



Department of Health Care Services
MEMORANDUM

DATE: November 09, 2015
TO: All Assisted Living Waiver (ALW) Care Coordination Agencies (CCA)
FROM: DHCS-LTCD
SUBJECT: ALW Participant Enrollment Application Checklists

ALW CCAs:

When submitting Medi-Cal member applications for enrollment into the Assisted Living Waiver Program (ALW), the Department of Health Care Services (DHCS) is requiring the submission of a completed application packet. Please be advised that incomplete application packets will no longer be reviewed by DHCS and will be returned for completion. A checklist for each type of application has been created for your convenience and will also be required as the face sheet for all application packets. A completed application must have all of the required documents completed with all applicable signatures. Once DHCS receives a completed application packet, it will be reviewed. When the DHCS-ALW nurse evaluator determines the applicant meets ALW criteria for enrollment, the Care Coordination Agency (CCA) will be notified. The effective enrollment date will be determined by either the date the completed application was received by DHCS or when the participant moved into the facility, whichever is later.

Participants that are moved into facilities prior to a completed application packet being received by the Department will not have their services covered until a completed application packet is received. The required checklists are attached for your reference and must be completed and attached to all new enrollment packets that are submitted for review to the ALW Assessment Inbox at DHCSALWCCAAssessments@dhcs.ca.gov. Please note that there is a separate checklist for each type of application.

As a reminder, all email submissions containing Protected Health Information must always be encrypted.

If you have any questions or need additional information regarding these new processes, please contact ALW staff by sending an email to ALW.IR@dhcs.ca.gov.

Sincerely,

(original signed by)

Rebecca Schupp, Acting Chief
Long-Term Care Division
Attachments (4)

The following documents are required for an application packet to be considered complete.

SNF Transition Checklist:

- Completed Checklist
- Medi-Cal Eligibility Printout
- SNF Face Sheet
- Completed Assessment Tool
 - Signed by a Registered Nurse
- Completed Individual Service Plan
 - Signed by a Registered Nurse
 - Signed by the Applicant/Legal Representative
- Durable Power of Attorney (if applicable)
 - Specific to health care decisions
 - Signed by the Applicant and Notarized
- Completed 602/602A Form
 - Physician Report for Community Care Facility(602)/Residential Care Facility for the Elderly(602A)
 - Signed by the MD
 - Applicant name and Applicant/Legal Representative signature
- Amenity Form (only if the applicant is waiving any amenity items)
 - Signed by the Applicant/Legal Representative
- Freedom of Choice
 - Signed by the Applicant/Legal Representative

The following documents are required for an application packet to be considered complete.

Existing Facility Resident Transition Checklist:

- Completed Checklist
- Medi-Cal Eligibility Printout
- Completed Assessment Tool
 - Signed by a Registered Nurse
- Completed Individual Service Plan
 - Signed by a Registered Nurse
 - Signed by the Applicant/Legal Representative
- Durable Power of Attorney (if applicable)
 - Specific to health care decisions
 - Signed by the Applicant and Notarized
- Completed 602/602A Form
 - Physician Report for Community Care Facility(602)/Residential Care Facility for the Elderly(602A)
 - Signed by the MD
 - Applicant name and Applicant/Legal Representative signature
- Completed 603 Form (Replacement Appraisal Information-Admission to RCF)
 - Signed by the RCF Staff
 - Signed by the Applicant/Legal Representative
- Freedom of Choice
 - Signed by the Applicant/Legal Representative
- Amenity Form (only if the applicant is waiving any amenity items)
 - Signed by the Applicant/Legal Representative

The following documents are required for an application packet to be considered complete.

Community Transition Checklist:

- Completed Checklist
- Medi-Cal Eligibility Printout
- Completed Assessment Tool
 - Signed by a Registered Nurse
- Completed Individual Service Plan
 - Signed by a Registered Nurse
 - Signed by the Applicant/Legal Representative
- Durable Power of Attorney (if applicable)
 - Specific to health care decisions
 - Signed by the Applicant and Notarized
- Completed 602/602A Form
 - Physician Report for Community Care Facility(602)/Residential Care Facility for the Elderly(602A)
 - Signed by the MD
 - Applicant name and Applicant/Legal Representative signature
- Freedom of Choice
 - Signed by the Applicant/Legal Representative
- Amenity Form (only if the applicant is waiving any amenity items)
 - Signed by the Applicant/Legal Representative

The following documents are required for an application packet to be considered complete.

Tier Change Checklist:

- Completed Checklist
- Medi-Cal Eligibility Printout
- Completed Assessment Tool
 - Signed by a Registered Nurse
- Completed and updated Individual Service Plan
 - Signed by a Registered Nurse
 - Signed by the Applicant/Legal Representative
- Durable Power of Attorney (if applicable)
 - Specific to health care decisions
 - Signed by the Applicant and Notarized