STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814

October 8, 1987

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 87 - 60

SUBJECT: MODEL WAIVER

The purpose of this letter is to provide you with an overview of the Model Waiver Program (also called the "Katie Beckett" waiver). Please note that this letter is for information only; no county action, except for the designation of a contact person as described on page 2, is requested. Detailed operating procedures will be sent to those counties with potential model waiver participants.

Under the model waiver, an individual who would qualify for SSI and SSI-based Medicaid in an institutional setting because the income of his/her parents or spouse would not be deemed available to the individual, can continue to have Medicaid eligibility determined in the same way even if he/she goes to live at home. The model waiver thus would allow SSI individuals to leave long term care (LTC) or the hospital and return home where they can receive necessary Medicaid home and community-based services at a lower cost. SSI, however, likely will be discontinued because SSI does not waive deeming rules when the beneficiary returns home.

The waiver is limited to 50 people statewide and we expect to gradually phase them in during the first year of operation.

In California, this waiver allows provision of home and community-based services to physically disabled individuals regardless of age who meet the following criteria:

1. Are eligible for SSI-based Medicaid if institutionalized.

2. Require institutionalization at the skilled nursing facility (SNF) level of care in the absence of waiver services.

3. Will meet all Medi-Cal financial and non-financial eligibility criteria, and based on the medically needy income level for a noninstitutionalized beneficiary, will have no share of cost while living at home.

4. Would be ineligible for Medi-Cal or have a share of cost if the parents' or spouse's income and resources were considered.

The following is an overview of the process by which LTC beneficiaries qualify for the model waiver.

Referrals:

Potential recipients will be referred to the Department of Health Services (DHS) Medi-Cal field offices from various sources including long-term care facilities, hospitals, attending physicians, other community agencies, family, friends or self referral.

DHS Medi-Cal Field Offices:

The Medi-Cal field office will conduct an initial screening of each application. A nurse evaluator or social service consultant will evaluate the beneficiary's medical and social history, current medical condition and nursing care needs to determine whether the recipient is at the SNF level of care and an inpatient of a SNF or hospital and thus, appropriate for waiver participation.

If it is determined that the beneficiary meets the initial screening criteria for waiver participation, the beneficiary will be given/sent a notice informing him/her to contact the county welfare department for an eligibility determination. The notice also will give the beneficiary a choice of 3-4 local home health agencies. The DHS Medi-Cal field offices will notify the respective counties that tentatively approved individuals will be coming to their offices to complete the application process for the model waiver.

Those who do not pass the initial screening will be sent a notice of action by the Medi-Cal field office denying the application because the initial screening criteria were not met. There will be a fair hearing process for those who do not agree with the denial.

County Welfare Departments (CWDs):

Each CWD must designate a contact person to receive applications for and to monitor this program. It might be advantageous to use the same staff person you're presently using for the Ramos cases, since model waiver recipients will be former SSI beneficiaries.

Please provide the name of the contact person to the Department of Health Services, Medi-Cal Benefits Branch, 714 P Street, Sacramento, CA 95814 by November 15, 1987.

After a beneficiary contacts the CWD, he/she will be evaluated for Medi-Cal eligibility under the model waiver. Procedures will be sent to each affected county; generally the CWD's responsibility will be to determine Medi-Cal eligibility and share of cost without consideration of parental or spousal income or resources.

The county will send the beneficiary a (State developed) model waiver notice of action (NOA) granting or denying the application.

A copy of the NOA also is to be sent to the Medi-Cal Field office since the Field Services Branch needs to know which applicants have met Medi-Cal eligibility criteria and can be certified for participation in model waiver program.

For those who are eligible for Medi-Cal under the model waiver, the CWD will report these individuals as an aid code 64.

We will provide you with additional information as we progress. In the meantime, if you have specific questions, please contact Diane Lockhart, Benefits Branch, at (916) 324-2468 regarding benefits under the waiver, Angie Rivera, Eligibility Branch, at (916) 324-0650 regarding eligibility for participation in the waiver or Jerry Burns, Field Services Branch at (916) 322-2513 regarding initial screening procedures.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: October 8, 1988