

DEPARTMENT OF HEALTH SERVICES

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



October 31, 1996

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

Letter No. 96-60

**DEPARTMENT OF DEVELOPMENTAL SERVICES (DDS) HOME AND COMMUNITY
BASED AND DEPARTMENT OF HEALTH SERVICES (DHS) MODEL-NURSING
FACILITY WAIVERS**

Ref: All County Welfare Directors Letter (ACWDL) Numbers 87-60, 91-65, 95-10, 95-57

The purpose of this letter is to provide more information about Medi-Cal eligibility for persons eligible for the Medi-Cal home and community-based services (HCBS) waivers operated and administered by the DDS, i.e., the DDS Waiver, and the Model Waiver which is operated and administered by the DHS through the In Home Operations (IHO) Section.

Model-NF Waiver Criteria and Process

Changes have been made to the Model Waiver concerning eligibility criteria and expansion of available services. The Early and Periodic Screening, Diagnosis, and Treatment provision (as described in ACWDL 95-57) also allows expanded services for children. These two provisions have increased referrals for in-home services for both children and adults.

A. Criteria

- The applicant no longer needs to be institutionalized prior to enrollment in the waiver.
- The applicant does not need to be eligible for or receiving Supplemental Security Income (SSI) benefits.
- Applicants must still meet certain medical requirements for waiver eligibility as determined by IHO.
- The requirement under the Model Waiver that an individual may not have a share of cost (SOC) based on his/her own income has been deleted.

- The applicant no longer needs to be eligible on the basis of disability although there must be Medi-Cal eligibility on a different basis, such as being a child under age 21. Although a disability determination is no longer required, the county may need to do a determination if it would be to the applicant's advantage or if it is needed for linkage purposes.

Because of these changes, counties may be requested to determine eligibility using the Model Waiver criteria for persons who are living at home but not receiving Medi-Cal, or who may be currently receiving Medi-Cal with a SOC as well as those who are currently institutionalized, receiving SSI and planning to return home. Spousal Impoverishment rules now apply as they already do for those applying for the DDS Waiver. Persons who are only eligible for restricted or limited benefits or who are in a state-only aid code such as 53 are not eligible for the Model Waiver.

B. Potential Screening Form

Since Model Waiver applicants may have various living circumstances, e.g., he/she may be institutionalized, may be receiving SSI payments while institutionalized, or have Medi-Cal Only with a SOC, IHO may initially refer the applicant to the county via a multi-use Potential Waiver Screening Form (a draft copy is enclosed) for a "preliminary" eligibility determination before IHO may make a final medical determination and before the county can make a final eligibility determination. When used for a preliminary determination, counties should complete the form, return it to IHO, but NOT report the applicant to Medi-Cal Eligibility Data System until both IHO and the county have made their final determinations. Note: This form may also be used by IHO for other waiver applicants who do not require special eligibility determinations as a means to request that the county complete a Medi-Cal eligibility determination.

C. Notice

In some situations, IHO will determine medical eligibility prior to any referral to the county and IHO will send a copy of the enclosed Model Waiver Medical Eligibility Notice requesting the applicant to contact the county. The effective date of the waiver will be no earlier than three months prior to the application and will be negotiated between the county and the IHO eligibility liaisons.

DDS Waiver Criteria and Process

Counties will receive referrals to the DDS Waiver from their local regional center. Applicants for this waiver may be living at home or in the community. More information about this waiver is described in ACWDL 95-10. Counties should use the date of the receipt of the DDS Waiver Referral Form or the date of discharge if the applicant is currently institutionalized when establishing eligibility. A draft copy of this revised form is enclosed for your information as well as a list of the regional centers. The regional center should not be referring persons who are currently receiving SSI based Medi-Cal or zero SOC Medi-Cal-Only. Questions from family members concerned about a possible change in benefits should be referred to the regional center. It may be beneficial for your county designated waiver liaison to establish a contact at your local regional center.

Disability Determination

A disability determination is required for all waiver applicants if they have no other linkage or if 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.

