP development process?*” and “*How does MCWP monitor the delivery of waiver services?*”

Significant Changes:

1. Changed case managers' review of all components of PCSP from at least every 180 days to at least every 365 days. The PCSP is kept current by the case managers through ongoing monitoring with at least monthly telephone contact and quarterly face-to-face visits to determine if the services are meeting the participant's needs. (*Appendix D: PCSP Delivery D-1: Service Plan Development*).
2. Changed timeline that the case manager will work with the participant to determine if they are satisfied with current services and service providers from during the monthly contacts to during the monthly contacts and quarterly face-to-face visits. The case manager will work with the participant to determine if they are satisfied with current services and service providers (*Appendix D: Participant-Centered Planning and Service Delivery D-2: Service Plan Implementation and Monitoring*).
3. Changed Interdisciplinary team case conference (IDTCC) which is held for each participant from at least every 180 days to at least quarterly to align with the quarterly face-to-face visits. (*Appendix D: Participant-Centered Planning and Service Delivery D-2: Service Plan Implementation and Monitoring*).
4. Performance measures edited to match current CMS requirements (*Quality Improvement: Service Plan*).

Appendix G: Participant Safeguards

This Appendix addresses the question: “*What safeguards has MCWP established to protect participants from harm?*” In this Appendix, MCWP describes how it provides for specific safeguards related to assuring participant health and welfare (e.g., response to critical incidents).

Significant Changes:

1. Performance measures edited to match current CMS requirements (*Quality Improvement: Health and Welfare*).

Appendix I: Financial Accountability

In this Appendix, the MCWP specifies how it makes payments for waiver services, protects the integrity of these payments, and complies with applicable requirements concerning payments and Federal financial participation. The Appendix is designed to answer the question: “How does MCWP maintain financial accountability in the waiver?”

Significant Changes:

1. Clarified that Agencies are required to provide a Corrective Action Plan (CAP) for all findings listed in their Summary of Findings (SOF) Report and submit to CDPH/OA from within 60 days of the receipt of the SOF report to within 30 days. (*Appendix I: Financial Accountability I-1: Financial Integrity and Accountability*)

Contact

If you have questions regarding this notice, please contact the Medi-Cal Waiver Program at (916) 449-5962 or [email MCWP](mailto:cdphmcwp@cdph.ca.gov) at cdphmcwp@cdph.ca.gov.

Sincerely,

Kaye Pulupa

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