STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY PETE WILSON, *Governor*

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
P OX 942732
SA...AMENTO, CA 94234-7320
(916) 657-2941

February 6, 1995

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 95-10

DEPARTMENT OF DEVELOPMENTAL SERVICES (DDS) HOME AND COMMUNITY-BASED SERVICES (HCBS) WAIVER

The purpose of this letter is to inform you of the process in determining Medi-Cal eligibility for those otherwise eligible for the Medi-Cal HCBS waiver operated and overseen by the DDS under an Interagency Agreement between DDS and the Department of Health Services (DHS). This waiver is the DDS HCBS waiver for persons with developmental disabilities who meet certain criteria.

As described below, property and income eligibility will be determined as if the HCBS individual were institutionalized even if he or she lives at home or in the community.

Background

The DDS HCBS waiver was originally implemented in 1982 and is designed to permit California to serve persons with developmental disabilities in their communities and homes rather than in institutional settings. Originally, waiver services were provided only to Medi-Cal beneficiaries whose Medi-Cal eligibility was determined the same as the general Medi-Cal population. The waiver has now been amended to allow waiver of spousal and parental deeming of income and resources if the beneficiary lives at home. It also allows the application of spousal impoverishment provisions as if the waiver beneficiary were institutionalized even if he/she lives at home or in a community based non-health facility.

The waiver amendment was effective October 1, 1993.

Overview

Applicants will be referred to the county welfare departments for a Medi-Cal eligibility determination by regional centers under contract with DDS. Counties shall apply the criteria described under "Eligibility Determination" below, based on the applicant's current living arrangement, i.e., at home or in a community setting.

DDS Criteria

The DDS HCBS waiver is limited to DDS persons with developmental disabilities who meet the admission criteria for an intermediate care facility for the developmentally disabled as defined in the California Health and Safety Code. Such eligibility will be determined by the regional centers.

Waiver Services

Waiver services include homemaker, home health, residential habilitation, day habilitation, skilled nursing, transportation, specialized medical equipment and supplies, personal care, respite, environmental modifications, chore service, personal emergency response systems, physical therapy, occupational therapy, physiology services, vehicle adaptations, communication aides, and crisis intervention.

Eligibility Determination

The applicant must be referred by the regional center. The applicant must meet all regular Medi-Cal eligibility rules including exemptions and deductions for a disabled person except that:

1. Spousal impoverishment rules apply if appropriate as if the applicant were institutionalized.

2. Parental and/or spousal income and resources are not considered even if the person lives at home.

3. The maintenance need for one ($600) is used to determine the waiver individual's share of cost, if any, based on his/her own income.

Referral to the County Welfare Department

Enclosed is a referral form which regional centers may use to refer a waiver applicant to the county for an eligibility determination after the regional center determines the appropriateness of the waiver for the person's medical, social, and developmental care needs. Regional centers may use a different form, but all of the information contained on the sample form will be contained on the referral form used by the regional center. NOTE: Regional centers are authorized to apply for Medi-Cal on behalf of their clients (see All County Welfare Directors Letter (ACWDL) No. 94-42).

County Determination

Upon receipt of the enclosed referral form (or any referral type of document from the regional center), the county will determine Medi-Cal eligibility based on the criteria for the waiver. NOTE: if a new applicant has no other linkage to the Medi-Cal program, e.g., the person is not aged, under 21, or has not previously been determined as disabled, a Disability Evaluation Division disability determination may be required.

If the applicant is approved, the county will send a Notice of Action (NOA) to the applicant with the actual effective date. A copy of the NOA will be sent to the referring regional center. Applicants who are not already receiving Medi-Cal or are in a Medi-Cal long term care aid code should be reported to the Medi-Cal Eligibility Data System in the appropriate aid code with the actual date.

If the applicant is denied, the county will send a NOA to the applicant and the regional center denying his/her application for Medi-Cal eligibility.

Redetermination

The county shall redetermine eligibility as required by Title 22, California Code of Regulations (CCR), Section 50189. This redetermination is completed even for children receiving a special Supplemental Security Income/State Supplementary Payment pursuant to certain children in waivers such as the Model and the new DDS HCBS waiver (See ACWDL 91-65).

Updated Procedures

An update to Medi-Cal Eligibility Procedures Manual Section 19D will be forthcoming which will address this waiver as well as other waivers including the Model Waiver.

If you have any questions, please contact Margie Buzdas of my staff at (916) 657-0726.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

DEPARTMENT OF DEVELOPMENTAL SERVICES WAIVER REFERRAL FORM FOR A MEDI-CAL DETERMINATION

The individual named below has been referred by a regional center contracting with the Department of Developmental Services (DDS) and requests a Medi-Cal eligibility determination. The determination should not take into consideration parental or spousal income or resources even if the individual lives at home; however, spousal impoverishment rules apply if appropriate as if the applicant were institutionalized.

Applicant's Name:

Applicant's Address:

SSN: DOB: SEX:

Telephone:

Please send a copy of the Notice of Action to the applicant and a copy to the referring regional center.

Regional Center Contact Person:

Regional Center Address:

Telephone: