

**DEPARTMENT OF HEALTH SERVICES**

714/744 P Street  
 P O. Box 942732  
 Sacramento, CA 94234-7320  
 (916) 657-2941



September 24, 1997

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 185

TO: All Holders of the Medi-Cal Eligibility Procedures Manual

**ELIGIBILITY FOR IN-HOME CARE UNDER HOME AND COMMUNITY-BASED SERVICES WAIVERS -- 19D**

Enclosed is Article 19D of the Medi-Cal Eligibility Procedures Manual. These revised procedures describe all the Home and Community-Based waivers and are more comprehensive than the previous Model Waiver Program procedures.

**Procedure Revision:**

Article 19D

**Description:**

Revision to the procedures on waivers.

**Filing Instructions:**

**Remove Pages:**

Article 19 Procedure of Contents  
 Page PTC-19

Article 19 Table of Contents  
 Page TC-1

Article 19D  
 Pages 19D-1 through 19D-6

**Insert Pages:**

Article 19 Procedure of Contents  
 Page PTC-19

Article 19 Table of Contents  
 Page TC-1

Article 19D  
 Pages 19D-1 through 19D-17

Also enclosed in this letter are the California Regional Centers and the Waiver County Contacts lists. If you have any questions concerning a specific revision, please contact Margie Buzdas of my staff at (916) 657-0726.

Sincerely,

Original signed by

Frank S. Martucci, Chief  
 Medi-Cal Eligibility Branch

Enclosures



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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- Article 19    –    SPECIAL SERVICES
- 19A    –    INDIVIDUALS ON RESTRICTED SERVICE STATUS DUE TO PROGRAM ABUSE
- 19B    –    THIS SECTION HAS BEEN REMOVED FROM ARTICLE 19 AND HAS BEEN  
INCORPORATED INTO ARTICLE 4V, MINOR CONSENT MEDI-CAL SERVICES,  
EFFECTIVE OCTOBER 24, 1995.
- 19C    –    LIMITED SERVICES FOR MEDICALLY INDIGENT ADULTS IN SNF/ICF
- 19D    –    HOME AND COMMUNITY-BASED WAIVER PROGRAMS



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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- 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



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 19D -- ELIGIBILITY FOR IN-HOME CARE UNDER HOME AND COMMUNITY-BASED SERVICES (HCBS) WAIVERS

#### I. BACKGROUND

The Social Security Act [Section 1915(c)] 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 noninstitutional 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, Diagnostic, and Treatment (EPSDT) for eligible individuals under 21 years of age. EPSDT is a Medi-Cal benefit which requires that states provide medically necessary screening, vision, hearing, and dental services to Medi-Cal beneficiaries. One of the services which 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 following procedures apply if a waiver is required.

#### II. OVERVIEW

The applicant must be Medi-Cal eligible in the noninstitutional setting before being served by a waiver. The following procedures describe the process counties are to follow in determining Medi-Cal eligibility. 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. Agencies responsible for waiver service authorization will refer waiver applicants to the county welfare department (CWD) for these eligibility determinations. In some situations these agencies will not determine whether it is medically appropriate for the applicant to be in a waiver or to receive services until the county completes the Medi-Cal eligibility determination.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 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.
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.

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 property. 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 many 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, some persons may already be deinstitutionalized 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.



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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If the waiver applicant is currently receiving Medi-Cal-Only, the individual's move from an institutional setting to a noninstitutional 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. The applicant does not complete a new Application for Public Assistance, but the county may require a new Statement of Facts if appropriate.

If the person is currently institutionalized and is already receiving Medi-Cal, he/she is likely either a Medically Needy beneficiary in his/her own Medi-Cal family budget unit (MFBU) or is receiving Supplemental Security Income (SSI) and automatic SSI-based Medi-Cal. A new eligibility determination based on a noninstitutional 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 so he/she can receive waiver services. NOTE: Some people may not lose SSI upon returning home because the family income/property is below the SSI limit.

### 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 current contact for each county is attached to these procedures.

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 six types of waivers. The first two have special Medi-Cal eligibility determination requirements. The last four follow regular eligibility rules.

