STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

GRAY DAVIS, *Governor*

DEPARTMENT OF HEALTH SERVICES
714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-0710

April 9, 2001

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Health Executives
All County Mental Health Directors

Letter No.: 01-24

CAMERA-READY COPIES OF THE SPANISH WAIVER NOTICES OF ACTION (NOAS), UPDATED WAIVER CONTACT LISTS, AND THE IN-HOME OPERATIONS BROCHURE.

Ref.: All County Welfare Directors Letters (ACWDL) 01-09 and 01-12

The purpose of this letter is to provide counties with camera-ready copies of the Spanish versions of the Department of Developmental Services (DDS) and Model Waiver NOAs. The English versions of these NOAs were sent to you earlier in the year. These are referenced above.

We are also enclosing an updated list of contacts for the DDS Regional Centers and Medi-Cal. If your county contact is incorrect, please FAX a correction to Ms. Margie Buzdas, at (916) 657-3224.

In-Home Operations has a new brochure about the Model and other waivers. A copy of this is also enclosed for your information.

For more information, please contact Ms. Margie Buzdas, at (916) 657-0726.

Sincerely,

ORIGINAL SIGNED BY

Shar Schroepfer, Chief
Medi-Cal Eligibility Branch

Enclosures

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL

APROBACIÓN DE LA EXTENSIÓN DE BENEFICIOS DEL DEPARTAMENTO DE SERVICIOS PARA PERSONAS CON INCAPACIDADES ADQUIRIDAS AL NACER O DURANTE EL DESARROLLO

(COUNTY STAMP)

Fecha de la notificación: _____

Número del caso: _____

Nombre del/de la trabajador(a): _____

Número del/de la trabajador(a): _____

Teléfono del/de la trabajador(a): _____

Esto afecta a: _____

_____
(Nombre)

El programa de Extensión de Beneficios del Departamento de Servicios a Personas con Incapacidades Adquiridas al Nacer o Durante el Desarrollo se limita a personas incapacitadas, desde el punto de vista del desarrollo, que viven en el hogar, y que cumplen con los criterios de ingreso de un centro de convalecencia de cuidados intermedios para las personas incapacitadas desde el punto de vista del desarrollo.

☐ Usted reúne los requisitos para este programa sin costo alguno.

☐ Usted reúne los requisitos para este programa con una parte del costo mensual de $_____.

Por favor, notifique a su trabajador(a), si hay algún cambio en su condición médica, situación de vivienda, ingresos o bienes.

Siempre presente su Tarjeta de Identificación de Beneficios *(BIC)* a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. NO TIRE SU *BIC*.

La regulación que exige esta acción es la Sección 51346, del Título 22, del Código de Regulaciones de California.

cc: Centro Regional

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL

NEGACIÓN O DESCONTINUACIÓN DE LA EXTENSIÓN DE BENEFICIOS DEL DEPARTAMENTO DE SERVICIOS A PERSONAS CON INCAPACIDADES ADQUIRIDAS AL NACER O DURANTE EL DESARROLLO

(COUNTY STAMP)

Fecha de la notificación: _____

Número del caso: _____

Nombre del/de la trabajador(a): _____

Número del/de la trabajador(a): _____

Teléfono del/de la trabajador(a): _____

Esto afecta a: _____

_____
(Nombre)

El programa de Extensión de Beneficios del Departamento de Servicios a Personas con Incapacidades Adquiridas al Nacer o Durante el Desarrollo se limita a personas incapacitadas desde el punto de vista del desarrollo, que viven en el hogar y que cumplen con los criterios de ingreso de un centro de convalecencia de cuidados intermedios para las personas incapacitadas desde el punto de vista del desarrollo.

Sus beneficios bajo este programa se descontinuarán a partir del último día de _____.

☐ Su fecha de solicitud del _____ se niega.

A continuación se le da(n) la(s) razón(es):

☐ Sus bienes están por encima del límite de _____.

☐ El centro regional nos ha informado que usted ya no reúne los requisitos para los servicos de extensión.

☐ Usted ahora vive en un establecimiento de cuidado en la comunidad.

Usted recibirá otra notificación, si usted reúne los requisitos para otro programa de Medi-Cal.

