
MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- Article 19 — SPECIAL SERVICES
- 19A — INDIVIDUALS ON RESTRICTED SERVICE STATUS DUE TO PROGRAM ABUSE
1. Background
2. DDS Responsibilities
3. County Welfare Department Responsibilities
4. Persons Affected
5. County Preparation and Submission of MC 177 Forms
6. Issuance of Appropriate Medi-Cal Card
- 19B — THIS SECTION HAS BEEN REMOVED FROM ARTICLE 19 AND INCORPORATED INTO ARTICLE 4V, MINOR CONSENT MEDI-CAL SERVICES, EFFECTIVE OCTOBER 24, 1995
- 19C — LIMITED SERVICES FOR MEDICALLY INDIGENT ADULTS IN SNF/ICF
1. Background
2. County Welfare Department Responsibilities
3. Retroactive Eligibility
4. Medi-Cal Identification Card
- 19D — HOME AND COMMUNITY-BASED WAIVER PROGRAMS
- I. Background
- II. Overview
- III. Waiver Types
- IV. Description
- V. General Processing
- VI. Forms



MEDI-CAL ELIGIBILITY MANUAL

19A — INDIVIDUALS ON RESTRICTED SERVICE STATUS
DUE TO PROGRAM ABUSE

1. BACKGROUND

The Department of Health Services (DHS) has developed procedures to identify and resolve Medi-Cal program abuse by beneficiaries. Beneficiaries who seek out and repeatedly obtain unnecessary services are issued special Medi-Cal identification cards to notify providers that prior authorization is required for certain services. Limitations on the beneficiaries' Medi-Cal coverage will remain in force for a minimum of one year unless altered by DHS or a state hearing decision.

2. DHS RESPONSIBILITIES

The DHS:

- a. Identifies beneficiaries to be put on restricted status through review of beneficiary Medi-Cal service histories. This involves a computerized selection process and a professional medical case review for selected patients.
- b. Prepares and sends Notices of Action (MC 1705) to the beneficiary at least ten days before the restricted service status becomes effective.
- c. Furnishes a copy of the written Notice of Action of the beneficiaries' restricted service status to the county prior to the first of the month in which the restriction becomes effective.
- d. Issues Medi-Cal identification cards to the beneficiary with "restricted service" notations on the card. Currently, these messages are:
 - (1) Restricted Drugs, coded "R1".
 - (2) Restricted Scheduled Drugs, coded "R5".
 - (3) Restricted M.D. Visits, coded "R11".
 - (4) Restricted Drugs/M.D., coded "R12".

MEDI-CAL ELIGIBILITY MANUAL

- (5) Restricted to Primary M.D., coded "R14".
- (6) Restricted to Primary M.D./Drugs, coded "R15".
- e. Provides each responsible county with a monthly report of all individuals, including Supplemental Security Income/State Supplementary Payment (SSI/SSP), who are on restricted service status.
- f. Reviews and, if appropriate, authorizes all Medi-Cal drug and/or M.D. visit requests for the beneficiary. (Providers have been informed by provider bulletin that prior departmental approval is required by the special coding indicated on the Medi-Cal identification cards.)

3. COUNTY WELFARE DEPARTMENT RESPONSIBILITIES

The county welfare department is responsible for:

- a. Referring to the monthly listing (Limited Service Status Register (LSSR)) issued by DHS when processing requests for replacement/supplemental Medi-Cal cards for SSI/SSP beneficiaries, and for all other Medi-Cal beneficiaries in the event of the MEDS system being inoperational.
- b. Accepting and forwarding requests for state hearing from persons who want to appeal their restricted service status. Restricted service beneficiaries may request a state hearing within 90 days of the initial action by DHS. Restricted service status shall not be lifted because of the hearing request.

4. PERSONS AFFECTED

Restricted service beneficiaries may include any Medi-Cal beneficiary. If a member of a multiperson Medi-Cal Family Budget Unit (MFBU) is put on restricted service status, this will not affect the status of the other family members of the MFBU.

5. COUNTY PREPARATION AND SUBMISSION OF MC 177 FORM

Counties need not make any special notations on the MC 177 forms of persons on restricted service status in order to have the special restricted service Medi-Cal card generated. Input from DHS is stored in the MEDS computer file which is used to generate share-of-cost Medi-Cal cards.

MEDI-CAL ELIGIBILITY MANUAL

**19C -- LIMITED SERVICES FOR MEDICALLY INDIGENT
ADULTS IN SNF/ICF**

1. BACKGROUND

AB 799 (1982), as modified by SB 2012 (1982), mandated the State to discontinue the medically indigent adult (MIA) category, with a few exceptions, from the Medi-Cal program and to transfer responsibility for the health care of those persons to the counties effective January 1, 1983.

One of the exceptions to the discontinued MIAs is the category of MIAs residing in a skilled nursing facility (SNF) or intermediate care facility (ICF) who are identified by the Aid Code 53. While a MIA is a resident of an SNF/ICF, he/she is entitled to all benefits normally covered by Medi-Cal. However, should that MIA beneficiary become an inpatient at an acute care hospital, any service rendered during that hospital stay will not be covered by the Medi-Cal program.

2. COUNTY WELFARE DEPARTMENT RESPONSIBILITY

If an MIA beneficiary in an SNF/ICF (Aid Code 53) becomes an inpatient at an acute care facility, the Medi-Cal program will deny payment for any acute care hospital services. Therefore, an evaluation or referral must be initiated by the county welfare department or other responsible agency to determine possible eligibility for county medical assistance for those services not covered under the Medi-Cal program.

An MIA beneficiary may have concurrent Aid Code 53 Medi-Cal coverage and county medical assistance in any month in which medical services were received in both an SNF/ICF and an acute care facility. In addition, should a disability evaluation subsequently be approved, Aid Code 53 should be changed to a disabled aid code category effective with or retroactive to the disability onset date.

EXAMPLE: Mr. Smith, age 58, enters an SNF on February 7 as an MIA. Mr. Smith falls on February 12, injures himself, and is sent by ambulance to the hospital for acute care. On February 15, Mr. Smith is returned to the SNF where he remains until his release on March 25.

MEDI-CAL ELIGIBILITY MANUAL

Benefits covered by Medi-Cal for February (assuming medical necessity is established for all services) include any outpatient services received by Mr. Smith during the month of February; the care he received in the SNF from February 7 to 12, February 15 to 28, and March 1 to 25; ambulance service; bed-hold at the SNF for a maximum of seven days during Mr. Smith's stay in acute care; and any other care (e.g., pharmaceuticals, therapy) provided to Mr. Smith while he was in the SNF.

Services received during Mr. Smith's stay at the acute care hospital are not covered by Medi-Cal, including the services of his physicians, podiatrists, or dentists, even though Mr. Smith remained on Medi-Cal for the entire month of February. Evaluation for possible county medical assistance should be done for those expenses incurred while Mr. Smith was in the acute care facility. Mr. Smith receives a March Medi-Cal card because of his continued residence in the SNF. He also receives an April Medi-Cal card since there was insufficient time for the county to issue a Notice of Action for discontinuance after his release from the SNF on March 25.

3. RETROACTIVE ELIGIBILITY

MIAs may be eligible for retroactive eligibility if both of the following conditions are met:

- a. The MIA resided in an SNF/ICF for one day or more during the month of application, AND
- b. The MIA resided in an SNF/ICF for one day or more during the retroactive month(s) for which Medi-Cal coverage is requested.

The retroactive month(s) are also coded with Aid Code 53, and the same services are covered in the retroactive month(s) as in the current month of eligibility.

4. MEDI-CAL IDENTIFICATION CARD

Aid Code 53 identifies a recipient as eligible for Medi-Cal benefits limited to services (outpatient or inpatient) received while residing in an SNF/ICF. County welfare departments need not input any special code to indicate eligibility to limited services. The Medi-Cal identification card for Aid Code 53 contains the following restriction message:

"Services to acute hospital inpatients are not covered."

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

19D -- HOME AND COMMUNITY-BASED SERVICES (HCBS) WAIVERS

I. BACKGROUND

Section 1915(c) of Title XIX of the Social Security Act, Section 14132(s) of the Welfare and Institutions Code, and Section 51346 of Title 22, California Code of Regulations permits states to request waivers of otherwise applicable federal law in order to provide certain services to persons at home or in the community as a cost neutral alternative to institutionalized health care, provided such non-institutional services meet the health and safety needs of the beneficiary. The goal is that the beneficiary will experience an enhanced and enriched quality of life if allowed to return home or to the community. The Department of Health Services (DHS) currently has six such waivers in effect.

Congress also authorized Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) for eligible individuals under 21 years of age. EPSDT is a Medi-Cal benefit that requires that states provide medically necessary screening, vision, hearing, and dental services to Medi-Cal beneficiaries. One of the services that may be provided is licensed skilled nursing in the home. Therefore, Medi-Cal eligible children who are institutionalized will now be able to return home from institutionalization or those who are home can remain at home because they can receive additional medical services under the EPSDT program if certain criteria, including cost effectiveness, are met. It is no longer necessary that all children be in a waiver to receive expanded benefits if the child has a zero share of cost (SOC) under regular Medi-Cal income/property rules. The Section 19-D procedures apply, however, if a waiver is required.

Assembly Bill (AB) 2779, Chapter 329, Statutes of 1998, provides for the expansion of the Personal Care Services Program (PCSP) to the aged, blind or disabled medically needy. Prior to this, PCSP was offered to categorical and mandatory Medi-Cal coverage groups (e.g., Supplemental Security Income (SSI) recipients, Pickle beneficiaries, CalWORKs and Section 1931(b) recipients and pregnant women or children in the federal poverty level programs who meet the criteria for this program).

PCSP provides the following services:

- Assistance to ambulate
- Bathing, oral hygiene, dressing, and grooming
- Care and assistance with prosthetic devices
- Bowel, bladder and menstrual care
- Repositioning, range of motion exercises and transfers
- Feeding and assurance of adequate fluid intake
- Respiration
- Paramedical services
- Assistance with self-administration of medications
- Ancillary services e.g., meal preparation, laundry, shopping and domestic services (these are only offered if other basic PCS are provided).

PCSP is a component of the In-Home Supportive Services (IHSS) program that also includes the IHSS-residual program, but unlike the IHSS-residual program, PCSP is a Medi-Cal benefit.

The IHSS-residual program and PCSP have some differing requirements. Unlike the IHSS-residual program, PCSP does not allow a parent of a minor child or a spouse to be the care provider. Even though the Medi-Cal Home and Community-Based Services (HCBS), Multipurpose Senior Services

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Program (MSSP), and Department of Developmental Services (DDS) waivers (as described later in these procedures) disregard parental income and resources and also apply spousal impoverishment provisions, the IHSS-residual program does not. Therefore, a beneficiary who is ineligible for the IHSS-residual program solely because the IHSS-residual program counted parental income and resources or did not apply the spousal impoverishment provisions can receive PCSP if otherwise eligible.

II. OVERVIEW

If the applicant is in a waiver that uses special eligibility rules and he/she has been determined medically eligible or potentially medically eligible for a particular waiver, the agency responsible for the waiver will refer the applicant to the county contact for a Medi-Cal determination if he/she is not already receiving Medi-Cal with no monthly share of cost. Depending on the circumstances, this determination may be initiated while the applicant is still institutionalized or in a living arrangement different from the setting covered by the waiver.

Those persons who are applying for waivers that do not follow special eligibility rules, (Acquired Immune Deficiency Syndrome Waiver) or persons who do not or would not have excess property or a monthly share of cost using regular Medi-Cal rules will not be referred to a special county waiver contact person. If these persons are not already receiving Medi-Cal, they may apply for Medi-Cal like any other applicant.

The following procedures describe the process counties are to follow in determining Medi-Cal eligibility.

A. Medi-Cal Eligibility Waiver Determination -- Overview

There are several factors counties must consider such as the following:

1. Whether eligibility is to be based on regular Medi-Cal rules or special Medi-Cal rules depending on the type of waiver that the applicant will be in. Persons already Medi-Cal eligible without a share of cost may be eligible for some of these waivers without any special eligibility determination.
2. Whether the determination is based on anticipated circumstances or on actual circumstances (i.e., the current living arrangement is appropriate for the waiver and the referring agency already has determined it medically appropriate for the applicant to be in the waiver).
3. Whether the individual is a new applicant or a beneficiary with a change in circumstances.

- New Applicant:

If the waiver applicant is not currently receiving Medi-Cal, he/she must complete an Application for Public Assistance and a Statement of Facts and meet all other requirements. The individual who is not currently receiving Medi-Cal will need an initial Medi-Cal eligibility determination based on his/her anticipated living situation. If the applicant has a parent or spouse in the home, the major concern is usually whether he/she will be eligible or have a high SOC due to parental or spousal income or excess property.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Therefore, individuals who are interested in leaving an institution and are applying for Medi-Cal and additional in-home services under a waiver need to know about their eligibility should they return home, e.g., whether they will be Medi-Cal eligible or have a SOC.

- Beneficiary with a Change in Circumstances:

In some cases, the waiver applicant will be institutionalized and Medi-Cal eligible as an institutionalized individual prior to a referring agency contacting the CWD; however, depending on the waiver and circumstances, many persons may already be de-institutionalized prior to requesting an eligibility determination. Some may have never been institutionalized but have a high SOC or are in jeopardy of becoming institutionalized because their insurance is being terminated.

If the waiver applicant is currently receiving Medi-Cal-Only, the individual's move from an institutional setting to a non-institutional setting or from one community setting to another community setting generally will be treated by the county as a change in circumstances rather than a new application.

If an aged, blind, or disabled person is currently institutionalized and is already receiving Medi-Cal, he/she is likely to be in his/her own Medi-Cal family budget unit (MFBU) or may be receiving Supplemental Security Income (SSI) and automatic SSI-based Medi-Cal. A new eligibility determination based on a non-institutional living arrangement is required prior to the person being discharged either to the home of his/her spouse or parents or to a community setting to ensure continuing Medi-Cal eligibility and receipt of waiver services. NOTE: Some people may not lose Medi-Cal, may not have a share of cost or will continue on SSI and SSI-based Medi-Cal upon returning home because the family income/property is below the Medi-Cal or SSI limit. Persons who continue to be or are eligible for SSI or qualify for a zero SOC Medi-Cal because the family income/property is below the limit do not need to be determined using special eligibility rules for the HCBS, MSSP, or DDS waivers.

B. County Contact

Each county shall designate a waiver contact person. The county waiver contact person will receive the request for a Medi-Cal eligibility determination from the referring agency, coordinate the Medi-Cal eligibility determination, and answer questions about the program even though the actual determination may be made by other county staff. The contact for each county is attached to these procedures. It is important that applicants be directed to the county contacts because they understand how to process those waivers that disregard parental income and resources and apply spousal impoverishment rules. Once the county receives a referral, the county will determine Medi-Cal eligibility based on the criteria for the appropriate waiver including the living arrangement covered by the waiver.

III. WAIVERS TYPES

There are four types of waivers that are discussed in these Procedures. The first three may have special Medi-Cal eligibility determination requirements if the applicant is referred to the county by the designated agency. The last one currently follows regular eligibility rules. Note: The Model Waiver has been terminated and two new nursing facility waivers have been approved for persons eligible for

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Level A and B and sub-acute care. The In-Home Medical Care waiver has been approved for persons eligible for acute hospital level of care. All three of these waivers are now referred to as the Medi-Cal In-Home Operations (IHO) Waivers.

- A. Department of Developmental Services Home and Community-Based (DDS) Waiver
- B. Medi-Cal In-Home Operations (IHO) Waivers – Nursing Facility (NF) A/B Waiver, NF Subacute Waiver and In-Home Medical Care Services (IHMC) Waiver
- C. Multipurpose Senior Services Program (MSSP) Waiver
- D. Acquired Immune Deficiency Syndrome (AIDS) Waiver

IV. DESCRIPTION AND PROCESSING

A. Department of Developmental Services (DDS) Home and Community-Based Services (HCBS) Waiver

1. Description

The DDS HCBS waiver offers services to individuals with developmental disabilities who live at home and meet the level of care criteria for certain intermediate care facilities for the developmentally disabled as defined in the California Health and Safety Code. Waiver eligibility will be determined by the regional centers, but counties are responsible for the Medi-Cal determination. Services provided include homemaker, home health aide services, habilitation, residential habilitation, day habilitation, prevocational services, supported employment services, environmental accessibility adaptations, skilled nursing, transportation, specialized medical equipment and supplies, respite care, chore services, personal emergency response systems, family training, adult residential care, adult foster care, assisted living, supported living services, vehicle adaptations, communication aides, crisis intervention, crisis intervention facility services, mobile crisis intervention, nutritional consultation, and behavior intervention services.

2. Referring Agency: Department of Developmental Services (DDS) - Regional Centers

DDS administers the DDS HCBS Waiver as delegated by DHS in accordance with the interagency agreement. DDS in turn contracts with twenty-one private, not for profit, regional centers which are responsible under state law for coordinating, providing, arranging or purchasing all services needed for eligible individuals with developmental disabilities in California. The regional center will determine whether the applicant is eligible to participate in the waiver program by reviewing the applicant's medical, social, and developmental care needs. Once waiver eligibility is determined, the regional center will refer him/her to the county for a Medi-Cal eligibility determination or redetermination via the Department of Developmental Services Waiver Referral form (DHS 7096). The regional center may act on the applicant's behalf if he/she cannot act for him/her self or the individual's financially responsible family member can act on his/her behalf. Counties may share ongoing eligibility information with the regional centers regardless of who acts on the client's behalf. See the attached list for the name and address titled "Contacts for Regional Centers".

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

3. Eligibility Requirements

The individual must be eligible for full scope benefits and meet all regular Medi-Cal eligibility rules such as California residency when determining eligibility for the waiver.

- If the individual is eligible for Medi-Cal with no SOC, counties should not use the special waiver rules or report the individual to MEDS using the waiver aid codes. The county should contact the regional center and inform the contact that the waiver is not appropriate. However, if after a preliminary screening, it appears that the applicant will be properly ineligible or has a SOC using parental or spousal income and property, the special rules below apply:
- The applicant is treated as if he/she were institutionalized for purposes of the treatment of income and resources. If the applicant is an adult, spousal impoverishment rules apply. If the applicant is a child, parental income and resources are not considered even though the child lives in the home.
- A second vehicle is exempt if the vehicle has been modified to accommodate the physical handicap(s) or medical needs of the individual. Verification shall be by the physician's written statement of necessity.
- The individual is in his/her own MFBU. If other family members wish to be aided, the individual is treated similar to those on public assistance (PA), e.g., the individual may be used to link other family members although the individual is not in the family's MFBU.
- The waiver is limited to those who are eligible with or without a share of cost and are eligible for full benefits. A person residing in a nursing home under the state-only aid code of 53, a person in another limited scope aid code, or a person who does not have satisfactory immigration status is not eligible.
- The county should use the most beneficial full scope Medi-Cal program to determine eligibility that is applicable to the applicant, e.g., the Aged and Disabled program, the Medically Needy program (MN), the Medically Indigent (MI) program, or the Percent programs. Eligibility is based on the waiver individual's own income and resources, including amounts remaining after spousal impoverishment rules are applied. The maintenance need is based on the income limit of the appropriate program used to determine eligibility rather than the \$35 personal needs allowance.

For example: A child under age 19 who has a SOC in the MN or MI program or excess property may be eligible under the appropriate Percent program which disregards property using a family size of one. He/she would then be reported to MEDS using the appropriate waiver aid code.

- A disability determination is not required unless (1) eligibility is based on a Medi-Cal program requiring that the individual be disabled, (2) the individual has no other basis for linkage or, (3) there would be an advantage if the applicant were disabled, e.g., income deductions available only to the disabled. This

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

determination of disability may be advantageous in the future when the child becomes an adult.

- Aid codes for the DDS Waiver are:

6V No SOC 6W SOC

In some counties, persons in 6V may choose to be in a managed care plan. It is not mandatory unless the person resides in a county that has a County Organized Health System.

B. Medi-Cal In-Home Operations (IHO) Waiver

1. Description

These waivers are limited to persons who in the absence of the waiver program would otherwise require the nursing facility level A or B level of care for at least 365 consecutive days or sub-acute services for at least 180 consecutive days or acute hospital level of care (IHMC Waiver) for 90 consecutive days but who wish to live at home or in the community. Individuals under the age of 21 must be able to access a waiver service that is not covered under the EPSDT program. Inpatient status prior to the enrollment of waiver services is no longer required. Services provided include but are not limited to: case management, private duty nursing, home health aides, family training, waiver personal care (except for the IHMC Waiver) and adaptations to the home.

2. Referring Agency: DHS In-Home Operations (IHO)

The purpose of IHO is to ensure that necessary, appropriate, and quality medical and nursing services are authorized and provided in the home setting. IHO staff will facilitate the proposal documentation and development between each waiver participant and provider. This process allows for review of all issues related to the recipient level of care, evaluation of durable medical equipment, available waiver services, cost-effectiveness, and verification by IHO staff that the home environment is appropriate to meet the health and safety needs of the recipient. Final approvals of individual waiver requests are subject to review by a Medi-Cal Nurse Evaluator, Medi-Cal Medical Consultant, and other staff.

3. Referral Process

When the medical necessity determination has been completed, the county will receive a copy of the Medi-Cal HCBS Waiver Eligibility Notice. The county should contact the IHO eligibility liaison for the date of eligibility if the medical necessity determination has already been completed and the date is not stated. If the applicant is determined to be ineligible for any reason, the county should also inform the IHO eligibility liaison. For more information, counties may contact the following:

Department of Health Services
In-Home Operations, Intake Unit
Mail Station 4502, P.O. Box 997419
Sacramento, CA 95899-7419
(916) 552-9105

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

4. Eligibility Requirements

The Medi-Cal HCBS waiver has the same Medi-Cal eligibility rules as the DDS waiver. IHO will do some prescreening of income and property prior to referring the individual to the county.

The individual must meet all standard Medi-Cal eligibility rules such as California residency and cooperation when determining eligibility for the waiver.

