

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-0710



April 9, 2001

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Health Executives
All County Mental Health Directors

Letter No.: 01-24

CAMERA-READY COPIES OF THE SPANISH WAIVER NOTICES OF ACTION (NOAS), UPDATED WAIVER CONTACT LISTS, AND THE IN-HOME OPERATIONS BROCHURE.

Ref.: All County Welfare Directors Letters (ACWDL) 01-09 and 01-12

The purpose of this letter is to provide counties with camera-ready copies of the Spanish versions of the Department of Developmental Services (DDS) and Model Waiver NOAs. The English versions of these NOAs were sent to you earlier in the year. These are referenced above.

We are also enclosing an updated list of contacts for the DDS Regional Centers and Medi-Cal. If your county contact is incorrect, please FAX a correction to Ms. Margie Buzdas, at (916) 657-3224.

In-Home Operations has a new brochure about the Model and other waivers. A copy of this is also enclosed for your information.

For more information, please contact Ms. Margie Buzdas, at (916) 657-0726.

Sincerely,

ORIGINAL SIGNED BY

Shar Schroeffer, Chief
Medi-Cal Eligibility Branch

Enclosures

**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/de la trabajador(a): _____

Número del/de la trabajador(a): _____

Teléfono del/de la trabajador(a): _____

Esto afecta a: _____

(Nombre)

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

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/de la trabajador(a): _____

Número del/de la trabajador(a): _____

Teléfono del/de la trabajador(a): _____

Esto afecta a: _____

(Nombre)

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

**NOTIFICACIÓN DE ACCIÓN
DE MEDI-CAL
APROBACIÓN DE BENEFICIOS DEL PROGRAMA
DE SERVICIOS DE EXTENSIÓN
EN UN CENTRO DE CONVALECENCIA MODELO**

(COUNTY STAMP)

Fecha de la notificación: _____

Número del caso: _____

Nombre del/de la trabajador(a): _____

Número del/de la trabajador(a): _____

Teléfono del/de la trabajador(a): _____

Horario del/de la trabajador(a): _____

Esto afecta a: _____

(Nombre)

El Programa de Servicios de Extensión en un Centro de Convalecencia Modelo (*Model Nursing Facility Waiver*) se limita a personas que necesitan el nivel de atención de un centro de convalecencia o de servicios subagudos, pero que desean vivir en sus hogares o en la comunidad. Los ingresos y bienes de uno de los padres o cónyuges no se utilizan en la consideración del/de la solicitante o beneficiario(a).

- Usted reúne los requisitos para recibir beneficios bajo este programa, sin costo alguno.
- Usted reúne los requisitos para recibir beneficios bajo este programa, con una parte del costo mensual de \$ _____.
- Usted no tiene que llenar reportes sobre la situación mensuales ni 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 *CalWORKS*.

Por favor, notifíqueme 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 TARJETA BIC.**

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

cc: ~~In-Home Operations~~

**NOTIFICACIÓN DE ACCIÓN
DE MEDI-CAL
NEGACIÓN O DESCONTINUACIÓN DE BENEFICIOS
DEL PROGRAMA DE SERVICIOS DE EXTENSIÓN
EN UN CENTRO DE CONVALECENCIA MODELO**

(COUNTY STAMP)

Fecha de la notificación: _____

Número del caso: _____

Nombre del/de la trabajador(a): _____

Número del/de la trabajador(a): _____

Teléfono del/de la trabajador(a): _____

Horario del/de la trabajador(a): _____

Esto afecta a: _____

(Nombre)

El Programa de Servicios de Extensión en un Centro de Convalecencia Modelo (*Model Nursing Facility Waiver*) se limita a personas que necesitan el nivel de atención de un centro de convalecencia o de servicios subagudos, pero que desean vivir en sus hogares o en la comunidad. Los ingresos y bienes de uno de los padres o cónyuges no se utilizan en la consideración del/de la solicitante o beneficiario(a).

- Sus beneficios bajo este programa se descontinuarán a partir del último día de _____.
- La fecha de su solicitud del _____ se ha negado.

Enseguida se da(n) la(s) razón(es):

- Sus bienes están por encima del límite de \$ _____.
- Usted ya no recibe servicios de convalecencia.
- Usted ya no vive en el hogar.