Medi-Cal Family Budget Unit (MFBU)

Persons in the DDS and Model 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. This is a change to the extent counties may have been previously informed to treat these persons as ineligible members of the MFBU when other family members requested regular Medi-Cal.

Aid Codes, Notices of Action (NOA) and Status Reporting

There are no aid codes specifically identifying individuals in waivers at this time. If the newly enrolled waiver person was receiving Medi-Cal prior to leaving the institution or had a SOC, a change in aid code may be required, (for example, from a long-term care (LTC) aid code to a non-LTC aid code.)

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
Page 4

We are enclosing a copy of the IHO notice which will be sent to the Model Waiver applicant upon confirmation of the medical eligibility. There are no other special NOAs for waiver applicants at the present time. Counties should use the regular NOAs but may wish to add some special notations, if possible.

Since the income and property of the parent or spouse is not used to determine eligibility for either the Model or the DDS waivers, the status report only needs to contain information about the waiver beneficiary. Counties should advise the parents and spouses of waiver beneficiaries of the "limited" reporting requirement. Although the face to face and status reporting is still required, we are considering allowing counties to waive these requirements entirely for these two types of waiver beneficiaries in the future.

Returning to Institutional Status

Should the waiver beneficiary return permanently to an institution (long-term care status), his/her waiver coverage will terminate. Waiver coverage may continue if the beneficiary is only temporarily institutionalized. Counties may contact the eligibility liaisons at IHO for Model Waiver beneficiaries or their local regional center Medicaid waiver coordinators for DDS waiver beneficiaries if there are questions about the length of time the beneficiary will be absent from the home. We are enclosing an update of these contacts.

Procedures

Counties may expect an update of the Medi-Cal Eligibility Procedures Manual 19D early next year. These procedures will provide more information about the above waivers as well as other Medi-Cal waivers. These waivers follow regular Medi-Cal income and resource determinations. These are the:

1. In-Home Medical Care Waiver
2. Nursing Facility Waiver
3. Acquire Immune Deficiency Syndrome Waiver
4. Multipurpose Senior Services Program Waiver

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
Page 5

If you have any eligibility questions, please contact Margie Buzdas at (916) 657-0726.
For IHO questions, please contact the eligibility liaisons at (916) 324-1020.

Sincerely,

ORIGINAL SIGNED BY
GLENDA ARELLANO for

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

DEPARTMENT OF HEALTH SERVICES

1801 7th Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916)



[]

[]

Dear

MODEL WAIVER MEDICAL 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 Waiver Services.

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 _____ in _____ County

at _____, to make an appointment to complete the Medi-Cal eligibility application.

Sincerely,

(In-Home Operations Representative)

cc: _____
(Medi-Cal Model Waiver Services Representative)

(County)

Note to County: Please send a copy of the Medi-Cal MWP Informing Notice 007 to the address noted above.

POTENTIAL WAIVER SCREENING FORM

INSTRUCTIONS: *This form must be filled out by both the referring state agency and the county Department of Social Services/Welfare.*

REFERRAL AGENCY - 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 DHS Medi-Cal MWP Letter 1.

APPLICANT'S NAME:

ADDRESS:

SSN:

DOB:

PHONE:

WAIVER TYPE

Living Arrangement

----- Please determine Medi-Cal eligibility for the above person based on the anticipated living arrangement after discharge from an institutional setting.

----- Please determine eligibility based on the current community/ home living arrangements (if already discharged from an institution).

STATE AGENCY CONTACT /ADDRESS/PHONE

INSTRUCTIONS; COUNTY WELFARE DEPARTMENT - Please complete and return to the state agency indicated above 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.

___ The applicant appears to be eligible for the Medi-Cal or continues to be eligible upon returning home with a _____ share of cost (SOC).

___ The applicant does not appear to be Medi-Cal eligible upon returning home due to excess property/assets.

___ The applicant appears to be eligible only for the Model Waiver Program*.

*NOTE: Eligibility for Model Waiver applicants is based only on the applicant's property and income regardless of the property and income of the parent or spouse (Spousal Impoverishment rules apply).

