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TO: ALL COUNTY WELFARE DIRECTORS Letter No: 23-07
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
ALL HCBS WAIVER ADMINISTRATORS/COORDINATORS

SUBJECT: Information and Instructions Regarding the Home and Community-Based Alternatives Waiver and the Role of the County Eligibility Worker

Purpose

The purpose of this All County Welfare Directors Letter (ACWDL) is to provide counties with information and policy guidance related to the Home and Community-Based Alternatives (HCBA) Waiver. This letter also clarifies the role of the County Eligibility Worker (CEW) with respect to information sharing and referrals.

Background

Medi-Cal's Home and Community-Based Services (HCBS) waivers and programs, including the HCBA Waiver, are authorized under section 1915(c) of the Social Security Act, Welfare and Institutions Code (WIC) section 14132(s), and Title 22 of the California Code of Regulations section 51346. The HCBA Waiver operates under the legal requirements of Title 42 of the Code of Federal Regulations.¹

¹ The HCBA Waiver is a continuation of the Nursing Facility/Acute Hospital (NF/AH) Waiver and was approved by the Centers for Medicare and Medicaid Services (CMS) on May 16, 2017, with a retroactive effective date of January 1st of that year. The Waiver is administered through a collaboration between the Department of Health Care Services (DHCS or Department) and Waiver Agencies contracted by DHCS. 1915(c) waivers, including the HCBA Waiver, must be reauthorized by CMS every five years. The current HCBA waiver term is from January 1, 2022 through December 31, 2026.

Home and Community-Based Alternatives (HCBA) Waiver Overview

The HCBA Waiver provides care management services to persons with skilled nursing care needs who wish to receive long term services and supports in a community setting instead of in an institution. The HCBA Waiver is primarily administered by HCBA Waiver Agencies contracted by DHCS. The Waiver Agencies are responsible for local waiver administration functions and for the delivery of “Comprehensive Care Management” through a Care Management Team (CMT). Comprehensive Care Management includes locating appropriate home and community-based settings, developing a person-centered care plan, identifying available Waiver providers, and continuously managing Waiver and other Medicaid care services.

The CMT is a multidisciplinary care team comprised of a registered nurse and a social worker. The CMT coordinates Waiver and California Medicaid State Plan services (e.g. medical, behavioral health, In-Home Supportive Services (IHSS)), and arranges other long-term services and supports available in the local community. Care management and Waiver services are provided in the participant’s home or community-based residence. This home or community-based residence can be privately owned, secured through a tenant lease arrangement, or located in the residence of a participant’s family member. Individuals who reside in congregate living health facilities (CLHFs) and intermediate care facilities (ICFs) may also be HCBA Waiver participants.

The HCBA Waiver covers a wide range of direct care and indirect care services, such as, but not limited to:

- Private duty nursing
- Case management
- Habilitation
- Home and facility respite
- Community transition services
- Environmental accessibility adaptations
- Waiver Personal Care Services (WPCS)

In order to be eligible for the HCBA Waiver, an individual must be enrolled in full-scope Medi-Cal, assessed to require at least nursing facility level of care (e.g., the level of care provided in an inpatient nursing facility, subacute facility, or acute care hospital). The HCBA Waiver also includes the spousal impoverishment provisions for HCBS spouses or registered domestic partners (RDPs) with community spouses. It also includes the provision of institutional deeming for children who would have a share of cost or excess property when Medi-Cal eligibility is first determined with their family members.

County Eligibility Worker and Waiver Agency CMT Responsibilities to Collaborate on Waiver Participant Enrollment

HCBA Waiver applicants may apply for Waiver services either through a Waiver Agency or through a County Medi-Cal office. Applicants may apply for the HCBA Waiver through a Waiver Agency before they have applied for Medi-Cal.

In general, if a Waiver Agency receives an application for Waiver services from an applicant who is not yet enrolled in Medi-Cal, the agency shall refer the applicant to a County Medi-Cal office for a Medi-Cal eligibility determination. As for any HCBS Waiver or program, County Eligibility Workers (CEW) should apply Medi-Cal application processes and adjudicate these Medi-Cal eligibility determinations in accordance with ACWDL [90-01](#) for institutionalized spouses or registered domestic partners (RDP), or ACWDLs [17-25](#) and [18-19](#) for married individuals or RDPs who are not institutionalized, but who are requesting IHSS or HCBA Waiver services (see below for additional information on institutional deeming of children). Please note that, as of the date of this ACWDL, the Medi-Cal Eligibility Procedures Manual (MEPM) does not include the most updated information on the HCBA Waiver. DHCS will issue a forthcoming update to incorporate information on the HCBA Waiver. The CEW shall inform the Waiver Agency CMT responsible for the applicant's case regarding the outcome of Medi-Cal eligibility determinations and redeterminations within 10 business days.

