



Medicaid Waiver and Institutional Deeming

What is the Home and Community Based Services Waiver (Medicaid Waiver or 1915c)?

It is a federal program which allows the State to receive federal reimbursement for some of the services provided to individuals so that they can live inclusive lives in their community. There are numerous Medicaid waivers however the one we are talking about today is specific to persons with IDD (Intellectual and Developmental Disabilities).

In the past, services for people with IDD were almost exclusively provided in large institutional settings. Waivers allow that federal dollars that hypothetically would have been used to fund those institutions to be used for inclusive community services.

What are the Medicaid Waiver requirements?

- To be on the Medicaid Waiver, individuals must meet all of the requirements:
- Lanterman eligible: ongoing eligibility for services with the Regional Center
- Medi-Cal recipient (or eligible through Institutional Deeming)
- Use at least one billable service annually
- Approved living arrangement: family home, living independently or a Community Care Facility
- Meet the Level of Care

What is Level of Care?

The person must have substantial limitations in their present adaptive functioning which require the level of care provided in an Intermediate Care Facility (ICF)

- Walking
- Eating
- Toileting
- Bladder/Bowel Control
- Personal Care
- Dressing
- Safety
- Disruptive Social Behavior
- Aggressive Social Behavior
- Self Injurious Behavior
- Property Abuse
- Running Away
- Emotional Outbursts
- Medical or physical concerns that require skilled nursing care or observation

Level of Need

The waiver requires that there be two areas of need for support and that these require substantial support. The IPP (Individual Program Plan) must address how these are supported. Age is taken into account so we couldn't count safety for a four year old who needed supervision in the community at all times. We could count that for a teenager.

Some frequently used Billable Services

- Personal Assistance
- Day Care
- Interpreter/Translator
- Durable Medical Equipment (accounting code 725 only)
- Nursing Services (L.V.N., R.N.)
- Camping Services
- In-Home Respite Service Agency
- ILS or SLS
- Adult Development Center/Behavior Management Program (adult only)

Services are determined in a person centered IPP process.

*Some services do not apply to children.

Who is on the Medicaid Waiver?

- If the individual currently receives Medi-Cal and meets the other Medicaid Waiver requirements they may be added to the Waiver.
- If the person doesn't currently receive Medi-Cal but meets all other requirements, they MAY be eligible to receive Medi-Cal through Institutional Deeming and be on the Medicaid Waiver.
- You must be on the waiver to be Institutionally Deemed.
- Institutional Deeming is a special Medi-Cal eligibility rule that only considers the child's income and not the parents' income.
- The only income that is considered is the child's (i.e., child support, an unprotected trust fund or other monies in the child's name).
- If the child has no income, typically the child will be eligible through Institutional Deeming to receive full scope Medi-Cal with no share of cost.
- If the child does have income, then the child may still be eligible for Medi-Cal but possibly with a share of cost. There are no cash benefits tied to Institutional Deeming.

What is Medi-Cal through Institutional Deeming

- Medi-Cal is California's version of Medicaid, a federally funded health insurance program, usually for people with low incomes. For certain individuals, the income requirements for this program can be waived. This means an individual consumer can be considered a separate "household" from their other family members. Usually this means only a child's income and assets are considered. Married people can also be eligible for institutional deeming.
- For those who are served by regional centers, eligibility for the Home and Community Based Waivers through the Department of Developmental Services allows this through a process called "Institutional Deeming." They may qualify for full-scope Medi-Cal possibly, with no share of cost.
- People must meet all the requirements for the Home and Community Based Services Waiver (or Medicaid Waiver) except for having Medi-Cal.
- Although we aren't discussing this today, there are other waivers for other populations.

- Children may already have health insurance through their parents.
- Medi-Cal can act as a backup for primary insurance but is always the ‘payer of last resort.’
- Medi-Cal may pay for supports that private insurance does not pay for.
- Private insurance may have benefit limits on certain services that when reached, Medi-Cal may continue to pay for.
- Parents should communicate to their private insurance and/or Medi-Cal regarding their benefits and questions or concerns.

Medi-Cal Benefits

- Based on need your child may be eligible for In Home Support Services (IHSS).
- Medi-Cal may pay for copays for insurance covered services if the provider accepts Medi-Cal.
- Medi-Cal often funds nursing services for children who need this level of care.
- Medi-Cal funds durable medical equipment including augmentative communication devices if needed.

What is the process for Medi-Cal through Institutional Deeming?