COUNTY CONTACT

ADDRESS

PHONE

DATE

**DEPARTMENT OF DEVELOPMENTAL SERVICES WAIVER
REFERRAL FORM**

The individual named below has been referred by this regional center which contracts with the Department of Developmental Services (DDS) and requests a Medi-Cal eligibility determination. The determination should not take into consideration parental or spousal income or resources even if the individual lives at home; however, spousal impoverishment rules apply if appropriate as if the applicant were institutionalized. See Section 19D of the Medi-Cal Eligibility Procedures Manual. Note: If no responsible relative is available or wishes to apply on behalf of the applicant, the regional center may apply on his/her behalf.

Applicant's Name:

Applicant's Address:

SSN:

DOB:

Telephone:

Please base the eligibility determination on the following living arrangement (e.g., home, community):

Date of Discharge (if currently institutionalized):

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.

Signature _____

Date _____

Title _____

Regional Center and name of Contact Person:

Regional Center Address:

Telephone:

JUNE 1996

CALIFORNIA REGIONAL CENTERS

REGIONAL CENTER

DIRECTOR

COUNTIES SERVED

ALTA CALIFORNIA REGIONAL CENTER

2031 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

CENTRAL VALLEY REGIONAL CENTER

5168 North Blythe Avenue, Ste. 101
Fresno, CA 93722

David Riester, Director
(209) 276-4300
FAX: (209) 276-4360

Fresno, Kings, Madera,
Mariposa, Merced, Tulare

EASTERN LOS ANGELES REGIONAL CENTER

3845 Selig Place
*P.O. Box 31909
Los Angeles, CA 90031-0909

Gloria Wong, Director
(213) 224-4700
FAX: (213) 221-9631

Alhambra, East Los Angeles,
Northeast, Whittier

FAR NORTHERN REGIONAL CENTER

1900 Churn Creek Road, Suite 319
*P.O. Box 492418 (96049-2418)
Redding, CA 96002

Ken Brynjolffson, Ph.D., Act.
(916) 222-4791
FAX: (916) 222-8908
Dir FAX: (916) 222-6063

Butte, Glenn, Lassen, Modoc,
Plumas, Shasta, Siskiyou,
Tehama, Trinity

FRANK D. LANTERMAN REGIONAL CENTER

3440 Wilshire Blvd., Suite 400
Los Angeles, CA 90010

Diane Campbell Anand, MPH
Director
(213) 383-1300
FAX: (213) 383-6526

Central, Glendale, Hollywood-
Wilshire, Pasadena

GOLDEN GATE REGIONAL CENTER

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

HARBOR REGIONAL CENTER

Del Amo Business Plaza
21231 Hawthorne Blvd. (90503)
*P.O. Box 2930
Torrance, CA 90509

Patricia Del Monico, Director
(310) 540-1711
FAX: (310) 540-9538

Bellflower, Harbor, Long
Beach, Torrance

INLAND REGIONAL CENTER

1020 Cooley Drive (Colton 92324)
*P.O. Box 6127
San Bernardino, CA 92412-6127

Verlin Woolley, Director
(909) 370-0902
FAX: (909) 370-3671

Riverside, San Bernardino

KERN REGIONAL CENTER

3200 North Sillect Avenue
Bakersfield, CA 93308

Michal C. Clark, Ph.D.
Director
(805) 327-8531
FAX: (805) 324-5060

Inyo, Kern, Mono

NORTH BAY REGIONAL CENTER

10 Executive Court, Suite A
Napa, CA 94558

Nancy Gardner, Director
(707) 256-1100
FAX: (707) 256-1112

Napa, Solano, Sonoma

NORTH LOS ANGELES COUNTY REGIONAL CENTER

15400 Sherman Way, Suite 300
Van Nuys, CA 91406

William C. Donovan, Ph.D.
Director
(818) 778-1900
FAX: (818) 756-6140
(Temporary)

