

Department of Public Health
and Human Services

Section:
HOME & COMMUNITY BASED
SERVICES/WAIVER

MEDICAL ASSISTANCE

Subject:
Overview

Supersedes: MA 1000 (07/01/09); Bulletin MA 102 (04/27/10); Bulletin MA 106 (08/19/10)

References: ARM 37.40.1401, .1408, .1421, and 37.82.101; 42 CFR 441 Subparts G and H; 42 USC 1396r-5

GENERAL RULE--Provide Medicaid coverage to individuals residing in the community who meet all non-financial and financial eligibility criteria and who:

1. apply for Medicaid or, if already receiving Medicaid, request the additional level of Medicaid waiver coverage;
2. would be eligible for Medicaid if placed in a nursing home or an intermediate care facility for the mentally retarded (ICF/MR);
3. would require nursing home or ICF/MR placement in the absence of home and community based services; and
4. have a Home and Community Based Services Waiver (HCBS/Waiver) slot available to them.

► **SSI RECIPIENTS**

When a SSI recipient is to be enrolled in the Physically Disabled Waiver, Aged Physically Disabled Waiver or one of the Developmental Disabilities Waivers (0208, 0371 or 0667 in CHIMES), the OPA will receive a SLTC/DD-55 from a waiver case management team for one of these waivers.

The OPA must determine whether the person made uncompensated asset transfers. The OPA must also determine if the person has a spouse, in which case a resource assessment must be completed.

All of the above must be provided before a waiver program may be authorized. SDMI or PRTF waiver applicants are not subject to any of these additional requirements (see PRTF and SDMI captions).



NOTE: A separate resource eligibility determination cannot be made for an unmarried SSI recipient for waiver eligibility purposes.

**FINANCIAL
RESPONSIBILITY
OF RELATIVES:
PD, AGED & DD
WAIVERS**

Income and resources of responsible relatives of a HCBS/Waiver applicant or recipient for the Physically Disabled Waiver, Aged Waiver or any of the Developmental Disabilities (DD) waivers are treated as follows, providing that the waiver recipient meets all non-financial eligibility criteria, is approved for HCBS/Waiver services through one of the mentioned waivers, and will be enrolled into a HCBS/Waiver opening (waiver slot):

1. Income and resource deeming requirements from an ineligible parent to an eligible child are waived. Eligibility for Waiver Medicaid will be based solely on the income and resources of the waiver recipient.
2. If only one member of a married couple enters the waiver program, spousal impoverishment rules apply unless the spouse who is not participating in the HCBS/Waiver program is residing in a medical institution placement which could be covered by Medicaid, such as a nursing facility or Montana State Hospital.

► The spouse not enrolled in the waiver program, if not residing in a nursing home or enrolled in waiver him/herself, is referred to as the "non-waiver spouse" or "community spouse", and the spouse enrolled in the waiver program is referred to as the "waiver spouse".

► **NOTE:** Spousal impoverishment rules must be applied to a waiver spouse. The spouses cannot choose to be treated as individuals or as a non-waiver couple, even if doing so is more beneficial to them. In addition, the waiver spouse's income, resources and presence are not counted when determining the non-waiver spouse's Medicaid eligibility.

3. If both members of a married couple are enrolled in the HCBS/Waiver program, or the non-waiver spouse is residing in a nursing home or other covered medical institution (as defined in MA 901-1), each member of the couple is treated as an individual, and spousal impoverishment rules, such as resource assessments and spousal income maintenance, do not apply.

**► RESOURCE
ASSESSMENTS**

A resource assessment must be completed for HCBS/Waiver applicants and recipients with spouses for the Physically Disabled Waiver, Aged Waiver or any of the Developmental Disabilities (DD) waivers (0208, 0371 and 0667), as outlined in the preceding caption. See instructions for resource assessments in MA 1001-1.

**► TRANSFER OF
RESOURCES**

Assets transferred by either the applicant or a spouse prior to the establishment of HCBS/Waiver eligibility, but within the look-back period, are treated according to the asset transfer policies in section MA 404.

**RESOURCES
JOINTLY BY TWO
WAIVER SPOUSES**

Resources held jointly by two waiver spouses, or by a waiver spouse and a spouse in a residential medical facility must be evaluated according to the jointly owned resources policies in MA 401-1.

**► PREADMISSION
SCREENING**

A pre-admission screening must be performed (as verified through receipt of SLTC-61 "Screening Determination") for waiver recipients for the Physically Disabled and Aged waivers only. The pre-admission screening must have been performed within 90 days of enrollment into a Medicaid HCBS/Waiver program or entry into a nursing home. Screening for DD waivers, PRTF and SDMI are conducted independently by the DD Program for the DD waivers and by Addictive and Mental Disorders Division (AMDD) for the PRTF and SDMI waivers as part of their enrollment process, and the SLTC/DD-55 or other documents provided by those programs to the OPA verify that the screening occurred.