1. Model-Nursing Facility (Model-NF)
2. Department of Developmental Services Home and Community-Based (DDS) Waiver
3. In-Home Medical Care Services (IHMC) Waiver
4. AIDS Waiver
5. Multipurpose Senior Service Program (MSSP) Waiver
6. Nursing Facility (NF) Services Waiver

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### IV. DESCRIPTION AND PROCESSING

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

##### 1. Description

The DDS HCBS waiver is limited to developmentally disabled persons who reside in or meet the admission criteria for an intermediate care facility for the developmentally disabled as defined in the California Health and Safety Code. Waiver eligibility will be determined by the regional centers. Services provided include homemaker, home health, residential habilitation, day habilitation, skilled nursing, transportation, specialized medical equipment and supplies, personal care, respite, environmental modifications, chore service, personal emergency response systems, physical therapy, occupational therapy, physiology services, vehicle adaptations, communication aides, and crisis intervention.

##### 2. Referring Agency

###### Department of Developmental Services (DDS) - Regional Centers

The regional centers of DDS are responsible for the DDS Home and Community-Based Services (HCBS) Waiver. DDS contracts with local regional centers which are responsible for seeking Medi-Cal for their clients. These regional centers are nonprofit agencies.

The regional center will determine the medical appropriateness of waiver coverage before referral to the CWD by reviewing the applicant's medical, social, and developmental care needs. If appropriate, the regional center will refer him/her to the county for an eligibility determination or redetermination via the Department of Developmental Services Waiver Referral form (see attached). If no responsible relative is available to act on the applicant's behalf or he/she does not wish to apply for the applicant, the regional center may do so. 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 of the California Regional Centers.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 3. Eligibility Requirements

The individual must meet all regular Medi-Cal eligibility rules when determining eligibility for the waiver. If the individual is eligible for Medi-Cal with no SOC including the income and resources of his/her parent or spouse, there is no need for special waiver program criteria. The applicant can be approved with no special rules. If the other family members are not applying for Medi-Cal, the county may ask some income and property screening questions to determine that the applicant would probably not be eligible under regular Medi-Cal rules.

If, however, the applicant is property ineligible or has a SOC, the special rules below apply:

- Parental and/or spousal income and resources are not considered even if the applicant lives at home.
- Spousal impoverishment rules apply if appropriate as if the applicant were institutionalized.
- 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., he/she may be used to link other family members although he/she is not in the MFBU.
- The waiver is limited to those who are eligible for full benefits.
- A disability determination is not required unless the individual has no other basis for linkage.
- There are no special aid codes for DDS waiver persons at this time.
- Because DDS waiver individuals are in their own MFBU's and there is no parental or spousal deeming, even if they have not been determined disabled and they are in a nondisabled aid code, they need only complete status reports for themselves.
- The maintenance need for one (\$600) is used to determine the waiver individual's SOC if any, based on his/her own income.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### B. DHS Model Nursing Facility Waiver (Model-NF)

#### 1. Description

The Model-NF waiver is limited to persons who require the nursing facility level of care or subacute services for at least 90 consecutive days but who wish to live at home or in the community. Inpatient status prior to the enrollment of waiver services is no longer required. Services provided include but are not limited to: case management, skilled nursing, home health aides, language services, speech, hearing, family training and therapy, and physical therapy and adaptations to the home.

#### 2. Referring Agency

##### DHS In-Home Operations (IHO) Section

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 facilitates 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, medication, nursing hours, 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 physician and other staff.

#### 3. Referral Process

The medical component may not have been completed by IHO prior to the agency referral to the county. If not, the county will receive a Potential Waiver Screening Form, (see attached) from IHO indicating the need for a determination and the applicable living condition. The county should call the IHO section or return the form indicating the results of the eligibility determination and await notification from the section before reporting any eligibility to the Medi-Cal Eligibility Data System (MEDS).

When the medical component has been completed, the county will receive a copy of the DHS Medi-Cal MWP Letter 1 Model Waiver Medical Eligibility Notice, a copy of which is attached. The county should contact the IHO unit for the date of eligibility if the medical determination has already been completed and the eligibility date is not stated. If the applicant is determined to be ineligible for any reason, the county should also inform the IHO section.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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For more information, counties may contact the following:

In-Home Operations Section  
Southern Region - Case Management  
107 South Broadway, Room 6037  
Los Angeles, CA 90012  
(213) 897-6774

In-Home Operations Section  
Northern Region - Intake, Case  
Management, Administration  
1801 Seventh Street  
P.O. Box 942732  
(916) 324-1020

#### 4. Eligibility Requirements

The Model waiver has the same eligibility rules as the DDS waiver. These are:

The individual must meet all regular Medi-Cal eligibility rules when determining eligibility for the waiver. If the individual is eligible for Medi-Cal with no SOC including the income and resources of his/her parent or spouse, there is no need for special waiver program criteria. The applicant can apply for a waiver using regular income and property rules.

