



## Home and Community-Based Alternatives Waiver and CalAIM Community Supports

### Understanding Overlaps and Gaps

This explainer describes overlaps and gaps between two Medi-Cal programs: the Home and Community-Based Alternatives waiver and Community Supports, an initiative of CalAIM (California Advancing and Innovating Medi-Cal). The explainer is part of a series exploring how Community Supports intersect with Medi-Cal home and community-based services (HCBS) waiver and demonstration programs. The series highlights key issues policymakers and stakeholders should consider if responsibility for some HCBS programs shifts from fee-for-service Medi-Cal to managed care plans. Find related explainers on the [CHCF website](#).

## Overview of the Home and Community-Based Alternatives Waiver

### Description and Goals

The Home and Community-Based Alternatives (HCBA) waiver, one of California's HCBS programs, is a Medicaid 1915(c) waiver program that was originally approved in 1987 but has existed in its current form as the HCBA waiver since 2017. The goal of the HCBA waiver is to facilitate transitions from an institution to a home or community setting and to offer enrollees who are at risk of being institutionalized the option to receive ongoing and flexible supportive services to stay in their current home or community residence.<sup>1</sup>

### Geographic Reach

The HCBA waiver is available statewide.

### Eligibility

To be eligible for the HCBA waiver, an individual must:

- ▶ Be a Medi-Cal enrollee of any age
- ▶ Be eligible for admission to or currently residing in a nursing facility, a subacute facility, an Intermediate Care Facility for Developmentally Disabled, or an acute hospital

The state reserves 60% of HCBA waiver slots for people who have resided in a facility for more than 60 days and can be transitioned to the community, are transitioning from other HCBS programs because their skilled care needs and level of care can no longer be met, and/or are under the age of 21. The remaining 40% of waiver slots are available for (but not reserved for) people who are residing in the community at time of application submission.

### Enrollment

In 2024, enrollment was capped at 10,774. That number is set to increase to 16,174 by 2027. As of October 2024, 9,158 individuals were enrolled in the waiver and 5,482 individuals were on the waitlist.

Sources: [Application for 1915\(c\) Home and Community Based Services Waiver: Home and Community Based Alternatives Waiver](#) (PDF), California Department of Health Care Services (DHCS), March 1, 2024; [Request for an Amendment to a 1915\(c\) Home and Community-Based Services Waiver](#) (PDF), DHCS, January 1, 2024; and [Home and Community-Based Alternatives Waiver \(HCBA\) Monthly Dashboard: October 2024](#) (PDF), DHCS, accessed December 31, 2024.

## Program Operations

The California Department of Health Care Services (DHCS) contracts with eight HCBA waiver agencies to administer the waiver services and deliver comprehensive care management services to participants.<sup>2</sup> Waiver agencies process applications, assess applicants' needs, develop treatment plans, and submit those plans to the state for approval. These agencies use care management teams that must each include a registered nurse and social worker; these teams work with enrollees to identify and coordinate HCBS and other available resources that enable enrollees to transition to the community or remain in their homes.<sup>3</sup>

## Included Services

Waiver agencies are responsible for authorizing waiver services, managing service use, and providing comprehensive care management for enrollees. HCBA waiver services include:<sup>4</sup>

- ▶ Assistive technology
- ▶ Community transition services
- ▶ Comprehensive case management/coordination
- ▶ Continuous nursing and supportive services (up to 24 hours daily)
- ▶ Developmentally disabled/continuous nursing care
- ▶ Environmental accessibility adaptations (home modifications)
- ▶ Facility and home respite
- ▶ Family and caregiver training
- ▶ Habilitation
- ▶ Medical equipment operating expense coverage
- ▶ Paramedical services
- ▶ Personal emergency response system installation and testing
- ▶ Private duty nursing

- ▶ Transitional case management
- ▶ Ventilator and non-ventilator dependent service
- ▶ Waiver Personal Care Services (up to 24 hours daily)

## Room and Board

Enrollees are required to pay room and board expenses for their home or other community setting of their choice.