Waiver Agencies shall refer Waiver applicants for a Medi-Cal eligibility determination even if the individual is going to be placed on a waitlist for the Waiver. The Waiver Agency CMT shall inform the Waiver applicant that the spousal impoverishment provisions and institutional deeming may apply and that, if they are determined eligible for Medi-Cal, they may be able to receive In-Home Supportive Services while they are on the Waiver waitlist. The Waiver Agency CMT shall also inform the Waiver applicant that they do not have to apply for Medi-Cal while on the Waiver waitlist. However, if they choose not to apply for Medi-Cal while on the Waiver waitlist, they may not be able to immediately participate in the Waiver when a spot becomes available because Medi-Cal applications may take 45-90 days to process, and they cannot receive Waiver services until they are enrolled in Medi-Cal.

In cases where a county receives a Medi-Cal application with a request for any HCBS Waiver or Program services from an unmarried applicant or an applicant without an RDP who is not yet enrolled in Medi-Cal, the county shall first establish Medi-Cal eligibility. Once the county establishes eligibility for Medi-Cal, the county shall refer the applicant to DHCS' Integrated Systems of Care Division (ISCD) or the Waiver Agency CMT in the applicant's county of residence (see listing below). In cases where a county receives an application for Waiver services from a married applicant or an applicant with an RDP who is not yet enrolled in Medi-Cal, the county shall immediately refer the applicant to IHSS, ISCD, or the Waiver Agency CMT in the applicant's county of residence and simultaneously complete the Medi-Cal eligibility determination in

accordance with the ACWDLs listed above. The Waiver Agency CMT shall inform the CEW regarding the outcome of Waiver eligibility determination within 10 business days. In cases where a Waiver applicant is already enrolled in Medi-Cal, the county shall immediately refer the request for HCBS Waiver or Program services to IHSS, ISCD or the Waiver Agency CMT in the beneficiary's county of residence (see listing below).

The Waiver Agency CMT shall collaborate with the CEW on an ongoing basis to establish eligibility, conduct annual redeterminations, and provide information on changes in the beneficiary's case. Counties shall provide the Waiver Agencies in their respective counties with contact information for the CEW Unit working on HCBS spousal impoverishment cases and contact information to obtain the status of Medi-Cal eligibility determinations for single individuals. Waiver Agencies shall also provide the CEW Unit and the County Medi-Cal Manager with contact information for all staff in charge of a Waiver eligibility determination and case management, including the name and contact information of care coordinators. CEWs shall maintain open lines of communication with the Waiver CMT, and shall document all telephone conversations and Waiver eligibility determinations. CEWs are no longer required to obtain a signed authorization for release of information when working with contracted Waiver Agencies. CEWs and CMTs shall establish lines of communication in the most mutually effective method, including phone, fax, email, or mail. Both parties should share information necessary to conduct eligibility determinations in a timely manner, and that information and communication must be notated in the case record. There should be minimal need for additional paper verification for the Medi-Cal case record.

Medi-Cal Eligibility for Any HCBS Waivers and Program Services

For applicants and beneficiaries without a community spouse or RDP, the county shall determine Medi-Cal eligibility in accordance with Title 22 of the California Code of Regulations (CCR), as interpreted by ACWDLs and the MEPM.

For adult HCBS Waivers and Program service applicants and beneficiaries with a community spouse or RDP, the county shall determine their Medi-Cal eligibility at the time of application, redetermination, or change in circumstance in accordance with ACWDLs [90-01](#), [17-25](#), and [18-19](#), as applicable. These applicants or beneficiaries shall be placed in regular Medi-Cal aid codes based on their coverage group, and following the budget steps in MEDIL [21-07](#), in one-person Medi-Cal Family Budget Units (MFBUs) where they will receive HCBS SI budgeting in accordance with the ACWDLs [17-25](#) and [18-19](#). The spousal income allocation and Community Spouse Resource Allowance shall apply.

If a single institutionalized individual requests HCBS waiver and program services, the Waiver Agency CMT and CEW will need to communicate about the date of discharge from the medical institution or nursing facility and the institutionalized individual would

receive community budgeting for the month of discharge for the partial month of long-term care (LTC) and on-going eligibility.

For Waiver applicants or beneficiaries who are children, the county shall determine their Medi-Cal eligibility in accordance with Title 22 of the CCR, as interpreted by ACWDLs. As a reminder, children may participate in HCBS waivers and programs, whether MAGI or Non-MAGI eligible, following the Medi-Cal hierarchy, without a change in aid code, as long as they are full-scope eligible.

Children who are not institutionalized should be placed in an MFBU with their parents and can participate in the Waiver without a change in their Medi-Cal aid code. For example if the child is eligible for MAGI Medi-Cal by using their parents' income and household information, the child should stay in their MAGI aid code.