If, however, the applicant is property ineligible or has a SOC, the special rules below apply:

- Parental and/or spousal income and resources are not considered even if the applicant lives at home.
- Spousal impoverishment rules apply if appropriate as if the applicant were institutionalized.
- 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 for full benefits e.g., a person residing in a nursing home under the state-only aid code of 53 is not eligible.
- A disability determination is not required unless the individual has no other basis for linkage or if there would be an advantage if the applicant were disabled, e.g., income deductions available only to the

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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

- There are no special aid codes for Model waiver persons at this time.
- Because Model waiver individuals are in their own MFBUs and there is no parental or spousal deeming, even if they have not been determined disabled and they are in a nondisabled aid code, they need only complete status reports for themselves
- The maintenance need for one (\$600) is used to determine the waiver individual's SOC if any, based on his/her own income.

### C. In-Home Medical Care (IHMC) Waiver

#### 1. Description

The IHMC waiver is limited to individuals who in the absence of the waiver program require care in an acute hospital for at least 90 days. Services provided include but are not limited to: case management, skilled nursing, home health aides, utility coverage, case management, and minor physical adaptations to the home.

#### 2. Referring Agency

DHS In-Home Operations Section (IHO).

Generally, if the applicant is not referred, the county probably will not be aware that the applicant is seeking a waiver and will process the determination as they normally do.

#### 3. Eligibility Requirements

No special Medi-Cal eligibility rules apply. If the applicant is living in the home, he/she is not in a separate MFBU from his/her parent/spouse.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### D. Nursing Facility Level of Care (NF) Waiver

#### 1. Description

The NF waiver (formerly referred to as the Skilled Nursing Facility Waiver) is limited to individuals who are physically disabled adult Medi-Cal recipients who would otherwise require nursing facility or subacute services for at least 90 consecutive days care. Services are similar to those of the Model-NF waiver. NOTE: Recipients under the age of 21 receive services through the EPSDT program.

#### 2. Referring Agency

DHS In-Home Operations Section (IHO).

Generally, if the applicant is not referred, the county probably will not be aware that the applicant is seeking a waiver and will process the determination as they normally do.

#### 3. Eligibility Requirements

No special Medi-Cal eligibility rules apply. If the applicant is living in the home, he/she is not in a separate MFBU from his/her parent/spouse.

### E. DHS Acquired Immune Deficiency Syndrome (AIDS) Waiver

#### 1. Description

The AIDS waiver is limited to individuals with AIDS or symptomatic HIV disease who would otherwise require care in skilled nursing facilities or acute hospitals. Services provided include case management, skilled nursing, attendant care, psycho-social counseling, nonemergency medical transportation, homemaker services, equipment and minor physical adaptations to the home, a limited room and board supplement for infants and children in foster care, nutritional counseling, and nutritional supplements/home delivered meals.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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2. Referring Agency

DHS Office of AIDS

Applicants for this waiver have had the medical component for waiver inclusion completed prior to referral to the county.

3. Eligibility

No special Medi-Cal eligibility rules apply.

F. Department of Aging Multipurpose Senior Service Program (MSSP) Waiver

1. Description

The MSSP Waiver program is limited to frail elderly individuals who would otherwise require care in nursing facilities. Many of the waiver participants lived at home and were on Medi-Cal before being accepted into the waiver. There should be few, if any, referrals to the county.

Services include case management, adult social day care, housing assistance, protective services, personal care, respite care, transportation, meal services, and special communications.

2. Referring Agency

The Department of Aging

Applicants for this waiver have had the medical component for waiver inclusion completed prior to referral to the county.

3. Eligibility

No special Medi-Cal eligibility rules apply.



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### V. GENERAL PROCESSING INFORMATION

#### A. Notices of Action (NOA)

All waiver applicants should receive 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. The NOA should be the same as used for any other applicant at this time. NOTE: If the applicant is still institutionalized but wishes to know if he/she would be Medi-Cal eligible or the amount of his/her SOC upon discharge, the Screening Form may be sent to the referring agency indicating this information prior to the regular NOA.

