
California's Assisted Living Waiver

Background

In March 2006, Medi-Cal began paying for assisted living care for qualified aged and disabled residents of Los Angeles, Sacramento and San Joaquin counties under the Assisted Living Waiver (ALW). A key goal of the program was to enable low-income, Medi-Cal eligible seniors and persons with disabilities, who would otherwise require nursing facility services, to remain in or relocate to a community setting in a Residential Care Facility for the Elderly (RCFE) or public subsidized housing. The program was converted into a five-year federal waiver program as of March 1, 2009. Pending final approval, the waiver program will be renewed through February 28, 2019.

Scope of Program

The ALW is currently operating in the counties of Alameda, Contra Costa, Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, San Mateo, Santa Clara and Sonoma. However, some of the counties in which the ALW program is operating do not currently have any RCFEs participating in the program. For a list of participating RCFEs, see <http://www.dhcs.ca.gov/services/ltc/Documents/ListofRCFEfacilities.pdf>.

Overview

Participants in the ALW have access to the following services:

Assisted Living Services: The following is a list of some of the services that must be provided to ALW participants. These services may be provided in an RCFE, or by a licensed Home Health Agency to residents in public housing.

- Assisting in developing and updating an individualized care plan for each resident
 - Personal care and assistance with activities of daily living
 - Laundry
 - Housekeeping
 - Maintenance of the facility
 - Providing intermittent skilled nursing care
 - Meals and snacks
 - Providing assistance with self-administration of medications
 - Providing or coordinating transportation
 - Providing recreational activities
 - Providing social services
- Care Coordination: These services include identifying, organizing, coordinating and monitoring services needed by participants.
 - Nursing Facility Transition Care Coordination: These services help transition participants from a nursing home to the community.

Eligibility

Participants must be eligible for full-scope, no share-of-cost Medi-Cal benefits and require a nursing facility level of care. The latter requirement is key to eligibility because the program is designed to serve people who would otherwise need nursing home care. Contracted Care Coordination Agencies use a standardized assessment tool to determine the clients need for nursing home level of care. The project serves people age 21 and older.

People living in other counties can receive services if they are otherwise qualified, willing to relocate to one of the participating counties, and work with an enrolled care coordination agency.

Care Planning

Using the standardized assessment tool, care coordination agencies will determine the level of care and services necessary for each participant. Care coordinators will establish individualized service plans for each participant, including services that are covered by Medi-Cal and services funded by other sources. Participating RCFEs must develop a care plan to implement the service plan for each resident.

A licensed, Medi-Cal certified home health agency will implement care plans for participants who live at public housing sites. In this setting, the services provided are called Assisted Care.

Payment Rates

Participants pay for their room and board, and Medi-Cal pays for their care and services. In 2017, for participants with monthly SSI income of \$1,158.37, the room and board rate is \$1,026.37. For participants with income of \$1,178.37 or greater, the room and board rate is \$1,046.37. Medi-Cal pays the RCFEs and home health agencies for five levels of care and services, with daily rates ranging from \$52 per day for tier 1 to \$200 per day for tier 5. RCFEs and home health agencies cannot negotiate the services to be delivered or the payment rate.

Choosing a Facility

Participants select the facility or provider of their choice. Care coordination agencies will inform participants about available facilities and providers. RCFEs are allowed to reject a participant. However, once a facility admits someone, it must provide necessary services and adapt services as the person's needs change.

How to Apply

To begin the application process, contact the Care Coordination Agency in your county: <http://www.dhcs.ca.gov/services/ltc/Documents/CareCoordinationAgencies2017.pdf>.

Note

As of March 2017, the ALW has reached its capacity of 3700 participants. The Department of Health Care Services (DHCS) is implementing a waitlist for the ALW and instituting a 60-day temporary halt in the acceptance of new ALW applicants from March 22 – May 21, 2017. Individuals will be enrolled from the waitlist when the application submissions resume on May 22, 2017, based on the date of receipt of their applications by DHCS. **Individuals are encouraged to apply in order to hold a spot on the waitlist.**

For more information about the ALW program, contact:

<http://www.dhcs.ca.gov/services/ltc/Pages/AssistedLivingWaiver.aspx>

Assisted Living Waiver

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