



**In-Home Operations
QUICK REFERENCE GUIDE**
California Department of Health Care Services
Long-Term Care Division
In-Home Operations (IHO) Branch



WEBSITE:

For general information about In-Home Operations
or to view a copy of IHO's Home and Community Based Waivers

<http://www.dhcs.ca.gov/services/Pages/IHO.aspx>

E-mail: IHOwaiver@dhcs.ca.gov

IHO BRANCH CONTACT INFORMATION

NORTHERN REGION

P.O. Box 997437, MS 4502
Sacramento, CA 95899-7437
Phone (916) 552-9105
FAX (916) 552-9150
(916) 552-9151

SOUTHERN REGION

311 South Spring Street, Suite 313
Los Angeles, CA 90013
Phone (213) 897-6774
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IN-HOME OPERATIONS QUICK-REFERENCE GUIDE

THIS IS ONLY A REFERENCE GUIDE. PLEASE CALL ABOVE LISTED PHONE NUMBERS FOR ANY CLARIFICATION

HCBS WAIVER SERVICES

Eligibility	Full-scope Medi-Cal eligible and medically eligible beneficiary. Priority enrollment for an applicant who has been authorized for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for at least six months prior to his/her 21 st birthday who meet medical eligibility criteria; and for an applicant currently in an acute hospital who is eligible for placement in an HCBS Waiver.
Available Services	Home and Community-Based Services (HCBS) waivers are designed to assist in supporting a participant in his/her home as an alternative to care in a licensed health care facility. HCBS waiver services include: Case management, transitional case management; community transition: private duty nursing; family training; environmental accessibility adaptations; waiver personal care; life sustaining medical equipment operation expenses, habilitation; respite care; and personal emergency response systems.
Criteria for Services	HCBS waiver services may be authorized when medically necessary at a cost that is not greater than what may be provided in a licensed health care facility. These services must be prior authorized.
Place of Services	The participant's home or community setting.
Service Providers	HCBS waiver services providers include: licensed and certified home health agencies; congregate living facilities; licensed registered nurses; licensed vocational nurses; licensed clinical social workers; marriage & family therapists; licensed psychologists; nonprofit organizations; professional corporations; personal care or employment agencies; and unlicensed caregivers.
Requests for Service	A HCBS Waiver application (available upon request – see contact information including: website, e-mail, and phone number on cover page) must be completed and returned to In-Home Operations (IHO).
Required Documentation	Medical records (Including but not limited to): Medical information that supports the request for services; assessment and identification of skilled nursing care needs; home safety evaluation; Plan of Treatment (POT) signed by the physician, beneficiary/participant & caregivers; and a TAR requesting the services.

IN-HOME OPERATIONS

In-Home Operations (IHO) is part of the California Department of Health Care Services (DHCS). IHO has statewide responsibility for reviewing and authorizing home and community-services through the Medi-Cal Nursing Facility/Acute Hospital (NF/AH) Waiver.

IHO has two offices in California – the Northern Regional Headquarters office, located in Sacramento, and a Southern Regional office, located in Los Angeles.

The Northern Regional office is responsible for reviewing all new statewide requests for HCBS waiver services. Upon receipt and review of the NF/AH Waiver Application, the request for the NF/AH waiver services is then forwarded to the appropriate regional office for completing the intake process and ongoing administrative case management.

Home and Community-Based Services (HCBS) Waivers

Home- and Community-Based Services (HCBS) waivers are creative alternatives, allowed under federal law, for states participating in Medicaid (Medi-Cal in California), to be implemented in the home or community for certain Medi-Cal beneficiaries to avoid hospitalization or nursing facility placement. HCBS waivers are not part of the Medi-Cal State Plan benefit. Services provided under a waiver are not typically part of the benefit package available under federal Medicaid. California currently has the following seven HCBS waivers: Developmentally Disabled Waiver; Multi-Purpose Senior Services Program Waiver; Acquired Immune Deficiency Syndrome Waiver; Pediatric Palliative Care Waiver; Assisted Living Waiver; In-Home Operations (IHO) Waiver; and the Nursing Facility/Acute Hospital (NF/AH) Waiver.