NO TIRE SU TARJETA DE IDENTIFICACIÓN DE BENEFICIOS DE PLÁSTICO *(BIC)*. Usted puede usarla de nuevo si reúne los requisitos para otro programa de Medi-Cal.

La regulación que exige esta acción es la Sección 51346, del Título 22, del Código de Regulaciones de California.

cc: Centro Regional

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL
APROBACIÓN DE BENEFICIOS DEL PROGRAMA DE SERVICIOS DE EXTENSIÓN EN UN CENTRO DE CONVALECENCIA MODELO

(COUNTY STAMP)

Fecha de la notificación: _____

Número del caso: _____

Nombre del/de la trabajador(a): _____

Número del/de la trabajador(a): _____

Teléfono del/de la trabajador(a): _____

Horario del/de la trabajador(a): _____

Esto afecta a: _____

_____
(Nombre)

El Programa de Servicios de Extensión en un Centro de Convalecencia Modelo *(Model Nursing Facility Waiver)* se limita a personas que necesitan el nivel de atención de un centro de convalecencia o de servicios subagudos, pero que desean vivir en sus hogares o en la comunidad. Los ingresos y bienes de uno de los padres o cónyuges no se utilizan en la consideración del/de la solicitante o beneficiario(a).

☐ Usted reúne los requisitos para recibir beneficios bajo este programa, sin costo alguno.

☐ Usted reúne los requisitos para recibir beneficios bajo este programa, con una parte del costo mensual de $ _____.

- Usted no tiene que llenar reportes sobre la situación mensuales ni trimestrales para obtener beneficios de Medi-Cal.
- Usted tiene que reportar, en un plazo de diez días, cualquier cambio en sus ingresos, bienes, condición médica o situación en el hogar.
- Usted tendrá que completar un formulario para su evaluación anual de Medi-Cal.
- El obtener Medi-Cal no reduce ningún límite de tiempo para el programa *CalWORKS*.

Por favor, notifíquele a su trabajador(a), si hay algún cambio en su condición médica, situación de vivienda, ingresos o bienes.

Siempre presente su Tarjeta de Identificación de Beneficios *(BIC)* a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. NO TIRE SU TARJETA *BIC*.

La regulación que exige esta acción es la Sección 51346, del Título 22, del Código de Regulaciones de California.

cc: In-Home Operations

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL

NEGACIÓN O DESCONTINUACIÓN DE BENEFICIOS DEL PROGRAMA DE SERVICIOS DE EXTENSIÓN EN UN CENTRO DE CONVALECENCIA MODELO

(COUNTY STAMP)

Fecha de la notificación: _____

Número del caso: _____

Nombre del/de la trabajador(a): _____

Número del/de la trabajador(a): _____

Teléfono del/de la trabajador(a): _____

Horario del/de la trabajador(a): _____

Esto afecta a: _____

_____
(Nombre)

El Programa de Servicios de Extensión en un Centro de Convalecencia Modelo *(Model Nursing Facility Waiver)* se limita a personas que necesitan el nivel de atención de un centro de convalecencia o de servicios subagudos, pero que desean vivir en sus hogares o en la comunidad. Los ingresos y bienes de uno de los padres o cónyuges no se utilizan en la consideración del/de la solicitante o beneficiario(a).

☐ Sus beneficios bajo este programa se descontinuarán a partir del último día de_____.

☐ La fecha de su solicitud del _____ se ha negado.

Enseguida se da(n) la(s) razón(es):

☐ Sus bienes están por encima del límite de $_____.

☐ Usted ya no recibe servicios de convalecencia.

☐ Usted ya no vive en el hogar.

Usted recibirá otra notificación si usted reúne los requisitos para otro programa de Medi-Cal.

NO TIRE SU TARJETA DE IDENTIFICACIÓN DE BENEFICIOS *(BIC)*. Usted puede utilizarla de nuevo, si vuelve a reunir o reúne los requisitos para recibir beneficios de otro programa de Medi-Cal.

