

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-207655

Home and Community-Based Services and
Spousal Impoverishment Provisions

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1 OVERVIEW

The purpose of this SCR is to update CalSAWS to start applying a Spousal Impoverishment Provision at the time of a Medi-Cal application for individuals who are requesting Home and Community-Based Services (HCBS) and/or Waiver programs. The definition of “Institutionalized Spouse”, as referenced by the Social Security Act (SSA), was expanded to allow for a broader application of the Spousal Impoverishment Provisions for individuals receiving HCBS and/or Waiver programs. As a result, DHCS provided updated guidance in ACWDL 17-25, ACWDL 18-19, MEDIL I 21-07, ACWDL 19-15, and MEDIL I 22-08. This policy will allow the Community Spouse to retain more income and resources from the Institutionalized Spouse/Register Domestic Partner (RDP) or a Spouse/RDP who is requesting a HCBS or Waiver program at the time of the Medi-Cal application.

1.1 Current Design

The System's 'Requested Medi-Cal Type' has a selection of 'Long-Term Care (LTC)' for individuals that are Institutionalized or receiving Nursing Level of Care. When Requested Medi-Cal Type 'LTC' is selected, the system determines LTC Medi-Cal eligibility using special budgeting rules. When the LTC Individual has a Community Spouse or RDP, the system will separate the Medi-Cal Family Budget Unit (MFBU) for the LTC Spouse from the Community Spouse and their child(ren). The System will use 'Spousal Impoverishment Provision' budgeting to determine Medi-Cal Eligibility for the LTC Spouse. The System calculates the LTC Spouse's income and determines the maximum allocation amount that can be transferred to the Community Spouse. If there is any income allocation remaining from the LTC Spouse, then the remaining income will be allocated equally to the child(ren) that live with the Community Spouse. When the System makes an eligibility determination for the LTC Spouse, the income that is allocated to the Community Spouse/RDP and child(ren), if any is not used in the LTC Spouse's budget.

In addition to the income allocation, 'Spousal Impoverishment Provisions' consider a higher resource limit for an LTC Spouse with Community Spouse/RDP. The property limit for a couple allows for the Community Spouse Resource Amount (CSRA, for the community Spouse), plus the Medi-Cal property limit for one person (LTC Spouse).

Example:

	Effective Date 07/01/2022
Property Limits under SI	CSRA + \$130,000
Actual Amounts	\$137,400 + \$130,000
TOTAL	\$267,400

By allocating the maximum income allocation to the Community Spouse/RDP and/or dependent family member(s), coupled with the higher resource limit, this allows the LTC Spouse to retain Medi-Cal services without the Community Spouse incurring financial hardship.

These Spousal Impoverishment Provisions are referred to in the system as, 'LTC Allocation'.

The System does not consider 'Spousal Impoverishment Provisions' for individuals that request Home and Community-Based Services (HCBS) and Waiver Programs when there is a Community Spouse or RDP Spouse.

The System has two Waiver-related Requested Medi-Cal Types: 'DDS HCBS Waiver' and 'Medi-Cal In Home Operations Waiver' (IHO). When a County Eligibility Worker determines an individual has either DDS-HCBS or IHO waiver and qualifies for Institutional Deeming, the User specifies the Waiver-related Requested Medi-Cal Type for the individual. The System's Medi-Cal EDBC rules create a 'Waiver' income budget and determines either aid code 6V (no Share of Cost (SOC)) or 6W (SOC) for DDS-HCBS, or aid code 6X (no SOC) or 6Y (SOC) for IHO.

The Systems' Medi-Cal Hierarchy for Requested Medi-Cal Type 'Medi-Cal' tests eligibility in the following order:

- a. Mega Mandatory
 - I. Disabled Adult Child (DAC)
 - II. Pickle
 - III. Disabled Widow/Widower
 - IV. Medicare Saving Programs (MSP)
- b. MAGI Medi-Cal
- c. Optional Categories
 - I. Aged and Disabled (A&D FPL)
 - II. Blind FLP
 - III. Working Disabled
- d. Medically Needy (MN) and Medically Indigent (MI) Medi-Cal Programs
 - I. Aged, Blind, and Disabled Medically Needy (ABD MN)
 - II. Aid to Families with Dependent Children Medically Needy (AFDC MN)
 - III. Medically Indigent Child
 - IV. Medically Needy Pregnant

The System allows a selection for Multipurpose Senior Services Program (MSSP) Waiver on the 'Select Programs' page, but the Systems does not have logic to determine MSSP waiver eligibility (1X no SOC/1Y SOC). This requires the Worker to manually override eligibility for the MSSP Waiver program.

The Systems' Medi-Cal EDBC Rules identifies if an individual will be tested for the Working Disabled program if they request Full Medi-Cal Hierarchy = Yes, are a California Resident, are a US Citizen or have Satisfactory Immigration Status, is 'SSA Disabled', 'SP-DDSD Disabled', Declared or Presumptive Disabled and have earned income.

1.2 Requests

Update the System to track Medi-Cal Waivers in data collection and no longer in a Requested Medi-Cal Type.

Update the System, to align with DHCS policy (ACWDL 17-25, ACWDL 18-19, MEDIL I 21-07, ACWDL 19-15, and MEDIL I 22-08), and apply the 'Spousal Impoverishment Provisions' to Non-MAGI Medi-Cal Programs. Update the System to first evaluate Medi-Cal through the Full Medi-Cal Hierarchy and then apply the 'Spousal Impoverishment Provisions' to Non-MAGI Medi-Cal programs Aged and Disabled, Working Disabled and Medically Needy, if applicable, for individuals with a HCBS Medi-Cal Waiver.

Update the System to evaluate 'Waiver' aid codes 6V, 6W, 6X and 6Y in the 'Medi-Cal' Requested Medi-Cal Type by running through the Full Medi-Cal Hierarchy first and then apply 'Institutional Deeming' rules, if applicable, for individuals with a DDS-HCBS or IHO Medi-Cal Waiver; no longer require the user to specify the Waivers by using Requested Medi-Cal Types for DDS-HCBS or IHO.

Update the name of the IHO waiver to 'Home and Community-Based Alternatives (HCBA)'.

1.3 Overview of Recommendations

1. Remove 'DDS HCBS Waiver' and 'Medi-Cal In Home Operations Waiver' Waivers from the 'Requested Medi-Cal Type Detail' Page.
2. Update the name of IHO Waiver to 'Home and Community-Based Alternatives' (HCBA).
3. Update 'Customer Options Detail' page and add Medi-Cal Waiver Types as a selectable option.
4. Update the 'Customer Option Detail' page to prevent a duplicate Waiver record when both Spouses/RDP are requesting a Waiver and a Spouse/RDP already has an open existing Waiver record.
5. Update the 'EDBC Person Line Item Detail – Allocation and Other Deductions' page', Type field to display 'LTC/HCBS-Waiver/B&C Allocation Detail', when Home and Community-Based Services Waivers determination is requested and Medi-Cal EDBC has created a budget using Spousal Impoverishment provisions.
6. Update the header of the 'Long Term Care (LTC)/Board and Care (B&C) Allocation Detail' page to include HBCS-Waiver.