#### 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:

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 or the referring agency 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.

#### C. Aid Codes

There are no aid codes specifically identifying individuals in waivers at this time; however, if the person was receiving Medi-Cal prior to leaving the institution, a change in aid code may be required. This change is usually effective the first of the month following the month of deinstitutionalization. DHS hopes to develop a special aid code or some identifier for DDS and Model Waiver persons in the future.

#### D. Status Reports

Status reporting requirements remain the same for wavier individuals according to the appropriate aid code except if the individual is applying under the DDS or Model Waivers. Individuals in those waivers, regardless of

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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aid codes, need only complete status reports for themselves and reporting may be waived in certain circumstances e.g., a child with no income, no parent is available to complete the form, the person has no income and/or is unable to complete the form without assistance. These individuals will be treated as though they have been determined disabled.

E. Medi-Cal Family Budget Unit (MFBU)

Persons in the Model and DDS waivers are in their own MFBU. Spousal Impoverishment rules apply. The maintenance need of the waiver person is \$600. 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 Model or DDS waiver person should be treated similar to public assistance (PA) persons, 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 four waivers are considered part of the household if they are determined to be living in the home; therefore, regular Medi-Cal MFBU rules apply.

F. SSI Personal Needs Allowance (PNA)

Effective June 1, 1990, federal law began allowing a former institutionalized SSI child the same PNA as an institutionalized SSI child as long as the deinstitutionalized 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. Counties should be aware that when the waiver beneficiary begins receiving the PNA, MEDS will show an aid code of 60. DHS is in the process of developing a system to allow the Medi-Cal aid code to continue since counties will continue to monitor the case.

G. Promptness Requirement

Counties must follow the promptness requirement as specified in Section 50177. In some cases, the individual may already be receiving Medi-Cal-only in the institution. If the family is receiving Medi-Cal-only, it is likely the county already will have most of the information needed to complete the eligibility or SOC determination.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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Therefore, the Medi-Cal eligibility determination should be significantly shorter than the 45-day/90-day promptness requirement.

### H. Quality Control

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

### I. Redetermination

The county shall redetermine eligibility as required by Section 50189. Only information about the waiver beneficiary is required. This redetermination is completed even for persons receiving a special SSI/SSP payment pursuant to Section 1382c(f)(2)(B) of 42 United States Code (see Item F. above and ACWDL 91-65). This section provides for an SSI/SSP payment to certain persons in waivers such as the Model and DDS waivers who would have received this PNA had they still been institutionalized.

## VI. FORMS

1. Department of Developmental Services Waiver Referral Form (DHS 7096)
2. Model Waiver Screening Form (DHS 7097)
3. Model Waiver Medical Eligibility Notice (MWP Letter 1)
4. Medi-Cal Waiver Information and Authorization (formerly called the "SSI Payments for Disabled children Living at Home") (DHS 7071)



# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare 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.**

DHS 7086 (8/97)

White: County copy

Yellow: Regional Center Copy

SECTION NO.:

MANUAL LETTER NO.: 185

DATE: **SEP 24 1997** 19D-14



# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

## MODEL WAIVER SCREENING

COUNTY USE ONLY	
Case name	Case number
Worker name	Worker number

**SECTION I: STATE REFERRAL AGENCY IN-HOME OPERATIONS (IHO)**—Please complete this portion and forward to the appropriate county contact person. If the applicant has already been confirmed for the medical portion of the Model Waiver, please send a copy of the Department of Health Services Medi-Cal MWP Letter 1 instead of this form.

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

### 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: \_\_\_\_\_

### STATE AGENCY CONTACT (IHO)

Name	Title	Telephone (    )	Date
Address (number, street)	City	State	ZIP code

**SECTION II: COUNTY DEPARTMENT OF SOCIAL SERVICES**—Please complete and return to IHO as soon as possible. Completion of this form is based only on information received from the applicant or his/her representative at the time of the interview. When the final determination has been made, please also send a copy of the Notice of Action.

