

CALIFORNIA DEPARTMENT OF AGING (CDA) WAIVER REFERRAL

COUNTY USE ONLY	
Case name	Case number
Worker name	Worker number

Multipurpose Senior Services Program (MSSP) site: Please complete this portion and forward to the appropriate County Waiver contact person.

Name of applicant			
Address (number, street)	City	State	ZIP code
Social security number	Date of birth	Telephone ()	
Guardian (if applicable)			
Address of guardian (if different) (number, street)	City	State	ZIP code

Status

- New Medi-Cal applicant.
- Currently receives Medi-Cal with a share-of-cost.

Living Arrangement

- The applicant is currently in an institution. Please determine Medi-Cal eligibility based on his/her anticipated return to the community. Anticipated date of discharge: _____
- The applicant is currently living in the home.
- Other: _____

Eligibility Determination

If applicant/beneficiary is living or will live at home with his/her spouse and is property eligible and entitled to zero share-of-cost Medi-Cal under regular eligibility rules, spousal impoverishment rules are not utilized. If the applicant/beneficiary is property ineligible or has a share-of-cost, apply spousal impoverishment income and resource rules (i.e., institutional deeming rules) even if the applicant/beneficiary lives in the home. See Article 19D of the Medi-Cal Eligibility Procedures Manual.

This is to certify that the individual named above has met the admission criteria for a nursing facility as defined in the California Code of Regulations, Title 2, Division 3, Subdivision 1, Chapter 3, Article 4, Sections 51334 and 51335.

Signature of MSSP site contact person

Printed name of MSSP site contact person	Title	Telephone ()	
MSSP site address (number, street)	City	State	ZIP code

NOTE TO COUNTY: Please send a copy of the Notice of Action to the MSSP site when the determination is completed.

White: County Copy

Yellow: MSSP Site Copy