## Overlap and Considerations with Community Supports

### HCBA Waiver Comparison to Community Supports

The HCBA waiver offers a comprehensive set of services and has limited overlap with the Community Supports offered through Medi-Cal managed care plans (MCPs) (Table 1).

**Table 1. HCBA Waiver Services vs. Community Supports**

HCBA WAIVER SERVICES	COMMUNITY SUPPORTS PROGRAMS
Community transition; case management	Community Transition Services/Nursing Facility Transition to a Home
Waiver Personal Care Services	Personal Care and Homemaker Services
Environmental Accessibility Adaptations; PERS installation	Environmental Accessibility Adaptations (Home Modifications)
Home and facility respite	Respite Services
Habilitation services such as use of public transportation	Day Habilitation Programs

Sources: [Application for 1915\(c\) Home and Community Based Services Waiver: Home and Community Based Alternatives Waiver](#) (PDF), California Department of Health Care Services (DHCS), March 1, 2024; and [Medi-Cal Community Supports, or In Lieu of Services \(ILOS\), Policy Guide](#) (PDF), DHCS, July 2023.

Notes: Coverage limits between programs may vary. HCBA is Home and Community-Based Alternatives. PERS is personal emergency response system.

While there are some similarities between HCBA waiver services and services offered through Community Supports, the coverage limits can differ. Additionally, several critical clinical services available through the HCBA waiver are not available through Community Supports: Continuous Nursing and Supportive Services, Private Duty Nursing, and Ventilator and Non-Ventilator Services. In addition, unlike HCBA services that are provided under a fee-for-service model, Community Supports are optional services provided through managed care. Appendix A provides additional information comparing the HCBA waiver and Community Supports.

## Challenges and Opportunities

As California considers integrating some HCBS into managed care, it is important to consider the current challenges of Community Supports and HCBA waiver implementation and opportunities for improving service delivery. Challenges and opportunities were identified through literature review and interviews with HCBS stakeholders.

**Community Supports only partially cover services offered through the HCBA waiver.** HCBA waiver agencies coordinate a comprehensive set of services for a highly complex population, and only some of these services are offered through Community Supports. Interviewees noted that core, medically critical HCBA waiver services, namely 24-hour daily personal care and 24-hour continuous nursing and supportive services, are not included in Community Supports. These services are necessary for medically fragile and medically complex enrollees. The HCBA waiver is also the only current option for community-based services for medically fragile children who do not qualify for regional center services. It is unclear what mechanisms would be available to fill these clinical service gaps should HCBA waiver services transition to managed care. Furthermore, interviewees noted that unlike HCBA waiver agencies, MCPs have less familiarity with coordinating intensive, ongoing

home and community-based nursing care and other home-based supportive services for highly complex populations.

**Opportunity:** If MCPs are to have an increased role in providing HCBA waiver services, it will be essential to consider certain services as required, rather than optional, to ensure equitable and appropriate care. DHCS could consider requiring plans to bundle the same set of services that are currently available under the HCBA waiver. There is value in MCPs considering pilots with current HCBA waiver agencies and the HCBS providers they work with to develop partnerships and enhance understanding of the HCBS service delivery model. Doing so would also enable HCBS providers to learn how to operate as Medi-Cal providers under managed care.

**There is variability in MCPs offering Community Supports, resulting in limitations to access for Medi-Cal enrollees.** While MCPs are strongly encouraged to offer as many Community Supports as possible, they are not required to offer any. MCPs could replicate limited HCBA waiver services through Community Supports, but programs and access to them would vary by plan and region. Furthermore, replicating those limited HCBA waiver services would require MCPs to coordinate with multiple providers and separate service authorizations. Managing the various documentation needed by MCPs would be complex and administratively burdensome for providers and may affect the timeliness of care for enrollees.

**Opportunity:** HCBA waiver providers could also contract with MCPs to offer care management and some Community Supports, potentially increasing the number of available Community Supports in a county or region. Waiver agencies can share best practices with MCPs for coordinating services for this population. Public data on who is receiving which services and where can also help determine inequities or gaps in access. DHCS would also need to ensure that MCP operations do not create any barriers to the timely delivery of services for enrollees.

