



State of California—Health and Human Services Agency
California Department of Public Health



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OFFICE OF AIDS
Medi-Cal Waiver Program Section

ALL PROJECT DIRECTORS' LETTER
Letter Number: MCWP 16-01

DATE: July 18, 2016

SUBJECT: MEDI-CAL WAIVER PROGRAM PROTOCOLS UPDATE

The *AIDS Medi-Cal Waiver Informed Consent/Agreement to Participate* form has been updated. This update is effective May 1, 2016 to reflect current Centers for Medicare and Medicaid (CMS) guidance. Please ensure that all AIDS Medi-Cal Waiver Program staff receives a copy of this letter along with a copy of the revised form.

1) Revision- The following statement has been removed from the *AIDS Medi-Cal Waiver Informed Consent/Agreement to Participate* form.

Section 5:

- The statement, "Furthermore, my doctor may remove me from the MCWP at any time if it's in my best interest to do so."

2) Revision- The following statement has been added to the *AIDS Medi-Cal Waiver Informed Consent/Agreement to Participate* form.

Section 9:

- The statement, "If I am being abused, I can make a self-report to the MCWP staff, call 911, or call the number for the local Adult/Child Protective Services which the case managers have provided to me."

Medi-Cal Waiver Program agencies are expected to implement the updated form immediately for all new enrollees at intake. All currently enrolled participants must receive and sign the new form by their next reassessment date.

If you have questions or concerns regarding this notice, please contact the MCWP Social Work Consultant, Kim Gilgenberg-Castillo at (916) 445-5692 or via email at Kim.Gilgenberg-Castillo@cdph.ca.gov.

Sincerely,

Majel Arnold, MS-HSA,
Chief, HIV Care Branch
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