- TYPE OF DETERMINATION:**     Preliminary     Formal
- The applicant/beneficiary appears/continues to be eligible for Medi-Cal using waiver of parental/spousal income/property rules but would have a share of cost (SOC) of \$\_\_\_\_\_.
- The applicant/beneficiary appears/continues to be eligible for Medi-Cal using waiver of parental/spousal income/property rules without an SOC.
- The applicant does *not* appear to be eligible for Medi-Cal using waiver of parental/spousal income/property rules due to his/her own excess property/assets.
- The applicant/beneficiary is eligible for zero SOC Medi-Cal using regular income/property rules; therefore, no waiver is required.

### COUNTY CONTACT

Name	Title	Telephone (    )	Date
Address (number, street)	City	State	ZIP code

White: State copy

Yellow: County copy

Pink: IHO

DHS 7097 (7/97)

SECTION NO.:

MANUAL LETTER NO.: 185

DATE: SEP 24 1997 9D-15





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# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

PETE WILSON, Governor

## DEPARTMENT OF HEALTH SERVICES

714/744 P Street  
P.O. Box 942732  
Sacramento, CA 94234-7320  
(916) 324-1020



Dear

### MODEL-NURSING FACILITY (NF) WAIVER MEDI-CAL ELIGIBILITY NOTICE

**Applicant:**

**Social Security Number:**

**Date of Birth:**

**Address:**

**Telephone:**

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

It is now necessary that the individual make an application for Medi-Cal program eligibility, or be redetermined eligible for Medi-Cal as a member of his/her own Medi-Cal Family Budget Unit (MFBU) through the county welfare department.

Please contact Mr./Ms. \_\_\_\_\_ in  
County at ( \_\_\_\_\_ ) \_\_\_\_\_, to make an appointment to complete the Medi-Cal  
eligibility application. Should you have questions regarding this notice, please contact me at  
(916) \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Eligibility Liaison

cc:

**Note to County:** Counties should contact IHO Eligibility Liaison for the Medi-Cal effective date.

DHS Medi-Cal MWP Letter 1 05/01/97

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SECTION NO.:

MANUAL LETTER NO.:

185

DATE:

SEP 24 1997

19D-16

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# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare 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 Model or Developmental Services Waiver. For other waivers, forward this form to the State of California, Department of Health Services, Medi-Cal Eligibility Branch, Room 1650, 714 P Street, P.O. Box 942732, Sacramento, CA 94234-7320. 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 \_\_\_\_\_

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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
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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
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**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:

- Model 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 ( )	ZIP code
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 ( )	ZIP code
State address (number, street)	City	State	ZIP code

White: Parent copy

Yellow: County copy

DHS 7071 (6/97)

SECTION NO.:

MANUAL LETTER NO.: **185**

DATE: **SEP 24 1997** 19D-17



April 1, 1997

## CALIFORNIA REGIONAL CENTERS

Regional Center	Director	Counties Served
<b>Delta California Regional Center</b> 31 Howe Avenue, Suite 100 Sacramento, CA 95825	James F. Huyck, Director 916- 924-0400 Fax: 916- 929-1036	Alpine, Colusa, El Dorado, Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, Yuba
<b>Central Valley Regional Center</b> 5168 North Blythe Avenue, Suite 101 Fresno, CA 93722	David Riester, Director 209-276-4300 Fax: 209-276-4360	Fresno, Kings, Madera, Mariposa, Merced, Tulare
<b>Eastern Los Angeles Regional Center</b> 1000 South Fremont Alhambra, CA 91802-7916	Gloria Wong, Director 818-299-4700 Fax: 818-281-0730	Alhambra, East Los Angeles, Northeast, Whittier
<b>Far Northern Regional Center</b> 1900 Churn Creek Road, Suite 319 Redding, CA 96002	Laura Larson, Director 916-222-4791 Fax: 916-222-6063	Butte, Glenn, Lassen, Modoc, Plumas, Shasta, Siskiyou, Tehema, Trinity
<b>Frank D. Lanterman Regional Center</b> 3440 Wilshire Boulevard, Suite 400 Los Angeles, CA 90010	Diane Campbell Anand, MPH, Director 213-383-1300 Fax: 213-383-6526	Central, Glendale, Hollywood- Wilshire, Pasadena
<b>Golden Gate Regional Center</b> 120 Howard Street, Third Floor San Francisco, CA 94105-1848	J.F. Gaillard, Director 415-546-9222 Fax: 415-546-9203	Marin, San Francisco, San Mateo
<b>Harbor Regional Center</b> 21231 Hawthorne Blvd Torrance, CA 90509	Patricia Del Monico, Director 310-540-1711 Fax: 310-540-9538	Bellflower, Harbor, Long Beach, Torrance
<b>Inland Regional Center</b> 674 Brier Drive San Bernardino, CA 92412-6127	Verlin Wooley, Director 909-890-3000 Fax: 909-890-3001	Riverside, San Bernardino
<b>Kern Regional Center</b> 3200 North Sillect Avenue Bakersfield, CA 93308	Michael C. Clark, Ph.D., Director 805-327-8531 Fax: 805-324-5060	Inyo, Kern, Mono
<b>North Bay Regional Center</b> 10 Executive Court, Suite A Napa, CA 94558	Nancy Gardner, Director 707-256-1100 Fax: 707-256-1112	Napa, Solano, Sonoma
<b>North Los Angeles County Regional Center</b> 15400 Sherman Way, Suite 300 Van Nuys, CA 91406	William C. Donovan, Ph.D., Director 818-788-1900 Fax: 818-756-6140	East Valley, San Fernando, West Valley, Antelope Valley
<b>Redwood Coast Regional Center</b> 558 E Street Eureka, CA 95501	Carlos Flores, Director 707-445-0893 Fax: 707-444-3409	Del Norte, Humboldt, Mendocino, Lake