- Our case manager reviews the file and consults with their supervisor prior to contacting the Qualified Intellectual Disabilities Professional (QIDP) group.
- A QIDP will review the child's file. If the child meets all of the requirements at that time, a QIDP will inform the case manager and provide the appropriate documents to the case manager to be sent to the family.
- Note that Alameda County and Contra Costa County processes differ.

Alameda County Process

- After the QIDP informs the case manager that the individual has been determined eligible for Medicaid Waiver, the case manager sends parents the referral form, cover letter and Alameda County Institutional Deeming Information Sheet .
- Parents sends all applicable documents to Medi-Cal via either the Medi-Cal website, fax or mail.
- Medi-Cal sends their application to the parents; they have 10 days to complete and return to Medi-Cal.
- Medi-Cal will send a Notice of Action (NOA) to the parents indicating whether or not the child is eligible for Medi-Cal.
- Parents notify the case manager after receiving NOA so we can officially put the individual on the Medicaid Waiver.

Contra Costa County Process

- After the QIDP informs the case manager that the individual has been determined eligible for Medicaid Waiver, the case manager sends parents the referral form, cover letter and Contra Costa County Institutional Deeming Information Sheet.
- Parents call the Medi-Cal 800 number to request a Medi-Cal packet.
- The parent will receive a Medi-Cal application in the mail to complete.
- The parent submits the referral form, and the cover letter along with the Medi-Cal packet as directed by Medi-Cal.
- Medi-Cal will provide a Notice of Action (NOA) to the parents indicating whether or not the child is eligible for Medi-Cal.
- Parents notify the case manager after receiving NOA so we can officially put the individual on the Medicaid Waiver.

How does the Medicaid Waiver affect Regional Center services?

- Being enrolled in the Medicaid Waiver has no direct affect on services. It does allow the State of California to get funding from the federal government for the cost of many services provided by the regional center.
- Having Medi-Cal may impact some family fees.
- If a child stops meeting the Medicaid Waiver requirements and receives Medi-Cal through Institutional Deeming then the child will no longer be eligible for Medi-Cal through Institutional Deeming. If the child receives any other Medi-Cal programs, their Medi-Cal is not affected by Medicaid Waiver eligibility.

Ongoing Medicaid Waiver eligibility

Individuals must be reviewed at a minimum of every twelve months by a QIDP to ensure that they continue to meet all of the Medicaid Waiver eligibility criteria.

This is a recertification requirement. If the child no longer meets all of the criteria they must be removed from the Medicaid Waiver and would no longer be eligible for Medi-Cal through Institutional Deeming.

In order to support children and families, this will be communicated to the case manager so that the ID team can address any possible issues.

The local Medi-Cal office may assist with other paths to Medi-Cal.

Local Medi-Cal Offices

- Parents should respond to all communications from Medi-Cal. If you have questions about forms and other details, those need to be answered by the Medi-Cal staff.
- Medi-Cal may ask parents for income verification to ensure qualification for the appropriate Medi-Cal program. They will also ask for information about other family members in order to assure that they aren't missing other people who might be eligible.
 - Sometimes a child will be assigned to another Medi-Cal program , if eligible.
 - Medi-Cal typically completes a yearly redetermination.
 - If Medi-Cal asks for verification of Medicaid Waiver eligibility, ask your case manager to have the regional center send those documents to Medi-Cal on your child's behalf.

Alameda County Medi-Cal information:

Applications, renewals, documents, and reports can be submitted for most programs online at www.MyBenefitsCalWIN.org

Applications and information by telephone during the business hours of 7:30 AM to 5:00 PM, Monday through Friday, by fax at 510-670-5095, or by mail at P.O. Box 12941, Oakland, CA 94604. Additional information can be found online at www.AlamedaSocialServices.org

Look up Medi-Cal history and/or contact your Medi-Cal worker:

<https://public.alamedasocialservices.org/CARS#>

Contra Costa County Medi-Cal information:

Information regarding applications and information can be obtained via telephone during business hours Monday through Friday 8am to 5pm: 925-957-5647 (English) or 925-957-5648 (Spanish) or on their website:

<https://ehsd.org/>

To apply or renew Medi-Cal benefits (and other benefits):

<https://www.mybenefitscalwin.org/>

Leave a message for your worker, upload documents and report address changes: <https://ehsd.org/help/>

Other Ways Services Are Funded By the Federal Government

- 1915 i State Plan Amendment

For those with Medi-Cal who are eligible for the Medicaid Waiver, the state can access federal funds for services purchased by the regional centers.

- Targeted Case Management

For those with Medi-Cal, the federal government provides funding for some case management activities.