



HUNTINGTON
HOME CARE

Care Coordination Agency
for the
“Assisted Living Waiver Program”

3452 E. Foothill Blvd. Suite 760A
Pasadena, CA 91107
Direct: (877) 405-6990
Fax: (877) 405-6991
HHC@grandcarehealth.com

Instruction Sheet

To qualify, candidates:

1. Must be Age 21 or older
2. Must be Enrolled in the Medi-Cal Program or provide Social Security Number
3. Must be Enrolled and Receiving Social Security benefits
4. Must have a need for assistance with ADL's (Activities of Daily Living). If the applicant is too independent, he/she may not qualify for this program.

Identify where the applicant is currently residing and submit the documents required for that type of applicant. For individuals that have a legal representative we will require a copy of the Advance Health Care Directives or letters of appointment for Health Care. For the initial stages to determine pre-eligibility only the items in **RED** will be required.

For applicants currently residing at a: Skilled Nursing Facility (SNF) or Hospital

1. **HHC Application Form** - provided in this packet (Page3, must be signed by applicant or legal representative)
2. **Face-Sheet** - from the Hospital or SNF
3. **History and Physical** - from the Hospital or SNF
4. **Freedom of Choice Form** - provided in this packet
5. **Amenities Waiver Form** - provided in this packet
6. **Physician orders** - from the Hospital or SNF
7. **Advance Health Care Directives** - provided in this packet (only required if applicant has a legal representative)

For applicants currently residing at: Home (with or without services)

1. **HHC Application Form** - provided in this packet (Page3, must be signed by applicant or legal representative)
2. **Freedom of Choice Form** - provided in this packet
3. **Amenities Waiver Form** - provided in this packet
4. **Physician's Report Form (602A)** - provided in this packet (Page1, Section III must be signed)
5. **List of Medications** - a printed list of current medications taken applicant
6. **Advance Health Care Directives** - provided in this packet (only required if applicant has a legal representative)

For applicants currently residing at an RCFE: Assisted Living Facility or Board & Care

1. **HHC Application Form** - provided in this packet (Page3, must be signed by applicant or legal representative)
2. **Freedom of Choice Form** - provided in this packet
3. **Amenities Waiver Form** - provided in this packet
4. **Physician's Report Form (602A)** - provided in this packet (Page1, Section III must be signed)
5. **2 Resident Appraisal Forms (603A)** – Copy of the initial appraisal done at time of admission and an updated appraisal, if the appraisal does not reflect a significant change the applicant will not be eligible to participate
6. **Medical Records** - from hospitalizations or skilled nursing rehabilitation
7. **List of medications** - from RCFE a list of current medications taken by applicant
8. **Incident Reports** – documented incidents submitted by the facility to Licensing
9. **Advance Health Care Directives** - provided in this packet (only required if applicant has a legal representative)

Please submit all documents by any of the following:

Fax: (877) 405-6991 (Attention to: ALWP Department)

Email: HHC@Grandcarehealth.com (attached as a PDF document)

Mail to: ALWP Department – 3452 E. Foothill Blvd. Suite 760A, Pasadena, CA 91107