La regulación que exige esta acción es la Sección 51346, del Título 22, del Código de Regulaciones de California.

cc: In-Home Operations

October 30, 2000

CONTACTS FOR REGIONAL CENTERS 360 - 370

	REGIONAL CENTER	MEDICAID WAIVER COORDINATOR	ALTERNATE MEDICAID WAIVER COORDINATOR
360	**FRANK D. LANTERMAN REGIONAL CENTER** 3303 Wilshire Boulevard, Suite 700 Los Angeles CA 90010	**Ardis Adrain, R.N.** (213) 383-1300 X 746 (213) 427-2381 (FAX)	**Grace Kotchouian, R.N.** (213) 383-1300
361	**GOLDEN GATE REGIONAL CTR.** 120 Howard Street, Fourth Floor San Francisco, CA 94105-1848	**Candice Sultan, R.N.** (415) 546-9222 X 400 (415) 546-9203 (FAX)	**Carla Kania, R.N.** (415) 546-9222 X 200
362	**SAN DIEGO REGIONAL CENTER** 14355 Ruffin Road, suite 205 San Diego, CA 92123-1648	**Carol Jean Thomas** (858) 576-2985 (858) 496-4327 (FAX)	**Roy Carroll** (858) 576-2992
363	**FAR NORTHERN REGIONAL CTR.** 1377 East Lassen Avenue Chico, CA 95973	**Mary McCart, QMRP** (530) 895-8633 X 248 (530) 895-1501 (FAX)	
364	**ALTA CALIFORNIA REGIONAL CENTER** 2031 Howe Avenue, #100 Sacramento, CA 95825	**Peggy Ann Feldt, RNMS, QMRP** (916) 978-6378 (916) 489-1380 (FAX)	
365	**SAN ANDREAS REGIONAL CTR.** 300 Orchard City Drive, Suite 170 Campbell, CA 95008	**Dan Yoder, R.N.** (408) 341-3518 (408) 376-0586 (FAX)	**Carole Jewett, R.N.** (408) 341-3468
366	**TRI-COUNTIES REGIONAL CTR.** 520 East Montecito Santa Barbara, CA 93103	**Rosie Ray** (805) 884-7210 (805) 884-9374 (FAX)	
367	**CENTRAL VALLEY REGIONAL CENTER** 5168 North Blythe Avenue Fresno, CA 93722-6429	**Holly Lovett** (559) 738-2210 1945 East Noble Visalia, CA 93292-1516	**Kathy Frye** (559) 276-4387 (Fresno) (559) 276-4360(FX:Fresno) (559) 738-2265(FX:Visalia)
368	**REGIONAL CENTER OF ORANGE COUNTY** 801 Civic Center Drive, Suite 300 Santa Ana, CA 92701	**Katherine Long, MA** (714) 796-5220 (714) 796-3021 (FAX)	
369	**INLAND REGIONAL CENTER** 674 Brier Drive San Bernardino, CA 92408	**Margie Henderson** (909) 890-3425 (909) 890-3007 (FAX)	**Clarice Schnepf, R.N.** (909) 890-3428 (909) 890-3001 (FAX)
370	**REDWOOD COAST REGIONAL CENTER** 808 E Street Eureka, CA 95501	**Cindy Sullivan QMRP** (707) 445-0893 X 327 (707) 444-3409 (FAX)	**Gwen Caldera** (707) 462-3832 1116 Airport Park Blvvd. Ukiah, CA 95462 (707) 462-3314 (FAX)