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

NO TIRE SU TARJETA DE IDENTIFICACIÓN DE BENEFICIOS (BIC). Usted puede utilizarla de nuevo, si vuelve a reunir o reúne los requisitos para recibir beneficios de 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: In-Home Operations

CONTACTS FOR REGIONAL CENTERS 360 - 370

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 Adrain, R.N. (213) 383-1300 X 746 (213) 427-2381 (FAX)	Grace Kotchouian, R.N. (213) 383-1300
361 GOLDEN GATE REGIONAL CTR. 120 Howard Street, Fourth Floor San Francisco, CA 94105-1848	Candice Sultan, R.N. (415) 546-9222 X 400 (415) 546-9203 (FAX)	Carla Kania, R.N. (415) 546-9222 X 200
362 SAN DIEGO REGIONAL CENTER 14355 Ruffin Road, suite 205 San Diego, CA 92123-1648	Carol Jean Thomas (858) 576-2985 (858) 496-4327 (FAX)	Roy Carroll (858) 576-2992
363 FAR NORTHERN REGIONAL CTR. 1377 East Lassen Avenue Chico, CA 95973	Mary McCart, QMRP (530) 895-8633 X 248 (530) 895-1501 (FAX)	
364 ALTA CALIFORNIA REGIONAL CENTER 2031 Howe Avenue, #100 Sacramento, CA 95825	Peggy Ann Feldt, RNMS, QMRP (916) 978-6378 (916) 489-1380 (FAX)	
365 SAN ANDREAS REGIONAL CTR. 300 Orchard City Drive, Suite 170 Campbell, CA 95008	Dan Yoder, R.N. (408) 341-3518 (408) 376-0586 (FAX)	Carole Jewett, R.N. (408) 341-3468
366 TRI-COUNTIES REGIONAL CTR. 520 East Montecito Santa Barbara, CA 93103	Rosie Ray (805) 884-7210 (805) 884-9374 (FAX)	
367 CENTRAL VALLEY REGIONAL CENTER 5168 North Blythe Avenue Fresno, CA 93722-6429	Holly Lovett (559) 738-2210 1945 East Noble Visalia, CA 93292-1516	Kathy Frye (559) 276-4387 (Fresno) (559) 276-4360(FX:Fresno) (559) 738-2265(FX:Visalia)
368 REGIONAL CENTER OF ORANGE COUNTY 801 Civic Center Drive, Suite 300 Santa Ana, CA 92701	Katherine Long, MA (714) 796-5220 (714) 796-3021 (FAX)	
369 INLAND REGIONAL CENTER 674 Brier Drive San Bernardino, CA 92408	Margie Henderson (909) 890-3425 (909) 890-3007 (FAX)	Clarice Schnepf, R.N. (909) 890-3428 (909) 890-3001 (FAX)
370 REDWOOD COAST REGIONAL CENTER 808 E Street Eureka, CA 95501	Cindy Sullivan QMRP (707) 445-0893 X 327 (707) 444-3409 (FAX)	Gwen Caldera (707) 462-3832 1116 Airport Park Blvd. Ukiah, CA 95462 (707) 462-3314 (FAX)

CONTACTS FOR REGIONAL CENTERS 371 - 380

REGIONAL CENTER	MEDICAID WAIVER COORDINATOR	ALTERNATE MEDICAID WAIVER COORDINATOR
371 NORTH BAY REGIONAL CENTER 10 Executive Court, Suite A Napa, CA 94558	Fiona Robertson (707) 256-1127 (707) 256-1112 (FAX)	Linda Jones (707)265-1211
372 KERN REGIONAL CENTER 3200 North Sillect Avenue Bakersfield, CA 93308	Nancy Randall, R.N. (661) 327-8531 x 246 (661) 324-5060 (FAX)	Melvina Mull (661) 327-8531 x 368
373 EAST LOS ANGELES REGIONAL CENTER 1000 South Fremont Avenue Alhambra, CA 91802-7916	Jessie Valdez, Manager of Specialized Services (626) 299-4719 (626) 281-1163 (FAX)	Judy Matthews (626) 299-4788
374 SOUTH CENTRAL LOS ANGELES REGIONAL CENTER 650 West Adams Blvd, Ste. 400 Los Angeles, CA 90007	Fezem Shabaf (213) 744-8850 (213) 744-8888 (FAX)	Irene Olsakowski, RN (213) 744-8872
375 HARBOR REGIONAL CENTER Del Amo Business Plaza 21231 Hawthorne Boulevard Torrance, CA 90503	Paula Fiebert (310) 543-0615 (310) 540-9538 (FAX)	Laura Garabedian, R.N. (310) 543-1711
376 WESTSIDE REGIONAL CENTER 5901 Green Valley Circle, #320 Culver City, CA 90230-6938	Bill Feeman (310) 258-4132 (310) 338-9744 (FAX)	Tami Jones (310) 258-4034
377 VALLEY MOUNTAIN REGIONAL CENTER 7210 Murray Drive Stockton, CA 95210	Katina Richison (209) 955-3616 (209) 473-0719 (FAX)	Anthony Hall (209) 955-3258
378 NORTH LOS ANGELES REGIONAL CENTER 15400 Sherman Way, Suite 170 Van Nuys, CA 91406-4211	Laura Rankin (818) 756-6270 (818) 756-6390 (FAX)	Maria Bratley (818) 756-6381
379 SAN GABRIEL/POMONA REGIONAL CENTER 761 Corporate Center Drive Pomona, CA 91768	Letha Sellers, QMRP (909) 868-7518 (909) 622-5123 (FAX)	Liz Peery (909) 868-7655
380 EAST BAY REGIONAL CENTER 7677 Oakport Street, Ste. 1200 Oakland, CA 94621	Bev Davis (510) 383-1281 (Direct) (510) 383-1200 (510) 633-5020 (FAX)	