The pre-screening criteria are the same for the Physically Disabled waiver, Aged waiver and nursing home services. If a recipient has an SLTC-61 indicating these waiver services are appropriate and subsequently enters a nursing home directly from that waiver program, the same SLTC-61 screening may be used for the nursing home stay. A recipient with a valid SLTC-61 who resides in a nursing home may leave the nursing home and directly enter the waiver program without a new SLTC-61 as well. If there is a break in the coverage between nursing home and waiver, a new screening must be completed. If a recipient moves from a DD or AMDD waiver slot to a nursing home, a new screening (SLTC -61) is required.

**AGED
WAIVER**

Physically disabled aged individuals may be eligible to receive home and community based services (HCBS) under the Aged Waiver. HCBS/Waiver services are designed to allow elderly clients to remain in the community rather than be placed in institutional settings. The Aged Waiver is administered by the Senior and Long Term Care Division, Community Services Bureau.



The Physically Disabled Aged waiver is entered on CHIMES on the Waiver web page as the 'Aged' waiver type.

**PHYSICALLY
DISABLED
WAIVER**

Physically disabled individuals under age 65 may be eligible to receive HCBS services under the Physically Disabled Waiver if they are determined to be disabled under Social Security Act criteria. HCBS services under the Physically Disabled Waiver are designed to allow disabled individuals to remain in the community rather than be placed in institutional settings.

The Physically Disabled Waiver is administered by the Senior and Long Term Care Division, Community Services Bureau.



The Physically Disabled waiver is entered on CHIMES on the Waiver web page as the 'Physically Disabled' waiver type.

**DEVELOPMENTAL
DISABILITIES
(DD) WAIVERS**

Developmentally disabled individuals may be eligible to receive HCBS services under one of several Developmental Disabilities (DD) Waivers. DD Waivers currently include:

- Waiver 0208, the Comprehensive Services waiver,
- Waiver 0371, the Community Supports waiver (age 18+), and
- Waiver 0667, the Child Autism waiver.

HCBS under DD Waivers provide specialized services for the waiver-eligible client. DD Waiver services maintain individuals in the community who might otherwise require institutional care.

An individual under age 65 must be determined disabled according to Social Security criteria to qualify for coverage through the 0208 and 0371 DD waivers. Categorization as developmentally disabled by the Developmental Disabilities Program (DDP) **does not** meet Medicaid disability criteria by itself. Individuals must be determined disabled by either the Social Security Administration or the Medicaid Eligibility Determination Services (MEDS), according to MA 105-1.



NOTE: A child who is being enrolled in the Child Autism waiver (0667) is not required to be disabled to qualify for that waiver. As such, it is not required for the MEDS process to be completed to qualify for the waiver coverage. The child may be opened through the HMK+ or Family Medicaid without a disability determination. However, the child would have to be disabled according to SSA criteria in order to be determined eligible for or authorized for an ABD Medicaid program (Waiver 0667 program, specifically).

The DD Waiver is administered by the Disability Services Division (DSD), Developmental Disabilities Program (DDP).

NOTE: DSD/DDP is NOT the same as the Disability Determination Services Bureau (DDS or DDB), which makes disability determinations on behalf of the Social Security Administration.

- ▶ DD waivers are entered on CHIMES on the Waiver web page as the “0208”, “0371” or “0667” waiver types.

**SEVERELY
DISABLING
MENTAL ILLNESS
(SDMI) WAIVER**

Individuals aged 18 or older who are diagnosed with Severely Disabling Mental Illness (SDMI) may be eligible to receive HCBS services under the SDMI waiver. HCBS waiver services for this population are designed to assist these individuals in remaining in the community rather than be placed in institutional settings.

Spousal impoverishment rules, including resource assessments, waiver of spousal deeming and spousal/family income maintenance allowances do NOT apply to this waiver group. Individuals enrolled in this waiver program must qualify for Medicaid under all non-waiver financial eligibility criteria in their current living situation. The individual is not required to be disabled to be enrolled in SDMI waiver, but must fit into a covered group (aged, blind, disabled, child, pregnant, specified caretaker relative, etc.) Do not indicate that a person is disabled on the system unless they have been determined disabled either by SSA or through MEDS.