- If the individual is eligible for Medi-Cal with no SOC without using the special waiver rules, he/she is not eligible for the waiver. The county should contact IHO and inform the contact that the waiver is not appropriate. However, if after a preliminary screening, it appears that the applicant will be property ineligible or has a SOC using parental or spousal income and property, the special rules below apply:
- The applicant is treated as if he/she were institutionalized for purposes of the treatment of income and resources. If the applicant is an adult, spousal impoverishment rules apply. If the applicant is a child, parental income and resources are not considered even though the child lives in the home.
- A second vehicle is exempt if the vehicle has been modified to accommodate the physical handicap(s) or medical needs of the individual. Verification shall be by the physician's written statement of necessity.
- The individual is in his/her own MFBU. If other family members wish to be aided, the individual is treated similar to those on public assistance (PA), e.g., the individual may be used to link other family members although the individual is not in the family's MFBU.
- The waiver is limited to those who are eligible with or without a share of cost and are eligible for full benefits. A person residing in a nursing home under the state-only aid code of 53, a person in another limited scope aid code, or a person who does not have satisfactory immigration status is not eligible.
- The county should use the most beneficial full scope Medi-Cal program to determine eligibility that is applicable to the applicant, e.g., the Aged and Disabled program, the Medically Needy program (MN), the Medically Indigent (MI) program, or the Percent programs. Eligibility is based on the waiver individual's own income and resources, including amounts remaining after spousal impoverishment rules are applied. The maintenance need is based on the income limit of the appropriate program used to determine eligibility rather than the \$35 personal needs allowance.

For example: A child under age 19 who has a SOC in the MN or MI program or excess property may be eligible under the appropriate Percent program which disregards property using a family size of one. He/she would then be reported to MEDS using the appropriate waiver aid code.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- A disability determination is not required unless (1) eligibility is based on a Medi-Cal program requiring that the individual be disabled, (2) the individual has no other basis for linkage or, (3) there would be an advantage if the applicant were disabled, e.g., income deductions available only to the disabled. This determination of disability may be advantageous in the future when the child becomes an adult.
- Aid Codes for the Medi-Cal IHO Waiver are:

6X IHO Waiver No SOC

6Y IHO Waiver SOC

In some counties, persons in 6X may choose to be in a managed care plan. It is not mandatory unless the person resides in a county that has a County Organized Health System.

C. Department of Aging Multipurpose Senior Services Program (MSSP) Waiver

1. Description

The MSSP waiver program is limited to the frail elderly who are over sixty-five years of age and receive Medi-Cal under an appropriate aid code. MSSP clients reside in their own homes within a particular service area. Potential clients are screened for eligibility as to Level of Care (LOC) Determination and must be certifiable for placement in a nursing facility. Clients have to be appropriate for care management services and be able to be served within MSSP's cost limitations.

An amendment to this waiver was approved by the Centers for Medicare and Medicaid Services. Effective June 1, 2003, the new amendment will allow MSSP to bill Medi-Cal for transitional services that were provided during the last six months of a Medi-Cal individual's institutional stay. These services must be to support the de-institutionalization of a Medi-Cal individual and are billed once the individual leaves the institution. The new amendment also will now allow the county to determine eligibility using institutional deeming rules (spousal impoverishment) for a person who moves from the institution and returns home to his/her spouse or for a person who is already living at home with his or her spouse. The number of persons eligible under this provision is limited to five percent of the total waiver clients or about 816 persons state wide. The MSSP will be responsible for ensuring this limit is not exceeded.

MSSP provides interdisciplinary care management services including the coordination and use of existing community resources. Care managers initiate and oversee the process of assessments, care plan development, service arrangement, ongoing monitoring and reassessments of a client's needs. To arrange for services, care management staff must first explore support that might be available through family, friends, and the volunteer community. They then review existing publicly funded services and make direct referrals whenever possible. If needed services are not available through these resources, the care management team can authorize the purchase of some services from MSSP funds. Services that may be purchased under the waiver include: health care (skilled nursing); adult social day care; housing assistance; chore and personal care; respite; transportation; meal services; protective services; and special communication services. Referrals to the program come from a variety of sources including, but not limited to, local county agencies, social service and aging organizations, hospitals, home care agencies, and a variety of other community-based groups.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

2. Referring Agency: California Department of Aging (CDA)

CDA has an interagency agreement with the Department of Health Services (DHS) to operate the MSSP Waiver. Within CDA, the MSSP Section of the Medi-Cal Services Branch is the unit responsible for reviewing and monitoring the program. CDA contracts with either public entities or private nonprofit agencies (MSSP sites) to run the program at the local level. CDA is responsible for oversight of these contracts. The local MSSP sites will determine the medical appropriateness of waiver coverage before referral to the county by reviewing the applicant's health and psychosocial needs and functional status. If appropriate, the MSSP site will refer him or her to the county for an eligibility determination or redetermination via the MSSP Waiver Referral form. Counties may share ongoing eligibility information with the local MSSP sites. Each site has identified a staff person to liaison with the county. Persons inquiring about the MSSP program should be referred to the appropriate agency on the Roster and contact list; however, only those persons who live within the boundaries of the sites may be eligible for MSSP services. There are some locations that are not within the boundaries of an agency at this time. Counties should phone the nearest contact person for more information.

3. Eligibility

Individuals who are Medi-Cal eligible using regular income and property rules (including spousal impoverishment if they are institutionalized and have community spouses) and who need MSSP services are evaluated by the MSSP program to determine whether they meet the MSSP criteria. These individuals may currently be in a nursing facility and wish to return to the home of their spouse or are already living at home with their spouse. Counties will not receive a waiver referral for individuals who are already eligible for Medi-Cal without an SOC and are currently receiving MSSP services unless they have a change in circumstances. In addition, some individuals are eligible for MSSP services who have an SOC (after spousal impoverishment rules are applied) if they also have a secondary Personal Care Services Program (PCSP) tracking aid code. (The SOC is certified as met at the beginning of the month based on the beneficiary's projected costs for his or her PCSP services.) If the person is not eligible for the PCSP secondary aid code, he/she is not eligible for the MSSP waiver and should not be reported to MEDS with only the MSSP SOC aid code.

When the county contact person receives an MSSP referral form for a married applicant or beneficiary and the county determines that the individual will be property ineligible or has an SOC using regular rules, the waiver allows institutional deeming rules to apply (similar to the special eligibility rules for the DDS and HCBS waivers). The Medi-Cal MSSP eligibility determination is as follows:

- The applicant/beneficiary is treated as if he or she were institutionalized for purposes of the treatment of income and resources.
- Spousal impoverishment rules apply.
- A second vehicle is exempt if the vehicle has been modified to accommodate the physical handicap(s) or medical needs of the individual. Verification shall be by the physician's written statement of necessity.
- The MSSP individual is in his/her own Medi-Cal Family Budget Unit (MFBU). If other family members wish to be aided, the individual is treated similar to those on public

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

assistance, e.g., the individual may be used to link other family members although the individual is not in the family's MFBU.

- The MSSP individual must be eligible for full benefits with or without an SOC.
NOTE: A person residing in a nursing home under the limited state-only Aid Code of 53, a person in another limited-scope aid code, or a person who does not have satisfactory immigration status is not eligible.
- The county should use the most beneficial full-scope Medi-Cal program to determine eligibility that is applicable to the applicant, e.g., Pickle, the Aged and Disabled program, the Medically Needy (MN) program. Eligibility is based on the individual's own income and resources, including amounts remaining after spousal impoverishment rules are applied.

Example A

John is a 70 year old applicant who is referred to the county by the MSSP site. He is living at home with his spouse. They have no minor children living in the home. The county determines that he is property eligible, but is not eligible for the Aged and Disabled Federal Poverty Level Program and would have an SOC as an MN person. The county then applies spousal impoverishment rules after certain deductions from his gross income. John may allocate the lesser of the maximum spousal income allocation to his spouse or up to her limit for the spouse at home. His monthly SOC is based on the remaining amount of his income. The county identifies him on the Medi-Cal Eligibility Data System with the appropriate new MSSP waiver aid code 1Y and the PCSP aid code of 1F (after confirming that he is eligible for PCSP services and will meet his SOC at the beginning of each month using PCSP services).

Example B

Tom is 65 years old and currently eligible in the MN program with a monthly SOC of \$1,000. The county receives a referral by the MSSP site. He is living at home with his spouse. There are no minor children in the home. The county applies spousal impoverishment rules and his SOC is reduced to zero (1X aid code).

Example C

Paul is 80 years old and referred to the county by the MSSP site. He is living at home with his spouse and there are no minor children in the home. The county determines he is property ineligible for any Medi-Cal program and his own income is below the MN limit. The county then applies spousal impoverishment rules and finds him to be property eligible. Since his income is already below the MN limit, there is no need to allocate any of his income to the spouse (1X aid code).

4. New Aid Codes

Aid codes for individuals qualifying for the MSSP waiver under these special institutional deeming rules are:

1X MSSP No SOC

1Y MSSP SOC (Must also be reported with 1F)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

In some counties, persons in 1X may choose to be in a managed care plan. It is not mandatory unless the person resides in a county that has a County Organized Health System.

D. Assisted Living Waiver

Assisted living provides a viable alternative to long-term care for certain individuals because it allows individuals to live in the community while receiving many of the services that would be available in long-term care.

The Department of Health Care Services (DHCS) applied for and received federal approval from the federal Centers for Medicare and Medicaid Services (CMS) for an Assisted Living (AL) waiver. Approval was received in May 2005, with implementation of the waiver to run from January 1, 2006 through December 31, 2008.

During the January 2006-December 2008 period, the AL waiver operated as a pilot project with up to 1000 slots for enrollment. At the conclusion of this initial period, the pilot ended, but the waiver continues with federal approval for the waiver's renewal, but with more counties participating. During the pilot, three counties (Sacramento, Los Angeles, and San Joaquin) had facilities that have agreed to participate in the pilot. This meant these facilities met the criteria for AL waiver participation and accepted the conditions for pilot participation.

As mentioned above, as the waiver progresses, facilities in other counties will be added and slots for enrollment will be increased. Counties are not responsible for monitoring enrollment numbers. The enrollment of individuals is the responsibility of the DHCS. If enrollment maximums have been reached, DHCS, rather than the counties, will inform the waiver applicant that the waiver's enrollment is closed.

There will be instances when one county's Medi-Cal resident will want to enroll in the AL waiver and will then move to an AL waiver provider site in another county. If the assisted living provider site is in another county, the current county of residence will determine whether an intercounty transfer is appropriate in addition to conducting any necessary Medi-Cal eligibility determinations for that resident. In some situations, an intercounty transfer is not needed, for example, when a married individual with a spouse on Medi-Cal will remain the responsibility of the county where the couple resided before one spouse's move to LTC or assisted living.

Note: Any reference in these Procedures to "regular" Medi-Cal means that the county conducted an eligibility determination without applying any of the specific AL waiver rules.

1. Description

State law (Welfare and Institutions Code 14132.26 as added by Assembly Bill 499 (Chapter 557 Statutes of 2000) created the Assisted Living Waiver Pilot Project

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

(ALWPP) to test the efficacy of assisted living as a Medi-Cal benefit and as an alternative to long-term nursing provider site placement.

The AL waiver will test the assisted living benefit in two settings.

- Residential care facilities for the elderly (RCFEs) and
- Publicly funded senior and/or disabled housing (PSH).

As described in paragraph five of item D above, individuals from any county may request enrollment into this waiver if they are willing to move to an AL waiver provider site in a another county. Therefore, any county may be required to make a Medi-Cal eligibility determination using AL waiver eligibility rules for a waiver applicant who resides in its county but who, if enrolled in the AL waiver, will move to another county where an AL waiver facility is located.

Regular Medi-Cal rules for determining which county is responsible for the eligibility determination apply. Generally, the county of responsibility is the county of residence of the individual. An individual does not have to initially reside in the county where the AL waiver provider site is located in order to request enrollment into the waiver, but the individual must be willing to move to that provider site if enrolled.

Medi-Cal eligible persons residing in an AL waiver provider site and enrolled into the AL waiver have the following characteristics:

- Have full scope Medi-Cal eligibility without a Medi-Cal share-of-cost;
- Have enough disposable income as described in section 3a, step 4;
- Are aged or disabled; (Note: Blind applicants for the AL waiver will need to be determined disabled to be part of this waiver.)
- Meet the nursing facility (NF) A or B level of care; and
- Are at least 21 years of age.

A person residing in a nursing facility under the state-only aid code 53, a person in another limited scope aid code, an individual who is limited scope due to alien status or due to failure to meet Deficit Reduction Act (DRA) requirements for verifying identity or citizenship cannot be in the waiver. Individuals also must meet all standard Medi-Cal eligibility requirements such as California residency and cooperation to be eligible for the waiver. Because an individual must have enough disposable income to provide for the cost of assisted living, all individuals in the AL waiver will have no share-of-cost Medi-Cal.

Eligibility is restricted to one Home and Community Based Service (HCBS) waiver at a time – concurrent enrollment in another HCBS waiver is not allowed.

The AL waiver benefits include:

- Assisted living benefit as rendered by the RCFE setting

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- Assisted living benefit as rendered by a Medi-Cal licensed and certified home health agency in the PSH setting
- Care coordination

2. Referring Agency:

The waiver is operated directly by the DHCS Long-Term Care Division, Monitoring and Oversight Section (MOS). The MOS provides the federal Centers for Medicare and Medicaid Services (CMS) with the assurances that necessary, appropriate, and quality care and other assisted living services are rendered as described in the waiver application. DHCS has also contracted with Care Coordinator Agencies (CCAs) to conduct some aspects of the AL waiver process. Current lists of CCAs are contained in the following website: www.californiaassistedliving.org. This website also contains information about the AL waiver.

3. Referral Process:

This section describes the referral process and although this section addresses AL waiver eligibility determinations, details about how these AL determinations are made are contained in Section 4, "Eligibility Requirements under the AL Waiver". The referral form addressed below is contained in these Procedures.

A. Initial Enrollment Process

- Step 1. Individuals who ask DHCS, a CCA, or AL waiver facilities about enrolling in the AL waiver must be eligible for full scope Medi-Cal (with or without a share-of-cost) before any AL waiver assessments are made by DHCS or CCAs. For purposes of these Procedures, any reference to Medi-Cal or Medi-Cal eligibility assumes that the individual is or will be eligible for full scope Medi-Cal.

If an individual is already on Medi-Cal, the individual will be referred to a Care Coordinator Agency (CCA) who works on behalf of the DHCS by conducting level of care assessments. If an individual is not already a Medi-Cal beneficiary, he/she will be advised to apply for Medi-Cal at his/her county of residence and to then provide a CCA with the results of that determination.

If a county becomes aware of an applicant or beneficiary who wants information about the AL waiver, the county should refer the individual to a CCA (see the website listed in paragraph 2 above for names of CCAs) and for an applicant, must continue to complete the regular Medi-Cal determination.

- Step 2. CCAs conduct the level of care assessment for individuals who already have had a Medi-Cal determination that resulted in either coverage for full scope Medi-Cal (with or without a share-of-cost) or if married, a denial due to excess property. No level of care assessments are made for any others who are ineligible for Medi-Cal or who have not yet had a regular Medi-Cal

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

determination. (Those married individuals who are ineligible due to excess property may turn out to be Medi-Cal eligible under the waiver once AL waiver rules are applied, so the level of care assessment is made.) Note: Such married individuals who would be Medi-Cal eligible once AL waiver rules are applied still must meet the AL Waiver requirement of being eligible for full scope no share of cost Medi-Cal. CCAs provide the results of the assessment to the MOS.

- Step 3. MOS staff review the results of the level of care assessments.
 - (a) If the level of care criteria is not met for an individual, MOS informs the individual that he/she is not eligible for the waiver. There is no referral to any county. The AL waiver process stops.
 - (b) If level of care criteria is met, MOS staff will review what kind of Medi-Cal the individual has and takes the appropriate action described below.
 - (i) If the individual is eligible for regular Medi-Cal without a share-of-cost based on receipt of SSI/SSP, MOS will enroll the individual directly into the waiver and inform the family or CCA to inform the Social Security Administration of the date of the individual's entry into assisted living. There is no referral to any county.
 - (ii) If the individual is not on SSI/SSP, but is eligible for regular Medi-Cal without a share-of-cost, MOS will continue with step 4.
 - (iii) If the individual is eligible for Medi-Cal with a share-of-cost or the individual is married and ineligible for Medi-Cal due to excess property, MOS will continue with step 4.
- Step 4. Because the individual met the level of care criteria, he/she is potentially eligible for AL waiver enrollment but he/she must be eligible for Medi-Cal as previously determined by the county and have enough disposable income to meet the costs of the AL Waiver. **DHCS**, not the counties, will make the determination as to whether an individual has enough disposable income to meet the costs of the AL waiver based on information such as whether the individual is on SSI/SSP, what the individual's notice of action contains, and what information the county supplies on the Assisted Living Waiver Referral form, discussed in step 5 below. On May 1, 2009, this amount is \$1086 which is the same amount as the SSI/SSP maximum total payment level for nonmedical board and care and includes a personal and incidental needs rate of \$125. Note: This amount is subject to change, sometimes more frequently than annually. If there is such a change, it will be published via an All County Welfare Directors Letter as an update to the Pickle program handbook entitled, "SSI/SSP Section 16 Payment Standards".

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Frequently, DHCS/CCAs will refer individuals to the county for another eligibility determination that is to be based on the assumption that the individual is to be enrolled in the AL waiver and will move to an AL waiver facility. For example, there will be some individuals who under regular Medi-Cal have a share-of-cost but could become zero share-of-cost and have increased disposable income under a regular Medi-Cal determination if they were to move to a licensed board and care provider site and have the excess board and care or Petit v. Bonta board and care deduction applied.

In addition, because the waiver has special eligibility provisions as explained later, some individuals who are married, but who have excess property, may be property eligible and thus eligible for Medi-Cal with or without a share-of-cost when these waiver provisions are applied in the eligibility determination.

Therefore, individuals who meet the level of care criteria and who have a share-of-cost or if married, are ineligible due to excess property will be referred back to the county for an AL waiver eligibility determination. MOS will use the AL waiver referral form listed in item 31 Section 19 D VI that has been developed to request that the county welfare department's waiver coordinator conduct another eligibility determination.

- Step 5. The county will complete an AL waiver eligibility determination for the referred individual by determining his/her potential Medi-Cal eligibility/share-of-cost as if the individual were residing in a licensed board and care provider site. Depending on the circumstances of the case, the county may be using regular Medi-Cal rules with a board and care deduction or may be using AL waiver provisions. If the referred individual is already a Medi-Cal beneficiary, the county will need to redetermine the individual's potential Medi-Cal eligibility/share-of-cost as if he/she were residing in a licensed board and care provider site unless the county already made a determination based on this living arrangement. See "Eligibility Requirements under the AL Waiver" below for detailed instructions on making this determination under AL waiver rules.

The county shall complete the section of the AL waiver referral form dealing with potential Medi-Cal eligibility/share-of-cost and return it to the DHCS MOS by mail, fax or email.

Important: Because MOS will need to determine whether an individual has sufficient disposable income to enroll in the AL waiver, the county must include the net nonexempt income calculation on the referral form.

- Step 6. If the individual would be eligible for Medi-Cal based on enrollment into the AL waiver, MOS will again determine whether the individual has sufficient disposable income to be enrolled into the waiver based on the county's no share-of-cost/share-of-cost determination. If the individual is ineligible due to excess

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

property even after AL waiver rules are applied, MOS will not enroll the individual because he/she is not Medi-Cal eligible.

- (a). If MOS determines that the individual is to be enrolled in the waiver, the MOS and the individual will determine the date of the individual's enrollment and when he/she will enter an AL waiver provider site. MOS will provide this information to the county via the referral form. The county will make any needed changes to eligibility based on this information, will report any eligibility changes as of the first of the month of residence in the AL provider site, and will issue an appropriate AL waiver approval notice of action, e.g., if there are changes to the individual's current Medi-Cal eligibility that was determined under regular Medi-Cal rules.
- (b). If MOS determines that the individual is not going to be enrolled in the AL waiver, MOS will inform the individual and will also provide the county with the reason. If the reason is based on a county determination of ineligibility due to excess property or insufficient disposable income based on the county's determination of net nonexempt income, the county must provide a notice of action stating that the individual is not eligible for the AL waiver and must include the income/property determination as appropriate, even if there are no changes to the individual's current regular Medi-Cal eligibility. Please see Section 6 Notices of Action for more information.

B. Ongoing process

If an individual's enrollment in the AL waiver is to end, the MOS will send this information to the county via the referral form. The county will need to redetermine Medi-Cal for the individual without applying waiver provisions. The county may also need to determine whether the individual will remain living in an assisted living provider site in making this determination.

If, at any time, the county determines that an individual's eligibility has changed, the county must provide this information to MOS via the referral form. For example, if an individual in the waiver has benefits reduced from full scope to limited scope due to DRA requirements, the county must notify MOS via the referral form of this change. MOS will inform the individual that he/she is no longer eligible for the waiver.

4. Eligibility Requirements under AL Waiver rules

At this point in the process, the county should already have completed a regular Medi-Cal determination of ineligibility or eligibility with or without a share-of-cost. The purpose of a new eligibility determination is to see whether an individual who is likely to enroll in the AL waiver and who has a share-of-cost or if married is ineligible due to excess property under regular Medi-Cal would be

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

eligible for Medi-Cal without a share-of-cost based on potential enrollment into the AL waiver and a move to an AL waiver provider site.

Either one or two eligibility determinations will have to be made. That is, first using the hierarchy applicable in determining eligibility for regular Medi-Cal, the county shall determine whether the individual is eligible for a no share-of-cost full scope Medi-Cal program using regular Medi-Cal rules with the assumption that the individual will be living in an AL waiver provider site. At this stage of the eligibility determination, the potential waiver individual is not considered institutionalized nor do spousal impoverishment rules apply if he/she is married. If there is no share-of-cost eligibility, the county will report the waiver individual in that program's aid code as of the first of the month in which he/she moves to the AL waiver provider site. Then, if there is no eligibility for a no share-of-cost program using regular Medi-Cal rules, the county will redetermine eligibility using the AL waiver rules described below as appropriate.

The following AL waiver provisions apply in this AL eligibility determination.