**The HCBA waiver maintains a limited number of waiver slots and a waitlist, resulting in reduced access to services.** Interviewees suggested that long wait times for the HCBA waiver may cause disparities and reduced access to care. There are currently limited public data on wait times and waitlist demographics, making it difficult to assess equity and access concerns.

**Opportunity:** Community Supports can be offered statewide if MCPs elect to do so. Therefore, the subset of HCBA waiver services that can be provided through Community Supports could, if fully leveraged by MCPs, reach more people across the state than the HCBA waiver is able. It is likely that a subset of the HCBA waiver waitlist population may not need the waiver's most intensive services (e.g., 24-hour nursing care), and MCPs could potentially meet those enrollees' needs through the well-coordinated and comprehensive delivery of Community Supports. These opportunities may be bolstered by the fact that in 2023, institutional long-term care (LTC) services were carved into managed care statewide. As a result, MCPs are incentivized to work with LTC facilities to identify members that may be able to move out of nursing facilities and into lower-acuity, medically appropriate, cost-effective settings using Community Supports.

## Member Case Study

Simone, a 54-year-old woman with advanced amyotrophic lateral sclerosis (ALS), had been living in a nursing facility (NF) for 10 months after her family could no longer manage her increasingly complex medical needs at home. The NF provided the necessary care, but the separation from her family was difficult.

A social worker at Simone's NF introduced her family to the HCBA waiver and connected them with their local HCBA waiver agency, which oversaw her enrollment and care management needs. After confirming

her eligibility, the waiver agency initiated the enrollment process and conducted a thorough assessment of her medical needs and home environment. The waiver agency and her care management team worked closely with her family and home health providers to complete the necessary paperwork to help initiate a seamless transition back home.

Once enrolled, the waiver agency and Simone's care management team facilitated her return home by providing a comprehensive care plan tailored to her needs. This included skilled nursing services for ventilator and tracheostomy care, personal care assistance for activities of daily living, and arrangements for specialized medical equipment and home modifications. Simone's home modifications included the installation of a wheelchair ramp and adjustments to the bathroom, which greatly enhanced her safety and independence at home, allowing her to navigate her living space with greater ease.

Returning home enabled Simone to regain the comfort and familiarity she had missed in the NF. The emotional relief of being able to live at home and near her family underscored the program's effectiveness in delivering high-quality, person-centered care outside of institutional settings. Additionally, by avoiding the high costs associated with long-term institutional care, the HCBA waiver yielded significant savings for the Medi-Cal program.

Transitioning HCBA waiver services to MCPs could allow enrollees to access essential services and supports that enable them to return to their community without needing to stand by on a waitlist. However, this transition could introduce challenges as MCPs learn the complex needs of enrollees requiring long-term services and supports, including essential clinical services like continuous nursing care for those enrollees who need the support to remain safely at home.

By forging strong partnerships and robust provider networks, MCPs can grow their specialized knowledge and experience to deliver the critical care that the

HCBA waiver and its providers deliver. When implementing Community Supports programs for enrollees requiring long-term services and supports, MCPs may consider how to provide the same level of comprehensive care coordination or specialized service delivery found in the HCBA waiver to best support members with complex medical needs. By implementing and promoting these critical supports, plans can prevent gaps in care and assist members like Simone so that they can remain at home and avoid returning to institutional care — a scenario Simone and her family are determined to prevent.