7. Update field labels on the 'Long Term Care (LTC)/HCBS-Waiver/Board and Care (B&C) Allocation Detail' to include HCBS-Waiver.
8. Update the header of the 'EDBC Person Line Item Detail – Total Countable Income of Person in LTC/B&C' page to start including HCBS-Waiver.
9. Update the 'EDBC Person Line Item Detail – Health Insurance for Person In LTC/B&C' page to include HCBS-Waiver.
10. Update the Medi-Cal EDBC rules to stop using the Waiver rules from 'Requested Medi-Cal Type Detail' page and start using the Waiver rules when Waiver record is selected in the 'Customer Options Detail' page.
11. Update Medi-Cal EDBC to test the Waiver program after the MC Income Program in the Full Medi-Cal Hierarchy.
12. Update the Medi-Cal EDBC rules to first evaluate for Full Medi-Cal Hierarchy (MAGI Medi-Cal/Non-MAGI Medi-Cal) before Institutional Deeming.
13. Create new Medi-Cal categories Aged and Disabled-SI, Working Disabled-SI MC Income-SI and MC Property-SI, that will use the LTC Allocation rules when a Medi-Cal program person meets Spousal Impoverishment.
14. Update the Medi-Cal EDBC Rules to first evaluate for Full Medi-Cal Hierarchy (Mega Mandatory and MAGI Medi-Cal), then evaluate Spousal Impoverishment with the new Medi-Cal test Programs Aged and Disabled-SI, Working Disabled-SI and MC Income-SI.
15. Update Run EDBC Page to add a warning message when a Waiver individual will not be tested in Full Medi-Cal Hierarchy
16. Update the Negative Action page to add a warning message when a Waiver individual will not be tested in Full Medi-Cal Hierarchy, and they are not requesting Negative Action.
17. Update the Medi-Cal EDBC rules to not apply the Personal Allowance Maintenance Need Amount (\$35) in the new Medi-Cal budgets Aged and Disabled-SI, Working Disabled-SI, and MC Income-SI when Medi-Cal EDBC rules identify a Medi-Cal Program Person meets Spousal Impoverishment Provisions
18. Add a Batch EDBC Skip Reason 'Full Medi-Cal Hierarchy Marked No or Missing' to skip a case from Batch EDBC processing when at least one individual on the Medi-Cal program is requesting a Waiver or 'Home and Community-Based Services Waivers' but either no record exist for 'Full Medi-Cal Hierarchy', or 'Full Medi-Cal Hierarchy' is set to No.
19. Create a DCR to update individuals associated to a removed Waiver from 'Requested Medi-Cal Type Detail' page and associate to Medi-Cal Waiver in the 'Customer Options Detail' page.
20. Create a Journal Entry for cases where Individual's Waiver was updated.

1.4 Assumptions

1. Users will continue to override the budget for the LTC/HCBS Spouse when Court Order/Fair Hearing awards higher spousal allocation amount.
2. If the Medi-Cal Program consists of LTC Spouse, and HCBS-Waiver Spouse, the LTC Spouse will continue to be in their own Medi-Cal Program block.

3. The User will continue County Business processes when a beneficiary ages out of Institution Deeming Waiver programs 'Developmentally Disabled Services (DDS-HCBS)' or 'HCBA' programs.
4. Future SCR CA-246602 will update the System to handle Institutional Deeming when the Medi-Cal Program includes both Spouses/RDP's requesting HCBS, or when the Medi-Cal Program includes an LTC-Spouse and a HCBS-Spouse.
5. User will continue to confirm enrollment to Developmental Disabilities (HCBS DD), HCBA and MSSP Waiver programs for Institutional Deeming rules.
6. Home and Community-Based Waiver Spousal Impoverishment can be applied when the Medi-Cal Program person requests IHSS Care or waiver participation.
7. The User will continue to get confirmation that the requesting Waiver or Home and Community-Based Waiver person meets nursing facility level of care.
8. Multipurpose Senior Services Programs (MSSP) will remain on the 'Selected Program' page.
9. There will no impacts to Client Correspondence with this SCR.
10. Spousal Impoverishment provision will not be applied to Pickle Program.
11. Updates to Assisted Living Waivers will be a future effort.
12. If there is a Spouse/RDP record for at least one day in the benefit month, the System will consider them a spouse even if there is more than one person specified as a spouse/RDP for the same month.
13. Existing Mandatory Verification logic that will fail a Property Test if a Property verification is overdue remains unchanged; it will also apply to the new 'MC Property – SI' and Working Disabled – SI' property tests.

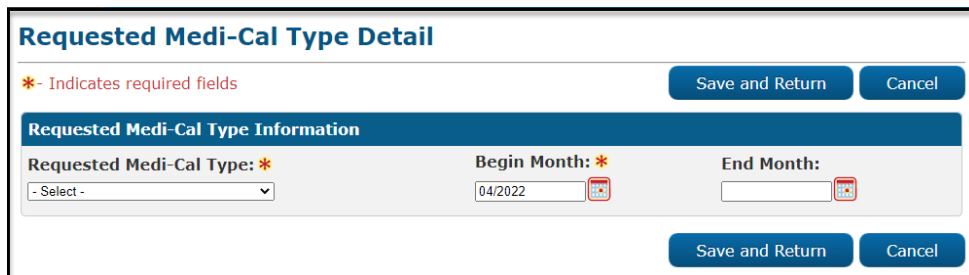
2 RECOMMENDATIONS

2.1 Requested Medi-Cal Type Detail Page

2.1.1 Overview

The 'Requested Medi-Cal Type Detail' page allows a user to select Requested Medi-Cal Types of 'DDS HCBS Waiver' and 'Medi-Cal In Home Operations Waiver' for an Individual and Medi-Cal EDBC rules will grant waiver eligibility accordingly. Users will now track Medi-Cal Waivers in Customer Options and both 'DDS HCBS Waiver' and 'Medi-Cal In Home Operations Waiver' options will no longer be available as a Requested Medi-Cal Type selection when creating new records. The 'Waiver' EDBC logic will move to Requested Medi-Cal Type 'Medi-Cal'.

2.1.2 Requested Medi-Cal Type Detail Mockup



The screenshot shows a web form titled "Requested Medi-Cal Type Detail". At the top left, there is a red asterisk icon followed by the text "* - Indicates required fields". At the top right, there are two blue buttons: "Save and Return" and "Cancel". Below this is a blue header bar with the text "Requested Medi-Cal Type Information". Underneath the header, there are three fields: "Requested Medi-Cal Type: *" with a dropdown menu showing "- Select -"; "Begin Month: *" with a date input field containing "04/2022" and a calendar icon; and "End Month:" with an empty date input field and a calendar icon. At the bottom right, there are two more blue buttons: "Save and Return" and "Cancel".

Figure 2.1.1 – Requested Medi-Cal Type Detail Page

2.1.3 Description of Changes

1. Remove the following Requested Medi-Cal Types (CT319), with end date of 03/31/2023, from the Requested Medi-Cal Type drop-down list:
 - a. DDS HCBS Waiver
 - b. Medi-Cal In Home Operations Waiver

Removed Requested Medi-Cal Type Waivers will transition to a 'Medi-Cal Waivers' type on the Customer Option Detail Page. If a historical record exists with one of the removed Requested Medi-Cal Types, the user will be able to edit the existing record; however, a record cannot be updated to use a removed Requested Medi-Cal Type.

2.1.4 Page Location

- **Global: Case Info**
- **Local: Case Summary**
- **Task: Medi-Cal Detail > Medi-Cal Person Detail > Requested Medi-Cal Type Detail**

2.1.5 Security Updates

N/A

2.1.6 Page Mapping

N/A

2.1.7 Page Usage/Data Volume Impacts

N/A

2.2 Customer Options Page

2.2.1 Overview

The 'Customer Options Detail' page allows a user to select a Customer Option Type for an individual. Medi-Cal Waivers 'Developmental Disabilities (HCBS DD)', 'Home and Community-Based Services and Waivers', and 'Home and Community-Based Alternative (HCBA)' will be added to the 'Customer Options Detail' page to be used in Medi-Cal EDBC.

2.2.2 Customer Options Detail Mockup

The screenshot displays the 'Customer Options Detail' form. At the top, there is a legend: '*- Indicates required fields'. The form contains several fields: 'Name: *' with a dropdown menu showing 'Duck, Betty 65F'; 'Type: *' with a dropdown menu open, listing various waiver types including 'Medi-Cal Waivers' (highlighted in red); 'Duration in years: *'; and 'End Date:'. There are 'Save and Return' and 'Cancel' buttons at the top right and bottom right of the form. A 'By: 1002139' field is visible at the bottom.

**Figure 2.2.1 (A) – Customer Options Detail Page
Medi-Cal Waivers Type Mockup**

Customer Options Detail

*- Indicates required fields

Save and Add Another Save and Return Cancel

Name: *
Summer, Breeze

Type: *
Medi-Cal Waivers

Waiver Program Type *

- Select-
- Select-
- Developmental Disabilities (HCBS DD)
- Home and Community-Based Services Waiver
- Home and Community-Based Alternatives (HCBA)

End Date:

Save and Add Another Save and Return Cancel

**Figure 2.2.1 (B) – Customer Options Detail Page
Waivers Programs Type Mockup**

Customer Options Detail

*- Indicates required fields

Save and Add Another Save and Return Cancel

Name: *
Summer, Breeze

Type: *
Medi-Cal Waivers

Waiver Program Type *
Developmental Disabilities (HCBS DD)

Waiver Approval **Waiver Approval Date: ***

Yes 02/1/2022

Begin Date: * **End Date:**

02/15/2022

Save and Add Another Save and Return Cancel

**Figure 2.2.1 (C) – Customer Options Detail Page
Waiver Approval and Approval Date Mockup**

Customer Options Detail

*- Indicates required fields

Save and Return Cancel

Name: *
 Duck, Betty 65F

Type: *
 Medi-Cal Waivers

Waiver Program Type *
 Home and Community-Based Services Waiver

HCBS Waiver Programs: *

- Select -
- Select -
- CA Community Transitions HCBS Person Grant(CCT)
- Cal Medi-Connect Duals Demonstration Project
- Community-Based Adult Services MC 2020 (CBAS)
- Developmental Disabilities State Plan Services (DDS)
- In Home Supportive Services (CFCO)
- Medicaid 1915(c) Home and Community-Based Services (HCBS)
- Other Waiver Program
- Program of All-Inclusive Care for the Elderly (PACE)
- Senior Care Action Network (SCAN)

Spousal impoverishment provisions? *

End Date:

Save and Return Cancel

**Figure 2.2.1 (D) – Customer Options Detail Page
 HCBS Waiver Programs Mockup**

Customer Options Detail

*- Indicates required fields

Save and Return Cancel

Name: *
 Duck, Betty 65F

Type: *
 Medi-Cal Waivers

Waiver Program Type *
 Home and Community-Based Services Waiver

Waiver Approval
 Yes

HCBS Waiver Programs: *
 CA Community Transitions HCBS Person Grant(CCT)

Should the individual be tested for Spousal Impoverishment provisions? *
 Yes

Begin Date: *
 02/15/2022

Waiver Approval Date: *
 02/15/2022

End Date:

Save and Return Cancel

**Figure 2.2.1 (E) – Customer Options Detail Page
 Spousal Impoverishment Question Mockup**

Customer Options Detail

*- Indicates required fields

Save and Return Cancel

Name: *
 Duck, Betty 65F

Type: *
 Medi-Cal Waivers

Waiver Program Type *
 Home and Community-Based Services Waiver

Waiver Approval *
 Yes

Waiver Approval Date: *
 02/15/2022

HCBS Waiver Programs: *
 Other Waiver Program

Other Waiver Name:
 New Waiver Text Field 75 Characters

Should the individual be tested for Spousal Impoverishment provisions? *
 Yes

Begin Date: *
 02/15/2022

End Date:

Save and Return Cancel

Figure 2.2.1 (F) – Customer Options Detail page
 Other Waiver Name Description Mockup

Customer Options Detail

*- Indicates required fields

Save and Add Another Save and Return Cancel

*The Waiver Approval Date must be in valid calendar date and be in the form MM/DD/YYYY.

Name: *
 Summer, Breeze

Type: *
 Medi-Cal Waivers

Waiver Program Type *
 Developmental Disabilities (HCBS DD)

Waiver Approval
 Yes

Waiver Approval Date: *
 02/51/2022

Begin Date: *
 02/15/2022

End Date:

Save and Add Another Save and Return Cancel

Figure 2.2.1 (G) – Customer Options Detail page
 Waiver Approval Date Validation Mockup

2.2.3 Description of Changes

1. Add a new Customer Option Type (CT1707) named, "Medi-Cal Waiver" **[Figure 2.2.1(A)]**.
 - a. Display in the Type list alphabetically
2. Add the following new fields to the page to display only when the Customer Option Type 'Medi-Cal Waiver' is selected:
 - a. Add a new required field named "Waiver Program Type" as shown in **[Figure 2.2.1 (B)]** with the following selections in alphabetically order:
 - i. Developmental Disabilities (HCBS DD)
 - ii. Home and Community-Based Services Waivers
 - iii. Home and Community-Based Alternatives (HCBA)
 - b. Add a new field named 'Waiver Approval', to display with the following selections:
 - i. Set Blank, as the default
 - ii. Yes
 - iii. No
 - c. Add a new required field named 'Waiver Approval Date'. The new field displays under the 'Waiver Approval' field, only when the Waiver Approval = Yes as shown in **[Figure 2.2.1 (C)]**.
 - d. Date format should be MM/DD/YYYY
 - e. Add the Date Picker, when 'Approval Date' is enabled,
 - f. Name, Type, and Begin Date are required fields
 - g. End Date is optional
3. Add a new required drop-down list named, 'HCBS Waiver Programs' to the 'Customer Options Detail' page. The new field displays under 'Waiver Approval Date' only when Waiver Program Type 'Home and Community-Based Services Waivers' is selected **[Figure 2.2.1 (D)]**.
 - a. Add the following options in the drop-down list, in alphabetically order:
 - i. CA Community Transitions HCBS Person Grant (CCT)
 - ii. Cal Medi-Connect Dual Demonstration Project
 - iii. Community-Based Adult Services MC 2020 (CBAS)
 - iv. Developmental Disabilities State Plan Services (DDS)
 - v. In Home and Supportive Services (CFCO)
 - vi. Medicaid 1915(c) Home and Community-Based Services (HCBS)
 - vii. Other Waiver Program
 - viii. Program of All-Inclusive Care for the Elderly (PACE)
 - ix. Senior Care Action Network (SCAN)
 - b. Add a new optional text field named 'Other Waiver Name' that displays under 'HCBS Waiver Programs' only when HCBS Waiver Programs 'Other Waiver Program' is selected **[Figure 2.2.1 (F)]**.
 - i. Text field will allow 75-character limit.
 - c. Add a question labeled, "Should the Individual be Tested for Spousal Impoverishment Provision?" as a required field with

“-Select- “, “Yes” or “No” as selectable options **[Figure 2.2.1 (E)]**. Display the question under ‘Other Waiver Name’ if ‘Other Waiver Name’ is visible’ otherwise, display under ‘HCBS Waiver Programs’.

4. Add a page validation to prevent a user from saving a Customer Option record for ‘Medi-Cal Waiver”, when the following is true:
 - a. The ‘Waiver Approval’ = Yes, and the ‘Waiver Approval Date’ entered in not a valid calendar date when the ‘Save and Return’ or ‘Save and Add Another’ button is clicked.
 - b. Validation Message: The Waiver Approval Date must be in valid calendar date and be in the form MM/DD/YYYY. **[Figure 2.2.1 (G)]**.

2.2.4 Page Location

- **Global: Eligibility**
- **Local: Customer Information**
- **Task: Customer Options**

2.2.5 Security Updates

N/A

2.2.6 Page Mapping

Update Page Mapping for the new fields

2.2.7 Page Usage/Data Volume Impacts

N/A

2.3 Medi-Cal Eligibility Rules Updates

2.3.1 Overview

Update Medi-Cal EDBC rules to determine Institutional Deeming when ‘Developmental Disabilities’ (HCBS DD) and ‘Home and Community-Based Alternatives (HCBA) Waiver is selected on the ‘Customer Options Detail’ page.

Create new Medi-Cal budgets and apply Spousal Impoverishment Provisions when a Medi-Cal program person is requesting ‘Home and Community-Based Services Waivers’. When ‘Medi-Cal-Waivers’ is selected, update Medi-Cal EDBC rules to first evaluate for Full Medi-Cal Hierarchy then evaluate for Institutional Deeming or apply Spousal Impoverishment Provisions to non-MAGI Medi-Cal budgets.

2.3.2 Description of Changes

1. Update Medi-Cal EDBC rules for Requested Medi-Cal Type 'Medi-Cal', effective 04/2023 benefit month or later, to create a 'Waiver' budget for the HCBS DD or HCBA Waiver individual.
2. Create a new Waiver Medi-Cal Test Category (318_XX) when the individual meets the following criteria:
 - a. Has Customer Options record for Waiver Program Type 'Developmental Disabilities (HCBS DD)' or 'Home and Community-Based Alternatives (HCBA)', respectively, effective for at least one day in the benefit month, and
 - b. Has 'Waiver Approval' = Yes, and the 'Waiver Approval Date' is effective for at least one day in the benefit month, and
 - c. Has Full Medi-Cal Hierarchy = Yes, effective for at least one day in the benefit month, and
 - d. Is 20 years or younger as of the first day of the benefit month, and
 - e. Has a relationship of 'Child' or 'Stepchild' to another case person at least one day in the benefit month (this can also be specified in the opposite direction: another case person has a relationship of 'Parent (Biological/Adoptive)' or 'Parent (Step)' to the Waiver individual), and
 - f. The individual ran through the full Medi-Cal hierarchy and was found:
 - i. Not Eligible to MAGI Medi-Cal,
 1. Denied, Discontinued or Active FRI/UP in the MAGI budget
 - ii. Not Eligible to Non-MAGI Medi-Cal programs due to failed MC Property and Working Disabled Property Test, or
 - iii. Eligible to a Non-MAGI SOC Medi-Cal program.

Note: If a Waiver person fails the MC Property Test listed above (section 2.3.2.3.e.ii), the System will not evaluate for Non-MAGI SOC program.
3. Update Medi-Cal EDBC rules to test new Waiver (CT318_XX), in the Full Medi-Cal Hierarchy and evaluate the new Waiver Medi-Cal test Category, after the MC Income Test.
4. Call the existing Institutional Deeming 'DDS HCBS Waiver' or 'Medi-Cal In Home Operations Waiver' rules for the 'Waiver' budget), previously associated only to Requested Medi-Cal Type 'DDS HCBS Waiver' (CT319_DW) or 'Medi-Cal In Home Operations Waiver' (CT319_MW), respectively to the new Waiver Medi-Cal test budget.
5. Perform EDBC clean-up if the 'HCBS DD' or 'HCBA' Waiver individual is eligible to both Non-MAGI Medi-Cal with a SOC, and to the 'Waiver' budget. Keep the 'Waiver' budget as the passing budget and fail the individual on the MC Income SOC budget by changing the individual to have:
 - a. Role: FRI

- b. Aid Code: IE
- c. Role Reason: 'Doesn't Meet Program Req.' (CT73_E8)

Example:

Property Test						
Test	Result	Property Limit	Property Total	Person	Individual Amount	
Waiver	Pass	\$130,000.00	<u>\$2,000.00</u>	Waiver, Thomas 4M	\$2,000.00	

Medi-Cal Summary								
Note: Overridden rows are in bold.								
Eligible Budgets for MEDS								
Test	Result	SOC	% Oblig	FBU	Aid Code	Members Tested	Role	Role Reason
<u>Waiver</u>	Pass	\$0	0.00	1	6V	Waiver, Thomas 4M	MEM	

Failed and Overridden Budgets							
Test	Result	SOC	% Oblig	Aid Code	Members Tested	Role	Role Reason
<u>MC_Income</u>	Fail	\$527	0.00		Waiver, Diana 32F	FRI	Doesn't Meet Program Req.
					Waiver, Jack 32M	FRI	Doesn't Meet Program Req.
				IE	Waiver, Thomas 4M	FRI	Dosen't Meet Program Req.

[Close](#)

6. Perform EDBC clean-up if the 'HCBS DD' or 'HCBA' Waiver individual is eligible to both Non-MAGI Medi-Cal without a SOC, and to the 'Waiver' budget. Keep the Non-MAGI without a SOC budget as the passing budget and fail the individual on 'Waiver' budget by changing the individual to have:
 - a. Role: FRI
 - b. Aid Code: IE
 - c. Role Reason: 'Doesn't Meet Program Req.' (CT73_E8)
7. Add the following Medi-Cal Test Category Codes (CT318) effective 3/23/2023, for the new Spousal Impoverishment test budgets:

Note: The columns 'Income Link' and 'Property Link' hyperlink will display the Medi-Cal Test categories budget details.

SHORT DECODE NAME	LONG DECODE NAME	BEG DATE	END DATE	Income	Property	Income Link	Property Link	Display Name	MN	SOC	Display Result	Benefit Elect
Aged and Disabled -SI	Aged and Disabled -SI	03/23/ 2023	12/31/ 1999	Y	N	M	N	N	Y	N	Y	
MC Income- SI	MC Income- SI	03/23/ 2023	12/31/ 1999	Y	N	M	N	N	Y	Y	N	
MC Property- SI	MC Property -SI	03/23/ 2023	12/31/ 1999	N	Y	N	P	N	N	N	N	
Working Disabled -SI	Working Disabled -SI	03/23/ 2023	12/31/ 1999	Y	Y	M	P	N	Y	Y	Y	

8. **Defining the HCBS Spousal Impoverishment Criteria**: Update Medi-Cal EDBC rules to identify the HCBS-Individual to apply Spousal Impoverishment provisions for 'Aged and Disabled-SI', 'Working Disabled-SI', and 'MC Income-SI' budgets when an individual has a Customer Option effective at least one day in the benefit month for 'Home and Community-Based Services and Waivers' with 'Should the individual be tested for Spousal Impoverishment Provisions?' = Yes, and 'Full Medi-Cal Hierarchy' = Yes, and the following are true:

Note: When an individual is requesting a Medi-Cal Waiver, meets the Spousal Impoverishment (SI) criteria and they have either a Spouse or RDP, with or without our Child(ren), that individual is referred to as 'HCBS-Individual'. The non-Waiver Spouse or RDP, with or without child(ren) at home, is referred to as 'Community Spouse'.

- a. HCBS-Individual is Pending, Ineligible or Active MEM in the Medi-Cal Program in the benefit month
- b. The HCBS-individual has a Community Spouse and/or child(ren) living in the home.