- (a) The applicant is treated as if he/she were institutionalized for purposes of deeming and determining the amount of income and property the waiver applicant has. This means the following:
 - 1. The individual is in his/her own MFBU. If other family members wish to be aided, the waiver individual is still treated similarly to a family member not living in the home.
 - 2. Only the individual's own income and property are used to determine his/her financial eligibility after the methodology specified in (b) and (c) below is applied.
- (b) Income methodology when applying institutional and spousal impoverishment rules.

If the waiver individual is married, "name on the check" rule applies. That is, the owner of the income is the one named as its recipient. Community income is equally divided between the spouses. There is no deeming of income from the non-waiver spouse to the waiver spouse.

- (i) Apply the standard deductions applicable to an aged or disabled individual such as the \$20 any income deduction.
- (ii) Deduct the greater of (1) the amount of unavailable income pursuant to Title 22, Section 50515(a)(3) referred to as the "excess board and care deduction") or (2) the \$315 Petit v. Bonta deduction for personal care services.

Two Important Factors:

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Background: According to Section 50515(a)(3), unavailable income includes that portion of monthly income of a medically needy person residing in a licensed board and care facility which is both: (A) Paid to the facility for residential care and support and (B) In excess of the appropriate maintenance need level in accordance with in Section 50603. The AL eligibility determination at this point is only a potential determination – what would happen if an individual were enrolled in the AL waiver and moved to an AL facility. There are two issues. First, no amount has actually been paid to the facility yet and secondly, some individuals are having their potential eligibility determined under programs other than the Medically Needy program. Therefore, the following provisions are to be used when applying Section 50515(a)(3).

- The amount to be used as the amount paid to the licensed board and care facility is the AL facility rate as determined as follows.

The SSI/SSP maximum total payment for nonmedical board and care is contained in Section 16-Payment Standards in the Pickle Handbook.

Although the SSI/SSP maximum total payment level for nonmedical board and care is used by DHCS to determine whether an individual has enough disposable income to be enrolled in the AL waiver, this amount contains a personal and incidental needs rate. (For example, on May 1, 2009, the nonmedical board and care rate is \$1086 and the personal and incidental needs rate ranges from a minimum of \$125 to a maximum of \$220.

The personal and incidental needs rate is retained by the individual and is not paid to the facility and is not included in determining the excess board and care deduction. However, at this point in the income determination, it is not known whether the individual will retain the minimum or maximum personal and incidental needs rate. Therefore, for ease of administration, counties are to assume the waiver individual is retaining only the minimum personal and incidental needs allowance. For example, on May 1, 2009, the counties would assume the individual will retain \$125 for personal needs and incidentals.

AL facility rate defined: The difference between the SSI/SSP nonmedical board and care payment level and the minimum personal and incidental needs rate is defined for purposes of the AL waiver as the AL facility rate. Therefore, as of May 1, 2009, the AL facility rate to be used is \$ 961 (\$1086 - \$125).

- The deduction specified in Section 50515(a)(3) also applies (if it is greater than the Petit deduction) when determining income eligibility for the Aged and Disabled FPL program. In that situation, the excess board and care deduction would be the difference between the AL waiver

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

facility rate and the effective income standard for one for the A&D FPL program (the greater of 100 percent of the FPL plus \$230 or the SSI/SSP payment standard).

- (iii) Apply any applicable earned income deductions such as the \$65 and $\frac{1}{2}$.
- (iv) Deduct any health insurance premium payments.
- (v) Deduct court ordered child support or spousal support.
- (vi) Apply any deductions or disregards applicable to the specific program for which the individual is being evaluated, for example, the \$230 disregard applicable in the Aged and Disabled FPL program. Note that this \$230 deduction is not applicable in the situation where the county is evaluating the individual for any program other than the Aged and Disabled FPL program.
- (vii) Deduct the regular income standard/maintenance need income level for the program for which the individual is being evaluated, (for example, on April 1, 2009, the income limit for the Aged and Disabled FPL program is \$1133 (100 percent of the FPL plus the \$230 standard disregard because it is greater than the SSI/SSP payment level for one.
- (viii) Deduct the amount pursuant to the spousal impoverishment provision for allocating income to the community spouse or family member if applicable. For example, the waiver individual may allocate the maximum spousal income allocation to the spouse up to the limit for the spouse at home or may allocate a lesser amount.

If there is no remaining income, the individual is eligible for no share-of-cost Medi-Cal under AL waiver provisions and the individual would be reported in aid code 14 or 64 when the individual is enrolled in the AL waiver and enters an AL waiver facility.

- (c) Property methodology when applying institutional and spousal impoverishment rules

There are no changes from the provisions applied in a regular Medi-Cal determination except that spousal impoverishment provisions for property apply. The property of both spouses is treated just as if the waiver applicant were an institutionalized individual. The non waiver spouse may retain the community spouse resource allowance which is the greatest of the following:

- the standard amount
- an amount established by fair hearing
- an amount established by court order.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

The spouse deemed to be institutionalized can retain another \$2000 of countable property. The full spousal impoverishment process is contained in ACWDL 90-01, except that the transfer of property penalties contained in that letter do not apply to individuals in the AL waiver.

(d) Disability Determination

As stated in the description of the waiver, an individual must either be aged or disabled to be in this waiver. If an individual requests a disability determination or needs such a determination for waiver eligibility, counties must follow all applicable regulations and procedures to ensure that such a disability determination is made. An individual determined to be presumptively disabled is disabled.

5. Aid Codes

Aid codes are being developed for this AL waiver to more easily identify AL waiver enrollees. During the AL waiver pilot, an individual who was eligible for no share-of-cost Medi-Cal by using AL waiver rules and was enrolled in the waiver was placed in aid code 14 if aged or 64 if disabled. Until the new aid codes are operational, counties shall report an individual who is eligible for no share-of-cost Medi-Cal by using AL waiver rules and is enrolled in the waiver in aid code 14 if aged or 64 if disabled.

6. Notices of Action

As described above, individuals wishing to enroll into the AL waiver must have had a Medi-Cal determination using regular Medi-Cal rules before being evaluated for enrollment into the AL waiver by DHCS. Such individuals would have then already received a regular Medi-Cal notice of action.

If an individual is to move into an AL waiver provider site and is then eligible using regular Medi-Cal rules, the county shall use a regular Medi-Cal notice of action.

However, if eligibility/ineligibility is based on use of special AL rules such as institutional deeming rules and spousal impoverishment provisions, two new notices of action have been developed that counties must use depending upon the circumstances of the case.

These notices are listed in items 28 and 29 in 19 D VI Forms, Notices and Brochures. In addition, we have developed a third notice in the unlikely event that the county is determining initial Medi-Cal eligibility under AL waiver rules. Copies of the English version of these three notices are on pages 19 D 57.1, 19 D 57.2, and 19 D 57.3. Translations in the threshold languages (as they become available) will be on the DHCS website at <http://www.dhcs.ca.gov/formsandpubs/forms/Pages/MCEBForms.aspx>.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Note that individuals who do not meet screening criteria, level of care criteria, or do not have sufficient disposable income to meet the costs of assisted living as determined by DHCS will be informed by the DHCS that they are not being enrolled into the waiver.

7. Examples

Example 1.

An aged/disabled individual has just moved to an assisted living provider site that is also a licensed board and care provider site. The facility is not an AL waiver facility and the facility costs are \$900. The individual wants to apply for the AL waiver because of the waiver services. He contacts a Care Coordinator Agency (CCA) that tells him he must first apply for Medi-Cal. He contacts his county department of social services for a regular Medi-Cal determination.

The individual has never been on SSI so there is no Pickle determination. He has no property. The county reviews his eligibility for the A&D FPL program. The county makes the following determination based on his gross income of \$2281. Assume the effective income limit for the A&D FPL program is \$1133. Assume that the AL facility rate is \$ 961.

1. The county first determines regular eligibility for the A&D FPL program while the individual is in the assisted living (licensed board and care) provider site. Assume the effective income limit for the A&D FPL program is \$1133. The excess board and care deduction pursuant to Title 22 Section 50515(a)(3) is \$0 (\$ 900 facility rate - \$1133). The \$315 Petit deduction is used in the A&D FPL income determination because it is the larger amount. Note: Although the A&D FPL program does not apply to an individual in long term care, the waiver individual is not actually in LTC so he/she may be evaluated for the A&D FPL program.

Applicant's income	\$ 2281
Any income deduction	- <u>20</u>
	\$ 2261
Disregard unavailable income pursuant to Petit	- <u>315</u>
Net nonexempt income	\$ 1946

The applicant is ineligible for the A&D FPL program under regular rules because his/her net nonexempt income exceeds \$1133. Assume he is ineligible for all other no share-of-cost Medi-Cal programs but would have a share-of-cost under regular Medi-Cal rules. The county issues a regular Notice of Action that the individual provides to the CCA. The CCA sends the referral notice to the county and requests an eligibility determination as if the individual were enrolled in the AL waiver and moved to an AL facility site.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

2. The county then considers his eligibility as if he were in the AL waiver. Assume the AL facility rate is \$961 (\$1086 - \$125, the difference between the SSI/SSP nonmedical board and care payment level and the minimum personal and incidental needs rate). The county first considers his eligibility for no share-of-cost programs, but he is ineligible. The county then considers him for the ABD-Medically Needy (ABD-MN) program as if he were in an AL facility. Note that the Petit deduction of \$315 is less than the \$361 deduction for unavailable income pursuant to Title 22, Section 50515(a)(3) (\$961 AL waiver facility rate-\$600 MNIL).

Applicant's income	\$ 2281
Any income deduction	- <u>20</u>
	\$ 2261
Disregard for unavailable income	- <u>361</u>
(Note that this income makes him ineligible for any no cost program	\$ 1900
Maintenance Need Income Level	- <u>600</u>
Share-of-cost	\$ 1300

Because the individual is unmarried, there are no AL waiver income provisions that would reduce his income and share-of-cost. The county returns the AL referral form to DHCS/CCA with this information. The CCA will screen the individual for the AL Waiver. We do not consider the share-of-cost amount available to meet costs of assisted living under the AL waiver (the SSI/SSP nonmedical board and care rate). This means that the individual has only \$981 disposable income (\$20 + \$361 + \$600) disposable income which is less than the SSI/SSP nonmedical board and care costs. The CCA/MOS staff informs the individual that he/she does not sufficient disposable income to meet the costs of assisted living under the waiver and that he/she will not be enrolled. The CCA/MOS staff also returns the referral form to the county with this information. The county sends the individual the notice of action "Denial of Enrollment in the Assisted Living Waiver and/or Medi-Cal".

Example 2.

An aged/disabled husband wants to move from the home he and his wife are living in, to live in an assisted living provider site that is also a licensed board and care provider site. His spouse will remain in their home. Neither is on Medi-Cal, but the husband wants to apply for the AL waiver and he contacts a CCA. The wife does not want Medi-Cal. The CCA tells the husband to apply for Medi-Cal and provide them the results.

The husband applies for Medi-Cal and the county makes the determination based on the following. Assume the husband has \$871 from Social Security and his wife has \$1509 in her name. The couple receives \$820 income in both of their names. The county determines that the \$820 is from community property and that the originating documentation does not specify an amount for each. Therefore, the county divides the \$820 equally between the spouses so each is considered to

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

have \$410. The husband has \$1281 of income and the wife has \$1919. They have \$111,560 in community property. The husband pays a \$100 monthly conservator fee that meets Medi-Cal rules for such a deduction and an \$81 health insurance premium.

The county determines that he has never been on SSI/SSP so he would never be eligible for Pickle. Furthermore, he is not eligible for any Medi-Cal program due to excess property. The county sends him a denial notice of action. The husband provides his notice of action to the CCA. The CCA screens the individual. Assume he meets the screening criteria so that the CCA sends the AL waiver referral form to the county asking for an eligibility determination using AL waiver rules as appropriate. Assume the AL waiver facility rate is \$961.

The county then completes the husband's income and property determination using AL waiver rules based on the supposition that the husband will be moving to a licensed AL waiver board and care provider site. Note that if there had been eligibility using regular rules, the county would not have needed to apply AL waiver spousal impoverishment. Assume the effective A&D FPL income standard for one is \$1133. The excess board and care deduction is \$0 (\$961 AL waiver facility rate - \$1133). Therefore, the income determination includes the \$315 disregard pursuant to the Petit deduction because it is larger.

The husband is treated as if he were institutionalized for purposes of determining his own income and property so if the husband were treated as if he were in long-term care, there would be no income deemed from the spouse at home.

1. Income eligibility/share-of-cost determination

The county determines the husband's income eligibility under AL waiver rules for the A&D FPL program. Note: Because the husband is treated as if he were institutionalized for determining his own income and there is no income deemed from the spouse, the AL waiver rules supersede the regular Medi-Cal rules and there is no deduction given for the maintenance need income level of the spouse as there would be under regular Medi-Cal rules. Assume the Minimum Monthly Maintenance Need Allowance (MMMNA) is \$2739. The husband may allocate up to \$820 to his wife (\$2739 MMMNA - \$1919, the wife's income).

Waiver applicant husband's income	\$ 1281
Any income deduction	- 20
Unavailable income deducted pursuant to <u>Petit</u>	- 315
Amount deducted for conservator fee	- 100
Amount deducted for health insurance premium	- 81
Remainder	\$ 765
Allocation to wife pursuant to spousal impoverishment	- 765
Net nonexempt income	\$ 0

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

The husband will meet the income requirement for the A&D FPL program using AL waiver rules once he moves to an AL waiver provider site because his income is less than \$1133.

2. Property determination:

The county determines whether the husband meets the property limit of \$2000 for the A&D FPL program applying the spousal impoverishment provision allowed under the terms of the AL waiver. The couple's total property is \$111,560. Assume the community spouse resource allowance is \$109,560 and the husband transferred \$109,560 to his wife by the end of the CSRA transfer period. His remaining property would be \$2000 and he meets the property limit.

- The husband meets both the A&D FPL income limit and the property limit using AL waiver provisions. He therefore is eligible for the A&D FPL program and eligible for no share-of-cost full scope Medi-Cal using AL waiver rules. The county will return the AL referral form to the CCA with the income calculation and information that the husband will be eligible for Medi-Cal with no share-of-cost using AL waiver rules.

The CCA determines that the husband does not have sufficient income to pay for assisted living under the AL waiver. If he continues paying the \$100 conservator fee and the \$81 health insurance premium, he would have \$1100 (\$1281-\$181), but if he pays the \$765 MMMNA, he would have only \$335. Assume the CCA discusses this with the husband and his family and the family agrees to pay the AL facility the difference between its AL facility rate and the amount the husband can pay the facility. (Note: The husband will continue to get the MMMNA spousal allocation deduction even if his wife is the one who agreed to use her allocation to pay the facility because we do not monitor how a community spouse uses her income including the allocation.) Assuming that the husband will be enrolled in the AL waiver, the CCA will inform the county of the husband's enrollment into the AL waiver and his expected date of entry into assisted living. The county provides the husband with the notice of action, "Approval of Enrollment in Assisted Living Waiver and Initial Medi-Cal ". The county will report his eligibility under aid code 64 for that month.

E. DHS Acquired Immune Deficiency Syndrome (AIDS) Waiver

1. Description

The AIDS Medi-Cal Waiver Program (MCWP) is limited to persons with a symptomatic Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) with symptoms related to HIV disease who would otherwise require nursing facility or hospital level of care. Services provided include case management, skilled nursing, attendant care, psycho-social counseling, non-emergency medical transportation, homemaker services, specialized medical equipment and supplies, minor physical adaptations to the

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

home, a limited supplement for infants and children in foster care, nutritional supplements/home delivered meals.

The Office of AIDS contracts with MCWP projects to implement the program at the local level and provide interdisciplinary comprehensive nurse and social work case management services. The case managers at these local Waiver agencies initiate and oversee the process of assignments, care plan development, service arrangement, ongoing monitoring and reassessments of a client's needs. To arrange for services, case management staff must first explore support that might be available through family, friends, and the volunteer community. They then review existing publicly funded services and make direct referrals whenever possible. If needed services are not available through these resources, the case manager can authorize the purchase of services from MCWP funds. Referrals to the MCWP come from a variety of sources including, but not limited to, local county agencies, social service and aging organizations, hospitals, home care agencies, and a variety of other community-based groups.

2. Referring Agency: Local AIDS MCWP projects

MCWP projects will refer applicants to the county for determination of Medi-Cal eligibility. An individual must be a Medi-Cal beneficiary prior to enrollment in the AIDS MCWP.

3. Eligibility

The individual must be eligible for full scope benefits and meet all regular Medi-Cal eligibility. No special Medi-Cal income, property or institutional deeming rules apply. If the applicant is living in the home, he/she is not in a separate MFBU from his/her parent/spouse.

V. GENERAL PROCESSING INFORMATION

A. Notices of Action (NOA)

All waiver applicants should receive a NOA approving or denying Medi-Cal eligibility. The county will send a NOA to the applicant and a copy to the appropriate State referring agency, MSSP site or Regional Center. The MSSP, IHO, and DDS waiver applicants and beneficiaries have special NOAs. The MCWP projects also sends out a special NOA. Copies of these NOA's are included in these procedures.

B. Beginning Date of Waiver Eligibility

The effective date of Medi-Cal coverage for applicants of a waiver where the waiver has special eligibility rules should be the date the following two requirements are met:

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

1. The referring agency determines that it is medically appropriate for the waiver applicant to be in that waiver, and
2. The county determines that the waiver applicant meets the Medi-Cal eligibility requirements under that waiver.

Counties should contact IHO, the MSSP contact person, or the Regional Center to determine the effective date unless it is indicated on the referral form. NOTE: Retroactive eligibility rules as stated in Section 50710 of the California Code of Regulations remain in effect except for the MSSP Waiver.

- C. There may be waiver persons requesting In-Home Supportive Services (IHSS). The IHSS residual component does not waive parental income and resources of parents or use spousal impoverishment rules; therefore, it is unlikely that the beneficiary will be eligible. Counties may refer these persons to the PCSP component of IHSS; however, a parent or spouse may not be the provider of services.
- D. Annual Redetermination

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

The county shall redetermine eligibility as required by section 50189. Only information about the waiver beneficiary is required. Counties should check with IHO, the MSSP contact, or the referring Regional Center at the yearly determination to verify that the waiver beneficiary is still medically eligible for the waiver unless there is an agreement that the agency will notify the county if a beneficiary is no longer eligible for the waiver.

E. Medi-Cal Family Budget Unit (MFBU)

Persons in the MSSP, HCBS, and DDS waivers are in their own MFBU. Spousal Impoverishment rules apply. Since the waiver person is in his/her own MFBU, the maintenance need or income limit for the waiver person is based on a family size of one for the appropriate program rather than the \$35 personal needs allowance. If there are multiple persons in the same household applying for these waivers, each person is in his/her own MFBU. If other family members are applying for or are receiving regular Medi-Cal, the IHO, MSSP, or DDS waiver applicant/beneficiary should be treated similar to public assistance (PA) recipients, e.g., they are not in the MFBU with other family members; however, they may be used to link other family members. Persons applying for the other waivers that do not use special eligibility rules are considered part of the household if they are determined to be living in the home; therefore, regular Medi-Cal MFBU rules apply. NOTE: if it is more beneficial for the person to be in the MFBU with the other family members, the waiver applicant may choose not to be in the waiver and to be determined under regular Medi-Cal rules. The county should notify the referring agency of the decision.

F. SSI Personal Needs Allowance (PNA)

Effective June 1, 1990, federal law began allowing a former institutionalized SSI child the same personal needs allowance (PNA) as an institutionalized SSI child as long as the non-institutionalized child is in a home and community-based waiver. Because the Social Security Administration (SSA) needs to confirm that such a child is in a waiver before the PNA can begin or that such child remains in a waiver for the PNA to continue, counties may be requested to verify such information at the time waiver coverage begins and then at the SSA redetermination. Since such information is confidential, counties must first have permission from the child's parent or from another appropriate adult before releasing this information to SSA. The DHS 7071 form was developed to secure this parental consent and may be used to release this information to SSA.

Although DHS has developed a system to allow the waiver aid code to continue, counties should be aware that in some cases (depending on how SSA enters the information), when the waiver beneficiary begins receiving the PNA, MEDS will convert the waiver aid code to an aid code of 60. If this occurs and the waiver person is still living in the home and is not eligible for a regular SSI payment, counties should contact DHS so this may be corrected.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

G. Quality Control

Counties should indicate that a special income and resource determination was used when determining eligibility for persons in the IHO, MSSP, and DDS waivers to prevent confusion when persons such as Quality Control review the file. A copy of the DDS or CDA referral form or IHO notice should also be in the file.

VI. FORMS, NOTICES, AND BROCHURES

1. Department of Developmental Services Waiver Referral Form (DHS 7096)
2. Spanish DDS Waiver Referral Form (DHS 7096 SP)
3. Medi-Cal Waiver Information and Authorization [formerly called the “SSI Payments for Disabled Children Living at Home” (DHS 7071)
4. Approval Notice of Action for the DDS Waiver (MC 341)
5. Spanish Approval Notice of Action for the DDS Waiver (MC 341 SP)
6. Denial or Discontinuance Notice of Action for the DDS Waiver (MC 342)
7. Spanish Denial or Discontinuance Notice of Action for the DDS Waiver (MC 342 SP)
8. Regional Center Contacts
9. Department of Developmental Services Brochure
10. IHO Waiver Medi-Cal Eligibility Notice for all Applicants Except Los Angeles County (Number 1)
11. IHO Waiver Medi-Cal Eligibility Notice for Los Angeles County Applicants (Number 2)
12. IHO Waiver to inform a DDS Waiver Beneficiary of a Change to the HCBS Waiver (Number 3)
13. Approval Notice of Action for the IHO Waiver (MC343)
14. Spanish Approval Notice of Action for the IHO Waiver (MC 343 SP)
15. Denial or Discontinuance Notice of Action for the IHO Waiver (MC 344)
16. Spanish Denial or Discontinuance Notice of Action for the IHO Waiver (MC 344 SP)
17. In-Home operations Brochures
18. AIDS Medi-Cal Waiver Program Notice of Action (MCWP2)
19. Spanish AIDS Medi-Cal Waiver Program Notice of Action (MCWP2 SP)
20. MSSP Site Roster
21. MSSP Contact Names
22. MSSP Approval Notice of Action (MC 365)
23. Spanish MSSP Approval Notice of Action (MC 365 SP)
24. MSSP Denial or Discontinuance of Benefits (MC 366)
25. Spanish MSSP Approval Notice of Action (MC 366 SP)
26. California Department of Aging Waiver Referral Form (MC 364)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

27. County Waiver Contacts
28. Approval of Enrollment in Assisted Living Waiver with Medi-Cal Changes for Beneficiary (MC 240)
29. Denial of Enrollment in Assisted Living Waiver and/or Medi-Cal (MC 242)
30. Approval of Enrollment in Assisted Living Waiver and Initial Medi-Cal (MC 241)
31. Assisted Living Waiver Referral Form

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

DEPARTMENT OF DEVELOPMENTAL SERVICES WAIVER REFERRAL

COUNTY USE ONLY	
Case name	Case number
Worker name	Worker number

CALIFORNIA REGIONAL CENTER—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 ()	
Parent/Guardian (if applicable)			
Address of parent/guardian (if different)	City	State	ZIP code

STATUS

- New Medi-Cal applicant.
- Currently receives Medi-Cal with a share of cost. Reevaluate under special institutional deeming rules.

