



TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

Assisted Living Waiver Program Provider Agreement

Name of Provider <i>(Please type or print)</i> :		Provider Type:
Address:		
Telephone:	National Provider Identifier:	

The Department of Health Care Services (DHCS) is the Single State Medicaid Agency approved to administer the 1915(c) home and community-based services Assisted Living Waiver (ALW) program. The DHCS Long-Term Care Division (LTCD) is responsible for monitoring and overseeing the program and provides necessary training to approved ALW providers. The LTCD determines training needs through direct requests from ALW providers or as evidenced by quality assurance activity outcomes.

The provider named above agrees that all services provided to an ALW participant will be rendered as authorized and identified on the participant’s written Individual Service Plan and as stipulated in the approved ALW and provider manuals. The provider shall also ensure that all information submitted to DHCS is accurate and complete as it relates to the authorization of the requested service. The provider understands that payment of claims for services rendered via the ALW program will be from federal and state funds. Therefore, the provider will be required to adhere to all Medi-Cal requirements pertaining to the provision of ALW services and other applicable State Plan services. Any falsification or concealment of a material fact by the provider may result in the provider being prosecuted under federal and/or state laws. The provider agrees to keep for a minimum period of three years from the date of service, a printed, legible representation of all records that are necessary to disclose fully the extent of services furnished to ALW participants. The provider agrees to furnish these records and any information regarding payments claimed for rendering the services, on request, to the State of California. The provider also agrees that services shall be offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age, or physical or mental disability.

THIS AGREEMENT MUST BE SIGNED, DATED, AND SUBMITTED TO DHCS BY THE ALW PROGRAM APPLICANT AND APPROVED BY DHCS BEFORE CLAIMS FOR ASSISTED LIVING WAIVER PROGRAM SERVICES WILL BE CONSIDERED FOR REIMBURSEMENT.

By signing below the provider signifies willingness to comply with all requirements outlined in this agreement and in accordance with relevant sections of the California Code of Regulations, Title 22, Division 3, §§51000.30 and 51000.60, California Welfare and Institutions Code §14132.26, and the federally-approved ALW document.

ALW Provider – PRINTED

Signature

Date

The DHCS LTCD has determined the provider meets all applicable rules to participate in the ALW program.

LTCD Representative – PRINTED

Signature

Date