HCBS-Individual with Community Spouse: Has a relationship of 'Spouse' or 'Registered Domestic Partner' to another case individual at least one day in the benefit month, and

- i. Community Spouse resides at home, defined as:
 1. A 'Permanently Out of the Home' record for the Community Spouse does not exist, or does not cover every day in benefit month

Note: If there is a 'Permanently Out of the Home' record with a MC Exception, the System will consider the Community Spouse as living in the home.

HCBS-Individual with Child(ren) and no Community Spouse:

Does not have a Community Spouse as defined above, but does have a relationship of 'Parent (Biological/Adoptive)' or 'Parent (Step)' to another case individual at least one day in the benefit month and,

- i. Child(ren) or Stepchild(ren) resides at home, defined as:
 1. A 'Permanently Out of the Home' record for the Child(ren) or Stepchild(ren) does not exist, or does not cover every day in benefit month

Note: If there is a 'Permanently Out of the Home' record with a MC Exception, the System will consider the Child(ren) or Stepchild(ren) as living in the home.

- c. Community Spouse does not have a Requested Medi-Cal Type 'LTC' or Customer Options record for 'Home and Community-Based Services and Waivers' with 'Should the individual be tested for Spousal Impoverishment Provisions?' = Yes, any day in the benefit month
- d. HCBS-Individual is not in Long Term Care in the benefit month
- e. HCBS-individual is evaluated through the Full MC Hierarchy and is found ineligible to the below Medi-Cal Programs.
 - i. Ineligible to the Mega Mandatory Programs
 1. Disabled Adult Child (DAC)
 2. Pickle
 3. Disabled Widow/Widower

9. Then, evaluate the HCBS-Individual with Spousal Impoverishment using the new SI Medi-Cal Test Categories, after MSP test.

10. **Creating the new Medi-Cal SI Budgets:** Update Medi-Cal EDBC rules effective benefit month 4/2023 or later, to create separate MFBUs when the Medi-Cal Program includes family members, and the following is true:

- a. HCBS-Individual meets the Spousal Impoverishment criteria (listed in above section 2.3.2.7.), and
- b. The new Medi-Cal Tests Aged and Disabled-SI, Working Disabled-SI, or MC Income-SI are used for Medi-Cal determination.
 - i. The first MFBU includes only the HCBS-Individual (CT322_16 LTC/B&C Allocation Detail), using both Unit Size and Maintenance Need Income Limit (MNIL) (CT351), of one

- ii. The second MFBU includes the remaining Medi-Cal Program Person(s) (Community Spouse with or without child(ren), or Child(ren) without Community Spouse), using both the Unit Size and MNIL(CT351) for the Medi-Cal Program Person(s), excluding one for the HCBS-Individual.
 - c. Use the MFBU for the HCBS-Individual (section 2.3.2.9.i) and evaluate the HCBS-Individual for the new Medi-Cal Test Categories Aged and Disabled-SI, Working Disabled-SI, or MC Income-SI when HCBS-Individual meets Spousal Impoverishment criteria (section 2.3.2.7).
 - d. Use the MFBU with the remaining family members (section 2.3.2.9.ii), to evaluate for Medi-Cal programs if, any program person has a selection of 'Medi-Cal' on the Requested Medi-Cal Detail page.
11. Effective Benefit Month 4/2023 or later, use the existing **LTC Allocation budget rules** (CT318_48_LTC_CHILD_ALLOCATION, CT318_52_BOARD_CARE_OR_LTC_WITH_NO_SPOUSE, CT318_47_LTC_SPOUSE_ALLOCATION), for the new Medi-Cal Test categories 'Aged and Disabled-SI', 'Working Disabled-SI' and 'MC Income-SI' budget.
12. When HCBS-Individual meets Spousal Impoverishment criteria (section 2.3.2.7), **only** test the new Medi-Cal Test Categories 'Aged and Disabled-SI', 'Working Disabled-SI' and 'MC Income-SI' in place of the existing Medi-Cal Test categories Aged and Disabled (CT318_27), Working Disabled (CT318_28) and MC Income (CT318_18), in the Full Medi-Cal Hierarchy, effective benefit month 4/2023, or later.
13. Test the new Spousal Impoverishment Medi-Cal Test Categories when a Medi-Cal program person meets the HCBS-Waiver Spousal Impoverishment criteria (outlined above in section 2.3.2.7, effective benefit month 4/2023, or later.
- a. For the new Medi-Cal Test Category 'MC Property-SI' (CT318_xx), call the existing 'MC Property' rules to determine which property is counted, and then call 'LTC' property rules to determine the 'MC Property-SI' property limits for the below MC programs for the HCBS-Individual.
 - i. Aged and Disabled-SI
 - ii. MC Income-SI
- Technical Note:** The existing 'LTC' Property rules use CT351_03 and Community Spouse Resource Allowance (CSRA) limits CT335_A3.

Example:

Property Test					
Test	Result	Property Limit	Property Total	Person	Individual Amount
MC Property-SI	Pass	\$267,400.00	<u>\$231,500.00</u>	Jackson, Joe 66M	\$190,750.00
				Jackson, Sally 55M	\$40,750.00
MPPP - MC	Fail	\$130,000.00	<u>\$190,750.00</u>	Jackson, Joe 66M	\$190,750.00

Medi-Cal Summary								
Note: Overridden rows are in bold.								
Eligible Budgets for MEDS								
Test	Result	SOC	% Oblig	FBU	Aid Code	Members Tested	Role	Role Reason
<u>Aged and Disabled-SI</u>	Pass	\$0	0.00		1H	Jackson, Joe 66M	MEM	
						Jackson, Sally 55M	FRI	Optional Spouse

Failed and Overridden Budgets								
Test	Result	SOC	% Oblig	Aid Code	Members Tested	Role	Role Reason	
<u>MPPP - MC</u>	Fail	\$0	0.00		Jackson, Joe 66M	FRI	Failed Property	

[Override Medi-Cal Summary](#)

- b. If the HCBS-Individual meets the criteria to be tested for 'Working Disabled', then test the 'Working Disabled-SI' property and income tests.
Technical Note: Future SCR CA-209184 updates the criteria to be tested for Working Disabled to include months of unemployment and limits the disability types that qualify to be tested. This SCR CA-207655 will use current Working Disabled logic.
- c. For the new Medi-Cal Test Category 'Working Disabled-SI' as a property test, call the existing 'Working Disabled' property rules to determine which property is counted, and then call 'LTC' property rules to determine the 'Working Disabled-SI' property limits for HCBS-Individual.
- d. For the new Medi-Cal Test Category 'Aged and Disabled-SI', use the existing 'Aged and Disabled' (CT318_27) income test rules to determine which income and expenses counts. Then, call the **LTC Allocation budget rules**, to perform the Spousal Impoverishment allocation for the HCBS-Individual.
- e. For the new Medi-Cal Test Category 'Working Disabled-SI', use the existing 'Working Disabled' (CT318_28) income test rules to determine which income and expenses count. Then, call the **LTC Allocation budget rules** to perform the Spousal Impoverishment allocation for the HCBS-Individual.
- f. For the new Medi-Cal Test Category 'MC Income-SI', use the existing 'MC Income' (CT318_18) income test rules to determine which income and expenses count. Then, call the **LTC**