LIVING ARRANGEMENT

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

This is to certify that the individual named above has met the admission criteria for an intermediate care facility for the developmentally disabled as defined in the California Health and Safety Code, Chapter 2, Section 1250.

Signature of Regional Center contact person

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

NOTE TO COUNTY: The eligibility determination waives parental and spousal income and resources even if the applicant lives in the home. See Section 19D of the Medi-Cal Eligibility Procedures Manual. If the applicant/beneficiary is entitled to zero share of cost Medi-Cal under regular eligibility rules, no waiver is required.

Please send a copy of the Notice of Action to the Regional Center when the determination is completed.

White: County copy

Yellow: Regional Center Copy

DHS 7096 (7/99)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

ENVÍO A PROGRAMAS ESPECIALES DEL DEPARTAMENTO QUE PROPORCIONA SERVICIOS A PERSONAS CON INCAPACIDADES ADQUIRIDAS AL NACER O DURANTE EL DESARROLLO

COUNTY USE ONLY	
Case name	Case number
Worker name	Worker number

CENTRO REGIONAL DE CALIFORNIA—Por favor, llene esta parte y envíela a la persona encargada de programas especiales del condado.

Nombre del/de la solicitante			
Dirección (número, calle)	Ciudad	Estado	Código postal
Número de Seguro Social	Fecha de nacimiento	Teléfono ()	
Padre/Madre/Tutor(a) legal (si es pertinente)			
Dirección del padre/madre/tutor(a) legal (si es diferente)	Ciudad	Estado	Código postal

SITUACIÓN

- Nuevo(a) solicitante de Medi-Cal.
 Actualmente recibe Medi-Cal con una parte del costo. Volver a evaluar conforme a reglas institucionales especiales consideradas.

ARREGLOS DE VIVIENDA

- El/la solicitante vive actualmente en una instalación. Por favor determine la elegibilidad de Medi-Cal basándose en su regreso previsto al hogar. Fecha prevista para que se le dé de alta _____.
- El/la solicitante vive actualmente en el hogar.
- Otro: _____

Esto es para certificar que el individuo mencionado anteriormente ha cumplido con los requisitos de ingreso a un centro de convalecencia para personas con incapacidades adquiridas al nacer o durante el desarrollo, según se define en la sección 1250, capítulo 2, del Código de Seguridad y Salud de California.

Firma de la persona encargada del Centro Regional

Nombre en letra de molde de la persona encargada del Centro Regional	Título	Teléfono ()	
Dirección del Centro Regional (número, calle)	Ciudad	Estado	Código postal

NOTA AL CONDADO: La determinación de elegibilidad posterga el ingreso y los recursos paternos/maternos y conyugales, aun si el/la solicitante vive en el hogar. Vea la sección 19D del Manual de Procedimientos de Elegibilidad de Medi-Cal. Si el/la solicitante/beneficiario(a) tiene derecho a Medi-Cal sin parte del costo conforme a las reglas regulares de elegibilidad, no se requiere ninguna postergación.

Por favor, envíe una copia de la Notificación de Acción al Centro Regional cuando se complete la determinación.

White: County copy

Yellow: Regional Center Copy

DHS 7096 (SP) (7/99)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

MEDI-CAL WAIVER INFORMATION AND AUTHORIZATION

COUNTY USE ONLY	
Case name	Case number
Worker name	Worker number

Parent/Guardian: If your child was receiving Supplemental Security Income (SSI) payments while in an institution, is under 18 years of age, is now receiving Medi-Cal benefits, is now living at home, and is currently in a home- and community-based waiver program, he/she may be eligible to receive a monthly SSI personal needs payment. Please complete this portion of the form and forward to the County Waiver Person if your child is in a Medi-Cal In-Home Operations or Developmental Services Waiver. For other waivers, forward this form to the State of California, Department of Health Services, Medi-Cal Eligibility Branch, Mail Station 4608, P.O. Box 997413, Sacramento, CA 95899-7413. After the County or State has verified that your child is in a Medi-Cal waiver, submit this form to the Social Security Administration for a determination. SSA will continue to contact the County or State each year prior to continuing the personal needs payment.

Name of child

Address (number, street)	City	State	ZIP code
Social Security number	Date of birth	Telephone ()	

Parent/Guardian

Address of parent/guardian (if different)	City	State	ZIP code
---	------	-------	----------

Type of waiver

I, the parent or guardian of the above child, authorize the County of _____ or the State of California to disclose to the Social Security Administration information about the above child's status in the Medi-Cal home- and community-based waiver program.

Signature	Date
-----------	------

COUNTY DEPARTMENT OF SOCIAL SERVICES: Please verify that the above child is currently receiving Medi-Cal benefits at home and is receiving services under the Model or DDS waiver.

I certify that the above named child is receiving Medi-Cal benefits under one of the following home- and community-based waivers:

- Medi-Cal In-Home Operations Waivers Nursing Facilities Waiver (Parental income and resources do not apply.)
- Developmental Services Waiver (Parental income and resources do not apply.)

Signature of county authorizing person

Printed name	Title	Telephone ()	
County address (number, street)	City	State	ZIP code

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES: Please verify that the above child is currently receiving Medi-Cal benefits and receiving waiver services.

Signature of state authorizing person

Printed name	Title	Telephone ()	
State address (number, street)	City	State	ZIP code

White: Parent copy

Yellow: County copy

DHS 7071 (1/04)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

**MEDI-CAL
NOTICE OF ACTION**
Department of Developmental Services
Waiver
Approval for Benefits

[]

[]

(COUNTY STAMP)

[]

[]

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

The Department of Developmental Services Waiver program is limited to developmentally disabled persons who live at home and meet the admission criteria for an intermediate care facility for the developmentally disabled.

- You are eligible for this program at no cost.
- You are eligible for this program with a monthly share-of-cost of \$ _____.

Please notify your worker if there are any changes in your medical condition, living situation, income, or property.

Always present your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. **DO NOT THROW AWAY YOUR BIC.**

The regulation which requires this action is California Code of Regulations, Title 22, Section 51346.

cc: Regional Center

PLEASE READ THE REVERSE SIDE OF THIS NOTICE.

MC 341 (8/02)

SECTION NO.: 51346

MANUAL LETTER NO.: 291

DATE: 09/03/04 19D-18

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

**NOTIFICACIÓN DE ACCIÓN
DE MEDI-CAL**
**Aprobación de la Extensión de Beneficios
del Departamento de Servicios para Personas
con Incapacidades Adquiridas al Nacer o
Durante el Desarrollo**

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

El programa de Extensión de Beneficios del Departamento de Servicios a Personas con Incapacidades Adquiridas al Nacer o Durante el Desarrollo se limita a personas incapacitadas, desde el punto de vista del desarrollo, que viven en el hogar, y que cumplen con los criterios de ingreso de un centro de convalecencia de cuidados intermedios para las personas incapacitadas desde el punto de vista del desarrollo.

- Usted reúne los requisitos para este programa sin costo alguno.
- Usted reúne los requisitos para este programa con una parte del costo mensual de \$ _____.

Por favor, notifique a su trabajador(a), si hay algún cambio en su condición médica, situación de vivienda, ingresos o bienes.

Siempre presente su Tarjeta de Identificación de Beneficios (*BIC*) a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. **NO TIRE SU BIC.**

La regulación que exige esta acción es la Sección 51346, del Título 22, del Código de Regulaciones de California.

cc: Centro Regional

POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACIÓN.

MC 341 (SP) (8/02)

SECTION NO.: 51346

MANUAL LETTER NO.: 291

DATE: 09/03/04 19D-19

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

**MEDI-CAL
NOTICE OF ACTION**
Department of Developmental Services
Waiver
Denial or Discontinuance of Benefits

(COUNTY STAMP)

--	--

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

The Department of Developmental Services Waiver program is limited to developmentally disabled persons who live at home and meet the admission criteria for an intermediate care facility for the developmentally disabled.

- Your benefits under this program will be discontinued effective the last day of _____.
- Your application date of _____ is denied.

Here is/are the reason(s) why:

- Your property is over the limit of _____.
- The regional center has informed us that you are no longer eligible for waiver services.
- You are now living in a community care facility.

You will receive another notice if you are eligible for another Medi-Cal program.

DO NOT THROW AWAY YOUR PLASTIC BENEFITS IDENTIFICATION CARD (BIC). You can use it again if you become eligible or are eligible for another Medi-Cal program.

The regulation which requires this action is California Code of Regulations, Title 22, Section 51346.

cc: Regional Center

PLEASE READ THE REVERSE SIDE OF THIS NOTICE.

MC 342 (8/02)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL

**Negación o Descontinuación de la Extensión de
Beneficios del Departamento de Servicios a
Personas con Incapacidades Adquiridas al
Nacer o Durante el Desarrollo**

[]

[]

(COUNTY STAMP)

[]

[]

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

El programa de Extensión de Beneficios del Departamento de Servicios a Personas con Incapacidades Adquiridas al Nacer o Durante el Desarrollo se limita a personas incapacitadas desde el punto de vista del desarrollo, que viven en el hogar y que cumplen con los criterios de ingreso de un centro de convalecencia de cuidados intermedios para las personas incapacitadas desde el punto de vista del desarrollo.

Sus beneficios bajo este programa se descontinuarán a partir del último día de _____.

Su fecha de solicitud del _____ se niega.

A continuación se le da(n) la(s) razón(es):

Sus bienes están por encima del límite de _____.

El centro regional nos ha informado que usted ya no reúne los requisitos para los servicios de extensión.

Usted ahora vive en un establecimiento de cuidado en la comunidad.

Usted recibirá otra notificación, si usted reúne los requisitos para otro programa de Medi-Cal.

NO TIRE SU TARJETA DE IDENTIFICACIÓN DE BENEFICIOS DE PLÁSTICO (BIC). Usted puede usarla de nuevo si reúne los requisitos para otro programa de Medi-Cal.

La regulación que exige esta acción es la Sección 51346, del Título 22, del Código de Regulaciones de California.

cc: Centro Regional

POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACIÓN.

MC 342 (SP) (8/02)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

December 1, 2003

CONTACTS FOR REGIONAL CENTERS 360 - 380

REGIONAL CENTER	MEDICAID WAIVER COORDINATOR	ALTERNATE MEDICAID WAIVER COORDINATOR
360 FRANK D. LANTERMAN REGIONAL CENTER 3303 Wilshire Boulevard, Suite 700 Los Angeles CA 90010	Ardis Adrian, R.N. (213) 383-1300 X 746 (213) 383-6526 (FAX) ardis.adrian@lanterman.org	Grace Kotchouian, R.N. (213) 383-1300 Sylvia Flores (213) 383-1300 X 706
361 GOLDEN GATE REGIONAL CENTER 120 Howard Street, Fourth Floor San Francisco, CA 94105-1848	Candace Sultan, R.N. (415) 546-9222 X 400 candacepge@aol.com	Carla Kania, R.N. (415) 546-9222 X 200 (415) 546-1910 (FAX)
362 SAN DIEGO REGIONAL CENTER 14355 Ruffin Road, suite 205 San Diego, CA 92123-1648	Carol Jean Thomas, QMRP (858) 576-2985 cjthomas@sdrc.org	Roy Carroll, QMRP (858) 576-2992 (858) 496-4327 (FAX)
363 FAR NORTHERN REGIONAL CENTER 1377 East Lassen Avenue Chico, CA 95973	Mary McCart, QMRP (530) 895-8633 mmccart@farnorthernrc.org	Tamara Panther (530)222-8795 X 3360 P.O. Box 492418 Redding, CA 96049 (530) 895-1501 (FAX)
364 ALTA CALIFORNIA REGIONAL CENTER 2135 Butano Drive Sacramento, CA 95825	Peggy Ann Feldt, RNMS, QMRP (916) 978-6378 pfeldt@altaregional.org	(916) 489-6385 (FAX)
365 SAN ANDREAS REGIONAL CENTER 300 Orchard City Drive, Suite 170 Campbell, CA 95008	Florence N. Yalung, District Manager Resource and Federal Programs (408) 341-3485 saflo@sarc.org	Ken Heritier, QMRP (408) 341-3514 (408) 376-0586 (FAX)
366 TRI-COUNTIES REGIONAL CENTER 520 East Montecito Santa Barbara, CA 93103	Cheryl Wenderoth, QMRP (805) 884-7210 (SB Office) (805) 485-3177X251 (V Off.) cherylw@tri-counties.org	(805) 884-9374 (FAX)
367 CENTRAL VALLEY REGIONAL CENTER 4615 Marty Avenue Fresno, CA 93722	Holly Lovett, QMRP (559) 738-2210 1945 East Noble Visalia, CA 93292-1516 hlovett@cvrc.org	Lidia Ramirez Garza, QMRP (559) 276-4487 (559) 276-4450 (FAX)
368 REGIONAL CENTER OF ORANGE COUNTY 801 Civic Center Drive, Suite 300 Santa Ana, CA 92701	Randy Laya, M.S (714) 796-5221 rlaya@rcocdd.com	Lynn Maltz (714) 796-5218 (714) 547-7278 (FAX)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

REGIONAL CENTER	MEDICAID WAIVER COORDINATOR	ALTERNATE MEDICAID WAIVER COORDINATOR
369 INLAND REGIONAL CENTER 674 Brier Drive San Bernardino, CA 92408	Margie Henderson (909) 890-3425 (909) 890-3007 (FAX) mhenderson@inlandrc.org	Clarice Schnepf, R.N. (909) 890-3428 (909) 890-3001 (FAX) cschnepf@inlandrc.org
370 REDWOOD COAST REGIONAL CENTER 525 Second Street, Suite 300 Eureka, CA 95501	Tina Moulton (707) 445-0893 X 363 tmoulton@redwoodcoastrc.org	(707) 444-3409 (FAX)
371 NORTH BAY REGIONAL CENTER 10 Executive Court, Suite A Napa, CA 94558	Kay Bany, QMRP (707) 256-1183 Kayb@nbrc.net Rhea Schnurman (707) 566-3006 RheaS@nbrc.net	Marilyn Halloran, Sup. Adult Services Unit (707) 256-1248 MarilynH@nbrc.net (707) 256-1270 (FAX)
372 KERN REGIONAL CENTER 3200 North Sillect Avenue Bakersfield, CA 93308	Cherylle Mallinson, MS, QMRP (661) 327-8531 x 246 cmallinson@kernrc.org	Melvina Mull (661) 327-8531 x 368 mmull@kernrc.org (661) 324-5060 (FAX)
373 EASTERN LOS ANGELES REGIONAL CENTER 1000 South Fremont Avenue Alhambra, CA 91802-7916	Jesse Valdez, Manager of Specialized Svs., QMRP (626) 299-4719 jvaldez@elarc.org	Judy Matthews, RN (626) 299-4788 (626) 281-1163 (FAX)
374 SOUTH CENTRAL LOS ANGELES REGIONAL CENTER 650 West Adams Blvd, Suite 400 Los Angeles, CA 90007	Fezem Shabaf, RN (213) 744-8850 fezems@sclarc.org	Cynthia Stakley, RN (213) 763-5631 (213) 744-8888 (FAX)
375 HARBOR REGIONAL CENTER Del Amo Business Plaza 21231 Hawthorne Boulevard Torrance, CA 90503	Paula Fiebert, QMRP (310) 543-0615 paulaf@hddf.com Marguerite Phillips, LCSW Director of Federal Revenue Programs (310) 543-0659 marguerp@hddf.com	Laura Garabedian, R.N. (310) 543-1711 (310) 540-9538 (FAX)
376 WESTSIDE REGIONAL CENTER 5901 Green Valley Circle, #320 Culver City, CA 90230-6938	Bill Feeman, RN (310) 258-4132 billf@westsiderc.org	Transito Rivas (310) 258-4106 (310) 338-9744 (FAX)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

REGIONAL CENTER	MEDICAID WAIVER COORDINATOR	ALTERNATE MEDICAID WAIVER COORDINATOR
377 VALLEY MOUNTAIN REGIONAL CENTER 7109 Danny Way Stockton, CA 95269	Katina Richison, QMRP (209) 955-3616 krichison@vmrc.net (209) 478-3539 (FAX) Anthony Hill (209) 955-3258 ahill@vmrc.net (209) 473-0719 (FAX)	Joyce Young-Lofton, RN QMRP (209) 529-2626 X 2133 (Modesto) (209) 955-3276 (Stockton) Shelbi Stoecklin, QMRP Federal Programs Spec. (209) 955-3672 ssoecklin@vmrc.net
378 NORTH LOS ANGELES REGIONAL CENTER 15400 Sherman Way, Suite 170 Van Nuys, CA 91406-4211	Laura Rankin, QMRP (818) 756-6270 laurar@nlacrc.com	Maria Bratley (818) 756-6381 (818) 756-6390 (FAX)
379 SAN GABRIEL/POMONA REGIONAL CENTER 761 Corporate Center Drive Pomona, CA 91768	Guadalupe Magallanes, QMRP (909) 868-7793 magallanes.sgprc.org	Liz Serna (909) 868-7655 (909) 622-5123 (FAX) Letha Sellars (909) 868-7518
380 EAST BAY REGIONAL CENTER 7677 Oakport Street, Suite 1200 Oakland, CA 94621	Cristie Guss, M.S., QMRP (510) 383-1375 ccguss@rceb.org Carolyn Bressler, QMRP (510) 383-1351 cbressler@rceb.org	Bev Davis, QMRP (510) 383-1281 bdavis@rceb.org (510) 633-5020 (FAX) (510) 633-5021 (FAX) (510) 633-5022 (FAX)

Please contact your local regional center for information on services available to individuals with developmental disabilities:

- Alta California Regional Center
www.altaregional.org
- Central Valley Regional Center
www.cvrcc.org
- Eastern Los Angeles Regional Center
www.elarc.org
- Far Northern Regional Center
www.farnorthernrc.org
- Frank D. Lanterman Regional Center
www.lanterman.org
- Golden Gate Regional Center
www.ggrc.org
- Harbor Regional Center
www.hddf.com
- Inland Regional Center
www.inlandrc.org
- Kern Regional Center
www.kernrc.org
- North Bay Regional Center
www.nbrcc.net
- North Los Angeles County Regional Center
www.nlacrc.com
- Redwood Coast Regional Center
www.redwoodcoastrc.org
- Regional Center of East Bay
www.rceb.org
- Regional Center of Orange County
www.rcocdd.com
- San Andreas Regional Center
www.sarc.org
- San Diego Regional Center
www.sdrcc.org
- San Gabriel/Pomona Regional Center
www.sgprc.org
- South Central Los Angeles Regional Center
www.sclarc.org
- Tri-Counties Regional Center
www.tri-counties.org
- Valley Mountain Regional Center
www.vmrcc.net
- Westside Regional Center
www.westsiderc.org

Department of Developmental Services
Community Operations Division,
Regional Center Branch
1600 Ninth Street, Room 320
Sacramento, CA 95814



STATE OF CALIFORNIA
Gray Davis • Governor

Grantland Johnson • Secretary
California Health & Human Services Agency

Cliff Allenby • Director
Department of Developmental Services

DDS Internet Home Page
www.dds.ca.gov
August 2003

The Home and Community-Based Services Waiver For Individuals With Developmental Disabilities



DDS Department of Developmental Services
"Building Partnerships, Supporting Choices"
www.dds.ca.gov

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

◆ WHAT IS THE HOME AND COMMUNITY- BASED SERVICES (HCBS) WAIVER?

The HCBS Waiver is a way to fund certain services that allow a person who experiences developmental disabilities to live at home or in the community rather than having to go to live in a licensed health facility.

Costs for these services are funded jointly by the federal government's Medicaid program and the State of California.

◆ WHAT IS "WAIVED"?

Certain federal Medicaid rules are "waived", allowing the state to provide services to people with developmental disabilities in ways that are not available to other people who are enrolled in Medicaid (which is called Medi-Cal in California). One federal condition of the Waiver is that those supports or services are different than those available through Medi-Cal.

◆ DO I HAVE TO BE ON THE WAIVER TO RECEIVE REGIONAL CENTER SERVICES?

If you or your family member is eligible for the HCBS Waiver, it is good to enroll in it. That way many of the services that you choose will be partially paid for by the federal Medicaid program. This usually means that more people like yourself or your family member can receive services.

Enrollment in the HCBS Waiver is a matter of choice. Unlike other states that restrict services to persons served under the HCBS Waiver, California's regional centers provide the full scope of state-funded services to all eligible persons.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Whether you are eligible for – and choose – enrollment in the HCBS Waiver or not, you or your family member will receive the same person-centered planning, opportunities to choose services and providers, and be ensured the same quality of care.

◆ WHO BENEFITS FROM THE HCBS WAIVER?

To benefit from the HCBS Waiver you, or your family member, must meet three conditions. First, you must have “full scope” Medi-Cal eligibility – either through your own, your family’s eligibility or, if you are under the age of 18, through something called “institutional deeming” (see below). Second, you must have a formal diagnosis of mental retardation or developmental disability and be a regional center consumer. Third, you must undergo an evaluation that determines that you would benefit from a certain level of care for your disabilities that would be available in a licensed health care facility for people who have mental retardation. This third qualification is important not because you will go to such a facility, but because the HCBS Waiver is designed to help people stay in the community rather than have to go to such a facility to get the services they need.

