

REFERRAL FORM FOR THE ASSISTED LIVING (AL) WAIVER

Date:	AL Waiver Contact:
To:	County:
From:	Department of Health Care Services Monitoring and Oversight Section
Phone number:	E-Mail:
Fax:	

This notice concerns the individual named below

Individual Name:	Case Name:
Address:	City/State/Zip Code:
Date of birth:	Phone number:

This individual:

- Has been screened medically eligible for the AL Waiver
- Will be disenrolled from the AL Waiver as of: _____

County Instructions

This individual is already eligible for no-cost Medi-Cal; no new determination is needed; and this form does not need to be returned to the Monitoring and Oversight Section. This referral form is to inform the county that this individual is already or will be moving to assisted living on: _____

Please determine Medi-Cal eligibility for the above individual and then e-mail or fax this form to:

Results of county determination

If the above individual is enrolled in the AL Waiver, he/she will be eligible for Medi-Cal with:

- No share-of-cost Medi-Cal
- A Medi-Cal share-of-cost of \$ _____

REFERRAL FORM FOR THE ASSISTED LIVING (AL) WAIVER

<p>Special AL Waiver rules were used in this determination:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Net nonexempt income was calculated as follows:</p>
<p><input type="checkbox"/> The above individual is ineligible for Medi-Cal even when AL Waiver rules are applied because:</p>
<p>County instructions once this form is returned by DHCS</p>
<p><input type="checkbox"/> DHCS will be enrolling the above individual in the AL Waiver effective _____ . Please report his/her Medi-Cal eligibility to MEDS beginning with this month and also report any 3-month retroactive eligibility using regular Medi-Cal rules.</p>
<p>DHCS will not be enrolling the above individual in the AL Waiver.</p> <p><input type="checkbox"/> Because he/she has a share of cost under regular Medi-Cal and would have a share of cost even if enrolled in the AL waiver.</p> <p><input type="checkbox"/> Other:</p>
<p><input type="checkbox"/> DHCS will be disenrolling the above individual from the AL Waiver because _____ . Please redetermine his/her Medi-Cal eligibility without using AL Waiver rules. Note: This individual may have a change in his/her living arrangement.</p>