## Appendix A. Comparison of the Home and Community-Based Alternatives Waiver to Relevant Community Supports

CHARACTERISTICS	CURRENT HCBS WAIVER	COMMUNITY SUPPORTS				
	HOME AND COMMUNITY-BASED ALTERNATIVES (HCBA)*	PERSONAL CARE AND HOMEMAKER SERVICES	HOUSING BUNDLE†	DAY HABILITATION PROGRAMS	MEDICALLY SUPPORTIVE FOOD/ MEDICALLY TAILORED MEALS	ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS (HOME MODIFICATIONS)
<b>Eligibility</b>	<p><b>Medi-Cal enrollees of all ages</b> who are eligible for admission to or reside in a Medi-Cal funded NF, subacute facility, ICF/DD, or acute hospital.</p> <p><b>For priority enrollment, DHCS reserves 60% of slots for people in categories 1 through 3, with the remainder of slots available to people in category 4:</b></p> <ol style="list-style-type: none"> <li>1. Transitioning to the waiver from similar HCBS programs</li> <li>2. Under age 21</li> <li>3. Have been residing in a health care facility for more than 60 days at time of application submission</li> <li>4. Residing in community at time of application submission</li> </ol>	<p><b>Enrollees of all ages who either:</b></p> <ul style="list-style-type: none"> <li>▶ Are at risk for hospitalization or institutionalization in NF, or</li> <li>▶ Have functional deficits and no other adequate support system, or</li> <li>▶ Are approved for IHSS</li> </ul> <p>If not already approved for IHSS, <b>enrollees must be referred to the IHSS program</b> when they meet referral criteria.</p> <p>This service cannot be used in lieu of referring to IHSS. It can be used to supplement IHSS beyond approved hours, during a waiting period before receiving IHSS, or for up to 60 days following an IHSS denial.</p>	<p><b>Enrollees of all ages are prioritized through the local homeless Coordinated Entry System to identify highly vulnerable enrollees who:‡</b></p> <ul style="list-style-type: none"> <li>▶ Have disabilities, or</li> <li>▶ Have one or more serious chronic conditions and/or serious mental illness, or</li> <li>▶ Are institutionalized or require residential services due to SUD, or</li> <li>▶ Are exiting incarceration</li> </ul> <p><b>Enrollees who meet the HUD definition of homelessness,<sup>§</sup> are enrolled in ECM, and meet one of the eligibility criteria above.</b></p> <p><b>Enrollees who meet the HUD definition of at risk of homelessness<sup>§,  </sup></b></p>	<p><b>Enrollees of all ages who are experiencing homelessness or:</b></p> <ul style="list-style-type: none"> <li>▶ Who have exited homelessness or entered housing in past 24 months, or</li> <li>▶ Who are at risk of homelessness or institutionalization</li> </ul>	<p><b>Enrollees of all ages with one or more chronic conditions, including, but not limited to:</b></p> <ul style="list-style-type: none"> <li>▶ Diabetes</li> <li>▶ Cancer</li> <li>▶ Cardiovascular disorders</li> <li>▶ Congestive heart failure</li> <li>▶ Chronic lung disorder</li> <li>▶ HIV</li> <li>▶ Chronic or disabling mental/behavioral health disorders</li> </ul> <p><b>Other entry points for referral include:</b></p> <ul style="list-style-type: none"> <li>▶ Enrollees being discharged from an acute hospital or NF</li> <li>▶ Those with high risk of hospitalization or NF placement</li> <li>▶ Those with extensive care coordination needs</li> </ul>	<p><b>Enrollees of all ages who are at risk of institutionalization in an NF</b></p>

