

# **Assisted Living Waiver Program Provider Enrollment**

## ***Care Coordinator Agency (CCA)***

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CCAs are responsible for developing and implementing the Individualized Service Plan (ISP) to identify the participant's needs and the methodology to meet those needs while participating in the Assisted Living Waiver (ALW) program. They will explain to individuals or their legal representative, the services offered through the waiver. CCAs can help individuals make decisions about their choices of living arrangements by explaining the differences between receiving long-term services and supports in a nursing facility, a Residential Care Facility (RCF), or the public subsidized housing (PSH) setting. The CCA is also responsible for informing individuals about resources available to them for determining financial eligibility for long-term services and supports.

### ***CCA Basic Requirements***

Enrolling agencies:

- Must have completed 8-10 transitions over the previous 12 month period
- Must employ a social worker with either a master's degree in social work, psychology, counseling, rehabilitation, gerontology, or sociology plus one year of related work experience.
- Must employ a Registered Nurse (RN) to administer the Assessment Tool developed by the ALW program. The RN must have and maintain a current, unsuspended, un-revoked license to practice as an RN in the State of California. Work experience requirements include:
  - A minimum of 1000 hours of experience in an acute care setting providing nursing care to patients with similar care needs.
  - A minimum of 2000 hours experience in a home setting provider nursing care to patients with similar needs.
- Are required to have mandatory in-service training programs for their staff.
- Are required to have a process for soliciting and/or obtaining feedback from clients regarding their satisfaction with service.
- Must have a quality assurance program to track clients' complaints and incidents reports.
- Must maintain a service record/case file for each client containing all required program forms, completed assessments, signed care plans, and progress notes. Agencies must make these records available to DHCS for audit upon request.
- Must demonstrate existing relationship with 4-6 Skilled Nursing Facilities and 4-6 Assisted Living Facilities, one of which must be an Adult Residential Facility (ARF).

**Service that CCA providers are responsible for supplying include:**

- Enrolling clients
- Conducting assessments and reassessments using the ALW Assessment Tool
- Determining each client's level of care
- Developing **Individualized Service Plans**
- Arranging for services as determined necessary by the individual assessment
- Monthly visits to participants

## **CCA Enrollment Steps**

1. To be considered for enrollment as a CCA/ALW provider, the following preliminary application package is required:

- [ALW Care Coordinator Initial Provider Application](#)
- [Assisted Living Waiver Program Provider Agreement](#)

2. Enrolling providers are required to have a National Provider Identifier (NPI). The unique 10-digit number allows universal recognition of individual health care providers. Once enrolled as a Medi-Cal provider in the ALW program, the NPI number is used in administrative and financial (billing) transactions. For more information and to apply for your NPI number, follow the link provided:

### [National Provider Identifier](#)

3. Upon review and approval of the initial ALW application, a site visit will be completed to verify applicants' qualifications.

4. Facilities will receive notification of their enrollment status. Facilities that have met all program requirements will then be required to enroll as a Medi-Cal provider. **Medi-Cal applications received prior to program approval will not be considered.**

The complete enrollment package consists of the following:

- [Provider Agreement \(DHCS 6208\)](#)
- [Provider Application \(DHCS 6204\)](#)
- [Medi-Cal Disclosure Statement \(DHCS 6207\)](#)
- **A non-refundable application fee of \$553.00 in the form of a cashier's check, made payable to the California Department of Health Care Services is required and must accompany the Medi-Cal application. Send all application packets to:**

Assisted Living Waiver Unit  
Long-Term Care Division  
Department of Health Care Services  
1501 Capitol Avenue, MS 4503  
P.O. Box 997437  
Sacramento, CA 95899-7437