In cases where a child in the same MFBU as their parents has excess property or a share of cost, the county shall determine whether the child is eligible for Medi-Cal using the institutional deeming rules (this means determining the child's Medi-Cal eligibility in a separate budget unit without including the parents' income or property). Waiver participants, who are institutionally deemed eligible for Medi-Cal shall receive Medi-Cal services under aid code 6X or 6Y.²

In cases where a Waiver Agency or CMT informs the CEW that a client's request for HCBS Waiver or Program participation is denied, counties shall determine whether another waiver is appropriate and, if so, continue eligibility or HCBS SI. If no other referral is appropriate, counties shall redetermine eligibility as appropriate. If the CEW is informed that the individual can no longer participate, the CEW must redetermine eligibility based upon the new information. For example, if the individual has moved to an LTC facility, if HCBS SI was applied, continue SI utilizing those provisions for an LTC beneficiary with the LTC budget.

HCBA Waiver Administration and Case Management Responsibilities

Waiver Agencies are contractually obligated to provide comprehensive care management and local administrative functions including, but are not limited to:

- Verifying Waiver applicants' Medi-Cal eligibility, and referring applicants to the county to apply if Medi-Cal eligibility has not yet been established;
- Evaluating applicants' eligibility for the Waiver through a clinical evaluation and needs assessment;
- Preparing and submitting enrollment applications and supporting documentation to DHCS for approval (which includes the Intake Medical Summary, Case

² Aid codes 6X and 6Y were previously used for the IHO waiver and are being repurposed for the HCBA waiver.

Management Report, Plan of Treatment (POT), Case Management Acuity Tool, Menu of Health Services, Freedom of Choice form, and informing notices);

- Conducting level of care evaluations at least annually;
- Reviewing and approving participants' person-centered POTs; and
- Authorizing Waiver services (including managing service utilization), developing and maintaining a provider network, engaging in quality assurance activities, and adjudicating provider claims.
- Notifying the CEW of HCBA participants' continued enrollment in the Waiver at annual evaluations and when requested by the CEW whenever Medi-Cal eligibility is being redetermined.

For a list of HCBA Waiver Agencies, designated area of coverage, and contact information, please refer to the following HCBA waiver agency chart. For the most up-to-date information and to access the application for the HCBA Waiver, please refer to the [DHCS HCBA Waiver Webpage](#).

Waiver Agency	Service Area
Access TLC	Santa Barbara County, and sections of Los Angeles and Orange Counties (service area defined by zip codes)
Centers for Elders' Independence	Alameda and Contra Costa Counties
Home Health Care Management	Butte, Glenn, Sacramento, San Joaquin, Shasta, Solano, Sutter, Tehama, Yolo, Yuba, Colusa, Del Norte, El Dorado, Humboldt, Lake, Lassen, Modoc, Nevada, Placer, Plumas, Sierra, Siskiyou, and Trinity Counties
Institute on Aging	San Francisco, San Mateo, San Bernardino, and Riverside Counties
Libertana Home Health	Kern, Fresno, Kings, Tulare, Madera, Mariposa, Merced, Stanislaus, Tuolumne, San Luis Obispo, Amador, Calaveras, Santa Clara, Santa Cruz, San Benito, Monterey, and sections of Los Angeles and Orange Counties (service area defined by zip codes)

Partners in Care	Sections of Los Angeles County (service area defined by zip codes)
San Ysidro Health	San Diego County
Sonoma County Human Services Department	Sonoma County
Ventura County Agency on Aging	Ventura County
The following seven counties are not currently covered by a HCBA Waiver Agency: Alpine, Imperial, Inyo, Marin, Mendocino, Mono, and Napa. For these areas, DHCS is responsible for the HCBA Waiver administration functions and applications should be submitted to DHCS at CareManagement@dhcs.ca.gov .	

Waiver Agency Case Intake Process

After a Waiver Agency receives a completed application for Waiver services, a representative from the Waiver Agency will schedule an initial assessment with a participant for the case manager and/or nurse evaluator to determine the scope of the applicant’s clinical and functional needs, and work with them to develop a care plan in alignment with their personal goals and preferences. The applicant’s CMT will then prepare a finalized application packet for Waiver services and submit to ISCD for final approval.

For more information, please refer to the [DHCS HCBA Waiver Webpage](#).

If you have questions regarding the HCBA Waiver, please contact the DHCS Integrated Systems of Care Division at (916) 552-9105, or by email at HCBAAlternatives@dhcs.ca.gov and include the name and number of this letter in the subject line.

For questions regarding the Medi-Cal eligibility determinations, please contact Sharyl Shanen-Raya at 916-345-8066 or by email at Sharyl.Shanen-Raya@dhcs.ca.gov.

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