STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
O. BOX 942732
CRAMENTO, CA 94234-7320

July 22, 1991
Letter No: 91-65

TO: All County Welfare Directors
All County Administrative Officers

SUBJECT: SUPPLEMENTAL SECURITY INCOME (SSI) BENEFITS FOR MEDI-CAL CHILDREN IN HOME AND COMMUNITY BASED WAIVERS

REFERENCE: ACWDL 87-60

The purpose of this letter is to provide information on Section 8010 of the Omnibus Budget Reconciliation Act (OBRA) of 1989 which amends the SSI program (effective 6/1/90) to waive the deeming of parental income and resources for blind or disabled children under age 18 who received the SSI personal needs allowance while institutionalized and are now receiving medical assistance (Medi-Cal) under a state home care plan. These children will be paid an SSI personal needs allowance even though they are not institutionalized if:

1) they would be ineligible for SSI benefits because of deemed parental income or resources or,

2) they would be eligible for less SSI than is paid under this provision.

In California, this may affect children in any of the five home and community based service waivers, e.g., Katie Beckett Model waiver, In Home Medical Care (IHMC) waiver, Skilled Nursing Facility (SNF) waiver, Acquired Immune Deficiency Syndrome (AIDS) waiver, and the Department of Developmental Services (DDS) waiver.

The following describes the procedure which will be established to assist the Social Security Administration (SSA) in implementing this program. As explained below, counties are not required to take any new action. To alert current waiver participants of the new SSI program , the Department of Health Services (DHS) will send the enclosed notice to all eligible enrollees who are currently in the Model, IHMC, SNF, and AIDS waiver programs. DDS will send the same notice to eligible children in their waiver program on an ongoing basis. The notice will also be given to future potential waiver applicants by the appropriate agency at the time of waiver application.

The waiver applicant/beneficiary must apply at his/her local SSA office for an SSI eligibility determination. If eligible, SSA will contact the appropriate person/agency to confirm that the child is currently in a waiver program. This process will be repeated at each SSI redetermination. Since information about a Medi-Cal beneficiary is confidential, SSA must attach the enclosed release form with each request for information.

Children applying for the Model, IHMC, SNF waiver program will be given the information notice and release form by the Medi-Cal Field Office. The following information will be provided on the form:

Waiver Type:	Model, IHMC, or SNF Waiver
Contact:	Department of Health Services Field Services Branch 714 P Street, Room 1516 Sacramento, CA 95814

Children applying for the AIDS waiver will be given the information notice and release form by the appropriate AIDS contractor. The following information will be provided on the form:

Waiver Type:	AIDS Waiver
Contact:	Contractor's name and address.

Children applying for the DDS waiver will be given the information notice and release form by the appropriate regional center. The following information will be provided on the form:

Waiver Type:	DDS Home and Community Based Waiver
Contact:	Name and address of Regional Center

SSA will send the release form to the appropriate contact. The contact will then inform SSA how long the child has been in the waiver program and if there have been changes in eligibility for the waiver program.

Counties are not required to provide the notice/release form to waiver applicants nor should they inform SSA of waiver status. If contacted, please direct SSA to the appropriate agency. Counties will continue to be responsible for determining Medi-Cal eligibility and providing basic information about the waiver programs. Information about the Katie Beckett Model waiver can be reviewed in the Medi-Cal Eligibility Procedures Manual Number 19 D.

Once the waiver child begins to receive SSI, he/she will be an SSI recipient and receive SSI cash-based Medi-Cal. The process will be similar to any Medi-Cal only beneficiary who changes to an SSI recipient, e.g., DHS will change MEDS and notify the county with an alert.

If you have any questions, contact Marge Buzdas (916) 324-4972, ATSS 454-4972.

Sincerely,

ORIGINAL SIGNED BY

Glenda Arellano for
Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

SSI PAYMENTS FOR DISABLED CHILDREN LIVING AT HOME

Your disabled child may be eligible to receive a monthly Supplemental Security Income (SSI) personal needs payment if you can answer yes to all of the statements below.

He or she:

1) was receiving SSI payments while in an institution,
2) is under eighteen years of age,
3) is receiving Medi-Cal benefits,
4) is now living at home, and
5) is currently in a home and community based waiver program.

Please contact your local Social Security Administration (SSA) Office for more information on how your child may apply for this benefit. Please complete the form below and give to SSA when requested.

State of California
Department of Health Services

MEDI-CAL WAIVER INFORMATION AND AUTHORIZATION

Child's Name: Medi-Cal I.D./SSN Number:

Name of Waiver *(Type)* Contact's Name:

Contact's Address: City and State: Zip Code:

I, the guardian or representative of the above child, authorize The Department of Health Services, The Department of Developmental Services, or Medi-Cal waiver contractor (_____) to disclose to the Social Security Administration information about the above child's status in the Medi-Cal home and community based waiver program.

Authorizing Person's Name: Mailing Address:

City and State: Zip Code:

Signature

If signature is marked (X), two witnesses must sign.

1. Signature of Witness 2. Signature of Witness

Address: Address: