

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

Policy/Procedure Number: MCUP3106			Lead Department: Health Services	
Policy/Procedure Title: Waiver Programs			<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 04/21/2010		Next Review Date: 01/14/2026 Last Review Date: 01/08/2025		
Applies to:	<input checked="" type="checkbox"/> Medi-Cal		<input type="checkbox"/> Employees	
Reviewing Entities:	<input checked="" type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input checked="" type="checkbox"/> QUAC	
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD		<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE
	<input type="checkbox"/> CEO	<input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALING	<input checked="" type="checkbox"/> PAC
Approval Signature: Robert Moore, MD, MPH, MBA			Approval Date: 01/08/2025	

I. RELATED POLICIES:

MCUG3011 – Criteria for Home Health Services

II. IMPACTED DEPTS:

- A. Health Services
- B. Claims
- C. Member Services
- D. Provider Relations

III. DEFINITIONS:

- A. DDS: Department of Developmental Services
- B. Developmentally Disabled (DD): Throughout this document, the term “developmentally disabled” is used to match current California Code of Regulations (CCR) language. However, it is acknowledged that this terminology is not person-centered and does not align with more contemporary language such as “people with intellectual and other developmental disabilities.”
- C. DHCS: Department of Health Care Services
- C. Electronic Visit Verification (EVV): A federally mandated telephone and computer-based application program that electronically verifies in-home service visits for Medicaid-funded personal care services and home health care services for in-home visits by a provider. In California, this is known as CalEVV.
- D. HCBS: Home and Community Based Services
- E. IHO: In-Home Operations Waiver
- E. Personal Care Services (PCS): Services supporting individuals with their activities of daily living, such as movement, bathing, dressing, toileting, and personal hygiene. PCS can also offer homemaker services support for instrumental activities of daily living, such as meal preparation, money management, shopping, and telephone use.

IV. ATTACHMENTS:

- A. N/A

V. PURPOSE:

State and Federal Waiver Programs ensure Members who may benefit from Medi-Cal Home and Community Based Services (HCBS) Waiver Programs are identified and referred for medical care coordination and care management.

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VI. POLICY / PROCEDURE:

- A. The Department of Health Care Services (DHCS) administers a number of HCBS Waiver Programs. These waiver programs include:
 1. In-Home Operations Waiver (IHO)
 2. Medi-Cal Waiver Program (MCWP) (formerly known as the AIDS Medi-Cal Waiver Program)
 3. Home and Community Based Services Waiver for the Developmentally Disabled (HCBS-DD)
 4. Self-Determination Program (SDP)
 5. Assisted Living Waiver (ALW)
 6. Home and Community-Based Alternatives (HCBA) Waiver (formerly Nursing Facility/Acute Hospital (NF/AH) Waiver)
 7. Multipurpose Senior Services Program (MSSP) Waiver
- B. Electronic Visit Verification (EVV) Requirements:
 1. Effective January 1, 2023, as per [APL 22-014](#), EVV requirements must be implemented for all Medi-Cal personal care services and home health care services that are delivered during in-home visits by a provider, which includes visits that begin in the community and end in the home, or vice versa.
 2. Please refer to policy MCUG3011 Home Health Services for further information on EVV requirements.
- C. Criteria Used for Identification
 1. The Primary Care Provider (PCP), Specialist, and/or Partnership Care Coordination/ Utilization Management Departments refer Members to Waiver Programs.
 2. Persons with developmental disabilities are identified through coordination with the Regional Centers and in the course of utilization and case management services. Members with developmental disabilities who may meet the requirements for participation in this waiver are referred to the HCBS administered by the State Department of Developmental Services (DDS).
- D. Referrals and Authorization
 1. The PCP requests prior authorization for services from the appropriate State Waiver Program and provides all appropriate medical information. The PCP may request assistance from the Care Coordination department for the following:
 - a. Facilitating authorization from appropriate Waiver Program(s)
 - b. Completion of the Waiver Program application
 - c. Follow up on status of acceptance to appropriate Waiver Program(s)
 - d. Medical care coordination of Member while awaiting acceptance and/or placement into a Waiver Program
 2. No Member may be enrolled in more than one HCBS Waiver Program at a time.
 3. Partnership maintains the responsibility to provide comprehensive care management and authorize all medically necessary covered services for Members including those accepted into the Waiver Programs. The PCP will continue to treat and coordinate treatment for the Member.
 4. Referrals for the In-Home Operations Waiver Program are made via telephone or mail:

In-Home Operations Branch Intake Unit
 Department of Health Care Services
 MS 4502
 P.O. Box 997437
 Sacramento, CA 95899-7437
 (916) 552-9105 in Sacramento
 5. For the Medi-Cal Waiver Program (MCWP), patients should be referred to a MCWP Provider in their county (or if their county does not have an MCWP provider, they may be referred to a nearby county that participates in the MCWP). A list of MCWP Providers can be found here: https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_MCWP_Provider_List.aspx

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Information for the Office of AIDS Medi-Cal Waiver Program is posted on this website:

https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_care_mcwp.aspx

Through this waiver program, local agencies provide home and community based services as an alternative to nursing facility care or hospitalization. The agencies are under contract with the California Department of Public Health
Office of AIDS
(916) 449-5900