East Valley, San Fernando,
West Valley, Antelope Valley

JUNE 1996

CALIFORNIA REGIONAL CENTERS

REGIONAL CENTER	DIRECTOR	COUNTIES SERVED
REDWOOD COAST REGIONAL CENTER 808 E Street Eureka, CA 95501	Carlos Flores, Director (707) 445-0893 FAX: (707) 444-3409	Del Norte, Humboldt, Mendocino, Lake
REGIONAL CENTER OF ORANGE COUNTY Central Tower, Union Bank Square 530 South Main Street *P.O. Box 6030 (92613-6030) Orange, CA 92668-4579	William J. Bowman, Director (714) 973-1999 FAX: (714) 541-3021 Dir. FAX: (714) 547-4365	Orange
REGIONAL CENTER OF THE EAST BAY 1212 Broadway, Suite 200 Oakland, CA 94612-3402	Kathryn M. Munn, Director (510) 451-7232 FAX: (510) 465-0117	Alameda, Contra Costa
SAN GABRIEL/POMONA REGIONAL CENTER P.O. Box 2280 (91793-2280) 1521 W. Cameron Avenue, Building A West Covina, CA 91790	R. Keith Penman, Director (818) 814-8811 FAX: (818) 338-2507 Dir. FAX: (818) 814-2259	El Monte, Monrovia, Pomona, Foothill
SAN ANDREAS REGIONAL CENTER 300 Orchard City Drive, Suite 170 Campbell, CA 95008 *P.O. Box 50002 San Jose, CA 95150-0002	Santi Rogers, Director (408) 374-9960 FAX: (408) 376-0586	Monterey, San Benito, Santa Clara, Santa Cruz
SAN DIEGO REGIONAL CENTER 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
SOUTH CENTRAL LOS ANGELES REGIONAL CENTER (SCLARC) 2160 W. Adams Blvd. Los Angeles, CA 90018	Dexter A. Henderson, Director (213) 734-1884 FAX: (213) 730-0793 Dir. FAX: (213) 730-2286	Compton, San Antonio, South, Southeast, Southwest
TRI-COUNTIES REGIONAL CENTER 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
VALLEY MOUNTAIN REGIONAL CENTER P.O. Box 692290 (95269-2290) 7210 Murray Drive Stockton, CA 95210	Richard W. Jacobs, Director (209) 473-0951 FAX: (209) 473-0256	Amador, Calaveras, San Joaquin, Stanislaus, Tuolumne
WESTSIDE REGIONAL CENTER 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
DEPARTMENT OF DEVELOPMENTAL SERVICES 1600 Ninth Street *P.O. Box 944202 (94244-2020) Sacramento, CA 95814	Dennis G. Amundson, Director (916) 654-1897 FAX: (916) 654-2167	Eileen M. Cassidy Deputy Director Program Services Division (916) 654-1958 FAX: (916) 654-1913

