



THE ASSISTED LIVING WAIVER (ALW) PROGRAM

- *Making affordable housing with personal and health-related services available to seniors and individuals with disabilities*
- *Maximizing dignity, privacy, independence and autonomy*
- *Providing an alternative to long-term care placement in a nursing home*

The ALWP is designed to assist Medi-Cal beneficiaries to remain in their community as an alternative to residing in a licensed health care facility. The program provides specified benefits to eligible seniors and persons with disabilities. Medi-Cal reimburses for the services provided to residents enrolled in the ALW, however, the resident is responsible to pay for their own room and board.

The Assisted Living Waiver does not pay for participants' Room and Board. Waiver participants are responsible for making Room and Board payments (aka rent) to Adult Residential Facilities, Residential Care Facilities for the Elderly, or Public Subsidized Housing property owners. Most ALW participants use their Social Security Income/State Supplementary Payment (SSI/SSP) to pay for rent. Each year, the federal Social Security Administration (SSA) publishes maximum SSI benefits available to beneficiaries in different living arrangements.

The ALW is an alternative to long-term placement in a nursing facility and is presently available in the following counties: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, San Mateo, Santa Clara, and Sonoma. The ALW is currently enrolling beneficiaries residing in skilled nursing facilities and in the community, into licensed Residential Care Facilities (RCF) and Public Subsidized Housing (PSH).

ELIGIBILITY CRITERIA

There are certain eligibility criteria that must be met to receive services as an ALW client. The eligibility criteria are:

- a) Age 21 or older.
- b) Enrolled in the Medi-Cal program.
- c) Enrolled to receive Social Security Benefits.
- d) Have care needs equal to those of Medi-Cal funded residents in SNFs.
- e) Willing to live in an Assisted Living Waiver setting as an alternative to a nursing facility.
- f) Able to be served within the ALW cost limitations.
- g) Able to reside safely in a waiver approved setting.

ALW services will not be furnished to individuals who are interested in remaining as an inpatient of a hospital, Nursing Facility, or Intermediate Care Facility for the Mentally Handicapped.

DETERMINING MEDI-CAL ELIGIBILITY

Assisted Living Waiver (ALW) eligible individuals are those who are enrolled in Medi-Cal. Individuals with Medi-Cal benefits that include a share of cost may not be enrolled in the ALW. Please contact your local county office (<http://maps.lacounty.gov/ServicesLocator.aspx>) to obtain information about how to apply for Medi-Cal benefits. Please note: the state DHCS does not determine eligibility for Medi-Cal benefits.

There are several Health Care Plans that combine Medi-Cal and Medicare benefits to maximize their coverage. However, these plans will all affect the Eligibility for participation for the Assisted Living Wavier (ALW) as ALW uses Medi-Cal benefits only. You will need to change to a Medi-Cal Health Care Plan if you are enrolled in any of the following plans: **Cal MediConnect, PACE and SCAN-Connections, One CareConnect.**



There are also several Medi-Cal programs that will require that you are disenrolled before being able to enroll in the Assisted Living Waiver (ALW). You don't have to disenroll to apply but you will be required to set a disenrollment date prior to the transition and enrollment into the ALW program. The following programs under Medi-Cal that will require that you disenroll to participate in ALW are: **MSSP, IHSS and CBAS**

DETERMINING LEVEL OF CARE ELIGIBILITY

Determination of care needs is done by registered nurses (RN) employed by a Care Coordination Agency (CCA). A list of ALW CCAs for each of the participating counties is available on our website: (<https://www.dhcs.ca.gov/services/ltc/Pages/AssistedLivingWaiver.aspx>). Click on the List of Care Coordination Agencies link and contact one of the CCAs in your county of residence to request an application. A pre-screening of the documentation submitted including benefit verification will be done before an appointment is set up for the actual assessment.

Clients Who Cannot be Safely Maintained in the Community are **NOT** eligible to participate.

Some potential participants may require more care than can safely be provided through the ALW. The following conditions automatically render the individual **ineligible** for the program:

- (a) Stage 3 or Stage 4 pressure sores (pressure ulcers)
- (b) Nasogastric tubes
- (c) Ventilator dependency
- (d) BiPap dependency without the ability to self-administer at all times (BiPap is a non-invasive form of mechanical ventilation)
- (e) Coma
- (f) Continuous IV/TPN therapy (TPN - Total Parental Nutrition is an intravenous form of complete nutritional sustenance)
- (g) Wound Vac therapy (A system that uses controlled negative pressure, vacuum therapy, to help promote wound healing.)
- (h) Active communicable tuberculosis
- (i) Restraints, except as permitted by the licensing agency for RCFE residents.
- (j) For the public housing setting only, individuals who require a two-person transfer are not eligible for the assisted living waiver.
 - (i) In this setting, potential beneficiaries must be able to be mobilized to a chair or wheelchair with the assistance of not more than one attendant. While this provision does not restrict the use of more than one staff member to safely mobilize or transfer a resident when providing routine care, clients may not require transfer or mobility assistance from more than one person in the event of an emergency requiring evacuation.

