



[CA-207655] Home and Community-Based Services and Spousal Impoverishment Provisions

Issue Type:	SCR	Team Responsible:	CalHEERS	Assignee:	Unassigned
Fix Version/s:	[23.03]	Designer Contact:	Carmen Kolaskey	Change Type (SCR):	New Policy
Minor Version:		Expedite Changes:	No	Estimate:	1341
Reporter:	Carlos Camarena	Regulation Reference:	ACWDL 17-25, ACWDL 18-19, MEDIL I 21-07, ACWDL 21-18; ACWDL 19-15; MEDIL I 22-08	Created:	03/29/2019 06:25 PM
Status:	Design in Progress	Impact Analysis:		Outreach Required:	
Policy/Design Consortium Contact:	Nina Butler	Training Impacted:		Funding Source:	CalSAWS M&E
Project Phase (SCR):	Production	Funding Source ID:			
Other Agency Cross Reference:					

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 Systems 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.

Request:

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)'.

Recommendation:

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 HCBS-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. Create a new Skip Reason 'Did not Request Full MC Hierarchy' (CT_73), when Full Medi-Cal Hierarchy is set to 'No' or no Full Medi-Cal Hierarchy records exists on the 'Customer Options List' page.
18. 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
19. 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.
20. 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.
21. Create a Journal Entry for cases where Individual's Waiver was updated.

Outreach

Description:

Operational Impact: