



Richard Figueroa  
Acting Director

## Assisted Living Waiver Informing Notice



Gavin Newsom  
Governor

Date:

Member Name:

Facility Name:

Address:

City/State/Zip:

Dear:

### **MEDI-CAL HCBS WAIVER INFORMING NOTICE FOR:**

The Department of Health Care Services' (DHCS) ALW program, which is a Medi-Cal HCBS program, has enrolled \_\_\_\_\_ into the ALW with effective date:

\_\_\_\_\_.

The purpose of this HCBS Informing Notice is to describe the waiver program and to outline the roles and responsibilities of the beneficiary, the primary care physician, the HCBS Waiver service provider(s), and DHCS. The intent is to inform all participating individuals of their obligations and to ensure the successful development and implementation of the ALW.

The HCBS waivers are sets of services designed to assist Medi-Cal beneficiaries in remaining in their community as an alternative to care in a licensed health care facility, also known as the "institutional alternative". In order for DHCS to authorize these services, there must be a medical need for the services. Additionally, the cost of the requested service(s) must not exceed the costs Medi-Cal would have paid to the health care facility alternative had the service(s) not been provided in the community setting. The licensed health care facility alternative is determined by DHCS and is based upon criteria outlined in regulations, as well as in the waiver program. The services available under the ALW include the four-tiered assisted living bundled service array and care coordination.

In order for DHCS to authorize initial or ongoing ALW services, the following information is needed from the Care Coordinator(s):

1. Verification that the client continues to retain Medi-Cal eligibility with an Aid Code consistent with the ALW;
2. The scored ALW Assessment of the client. This is the tool that establishes the Level of Care (LOC) of the client within the four-tiered structure of the assisted living benefit;
3. A signed Individualized Service Plan (ISP) detailing the HCBS Waiver services. The ISP must outline the needs of the beneficiary and include all waiver and non-waiver services needed by the client in order to be maintained safely in the community setting. This would include services provided by the identified HCBS Waiver service provider(s) and other health services; and,
4. The signed Freedom of Choice (FOC) document.

#### **ROLES AND RESPONSIBILITIES FOR:**

The Client:

- Must be at least 21 years of age and be Medi-Cal eligible with no restrictions on the amount of services he/she is eligible to receive;
- And/or the authorized representative must assist the HCBS Waiver Care Coordinator, the service provider(s), and the primary care physician in the development of the ISP that outlines the needs of the client;
- And/or the authorized representative must comply with the developed ISP in order to ensure a successful program;
- And/or the authorized representative must work cooperatively with the Care Coordinator, the other service provider(s), the physician, and the ALW Office in identifying services and sharing information to assist in maintaining the client in the community. This includes needed services from the ALW, Medi-Cal state plan benefits, and other community or government funded programs;
- And/or the authorized representative must actively contribute to the ongoing management of the assisted living program. This includes following physician's orders to ensure the health, safety, and welfare of the client in the assisted living setting;
- And/or the authorized representative must contact the HCBS Waiver service provider(s) including the Care Coordinator regarding any issues or concerns with the program that may impede the health, safety, or welfare of the client.

The HCBS Waiver Services Providers: Care Coordinators, Residential Care Facility for the Elderly (RCFE) or the Home Health Agency (HHA) must:

- Sign and maintain an HCBS Waiver and Medi-Cal Provider Agreement on file with the ALW Office. This agreement must be signed, dated, and returned to the ALW Office before HCBS Waiver services can be authorized;
- Be licensed and/or certified and appropriately trained as outlined in the ALW. The provider may be a current Medi-Cal provider or a provider only for the ALW. The HCBS Waiver service provider must maintain compliance with all applicable state and federal requirements including, but not limited to:
  - Maintaining documentation, subject to DHCS review and approval, and acknowledging compliance with the developed ISP;
  - The FCFE shall document and notify the Care Coordinator of any changes in the client's condition in a timely manner, similar to accordance with CCL's licensing regulations (California Code of Regulations [CCR], Title 22, Sections 87587, 87591, and 87702.1[d]). The notification is required of all HCBS providers that are licensed and certified home health agencies, and applies to changes that impact the health, safety, or welfare of the client; and,
  - The HHA will enter into an agreement with the Public Subsidized Housing (PSH) entity to specify that the conditions are agreeable to both parties for the implementation of the ALW and that the PSH entity complies with the physical plant characteristics as specified in the waiver. The HHA will maintain a certified Branch Office in the PSH building for the sole purpose of the ALW.

DHCS (ALW Office) will:

- Work cooperatively with the client and/or the authorized representative, the Care Coordinator, the RCFE, the HHA and other HCBS Waiver service provider(s), the primary care physician, and all other providers of Medi-Cal services to help ensure a successful program;
- Assist in the identification of additional supports needed to ensure the health, safety and welfare of the client enrolled in the ALW, as warranted;
- Conduct unannounced visits, as deemed necessary by various DHCS staff, to assess the health, safety, and welfare of the client;
- Modify, reduce, deny, or terminate waiver services should any one of the following occur:
  - The client dies;
  - The client elects in writing, through the FOC, to voluntarily terminate services;

- The client is away from the RCFE greater than 30 days for any reason, which will result in involuntary termination, absent a FOC document;
- The client chooses to receive In-Home Supportive Services (IHSS) and does not reside in PSH;
- The client is re-assessed by the Registered Nurse (RN) Care Coordinator and is determined to be below the NF A/B LOC as determined by the Assisted Living Assessment and approved by DHCS;
- The client assumes a share of cost or loses Medi-Cal eligibility or retains Medi-Cal eligibility with an Aid Code that is not compatible with the Assisted Living Waiver;
- The service costs exceed cost-neutrality for three consecutive months;
- The client's condition changes such that the client needs a higher level of care that cannot be safely managed by the RCFE or HHA staff, based on a re-assessment by the RN Care Coordinator and approved by DHCS;
- The client fails to comply with the ISP;
- Any documented incidence(s) of noncompliance by the client or the authorized representative, within the requirements of this agreement that poses a threat to the health, safety, or welfare of the client or any other clients, and/or any failure to comply with all regulatory requirements.

Questions regarding this notice should be directed to:

Department of Health Care Services  
Integrated Systems of Care Division  
Assisted Living Waiver Program  
1501 Capitol Avenue, MS 4502  
P.O. Box 997437  
Sacramento, CA 95899-7437  
916-552-9105