October 30, 2000

CONTACTS FOR REGIONAL CENTERS 371 - 380

REGIONAL CENTER	MEDICAID WAIVER COORDINATOR	ALTERNATE MEDICAID WAIVER COORDINATOR
371 NORTH BAY REGIONAL CENTER 10 Executive Court, Suite A Napa, CA 94558	**Fiona Robertson** (707) 256-1127 (707) 256-1112 (FAX)	**Linda Jones** (707)265-1211
372 KERN REGIONAL CENTER 3200 North Sillect Avenue Bakersfield, CA 93308	**Nancy Randall, R.N.** (661) 327-8531 x 246 (661) 324-5060 (FAX)	**Melvina Mull** (661) 327-8531 x 368
373 EAST LOS ANGELES REGIONAL CENTER 1000 South Fremont Avenue Alhambra, CA 91802-7916	**Jessie Valdez, Manager of Specialized Services** (626) 299-4719 (626) 281-1163 (FAX)	**Judy Matthews** (626) 299-4788
374 SOUTH CENTRAL LOS ANGELES REGIONAL CENTER 650 West Adams Blvd, Ste. 400 Los Angeles, CA 90007	**Fezem Shabaf** (213) 744-8850 (213) 744-8888 (FAX)	**Irene Olsakowski, RN** (213) 744-8872
375 HARBOR REGIONAL CENTER Del Amo Business Plaza 21231 Hawthorne Boulevard Torrance, CA 90503	**Paula Fiebert** (310) 543-0615 (310) 540-9538 (FAX)	**Laura Garabedian, R.N.** (310) 543-1711
376 WESTSIDE REGIONAL CENTER 5901 Green Valley Circle, #320 Culver City, CA 90230-6938	**Bill Feeman** (310) 258-4132 (310) 338-9744 (FAX)	**Tami Jones** (310) 258-4034
377 VALLEY MOUNTAIN REGIONAL CENTER 7210 Murray Drive Stockton, CA 95210	**Katina Richison** (209) 955-3616 (209) 473-0719 (FAX)	**Anthony Hall** (209) 955-3258
378 NORTH LOS ANGELES REGIONAL CENTER 15400 Sherman Way, Suite 170 Van Nuys, CA 91406-4211	**Laura Rankin** (818) 756-6270 (818) 756-6390 (FAX)	**Maria Bratley** (818) 756-6381
379 SAN GABRIEL/POMONA REGIONAL CENTER 761 Corporate Center Drive Pomona, CA 91768	**Letha Sellers, QMRP** (909) 868-7518 (909) 622-5123 (FAX)	**Liz Peery** (909) 868-7655
380 EAST BAY REGIONAL CENTER 7677 Oakport Street, Ste. 1200 Oakland, CA 94621	**Bev Davis** (510) 383-1281 (Direct) (510) 383-1200 (510) 633-5020 (FAX)	

COUNTY WAIVER CONTACTS
JANUARY 2001

CONTACT	COUNTY
Joyce Cooper Social Services Agency 1106 Madison Street, Suite 307 Oakland, CA 94612 (510) 267-9442 (510) 267-9428 FAX	Alameda
Jackie Casey Department of Social Services P.O. Box 277 Markleeville, CA 96120 (530) 694-2235 (530) 694-2252 FAX	Alpine
Kim Crippen Department of Social Services 1003 Broadway Jackson, CA 95642 (209) 223-6569 (209) 223-6208 FAX	Amador
Gigi Gilbert Department of Social Welfare 42 County Center Drive P.O. Box 1649 Oroville, CA 94965 (530) 879-3551 (530) 879-3483 FAX	Butte
Connie McLain Department of Social Welfare 891 Mountain Ranch Road San Andreas, CA 95249 (209) 754-6444 (209) 754-6566 FAX	Calaveras
Nancy Montgomery Department of Health and Human Services Colusa, CA 95932 (916) 458-4985 (916) 458-5771 FAX	Colusa

COUNTY WAIVER CONTACTS
JANUARY 2001

CONTACT	COUNTY
Sandy Baldwin Medi-Cal Program Analyst Employment and Human Services Department 40 Douglas Drive Martinez, CA 94553 (925) 313-1621 (925) 313-1758 FAX	Contra Costa
Terile Keevil Department of Health and Social Services 880 Northwest Drive Crescent City, CA 95531 (707) 464-3191 (707) 465-1783 FAX	Del Norte
Midge Mortensen Department of Social Services 3057 Briw Road Placerville, CA 95684 (530) 642-7159 (530) 626-9060 FAX	El Dorado
Karen Sebilian Department of Employment and Temporary Assistance 4449 East Kings Canyon Fresno, CA 93750-0001 (559) 253-9177 (559) 253-9250 FAX	Fresno
Becky Hansen Human Resources P.O. Box 611 Willows, CA 95988 (530) 934-6514 (530) 934-6521 FAX	Glenn
Kathy Cauble Department of Social Services 929 Koster Street Eureka, CA 95501 (707) 445-7706	Humboldt
Dora Juslin Department of Social Services 2995 South 4th Street, Suite 105 El Centro, CA 92243 (760) 337-6800 (760) 337-5716 FAX	Imperial
Darlene Landis Health and Human Services 162-A Grove Street Bishop, CA 93514 (619) 872-1394	Inyo

