Appendix 11 ▪ CDA Waiver Referral

Available from the Department of Health Care Services at:
http://www.dhcs.ca.gov/formsandpubs/forms/Forms/mc364.pdf

State of California—Health and Human Services Agency

Department of Health Care Services
Medi-Cal Program

CALIFORNIA DEPARTMENT OF AGING (CDA)
WAIVER REFERRAL

COUNTY USE ONLY	
Case name	Case number
Worker name	Worker number

Multipurpose Senior Services Program (MSSP) site: Please complete this portion and forward to the appropriate County Waiver contact person.

Name of applicant

Address (number, street)	City	State	ZIP code
Social security number	Date of birth	Telephone ( )	

Guardian (if applicable)

Address of guardian (if different) (number, street)	City	State	ZIP code

Status

☐ New Medi-Cal applicant.

☐ Currently receives Medi-Cal with a share-of-cost.

Living Arrangement

☐ The applicant is currently in an institution. Please determine Medi-Cal eligibility based on his/her anticipated return to the community. Anticipated date of discharge: _____

☐ The applicant is currently living in the home.

☐ Other: _____

Eligibility Determination

If applicant/beneficiary is living or will live at home with his/her spouse and is property eligible and entitled to zero share-of-cost Medi-Cal under regular eligibility rules, spousal impoverishment rules are not utilized. If the applicant/beneficiary is property ineligible or has a share-of-cost, apply spousal impoverishment income and resource rules (i.e., institutional deeming rules) even if the applicant/beneficiary lives in the home. See Article 19D of the Medi-Cal Eligibility Procedures Manual.

This is to certify that the individual named above has met the admission criteria for a nursing facility as defined in the California Code of Regulations, Title 2, Division 3, Subdivision 1, Chapter 3, Article 4, Sections 51334 and 51335.

Signature of MSSP site contact person

➤

Printed name of MSSP site contact person	Title	Telephone ( )	
MSSP site address (number, street)	City	State	ZIP code

NOTE TO COUNTY: *Please send a copy of the Notice of Action to the MSSP site when the determination is completed.*

White: County Copy *Yellow: MSSP Site Copy*

MC 364 (05/07)