



Department of Health Care Services
MEMORANDUM

DATE: July 26, 2013

TO: Tribal Chairpersons, California Indian Health Programs and Urban Indian Organizations

FROM: Sandra "Sam" Willburn, Chief, Primary and Rural Health Division 

SUBJECT: Notice of Proposed Change to the Medi-Cal Program

The purpose of this memo is to provide information regarding a proposed change to the Department of Health Care Services' (DHCS) Medi-Cal Program that will be submitted to the Centers for Medicare and Medicaid Services (CMS). DHCS is forwarding this information for your review and comment.

DHCS is required to seek advice from designees of Indian Health Programs and Urban Indian Organizations on Medi-Cal matters having a direct effect on Indians, Indian Health Programs or Urban Indian Organizations per the American Recovery and Reinvestment Act of 2009 (ARRA). DHCS must solicit the advice of designees prior to submission to CMS of any State Plan Amendment, waiver requests or modifications, or proposals for demonstration projects in the Medi-Cal program.

Assisted Living 1915 (c) Waiver Amendment: The Assisted Living 1915 (c) Waiver Amendment will add additional services to the Assisted Living Waiver (ALW). The amendment proposes to add Tier Five to the ALW to accommodate Medi-Cal beneficiaries with needs that exceed the current four tiers of services. Please see the enclosed summary of the waiver amendment for a detailed description and contact information for questions or comments.

QUESTIONS AND COMMENTS:

Indian Health Programs and Urban Indian Organizations may submit written comments or questions concerning this waiver amendment within 30 days from the receipt of this notice. Comments or feedback may be sent by mail to the address below:

Contact Information

Jalal Haddad
Department of Health Care Services
Long-Term Care Division
1501 Capitol Avenue, MS 4503
P.O. Box 997437
Sacramento, CA 95899-7437
Jalal.Haddad@dhcs.ca.gov

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In addition to this notice, DHCS plans to cover this waiver amendment in the next quarterly Medi-Cal Indian Health webinar. Please note that Indian Health Programs and Urban Indian Organizations may also request a consultation on this proposal at any time as needed.

Enclosure

**Department of Health Care Services (DHCS)
Long-Term Care Division
Assisted Living 1915(c) Waiver (ALW) Amendment**

Background:

The ALW assists Medi-Cal beneficiaries to stay in their home rather than receiving care in licensed health care facilities. The ALW program has shown that assisted living services paid by Medi-Cal can be given in a way that assures the safety and well-being of beneficiaries and that these services are a cost-effective option to long-term care in a nursing facility.

There are two models for the ALW program.

1. In the first model, Assisted Living services from Tier one to five are given to eligible beneficiaries who live in Residential Care Facilities for the Elderly (RCFE). In this model, services are given by the RCFE staff.
2. In the second model, ALW services from Tier one to four are given to eligible beneficiaries who live in publicly subsidized housing. In this model, services are given by licensed and certified Home Health Agency staff.

Description of Waiver Amendment:

DHCS plans to submit to the Centers for Medicare & Medicaid Services a 1915(c) home and community-based services waiver amendment to add more services to the ALW no sooner than September 2, 2013. The amendment proposes to add a fifth Tier of service. The purpose of the amendment is to limit or prevent the use of institutional services, such as skilled nursing facilities, for those beneficiaries otherwise eligible for the ALW, but with needs greater than what is available now.

These are the waiver changes that would allow the extension of ALW services to Medi-Cal beneficiaries whose needs are more than the four tiers of service.

1. The addition of Tier Five: Tier Five is a community residential option for beneficiaries who's physical and mental disabilities make being in other facilities, such as skilled nursing facilities, or in Tiers one through four of the ALW inappropriate. Beneficiaries eligible for Tier Five services will require Nursing Facility Level of Care with severe mental/cognitive disabilities as a result of a traumatic brain injury. They will also have demonstrated one or more failed placements in the past. Due to the level of waiver services and protective supervision services needed, Tier Five will only be available to beneficiaries residing in an RCFE.

2. The addition of Enhanced Oversight/Protective Supervision: This service, which is available to all tiers, requires prior approval from DHCS Nurse Evaluators and gives additional, appropriate staff to provide oversight/protective supervision/treatment as needed by the beneficiary. This may be one-to-one or some other ratio of staff-to-participant depending on need.

Impact to Indian Health Programs and Urban Indian Organizations

Impact on Indian Health Programs

It is not expected that this waiver change will directly impact Indian health programs.

Impact on Indian Medi-Cal Beneficiaries

This waiver amendment will impact American Indian ALW Beneficiaries by offering a new Tier of service for those with more needs. It will have no impact on existing American Indian ALW Beneficiaries and the ALW services they receive. It will not restrict eligibility to any future American Indian ALW Beneficiaries.

Response Date:

Indian Health Programs and Urban Indian Organizations may submit written comments or questions concerning this waiver amendment within 30 days from the receipt of this letter. Comments may be sent by email or mail to the address listed below:

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Long-Term Care Division
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