<b>Regional Center of the East Bay</b> 7677 Oakport Street, Suite 1200 Oakland, CA 94621	Kathryn M. Munn, Director 510-285-2800 Fax: 510-615-4707	Alameda, Contra Costa
<b>Regional Center of Orange County</b> 530 South Main Street Orange, CA 92668-4579	Willam J. Bowman, Director 714-973-1999 Fax: 714-547-4365	Orange
<b>San Andreas Regional Center</b> 300 Orchard City Drive, Suite 170 Campbell, CA 95008	Santi J. Rogers, Director 408-374-9960 Fax: 408-376-0586	Montery, San Benito, Santa Clara, Santa Cruz
<b>San Diego Regional Center</b> 4355 Ruffin Road, Suite 205 San Diego, CA 92123-1648	Raymond M. Peterson, M.D., Director 619-576-2996 Fax: 619-576-2873	Imperial, San Diego
<b>San Gabriel/Pomona Regional Center</b> 761 Corporate Center Drive Pomona, CA 91768	R. Keith Penman, Director 909-620-7722 Fax: 909-622-0272	El Monte, Monrovia, Pomona, Foothill
<b>South Central Los Angeles Regional Center</b> 2160 West Adams Boulevard Los Angeles, CA 90018	Dexter A. Henderson, Director 213-734-1884 Fax: 213-730-2286	Compton, San Antonio, South, Southeast, Southwest
<b>Tri-Counties Regional Center</b> 5464 Carpinteria Avenue, Suite B Carpinteria, CA 93013-1423	James L. Shorter, Director 805-684-1204 Fax: 805-684-3034	San Luis Obispo, Santa Barbara, Ventura
<b>Valley Mountain Regional Center</b> 7210 Murray Drive Stockton, CA 95210	Richard W. Jacobs, Director 209-473-0951 Fax: 209-473-0256	Amador, Calaveras, San Joaquin, Stanislaus, Tuolumne
<b>Westside Regional Center</b> 5901 Green Valley Circle, Suite 320 Culver City, CA 90230-6938	Michael Danneker, Director 310-337-1155 Fax: 310-649-1024	Inglewood, Santa Monica-West
<b>Department of Developmental Services</b> 1600 Ninth Street PO Box 944202 (94244-2020)	Dennis G. Amundson, Director 916- 654-1987 Fax 916-654-2167	Eileen M Cassidy Deputy Director Program Services Division 916-654-1958 FAX 916-654-1913

**WAIVER COUNTY CONTACTS  
DECEMBER 1996**

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<u>CONTACT</u>	<u>COUNTY</u>
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**WAIVER COUNTY CONTACTS  
DECEMBER 1996**

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**WAIVER COUNTY CONTACTS  
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**WAIVER COUNTY CONTACTS  
DECEMBER 1996**

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**WAIVER COUNTY CONTACTS  
DECEMBER 1996**

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**WAIVER COUNTY CONTACTS  
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**WAIVER COUNTY CONTACTS  
DECEMBER 1996**

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**WAIVER COUNTY CONTACTS  
DECEMBER 1996**

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**WAIVER COUNTY CONTACTS  
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