What are home and community-based services?

What are waivers?

What are EPSDT and PDHC services?

What services are offered under these different programs?

How do I request services?

HOME AND COMMUNITY-BASED SERVICES BRANCH

IN-HOME OPERATIONS SECTION CONTACT INFORMATION

In-Home Operations Section (IHO)
1501 Capitol Ave, Suite 71.3002
P.O. Box 997419, MS 4502
Sacramento, CA 95899-7419
(916) 552-9105 General information
(916) 552-9149 Fax

IHO Sacramento Regional Office
Home and Community-Based Services
Waiver Intake Unit
(916) 552-9105 New intakes / information
(916) 552-9151 Fax

Case Management and EPSDT Units
(916) 552-9105 Information
(916) 552-9151 Fax

IHO Los Angeles Regional Office
Case Management Unit
311 South Spring Street, 3rd Floor
Los Angeles, CA 90013
(213) 897-6774 Information
(213) 897-7355 / 9314 Fax

Arnold Schwarzenegger
Governor
State of California

Kim Belshé
Secretary
Health and Human Services Agency

Sandra Shewry
Director
Department of Health Services

dhs

California Department of Health Services

Medi-Cal Operations Division

IN-HOME OPERATIONS

HOME AND COMMUNITY-BASED OPTIONS

Frequently Asked Questions

California Department of Health Services
Home- and Community-Based Services Branch
Medi-Cal In-Home Operations Section

WHAT IS IN-HOME OPERATIONS?

In-Home Operations (IHO) is a section in DHS that oversees the development and implementation of home- and community-based programs under Medi-Cal. Under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) state plan benefit, IHO authorizes:

- Private Duty Nursing (PDN), and
- Pediatric Day Health Care (PDHC)

Under a federal waiver program, IHO authorizes two Home and Community-Based Waivers:

- In-Home Operations Waiver (IHO)
- Nursing Facility/Acute Hospital (NF/AH) Waiver

WHAT IS EPSDT?

EPSDT is a Medi-Cal benefit for individuals under the age of 21 who have full-scope Medi-Cal eligibility. This benefit allows for periodic screenings to determine health care needs. Based upon the identified health care need, diagnostic and treatment services are provided.

WHAT SERVICES ARE OFFERED UNDER THE EPSDT BENEFIT?

EPSDT services include all services covered by Medi-Cal. In addition to the regular Medi-Cal benefits, a beneficiary under the age of 21 may receive additionally medically necessary services. These additional services are known as EPSDT Supplemental Services and include: private duty nursing services from a Registered Nurse (RN) or a Licensed Vocational Nurse (LVN), Case Management, Pediatric Day Health Care, and Nutritional and Mental Health Evaluations and Services.

WHAT ARE HOME AND COMMUNITY-BASED SERVICES (HCBS) WAIVERS?

HCBS Waivers allow states that participate in Medicaid, known as Medi-Cal in California, to develop creative alternatives for individuals who would otherwise require care in a nursing facility or hospital. Medi-Cal has an agreement with the Federal Government, which allows for waiver services to be offered in either a home or community setting. The services offered under the waiver must cost no more than the alternative institutional level of care. Recipients of HCBS Waivers must have full-scope Medi-Cal eligibility.

WHAT SERVICES ARE OFFERED UNDER THESE HCBS WAIVERS?

The services available under these HCBS Waivers include case management, community transition services, private duty nursing, family training, home health aides, life-sustaining utility reimbursement, habilitation services, and respite care.

WHO PROVIDES THE SERVICES?

There are a variety of providers, including the following:

- EPSDT providers – licensed and certified Home Health Agencies and/or individually enrolled private duty nursing service providers.
- HCBS Waiver providers – licensed and certified home health agencies; individual licensed RN, LVN, LCSW, MFT, Psychologist; nonprofit or professional organizations; personal care or employment agencies; or unlicensed caregivers.

HOW LONG CAN ONE RECEIVE THESE SERVICES?

The beneficiary may receive these home- and community-based services as long as they are medically necessary, cost-neutral, and he/she meets the nursing facility or acute hospital level of care.

HOW DOES ONE REQUEST HCBS WAIVER SERVICES?

The beneficiary or their representative must contact IHO and request a HCBS Waiver application. Based upon the information on the Waiver application, the Nurse Evaluator II will determine if the individual meets the criteria for the HCBS waiver and schedule a home visit to discuss the waiver and waiver services that are available. Each HCBS waiver can only serve a limited number of individuals. Once that limit is reached, the names of individuals requesting waiver services will be placed on a waiting list based upon the date IHO received their completed HCBS Waiver application.

HOW DOES ONE REQUEST EPSDT SERVICES?

The provider must submit the request for services to IHO on a Treatment Authorization Request (TAR).

In addition to the TAR, the provider must also submit the following medical documentation:

- Medical information, which supports the medical necessity for the requested services;
- Assessment of medical care needs, i.e., nursing care, and;
- Plan of Treatment signed by a physician.

HOW TO REQUEST OTHER IN-HOME SERVICES?

A request for any service needed for the home program or the PDHC program may be submitted to IHO by the appropriate provider. These services must be medically necessary. Examples include therapy services, equipment, and transportation.

FOR MORE INFORMATION ABOUT IHO:

www.dhs.ca.gov/mcs/mcod/ihos

(916) 552-9105 in Sacramento
(213) 897-6774 in Los Angeles