State of California---Health and Human Services Agency

Department of Health Care Services

Jennifer Kent
Director

Edmund G. Brown JR.
Governor

Department of Health Care Services
Home and Community Based Services (HCBS)
Assisted Living Waiver Informing Notice

Date:

Member Name:

Facility Name:

Street Address:

City, State, Zip Code:

Dear:

The Department of Health Care Services (DHCS), Assisted Living Waiver (ALW) program, which is a Home and Community -Based Service (HCBS) Medi-Cal program, has enrolled into the ALW program, effective .

The purpose of this HCBS informing Notice is to describe the waiver program and to outline the roles and responsibilities of the member, the primary care physician, the HCBS Waiver service providers(s), and DHCS. The intent is to inform all participating individuals of their obligations, and to ensure the successful development and implementation of the ALW program.

The HCBS Waivers are sets of services designed to assist Medi-Cal members in remaining in their community as an alternative to care in a licensed health care facility, also know as the "institutional alternative." In order for DHCS to authorize these services, there must be a medical need for the services. Additionally, the cost of the requested services(s) must not exceed the costs Medi-Cal would have paid to the health care facility alternative had the services not been provided in the community setting. The licensed health care facility alternative is determined by DHCS and is based upon criteria outlined in regulations, as well as in the waiver program. The services available under the ALW include the four-tiered assisted living bundled service array and care coordination.

In order for DHCS to authorize initial or ongoing ALW services, the following information is needed from the Care Cooordinator(s):

1. Verification that the member continues to retain Medi-Cal eligibility with an Aid Code Consistent with the ALW program.

2. The scored ALW Assessment of the member. This is the tool that establishes the Level of Care (LOC) of the member within the four-tiered structure of the assisted living benefit.

3. A signed Individualized Service Plan (ISP) detailing the HCBS Waiver services. The ISP must outline the needs of the beneficiary and include all waiver and non-waiver services needed by the member in order to be maintained safely in the community settings. This would include services provided by the identified HCBS Waiver service provider(s) and other health services, and

4. The signed Freedom of Choice (FOC) document.

ROLES AND RESPONSIBILITIES FOR:

1. <u>The Member must:</u>

A. Be at least 21 years if age and be Medi-Cal eligible with no restrictions on the amount of services he/she is eligible to receive;

B. And/or the authorized representative must assist the HCBS Waiver Care Coordinator, the service provider(s), and the primary care physician in the development of the ISP that outlines the needs of the member;

C. And/or the authorized representative must comply with the developed ISP in order to ensure a successful program;

D. And/or the authorized representative must comply with the developed ISP in order to ensure a successful program;

E. And/or the authorized representative must work cooperatively with the Care Coordinator, the other service provider(s), the physician, and the ALW Office in identifying services and sharing information to assist in maintaining the member in the community. This includes needed services from the ALW, Medi-Cal state plan benefits, and other community or governmental funded programs;

F. And/or the authorized representative must actively contribute to the ongoing management of the ALW program. This includes following physician's orders to ensure the health, safety, and welfare of the member in the assisted living setting;

G. And/or the authorized representative must contact the HCBS Waiver service provider(s) including the Care Coordinator regarding any issues or concerns with the program that may impede the health, safety, or welfare of the member;

2. <u>The HCBS Waiver Services Providers: Care Coordinators, Residential Care Facility, Adult Residential Facility, or the Home Health Agency (HHA) must:</u>

A. Sign and maintain an HCBS Waiver and Medi-Cal Provider Agreement on file with the ALW office. This agreement must be signed, dated, and returned to the ALW office before HCBS Waiver Services can be authorized;

B. Be licensed and/or certified and appropriately trained as outlined in the Assisted Living Waiver. The provider may be a current Medi-Cal provider or a provider only for the ALW. The HCBS Waiver service provider must maintain compliance with all applicable state and federal requirements including but not limited to:

1. Maintaining documentation, subject to DHCS review and approval, and acknowledging compliance with the Developed ISP;

2. The RCF shall document and notify the Care Coordinator of any changes in the member's condition in a timely manner, in similar accordance with CCL's licensing regulations (California Code of Regulations (CCR), Title 22, Sections 87587, 87591, and 87702.1(d)). The notification is required of all HCBS providers that are licensed RCFs or ARFs, and applies to changes that impact the health, safety, or welfare of the member;

3. The RCF, ARF, or HHA shall notify the Care Coordinator in a timely manner of any changes that are required to be reported to CCL or the Department of Public Health, Licensing and Certification (CCR, Title 22, Division 3, Section 74667). This notification is required of all HCBS providers that are licensed and certified home health agencies, and applies to changes that impact the health, safety, or welfare of the member; and,

4. The HHA will enter into an agreement with the Public Subsidized Housing (PSH) entity to specify that the conditions are agreeable to both parties for the implementation of the ALW and the PSH entity complies with the physical plant characteristics as specified in the waiver. The HHA will maintain a certified Branch Office in the PSH building for the sole purpose of the ALW.

3. The DHCS (ALW Office) will:

A. Work cooperatively with the client and/or the authorized representative, the Care Coordinator, the RCF, the ARF, the HHA, and other HCBS Waiver service providers(s), the primary care physician, and all other providers of Medi-Cal services to help ensure a successful program;

B. Assist in the identification of additional supports needed to ensure the health, safety, and welfare of the member enrolled in the ALW, as warranted;

C. Conduct unannounced visits, as deemed necessary by various DHCS staff, to assess the health, safety, and welfare of the member;

D. Modify, reduce, deny, or terminate waiver services should any one of the following occur:

1. The member dies;

2. Th member elects in writing through the FOC form to voluntarily terminate services;

3. The member is away from the RCF for more than 30 days for any reason, resulting in involuntary termination, absent FOC documentation.

4. The member chooses to receive In-Home Supportive Services (IHSS) and does not reside in PSH;

5. The member is re-assessed by the RN Care Coordinator and is determined to be below the Nursing Facility A/B level of care as determined by ALW assessment and approved by DHCS;

6. The member assumes a share of cost or loses Medi-Cal eligibility or retains Medi-Cal eligibility with an Aid Code that is not compatible with ALW;

7. The service costs exceed cost-neutrality for three consecutive months;

8. The member's condition changes such that the member needs a higher level of care that cannot be safely managed by the RCF and HHA staff, based on a re-assessment by the RN Care Coordinator and approved by DHCS;

9. The member faiis to comply with the ISP;

10. Any documented incidence(s) of noncompliance by the member or the authorized representative, within the requirements of the agreement that poses a threat to the health, safety, or welfare of the member or any other member, and/or any failure to comply with all regulatory requirements.

Questions regarding this notice should be directed to:

Department of Health Care Services
Long-Term Care Division
Assisted Living Waiver
1501 Capitol Avenue, MS 4503
PO Box 997437
Sacramento, CA 95899-7437
916-552-9105