COUNTY WAIVER CONTACTS
JANUARY 2001

CONTACT	COUNTY
Barbara Gause or Donna Dunkin Department of Human Services P.O. Box 511 Bakersfield, CA 93302 (661) 631-6094 (661) 633-7047 FAX	Kern
Aida Guzman Human Services Agency 1200 South Drive Hanford, CA 93230 (559) 582-3241 EXT. 4793 FAX 584-2749	Kings
Dorothy McDonald Department of Social Services 15975 Anderson Ranch Parkway P.O. Box 9000 Lower Lake, CA 95457 (707) 995-4205 (707) 995-4204 FAX	Lake
Mary Polley Welfare Department P.O. Box 1359 Susanville, CA 96130 (530) 251-8148	Lassen
Rene Lima Department of Public Social Services 12900 Crossroads Parkway South City of Industry, CA 91745 (562) 908-3529 (562) 908-0593 FAX	Los Angeles
Jeanne Welton Department of Public Welfare Madera County P.O. Box 569 Madera, CA 93639 (559) 675-2364 (559) 675-7603 FAX	Madera
John Paul Department of Health and Human Services P.O. Box 4160 San Rafael, CA 94913 (415) 499-7056 (415) 499-3790 FAX	Marin

COUNTY WAIVER CONTACTS
JANUARY 2001

CONTACT	COUNTY
Debbie Smith Department of Social Services P.O. Box 7 Mariposa, CA 95338 (209) 966-3609 (209) 966-5943 FAX	Mariposa
Nancy Naumann Department of Social Services P.O. Box 1060 Ukiah, CA 95482 (707) 463-7828 (707) 463-5404 FAX	Mendocino
Mary Ellen Arana Human Services Agency 2115 West Wardrobe Avenue Merced, CA 95341-001 (209) 385-3000 EXT. 5488 (209) 725-3583 FAX	Merced
Pat Wood Department of Social Services 120 North Main Street Alturas, CA 96101 (530) 233-6501	Modoc
Julie Timerman Department of Social Services P.O. Box 2969 Mammoth Lakes, CA 93546 (760) 934-3511 (760) 924-5431 FAX	Mono
Star M. Howard Department of Social Services 1000 South Main Street, Suite 208 Salinas, CA 93901 (831) 755-4407 (831) 755-8408 FAX	Monterey
Roger Humble Health and Human Services Delivery System 2261 Elm Street Napa, CA 94559-3721 (707) 253-4469	Napa
Cindy Lackey Human Services Agency P.O. Box 1210 Nevada City, CA 95959 (530) 265-1379 (530) 265-7062 FAX	Nevada

COUNTY WAIVER CONTACTS
JANUARY 2001

CONTACT	COUNTY
Maria Hernandez Social Services Agency 888 North Main Street, Suite 158C Santa Ana, CA 92701 (714) 541-7805 (714) 245-6188 FAX	Orange
Laurie Rodman Welfare Department 100 Stonehouse Court Roseville, CA 95678 (916) 784-6079 (916) 784-6100 FAX	Placer
Virgina Ekonen Department of Social Services P.O. Box 360 Quincy, CA 95971 (530) 283-6441 (530) 283-6368 FAX	Plumas
Sue de Jonckheere Department of Public Social Services 1605 Spruce Street Riverside, CA 92507 (909) 358-3992 (909) 358-3990 FAX	Riverside
Jennifer Sipe/Fred Tam Department of Social Services 2433 Marconi Avenue Sacramento, CA 95821 (916) 875-3731 (916) 875-3591 FAX	Sacramento
Joyce Thysell Human Services Agency 1111 San Felipe Road, Suite 206 Hollister, CA 95023 (408) 637-5336	San Benito
Candice Karpinen Department of Public Social Services 150 South Lena Road San Bernardino, CA 92415-0515 (909) 388-0280 (909) 338-0281 FAX	San Bernardino
Suzette St. Pierre Department of Health and Human Services 8840 Complex Drive, Suite 255 San Diego, CA 92123-1423 (858) 565-5029 (858) 565-3183 FAX	San Diego

