

DATE: November 22, 2023

HCBA PL #23-004

TO: Home and Community-Based Alternatives Waiver Agencies

SUBJECT: Safe at Home Participant Safeguards

PURPOSE

The purpose of this Policy Letter (PL) is to provide Home and Community-Based Alternatives (HCBA) Waiver Agencies with guidance on how to protect the anonymity of a Safe at Home (SAH) participant who applies to enroll in the HCBA Waiver.

BACKGROUND

SAH is a confidential address program administered by the Secretary of State's (SOS) Office that offers victims of abuse, reproductive healthcare workers, and public health officials responsible for COVID-19 public health protections, a substitute mailing address in lieu of a residential address.

"Safe at Home Designated Mailing Address" (designated address) means the address issued by Safe at Home to be used by the Program Participant as their mailing address. The SAH program requires State and local governments, including HCBA Waiver Agencies as contracted delegates of the Department of Health Care Services (DHCS), to accept the designated address as a program participant's address when creating or modifying a public record, unless:

1. The Agency has a bona-fide statutory or administrative requirement for the use of the address which would otherwise be confidential [...], and
2. The address will be used only for those statutory and administrative purposes and shall not be publicly disseminated.¹

The SOS determined that Medi-Cal meets both of the above statutory criteria and approved DHCS' request to disclose the physical address of SAH participants to HCBA Waiver Agencies and enrolled Medi-Cal HCBA providers.

DHCS will utilize enhanced security measures within the Medi-Cal Eligibility Data System (MEDS) to assign the appropriate county of responsibility and/or Medi-Cal Managed Care Plan to authorize healthcare services for beneficiaries where they live. However, the MedCompass case management system utilized for the HCBA Waiver does **not** include similar security features, and therefore cannot be used to store the physical address of a SAH participant.

¹ Government Code Section 6207; Title 2 California Code of Regulations Section 22101.5.

The designated address used by the SAH program is located in Sacramento, which means SAH participants who use the designated address to apply for enrollment in the HCBA Waiver will be assigned to the Waiver Agency contracted to serve Sacramento County, Home and Health Care Management (HHCM), regardless of their physical location.

POLICY

When HHCM identifies that they have received an application from a SAH participant based on the P.O. Box included in the application, or when they contact the applicant to schedule a visit HHCM's assigned social worker will:

1. Contact the applicant to explain why it is necessary for the participant to provide their county of residence, or ZIP code if they reside in Los Angeles or Orange County.
2.
 - a. If the applicant provides a location outside of Sacramento County, HHCM will contact the Waiver Agency that serves the County/ZIP code in which the SAH participant resides to coordinate a warm hand-off, and then contacts their DHCS Contract Manager to have the applicant reassigned in MedCompass. The DHCS Contract Manager will **not** include the designated address in the MedCompass system.
 - b. If the applicant is not willing to provide their physical county of residence after HHCM's Care Management Team (CMT) has explained why it is needed to enroll in the HCBA Waiver, the applicant's file can be closed in alignment with HCBA policies and processes.
3. The Waiver Agency that serves the County/ZIP code in which the SAH participant resides must request the physical address of the participant and will explain how their address will be utilized, shared, and protected by case managers and direct care providers.
4. The responsible Waiver Agency must **not** enter the SAH participants' physical location into MedCompass, and must have the SAH participants' physical addresses on file with enhanced protections and restricted access.
5. While working with the participant to develop their Plan of Treatment, the CMT must identify when the participant's physical address will be shared with a direct care provider. Waiver Agencies must utilize DHCS' consent form (Attachment 1) that identifies how SAH participants' physical address will be utilized, shared, and protected by case managers and direct care providers. Waiver Agencies must retain a copy of the form and leave a signed copy of the form with the participant.
6. Although all Medi-Cal providers are responsible for safeguarding Protected Health Information under Health Insurance Portability and Accountability Act (HIPAA) the Waiver Agency will need to take an additional step as an extra

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precaution to notify direct care providers providing services to a SAH participant that they need to protect the SAH client's physical address as well.

NOTE: Waiver Agencies are responsible for informing HCBS providers about the need to protect the physical location of the SAH participant, but Waiver Agencies are not responsible for enforcing compliance. If concerns are identified, please send the relevant information to your waiver agency's assigned DHCS Contract Manager for follow up.

Sincerely,

ORIGINAL SIGNED BY

Cortney Maslyn, Chief
Integrated Systems of Care Division
Department of Healthcare Services

Enclosures

Attachment 1: Home and Community Based Services (HCBS) Waivers
Release of Safe At Home (SAH) Participant Physical Address Consent Form