- Allocation budget rules** to perform the Spousal Impoverishment allocation for the HCBS-Individual.
14. Use the **LTC Allocation budget rules** effective benefit month 4/2023 or later, when evaluating the Community Spouse (with or without Child(ren)), for the below Medi-Cal Programs if the Community Spouse (with or without Child(ren)), has a selection of 'Medi-Cal' on the Requested Medi-Cal Detail page.
 - a. Aged and Disabled (CT318_27) and MC Income Programs (CT318_18)
 - b. MC Property Test (CT351_03)
 - c. Use the MFBU as defined in 2.3.2.9.ii
 15. Use the **LTC Allocation budget rules** effective benefit month 4/2023 or later, when evaluating Child(ren) for the below Medi-Cal programs, if the Medi-Cal Program has HCBS-Individual with Child(ren), but no Community Spouse and the Child(ren) has a selection of 'Medi-Cal' on the Requested Medi-Cal Detail page.
 - a. Aged and Disabled (CT318_27) and MC Income Programs (CT318_18)
 - b. MC Property Test (CT351_03)
 - c. Use the MFBU as defined in section 2.3.2.9.ii
 16. Update the Medi-Cal EDBC rules effective benefit month 4/2023 or later, to apply the 'Board and Care Deduction' (425LtcBoardCareAllocatedIncome) to the new Medi-Cal Test Categories 'Aged and Disabled-SI', 'Working Disabled-SI' and 'MC Income-SI' income budgets when the HCBS-Individual meets Spousal Impoverishment criteria (section 2.3.2.7) and either of the following 'Home and Community-Based Services Waivers' are selected:
 - Development Disabilities State Plan Services (DDS), or
 - Program of All-Inclusive Care for the Elderly (PACE)
 17. Update Medi-Cal EDBC rules effective benefit month 4/2023 or later, to not apply the MC LTC Personal Needs Allowance (CT335_70), in the new 'Aged and Disabled-SI', 'Working Disabled-SI', and 'MC Income-SI' Medi-Cal Test Categories for the HCBS-Individual.
 18. Update Medi-Cal EDBC rules effective benefit month 4/2023 or later, to "Fail" the 'Aged and Disabled-SI', 'Working Disabled-SI', and 'MC Income-SI' income budgets with Program Status Reason 'Did not Request Full MC Hierarchy' (CT73_ZX), when at least one individual meets the criteria for HCBS-Individual (Recommendation 2.3.2.7) except:
 - a. No record exists for 'Full Medi-Cal Hierarchy' in the EDBC benefit month, or
 - b. 'Full Medi-Cal Hierarchy' is set to 'No' on the 'Customer Option Detail' page for all days in the benefit month.

Example:

Medi-Cal Summary								
Note: Overridden rows are in bold.								
Eligible Budgets for MEDS								
Test	Result	SOC	% Oblig	FBU	Aid Code	Members Tested	Role	Role Reason
No Data Found								
Failed and Overridden Budgets								
Test	Result	SOC	% Oblig	Aid Code	Members Tested	Role	Role Reason	
<u>Aged and Disabled-SI</u>	Fail	\$0	0.00		AD, Lulu 66F	FRI	Did Not Request Full Medi-Cal Hierarchy	
					AD, Tom 66F	FRE	Doesn't Meet Program Req.	
<u>MC Income-SI</u>	Fail	\$646	0.00		AD, Lulu 66M	FRI	Did Not Request Full Medi-Cal Hierarchy	
					AD, Tom 66M	FRE	Doesn't Meet Program Req.	
							Accept	Cancel

19. Perform a EDBC clean-up if the HCBS-Individual is eligible to both MAGI and the new SI Medi-Cal budget(s). Keep the MAGI budget as the passing budget and fail the HCBS-Individual on the new SI Medi-Cal budget(s) by changing the HCBS-Individual to have:
- a. Role: FRI
 - b. Aid Code: IE
 - c. Role Reason: 'Doesn't Meet Program Req.' (CT73_E8)

2.3.3 Programs Impacted

Medi-Cal

2.3.4 Performance Impacts

N/A

2.4 EDBC Person Line Item Detail – Allocation and Other Deduction Page

2.4.1 Overview

Update the 'EDBC Person Line Item Detail – Allocation and Other Deductions' page 'Type' field to display "LTC/HCBS-Waiver/B&C Allocation Detail" when Medi-Cal EDBC creates a budget for LTC/B&C using Spousal Impoverishment provisions.

2.4.2 EDBC Person Line Item Detail – Allocation and Other Deduction Mockup

Name	Type	Description	Amount
Smith, Luke 66M	LTC/HCBS-Waiver/B&C Allocation Detail		\$ 1,365.00
Total			\$ 1,365.00

Figure 2.4.1 – EDBC Person Line Item Detail – Allocation and Other Deductions page

2.4.3 Description of Changes

1. Rename the EDBC Line Item Type Code Short and Long Decode Name "LTC/B&C Allocation Detail" (CT322_16) to "LTC/HCBS-Waiver/B&C Allocation Detail"

Note: This EDBC Line Item Type Code displays when Medi-Cal EDBC creates a budget with 'Allocations and Other Deductions' for LTC, Board and Care, or Spousal Impoverishment Provisions for HCBS Waivers. **[Figure 2.4.1]**. See Recommendation 2.3.2 for rules update that includes Spousal Impoverishment Provisions for HCBS Waivers in the LTC/B&C Allocation budget.

2.4.4 Page Location

Global: Eligibility

Local: Customer Information

Task: Run EDBC or EDBC Results →MC EDBC Summary →Medi-Cal Budget→ Allocation and Other Deductions "Amount" hyperlink

2.4.5 Security Updates

N/A

2.4.6 Page Mapping

N/A

2.4.7 Page Usage/Data Volume Impacts

N/A

2.5 Long Term Care (LTC)/HCBS-Waiver/Board and Care (B&C) Allocation Detail page

2.5.1 Overview

Update the 'Long Term Care (LTC)/Board and Care (B&C) Allocation Detail' page to include HCBS-Waiver.

2.5.2 Long Term Care (LTC)/HCBS-Waiver/Board and Care (B&C) Allocation Detail Mockup

Long Term Care (LTC)/HCBS-Waiver/Board and Care (B&C) Allocation Detail

Close

Allocation from B&C Person to Spouse/Children at Home, or from LTC/HCBS-Waiver Person with No Community Spouse to Children at Home

Unit Size	1
MNIL for Spouse/Children at Home (other than Excluded Children)	\$ 3,435.00
Total Net Nonexempt Income of Spouse/Non-Excluded Children	- 0.00
Unmet Needs of Spouse/Non-Excluded Children	= 0.00
Total Countable Income of LTC/HCBS-Waiver/B&C Person	\$ 0.00
Health Insurance for LTC/HCBS-Waiver/B&C Person	- 0.00
Total Net Nonexempt Income of LTC/HCBS-Waiver/B&C Person	= 0.00
MNIL for Person in LTC/HCBS-Waiver/B&C Person	- 0.00
Amount Available for Allocation to Spouse/Children	= 0.00
Allocation to Spouse/Children	\$ 0.00

Spousal Allocation to Community Spouse

Community Spouse MNIL	\$ 3,435.00
Community Spouse Gross Income (Include Public Assistance)	- 3,100.00
Maximum Allocation to Community Spouse	= 335.00
Amount Actually Paid by the LTC/HCBS-Waiver Spouse to the Community Spouse	\$ 4,500.00
Actual Allocation to Community Spouse	\$ 335.00

Income of LTC/HCBS-Waiver Spouse Available for Allocation

Total Gross Income	\$ 4,500.00
Personal Needs Allowance	- 0.00
Subtotal	= 4,500.00
Actual Allocation to Community Spouse	- 335.00
Remaining Income Availability for Allocation to Other Family Member	= 4,165.00

Allocation to Family Member(s) Residing with Community Spouse

Maximum Allocation Base	\$ 2,178.00
Actual Income of Family Member(s)	- 0.00
Net Allocation Base	= 2,178.00
Allocation after Net Allocation Deduction	\$ 2,904.00

Total Allocation from LTC/HCBS-Waiver Person to Community Spouse and Family Members

