

Assisted Living Waiver Program Provider Enrollment

Home Health Agency (HHA)

HHAs are licensed and regulated by the California Department of Public Health, Licensing and Certification Division (L&C). The HHA renders Assisted Living Waiver (ALW) services in the Public Subsidized Housing (PSH) setting. The HHA is responsible for meeting the needs of the participant equivalent to the services delivered by Residential Care Facility providers.

HHA Basic Requirements

- The PSH-HHA must possess a State of California business license, be licensed as a Home Health Agency in California to be considered for certification as a Medi-Cal provider of home health and ALW services.
- HHAs will be expected to open a branch office on the PSH premises. The office must have sufficient space, lockable doors, and a landline telephone. The office must have the ability to provide a care plan for ALW participants, provide staff access 24/7, and have secured onsite record keeping capabilities.
- Participant quarters may be private or semi-private (housemate or roommate) with doors that lock, a full bathroom, a kitchenette equipped with a refrigerator, a microwave or cooking appliance, and storage space for utensils and supplies.
- In the PSH setting, an Individual Response System (IRS) is required. An IRS is a 24-hour call system that enables participants to secure immediate assistance.
- Be in substantial compliance with all licensing regulations and in good standing with the licensing agency. **NOTE: CDPH will survey the branch office site on an annual basis.**

Services that HHA providers are responsible for supplying include:

- Provide personal care and assistance with ADLs sufficient to meet both the scheduled and unscheduled needs of the participant.
- Prepare or, in conjunction with the public housing site, coordinate the delivery of meals and the provision of snacks.
- Perform all necessary housekeeping tasks.
- Provide intermittent skilled nursing services as required by participants.
- In accordance with State law, provide assistance with the self-administration of medication or, if necessary, administer medication by licensed staff.
- Provide or coordinate transportation.

- Provide or coordinate daily recreational activities.
- Provide social services.
- Provide three meals a day plus snacks.
- Assist in developing and updating ALW participants' Individualized Service Plan, detailing at minimum the frequency and timing of assistance.

HHA Enrollment Steps

1. To be considered for enrollment as an HHA\ALW provider, the following preliminary application package is required:

- [HHA Initial Provider Application](#)
- [Assisted Living Waiver Program Provider Agreement](#)

2. Enrolling providers are required to have a National Provider Identifier (NPI). The unique 10-digit number allows universal recognition of individual health care providers. Once enrolled as a Medi-Cal provider in the ALW program, the NPI number is used in administrative and financial (billing) transactions. For more information and to apply for your NPI number, follow the link provided:

- [National Provider Identifier](#)

3. Upon review and approval of the initial ALW/HHA application, a site visit will be completed by DHCS to verify applicants' qualifications.

4. Upon DHCS approval of the branch office site, the applicant submits a completed Branch Application to CDPH Central Applications Unit (CAU) with a cover letter requesting participation as an "ALW branch office only" ([CDPH Branch Application](#)).

NOTE: No application fee is required for the CDPH enrollment of a branch office.

- Following completion of the Branch Application process, CDPH/CAU will inform their District Office (DO) that the site is ready for the CDPH branch office survey.
- The DO conducts licensing inspection of the ALW branch site according to CDPH survey protocols. Upon completion of the DO inspection, CDPH will inform DHCS of the results and/or issues related to the survey. DHCS will also be notified of the Branch Application site approval/denial.

5. In order to render ALW services, branch sites meeting all program requirements will then be required to enroll as a Medi-Cal provider. **NOTE: Medi-Cal applications received prior to program approval will not be considered.**

The complete Medi-Cal enrollment package consists of the following:

- [Provider Agreement \(DHCS 6208\)](#)
- [Provider Application \(DHCS 6204\)](#)
- [Medi-Cal Disclosure Statement \(DHCS 6207\)](#)
- **A non-refundable application fee of \$553.00 in the form of a cashier's check, made payable to the California Department of Health Care Services is required and must accompany the DHCS Medi-Cal provider application.**

Send all application packets to:

Assisted Living Waiver Unit
Long-Term Care Division
Department of Health Care Services
1501 Capitol Avenue, MS 4503
P.O. Box 997437
Sacramento, CA 95899-7437