



Department of Health Care Services
MEMORANDUM

DATE: January 01 , 2016
TO: All Assisted Living Waiver (ALW) Care Coordination Agencies (CCA)
FROM: DHCS-LTCD
SUBJECT: ALW Participant Enrollment Application Checklists-UPDATED

When submitting Medi-Cal member applications for enrollment into the Assisted Living Waiver (ALW) Program, the Department of Health Care Services (DHCS) is requiring the submission of a completed application packet. This memo is an update to the original memo released on November 09, 2015 to add two additional checklists and make updates to the previously released checklists. Attached to this memo are all of the checklists. The changes that have been made to the original checklists are as follows:

- Removal of the 602/602A requirement from the SNF checklist;
- Addition of the appropriate submission timeframes based upon the waiver requirements;
- Modification of existing Amenity Form, which must be submitted with all new applications and re-enrollments (if applicable); and
- Addition of two new checklists to be used when submitting re-enrollments and re-assessments.

Please be advised that incomplete application packets will no longer be reviewed by DHCS and will be returned for completion. The effective enrollment date will be determined by either the date the completed application was received by DHCS or when the participant moved into the facility, whichever is later.

Participants that are moved into facilities prior to a completed application packet being received by DHCS will not have their services covered until a completed application packet is received. The required checklists are attached for your reference and must be completed and attached to all new enrollment, re-enrollment and re-assessment packets that are submitted for review to the ALW Assessment Inbox at DHCSALWCCAAssessments@dhcs.ca.gov. Please note that there is a separate checklist for each type of application.

As a reminder, all email submissions containing Protected Health Information must always be encrypted.

If you have any questions or need additional information regarding these new processes, please contact ALW staff by sending an email to ALW.IR@dhcs.ca.gov.

Sincerely,

(original signed by)

Rebecca Schupp, Chief
Long-Term Care Division
Attachments (6)

The following documents are required for an application packet to be considered complete.

SNF Transition Checklist:

- Completed Checklist
- Medi-Cal Eligibility Printout
- SNF Face Sheet
- Completed Assessment Tool
 - Signed by a Registered Nurse
 - Submitted to DHCS within 45 days of the Registered Nurse signature
- Completed Individual Service Plan (ISP)
 - Signed by a Registered Nurse
 - Signed by the Applicant/Legal Representative
 - Completed and signed within 10 days of the completed assessment tool
- Durable Power of Attorney (if applicable)
 - Specific to health care decisions
 - Signed by the Applicant and Notarized
- Amenity Form
 - Signed by the Applicant/Legal Representative
- Freedom of Choice
 - Signed by the Applicant/Legal Representative

The following documents are required for an application packet to be considered complete.

Existing Facility Resident Transition Checklist:

- Completed Checklist
- Medi-Cal Eligibility Printout
- Completed Assessment Tool
 - Signed by a Registered Nurse
 - Submitted to DHCS within 45 days of the Registered Nurse signature
- Completed Individual Service Plan (ISP)
 - Signed by a Registered Nurse
 - Signed by the Applicant/Legal Representative
 - Completed and signed within 10 days of the completed assessment tool
- Durable Power of Attorney (if applicable)
 - Specific to health care decisions
 - Signed by the Applicant and Notarized
- Completed 602/602A Form
 - Physician Report for Community Care Facility(602)/Residential Care Facility for the Elderly(602A)
 - Signed by the MD
 - Applicant name and Applicant/Legal Representative signature
- Completed 603 Form (Replacement Appraisal Information-Admission to RCF)
 - Signed by the RCF Staff
 - Signed by the Applicant/Legal Representative
- Freedom of Choice
 - Signed by the Applicant/Legal Representative
- Amenity Form
 - Signed by the Applicant/Legal Representative

The following documents are required for an application packet to be considered complete.

Community Transition Checklist:

- Completed Checklist
- Medi-Cal Eligibility Printout
- Completed Assessment Tool
 - Signed by a Registered Nurse
 - Submitted to DHCS within 45 days of the Registered Nurse signature
- Completed Individual Service Plan (ISP)
 - Signed by a Registered Nurse
 - Signed by the Applicant/Legal Representative
 - Completed and signed within 10 days of the completed assessment tool
- Durable Power of Attorney (if applicable)
 - Specific to health care decisions
 - Signed by the Applicant and Notarized
- Completed 602/602A Form
 - Physician Report for Community Care Facility(602)/Residential Care Facility for the Elderly(602A)
 - Signed by the MD
 - Applicant name and Applicant/Legal Representative signature
- Freedom of Choice
 - Signed by the Applicant/Legal Representative
- Amenity Form
 - Signed by the Applicant/Legal Representative

The following documents are required for an application packet to be considered complete.

Tier Change Checklist:

- Completed Checklist
- Medi-Cal Eligibility Printout
- Completed Assessment Tool
 - Signed by a Registered Nurse
 - Submitted to DHCS within 45 days of the Registered Nurse signature
- Completed and updated Individual Service Plan (ISP)
 - Signed by a Registered Nurse
 - Signed by the Applicant/Legal Representative
 - Completed and signed within 10 days of the completed assessment tool
- Durable Power of Attorney (if applicable)
 - Specific to health care decisions
 - Signed by the Applicant and Notarized

The following documents are required for a re-enrollment packet to be considered complete.

Re-Enrollment applications may be used if a participant leaves the assisted living setting due to hospitalization, transfer to SNF, or other medically related reason. The CCA will continue to advocate for the participant for up to 30 days for the purpose of coordinating the participant's return to the assisted living setting. If the participant is unable to return after 30 days, the participant will be disenrolled from the ALW. The participant retains the unduplicated slot for an additional 30 days for a total of 60 days to facilitate subsequent return to the ALW. After 60 days, the slot is available to another participant.

Re-Enrollment Checklist:

- Completed Checklist
- Medi-Cal Eligibility Printout
- Completed and updated Assessment Tool
 - Signed by a Registered Nurse
 - Submitted to DHCS within 60 days of the participant leaving the assisted living setting
- Completed and updated Individual Service Plan (ISP)
 - Signed by a Registered Nurse
 - Signed by the Applicant/Legal Representative
 - Completed and signed within 10 days of the completed assessment tool
- Durable Power of Attorney (if change occurred)
 - Specific to health care decisions
 - Signed by the Applicant and Notarized
- Amenity Form (if new facility or other change occurred)
 - Signed by the Applicant/Legal Representative

The following documents are required for a re-assessment packet to be considered complete.

Re-Assessment Checklist:

- Completed Checklist
- Medi-Cal Eligibility Printout
- Completed and updated Assessment Tool
 - Signed by a Registered Nurse
 - Submitted to DHCS within 30 days of the due date to complete the reassessment.
- Completed and updated Individual Service Plan (ISP)
 - Signed by a Registered Nurse
 - Signed by the Applicant/Legal Representative
 - Completed and submitted to DHCS within 7 days of the re-assessment.