Actual Allocation to Community Spouse	\$ 335.00
Allocation after Net Allocation Deduction	+ 2,904.00
Total Allocation from LTC/HCBS-Spouse	= 3,239.00

Close

**Figure 2.5.1 – Long Term Care (LTC)/HCBS-Waiver/Board and Care (B&C)
Allocation Detail page Mockup**

2.5.3 Description of Changes

1. Update the page Header for 'Long Term Care (LTC)/Board and Care (B&C) Allocation Detail' page to display "Long Term Care (LTC)/HCBS-Waiver/Board and Care (B&C) Allocation Detail"
2. Update Section Headers to include reference to HCBS-Waiver as indicated below:

Section Header	Section Header Update
Allocation from B&C Person to Spouse/Child at Home, or from LTC Person with no Community Spouse to Children at Home	Allocation from B&C Person to Spouse/Child at Home, or from LTC/HCBS-Waiver Person with no Community Spouse to Children at Home
Income of LTC Spouse Available for Allocation	Income of LTC/HCBS-Waiver Spouse Available for Allocation
Total Allocation from LTC Person to Community Spouse and Family Member	Total Allocation from LTC/HCBS-Waiver Person to Community Spouse and Family Members

3. Update the EDBC Person Classification Codes (CT321) Short and Long Decodes to include reference to HCBS-Waiver as indicated below:

Code Num Identif	Short and Long Decode	Short and Long Decode Update
53	Total Countable Income of Person in LTC/B&C	Total Countable Income of LTC/HCBS-Waiver/B&C Person
54	Health Insurance for Person in LTC/B&C	Health Insurance for LTC/HCBS-Waiver/B&C Person

Note: The EDBC Person Classification Code Short Decode displays as dynamic Field Labels in the budget on 'Long Term Care (LTC)/HCBS-Waiver/Board and Care (B&C) Allocation Detail' page. When the user clicks the corresponding 'Amount' hyperlink, the Short Decode also displays as the EDBC Person Line Item Detail page name.

For Example

EDBC Person Line Item Detail - Total Countable Income of LTC/HCBS-Waiver/B&C Person			
			Close
Name	Type	Description	Amount
	Railroad - Retirement	(12/01/2022) \$3,500.00	\$ 3,500.00
Total			\$ 3,500.00
			Close

EDBC Person Line Item Detail – Total Countable Income of LTC/HCBS-Waiver/B&C Person Mockup

4. Update the static Field Labels to include reference to HCBS-Waiver as indicated below:

Field Label	Field Label Update
Total Net Nonexempt Income of Person in LTC/B&C	Total Net Nonexempt Income of LTC/HCBS-Waiver/B&C Person
MNIL for Person in LTC/B&C	MNIL for LTC/HCBS-Waiver/B&C Person
Amount Actually Paid by the LTC Spouse to the Community Spouse	Amount Actually Paid by the LTC/HCBS-Waiver Spouse to the Community Spouse
Total Allocation from LTC Spouse	Total Allocation from LTC/HCBS-Waiver Spouse

2.5.4 Page Location

- **Global: Eligibility**
- **Local: Customer Information**
- **Task: Run EDBC or EDBC Results→EDBC List→MC EDBC Summary→MC Budget→Allocation and Other Deductions “Amount” hyperlink→EDBC Person Line Item Detail – Allocation and Other Deductions “Amount” hyperlink**

2.5.5 Security Updates

N/A

2.5.6 Page Mapping

N/A

2.5.7 Page Usage/Data Volume Impacts

No projected impacts

2.6 Run EDBC page

2.6.1 Overview

The Run EDBC page allows a user to select a program to run through the System EDBC rules. When an individual has Customer Option for 'Medi-Cal Waivers', the System will display a warning message on the Run EDBC Page if the individual will not be tested through the Full Medi-Cal Hierarchy

2.6.2 Run EDBC Mockup

The screenshot shows the 'Run EDBC' interface. At the top, there is a legend: '*- Indicates required fields'. Below this are three buttons: 'Change Reason', 'Run EDBC w/o Verifications', and 'Cancel'. The 'Benefit Processing Range:' section includes 'Begin Month: *' (11/2022) and 'End Month: *' (12/2022). A table below lists the selected program:

Program	Status	Timely Notice Exception	Reason	Run Reason
<input checked="" type="checkbox"/> Medi-Cal	Pending			

A red-bordered warning box contains the following text: 'The following individual has a Medi-Cal Waiver, but does not have a Customer Options 'Full Medi-Cal Hierarchy' record set to "Yes:"'. Below this, a bulleted list identifies the individual: '• Thomas Waiver'. At the bottom, there are three buttons: 'Change Reason', 'Run EDBC w/o Verifications', and 'Cancel'.

Figure 2.6.1 – Run EDBC Mockup

2.6.3 Description of Changes

1. Add a warning message to the Run EDBC page when a Waiver individual will not be tested in Full Medi-Cal Hierarchy for benefit month 4/2023, or later. This warning message will not prevent running EDBC.
 - a. Criteria:
 - i. At least one individual on the selected Medi-Cal program has Customer Option for 'Medi-Cal Waivers' and that individual does not have a Customer Options record for 'Full Medi-Cal Hierarchy', or 'Full Medi-Cal Hierarchy' is set to "No" effective every day in the benefit month, and
 - ii. There are no other individuals on the selected Medi-Cal program, or at least one other Individual on the selected

Medi-Cal program has Customer Options record for 'Full Medi-Cal Hierarchy' set to "Yes" effective at least one day in the benefit month

- iii. The benefit month is 04/2023, or later.
- b. Message Trigger: When Medi-Cal Program box is selected and 'Run EDBC' button is clicked
- c. Message: "The following individual has a Medi-Cal Waiver, but does not have a Customer Options 'Full Medi-Cal Hierarchy' record set to "Yes:"
 - "First Name Last Name"
- d. Navigate the user to the Customer Options List page when the user clicks the Customer Options hyperlink in the warning message.

2.6.4 Page Location

- **Global: Eligibility**
- **Local: Customer Information**
- **Task: Run EDBC**

2.6.5 Security Updates

N/A

2.6.6 Page Mapping

N/A

2.6.7 Page Usage/Data Volume Impacts

N/A

2.7 Negative Action page

2.7.1 Overview

The Negative Action page allows a user to select a program to run through the System EDBC rules. When an individual has Customer Option for 'Medi-Cal Waivers', the System will display a warning message on the Negative Action Page if the individual will not be tested through the Full Medi-Cal Hierarchy and they are not indicated for a Negative Action.

2.7.2 Negative Action Mockup

Negative Action Detail

*- Indicates required fields Run EDBC

- The following individual has a Medi-Cal Waiver, but does not have a Customer Options 'Full Medi-Cal Hierarchy' record set to "Yes:"
- Thomas Waiver

Benefit Month: *
07/2022

Medi-Cal Run EDBC for this program

<input type="checkbox"/> Person	SSN	Date of Birth
<input checked="" type="checkbox"/> Waiver, Jack 32M	453-45-5677	11/15/1990
<input type="checkbox"/> Waiver, Thomas 4M	453-45-5675	06/15/2018
<input type="checkbox"/> Waiver, Diana 32F	453-45-5676	07/15/1990

Negative Action Reason:
Failed to Complete Determination

Timely Notice Exception: *
No

Run Reason:

Run EDBC

Figure 2.7.1 – Negative Action Mockup

2.7.3 Description of Changes

1. Add a warning message to the Negative Action page when a Waiver individual will not be tested in Full Medi-Cal Hierarchy, and they are not requesting Negative Action for benefit month 04/2023, or later. This warning message will not prevent running EDBC.
 - a. Criteria:
 - i. At least one individual on the selected Medi-Cal program has Customer Option for 'Medi-Cal Waivers', and that individual does not have a Customer Options record for 'Full Medi-Cal Hierarchy', or 'Full Medi-Cal Hierarchy' is set to 'No' effective every day in the benefit month, and
 - ii. There are no other individuals on the selected Medi-Cal program, or at least one other Individual on the selected Medi-Cal program has Customer Options record for 'Full Medi-Cal Hierarchy' set to 'Yes' at least one day in the benefit month
 - iii. The Waiver individual is not being Negative Actioned.
 - iv. For benefit month 04/2023, or later.
 - b. Message Trigger: When Medi-Cal Program box is selected and 'Run EDBC' button is clicked

- c. Message: “The following individual has a Medi-Cal Waiver, but does not have a Customer Options ‘Full Medi-Cal Hierarchy’ record set to “Yes:”
 - “First Name Last Name”
- d. Navigate the user to the Customer Options List page when the user clicks the Customer Options hyperlink in the warning message.