CHARACTERISTICS	CURRENT HCBS WAIVER	COMMUNITY SUPPORTS				
	HOME AND COMMUNITY-BASED ALTERNATIVES (HCBA)*	PERSONAL CARE AND HOMEMAKER SERVICES	HOUSING BUNDLE†	DAY HABILITATION PROGRAMS	MEDICALLY SUPPORTIVE FOOD/ MEDICALLY TAILORED MEALS	ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS (HOME MODIFICATIONS)
<b>Services#</b>	<p><b>Services available under the HCBA waiver include:</b></p> <ul style="list-style-type: none"> <li>▶ Assistive technology</li> <li>▶ Community transition services</li> <li>▶ Comprehensive case management/coordination</li> <li>▶ Continuous nursing and supportive services</li> <li>▶ Developmentally disabled/continuous nursing care</li> <li>▶ Environmental accessibility adaptations</li> <li>▶ Facility and home respite</li> <li>▶ Family and caregiver training</li> <li>▶ Habilitation</li> <li>▶ Medical equipment operating expenses</li> <li>▶ Paramedical services</li> <li>▶ PERS installation and testing</li> <li>▶ Private duty nursing (up to 24 hours daily)</li> <li>▶ Transitional case management</li> <li>▶ Ventilator and non-ventilator care</li> </ul> <p><b>Dependent Services:</b></p> <ul style="list-style-type: none"> <li>▶ WPCS (up to 24 hours daily)**</li> </ul>	<p><b>Same as IHSS program, which includes:</b></p> <ul style="list-style-type: none"> <li>▶ Cleaning, meal preparation, laundry, grocery shopping</li> <li>▶ Personal care services (e.g., bowel/bladder care, bathing and grooming, paramedical services)</li> <li>▶ Accompaniment to medical appointments</li> <li>▶ Protective supervision for those who are mentally impaired</li> </ul>	<p><b>Housing Transition Navigation Services,†† which include:</b></p> <ul style="list-style-type: none"> <li>▶ Tenant screening and housing assessment services</li> <li>▶ Individualized housing support plans</li> <li>▶ Application assistance</li> <li>▶ Benefits advocacy (e.g., SSI eligibility, application)</li> <li>▶ Resource identification (e.g., HUD Section 8, state and local assistance programs)</li> <li>▶ Communication and advocacy support with landlords</li> </ul> <p><b>Housing Deposits fund one-time services and modifications, such as:</b></p> <ul style="list-style-type: none"> <li>▶ Medically necessary adaptive aids and services (e.g., air conditioning, heaters, hospital beds, Hoyer lifts)</li> <li>▶ Apartment security deposits</li> <li>▶ Utility set-up fees and deposits</li> <li>▶ First and last month’s rent for tenancy occupation</li> <li>▶ First month utilities coverage (i.e., phone, gas, electricity, heating, water)</li> <li>▶ Pest eradication and cleaning of premises</li> </ul>	<p><b>Services are tailored to the skill-building needs of enrollees experiencing homelessness. They include:</b></p> <ul style="list-style-type: none"> <li>▶ Training on public transportation use</li> <li>▶ Developing conflict resolution skills</li> <li>▶ Coaching for community participation</li> <li>▶ Developing/maintaining relationships</li> <li>▶ Developing daily living skills (cooking, cleaning, money management)</li> <li>▶ Building community resource awareness (police, fire, local services)</li> <li>▶ Assisting with moving into a home</li> <li>▶ Choosing housemates</li> <li>▶ Locating home furnishing</li> <li>▶ Settling landlord disputes</li> <li>▶ Managing personal finances, working with personal attendants, and getting referrals to non-Community Supports housing resources</li> </ul>	<p><b>MCPs have discretion to define criteria for the level of services determined to be medically appropriate and cost-effective for enrollees. Services include:</b></p> <ul style="list-style-type: none"> <li>▶ Meals delivered to the enrollee’s home following hospital discharge for those most vulnerable to readmission</li> <li>▶ Medically tailored meals as defined by an RD</li> <li>▶ Medically supportive food and nutrition services (medically tailored groceries, healthy food vouchers, and food pharmacies)</li> <li>▶ Behavioral, cooking, nutrition education</li> </ul> <p><b>The following service restrictions and limitations apply:</b></p> <ul style="list-style-type: none"> <li>▶ Maximum two meals per day</li> <li>▶ Maximum 12 weeks of medically supportive food and nutrition services (longer if necessary)</li> <li>▶ Meals eligible for or reimbursed by other programs are not eligible for this program</li> <li>▶ Meals are not covered if they respond solely to food insecurity</li> </ul>	<p><b>Physical home adaptations necessary to ensure health, welfare, and safety, including:</b></p> <ul style="list-style-type: none"> <li>▶ Ramps and grab-bars</li> <li>▶ Widening doorways for wheelchairs</li> <li>▶ Stair lifts</li> <li>▶ Bathroom and shower wheelchair accessibility</li> <li>▶ Specialized electrical and plumbing systems for necessary medical equipment</li> <li>▶ PERS installation and testing</li> </ul> <p><b>The following service restrictions and limitations apply:</b></p> <ul style="list-style-type: none"> <li>▶ State Plan services like DME should be used if they are available and accomplish the goals of having independence and avoiding institutional placement</li> <li>▶ Maximum lifetime costs of \$7,500, exceptions apply††</li> <li>▶ Modifications do not include adaptations or improvements to general utility of the household</li> <li>▶ The state is not responsible for maintenance/repair/removal of any modification if the enrollee ceases to reside at the residence</li> </ul>