4. Members who may qualify for services through the Home and Community Based Services Waiver for the Developmentally Disabled or the Self-Determination Program are referred to the Regional Center responsible for their geographic area as follows:
 - a. [Alta California Regional Center](#) (provides services in Colusa, Nevada, Placer, Sierra , Sutter, Yolo, and Yuba counties)
2241 Harvard Street, Suite 100
Sacramento, CA 95815
(916) 978-6400
 - b. [Far Northern Regional Center](#) (provides services in Butte, Glenn, Lassen, Modoc, Plumas, Shasta, Siskiyou, Tehama and Trinity counties)
1900 Churn Creek Road, Suite 114
Redding, CA 96002
(530) 222-4791
 - c. [Golden Gate Regional Center](#) (provides services in Marin county)
4000 Civic Center Drive, Suite 310
San Rafael, CA 94903
(415) 446-3000
 - d. [North Bay Regional Center](#) (provides services in Solano, Napa, and Sonoma counties)

<u>Solano/ Napa</u>	<u>Sonoma</u>
610 Airpark Road	520 Mendocino Avenue
Napa, CA 94558	Santa Rosa, CA 95401
(707) 256-1100	(707) 569-2000
 - e. [Redwood Coast Regional Center](#) (provides services in Del Norte, Humboldt, Lake, and Mendocino counties)

<u>Del Norte County</u>	<u>Humboldt County</u>
1301-A Northcrest Drive	525 2 nd Street, Suite 300
Crescent City, CA 95531	Eureka, CA 95501
(707) 464-7488	(707) 445-0893
<u>Lake County</u>	<u>Mendocino County</u>
180 3 rd Street	1116 Airport Park Blvd.
Lakeport, CA 95453	Ukiah, CA 95482
(707) 262-0470	(707) 462-3832
 - f. Contact information for the State agency is as follows:
[California Department of Developmental Services \(DDS\)](#)
1215 O Street
Sacramento, CA 95814
Mailing Address:
P. O. Box 944202
Sacramento, CA 94244-2020
Info: (833) 421-0061
TTY: 711

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5. The [Assisted Living Waiver](#) (ALW) program is only offered in certain counties. Sonoma County is currently the only county which Partnership serves that provides ALW services. A list of all participating facilities can be found at this webpage:
<https://www.dhcs.ca.gov/services/ltc/Documents/List-of-RCFE-ARF-facilities.pdf>
Additional downloadable forms related to the ALW program can be found at this website:
<http://www.dhcs.ca.gov/services/ltc/Pages/Assisted-Living-Waiver-Provider-Resources.aspx>
 - a. How to enroll: Medi-Cal Members do not submit applications. Medi-Cal Members are enrolled through Care Coordination Agencies, which are providers within the ALW program. Full scope Medi-Cal Members must contact a Care Coordination Agency, which determines each individual's care needs. Assessments are done by registered nurses employed by a Care Coordination Agency (CCA). A list of these agencies by county can be found on this webpage:
<https://www.dhcs.ca.gov/services/ltc/Documents/Care-Coordination-Agencies.pdf>
 - b. Contact Information for State Program:
Department of Health Care Services
Long-Term Care Division, Monitoring & Oversight Section
Assisted Living Waiver Program
1501 Capitol Avenue, MS 4503
PO Box 997437
Sacramento, CA 95899-7437
ALW Hotline (916) 552-9322
6. The Home and Community-Based Alternatives (HCBA) Waiver (previously titled Nursing Facility/Acute Hospital Waiver) provides care management services at home to Medi-Cal beneficiaries with high level needs who would otherwise receive care in a facility. Some of the services that may be provided to support Waiver participants in the community include, but are not limited to: in-home nursing services, waiver personal care services, family/caregiver training, home or facility respite, habilitation services, community transition services, environmental accessibility adaptation, medical equipment operating expenses, personal Emergency Response System (PERS) installation, testing, and operation. Application information for the program can be found here:
[https://www.dhcs.ca.gov/services/ltc/Pages/Home-and-Community-Based-\(HCB\)-Alternatives-Waiver.aspx](https://www.dhcs.ca.gov/services/ltc/Pages/Home-and-Community-Based-(HCB)-Alternatives-Waiver.aspx)
7. Referrals for the Multipurpose Senior Services Program (MSSP) Waiver program are made by sending the Medi-Cal Member (who is 65 years or older) to a local MSSP site in the county where the Member resides. MSSP site staff will make a certification determination based upon Medi-Cal criteria. A list of MSSP sites can be found here:
<https://www.aging.ca.gov/ProgramsProviders/MSSP/Contacts/>

VII. REFERENCES:

- A. California Department of Health Care Services (DHCS) Contract: Exhibit A, Attachment III Subsections 4.3.15 (*Services for Persons with Developmental Disabilities*), 4.3.20 (*Home and Community-Based Services Programs*), 4.4.2 E. (*Populations of Focus for Enhanced Care Management*)
- B. Medi-Cal Provider Manual/Guidelines: Home and Community-Based Services (HCBS) ([home](#))
- C. Partnership Memoranda of Understandings (MOUs) with Regional Centers for specific geographical areas
- D. DHCS [APL 22-014](#) Electronic Visit Verification Implementation Requirements (07/21/2022)

VIII. DISTRIBUTION:

- A. Partnership Department Directors
- B. Partnership Provider Manual

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IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

X. REVISION DATES: 11/28/12; 01/20/16; 11/16/16; *06/13/18; 02/13/19; 02/12/20; 01/13/21; 01/12/22; 01/11/23; 01/10/24; 01/08/25

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO: N/A

In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.