**COUNTY WAIVER CONTACTS
JANUARY 2001**

<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
Jackie Casey Department of Social Services P.O. Box 277 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) 879-3551 (530) 879-3483 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

**COUNTY WAIVER CONTACTS
JANUARY 2001**

CONTACT

COUNTY

Sandy Baldwin
Medi-Cal Program Analyst
Employment and Human Services Department
40 Douglas Drive
Martinez, CA 94553
(925) 313-1621
(925) 313-1758 FAX

Contra Costa

Terile Keevil
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

Kathy Cauble -----
Department of Social Services
929 Koster Street
Eureka, CA 95501
(707) 445-7706

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

Darlene Landis
Health and Human Services
162-A Grove Street
Bishop, CA 93514
(619) 872-1394

Inyo

**COUNTY WAIVER CONTACTS
JANUARY 2001**

CONTACT

COUNTY

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

Dorothy McDonald
Department of Social Services
15975 Anderson Ranch Parkway
P.O. Box 9000
Lower Lake, CA 95457
(707) 995-4205
(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

Jeanne Welton
Department of Public Welfare
Madera County
P.O. Box 569
Madera, CA 93639
(559) 675-2364
(559) 675-7603 FAX

Madera

John Paul
Department of Health
and Human Services
P.O. Box 4160
San Rafael, CA 94913
(415) 499-7056
(415) 499-3790 FAX

Marin

**COUNTY WAIVER CONTACTS
JANUARY 2001**

<u>CONTACT</u>	<u>COUNTY</u>
Debbie Smith 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) 463-5404 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
Star M. Howard Department of Social Services 1000 South Main Street, Suite 208 Salinas, CA 93901 (831) 755-4407 (831) 755-8408 FAX	Monterey
Roger Humble Health and Human Services Delivery System 2261 Elm Street Napa, CA 94559-3721 (707) 253-4469	Napa
Cindy Lackey Human Services Agency P.O. Box 1210 Nevada City, CA 95959 (530) 265-1379 (530) 265-7062 FAX	Nevada

**COUNTY WAIVER CONTACTS
JANUARY 2001**

<u>CONTACT</u>	<u>COUNTY</u>
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
Joyce Thysell Human Services Agency 1111 San Felipe Road, Suite 206 Hollister, CA 95023 (408) 637-5336	San Benito
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

**COUNTY WAIVER CONTACTS
JANUARY 2001**

CONTACT

COUNTY

Kenneth Loo
Department of Human Services
P.O. Box 7988
San Francisco, CA 94120
(415) 558-1854
(415) 558-1976 FAX

San Francisco

Diane Luis
Human Services Agency
P.O. Box 201056
Stockton, CA 95202
(209) 468-1153
(209) 468-1985 FAX

San Joaquin

Pam Mettier
Department of Social Services
3220 South Higuera Street
P.O. Box 8119
San Luis Obispo, CA 93403-8119
(805) 781-1897 (FAX number is the same)

San Luis Obispo

Roxane Haynes
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

Guillermo Caceres
Department of Social Services
1725 Technology Drive
San Jose, CA 95110
(408) 441-5590
(408) 436-5493 FAX

Santa Clara

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

**COUNTY WAIVER CONTACTS
JANUARY 2001**

<u>CONTACT</u>	<u>COUNTY</u>
Allyson Volkman Human Services P.O. Box 1019 Loyalton, CA 96118 (916) 993-6720	Sierra
Nadine Della Bitta Human Services Department 818 South Main Street Yreka, CA 96097 (916) 841-2750 (916) 841-2790 FAX	Siskiyou
Diana Perez Health and Social Services 1745 Enterprise Drive, MS 2-100 Fairfield, CA 94533 (707) 421-7805 (707) 421-7237 FAX	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
Meribeth Ruiz Department of Social Services P.O. Box 42 Modesto, CA 95353-0042 (209) 558-2675 (209) 558-2189 FAX	Stanislaus
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

**COUNTY WAIVER CONTACTS
JANUARY 2001**

<u>CONTACT</u>	<u>COUNTY</u>
Marilyn Blackburn Department of Health and Human Services P.O. Box 1470 Weaverville, CA 96093 (530) 623-1265 (530) 623-1250 FAX	Trinity
Alex Cantu Health and Human Services Agency Public Social Services Branch 5957 South Mooney Boulevard Visalia, CA 93279 (209) 737-4660 EXT. 2106 (209) 737-4694 FAX	Tulare
Rebecca Espino Department of Social Services 20075 Cedar Road North Sonora, CA 95370 (209) 533-5746 (209) 533-5714 FAX	Tuolumne
Jennifer Enoch 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
Irma Thurman Department of Social Services P.O. Box 2320 Marysville, CA 95901 (530) 749-6356 (530) 749-6281 FAX	Yuba

What is
the IHMC
Waiver?

