

# ASSISTED LIVING WAIVER (ALW) MEDI-CAL APPLICATION CHECKLIST

**(For the ALW program, copies of the following documents must be submitted before your Medi-Cal application can be reviewed)**

- ☐ **Application Fee:** Cashier's Check or Money Order in the amount of \$730.00 made payable to the "Department of Health Care Services". Note that the fee amount is subject to change on a yearly basis. Please check the linked website for the latest fee information.
- ☐ **Medi-Cal Provider Application (DHCS 6204) – Signed and notarized**
- ☐ **Medi-Cal Disclosure Statement (DHCS 6207) – Signed and notarized**
- ☐ **Medi-Cal Provider Agreement (DHCS 6208) – Signed and notarized**

## **Additional Required Documents:**

- ☐ 1. Business email associated with the Residential Care Facility for the Elderly (RCFE) or the Adult Residential Care Facility (ARF)
- ☐ 2. NPPES confirmation with **NPI number**
- ☐ 3. Proof of Federal Taxpayer Identification Number
  - » **Helpful Hint:** Such as a copy of: IRS Letter SS-4, IRS Form 941, Form 8109-C, or Letter 147-C
- ☐ 4. Provide City Business License or Exemption Letter
  - » **Helpful Hint:** If the applicant's city does not require a business license, you may provide an "Exemption Letter" in place of the "City Business License." The Exemption Letter must be on company letterhead, signed by the applicant, and include a statement as to why a City Business License has not been included.
- ☐ 5. Provide CDSS issued facility license
- ☐ 6. Valid State issued ID or driver's license (include copies for all individuals listed on the Medi-Cal forms)
- ☐ 7. Provide "Doing Business As" or "Fictitious Business Name Statement"
  - » **Helpful Hint:** Only required if business is operating under a name different than the existing corporate name

- ☐ 8. Provide General Liability Insurance
  - » **Helpful Hint:** Must have facility's business address listed on the General Liability Insurance
- ☐ 9. Provide Workers' Compensation Insurance
  - » **Helpful Hint:** If the facility is family-operated, the workers' compensation insurance can be waived. In this situation, provide a statement on company letterhead explaining why this requirement can be waived.
  - » **Helpful Hint:** If providing Workers' Compensation Insurance, it must have the facility's business address listed on insurance certificate
- ☐ 10. Provide Surety Bond or Exemption Letter
  - » **Helpful Hint:** If the applicant does not manage cash resources on behalf of beneficiaries, you may provide an "Exemption Letter" in place of proof of a "Surety Bond." The Exemption Letter must be on company letterhead, signed by the applicant, and include a statement as to why a Surety Bond has not been included.
- ☐ 11. Provide [Secretary of State \(SOS\) Confirmation](#)
- ☐ 12. Provide [Articles of Incorporation or Articles of Organization](#)