The authorization and management of IHO and NF/AH waiver services are the responsibility of the IHO Branch. Under IHO, the current facility alternatives for these two HCBS waivers are: Acute Hospital; Adult or Pediatric Sub-Acute; Skilled Nursing Facility (SNF or NF level B); and, Intermediate Care Facility (ICF or NF level A).

Requests for waiver services can come from Medi-Cal providers, associated agencies, beneficiaries, families, friends, or advocates. Requests may be faxed, e-mailed, and telephoned to IHO. Upon receipt of the request for HCBS waiver services, IHO will send an HCBS Waiver application to the individual. Assessment for HCBS waiver services begins upon the receipt of the completed HCBS Waiver application by IHO.

Once a Medi-Cal home program is established for the Medi-Cal waiver participant, medically necessary waiver services are authorized by IHO that will assist the waiver participant in remaining safely at home. Additional Medi-Cal services authorized by IHO when medically appropriate for HCBS Waiver participants include equipment, supplies, therapies, and transportation. For information on these waivers please call (916) 552-9105 or visit our website at: <http://www.dhcs.ca.gov/services/Pages/IHO.aspx>

Nursing Facility Acute Hospital (NF/AH) Waiver

- Services are subject to prior authorization.
- The NF/AH waiver is designed:
 - For a person who has a long-term medical condition(s) and who meet the acute hospital, subacute nursing facility, skilled nursing facility B (skilled) or A (intermediate) level of care with the option of returning to and/or remaining in his/her home or home-like setting in the community in lieu of institutionalization;
 - To facilitate a safe and timely transition of medically needy Medi-Cal eligible beneficiaries from a medical facility to his/her home and community; and,
 - To offer Medi-Cal eligible beneficiaries who reside in the community but are at risk of being institutionalized within the next 30 days, the option of utilizing NF/AH Waiver services to develop a home program that will assist in safely meeting his/her home medical care needs.
- Participant must be Medi-Cal eligible. This can be established in one of two ways:
 - Community deeming rules/requirements, i.e., the regular financial rules for Medi-Cal eligibility; or,
 - Institutional deeming rules/requirements, i.e., the individual is assessed to be Medi-Cal eligible “as if” he/she were in a long-term care facility.

- Authorized services must be cost-neutral to the Medi-Cal program. This means that the total cost of providing waiver services and all other medically necessary Medi-Cal services to the participant must cost the same or less than the services would cost if incurred by the Medi-Cal program for providing care to the waiver participant in a comparable level facility.
- NF/AH waiver services include: Case management, transitional case management, community transition services, private duty nursing (including shared nursing services); family training; minor environmental accessibility adaptations; personal care services; medical equipment operating expenses; habilitation; respite care; and personal emergency response systems (including installation and testing).
- Services are provided in the participant's home that has been assessed to be a safe environment by an IHO Nurse Evaluator or an IHO designee.
- Services are authorized through appropriate licensed and certified home health agencies; congregate living facilities; licensed registered nurses; licensed vocational nurses; licensed clinical social workers; marriage & family therapists; licensed psychologists; nonprofit organizations; professional corporations; personal care or employment agencies; and unlicensed caregivers.
- Implementation of NF/AH waiver services also involves the active participation of the family and/or primary caregiver in the home care program. Participants must have an identified support network system available to them in the event the HCBS provider of direct care services is not able to provide the total number of hours approved and authorized by IHO. A family member and/or a primary caregiver should be proficient in the tasks necessary to care for the participant at home to ensure care is not interrupted. This proficiency requirement may be satisfied by training, as necessary to safely carry out the plan of treatment and/or by providing direct care to the participant on an ongoing basis. The involvement of the family and/or the primary caregiver helps to ensure a safe home program for the participant.
- Services are prescribed by the participant's community-based primary care physician in accordance with regulations outlined in the CCR, Title 22, Division 3.

ONLINE RESOURCES FOR MEDI-CAL SERVICES

Long-Term Care Division HCBS Waivers and Programs:

<http://www.dhcs.ca.gov/services/ltc/Pages/default.aspx>

California Code of Regulations, Title 22, Division 3: www.ccr.oal.ca.gov

Medi-Cal Provider Bulletins: www.medi-cal.ca.gov

State Statutes – Health and Safety Code; Welfare and Institutions Code: www.oal.ca.gov