2.7.4 Page Location

- **Global: Case Info**
- **Local: Case Summary**
- **Task: Negative Action**

2.7.5 Security Updates

N/A

2.7.6 Page Mapping

N/A

2.7.7 Page Usage/Data Volume Impacts

N/A

2.8 Batch EDBC

2.8.1 Overview

Create a new Batch EDBC Skip when at least one person on the Medi-Cal program is requesting a ‘Medi-Cal Waiver’ but either no record exist for ‘Full Medi-Cal Hierarchy’, or ‘Full Medi-Cal Hierarchy’ is set to No.

2.8.2 Description of Change

1. Add a new Batch EDBC Not Processed Reason Code (CT707), effective 03/23/2023, with Short Decode Name, ‘Waiver Person Missing Full MC Hierarchy’ and Long Decode Name, ‘Waiver Person option for Full Medi-Cal Hierarchy is marked ‘No’ or ‘Missing.’
2. Update Batch EDBC Skip logic to skip a case with the new Not Processed Reason Code in 2.8.2.1 when the following are true:
 - a. The program is Medi-Cal, and
 - b. At least one individual on the Medi-Cal program has Customer Option for ‘Medi-Cal Waivers’ effective at least one day in the benefit month, and

- c. No record exists for 'Full Medi-Cal Hierarchy' in the benefit month, or 'Full Medi-Cal Hierarchy' is set to 'No' for all days in the benefit month for the Waiver individual, and
- d. Waiver individual is not being Negative Actioned.
- e. For benefit month 04/2023, or later.

2.8.3 Execution Frequency

No Change

2.8.4 Key Scheduling Dependencies

No Change

2.8.5 Counties Impacted

All Counties

2.8.6 Category

Core

2.8.7 Data Volume/Performance

No anticipated change in volume or performance

2.8.8 Failure Procedure/Operational Instructions

Batch Support Operations staff will evaluate transmission errors and failures and determine the appropriate resolution (i.e., manually retrieving the file from the directory and contacting the external partner if there is an account or password issue, etc....)

2.9 Data Change for Individual associated to a Removed Waiver.

2.9.1 Overview

Update individuals associated to a removed Waiver from 'Requested Medi-Cal Type Detail' page and associate to a Waiver in the 'Customer Options Detail' page.

2.9.2 Description of Change

1. Identify Active or Ineligible Medi-Cal Members with a high-dated Requested Medi-Cal Type 'DDS HCBS Waiver' (CT319_DW)
 - a. End Date the high-dated Requested Medi-Cal Type record for the individual with 03/31/2023.
 - b. Insert a new record for the individual with Requested Medi-Cal Type 'Medi-Cal' (CT319_MC) effective date 04/01/2023.
 - c. Create a new Customer Options record for the individual with 'Type' = 'Medi-Cal Waivers', 'Waiver Program Type' = 'Developmental Disabilities (HCBS DD)' with begin date 04/01/2023, and the Waiver Approval = Yes, and Approval Date is 04/01/2023.
2. Identify Active or Ineligible Medi-Cal Members with a high-dated Requested Medi-Cal Type 'Medi-Cal In Home Operations Waiver' (CT319_MW)
 - a. End Date the high-date Requested Medi-Cal Type record for the individual with 03/31/2023.
 - b. Insert a new record for the individual with Requested Medi-Cal Type 'Medi-Cal' (CT319_MC) effective date 04/01/2023.
 - c. Create a new Customer Options record for the individual with 'Type' = 'Medi-Cal Waivers', 'Waiver Program Type' = 'Home and Community-Based Alternatives (HCBA)' with begin date 04/01/2023, and the Waiver Approval = Yes, and Waiver Approval Date is 04/01/2023
3. Create a Journal Entry for cases where an Individual's Waiver was updated in Recommendation 2.9.2.1 or 2.9.2.2 above with the following:

Journal Category: All

Journal Type: Basic Information

Short Description: Waiver Record Update

Long Description: DDS HCBS or IHO Waiver Requested Medi-Cal Type was ended and a Customer Options record for Medi-Cal Waiver HCBS DD or HCBA was added.

Note: The Journal entry will be displayed on the Journal Detail Page.

2.9.3 Estimated Number of Records Impacted/Performance

Approximately 9700 Waiver individuals.

2.10 Automated Regression Test

2.10.1 Overview

Create new automated regression test scripts to verify the new values and fields on the Customer Options Detail page.







Create new automated regression test scripts to verify the new soft validations on the Run EDBC and Negative Action Detail pages.

Note: The updated EDBC rules, budgets, and sub-page details will not be covered at this time.

2.10.2 Description of Change

1. Create new regression scripts to verify the new values and fields on the Customer Option Detail page, including:
 - a. Type value: Medi-Cal Waivers
 - b. Display of, and available values in, the following fields when the Type 'Medi-Cal Waiver' is selected:
 - i. Waiver Program Type
 - ii. Waiver Approval
 - iii. Waiver Approval Date
 - c. Display of, and available values in, the following fields when the Waiver Program Type 'Home and Community-Based Services Waiver' is selected:
 - i. HCBS Waiver Programs
 - ii. Other Waiver Name (only when 'Other Waiver Program' is selected)
 - iii. Should the Individual be Tested for Spousal Impoverishment Provision?
 - d. Page validation when the Type 'Medi-Cal Waiver' is selected and:
 - i. Waiver Approval is 'Yes' and the 'Waiver Approval Date' is after the 'Begin Date'
2. Create new regression test scripts to verify the soft validations on the Run EDBC and Negative Action Detail pages:
 - a. Display when appropriate (see criteria in sections 2.6.3 1.a, 2.7.3 1.a); and:
 - b. Do not prevent EDBC from being run

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Policy	ACWDL 17-25 Home and Community-Based Services and Spousal Impoverishment Provisions	 ACWDL 17-25.pdf
2	Policy	ACWDL 18-19 Supplement to Home and Community-Based Services and Spousal Impoverishment	 ACWDL 18-19.pdf
3	Policy	ACWDL 19-15 Registered Domestic Partner Eligibility	 ACWDL 19-15.pdf
4	Policy	ACWDL 21-18 Screening Tool for Applying Spousal Impoverishment Provisions to the Home and Community-Based Services Population	 ACWDL 21-18.pdf
5	Policy	MEDIL I 21-07 Updated Budget Steps Worksheets for HCBS Spousal Impoverishment Evaluations	 MEDIL I21-07.pdf
6	Policy	MEDIL I 22-08 Frequently Asked Questions Related to HCSB Spousal Impoverishment	 MEDIL I 22-08.pdf