

# ASSISTED LIVING WAIVER (ALW) PROGRAM AND MEDI-CAL APPLICATION CHECKLISTS

## Program Application Checklist

**(Copies of the following documents must be submitted before your ALW program application can be reviewed)**

☐ **ALW Program Initial Provider Application – Signed**

- ☐ 1. **National Plan and Provider Enumeration System** (NPES) confirmation with National Provider Identifier (NPI)
- ☐ 2. Facility floor plan
  - » **Helpful Hint:** Label each room with a legible designated purpose (i.e. bathrooms [include if full or half bath], bedrooms [include if single or double occupancy], kitchen, dining room, etc.)
- ☐ 3. Resident Admission Agreement, between the facility and waiver participants detailing resident requirements
- ☐ 4. The last two California Department of Social Services (CDSS) facility licensing reports
- ☐ 5. Sample of a full month of planned meals, including snacks
- ☐ 6. Sample activity schedule
- ☐ 7. List of staff training course topics
  - » **Helpful Hint:** Courses required by CDSS licensing and the HCB setting requirements from 42 CFR 441.301(c)(4)-(5) on person-centered planning and how to properly complete the ISP.
- ☐ 8. Evacuation Plan (**CDSS Form LIC 610E**)
- ☐ 9. CDSS facility license

☐ **ALW Program Provider Agreement – Signed**

☐ **Home and Community-Based Setting Characteristics Provider Attestation (DHCS 5304) – Signed**

- ☐ 1. Brochure with facility information
  - » **Helpful Hint:** Any type of publicly available information will be acceptable such as a handout with facility information, the facility's website URL, or a link to any publicly available website that features the facility's information (i.e.: Yelp, Caring.com, CareListings.com, etc.)

- ☐ 2. Standard lease agreement, or other similar agreement, detailing tenant/landlord requirements or Exemption Letter
  - » **Helpful Hint:** If the applicant owns the facility, the applicant may provide an “Exemption Letter” in place of the lease agreement. The Exemption Letter must be on company letterhead, signed by the applicant, and include a statement that the applicant owns the facility
- ☐ 3. Provide facility’s policies and procedures (P&P) or onsite manual with pages earmarked identifying compliance with each federal requirement
  - » **Helpful Hint:** A Table of Contents that details where in your P&P you fulfill each federal requirement is highly recommended and will expedite DHCS’s review process.
- ☐ 4. Other documentation to fully support an applicant’s/provider’s responses to federal requirements
  - » **Helpful Hint:** The federal requirements are on pages 4-13 of the [Home and Community-Based Setting Characteristics Provider Attestation](#)

# 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. NPES 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](#)