◆ WHAT IS INSTITUTIONAL DEEMING?

Institutional Deeming is a special Medi-Cal eligibility rule that considers only the personal income and resources of a person under the age of 18 or a married adult who is otherwise eligible for the Waiver. This allows a person who meets the criteria above to be determined as eligible for Medi-Cal regardless of his or her parent’s or spouse’s income and resources.

This is very helpful because typically a family’s health insurance or income will not cover the total cost of these needed services.

Through “Institutional Deeming rules,” the family may now obtain Medi-Cal benefits for needed services regardless of income.

This also allows that person to be eligible for all Medi-Cal services – not just those provided through the HCBS Waiver. This eligibility applies as long as the person is enrolled in the Waiver.

◆ THE HCBS WAIVER QUALITY FRAMEWORK

The goals of the HCBS Waiver are to ensure consumer choice of waiver services, consumer satisfaction, and to provide safeguards necessary to ensure the health and safety of each consumer in the program. These goals are accomplished through the following framework of quality assurance that focuses attention on:

- Consumer rights to due process, grievances, and personal decisions.
- Consumer-centered service planning, and service modifications in response to changing needs.
- Consumer choice of qualified providers and monitoring of providers by the regional center.
- Consumer health and safety.
- A user-friendly enrollment process. The regional center determines eligibility for the Waiver based on current Medi-Cal status, the consumer’s level of care needs and consumer choice. Consumers may also choose to disenroll or terminate their participation in the Waiver at any time.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL



State of California-Health and Human Services Agency
Department of Health Services



Sandra Shewry
Director

Arnold Schwarzenegger
Governor

«DATE»

«PCGNAME»
«PCGADDRESS»
«PCGCITYSTATEZIP»

«SALUTATION»:

Medi-Cal In-Home Operations (IHO) Waiver Eligibility Notice

Individual: «BENENAME»
Social Security Number: «SSN»
Date of Birth: «DOB»
Address: «BENEADDRESS»
Telephone: «BENEPHONE»

This notice is to confirm that the above-named individual has been determined medically eligible for Medi-Cal IHO Waiver services by the Department of Health Services, In-Home Operations (IHO) Section.

If the individual is currently not a Medi-Cal beneficiary, he/she must contact «COUNTYCONTACT» in «COUNTY» County at «COUNTYPHONE», for information on how to complete the Medi-Cal application process used in your county.

If the individual currently is a Medi-Cal beneficiary whose eligibility needs to be redetermined, please contact «COUNTYCONTACT» in «COUNTY» County at «COUNTYPHONE» and request information on the Medi-Cal eligibly redetermination process. The county will send a notice to the individual advising him/her of this process.

Should you have any questions regarding this notice, please feel free to contact me, at (916) 552-9273.

Sincerely,

Carol Hausler, Eligibility Analyst
In-Home Operations

cc: «COUNTYCONTACT»
«COUNTYDEPT»
«COUNTYADDRESS»
«COUNTYCITYSTATEZIP»

Note to County: **Requesting effective date of <DATE>**



Do your part to help California save energy. To learn more about saving energy, visit the following web site:
www.consumerenergycenter.org/flex/index.html

Letter 1

1501 Capitol Avenue, MS 4502; P.O. Box 942732; Sacramento, CA 94234-7320
(916) 552-9273
Internet Address: www.dhs.ca.gov

SECTION NO.: 51346

MANUAL LETTER NO.: 291

DATE: 09/03/04 19D-28

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL



California
Department of
Health Services

Sandra Shewry
Director

State of California—Health and Human Services Agency
Department of Health Services



Arnold Schwarzenegger
Governor

«DATE»

«PCGNAME»

«PCGADDRESS»

«PCGCITYSTATEZIP»

«SALUTATION»:

Medi-Cal In-Home Operations (IHO) Waiver Eligibility Notice

Individual: «BENENAME»
Social Security Number: «SSN»
Date of Birth: «DOB»
Address: «BENEADDRESS»
Telephone: «BENEPHONE»

This notice is to confirm that the above-named individual has been determined medically eligible for Medi-Cal IHO Waiver services by the Department of Health Services, In-Home Operations (IHO) Section.

If the individual is currently not a Medi-Cal beneficiary, Los Angeles County will send him/her a Medi-Cal application that will need to be completed and returned to the county by the date stated by the county.

If the individual currently is a Medi-Cal beneficiary whose eligibility needs to be redetermined, the county will send a notice to the individual advising him/her of this process.

Please note the individual does not need to contact Los Angeles County.

Should you have any questions regarding this notice, please feel free to contact me, at (916) 552-9273.

Sincerely,

Carol Hausler, Eligibility Analyst
In-Home Operations

cc: Ms. Julie Johnson
Department of Public Social Services
P.O. Box 92164
City of Industry, CA 91715-2164

Note to County: **Requesting effective date of <DATE>**



Do your part to help California save energy. To learn more about saving energy, visit the following web site:
www.consumerenergycenter.org/flex/index.html

Letter 2

1501 Capitol Avenue, MS 4502; P.O. Box 942732; Sacramento, CA 94234-7320
(916) 552-9273
Internet Address: www.dhs.ca.gov

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL



California
Department of
Health Services

Sandra Shewry
Director

State of California—Health and Human Services Agency
Department of Health Services



Arnold Schwarzenegger
Governor

«DATE»

«PCGNAME»
«PCGADDRESS»
«PCGCITYSTATEZIP»

Dear «SALUTATION»:

Medi-Cal In-Home Operations (IHO) Waiver Eligibility Notice

Individual: «BENENAME»
Social Security Number: «SSN»
Date of Birth: «DOB»
Address: «BENEADDRESS»
Telephone: «BENEPHONE»

This notice is to confirm that the above individual's waiver enrollment has been changed to the Medi-Cal In Home Operations (IHO) Waiver from the Department of Developmental Services (DDS) Waiver effective <<DATE>>. **This change of enrollment does not require any action by the individual at this time and his/her eligibility remains the same as it was under the DDS Waiver.**

A copy of this notice is being sent to «COUNTYCONTACT» in «COUNTY» County to notify them of the change from the Department of Developmental Services Waiver to the Medi-Cal IHO Waiver. **This letter does not require any action on your part at this time.**

Should you have any questions regarding this notice, please feel free to contact me at (916) 552-9273.

Sincerely,

Carol Hausler, Eligibility Analyst
In-Home Operations

cc: «COUNTYCONTACT»
«COUNTYDEPT»
«COUNTYADDRESS»
«COUNTYCITYSTATEZIP»

Note to County: **Requesting effective date of <DATE>**



Do your part to help California save energy. To learn more about saving energy, visit the following web site:
www.consumerenergycenter.org/flex/index.html

Letter 3

1501 Capitol Avenue, MS 4502; P.O. Box 942732; Sacramento, CA 94234-7320
(916) 552-9273
Internet Address: www.dhs.ca.gov

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION MEDI-CAL IN-HOME OPERATIONS WAIVERS APPROVAL FOR BENEFITS

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

The Medi-Cal In-Home Operations Waivers are limited to persons who require the nursing facility level of care or subacute services but who wish to live at home or in the community. The income and property of a parent is not used in the determination for the applicant or beneficiary child. Institutional deeming rules apply if the waiver applicant is living at home with a spouse.

- You are eligible for this program at no cost.
- You are eligible for this program with a monthly share-of-cost of \$ _____.
- You do not have to fill out monthly or quarterly status reports to get Medi-Cal.
- You must report within ten days any changes in your income, property, medical condition, or household situation.
- You will have to complete a form for your Medi-Cal annual review.
- Getting Medi-Cal does not reduce any time limits for the CalWORKS program.

Please notify your worker if there are any changes in your medical condition, living situation, income, or property.

Always present your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. **DO NOT THROW AWAY YOUR BIC.**

The regulation which requires this action is California Code of Regulations, Title 22, Section 51346.

cc: In-Home Operations

MC 343 (10/03)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

**NOTIFICACIÓN DE LA ACCIÓN
DE MEDI-CAL
APROBACIÓN DE BENEFICIOS PARA OBTENER UNA
EXTENSIÓN A LOS SERVICIOS DE MEDI-CAL PARA EL
CUIDADO MÉDICO EN EL HOGAR**

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Teléfono del trabajador: _____
Horas de oficina: _____
Notificación de: _____

La Extensión a los Servicios de Medi-Cal para el Cuidado Médico en el Hogar, se limita a personas que requieren el nivel de atención de un establecimiento de cuidado médico o servicios subagudos, pero desean vivir en sus hogares o en la comunidad. Los ingresos y los bienes de uno de los padres no se toman en cuenta para determinar la elegibilidad del solicitante o del niño beneficiario. Las reglas relacionadas a las personas que se consideran como si estuvieran en una institución, se aplican si el solicitante o beneficiario está viviendo en su hogar con su cónyuge.

- Usted es elegible para este programa, sin costo alguno.
- Usted es elegible para este programa, pero tendrá que pagar mensualmente una parte del costo de \$ _____.
- Usted no tiene que llenar reportes mensuales o trimestrales para obtener beneficios de Medi-Cal.
- Usted tiene que reportar, en un plazo de diez días, cualquier cambio en sus ingresos, bienes, condición médica o situación en el hogar.
- Usted tendrá que completar un formulario para su evaluación anual de Medi-Cal.
- El obtener Medi-Cal no reduce ningún límite de tiempo para el programa de CalWORKs.

Por favor notifique a su trabajador si hay cambios en su condición médica, situación de vivienda, ingresos o bienes.

Siempre presente su Tarjeta de Identificación de Beneficios (BIC) a su proveedor médico, cada vez que necesite atención médica. Esta tarjeta es válida mientras usted sea elegible para recibir beneficios de Medi-Cal. **NO TIRE SU TARJETA (BIC).**

La regla que exige esta acción se encuentra en la Sección 51346, del Título 22, del Código de Regulaciones de California.

cc: In-Home Operations

MC 343 / SP1 / 10/03

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION MEDI-CAL IN-HOME OPERATIONS WAIVERS DENIAL OR DISCONTINUANCE OF BENEFITS

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

The Medi-Cal In-Home Operations Waivers are limited to persons who require the nursing facility level of care or subacute services but who wish to live at home or in the community. The income and property of a parent is not used in the determination for the applicant or beneficiary child. Institutional deeming rules apply if the waiver applicant or beneficiary is living at home with a spouse.

Your benefits under this program will be discontinued effective the last day of _____.

Your application date of _____ is denied.

Here is/are the reason(s) why:

Your property is over the limit of \$ _____.

You no longer have approved waiver services.

You are no longer/not living in the home.

You will receive another notice if you are eligible for another Medi-Cal program.

DO NOT THROW AWAY YOUR PLASTIC BENEFITS IDENTIFICATION CARD (BIC). You can use it again if you become eligible or are eligible for another Medi-Cal program.

The regulation which requires this action is California Code of Regulations, Title 22, Section 51346.

cc: In-Home Operations

MC 344 (10/03)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE LA ACCIÓN DE MEDI-CAL NEGACIÓN O DESCONTINUACIÓN DE BENEFICIOS PARA OBTENER UNA EXTENSIÓN A LOS SERVICIOS DE MEDI-CAL PARA EL CUIDADO MÉDICO EN EL HOGAR

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Teléfono del trabajador: _____
Horas de oficina: _____
Notificación de: _____

La Extensión a los Servicios de Medi-Cal para el Cuidado Médico en el Hogar, se limita a personas que requieren el nivel de atención de un establecimiento de cuidado médico o servicios subagudos, pero desean vivir en sus hogares o en la comunidad. Los ingresos y los bienes de uno de los padres no se toman en cuenta para determinar la elegibilidad del solicitante o del niño beneficiario. Las reglas relacionadas a las personas que se consideran como si estuvieran en una institución, se aplican si el solicitante o beneficiario está viviendo en su hogar con su cónyuge.

Sus beneficios bajo este programa se descontinuarán a partir del último día de _____.

Su solicitud con fecha del _____ se ha negado.

Esta(s) es/son la(s) razón(es) por la cual su solicitud se ha negado:

El valor de sus bienes está por encima del límite de \$ _____.

Su extensión para recibir servicios no fue aprobada.

Usted ya no vive/no esta viviendo en el hogar.

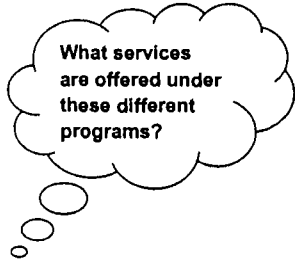
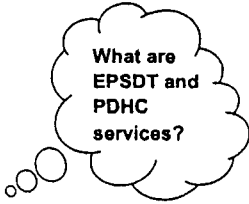
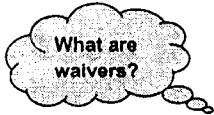
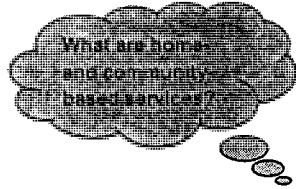
Usted recibirá otra notificación si usted es elegible para otro programa de Medi-Cal.

NO TIRE SU TARJETA DE IDENTIFICACIÓN DE BENEFICIOS (BIC). Usted puede utilizarla de nuevo, si vuelve a ser elegible para recibir beneficios de otro programa de Medi-Cal.

La regla que exige esta acción se encuentra en la Sección 51346, del Título 22, del Código de Regulaciones de California.

cc: In-Home Operations

MC 344 (SP) (10/03)



**HOME- AND COMMUNITY-BASED
SERVICES BRANCH**

**IN-HOME OPERATIONS SECTION
CONTACT INFORMATION**

In-Home Operations (IHO) Section
 1501 Capitol Avenue, MS 4502
 P.O. Box 942732
 Sacramento, CA 94234-7320
 (916) 552-9105 Main number for general information
 (916) 552-9151 Fax

IHO Sacramento Regional Office
Home- and Community-Based Services
Waiver Intake Unit
 (916) 552-9105 New intakes / information
 (916) 552-9151 Fax

Case Management and EPSDT Units
 (916) 552-9105 Information
 (916) 552-9151 Fax

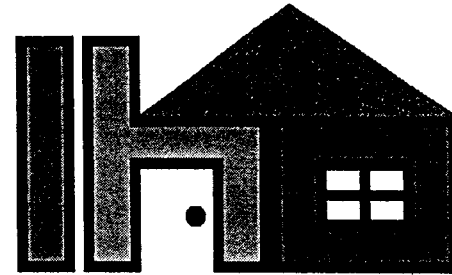
IHO Los Angeles Regional Office
Case Management Unit
 311 South Spring Street, 3rd Floor
 Los Angeles, CA 90030
 (213) 897-6774 Information
 (213) 897-7355/9314 Fax

Arnold Schwarzenegger
 Governor
 State of California

Grantland Johnson
 Secretary
 Health and Human Services Agency



**Medi-Cal Operations Division
IN-HOME OPERATIONS**



**HOME- AND
COMMUNITY-BASED
OPTIONS**

FREQUENTLY ASKED QUESTIONS ABOUT MEDI-CAL IN-HOME OPERATIONS

WHAT IS MEDI-CAL IN-HOME OPERATIONS (IHO)?

IHO is the Section in DHS that oversees the development and implementation of home and community-based programs in the Medi-Cal program. IHO authorizes Pediatric Day Health Care (PDHC) facility services and medically necessary services in the home, including private duty nursing services, also known as shift nursing. These services may be available for Medi-Cal beneficiaries who are eligible for Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) services and/or one of the following three federal waiver programs:

- In-Home Medical Care (IHMC)
- Nursing Facility (NF) A/B
- Nursing Facility (NF) Subacute

WHAT IS EPSDT?

EPSDT is a Medi-Cal benefit for individuals under the age of 21 who have full scope Medi-Cal eligibility. This benefit allows for periodic screenings to determine health care needs. Based upon the identified health care need, diagnostic and treatment services are provided. EPSDT PDHC and private duty nursing services are provided in addition to other medically necessary Medi-Cal state plan services.

WHAT SERVICES ARE OFFERED UNDER THE EPSDT BENEFIT?

EPSDT services include all services covered by Medi-Cal. In addition to the regular Medi-Cal benefits, a beneficiary under the age of 21 may receive additionally medically necessary services. These additional services are known as EPSDT Supplemental Services and include: private duty nursing services from a Registered Nurse (RN) or a Licensed Vocational Nurse (LVN), Case Management, PDHC, and Nutritional and Mental Health Evaluations/ Services.

WHAT ARE HOME AND COMMUNITY- BASED SERVICE (HCBS) WAIVERS?

HCBS waivers allow states that participate in Medicaid - known as Medi-Cal in California - to develop creative alternatives for individuals who would otherwise require care in a nursing facility or hospital. Medi-Cal has an agreement with the federal government that allows for waiver services to be offered in either a home or community setting. The services offered under the waiver must cost no more than the alternative institutional level of care. Recipients of HCBS waivers must have full scope Medi-Cal eligibility.

WHAT SERVICES ARE OFFERED UNDER THESE THREE HCBS WAIVERS?

The available services under these HCBS waivers may include RN or LVN private duty nursing services, Certified Home Health Aide services, Case Management, Minor Home Modifications, Personal Emergency Response System, Family Training, Utility Coverage for life sustaining equipment, personal care services and respite.

WHO PROVIDES THE SERVICES?

There are a variety of providers, including the following:

For EPSDT -licensed and/or certified Medi-Cal providers and/or Individually enrolled supplemental private duty nursing service providers.

For HCBS waivers under IHO - licensed and certified Home Health Agencies, individual nurse providers and/or unlicensed caregivers.

HOW LONG CAN ONE HAVE THESE SERVICES?

A beneficiary may receive these home and community-based services as long as medically necessary.

HOW DOES ONE GO ABOUT REQUESTI NG THESE SERVICES?

Once the beneficiary has identified a provider of service, the provider must submit the request for services to IHO on a Treatment Authorization Request (TAR) or similar request.

In addition to the TAR, the provider will also submit the following medical documentation:

- Medical information which supports request for services,
- Assessment of care needs, i.e., nursing, personal care, etc.,
- Plan of Treatment signed by a physician, and
- Home Safety Evaluation (for HCBS waiver services only)

These documents should support medical necessity for the requested HCBS waiver or EPSDT Supplemental services.

IF OTHER IN-HOME SERVICES ARE NEEDED, HOW DOES ONE OBTAIN THEM?

A request for any service needed for the home program or PDHC program may be submitted to IHO by the appropriate provider. These services must be medically necessary.

Examples of other in-home services include:

- Therapy services
- Equipment
- Transportation.

WHOM DO I CONTACT FOR FURTHER QUESTIONS?

For more information about IHO, please call:
(916) 552-9105 in Sacramento
(213) 897-6774 in Los Angeles

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Page 1 of 2

**AIDS Medi-Cal Waiver Program
NOTICE OF ACTION (NOA)
DENIAL/REDUCTION/TERMINATION OF AIDS MEDI-CAL WAIVER BENEFITS**

Name _____ Date of Notice _____
Address _____ Date Services Expire _____
_____ Medi-Cal I.D. # _____
_____ Waiver I.D. # _____

Medi-Cal regulations allow for the provision of certain AIDS Medi-Cal Waiver Program (MCWP) Home and Community-Based Services (HCBS) to persons who meet specific criteria. We have taken the following action with respect to services requested: for the reasons noted:

- ___ 1. Denied your application or ended services for causes such as program noncompliance or personal safety of caregivers or agency staff, specifically _____
- ___ 2. Denied your application or ended services because you do not meet eligibility requirements as follows:
- You have not submitted adequate proof of Medi-Cal eligibility, your Medi-Cal eligibility cannot be verified or you are not eligible or no longer eligible for Medi-Cal.
- Your medical condition and/or medical needs do not currently meet the Nursing Facility or higher level of care and/or your diagnosis of asymptomatic HIV or AIDS-related medical condition, does not meet eligibility requirements, or your "K score" (the Cognitive and Functional Ability Scale) on the evaluation form that is used was too high.
- ___ 3. Denied and/or reduced some portion of the services requested. Your medical condition and/or medical needs have improved necessitating a change in services ordered.
- ___ 4. Continuing to provide HCBS to you is not cost effective (i.e., the estimated cost of providing you with those services exceeds cost guidelines set by the State).
- ___ 5. Cost of services provided to you has reached the \$13,209 calendar year annual cost cap. No more AIDS Medi-Cal Waiver services can be provided to you this calendar year.
- ___ 6. The services you need are fully available to you through private insurance, Medicare, Medi-Cal, or another program.
- ___ 7. You no longer desire HCBS.
- ___ 8. Other _____

This NOA is required by Code of Federal Regulations, Title 42, Chapter IV, Subpart E, and the California Code of Regulations, Title 22, Section 51346. You have the right to ask for a State Hearing (SH) if you disagreed with any MCWP action. You only have ninety (90) days to ask for a hearing. The 90 days started the day after the MCWP gave or mailed you this notice. See page 2 for your appeal rights.

Denial or termination of AIDS MCWP benefits will not affect other medical or social services you are eligible to receive through California's Medi-Cal Program or other public benefit programs.

You may reapply for AIDS MCWP benefits at a future time if you believe you have become eligible.

Please call me for further information or if you have any questions. I may be reached at (_____) _____.

Sincerely,

Agency Representative

Agency Name

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Page 2 of 2

STATE HEARING NOTICE - YOUR RIGHT TO APPEAL THE "NOTICE OF ACTION"

State Hearing Instructions—If you do not agree with the action described, you may request a State Hearing before an Administrative Law Judge employed by the California Department of Social Services (CDSS). This hearing will be conducted in an informal manner to assure that everyone present is able to speak freely. Your case manager can help you request a hearing.

If you decide to request a hearing, you must do so within 90 days of the date of this notice. Your benefits will only continue until the **Services Expiration Date** listed at the top of page 1 which is at least 10 days from the date of this notice. If you are currently receiving AIDS MCWP services and you request a SH before the **Date Services Expire** indicated at the top of this notice (at least 10 days after the date of this notice), you will continue to receive services until a SH decision is made. If you are currently receiving AIDS MCWP services and you request a SH after the **Date Services Expire**, your AIDS MCWP services will stop on the **Date Services Expire**. You must verbally notify your case manager if you file an appeal within this 10-day period.

