

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2941

May 28, 1999



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

Letter No.: 99-26

**MORE INFORMATION ON THE MORATORIUM ON REGIONAL CENTERS WAIVER
REFERRALS, NEW AID CODES, AND THE PERSONAL NEEDS ALLOWANCE**

Ref: All County Welfare Directors Letter (ACWDL) No. 99-10

This letter is to provide more information about the Department of Developmental Services (DDS) waiver which was previously discussed in ACWDL 99-10.

Program Advisory

Enclosed is a copy of the DDS Program Advisory which was sent to the various Regional Centers in California. This information is similar to that contained in ACWDL 99-10. You should not be receiving any referrals from the Regional Centers who were not on their December 4, 1997, list of waiver candidates. Even though you may have received a previous application from this client, you can assume that the person is not part of the moratorium and you do not need to contact us for confirmation.

If a waiver person is currently receiving Medi-Cal benefits, please contact the Regional Center at the time of his/her annual redetermination to see if he/she is still eligible for their waiver. Some clients may no longer be eligible. Quarterly status reports are not required for persons in these aid codes; however, disability must be established for any special income disregards.

New Aid Codes

The following aid codes will not be available for waiver eligibles as of March 1, 1999 as previously reported. They are now scheduled to be available on July 1, 1999.

6V DDS Waiver No SOC
6W DDS Waiver SOC

6X Model Waiver No SOC
6Y Model Waiver SOC

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There are no new eligibility requirements for these aid codes. You may wish to review the Medical Eligibility Procedures Manual Article 19D for more information.

Personal Care Services

Children under age 19 who have no share of cost in 6V and 6X (once these aid codes are implemented) are also eligible for the Personal Care Services Program (PCSP) because they meet the eligibility criteria of the Percent Programs which are on the list as approved aid codes for these services. Until these new waiver aid codes are added to the list of aid codes that are eligible for PCSP, counties may need to report these persons in the applicable Percent Program aid code to secure these services rather than 82 or 64.

Personal Needs Allowance (PNA) Under the Supplemental Security Income (SSI) Program

Currently, SSI issues a \$42 PNA to certain former SSI recipients who are in waivers and who request this PNA. (See the Medi-Cal Eligibility Procedures Manual Article 19D-12 for information about this program.) Currently, these persons are then switched through a transmittal from the Social Security Administration to Information Technology Services Division (ITSD) which changes the Medi-Cal aid code to aid code 60 when the \$42 begins.

We have requested ITSD to leave waiver persons in the new waiver aid codes when they receive a \$42 PNA rather than switching them to aid code 60 since counties must continue to identify them as waiver eligibles. We will notify you when this change is completed.

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

Sincerely,

ORIGINAL SIGNED BY

ANGELINE MRVA, Chief
Medi-Cal Eligibility Branch

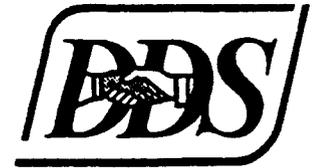
Enclosure



DEPARTMENT OF DEVELOPMENTAL SERVICES

COMMUNITY SERVICES DIVISION

PROGRAM ADVISORY



PSB-99-1

DATE: March 31, 1999

**ALL COUNTY LETTER OF INSTRUCTIONS FOR PROCESSING REFERRALS
FROM REGIONAL CENTERS FOR MEDI-CAL DETERMINATIONS USING INSTITUTIONAL
DEEMING RULES**

INTRODUCTION

The purpose of this advisory is to transmit the enclosed ALL COUNTY LETTER, Number 99-10, from the Department of Health Services (DHS), Medi-Cal Eligibility Branch, containing instructions for processing referrals from regional centers for Medi-Cal processing using the special rules of Institutional Deeming.

BACKGROUND

The ALL COUNTY LETTER communicates an update to the current moratorium on any additions to the Home and Community-Based Waiver Services (HCBS). It clarifies that persons whose names appear on the December 4, 1997, listing can be processed for Medi-Cal eligibility without the need for county contact with DHS. If Waiver consumers move to another county, a copy of the referral form will be sent to the new county. The letter also transmits information about new aid codes and eligibility for the Personal Care Services Program.

OUTCOME FOR REGIONAL CENTERS

This program advisory is for informational purposes only. Regional centers should identify and refer Waiver participants who lose their Medi-Cal eligibility based on a change of circumstance in income or property, or who experience a change in insurance coverage necessitating an application for Medi-Cal in order to continue to qualify for the

Waiver program. In addition, individuals who have no share of cost and qualify for either the Home and Community-Bases Services Waiver (aid code 6V) or the Model Waiver (aid code 6x) are eligible for the Personal Care Services Program.

HCBS Waiver eligibility is statewide even though a consumer is made eligible for the Waiver at a specific regional center. If any consumer transfers to another regional center, assuming the consumer still meets all of the HCBS Waiver eligibility criteria, that consumer can be added by the regional center into which the consumer transferred. This action does not constitute adding new consumers.

The Department of Developmental Services is continuing to work on expanding Waiver services in order to serve the waiting list of persons otherwise eligible for the HCBS Waiver Program. We will keep you informed of any changes in the Health Care Financing Administration's policy with regard to the current freeze on enrollment.

If you have any questions regarding the information in this Program Advisory or the attached letter, please contact Walter Kealy, Chief, Federal Programs Operations Section at (916) 654-2052.