COUNTY WAIVER CONTACTS
JANUARY 2001

CONTACT	COUNTY
Kenneth Loo Department of Human Services P.O. Box 7988 San Francisco, CA 94120 (415) 558-1854 (415) 558-1976 FAX	San Francisco
Diane Luis Human Services Agency P.O. Box 201056 Stockton, CA 95202 (209) 468-1153 (209) 468-1985 FAX	San Joaquin
Pam Mettier Department of Social Services 3220 South Higuera Street P.O. Box 8119 San Luis Obispo, CA 93403-8119 (805) 781-1897 (FAX number is the same)	San Luis Obispo
Roxane Haynes Department of Social Services 400 Harbor Boulevard, Building C Belmont, CA 94002 (605) 595-7570 (605) 595-7576 FAX	San Mateo
Mysty Bonner Department of Social Services 1100 West Laurel Lompoc, CA 93436 (805) 737-7056	Santa Barbara
Guillermo Caceres Department of Social Services 1725 Technology Drive San Jose, CA 95110 (408) 441-5590 (408) 436-5493 FAX	Santa Clara
Nan Toy Human Resources Agency P.O. Box 1320 Santa Cruz, CA 95061 (408) 454-4142 (408) 454-4092 FAX	Santa Cruz
Janet Wright Department of Social Services P.O. Box 6005 Redding, CA 96099-6005 (916) 245-6464 (916) 225-5087 FAX	Shasta

CONTACT	COUNTY
Allyson Volkman Human Services P.O. Box 1019 Loyalton, CA 96118 (916) 993-6720	Sierra
Nadine Della Bitta Human Services Department 818 South Main Street Yreka, CA 96097 (916) 841-2750 (916) 841-2790 FAX	Siskiyou
Diana Perez Health and Social Services 1745 Enterprise Drive, MS 2-100 Fairfield, CA 94533 (707) 421-7805 (707) 421-7237 FAX	Solano
Kim Seamans Human Services Department 2550 Paulin Drive P.O. Box 1539 Santa Rosa, CA 95402 (707) 565-5304 (707) 565-5353 FAX	Sonoma
Meribeth Ruiz Department of Social Services P.O. Box 42 Modesto, CA 95353-0042 (209) 558-2675 (209) 558-2189 FAX	Stanislaus
Denise Damm Department of Welfare and Social Services P.O. Box 1535 Yuba City, CA 95992-1535 (530) 882-7230 EXT. 218 (530) 882-7212 FAX	Sutter
Bobbie Stillwell Department of Social Services P.O. Box 1515 Red Bluff, CA 96080 (530) 528-4081 (530) 528-5410 FAX	Tehama

COUNTY WAIVER CONTACTS
JANUARY 2001

CONTACT	COUNTY
Marilyn Blackburn Department of Health and Human Services P.O. Box 1470 Weaverville, CA 96093 (530) 623-1265 (530) 623-1250 FAX	Trinity
Alex Cantu Health and Human Services Agency Public Social Services Branch 5957 South Mooney Boulevard Visalia, CA 93279 (209) 737-4660 EXT. 2106 (209) 737-4694 FAX	Tulare
Rebecca Espino Department of Social Services 20075 Cedar Road North Sonora, CA 95370 (209) 533-5746 (209) 533-5714 FAX	Tuolumne
Jennifer Enoch Human Services Agency 505 Poli Street Ventura, CA 93001 (805) 652-7522 (805) 652-7845 FAX	Ventura
Monica Perez Department of Social Services 120 West Main Street Woodland, CA 95695 (530) 661-2806 (530) 661-2847 FAX	Yolo
Irma Thurman Department of Social Services P.O. Box 2320 Marysville, CA 95901 (530) 749-6356 (530) 749-6281 FAX	Yuba

What is the IHMC Waiver?

What is a Model NF Waiver?

What are waivers?

What is the NF waiver?

What is EPSDT?