If you wish to request a State Hearing, please complete the attached *Request for a State Hearing* form and mail it to the address listed below or call the phone number provided. You must provide all the information on the form; any information missing from the request form may delay the processing of your State Hearing request. If you ask for a hearing the State Hearings Division will set up a file. You have the right to see this file before your hearing and to get a copy of the AIDS waiver provider's written position on your case at least two days before the hearing. The SHD may give your hearing file to the California Department of Health Services and the United States Department of Health and Human Services per Welfare and Institutions Code Sections 10850 and 10950.

How to Request a State Hearing—You must either complete the attached *Request for a State Hearing* form and mail it to:

California Department of Social Services
State Hearings Division
744 P Street, MS-19-37
Sacramento, CA 95814

Or call

Toll-Free Number: (800) 952-5253
Teletypewriter (TTD) only: (800) 952-8349

"Your Rights" Pamphlet Available—"Your Rights under California Welfare Programs pamphlet" issued by CDSS, provides useful information about State hearings. This pamphlet will be sent to you when your hearing request is processed.

Authorized Representative—You can represent yourself at the State Hearing or be represented by a friend, attorney, or any other person; but, you are expected to arrange for the representative yourself. You can get help in locating free legal assistance by calling the toll-free number of the Public Inquiry and Response Unit (PIAR) at (800) 952-5253.

The PIAR office can also provide further information about your hearing rights. Assistance is available in languages other than English, including Spanish.

Code of Federal Regulations, Title 42, Section 431.220, Subpart E, Chapter IV, and the California Code of Regulations, Title 22, Section 51014.1, require that this Notice of Action/State Hearing Notice be mailed at time of denial of an application when it is determined that you are not eligible for waiver services or at time of reduction or termination of existing services. The Notice must be mailed at least 10 calendar days (excluding the mailing date) before the effective date of reduction or termination of services.

MCWP2 (rev 05-2004)

Attachment

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Attachment

REQUEST FOR A STATE HEARING

Name	Medi-Cal I.D. Number
Address	City
<p>I am requesting a State Hearing because of Medi-Cal related action by _____, an AIDS Medi-Cal Waiver agency related to the following reason(s):</p> <p><input type="checkbox"/> Denial of my application or ending of services for causes such as noncompliance or personal safety of caregivers or agency staff OR</p> <p><input type="checkbox"/> Denial of my application or ending of services because I do not meet eligibility requirements OR</p> <p><input type="checkbox"/> Denial and/or reduction of some portion of the service(s) requested OR</p> <p><input type="checkbox"/> Ending of services because it is no longer cost effective to do so or the costs of services provided have reached the \$13,209 calendar year annual cost cap.</p> <p><input type="checkbox"/> Denial of my application or ending of services because services I need are fully available through private insurance, Medicare, Medi-Cal, or another program or I no longer desire Home and Community Based services.</p> <p><input type="checkbox"/> Other _____</p> <p><u>Describe the basis for your appeal below:</u></p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p><input type="checkbox"/> I speak a language other than English and need an interpreter for my hearing. (The State will provide the interpreter at no cost to you.)</p>	
Language:	Dialect:
<p><input type="checkbox"/> I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)</p> <p>Name: _____ Phone Number: _____</p> <p>Street Address: _____</p> <p>City: _____ State _____ Zip Code _____</p>	
Signature:	Date:
<p>Mail to: California Department of Social Services State Hearings Division 744 P Street, MS-19-37 Sacramento, CA 95814 Toll-Free Number: (800) 952-5253 Teletypewriter (TTD) only: (800) 952-8349</p>	
<p>The AIDS Medi-Cal Waiver Program is administered by the Community Based Care Section, Office of AIDS, Department of Health Services, P.O. Box 997426, Sacramento, CA 95899-7426, (916) 449-5900.</p>	

MCWP2 (rev 05-2004)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

**Programa de Exención para Personas con el Síndrome de Inmunodeficiencia Adquirida (SIDA)
bajo el Programa de Asistencia Médica de California (Medi-Cal)**

NOTIFICACION DE ACCION (NOA)

NEGACION/REDUCCION/DESCONTINUACION DE LOS BENEFICIOS DE ESTE PROGRAMA

Nombre _____	Fecha de la notificación _____
Dirección _____	Fecha en que los servicios se descontinuarán _____
	Medi-Cal - # de identificación _____
	Exención - # de identificación _____

Los reglamentos de Medi-Cal permiten que se proporcionen ciertos servicios de casa y servicios basados en la comunidad (HCBS) a través del Programa de Exención bajo el Programa de Medi-Cal (MCWP) para Personas con SIDA si estas personas cumplen con los requisitos específicos. En relación a los servicios que se solicitaron, hemos tomado la siguiente acción debido a las razones indicadas:

- ___ 1. Negamos su solicitud o descontinuamos sus servicios debido a motivos tales como la falta de cumplimiento con los requisitos del programa o problemas en relación a la seguridad personal de los proveedores de cuidado o del personal de la agencia/oficina, específicamente _____

- ___ 2. Negamos su solicitud o descontinuamos sus servicios debido a que usted no cumple con los requisitos de elegibilidad como se indica a continuación:
 - Usted no ha presentado las pruebas adecuadas de elegibilidad para Medi-Cal, su elegibilidad para Medi-Cal no se puede verificar, o no es o ha dejado de ser elegible para Medi-Cal.

 - Actualmente, su condición médica y/o sus necesidades médicas no cumplen con los requisitos para el cuidado en un establecimiento de cuidado médico continuo no intenso o a un nivel más alto y/o el diagnóstico de que usted tiene el virus de inmunodeficiencia humana (VIH) o SIDA sin presentar síntomas no cumple con los requisitos de elegibilidad, o su clasificación en la evaluación que se utiliza (la tabla de habilidad cognoscitiva y habilidad para funcionar) fue demasiado baja.

- ___ 3. Negamos y/o redujimos una porción de los servicios que se solicitaron. Su condición médica y/o sus necesidades médicas han mejorado lo cual ocasionó un cambio en los servicios que se ordenaron.

- ___ 4. El continuar proporcionándole los servicios HCBS ya no es lo más económico (es decir, el costo calculado para proporcionarle a usted esos servicios es más que las normas de costo establecidas por el Estado).

- ___ 5. El costo de los servicios que se le han proporcionado ha alcanzado los \$13,209 que es lo máximo permitido anualmente para un año civil. Para este año civil, ya no puede recibir más servicios bajo el MCWP para Personas con SIDA.

- ___ 6. Los servicios que usted necesita están completamente disponibles a través de su seguro privado, Medicare (seguro médico federal), Medi-Cal, u otro programa.

- ___ 7. Usted ya no quiere los servicios HCBS.

- ___ 8. Otra razón: _____

Esta notificación de acción es un requisito del Código de Ordenamientos Federales, Título 42, Capítulo IV, Subparte E, y el Código de Ordenamientos de California, Título 22, Sección 51346. Usted tiene derecho a solicitar una audiencia con el estado (SH) si usted no está de acuerdo con alguna acción en relación al MCWP. Tiene solamente noventa (90) días para solicitar una audiencia. Los 90 días empezaron a contar al siguiente día de cuando el MCWP le dio o le envió por correo esta notificación. Para los derechos que tiene para apelar, vea la página 2.

La negación o discontinuación de los beneficios del MCWP para Personas con SIDA no afectará otros servicios médicos o sociales para los cuales usted es elegible bajo el Programa de Medi-Cal u otros programas de beneficios públicos.

En el futuro, puede volver a solicitar los beneficios del MCWP para Personas con SIDA si usted cree que ya es elegible.

Para más información o si tiene alguna pregunta, por favor llámeme. Mi número de teléfono es (____) _____.

Atentamente.

Representante de la agencia/oficina

Nombre de la agencia/oficina

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

NOTIFICACION DE UNA AUDIENCIA CON EL ESTADO - SU DERECHO A APELAR LA "NOTIFICACION DE ACCION"

Instrucciones en relación a una audiencia con el estado—Si usted no está de acuerdo con la acción descrita, usted puede solicitar una audiencia con el estado ante un juez de leyes administrativas empleado por el Departamento de Servicios Sociales de California (CDSS). Esta audiencia se llevará a cabo en una manera informal para asegurar que todas las personas presentes puedan hablar libremente. La persona encargada de su caso puede ayudarle a solicitar una audiencia. Si usted decide solicitar una audiencia, tiene que hacerlo antes de que pasen 90 días a partir de la fecha de esta notificación. Sus beneficios solamente continuarán hasta la "**Fecha en que los beneficios se descontinuarán**" que aparece en la parte de arriba de la página 1, la cual es al menos 10 días después de la fecha de esta notificación. Si actualmente está recibiendo servicios bajo el MCWP para Personas con SIDA y usted solicita una audiencia con el estado antes de la "**Fecha en que los beneficios se descontinuarán**" anotada en la parte de arriba de esta notificación (al menos 10 días después de la fecha de esta notificación), usted continuará recibiendo los servicios hasta que se emita la decisión de la audiencia con el estado. Si actualmente está recibiendo servicios bajo el MCWP para Personas con SIDA y usted solicita una audiencia con el estado después de la "**Fecha en que los beneficios se descontinuarán**", los servicios se descontinuarán en dicha fecha. Si usted presenta una apelación antes que se termine el período de 10 días, tiene que notificarle verbalmente al trabajador encargado de su caso.

Si desea solicitar una audiencia con el estado, por favor complete el formulario de "Petición para una audiencia con el estado" adjunto y envíelo por correo a la dirección que aparece abajo o llame al número de teléfono que se proporciona. Usted tiene que proporcionar toda la información en el formulario; cualquier información que falte en el formulario pudiera atrasar la tramitación de su petición para una audiencia con el estado. Si usted solicita una audiencia, la División de Audiencias Administrativas preparará un expediente. Al menos dos días antes de su audiencia, usted tiene derecho a ver su expediente y a recibir una copia escrita de la declaración de posición sobre su caso del proveedor de la exención para las personas con SIDA. De acuerdo a lo estipulado en las Secciones 10850 y 10950 del Código de Bienestar Público e Instituciones, la División de Audiencias Administrativas puede darle su expediente de la audiencia al Departamento de Servicios de Salud de California y al Departamento de Servicios de Salud y Servicios Humanos de los Estados Unidos.

Cómo solicitar una audiencia con el estado—Usted puede completar el formulario de "Petición para una audiencia con el estado" adjunto y enviarlo por correo al Departamento de Servicios Sociales de California (CDSS) a la siguiente dirección:

California Department of Social Services
State Hearings Division
P.O. Box 944243
Sacramento, CA 94244-2430

o puede llamar al

Número de teléfono gratuito: (800) 952-5253
Teletipo (TTY) solamente: (800) 952-8349

Folleto disponible acerca de sus derechos—El folleto "Sus derechos bajo los programas de asistencia pública de California" publicado por el CDSS le proporciona información útil acerca de las audiencias con el estado. Le enviarán este folleto una vez que se tramite su petición para una audiencia.

Representante autorizado—En la audiencia con el estado, se puede representar a sí mismo o puede ser representado por un amigo, abogado, o cualquier otra persona; pero, usted tiene que hacer los arreglos para tener a un representante. Puede obtener ayuda para localizar asesoramiento legal sin costo llamando al número de teléfono gratuito de la Oficina de Preguntas y Respuestas al Público (PIAR) al (800) 952-5253.

La Oficina de PIAR también le puede proporcionar más información acerca de sus derechos en relación a una audiencia. Esta información se proporciona en varios idiomas aparte del inglés, incluyendo el español.

La Sección 431.220 del Código de Ordenamientos Federales, Título 42, Capítulo IV, Subparte E, y la Sección 51014.1 del Código de Ordenamientos de California, Título 22, estipulan que esta **Notificación de acción/Notificación de una audiencia con el estado** se tiene que enviar por correo cuando se niegue una solicitud debido a que se determinó que usted ya no es elegible para los servicios bajo una exención o cuando se reduzcan o descontinúen los servicios actuales. La notificación se tiene que enviar por correo **al menos 10 días consecutivos** (excluyendo la fecha en que se envió) antes de la fecha en que entre en vigor la reducción o descontinuación de los servicios.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

PETICION PARA UNA AUDIENCIA CON EL ESTADO

Nombre	Número de identificación de Medi-Cal
Dirección	Ciudad
<p>Estoy solicitando una audiencia con el estado debido a una acción relacionada a Medi-Cal que tomó _____, una agencia/oficina que proporciona exenciones para personas con SIDA para el Programa de Medi-Cal. El motivo (o motivos) aparece a continuación:</p> <p><input type="checkbox"/> Negación de mi solicitud o discontinuación de los servicios debido a motivos tales como la falta de cumplimiento con los requisitos del programa o problemas en relación a la seguridad personal de los proveedores de cuidado o del personal de la agencia/oficina. <u>Q</u></p> <p><input type="checkbox"/> Negación de mi solicitud o discontinuación de los servicios debido a que no cumpla con los requisitos de elegibilidad. <u>Q</u></p> <p><input type="checkbox"/> Negación y/o reducción de una porción de los servicios solicitados. <u>Q</u></p> <p><input type="checkbox"/> Discontinuación de los servicios debido a que el proporcionar los servicios ya no es lo más económico o porque el costo de los servicios proporcionados ha alcanzado los \$13,209 que es lo máximo permitido anualmente para un año civil.</p> <p><input type="checkbox"/> Negación de mi solicitud o discontinuación de los servicios debido a que los servicios que necesito están completamente disponibles a través de un seguro privado, Medicare (seguro médico federal), Medi-Cal, u otro programa o debido a que yo ya no quiero los servicios de casa y basados en la comunidad.</p> <p><input type="checkbox"/> Otro motivo: _____ Describa a continuación en que se basa su apelación: _____ _____ _____</p>	
<p><input type="checkbox"/> Hablo otro idioma que no es el inglés y necesito un intérprete para mi audiencia. (El Estado le proporcionará un intérprete sin costo para usted.)</p>	
Idioma: _____	Dialecto: _____
<p><input type="checkbox"/> Quiero que la persona cuyo nombre aparece a continuación me represente en esta audiencia. Otorgo el permiso para que esta persona vea mis expedientes o asista a la audiencia en mi nombre. (Esta persona puede ser un amigo o pariente pero no puede ser su intérprete.)</p> <p>Nombre: _____ Número de teléfono: _____</p> <p>Domicilio: _____</p> <p>Ciudad: _____ Estado _____ Código postal _____</p>	
<p>Firma:</p> <p>Envíe por correo a: California Department of Social Services State Hearings Division P.O. Box 944243 Sacramento, CA 94244-2430 Número de teléfono gratuito: (800) 952-5253 Teletipo (TTY) solamente: (800) 952-8349</p>	
<p>El Programa de Exención para Personas con SIDA bajo el Programa de Medi-Cal es administrado por la Sección del Cuidado Basado en la Comunidad en la Oficina del SIDA en el Departamento de Servicios de Salud; la dirección y número de teléfono son: AIDS Medi-Cal Waiver Program, Community Based Care Section, Office of AIDS, Department of Health Services, 611 N. Seventh Street, P.O. Box 942732, Sacramento, CA 94234-7320, (916) 445-0553.</p>	

MCWP (SP) (Rev. 02-2001)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

MULTIPURPOSE SENIOR SERVICES PROGRAM SITE ROSTER

1 CITY OF OAKLAND (PSA 9)

Analyst: Gloria Abernethy

Nurse: Vacant

(510) 238-3762 FAX # (510) 238-7696

EMAIL: ljohnson@oaklandnet.com

Linda Johnson, Site Director

Multipurpose Senior Services Program
City of Oakland
Department of Human Services
150 Frank G. Ogawa Plaza, Suite 4340
Oakland, California 94612

**2 COUNTY OF SANTA CRUZ HUMAN
RESOURCES AGENCY** (PSA 13)

Analyst: John Cummins

Nurse: Sherry DeBarbieri

(831) 454-4600 FAX # (831) 454-4610

EMAIL: hra261@hra.co.santa-cruz.ca.us

Francie Newfield, Program Manager

Multipurpose Senior Services Program
Adult and Long-Term Care Services
County of Santa Cruz
Human Resources Agency
1400 Emeline Avenue, Building K
P.O. Box 1320
Santa Cruz, California 95061

3 ALTAMED HEALTH SERVICES CORP.
(PSA 25)

Analyst: John Cummins

Nurse: Vacant

Hugo Romo, Site Director

Direct Line: (323) 307-0229

Vangie Reichwein Direct Line: (323) 307-0228

Claudia Gallegos Direct Line: (323) 307-0212

Martha Ocampo Direct Line: (323) 307-0214

Anwar Zoueihid Direct Line: (323) 307-0213

(323) 307-0200 FAX # (323) 307-0294

EMAIL: hromo@altamed.org

Hugo Romo, Site Director

Multipurpose Senior Services Program
AltaMed Senior Health and Activity Center
512 S. Indiana Street
Los Angeles, California 90063

*Marie Torres, Senior Vice-President,
Long-Term Care and Government Relations

*All correspondence should have cc to
Marie Torres.

**4 JEWISH FAMILY SERVICE OF
LOS ANGELES** (PSA 25)

Analyst: John Cummins

Nurse: Sherry DeBarbieri

(323) 937-5930 FAX # (323) 954-1319

EMAIL: pgoodman@jfsmsp.org

Perri S. Sloane Goodman, Site Director

Multipurpose Senior Services Program
Jewish Family Service of Los Angeles
330 North Fairfax Avenue
Los Angeles, California 90036

02-23-2004 MSSP Site Roster

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

5 SENIOR CARE ACTION

NETWORK (SCAN) (PSA 19)

Analyst: Gloria Abernethy

Nurse: Sherry DeBarbieri

Denise Likar, Site Director

(562) 492-9878, Ext. 138

Direct Line: (562) 981-0328

(562) 492-9878 FAX # (562) 492-6540

EMAIL: dlikar@independenceathome.org

Denise Likar, Site Director

Multipurpose Senior Services Program
Senior Care Action Network Health Plan, Inc.
2501 Cherry Avenue, Suite 380
Signal Hill, California 90755

6 INSTITUTE ON AGING (PSA 6)

Analyst: Larry Leboda

Nurse: Sherry DeBarbieri

E. Anne Hinton, Site Director

Direct Line: (415) 750-4150, Ext. 300

(415) 750-4150 FAX # (415) 750-4196

EMAIL: ahinton@ioaging.org

E. Anne Hinton, Director

Multipurpose Senior Services Program
Case Management Services
MSSP/Linkages Program
Institute on Aging
3626 Geary Boulevard
San Francisco, California 94118

7 SAN DIEGO COUNTY AGING AND

INDEPENDENCE SERVICES (PSA 23)

Analyst: John Cummins

Nurse: Sherry DeBarbieri

Rick Wanne, Site Director

Direct Line: (858) 495-5097

(858) 495-5885 FAX # (858) 495-5080

EMAIL: richard.wanne@sdcounty.ca.gov

Rick Wanne, Site Director

Multipurpose Senior Services Program
Aging & Independence Services
County of San Diego
9335 Hazard Way, Suite 100
San Diego, California 92123

8 COMMUNITY CARE MANAGEMENT

CORPORATION (PSA 26)

AKA: UKIAH

Analyst: Gloria Abernethy

Nurse: Vacant

Cynthia D. Coale, Executive Director

Multipurpose Senior Services Program
Community Care Management Corporation

Main Office:

301 South State Street
Ukiah, California 95482

(707) 468-9347 FAX # (707) 468-5234

EMAIL: commcare@pacific.net

Satellite Address & Telephone #s:

14642 "C" Lakeshore Drive
Clearlake, California 95422
(707) 995-7010/Fax: (707) 995-1830

490 North Harold Street - P.O. Box 1925
Fort Bragg, California 95437
(707) 964-4027/Fax: (707) 964-9214

9 HUMBOLDT SENIOR RESOURCE

CENTER, INC. (PSA 1)

Analyst: Larry Leboda

Nurse: Vacant

(707) 443-9747 FAX # (707) 444-2065

EMAIL: nconlon@humsenior.org and

Nancy Conlon, Site Director

Multipurpose Senior Services Program
Humboldt Senior Resource Center, Inc.
1910 California Street
Eureka, California 95501

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

10 CALIFORNIA STATE UNIVERSITY, CHICO (PSA 3)

*Analyst: Gloria Abernethy
Nurse: Vacant*

Arlene Phalen Hostetter, Site Director
Direct Line: (530) 898-6191

(530) 898-5082 FAX # (530) 898-4870

EMAIL: ahostetter@csuchico.edu

Arlene Phalen Hostetter, Site Director
Multipurpose Senior Services Program
Area Agency on Aging, PSA 3
California State University, Chico
2491 Carmichael Drive, Suite 400
Chico, California 95928-7132

11 SONOMA COUNTY AREA AGENCY ON AGING (PSA 27)

*Analyst: Gloria Abernethy
Nurse: Vacant*

Diane Kaljian, Site Director
Direct Line: (707) 565-5932

(707) 565-5970 FAX # (707) 565-5957

EMAIL: dkaljian@schsd.org

Diane Kaljian, Site Director
Multipurpose Senior Services Program
Sonoma County Area Agency on Aging
P.O. Box 4059
Santa Rosa, California 95402-4059

12 UNIVERSITY OF CALIFORNIA, DAVIS CARE MANAGEMENT (PSA 4)

*Analyst: Gloria Abernethy
Nurse: Sherry DeBarbieri*

Paula Bosler, Interim Site Director
Direct Line: (916) 734-6043

(916) 734-5432 FAX # (916) 454-3070

EMAIL: paula.bosler@ucdmc.ucdavis.edu

Paula Bosler, Interim Site Director
Multipurpose Senior Services Program
University of California, Davis Care Management
3700 Business Drive, Suite 130
Sacramento, California 95820