- ▶ The SDMI waiver is limited to residents of the following counties:

- Beaverhead
- Big Horn
- Blaine
- Carbon
- Cascade
- Chouteau
- Deer Lodge
- Glacier
- Granite
- Hill
- Liberty
- Missoula
- Pondera
- Powell
- Silver Bow
- Stillwater
- Sweet Grass
- Teton
- Toole
- Yellowstone

- ▶ The SDMI waiver is entered on CHIMES on the Waiver web page as the ‘SDMI’ waiver type.

► **PSYCHIATRIC
RESIDENTIAL
TREATMENT
FACILITY (PRTF)
WAIVER**

Individuals age 6 through 17 who are diagnosed with serious emotional disturbance (SED) and meet criteria for admission to a psychiatric residential treatment facility may be eligible to receive HCBS services under the PRTF waiver. **Waiver of parental deeming and spousal impoverishment rules do NOT apply to this waiver group.** Individuals enrolled in this waiver program must qualify for Medicaid under all non-waiver financial eligibility criteria in their current living situation. The individual is not required to be disabled to be enrolled in PRTF waiver, but must fit into a coverage group (blind, disabled, child, pregnant, specified caretaker relative, etc.). Do not indicate that a person is disabled on the system unless they have been determined disabled either by SSA or through MEDS.

The PRTF waiver is limited to residents of the following counties:

- Big Horn
- Broadwater
- Carbon
- Cascade
- Flathead
- Jefferson
- Lewis & Clark
- Missoula
- Musselshell
- Ravalli
- Stillwater
- Yellowstone

PRTF is entered on CHIMES on the Waiver web page as the 'PRTF' waiver type.

NOTE: Pre-admission screening does not apply to the PRTF waiver group. Rather, individuals served under this waiver must meet psychiatric residential treatment facility admission criteria. This will be verified by the Department employee responsible for awarding PRTF waiver slots, and no documentation is needed in the eligibility case file that this criterion has been met.

**COVERED
LIVING
ARRANGEMENTS**

The Aged and Physically Disabled Waivers may cover services while an enrolled individual lives in a private residence, or while the enrolled individual is residing in a personal care home, retirement home, physically disabled or mental health group home, adult foster home, or adult residential placement. Institutional and hospital placements are not covered.

The Developmentally Disabled Waiver may cover services while an enrolled individual lives in a private residence, DD group home, adult foster care, or DD semi-independent care placement (also

- known as congregate supported living or non-congregate support living).
- ▶ SDMI and PRTF cover services for the enrolled individual while living in the community.
- ▶ OVERLAPPING SPANS – WAIVER AND INSTITUTION**
- A physically disabled, SDMI or PRTF waiver span and a nursing home span may overlap for no more than 30 consecutive days. At the point where the overlap would exceed 30 days, the eligibility case manager must contact the waiver program in which the recipient is enrolled to determine the disenrollment date from the waiver program and arrange for the waiver program to send the OPA an updated SLTC/DD-55 showing the date of disenrollment.
- ▶ A DD waiver span and a nursing home span may overlap by no more than one day. At the point where overlap appears to be occurring, contact the DD case manager immediately regarding a disenrollment date and completion of an SLTC/DD-55 discharge.
- If a waiver recipient is admitted to Montana State Hospital (MSH), the waiver span must be terminated as of the date of admission to MSH unless the recipient is under age 21 or is age 65 or older. The eligibility case manager must contact the waiver program immediately to assure that the waiver team disenrolls the recipient from the waiver program as of the date of admission to MSH.
- If the waiver recipient is under age 21 or is age 65 or older and is admitted to MSH, the spans may overlap for up to 30 days.
- ▶ SSI RECIPIENTS AND WAIVERS**
- SSI recipients who are residents of medical institutions or who are to be enrolled in the physically disabled waiver, aged waiver, DD 0208, DD 0371 or DD 0667 waivers must be evaluated to determine whether uncompensated asset transfers have been made within the lookback period. Policies in MA 404-1 and 404-2 must be applied.
- Resource assessments must be completed by the Department for married SSI recipients (see MA 903-1 and MA 1001-1) per spousal impoverishment criteria in order to determine eligibility for nursing home, and waiver coverage (other than SDMI and PRTF) for married SSI recipients.
- Resource eligibility must not be separately determined for unmarried SSI recipients.
- ▶ CHIMES**
- In order for waiver coverage to convey to MMIS for payment

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purposes, the appropriate waiver program must be finalized as eligible for the recipient. Simply adding a waiver span to the Waiver web page and finalizing a non-waiver ABD Medicaid program will not approve Medicaid waiver coverage for the recipient. Adding a waiver span to CHIMES and finalizing (or re-finalizing) a Family Medicaid program will transmit waiver spans to MMIS so waiver benefits will be paid.

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