



California's protection & advocacy system

The Home and Community Based Alternatives (HCB Alternatives) Waiver (formerly known as the Nursing Facility/Acute Hospital Waiver): The Basics

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1. What are Home and Community-Based (HCBS) Waivers?

Home and Community-Based (HCB) Waivers are programs that offer Medi-Cal services to a limited number of people with disabilities to help them live at home instead of in a nursing facility or other Medi-Cal funded institution. People with all types of disabilities are eligible as long as they would qualify for admission to a nursing facility (including an intermediate care facility), subacute facility, or acute hospital. These programs are called “Waivers” because states implement programs that “waive” certain federal Medicaid rules in order to provide different or more services than the state offers to other Medicaid (Medi-Cal) eligible people.

Waivers allow the state to:

- Provide home and community-based services to a limited number of people, rather than all eligible Medi-Cal recipients in the State;
- Offer home and community-based services that are not offered under regular Medi-Cal (Medi-Cal State Plan); and
- Provide Medi-Cal HCB services to people who otherwise would not be eligible because their family or spouse's income is too high.

There are several different kinds of waiver programs offered by the State of California. These Waivers include:

- Developmental Disabilities (DD) Waiver
- Home and Community Based Alternatives (HCB Alternatives) (formerly called the Nursing Facility/Acute Hospital (NF/AH)) Waiver
- In-Home Operations (IHO) Waiver
- Assisted Living (ALW) Waiver
- Multi-Purpose Senior Services Program (MSSP)
- AIDS Waiver

Consumers can only be on one HCBS Waiver at a time. For more information about the HCBS Waivers administered by DHCS, go to: <http://www.dhcs.ca.gov/services/medi-cal/Pages/MediCalWaivers.aspx>.

2. What is the Home and Community Based Alternatives (HCB Alternatives) Waiver?

The Home and Community Based Alternatives (HCB Alternatives) Waiver used to be called the Nursing Facility/Acute Hospital (NF/AH) Waiver. The Waiver is administered directly by the California Department of Health Care Services (DHCS). The purpose of the HCB Alternatives Waiver is to provide Medi-Cal beneficiaries with long-term medical conditions who meet one of the designated "levels of care" (i.e., nursing facility (including intermediate care facility), subacute, acute hospital), described below, the option of returning to and/or remaining in their homes or home-like community settings in lieu of institutionalization.

The Waiver was renewed in 2017 and the state is planning some changes that have not yet begun. Most importantly, the state plans to contract with "Waiver agencies" to provide case management and do assessments for Waiver services, which means that after being admitted to the Waiver by DHCS, participants may have a community-based case manager to help secure needed services. Another important change is

the elimination of individual cost limits for Waiver services. In earlier versions of the Waiver, applicants and participants were given a budget for home care services based on their “level of care.” Now, services must be authorized based on the individual’s need and as approved by his/her doctor. Finally, the new Waiver added several thousand more slots over the five years of the Waiver so that more people may be served.

3. What services are covered under the HCB Alternatives Waiver?

The HCB Alternatives Waiver covers a wide range of home care services which include the following:

- Private duty nursing including home health and shared services
- Waiver Personal Care Services (WPCS)
- Case management/coordination
- Habilitation
- Home respite
- Community transition
- Continuous nursing and supportive services
- Environmental accessibility adaptations
- Facility respite, family/caregiver training
- Medical equipment operating expense
- Personal Emergency Response System (PERS) -installation and testing
- Transitional case management for medically fragile and technology dependent individuals of any age

For more information on the HCB Alternatives Waiver program and services, please visit [http://www.dhcs.ca.gov/services/ltc/Pages/Home-and-Community-Based-\(HCB\)-Alternatives-Waiver.aspx](http://www.dhcs.ca.gov/services/ltc/Pages/Home-and-Community-Based-(HCB)-Alternatives-Waiver.aspx) and <http://www.dhcs.ca.gov/services/ltc/Pages/In-Home%20Operations.aspx>.

4. How do I qualify to be on the HCB Alternatives Waiver?

In order to qualify for the HCB Alternatives Waiver, you must be eligible to be admitted to, or be residing in, a Medi-Cal funded nursing facility, subacute facility, Intermediate Care Facility-Developmental Disabilities/Continuous Nursing (ICF-DD/CN) or acute hospital. The HCB Alternatives Waiver uses spousal impoverishment rules to determine the eligibility of waiver participants with a community spouse, just as a nursing facility does under federal law. See 42 U.S. Code § 1396r-5. If the Waiver applicant is a child, parental income and resources are not considered even though the child lives in the home.