CONTACTS FOR REGIONAL CENTERS 371 - 380

Lillian Brown 05/07/96

REGIONAL CENTER	MEDICAID WAIVER COORDINATOR	SYSTEM 36/AS 400 EDITS CONTACT PERSON
371-NORTH BAY RC 597 Couch Street Vallejo, CA 94590	Ellen McBride (707) 552-5215 x412	Tamara Wright (707) 552-5215 x482 (707) 654-7018-fax
372-KERN RC 3200 North Sillect Avenue Bakersfield, CA 93308	Nancy Randall (805) 327-8531 x246	Jack Flinn (805) 327-8531 x362 (805) 324-5060-fax
373-EAST LA RC 3845 Selig Place Los Angeles, CA 90031-0909	Jessie Valdez (213) 224-4719	Virginia Wu (213) 224-4772 (213) 730-0793-fax
374-SOUTH CENTRAL RC 2160 West Adams Blvd. Los Angeles, CA 90018	Cynthia Stakley (310) 715-2003 x506 Fazeem Shabaf (213) 730-2276 or (213) 730-2264	Fred Achir (Azir) (213) 730-2242 (213) 730-0793-fax
375-HARBOR RC Del Amo Business Plaza 21231 Hawthorne Blvd. Torrance, CA 90503	Colleen Mock (310) 543-0615 Pat Hevessey (310) 543-0570	Helen Thompson (310) 543-0608 (310) 316-2677-fax
376-WESTSIDE RC 5901 Green Valley Cir., #320 Culver City, CA 90230-6938	Ellen Arcadi (310) 258-4030 Kelly Jones (assistant) (310) 258-4049	Alan Michaelson (310) 258-4046 (310) 649-2033-fax
377-VALLEY MOUNTAIN RC 7210 Murray Drive Stockton, CA 95210	Gwen Price-Turner (209) 473-1391 x236	Jane Flood (209) 473-1391 x215 (209) 473-0256-fax
378-NORTH LA. RC 8353 Sepulveda Blvd. Sepulveda, CA 91343	Bonnie Campeau (818) 891-0920 x322	Miriam Komarafat (818) 891-0920 x427 (818) 895-5392-fax
379-SAN GAB/POMONA RC 1521 West Cameron Ave. West Covina, CA 91790	Letha Sellers (818) 814-8811 x533	Johanna Wayner (818) 814-8811 x365 (818) 338-2507-fax
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WAIVER COUNTY CONTACTS
AUGUST 1996

<u>CONTACT</u>	<u>COUNTY</u>
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Nancy Montgomery Department of Health and Human Services Colusa, CA 95932 (916) 458-4985 (916) 458-5771 FAX	Colusa

WAIVER COUNTY CONTACTS
AUGUST 1996

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COUNTY

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Fresno

Susan Venamati
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(916) 934-6514 FAX

Glenn

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Humboldt

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Mary Polley Welfare Department P.O. Box 1359 Susanville, CA 96130 (916) 251-8148	Lassen
Sandra Rodriguez Department of Public Social Services 17171 East Gale Avenue City of Industry, CA 91745 (818) 854-4704	Los Angeles

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Nancy Naumann Department of Social Services P.O. Box 1060 Ukiah, CA 95482 (707) 463-7828 (707) 463-5404 FAX	Mendocino
Carol Llamas Human Services Agency P.O. Box 112 Merced, CA 95341-001 (209) 385-3000 EXT. 5488	Merced
Pat Wood Department of Social Services 120 North Main Street Alturas, CA 96101 (916) 233-6501	Modoc

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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
Louis Tang Department of Social Services 1255 Imperial Avenue, Room 728 San Diego, CA 92101 (619) 338-2335 (619) 338-2734 FAX	San Diego
David Erikson Department of Social Services/Medi-Cal P.O. Box 7988 San Francisco, CA 94120 (415) 557-6022 (415) 557-5703 FAX	San Francisco

WAIVER COUNTY CONTACTS
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<u>CONTACT</u>	<u>COUNTY</u>
Linda Silva Human Services Agency P.O. Box 201056 Stockton, CA 95202 (209) 468-1067 (209) 468-1985 FAX	San Joaquin
Debbie Aiello Department of Social Services 3220 South Higuera Street P.O. Box 8119 San Luis Obispo, CA 93403-8119 (805) 781-1896	San Luis Obispo
Robert Fucilla Department of Social Services 400 Harbor Boulevard, Building C Belmont, CA 94002 (415) 595-7570	San Mateo
Mysty Bonner Department of Social Services 1100 West Laurel Lompoc, CA 93436 (805) 737-7056	Santa Barbara
Mary Cardenas Department of Social Services 1725 Technology Drive San Jose, CA 95510 (408) 441-5590 (408) 452-1976 FAX	Santa Clara
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WAIVER COUNTY CONTACTS
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Jim Keylon Department of Social Services P.O. Box 42 Modesto, CA 95353-0042 (209) 558-2689 (209) 558-2558 FAX	Stanislaus
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AUGUST 1996

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