13 COUNTY OF SAN MATEO DEPT. OF HEALTH SERVICES (PSA 8)

*Analyst: Wendy Pride
Nurse: Vacant*

Pam Borrelli, Site Director
Direct Line: (650) 573-3512

Chris Rodriguez, Supervisor
Direct Line: (650) 573-2703

(650) 573-3900 FAX # (650) 573-2310

EMAIL: pborrelli@co.sanmateo.ca.us

Pam Borrelli, Site Director
Multipurpose Senior Services Program
Aging & Adult Services Division
Department of Health Services,
County of San Mateo
P.O. Box 5892
San Mateo, California 94403

14 STANISLAUS COUNTY COMMUNITY SERVICES AGENCY (PSA 30)

*Analyst: John Cummins
Nurse: Vacant*

Egon Stammler, MSW, Site Director
Direct Line: (209) 652-1755

(209) 558-2233 FAX # (209) 558-2681

EMAIL: Stammeg@mail.co.stanislaus.ca.us

Egon Stammler, MSW, Site Director
Multipurpose Senior Services Program
Stanislaus County
Community Services Agency
P.O. Box 42
Modesto, California 95353-0042

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

15 COUNTY OF SANTA BARBARA PUBLIC HEALTH DEPARTMENT (PSA 17)

Analyst: John Cummins
Nurse: Sherry DeBarbieri

Susan Lindman, Site Director
Multipurpose Senior Services Program
County of Santa Barbara
Public Health Department
2125 South Centerpointe Parkway
Santa Maria, California 93455-1340

(805) 346-8385 FAX # (805) 346-8386

EMAIL: slindma@co.santa-barbara.ca.us

Santa Barbara Site Address:
345 Camino Del Remedio
Third Floor, Building 4
Santa Barbara, California 93110
(805) 681-5452

16 HUNTINGTON MEMORIAL HOSPITAL (PSA 19)

Analyst: Wendy Pride
Nurse: Sherry DeBarbieri

Eileen Koons, M.S.W.,
Director of Government Programs
Direct Line: (626) 397-2011
Pager: (626) 932-9197
Fax: (626) 397-2982

(626) 397-3110 FAX # (626) 397-2996

EMAIL: eileen.koons@huntingtonhospital.com

Eileen Koons, M.S.W.,
Director of Government Programs
Multipurpose Senior Services Program
Senior Care Network
Huntington Memorial Hospital
837 South Fair Oaks Avenue, Suite 100
Pasadena, California 91105-2619

17 SAN BERNARDINO (PSA 20)

Analyst: Wendy Pride
Nurse: Sherry DeBarbieri

(909) 891-9016 FAX # (909) 891-9039

EMAIL: ceklund@hss.sbcounty.gov

Carl Eklund, Site Director
Multipurpose Senior Services Program
County of San Bernardino - East Valley
Department of Aging and Adult Services
Senior Home and Health Care
686 E. Mill Street, Second Floor
San Bernardino, California 92415-0640

18 COUNTY OF ORANGE SOCIAL SERVICES AGENCY (PSA 22)

Analyst: Larry Leboda
Nurse: Vacant

Chrisy Fong, Site Director
Direct Line: (714) 825-3107

(714) 825-3000 FAX # (714) 825-3155

EMAIL: cfong@ssa.co.orange.ca.us

Chrisy Fong, Site Director
Multipurpose Senior Services Program
Social Services Agency
County of Orange
P.O. Box 22006
Santa Ana, California 92702-2006

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

20 COUNCIL ON AGING

OF SILICON VALLEY, INC. (PSA 10)

Analyst: John Cummins

Nurse: Vacant

*Stephen M. Schmoll, Executive Director
Council on Aging of Silicon Valley, Inc.

2115 The Alameda

San Jose, California 95126

*Correspondence is addressed to S. Schmoll.

(408) 296-8290 FAX # (408) 243-4708

EMAIL: mssp@scccoa.org

Trudi Stone, Site Director

Multipurpose Senior Services Program

Case Management Services

Council on Aging of Silicon Valley, Inc.

2115 The Alameda

San Jose, California 95126

21 FRESNO-MADERA AREA AGENCY

ON AGING (PSA 14)

Analyst: Gloria Abernethy

Nurse: Vacant

Brian Trevarrow, Deputy Director

Direct Line: (559) 488-3821

*2220 Tulare Street, Suite 1200

Fresno, California 93721-2106

*Mail all "Correspondence" to this address.

(559) 453-4405 FAX # (559) 453-5111

EMAIL: btrevarrow@fmaaaa.org

Brian Trevarrow, Deputy Director

Multipurpose Senior Services Program

Fresno-Madera Area Agency on Aging

2085 East Dakota Avenue

Fresno, California 93726

22 SAN JOAQUIN COUNTY (PSA 11)

Analyst: Wendy Pride

Nurse: Sherry DeBarbieri

*Joseph E. Chelli, Director

San Joaquin County

Human Services Agency

P.O. Box 201056

Stockton, California 95201-3006

Direct Line: (209) 468-1650

Fax: (209) 468-1985

*Correspondence is addressed to Joseph Chelli.

(209) 468-2202 FAX # (209) 468-2207

EMAIL: wmoore@co.san-joaquin.ca.us

Wendy Moore, Site Director

Multipurpose Senior Services Program

San Joaquin County

P.O. Box 201056

Stockton, California 95201-3006

(209) 468-3805

23 IMPERIAL COUNTY WORK TRAINING

CENTER (PSA 24)

Analyst: John Cummins

Nurse: Sherry DeBarbieri

(760) 352-6181 FAX # (760) 352-6332

EMAIL: jaalvarez@icwtc.org

Arnold Alvarez, Site Director

Multipurpose Senior Services Program

Imperial County Work Training Center, Inc.

210 Wake Avenue

El Centro, California 92243

24 RIVERSIDE (PSA 21)

Analyst: Wendy Pride

Nurse: Vacant

Ed Walsh, Site Director

Direct Line: (909) 697-4697, Ext. 229

(909) 697-4697 FAX # (909) 697-4667

EMAIL: ewalsh@co.riverside.ca.us

Ed Walsh, Site Director

Multipurpose Senior Services Program

Riverside County Office on Aging

6296 Rivercrest Drive, Suite K

Riverside, California 92507

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

25 GOLDEN UMBRELLA (PSA 2)

AKA: Redding
Analyst: Larry Leboda
Nurse: Vacant

Mark Calkins, Site Director
Direct Line: (530) 226-3013

(530) 223-6034 FAX # (530) 223-0658

EMAIL: mcalkins@chw.edu

Mark Calkins, Site Director
Multipurpose Senior Services Program
Golden Umbrella
2227 College View Drive
Redding, California 96003

26 MARIN (PSA 5)

Analyst: Gloria Abernethy
Nurse: Sherry DeBarbieri

Bernadette Sweeney, Site Director
Direct Line: (415) 419-3602

(415) 491-7960 FAX # (415) 472-7569

EMAIL: bernadettes@jfcs.org

Bernadette Sweeney, Site Director
Multipurpose Senior Services Program
Seniors At Home
Jewish Family and Children's Services
600 Fifth Avenue
San Rafael, California 94901

27 CONTRA COSTA (PSA 7)

Analyst: Larry Leboda
Nurse: Sherry DeBarbieri

Richard Readel, MSW, Supervisor
Direct Line: (209) 722-1738, Ext. 3167
Fax #: (209) 725-3837

(925) 335-8710 FAX # (925) 335-8738

EMAIL: landerso@ehsd.co.contra-costa.ca.us or

Linda Anderson, Site Director
Multipurpose Senior Services Program
Contra Costa County Office on Aging
2530 Arnold Drive, Suite 300
Martinez, California 94553

28 MERCED COUNTY (PSA 31)

Analyst: Wendy Pride
Nurse: Sherry DeBarbieri

(209) 385-3000, Ext. 5200

FAX # (209) 725-3988

EMAIL: rwalton@hsa.co.merced.ca.us

Rhonda L. Walton, Deputy Director
Multipurpose Senior Services Program
Merced County Human Services Agency
2115 West Wardrobe Avenue
P.O. Box 112
Merced, California 95341-0112

29 COUNTY OF KERN **KERN COUNTY AGING AND ADULT** **SERVICES**

Analyst: Wendy Pride
Nurse: Sherry DeBarbieri

(661) 868-1095 FAX # (661) 868-0921

EMAIL: gardenr@co.kern.ca.us

Robin Garden, Site Director
Multipurpose Senior Services Program
County of Kern
Kern County Aging and Adult Services
5357 Truxtun Avenue Extension
Bakersfield, California 93309

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

30 MONTEREY (PSA 32)

Analyst: Larry Leboda
Nurse: Vacant

Andy Williams, Site Director

Direct Line: (831) 755-3467

Margarita Robles

Fiscal Officer
1000 S. Main Street, Suite 306
Salinas, California 93901

(831) 755-3403 FAX # (831) 751-1729

EMAIL: williamsa@co.monterey.ca.us

Andy Williams, Site Director

Multipurpose Senior Services Program
Monterey County Department of Social Services
713 La Guardia Street, Suite A
Salinas, California 93905

31 NAPA/SOLANO (PSA 28)

Analyst: Larry Leboda
Nurse: Vacant

Kelly Hiramoto, LCSW, Supervisor
MSSP/Linkages Serving Napa & Solano
Direct Line: (707) 643-5170, Ext. 20

(707) 644-6612 FAX # (707) 644-7905

EMAIL: leanne@aaans.org

Leanne Martinsen, Executive Director

Multipurpose Senior Services Program
Area Agency on Aging Serving Napa & Solano
601 Sacramento Street, #1401
Vallejo, California 94590

32 AREA 12 AGENCY ON AGING (PSA 12)

Analyst: Larry Leboda
Nurse: Sherry DeBarbieri

33 KINGS/TULARE (PSA 15)

Analyst: John Cummins
Nurse: Vacant

Elissa Padilla, Site Director

Phone Number & Ext: (559) 730-9921, Ext. 313

Pamela Nelson, Supervisor

(209) 532-6272 FAX # (209) 532-6501

EMAIL: aemmer@area12.org

Adam Emmer, Site Director

Multipurpose Senior Services Program
Area 12 Agency on Aging
13975 Mono Way, Suite E
Sonora, California 95370

(559) 730-9921 FAX # (559) 624-1042

EMAIL: epadilla@tularehhsa.org

Elissa Padilla, Site Director

Multipurpose Senior Services Program
Kings/Tulare Area Agency on Aging
3500 West Mineral King Avenue, Suite A
Visalia, California 93291

34 VENTURA (PSA 18)

Analyst: John Cummins
Nurse: Sherry DeBarbieri

(805) 477-7300 FAX # (805) 477-7312

EMAIL: maryleu.pappas@mail.co.ventura.ca.us

Mary Leu Pappas, Site Director

Multipurpose Senior Services Program
County of Ventura Area Agency on Aging
646 County Square Drive, Suite 100
Ventura, California 93003-9086

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

35 EL DORADO (PSA 29)

Analyst: Gloria Abernethy

Nurse: Vacant

Janet Walker-Conroy, Public Guardian, Director

Direct Line: (530) 621-6317

Accounting/Contract Office

937 Spring Street

Placerville, California 95667

Direct Line: (530) 621-6165

(530) 621-6300 FAX # (530) 622-1543

EMAIL: jwconroy@co.el-dorado.ca.us

Janet Walker-Conroy, Public Guardian, Director

Multipurpose Senior Services Program

El Dorado County

Department of Community Services

630 Main Street

Placerville, California 95667

36 THE COUNTY OF YUBA

(PSA 4)

Analyst: Larry Leboda

Nurse: Vacant

Ginny Tuscano, Program Manager

Direct Line: (530) 749-6775

(530) 749-6775 FAX # (530) 749-6244

EMAIL: gtuscano@co.yuba.ca.us

Ginny Tuscano, Program Manager

Multipurpose Senior Services Program

Yuba County

Health and Human Services Department

6000 Lindhurst Avenue, Suite 700 C

Marysville, California 95901

37 CITY OF FREMONT (PSA 9)

Analyst: Gloria Abernethy

Nurse: Vacant

Mary Anne Mendall, Site Director

Direct Line: (510) 574-2062

(510) 574-2050 FAX # (510) 574-2054

EMAIL: mamendall@ci.fremont.ca.us

Mary Anne Mendall, Site Director

Multipurpose Senior Services Program

City of Fremont

3300 Capitol Avenue

Fremont, California 94537-5006

38 INYO-MONO AREA AGENCY ON

AGING (PSA 16)

Analyst: Larry Leboda

Nurse: Vacant

(760) 873-6364 FAX # (760) 873-5103

EMAIL: imaaa@qnet.com

Charles Broten, Director

Multipurpose Senior Services Program

Inyo-Mono Area Agency on Aging

P.O. Box 1799

Bishop, California 93515

39 HUMAN SERVICES ASSOCIATION

(PSA 19)

Analyst: Wendy Pride

Nurse: Sherry DeBarbieri

(562) 806-5400 FAX # (562) 806-1006

EMAIL: darren.dunaway@hsala.org

Darren Dunaway, Senior Services Director

Multipurpose Senior Services Program

Human Services Association

6800 Florence Avenue

Bell Gardens, California 90201

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

40 PARTNERS IN CARE FOUNDATION

(PSA 19)
Analyst: Wendy Pride
Nurse: Sherry DeBarbieri

(818) 526-1780, EXT. 108

FAX # (818) 526-1788

EMAIL: jcook@picf.org

James Cook, Director
Multipurpose Senior Services Program
Partners In Care Foundation
101 South First Street, Suite 1000
Burbank, California 91502

41 CALOPTIMA (PSA 22)

Analyst: Larry Leboda
Nurse: Sherry DeBarbieri

(714) 246-8400 FAX # (714) 481-6536

EMAIL: jpiloo@caloptima.org

Jim Pijloo, Site Director
Multipurpose Senior Services Program
CalOptima
1120 West La Veta Avenue, Suite 200
Orange, California 92868

Jim Pijloo, Site Director
Direct Line: (714) 246-8773

43 PARTNERS IN CARE FOUNDATION- SOUTH (PSA 19)

Analyst: Wendy Pride
Nurse: Sherry DeBarbieri

(310) 632-9980 FAX # (310) 632-9984

EMAIL: jcook@picf.org

James Cook, Director
Multipurpose Senior Services Program
Partners In Care Foundation-South
3737 E. Martin Luther King Jr. Boulevard
Lynwood, California 90262

Gretchen Washington, Supervisor

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

All County Letter MSSP Contact Names

#	SITE	LOCATION OF SITE	PHONE NUMBER	CONTACT NAME
1	City of Oakland	Oakland	510-238-3762	Linda Johnson
2	County of Santa Cruz, Human Resources Agency	Santa Cruz	831-454-4600	Francie Newfield
3	AltaMed Health Services Corp.	Los Angeles, 90063	323-307-0200	Hugo Romo
4	Jewish Family Service of Los Angeles	Los Angeles, 90036	323-937-5930	Bernie Gruenbaum
5	Senior Care Action Network	Signal Hill	562-492-9878	Kit Donaldson
6	Institute on Aging	San Francisco	415-750-4141	Madelon Thompson
7	San Diego County Aging and Independence Services	San Diego	858-495-5885	Rick Wanne
8	Community Care Management Corp.	Clearlake/Fort Bragg	707-468-9347	Cynthia Coale
9	Humboldt Senior Resource Center	Eureka	707-443-9747	Robin Burdick
10	California State University, Chico	Chico	530-898-5082	Annette Spanutius
11	Sonoma County Area Agency on Aging	Santa Rosa	707-565-5970	Lynn Carolin
12	University of California, Davis Care Management	Sacramento	916-734-5432	Jill DeCou
13	County of San Mateo Department of Health Services	San Mateo	650-573-3900	Blaise Menez
14	Stanislaus County Community Services Agency	Modesto	209-558-2233	Diana Del Barba
15	County of Santa Barbara Public Health Department	Santa Barbara	805-346-8386	Susan Lindman
16	Huntington Memorial Hospital	Pasadena	626-397-3110	Lois Zagha
17	County of San Bernardino - East Valley	San Bernardino	909-891-9010	Debra Billings-Merlos
18	County of Orange Social Services Agency*	Santa Ana	714-825-3000	Chrisy Fong
19	Watts	no longer an MSSP provider		
20	Council on Aging of Silicon Valley, Inc.	San Jose	408-296-8290	Trudi Stone
21	Fresno/Madera Area Agency on Aging	Fresno	559-453-4405	Cindie Van Noy
22	San Joaquin County	Stockton	209-468-2202	Annette DePauli
23	Imperial County Work Training Center	El Centro	760-352-6181	J. Arnoldo Alvarez
24	Riverside County Office on Aging	Riverside	909-697-4697	Ed Walsh
25	Golden Umbrella	Redding	530-223-6034	Julie Anderson
26	Jewish Family and Children's Services	San Rafael	415-491-7960	Bernadette Sweeney
27	Contra Costa County Office on Aging	Martinez	925-335-8710	Erma Wardley
28	Merced County Human Services Agency	Merced	209-722-1738 x3164	Linda Nicholas
29	County of Kern, Aging and Adult Services	Bakersfield	661-868-1095	Robin Garden
30	Monterey County Department of Social Services	Salinas	831-755-3403	Andy Williams
31	Area Agency on Aging Serving Napa & Solano	Vallejo	707-644-6612	Kelly Hiramoto
32	Area 12 Agency on Aging	Sonora	209-532-6272	Janet Miller
33	Kings/Tulare Area Agency on Aging	Visalia	559-730-9921	Elissa M. Padilla
34	County of Ventura Area Agency on Aging	Ventura	805-477-7300	Mary Leu Pappas
35	El Dorado County Department of Community Services	Diamond Springs	530-621-6300	Janet Walker-Conroy
36	Yuba County Health Services	Marysville	530-749-6775	Shirley Baker
37	City of Fremont	Fremont	510-574-2050	Stephen Laird
38	Inyo-Mono Area Agency on Aging	Bishop	760-873-6364	Charles Broten
39	Human Services Association	Bell Gardens	562-806-5400	Darren Dunaway
40	Partners in Care Foundation**	Burbank	818-526-1780 x129	Aloyce Rachal
41	CalOptima	Orange	714-246-8400	Jim Pijloo
42	AAUC	no longer an MSSP provider		
43	South Central**	Lynwood	818-526-1780 x129	Aloyce Rachal

Orange* - contract ends 6/30/03.

Partners in Care** - covers the Watts/South Central LA area under a distinct contract/office effective 4/01/03.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

**MEDI-CAL
NOTICE OF ACTION
APPROVAL OF BENEFITS
MULTIPURPOSE SENIOR SERVICES
PROGRAM WAIVER**

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

The California Department of Aging's Medi-Cal Multipurpose Senior Services Program (MSSP) waiver provides extra services to persons 65 years of age or more who meet the MSSP requirements and who qualify for Medi-Cal under special deeming rules when they live with a spouse.

- You are entitled to full Medi-Cal benefits including case management services with no monthly cost beginning _____.
- You are entitled to full Medi-Cal benefits including case management services beginning _____. Your monthly share-of-cost is \$ _____.

In order to remain eligible for this program, you must:

- Report changes, such as your income, health insurance, living situation, medical condition, property, or your address within 10 days.
- Continue to meet the Department of Aging rules for this waiver.
- Provide any requested information.

If you do not have a plastic Benefits Identification Card (BIC), you will receive one soon. Always show your BIC to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. **DO NOT THROW AWAY YOUR PLASTIC BIC.**

The statute that requires this action is Section 51346, Title 22, California Code of Regulations.

cc: Department of Aging

MC 365 (12/02)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL APROBACIÓN DE BENEFICIOS DE SERVICIOS DE EXTENSIÓN PARA EL PROGRAMA DE SERVICIOS CON PROPÓSITO MÚLTIPLE PARA LAS PERSONAS DE LA TERCERA EDAD

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

Los Servicios de Extensión para el Programa de Medi-Cal de Servicios con Propósito Múltiple para las Personas de la Tercera Edad (*Medi-Cal Multipurpose Senior Services Program—MSSP*) del Departamento para las Personas de la Tercera Edad de California, proporciona servicios adicionales para las personas de 65 años de edad, o mayores, quienes cumplan con los requisitos del *MSSP*, y reúnan los requisitos para recibir beneficios de Medi-Cal, bajo las reglas de consideración especial, cuando vivan con un(a) cónyuge.

- Usted tiene derecho a recibir beneficios completos de Medi-Cal, incluyendo los servicios de administración del caso, sin costo mensual, a partir del _____.
- Usted tiene derecho a recibir beneficios completos de Medi-Cal, incluyendo los servicios de administración del caso, a partir del _____. Su parte del costo mensual es de \$_____.

Para continuar reuniendo los requisitos para este programa, usted tiene que:

- Reportar, en un plazo de 10 días, cualquier cambio, como por ejemplo, en sus ingresos, seguro médico, situación en el hogar, condición médica, propiedad o su dirección.
- Continuar cumpliendo con las reglas para estos servicios de extensión, establecidas por el Departamento para las Personas de la Tercera Edad.
- Proporcionar cualquier información solicitada.

Si usted no tiene una Tarjeta de Identificación de Beneficios de plástico (*Benefits Identification Card—BIC*), pronto recibirá una. Siempre presente su *BIC* a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida, mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. **NO TIRE SU TARJETA BIC DE PLÁSTICO.**

El estatuto que requiere esta acción se establece en la Sección 51346, del Título 22, del Código de Regulaciones de California.

cc: Departamento para las Personas de la Tercera Edad

MC 365 (SP) (12/02)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

**MEDI-CAL
NOTICE OF ACTION
DENIAL OR DISCONTINUANCE OF BENEFITS
MULTIPURPOSE SENIOR SERVICES
PROGRAM WAIVER**

[] []
[] []
(COUNTY STAMP)

[] []
[] []

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

The California Department of Aging's Medi-Cal Multipurpose Senior Services Program (MSSP) Waiver provides extra services to persons 65 years of age or more who meet the MSSP requirements and who qualify for Medi-Cal under special deeming rules when they live with a spouse.

- Your benefits under this program will be discontinued effective the last day of _____.
- Your application date of _____ is denied.

Here is/are the reason(s) why:

- Your property is over the limit of _____.
- The Department of Aging has informed us that you are no longer eligible for waiver services.
- You are no longer living in the home with your spouse.
- Other: _____

DO NOT THROW AWAY YOUR PLASTIC BENEFITS IDENTIFICATION CARD (BIC). You can use it again if you become eligible or are eligible for another Medi-Cal program.