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<b>Services#</b> continued			<b>Housing Tenancy and Sustaining Services include:</b> <ul style="list-style-type: none"> <li>▶ Identification of behaviors that risk housing (e.g., late payment, hoarding, substance use)</li> <li>▶ Tenants’ rights education</li> <li>▶ Coaching for relationships with property managers and landlords</li> <li>▶ Coordination with case managers and landlords</li> <li>▶ Dispute resolution assistance</li> </ul>			



CHARACTERISTICS	CURRENT HCBS WAIVER	COMMUNITY SUPPORTS				
	HOME AND COMMUNITY-BASED ALTERNATIVES (HCBA)*	PERSONAL CARE AND HOMEMAKER SERVICES	HOUSING BUNDLE†	DAY HABILITATION PROGRAMS	MEDICALLY SUPPORTIVE FOOD/ MEDICALLY TAILORED MEALS	ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS (HOME MODIFICATIONS)
<b>Providers<sup>§§</sup></b>	<p><b>The following allowable HCBA providers must be enrolled as Medi-Cal providers:</b></p> <ul style="list-style-type: none"> <li>▶ Home health agencies</li> <li>▶ Personal care agencies</li> <li>▶ Congregate living health facilities</li> <li>▶ DME providers</li> <li>▶ Employment agencies</li> <li>▶ HCBS benefit provider agencies</li> <li>▶ HCBS waiver professional corporations (licensed psychologists, LCSWs, marriage and family therapists)</li> <li>▶ In-Home Supportive Services providers</li> <li>▶ Intermediate Care Facility for the Developmentally Disabled/Continuous Nursing</li> <li>▶ Licensed vocational nurses</li> <li>▶ Non-profit agencies</li> <li>▶ Pediatric day health centers</li> <li>▶ Registered nurses</li> <li>▶ WPCS providers</li> </ul> <p><b><u>List of HCBA waiver agencies</u></b></p>	<p><b>Providers listed below are not exhaustive; providers must have experience with the required services.</b></p> <ul style="list-style-type: none"> <li>▶ Home health agencies</li> <li>▶ Personal care agencies</li> <li>▶ County agencies</li> <li>▶ Area Agencies on Aging</li> </ul>	<p><b>Providers listed below are not exhaustive; providers must have experience with the required services.</b></p> <ul style="list-style-type: none"> <li>▶ Vocational service agencies</li> <li>▶ Service providers for enrollees experiencing homelessness</li> <li>▶ County agencies</li> <li>▶ Public hospital systems</li> <li>▶ Mental health or SUD treatment providers</li> <li>▶ Social services agencies</li> <li>▶ Affordable housing providers</li> <li>▶ Supportive housing providers</li> <li>▶ Federally Qualified Health Centers and Rural Health Clinics</li> </ul>	<p><b>Providers listed below are not exhaustive; providers must have experience with the required services.</b></p> <ul style="list-style-type: none"> <li>▶ Licensed psychologists (LCSW, RN, home health agencies, vocational skills agencies)</li> <li>▶ Mental health or SUD treatment providers, including county behavioral agencies</li> </ul>	<p><b>Providers listed below are not exhaustive; providers must have experience with the required services.</b></p> <ul style="list-style-type: none"> <li>▶ Home-delivered meal providers</li> <li>▶ Nutritional education services</li> <li>▶ Meals on Wheels providers</li> <li>▶ Medically supportive food and nutrition providers</li> <li>▶ Area Agencies on Aging</li> </ul>	<p><b>Providers listed below are not exhaustive; providers must have experience with the required services.</b></p> <ul style="list-style-type: none"> <li>▶ Local health departments</li> <li>▶ Community-based providers and organizations</li> <li>▶ Area Agencies on Aging</li> </ul> <p><b>Home Modifications that are physical adaptations to a residence must be performed by an individual holding a California contractor’s license (except for a PERS installation).</b></p>

Source: Authors’ analysis of multiple sources, including 1915(c) approved state waiver application, regulations, and DHCS policy guidance.