Participants in the Assisted Living Waiver Program will have access to three waiver benefits:

1. Assisted Living Services - These services are called the Assisted Living Services when they're provided in an RCFE and Assisted Care when they're provided by a licensed Home Health Agency and delivered to residents of publicly funded housing. Services that are required by state statutes and regulations to be provided or coordinated must include, but are not limited to:

- 24-hour awake staff to provide oversight and meet the scheduled and unscheduled needs of residents (24-hour awake staff is not required in RCFEs with 6 beds or less))



- Provision and oversight personnel and supportive services (assistance with activities of daily living and instrumental activities of daily living)
- Health related services including skilled nursing (e.g., medication management services, treatments, wound care, etc.)
- Recreational activities
- Providing three meals per day plus snacks. Food must meet minimum daily nutritional requirements and meet the resident's special dietary needs as prescribed by their PCP.
- Performing all necessary housekeeping tasks and Laundry - washing, drying, and folding; scheduled and unscheduled needs of the residents
- Provide or arrange transportation

Assisted Living Services Will Also Include the following for waiver participants:

- Assistance in developing and updating ALWP participant's Individualized Service Plans (ISP) which details in part, the frequency and timing of assistance. Participants play active roles in the development process and must sign their ISP.
- Providing personal care and assistance with ADLs and IADLs sufficient to meet both as required.
- Maintaining the facility.
- Providing intermittent skilled nursing services as required by residents
- In accordance with State law, providing assistance with the self-administration of medications, or administering medications by an RN or LVN.
- Providing social services
- Providing a response system that enables waiver beneficiaries to summon assistance from personal care providers.
- Provide a refrigerator and a microwave. May waive their rights to both if the choice is independent of the AWL.
- Is eligible for a private or semi-private room with full bathroom (shared by not more than two participants). May waive their right to a private room if the choice of having a roommate is independent of the ALW.

A resident has the right to make choices and receive services in a way that will promote the resident's dignity, autonomy, independence, and quality of life. These services are disclosed and agreed to in the contract between the provider and resident. Assisted living does not generally provide ongoing, 24-hour skilled nursing. Assisted living units are private occupancy and shared only by the choice of residents (e.g., by spouses, partners, or friends).

- 2. ALW Care Coordination Benefits** - These services include identifying, organizing, coordinating, and monitoring services needed by a participant. Care Coordinators conduct assessments to assist in determining eligibility, develop Individualized Service Plans (ISPs), arrange for services, maintain contact with participants, and monitor service delivery monthly.

Care Coordination Agencies (CCA) assist participants in gaining access to needed waiver and other state plan services. This waiver benefit is designed to address the need for care coordination prior to the successful transition of an individual from a skilled nursing or institutional setting into an assisted living setting and to ensure that the participants care needs are continuously being met throughout their program enrollment. In collaboration with participants and/or their families, the CCA will complete the assessment and reassessment of waiver participants using the ALW Assessment Tool, at least every six months, or more frequently if indicated by a change in the condition of the participant. CCAs must verify Medi-Cal eligibility and include the participants or their representative in the direct development and implementation of their Individual Service Plan (ISP). Participants who are unable to direct the development of their own ISP and participate in the oversight of their own services may be assisted by a family member or other responsible party, such as a conservator. Persons responsible for a participant's health care decisions may fill the lead role in plan development and oversight in collaboration with the CCA as necessary. Care



coordination is on-going for the duration of time the participant is enrolled in the waiver. If a participant leaves the facility due to hospitalization, the CCA will continue to advocate for the participant for up to thirty days for the purpose of coordinating the participant returning to the assisted living setting.

3. Nursing Facility Transition Care Coordination - This benefit helps to transition residents from nursing facilities to the community.

The transitional care benefit is designed primarily to address the need for care coordination prior to the successful transition of an individual from a skilled nursing or institutional setting into an assisted living setting. As healthcare expenditures rise at an unsustainable rate there is increasing focus by patients, providers, and policymakers on restraining unnecessary resource utilization such as that incurred by preventable re-hospitalizations and re-institutionalizations. Poor coordination of care across settings often results in re-hospitalizations or re-institutionalizations, many of which are avoidable. Transitions in care after hospitalization or institutionalization involve both a smooth transition out of the hospital, skilled nursing, or institutional setting, as well as an activated and reliable reception into the next setting of care. Care Coordination Agencies enrolled as providers in the Assisted Living Waiver program are professionals dedicated to the care of individuals faced with changing health care needs.