What is a
Model NF
Waiver?

What are
waivers?

What is the
NF waiver?

What is
EPSDT?

IN-HOME OPERATIONS CONTACT INFORMATION

MEDICAL CARE COORDINATION AND CASE MANAGEMENT SECTION- In-Home Operations (IHO)

700 North 10th Street, Suite 102
PO Box 942732
Sacramento, CA 94234-7320
(916) 324-1020
(916) 324-0981 FAX

IHO Intake Unit

New Intakes/Information
(916) 324-5903/5915
(888) 899-2492 FAX Toll Free
(916) 324-5544 FAX (916 area code)

IHO Case Management Units

Sacramento Regional Office
(916) 324-1020

Los Angeles Regional Office
311 South Spring Street, 3rd Floor
P.O. Box 30650
Los Angeles, CA 90030

(213) 897-6774
(213) 897-7355/9314 FAX

Gray Davis
Governor
State of California

Grantland Johnson
Secretary
Health and Human Services Agency

Diana M. Bontá, R.N., Dr.P.H.
Director



Medi-Cal Operations Division

IN-HOME OPERATIONS



HOME AND COMMUNITY-
BASED OPTIONS

ANSWERING YOUR QUESTIONS ABOUT MEDI-CAL IN-HOME OPERATIONS

WHAT IS MEDI-CAL'S IN-HOME OPERATIONS PROGRAM?

In-Home Operations (IHO) oversees the development and implementation of home nursing programs. We authorize medically necessary long-term shift nursing services in the home for Medi-Cal beneficiaries who are eligible for the Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) program and/or one of three federal waiver programs. These home nursing services are authorized as an alternative for individuals who would otherwise qualify for care in nursing facilities recognized by Medi-Cal.

WHAT IS EPSDT?

EPSDT is a Medi-Cal program 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. This program also allows for the provision of shift nursing services in the home for these individuals.

WHAT SERVICES ARE OFFERED UNDER THE EPSDT PROGRAM?

Under the EPSDT program, one may receive all services covered by Medi-Cal. Additionally, a beneficiary may receive skilled nursing services from a registered nurse (RN) or a licensed vocational nurse (LVN), Case Management, Pediatric Day Health Care, Nutritional and Mental Health Evaluations/Services. These additional services are also known as the EPSDT Supplemental Services.

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

HCBS waivers allow states who participate in Medicaid to develop creative alternatives for individuals who would otherwise require care in a nursing facility or hospital. The services offered under the waiver can cost no more than the alternative institutional level of care. Recipients of HCBS waivers must have full scope Medi-Cal eligibility. IHO has the responsibility for the In-Home Medical Care (IHMC), Nursing Facility (NF) and Model NF waivers.

WHAT SERVICES ARE OFFERED UNDER THESE THREE HCBS WAIVERS?

The available services under these HCBS waivers are RN or LVN Skilled Nursing Services, Certified Home Health Aide services, Case Management, Minor Home Modifications, Personal Emergency Response System, Family Training, Utility Coverage for life sustaining equipment, Extended State Plan Services for Personal Care and Therapies-physical, occupational, speech and family.

WHO PROVIDES THE IN-HOME SERVICES?

For EPSDT - licensed certified Home Health Agencies and/or individually enrolled supplemental service providers.
For HCBS - licensed and certified Home Health Agencies.

HOW DOES ONE GO ABOUT REQUESTING THE NURSING SERVICES?

Once the beneficiary has identified a provider of service, the provider submits information to the IHO Intake Unit. The provider must submit the following documents: Treatment Authorization Request (TAR), current history and physical, nursing assessment, home safety evaluation and a plan of treatment signed by a physician. These documents should support the need for the requested services.

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

A request for any service needed for the home nursing program must be submitted to IHO. These services must be medically necessary. Examples include therapy services, equipment and transportation.

HOW LONG CAN ONE HAVE THESE SERVICES?

A Medi-Cal beneficiary may receive in-home shift nursing and all related services as long as deemed medically necessary.

WHOM DO I CONTACT FOR FURTHER QUESTIONS?

For more information about IHO, please call (916) 324-1020 in Sacramento or (213) 897-6774 in Los Angeles.