Notes: This information is not exhaustive but aims to provide an illustrative and comparative understanding of the potential options available to Medi-Cal members who could benefit from home and community-based services. For a comprehensive understanding of program policy and guidance, please refer to official California Department of Health Care Services (DHCS) documents for detailed program requirements, processes and procedures. *DHCS* is California Department of Health Care Services; *DME* is durable medical equipment; *ECM* is Enhanced Care Management; *HCBA* is Home and Community-Based Alternatives Waiver; *HCBS* is home and community-based services; *HUD* is Department of Housing and Urban Development (federal); *ICF/DD* is Intermediate Care Facility for Developmentally Disabled; *IHSS* is In-Home Supportive Services; *LCSW* is licensed clinical social worker; *MCP* is managed care plan; *NF* is nursing facility; *PERS* is Personal Emergency Response System; *RD* is registered dietitian; *RN* is registered nurse; *SUD* is substance use disorder; *WPCS* is Waiver Personal Care Services.

- \* The Home and Community-Based Alternatives waiver is a 1915(c) Home and Community-Based Services waiver that is approved from 2023 through 2027.
- † The housing bundle refers to the “housing trio” of Community Supports (Housing Transition Navigation Services, Housing Deposits, Housing Tenancy and Sustaining Services).
- ‡ For a comprehensive description of housing bundle eligibility requirements by age, see: [Medi-Cal Community Supports, or In Lieu of Services \(ILOS\), Policy Guide](#) (PDF), DHCS, July 2023.
- § Enrollees who meet the HUD definition of homeless or at risk of homelessness as defined in [Section 91.5 of Title 24 of the Code of Federal Regulations](#) (PDF).
- || Those who are “at risk of homelessness” are eligible for Housing Transition Navigation Services and Housing Tenancy and Sustaining Services, but not for Housing Deposits.
- # Services provided under Community Supports must supplement, not supplant, services received through state, local, or federally funded programs.
- \*\* A waiver participant must be enrolled in and receiving personal care services through the federally funded State Plan personal care program (In-Home Supportive Services [IHSS]) to receive WPCS through the HCBA waiver.
- †† Housing Transition Navigation Services and Housing Tenancy Sustaining Services are also available to transition-age youth with significant barriers to housing stability.
- ‡‡ The only exceptions to the \$7,500 total maximum are if the enrollee’s place of residence changes or if the enrollee’s condition has changed so significantly that additional modifications are necessary to ensure their health, welfare, and safety, or are necessary to enable them to function with greater independence in the home and avoid institutionalization or hospitalization.
- §§ Community Supports availability varies by county and MCP. For information on MCP contracts with Community Supports providers, see: [“Chart 4.5.2: Total Number of Community Supports Provider Contracts in Each MCP and County in the Most Recent Reporting Quarter by Service,”](#) DHCS, last updated December 2024.

## About the Authors

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## About the Foundation

The [California Health Care Foundation](#) (CHCF) is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

## Endnotes

1. [Application for 1915\(c\) Home and Community Based Services Waiver: Home and Community Based Alternatives Waiver](#) (PDF), California Department of Health Care Services (DHCS), March 1, 2024.
2. DHCS manages HCBA waiver services for enrollees in counties not served by waiver agencies, including Alpine, Imperial, Inyo, Marin, Mendocino, Mono, Napa.
3. *Application: HCBA Waiver*, DHCS.
4. *Application: HCBA Waiver*, DHCS.