IN-HOME OPERATIONS CONTACT INFORMATION

MEDICAL CARE COORDINATION AND CASE MANAGEMENT SECTION-
In-Home Operations (IHO)

700 North 10th Street, Suite 102
PO Box 942732
Sacramento, CA 94234-7320
(916) 324-1020
(916) 324-0981 FAX

IHO Intake Unit

New Intakes/Information
(916) 324-5903/5915
(888) 899-2492 FAX Toll Free
(916) 324-5544 FAX (916 area code)

IHO Case Management Units

Sacramento Regional Office
(916) 324-1020

Los Angeles Regional Office
311 South Spring Street, 3rd Floor
P.O. Box 30650
Los Angeles, CA 90030

(213) 897-6774
(213) 897-7355/9314 FAX

Gray Davis
Governor
State of California

Grantland Johnson
Secretary
Health and Human Services Agency

Diana M. Bontá, R.N., Dr.P.H.
Director

DEPARTMENT OF HEALTH SERVICES

Medi-Cal Operations Division

IN-HOME OPERATIONS

HOME AND COMMUNITY-BASED OPTIONS

ANSWERING YOUR QUESTIONS ABOUT MEDI-CAL IN-HOME OPERATIONS

WHAT IS MEDI-CAL's IN-HOME OPERATIONS PROGRAM?

In-Home Operations (IHO) oversees the development and implementation of home nursing programs. We authorize medically necessary long-term shift nursing services in the home for Medi-Cal beneficiaries who are eligible for the Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) program and/or one of three federal waiver programs. These home nursing services are authorized as an alternative for individuals who would otherwise qualify for care in nursing facilities recognized by Medi-Cal.

WHAT IS EPSDT?

EPSDT is a Medi-Cal program 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. This program also allows for the provision of shift nursing services in the home for these individuals.

WHAT SERVICES ARE OFFERED UNDER THE EPSDT PROGRAM?

Under the EPSDT program, one may receive all services covered by Medi-Cal. Additionally, a beneficiary may receive skilled nursing services from a registered nurse (RN) or a licensed vocational nurse (LVN), Case Management, Pediatric Day Health Care, Nutritional and Mental Health Evaluations/Services. These additional services are also known as the EPSDT Supplemental Services.

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

HCBS waivers allow states who participate in Medicaid to develop creative alternatives for individuals who would otherwise require care in a nursing facility or hospital. The services offered under the waiver can cost no more than the alternative institutional level of care. Recipients of HCBS waivers must have full scope Medi-Cal eligibility. IHO has the responsibility for the In-Home Medical Care (IHMC), Nursing Facility (NF) and Model NF waivers.

WHAT SERVICES ARE OFFERED UNDER THESE THREE HCBS WAIVERS?

The available services under these HCBS waivers are RN or LVN Skilled Nursing Services, Certified Home Health Aide services, Case Management, Minor Home Modifications, Personal Emergency Response System, Family Training, Utility Coverage for life sustaining equipment, Extended State Plan Services for Personal Care and Therapies-physical, occupational, speech and family.

WHO PROVIDES THE IN-HOME SERVICES?

For EPSDT - licensed certified Home Health Agencies and/or individually enrolled supplemental service providers.
For HCBS - licensed and certified Home Health Agencies.

HOW DOES ONE GO ABOUT REQUESTING THE NURSING SERVICES?

Once the beneficiary has identified a provider of service, the provider submits information to the IHO Intake Unit. The provider must submit the following documents: Treatment Authorization Request (TAR), current history and physical, nursing assessment, home safety evaluation and a plan of treatment signed by a physician. These documents should support the need for the requested services.

IF OTHER SERVICES ARE NEEDED, HOW DOES ONE OBTAIN THEM?

A request for any service needed for the home nursing program must be submitted to IHO. These services must be medically necessary. Examples include therapy services, equipment and transportation.

HOW LONG CAN ONE HAVE THESE SERVICES?

A Medi-Cal beneficiary may receive in-home shift nursing and all related services as long as deemed medically necessary.

WHOM DO I CONTACT FOR FURTHER QUESTIONS?

For more information about IHO, please call (916) 324-1020 in Sacramento or (213) 897-6774 in Los Angeles.