



AGED, BLIND, AND DISABLED MEDICAID 902-1 HCBS/Waiver Medically Needy

Supersedes: MA 1003-1 (02/01/05)

Reference: 42 CFR 435.217, ARM 37.40.1401, 1406-.1408, ARM 37.82.101

Overview: HCBS/Waiver clients who have income exceeding the categorically needy income standard for one (ABD 007) are eligible as medically needy, and must meet a monthly spend down. The spend down is the difference between the MNIL (Medically Needy Income Level – CMA 002) for one and the client's countable monthly income, after CSIMA and/or family maintenance allowance deductions, if applicable. The spend down can be met by:

1. Making a cash payment to the Department equal to their spend down obligation;
2. Incurring medical expenses equal to their spend down obligation;
3. A combination of medical expenses and cash payment.

The following expenses may be used to meet the spend down:

1. Paid and unpaid medical expenses incurred during the benefit month;
2. Paid and unpaid medical expenses incurred during the three months preceding the benefit month; and
3. Current payments on the unpaid balances of bills incurred more than three months prior to the benefit month.

See CMA 700 for additional medically needy information.

PROJECTING EXPENSES:

Expenses cannot be projected. This option was eliminated July 1, 2003.

WAIVER SERVICES:

SLTC establishes waiver services, and services may include:

1. Case Management;
2. Homemaker;
3. Personal care (waiver-related);
4. Adult day care;
5. Respite;

6. Habilitation, which may include:
 - a. independent living evaluation;
 - b. habilitation aid;
 - c. physical therapy - maintenance;
 - d. occupational therapy - maintenance;
 - e. speech therapy - maintenance;
 - f. psychological consultation,
 - g. other services as defined by Case Management.
7. Medical alert;
8. Nutritional/Dietitian;
9. Non-medical transportation;
10. Environmental modification/Adaptive equipment;
11. Respiratory therapy;
12. Nursing services;
13. Supported Living services;
14. Pre-vocational services;
15. Supported employment services;
16. Specially trained attendant services;
17. Cognitive rehabilitation services;
18. Behavioral programming services;
19. Chemical dependency counseling;
20. Comprehensive day treatment;
21. Community residential rehabilitation services;
22. Special child care for children with AIDS;
23. Adult residential care;
24. Specialized medical equipment and supplies; and
25. Consumer/family intensive support service.

A billing statement is required before monthly waiver service expenses can be used to reduce/meet the spend down.

SPECIAL PROCESSING FOR MEDICALLY NEEDY GROUP HOME RESIDENTS:

The difference between the residential service rate at the group home and the MNIL is recognized as a medical expense used to meet the spend down for medically needy group home residents whose income exceeds the SSI State Supplement income standard, making them ineligible for SSI State Supplement payments.

The medical expense is determined by subtracting the MNIL from the total residential service fee (group home rate).

Effective Date: July 01, 2016