The statute that requires this action is Section 51346, Title 22, California Code of Regulations.

cc: Department of Aging

MC 366 (12/02)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL NEGACIÓN O SUSPENSIÓN DE BENEFICIOS DE SERVICIOS DE EXTENSIÓN PARA EL PROGRAMA DE SERVICIOS DE PROPÓSITO MÚLTIPLE PARA LAS PERSONAS DE LA TERCERA EDAD

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

Los Servicios de Extensión para el Programa de Medi-Cal de Servicios con Propósito Múltiple para las Personas de la Tercera Edad (*Medi-Cal Multipurpose Senior Services Program—MSSP*) del Departamento para las Personas de la Tercera Edad de California, proporciona servicios adicionales para las personas de 65 años de edad, o mayores, quienes cumplan con los requisitos del *MSSP*, y reúnan los requisitos para recibir beneficios de Medi-Cal, bajo las reglas de consideración especial, cuando vivan con un(a) cónyuge.

Sus beneficios bajo este programa serán suspendidos, efectivo a partir del último día de _____.

Su fecha de solicitud del _____ ha sido denegada.

A continuación se enumera(n) la(s) razón/razones del por qué:

Su propiedad sobrepasa el límite de _____.

El Departamento para las Personas de la Tercera Edad nos ha informado que usted ya no reúne los requisitos para los servicios de la extensión.

Usted ya no está viviendo en el hogar, con su cónyuge.

Otro: _____

NO TIRE SU TARJETA DE IDENTIFICACIÓN DE BENEFICIOS DE PLÁSTICO (*BENEFITS IDENTIFICATION CARD—BIC*). Usted puede volver a usarla, si llega a reunir los requisitos, o si reúne los requisitos para otro programa de Medi-Cal.

El estatuto que requiere esta acción se establece en la Sección 51346, del Título 22, del Código de Regulaciones de California.

cc: Departamento para las Personas de la Tercera Edad

MC 366 (SP) (12/02)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

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

MC 354 (12/02)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California – Health and Human Services Agency
David Maxwell-Jolly, Director

Department of Health Care Services
Medi-Cal Program

NOTICE OF ACTION APPROVAL OF ENROLLMENT IN ASSISTED LIVING WAIVER WITH MEDI-CAL CHANGES FOR BENEFICIARY

County Return Address

Notice date: _____
Case number: _____
Worker name: _____

Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

Medi-Cal Recipient Address Box

You have been approved for enrollment into the Assisted Living (AL) Waiver and your Medi-Cal coverage will change as described below.

- You are eligible for the AL Waiver and because special AL waiver rules were applied, you are eligible for Medi-Cal without a share-of-cost beginning _____.

Because you have a Community Spouse, special AL Waiver deeming rules apply.

Your Community Spouse Resource Allowance is \$ _____ and it is the maximum amount of property which your community spouse may keep in his/her own name. This amount is based upon the greatest of: the standard amount, an amount awarded by court order, or an amount awarded by a fair hearing. PLEASE NOTE: To remain eligible for Medi-Cal you must not have any excess property. You have until _____ to transfer all of your net countable property, except for the \$2,000 you are allowed to retain, into the name of the Community Spouse. After this date, you must have no more than \$2,000 worth of net countable property held in your name.

Your spousal income allocation that you are allowed to give to your spouse is

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

\$ _____. If you decide not to give this amount to your spouse, you must tell your eligibility worker within 10 days. This may affect your eligibility or share-of-cost.

If you or your spouse are dissatisfied with the calculation of the Community Spouse Resource Allowance, the determination of ownership or availability of property, or the spousal income allocation, either or both of you have the right to request a fair hearing. Any fair hearing on the calculation of the Community Spouse Resource Allowance must be held within 30 days from the date of the request for the hearing. See the reverse side of this notice for directions on how to request a fair hearing.

The AL Waiver is limited to individuals eligible for Medi-Cal without a Medi-Cal share-of-cost who instead wish to live in a residential care provider site for the elderly or in publicly funded senior and/or disabled housing. Such individuals must have sufficient funds to pay for their board and room and care and supervision, with some funds remaining to meet personal and incidental needs. In determining Medi-Cal eligibility for individuals who are applying for enrollment into the AL Waiver, AL Waiver rules are used, including special AL waiver deeming rules for most married persons.

- You do not have to fill out monthly or quarterly status reports for Medi-Cal.
- You must report to your Medi-Cal worker within 10 days if there are any changes in your income, property, medical conditions, household situation, or living conditions.
- You will have to complete a form for your Medi-Cal annual review.

Always present your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good for as long as you are eligible for Medi-Cal. **DO NOT THROW AWAY YOUR BIC.**

This action is required by Welfare and Institutions Code Section 14132.26.

If you have any questions, ask your worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

cc: AL Waiver liaison DHCS Monitoring and Oversight Section
MC 240

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California – Health and Human Services Agency
David Maxwell-Jolly, Director

Department of Health Care Services
Medi-Cal Program

County Return Address

**MEDI-CAL
NOTICE OF ACTION
DENIAL OF ENROLLMENT IN
ASSISTED LIVING WAIVER AND/OR MEDI-CAL**

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____

Medi-Cal Recipient Address Box

Your request for enrollment into the Assisted Living (AL) Waiver has been denied. Here's why.

- You do not have sufficient funds to meet the costs of assisted living because you have a share-of-cost under regular Medi-Cal rules that is based on net countable income of \$ _____.

- We then used special AL Waiver rules and found you still would have a share of cost. If you are married with a community spouse, you were allowed a spousal income allocation of \$ _____ in this determination. Your net countable income and share-of-cost have been calculated as follows.

- You are not eligible for Medi-Cal even when we used special AL Waiver deeming rules because your property exceeds the Medi-Cal limit of \$ _____. If you are married with a community spouse, you were allowed a Community Spouse Resource Allowance of \$ _____ that was based on the greatest of: the standard amount, an amount awarded by court order, or an amount awarded by a fair hearing. Your excess property was calculated as follows:

The net countable property held in the name of your community spouse:

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

ITEM

VALUE

_____	_____
_____	_____
_____	_____

The net countable property held in your name:

ITEM

VALUE

_____	_____
_____	_____
_____	_____

The net countable property held in both of your names:

ITEM

VALUE

_____	_____
_____	_____
_____	_____

Total net countable property _____

Minus your Community Spouse Resource Allowance. (This is the amount the community spouse may keep in his/her own name.) - _____

Subtotal _____

Minus the property limit for one person (This is the amount you may keep in your own name.) - 2,000

Amount of excess property \$ _____

To be eligible for Medi-Cal you must not have any excess property by the last day of the month in which you apply for Medi-Cal benefits. You have \$ _____ worth of excess property and you are ineligible for Medi-Cal benefits unless you spenddown your excess property by the end of the month.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Other _____.

If you or your spouse are dissatisfied with the calculation of the Community Spouse Resource Allowance, the determination of ownership or availability of property, or the spousal income allocation, either or both of you have the right to request a fair hearing. Any fair hearing on the calculation of the Community Spouse Resource Allowance must be held within 30 days from the date of the request for the hearing. See the reverse side of this notice for directions on how to request a fair hearing.

IMPORTANT INFORMATION IF THIS NOTICE IS A DENIAL BECAUSE OF EXCESS PROPERTY AND YOU HAVE UNPAID MEDICAL BILLS: The MC 007 tells you about how this denial will be stopped if you use all of your excess property by paying medical bills that you owed during the month when you applied for Medi-Cal or after. This will not work if you wait more than three years. Ask your eligibility worker for an MC 007.

The Assisted Living Waiver is limited to individuals eligible for Medi-Cal without a Medi-Cal share-of-cost who require nursing provider site A or B level of care but who instead wish to live in a residential care provider site for the elderly or in publicly funded senior and/or disabled housing. Such individuals must have sufficient funds to pay for their board and room and care and supervision, with some funds remaining to meet personal and incidental needs. In determining Medi-Cal eligibility of applicants who are applying for enrollment into the AL Waiver, AL waiver rules were used.

This action is required by Welfare and Institutions Code Section 14132.26.

If you have any questions, ask your worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

cc: AL WAIVER liaison DHCS Home and Community-Based Services Branch
MC 242

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California – Health and Human Services Agency
David Maxwell-Jolly, Director

Department of Health Care Services
Medi-Cal Program

County Return Address

**MEDI-CAL
NOTICE OF ACTION
APPROVAL OF ENROLLMENT IN
ASSISTED LIVING WAIVER
AND INITIAL MEDI-CAL**

Medi-Cal Recipient Address Box

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

You have been approved for enrollment into the Assisted Living (AL) Waiver and for Medi-Cal coverage as follows using AL waiver rules.

- You are eligible for the AL Waiver and for Medi-Cal beginning _____ .
- Because you have a Community Spouse, special AL Waiver deeming rules apply.

Your Community Spouse Resource Allowance is \$ _____ and it is the maximum amount of property which your community spouse may keep in his/her own name. This amount is based upon the greatest of: the standard amount, an amount awarded by court order, or an amount awarded by a fair hearing. PLEASE NOTE: To remain eligible for Medi-Cal you must not have any excess property. You have until _____ to transfer all of your net countable property, except for the \$2,000 you are allowed to retain, into the name of the Community Spouse. After this date, you must have no more than \$2,000 worth of net nonexempt property held in your name.

Your spousal income allocation that you are allowed to give to your spouse is \$ _____. If you decide not to give this amount to your spouse, you must tell your eligibility worker within 10 days. This may affect your eligibility or share-of-cost.

If you or your spouse are dissatisfied with the calculation of the Community Spouse Resource Allowance, the determination of ownership or availability of property, or the spousal income allocation, either or both of you have the right to request a fair hearing. Any fair hearing on the calculation of the Community Spouse Resource Allowance must be held within 30 days from the

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

date of the request for the hearing. See the reverse side of this notice for directions on how to request a fair hearing.

The AL Waiver is limited to individuals eligible for Medi-Cal without a Medi-Cal share-of-cost who instead wish to live in a residential care provider site for the elderly or in publicly funded senior and/or disabled housing. Such individuals must have sufficient funds to pay for their board and room and care and supervision, with some funds remaining to meet personal and incidental needs. In determining Medi-Cal eligibility of applicants who are applying for enrollment into the AL Waiver, AL Waiver rules are used, including special deeming rules for most married persons.

- You do not have to fill out monthly or quarterly status reports for Medi-Cal.
- You must report to your Medi-Cal worker within 10 days if there are any changes in your income, property, medical conditions, household situation, or living conditions.
- You will have to complete a form for your Medi-Cal annual review.

Always present your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good for as long as you are eligible for Medi-Cal. **DO NOT THROW AWAY YOUR BIC.**

This action is required by Welfare and Institutions Code Section 14132.26.

If you have any questions, ask your worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

cc: AL Waiver liaison DHCS Monitoring and Oversight Section
MC 241

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

REFERRAL FORM FOR THE ASSISTED LIVING (AL) WAIVER

Date: _____

To: _____ (AL Waiver contact) _____ County
Phone Number

From: _____ Department of Care Health Services Monitoring and Oversight Section.

Phone: _____ e mail: _____
Fax _____

This notice concerns the individual named below.

Individual: _____ Case Name: _____

Address: _____ City/State: _____

Zip Code: _____ Social Security Number: _____

Date of Birth: _____ Telephone Number: _____

This individual

- has been screened as 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
 - a Medi-Cal share-of-cost of \$ _____.
- Special AL Waiver rules were used in this determination: Yes No

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Net nonexempt income was calculated as follows:

The above individual is ineligible for Medi-Cal even when AL Waiver rules are applied because _____.

County Instructions Once This Form is Returned by DHCS:

- 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.
- DHCS will not be enrolling the above individual in the AL Waiver 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.
 - other: _____
- 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.



MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

COUNTY WAIVER CONTACTS March 2004

<u>CONTACT</u>	<u>COUNTY</u>
Joyce Cooper Social Services Agency 1106 Madison Street, Suite 307 Oakland, CA 94612 (510) 267-9442 (510) 267-9428 FAX	Alameda
Regina Britschgi Health and Human Services 75-A Diamond Valley Road Markleeville, CA 96120 (530) 694-2235 (530) 694-2252 FAX	Alpine
Kim Crippen Department of Social Services 1003 Broadway Jackson, CA 95642 (209) 223-6569 (209) 223-6208 FAX	Amador
Gigi Gilbert Department of Social Welfare 42 County Center Drive P.O. Box 1649 Oroville, CA 94965 (530) 538-5149 (530) 538-6918 FAX	Butte
Connie McLain Department of Social Welfare 891 Mountain Ranch Road San Andreas, CA 95249 (209) 754-6444 (209) 754-6566 FAX	Calaveras
Nancy Montgomery Department of Health and Human Services Colusa, CA 95932 (916) 458-4985 (916) 458-5771 FAX	Colusa

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

COUNTY WAIVER CONTACTS March 2004

<u>CONTACT</u>	<u>COUNTY</u>
Sandy Baldwin Medi-Cal Program Analyst Employment and Human Services Department 40 Douglas Drive Martinez, CA 94553 (925) 313-1621 (925) 313-1758 FAX email: sbaldwin@ehsd.co.contra-costa.ca.us	Contra Costa
Carmen Chavez Department of Health and Social Services 880 Northwest Drive Crescent City, CA 95531 (707) 464-3191 (707) 465-1783 FAX	Del Norte
Midge Mortensen Department of Social Services 3057 Briw Road Placerville, CA 95684 (530) 642-7159 (530) 626-9060 FAX	El Dorado
Karen Sebilian Department of Employment and Temporary Assistance 4449 East Kings Canyon Fresno, CA 93750-0001 (559) 253-9177 (559) 253-9250 FAX	Fresno
Becky Hansen Human Resources P.O. Box 611 Willows, CA 95988 (530) 934-6514 (530) 934-6521 FAX	Glenn
Mary McCutcheon Department of Social Services 929 Koster Street Eureka, CA 95501 (707) 268-2785	Humboldt
Dora Juslin Department of Social Services 2995 South 4th Street, Suite 105 El Centro, CA 92243 (760) 337-6800 (760) 337-5716 FAX	Imperial

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

COUNTY WAIVER CONTACTS March 2004

<u>CONTACT</u>	<u>COUNTY</u>
Candy Ross Health and Human Services 914 North Main Street Bishop, CA 93514 (760) 872-1394	Inyo
Barbara Gause or Donna Dunkin Department of Human Services P.O. Box 511 Bakersfield, CA 93302 (661) 631-6094 (661) 633-7047 FAX	Kern
Aida Guzman Human Services Agency 1200 South Drive Hanford, CA 93230 (559) 582-3241 EXT. 4793 FAX 584-2749	Kings
Beverly Mangué Department of Social Services 15975 Anderson Ranch Parkway P.O. Box 9000 Lower Lake, CA 95457 (707) 995-4262 (707) 995-4204 FAX	Lake
Mary Polley Welfare Department P.O. Box 1359 Susanville, CA 96130 (530) 251-8148	Lassen
Rene Lima Department of Public Social Services 12900 Crossroads Parkway South City of Industry, CA 91745 (562) 908-3529 (562) 908-0593 FAX	Los Angeles
Candy Lopez Department of Public Welfare Madera County P.O. Box 569 Madera, CA 93639 (559) 675-2364 (559) 675-7693 FAX	Madera

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

COUNTY WAIVER CONTACTS March 2004

<u>CONTACT</u>	<u>COUNTY</u>
Pat McCormack Department of Health and Human Services P.O. Box 4160 120 N Redwood Drive, Rm 316 San Rafael, CA 94913 (415) 473-3547 (415) 473-3556 FAX	Marin
Becky Bradshaw Department of Social Services P.O. Box 7 Mariposa, CA 95338 (209) 966-3609 (209) 966-5943 FAX	Mariposa
Nancy Naumann Department of Social Services P.O. Box 1060 Ukiah, CA 95482 (707) 463-7828 (707) 463-7859 FAX	Mendocino
Mary Ellen Arana Human Services Agency 2115 West Wardrobe Avenue Merced, CA 95341-001 (209) 385-3000 EXT. 5488 (209) 725-3583 FAX	Merced
Pat Wood Department of Social Services 120 North Main Street Alturas, CA 96101 (530) 233-6501	Modoc
Julie Timerman Department of Social Services P.O. Box 2969 Mammoth Lakes, CA 93546 (760) 934-3511 (760) 924-5431 FAX	Mono
Yvette Grimes Department of Social Services 1000 South Main Street, Suite 208 Salinas, CA 93901 (831) 755-4407 (831) 755-8408 FAX	Monterey

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

COUNTY WAIVER CONTACTS March 2004

<u>CONTACT</u>	<u>COUNTY</u>
Darlene Washburn Health and Human Services 2261 Elm Street Napa, CA 94559-3721 (707) 253-4468	Napa
Cindy Lackey Human Services Agency P.O. Box 1210 Nevada City, CA 95959 (530) 265-1379 (530) 265-7062 FAX	Nevada
Maria Hernandez Social Services Agency 888 North Main Street, Suite 158C Santa Ana, CA 92701 (714) 541-7805 (714) 245-6188 FAX	Orange
Laurie Rodman Welfare Department 100 Stonehouse Court Roseville, CA 95678 (916) 784-6079 (916) 784-6100 FAX	Placer
Virgina Ekonen Department of Social Services P.O. Box 360 Quincy, CA 95971 (530) 283-6441 (530) 283-6368 FAX	Plumas
Sue de Jonckheere Department of Public Social Services 1605 Spruce Street Riverside, CA 92507 (909) 358-3992 (909) 358-3990 FAX	Riverside
Jennifer Sipe/Fred Tam Department of Social Services 2433 Marconi Avenue Sacramento, CA 95821 (916) 875-3731 (916) 875-3591 FAX	Sacramento
Alma Villasana Human Services Agency 1111 San Felipe Road, Suite 206 Hollister, CA 95023 (831) 636-4180	San Benito

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

COUNTY WAIVER CONTACTS March 2004

<u>CONTACT</u>	<u>COUNTY</u>
Candice Karpinen Department of Public Social Services 150 South Lena Road San Bernardino, CA 92415-0515 (909) 388-0280 (909) 338-0281 FAX	San Bernardino
Suzette St. Pierre Department of Health and Human Services 8840 Complex Drive, Suite 255 San Diego, CA 92123-1423 (858) 565-5029 (858) 565-3183 FAX	San Diego
Mary Adrian Department of Human Services P.O. Box 7988 San Francisco, CA 94120 (415) 558-1951 (415) 558-1841 FAX	San Francisco
Diane Luis Human Services Agency P.O. Box 201056 Stockton, CA 95202 (209) 468-1153 (209) 468-1985 FAX	San Joaquin
Christina Chow Department of Social Services 3433 South Higuera Street P.O. Box 8119 San Luis Obispo, CA 93403-8119 (805) 781-1897 (805) 781-1846 FAX	San Luis Obispo
Lorena Gonzalez Department of Social Services 400 Harbor Boulevard, Building C Belmont, CA 94002 (605) 595-7570 (605) 595-7576 FAX	San Mateo
Mysty Bonner Department of Social Services 1100 West Laurel Lompoc, CA 93436 (805) 737-7056	Santa Barbara
Janette Anastacio Department of Social Services 333 West Julian Street, 5 th Floor San Jose, CA 95110-2335 (408) 491-6700 (408) 975-4530 FAX	Santa Clara

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

COUNTY WAIVER CONTACTS March 2004

<u>CONTACT</u>	<u>COUNTY</u>
Nan Toy Human Resources Agency P.O. Box 1320 Santa Cruz, CA 95061 (408) 454-4142 (408) 454-4092 FAX	Santa Cruz
Janet Wright Department of Social Services P.O. Box 6005 Redding, CA 96099-6005 (916) 245-6464 (916) 225-5087 FAX	Shasta
Lori Wright Human Services P.O. Box 1019 Loyalton, CA 96118 (530) 993-6725 (530) 993-6767 FAX	Sierra
Collette Thornton Human Services Department 818 South Main Street Yreka, CA 96097 (530) 841-2708 (530) 841-2791 FAX	Siskiyou
Diana Perez Health and Social Services 275 Beck Ave MS 5-130 P.O.Box 5050 Fairfield, CA 94533-6804 (707) 784-8715 (707) 432-3548 FAX dperez@solanocounty.com	Solano
Kim Seamans Human Services Department 2550 Paulin Drive P.O. Box 1539 Santa Rosa, CA 95402 (707) 565-5304 (707) 565-5353 FAX	Sonoma
Mary Michael Department of Social Services P.O. Box 42 Modesto, CA 95353-0042 (209) 558-2525 (209) 558-2189 FAX	Stanislaus

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

COUNTY WAIVER CONTACTS March 2004

<u>CONTACT</u>	<u>COUNTY</u>
Denise Damm Department of Welfare and Social Services P.O. Box 1535 Yuba City, CA 95992-1535 (530) 882-7230 EXT. 218 (530) 882-7212 FAX	Sutter
Bobbie Stillwell Department of Social Services P.O. Box 1515 Red Bluff, CA 96080 (530) 528-4081 (530) 528-5410 FAX	Tehama
Marilyn Blackburn Department of Health and Human Services P.O. Box 1470 Weaverville, CA 96093 (530) 623-1265 (530) 623-1250 FAX	Trinity
Kathy Johnstone Health and Human Services Agency P.O. Box 5059 Visalia, CA 93278 (559) 685-4815 EXT. 246 (559) 685-4824 FAX	Tulare
Rebecca Espino Department of Social Services 20075 Cedar Road North Sonora, CA 95370 (209) 533-5746 (209) 533-5714 FAX	Tuolumne
Cecilia Taylor Human Services Agency 505 Poli Street Ventura, CA 93001 (805) 652-7522 (805) 652-7845 FAX	Ventura
Monica Perez Department of Social Services 120 West Main Street Woodland, CA 95695 (530) 661-2806 (530) 661-2847 FAX	Yolo
Robert Guerin Department of Social Services P.O. Box 2320 Marysville, CA 95901 (530) 749-6452 (530) 749-6281 FAX	Yuba