In order to apply to be on the Waiver, you will need to complete a HCB Alternatives Waiver application. This application can be found online at: <http://www.dhcs.ca.gov/formsandpubs/publications/Documents/Waiver%20Application%209-2011.pdf>.

If you need an application in Spanish, please call (916) 552-9105. Completed applications should be sent to: In-Home Operations Branch, 1501 Capitol Avenue, MS 4502, P.O. Box 997437, Sacramento, CA 95899-7437.

5. Is there a waitlist to be on the HCB Alternatives Waiver?

If you qualify for a level of care of Nursing Facility A or B (NF-A or NF-B) and are currently in the community (as opposed to a hospital or institution), then you are placed on a waiting list that is many months long. That means that it is important for you to apply as soon as possible so that you can begin the waiting process. There is no waitlist currently if you qualify for the Subacute or Acute Hospital levels of care. Even though the new Waiver has more slots, the state is reserving 60 percent of slots for people living in institutions and for individuals turning 21 and aging out of the EPSDT program. It is not yet clear what, if any, steps DHCS will take to clear the current waitlist. According to the Waiver, slots will be filled on a rotating basis, alternating between individuals residing in facilities and in the community.

However, there is an expedited assessment process to avoid the long waitlist. If you qualify for a level of care of NF-A or NF-B and you apply while you are in a hospital, then you will be eligible to receive an expedited assessment process and may be able to avoid the waiting list entirely. **It is critical that you apply for the HCB Alternatives Waiver before you are discharged from the hospital.**

6. As a HCB Alternatives Waiver participant, how can I be sure to receive coverage for all of the services I need?

Until recently, there were individual cost limits for Waiver services. Depending on the level of care that a participant is assigned, the participant would have a budget for services that included Waiver services and some other Medi-Cal services such as In-Home Supportive Services (IHSS). These cost limits frequently prevented Waiver participants from being able to receive all of the services their doctor believes are medically necessary. Also, until recently, if IHSS wages went up, then DHCS would reduce the amount of Waiver services a participant could receive, to stay under the cost limit. Under the new Waiver, there should not be an individual cost limit and participants should be able to get all “medically necessary” services that their doctors request in a Plan of Treatment.

We recommend that current Waiver participants who do not think they have enough services (especially if you know that you are only getting services up to the cost limit for your level of care), should get a new Plan of Treatment completed and signed by your doctor. Here is the Plan of Treatment form:

<http://www.dhcs.ca.gov/services/ltc/Documents/PlanofTreatmentForm.pdf>

f. Make sure the Plan of Treatment includes all services your doctor agrees are medically necessary, including the number of in-home nursing and/or Waiver Personal Care Services that are needed per month. Submit the new, signed Plan of Treatment to DHCS and ask for a reassessment. If you are not approved for the requested services, make sure you get a written notice so that you can appeal. You can call Disability Rights California at 1-800-776-5746 for assistance.

7. What are Waiver Agencies?

Waiver Agencies are local, non-governmental organizations that will contract with the state to purchase Waiver services through local vendors, enroll Waiver participants, perform level of care evaluations, provider case management, and develop and review participant service plans. Waiver agencies are new in the Waiver and to date, there are no Waiver agencies that have contracted with DHCS. Until there are Waiver agencies and in geographic areas that have no Waiver agencies, DHCS will continue to administer the Waiver program directly.

Who Can Help Me Get On To the Waiver So I Can Leave a Nursing Facility?

If you need help to get out of a medical facility, the **California Community Transitions (CCT)** program can help you do that. The CCT is available for Medi-Cal eligible individuals who have resided in a hospital or nursing facility for at least 90 days. The CCT can help you get on the Waiver, and help you find a place to live and make sure that home care, furniture, and utilities are ready for you to come home. The CCT is not available in all counties. For more information, see the California Department of Health Care Services website

at: <http://www.dhcs.ca.gov/services/ltc/Pages/CCT.aspx>, or DRC's publication at: <http://www.disabilityrightsca.org/pubs/560201.pdf>.

The HCB Alternatives Waiver also can provide Transitional Case Management and Community Transition services to help you find housing and pay for things like security deposits and utility setup.

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<https://docs.google.com/forms/d/1d6ezTI2M5UMAWU66exLbc1SQ9wDPzvtuS3AGR4-cgwE/viewform?c=0&w=1>

For legal assistance call 800-776-5746 or complete a [request for assistance form](#). For all other purposes call 916-504-5800 (Northern CA); 213-213-8000 (Southern CA).

Disability Rights California is funded by a variety of sources, for a complete list of funders, go to <http://www.disabilityrightsca.org/Documents/ListofGrantsAndContracts.html>.