

ROLES AND RESPONSIBILITIES of the Client/CCA/DHCS:

The Client must:

- be at least 21 years of age and be Medi-Cal eligible with no restrictions on the amount of services he/she is eligible to receive;
- and/or the authorized representative must assist the HCBS Waiver Care Coordinator, the service provider(s), and the primary care physician in the development of the ISP that outlines the needs of the client;
- and/or the authorized representative must comply with the developed ISP in order to ensure a successful program;
- and/or the authorized representative must work cooperatively with the Care Coordinator, the other service provider(s), the physician, and the ALW Office in identifying services and sharing information to assist in maintaining the client in the community. This includes needed services from the ALW, Medi-Cal state plan benefits, and other community or government funded programs;
- and/or the authorized representative must actively contribute to the ongoing management of the assisted living program. This includes following physician's orders to ensure the health, safety, and welfare of the client in the assisted living setting;
- and/or the authorized representative must contact the HCBS Waiver service provider(s) including the Care Coordinator regarding any issues or concerns with

The Waiver Services Providers: Care Coordinators / Residential Care Facility for the Elderly (RCFE)/or Home Health Agency (HHA) must:

- Sign and maintain an HCBS Waiver and Medi-Cal Provider Agreement on file with the ALW Office. This agreement must be signed, dated, and returned to the ALW Office before HCBS Waiver services can be authorized;
- Be licensed and/or certified and appropriately trained as outlined in the Assisted Living Waiver. The provider may be a current Medi-Cal provider or a provider only for the ALW. The HCBS Waiver service provider must maintain compliance with all applicable state and federal requirements including, but not limited to:
- Maintaining documentation, subject to DHCS review and approval, and acknowledging compliance with the developed ISP;
- The RCFE shall document and notify the Care Coordinator of any changes in the client's condition in a timely manner, similar to accordance with CCL's licensing regulations (California Code of Regulations (CCR), Title 22, Sections 87587, 87591, and 87702.1(d)). The notification is required of all HCBS providers that are licensed RCFEs, and applies to changes that impact the health, safety, or welfare of the client;
- The RCFE shall notify the Care Coordinator in a timely manner of any changes that are required to be reported to CCL or the Department of Public Health, Licensing and Certification (CCR, Title 22, Division 3, Section 74667). This notification is required of all HCBS providers that are licensed and certified home health agencies, and applies to changes that impact the health, safety, or welfare of the client; and,

- The HHA will enter into an agreement with the Public Subsidized Housing (PSH) entity to specify that the conditions are agreeable to both parties for the implementation of the ALW and that the PSH entity complies with the physical plant characteristics as specified in the waiver. The HHA will maintain a certified Branch Office in the PSH building for the sole purpose of the ALW.

The DHCS (ALW Office) will:

- Work cooperatively with the client and/or the authorized representative, the Care Coordinator, the RCFE, the HHA and other HCBS Waiver service provider(s), the primary care physician, and all other providers of Medi-Cal services to help ensure a successful program;
- Assist in the identification of additional supports needed to ensure the health, safety, and welfare of the client enrolled in the ALW, as warranted;
- Conduct unannounced visits, as deemed necessary by various DHCS staff, to assess the health, safety, and welfare of the client;
- Modify, reduce, deny, or terminate waiver services should any one of the following occur:
 - The client dies;
 - The client elects in writing, through the FOC, to voluntarily terminate services;
 - The client is away from the RCFE greater than 30 days for any reason, which will result in involuntary termination, absent a FOC document;
 - The client chooses to receive In-Home Supportive Services (IHSS) and does not reside in PSH;
 - The client is re-assessed by the RN Care Coordinator and is determined to be below the NF A/B level of care as determined by the Assisted Living Assessment and approved by DHCS;
 - The client assumes a share of cost or loses Medi-Cal eligibility or retains Medi-Cal eligibility with an Aid Code that is not compatible with the Assisted Living Waiver;
 - The service costs exceed cost-neutrality for three consecutive months;
 - The client's condition changes such that the client needs a higher level of care that cannot be safely managed by the RCFE or HHA staff, based on a re-assessment by the RN Care Coordinator and approved by DHCS;
 - The client fails to comply with the ISP;
 - Any documented incidence(s) of noncompliance by the client or the authorized representative, within the requirements of this agreement that poses a threat to the health, safety, or welfare of the client or any other clients, and/or any failure to comply with all regulatory requirements.