

Medi-Cal - Home and Community-Based Services and Spousal Impoverishment Provisions

[Purpose](#)

[Customer Options](#)

[Community Spouse](#)

[Household Status](#)

[Income and Standard Allocation](#)

[Property](#)

[Pickle Program](#)

[Full Medi-Cal Hierarchy Requirement](#)

[Institutional Deeming](#)

Purpose

This job aid provides information on processing Home and Community-Based Services (HCBS) Waiver Programs, and applying Spousal Impoverishment Provisions.

Customer Options

Previously, the Requested Medi-Cal Type Detail page allowed 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 would 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 are no longer 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.

The System allows a selection for Multipurpose Senior Services Program (MSSP) Waiver on the Select Programs page, but the System 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 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) are located on the Customer Options Detail page.

When someone reports having a HCBS waiver, complete the Customer Option Detail page by selecting the type of wavier they have.

Select a Medi-Cal Waiver Customer Option Type for an Individual

The steps below assume you are in the context of a case.

Step	Action
1.	Place the cursor over Eligibility on the Global Navigation bar.
2.	Select Customer Information from the Local Navigator .
3.	Click the Customer Options link on the Task Navigation bar.
4.	On the Customer Options Detail page: <ul style="list-style-type: none">a. Select Medi-Cal Waiver from the Type droplist.b. Select one of the following options from the Waiver Program Type droplist (selections display in alphabetical order):<ul style="list-style-type: none">• Developmental Disabilities (HCBS DD)• Home and Community-Based Services Waivers

- **Home and Community-Based Alternatives (HCBA)**
- c. Select one of the following options from **Waiver Approval** droplist, if appropriate:
- **Set Blank (default)**
 - **Yes**
 - **No**
- Note:** If 'Yes' is selected, the **Waiver** has been approved. Enter the appropriate **<Date>** in the **Waiver Approval Date** field.
- d. Select one of the following options from the **HCBS Wavier Program Type** droplist:
- **CA Community Transitions HCBS Person Grant (CCT)**
 - **Cal Medi-Connect Dual Demonstration Project**
 - **Community-Based Adult Services MC 2020 (CBAS)Developmental Disabilities State Plan Services (DDS)**
 - **In Home and Supportive Services (CFCO)**
 - **Medicaid 1915(c) Home and Community-Based Services (HCBS)**
 - **Other Waiver Program**
- Note:** If 'Other Waiver Program' is selected, enter the **<Wavier Type>** in the **Other Waiver Name** field.
- **Program of All-Inclusive Care for the Elderly (PACE)**
 - **Senior Care Action Network (SCAN)**
- e. Select **<Yes or No>** from **Should the Individual be tested for Spousal Impoverishment provisions?** droplist.
- f. Enter the appropriate **<Date>** in the **Begin Date** field.

Customer Options Detail Page

Customer Options Detail

*- Indicates required fields

Name: *

Type: *

Maintain Verifications
Admin Verify MEC - MEDS
Cash Aid Available to Applicant
County Application Assistance Program Participant
Diaper Allowance Opt-Out
Full Medi-Cal Hierarchy
Health Coverage in Covered California
Healthy Families Consent
MC Declined Eligible
MC Declining A&D FPL
MC Declining Working Disabled
MPPP Declined Eligible
Maintain Verifications
Medi-Cal Waivers
Minor Parent Already 1531 Recipient
Optional Child - Receives Child Support
SBR Director's Exception
Verification Consent

ng years: *

End Date:

By: 1002139

Customer Options Detail Page Medi-Cal Waivers Type

Customer Options Detail

*- Indicates required fields

Save and Add Another Save and Return Cancel

Name: *

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

Customer Options Detail Page Waivers Programs Type

Customer Options Detail

*- Indicates required fields

Save and Add Another Save and Return Cancel

Name: *

Type: *

Medi-Cal Waivers

Waiver Program Type: *

Developmental Disabilities (HCBS DD)

Waiver Approval:

Yes

Waiver Approval Date: *

11/01/2022

Begin Date: *

11/01/2022

End Date:

Save and Add Another Save and Return Cancel

Customer Options Detail Page Waiver Approval and Approval Date

Customer Options Detail

*- Indicates required fields

Save and Return Cancel

Name: *

Type: *

Medi-Cal Waivers

Waiver Program Type: *

Home and Community-Based Services Waiver

Waiver Approval:

Yes

Waiver Approval Date: *

11/01/2022

HCBS Waiver Program: *

Developmental Disabilities State Plan Services (DDS)

- 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)

End Date:

Save and Return Cancel

Customer Options Detail Page HCBS Waiver Programs

Customer Options Detail

*- Indicates required fields

Save and Return Cancel

Name: *

Type: *

Medi-Cal Waivers

Waiver Program Type: *

Home and Community-Based Services Waiver

Waiver Approval:

Yes

HCBS Waiver Program: *

Developmental Disabilities State Plan Services (DDS)

Should the individual be tested for Spousal Impoverishment provisions? *

Yes

Begin Date: *

11/01/2022

End Date:

11/01/2022

Save and Return Cancel

Customer Options Detail Page Spousal Impoverishment Question

Customer Options Detail

*- Indicates required fields

Save and Return Cancel

Name: *

Type: *

Medi-Cal Waivers

Waiver Program Type: *

Home and Community-Based Services Waiver

Waiver Approval:

Yes

HCBS Waiver Program: *

Other Waiver Program

Other Waiver Name:

New Waiver Text Field 75 Characters

Should the individual be tested for Spousal Impoverishment provisions? *

Yes

Begin Date: *

11/01/2022

End Date:

11/01/2022

Save and Return Cancel

Customer Options Detail page Other Waiver Name Description

Community Spouse

The system will not apply Spousal Impoverishment provisions when both spouses are in LTC, or both have an HCBS waiver.

Household Status

HCBS-Individual with Community Spouse: Has a relationship of Spouse or Registered Domestic Partner to another case individual for at least one day in the benefit month. The Community Spouse resides at home and should have a record of "In the Home".

Note: A Permanently Out of the Home record should not exist for a Community Spouse.

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 for at least one day in the benefit month.

Child(ren) or Stepchild(ren) who reside at home should have a record of "In the Home."

Note: A "Permanently Out of the Home" record for the Child(ren) or Stepchild(ren) should not exist or does not cover every day of benefit month.

Add a Household Status Record

The steps below assume you are in the context of a case.

Step	Action
1.	Place the cursor over Eligibility on the Global Navigation bar.
2.	Select Customer Information from the Local Navigator .
3.	Click the Household Status link on the Task Navigation bar.
4.	On the Household Status List page: a. Click the Add button.
5.	On the Household Status Detail page: a. Select <Change Reason> from the Change Reason droplist. b. Enter <Reported Date> in the Reported Date field. c. Select <Person's Name> from the Name droplist. d. Select <Living in the Home Status> from the Living in the Home Status droplist. e. Select <Household Status Medi-Cal Exception> from the HH Status MC Exceptions droplist, if appropriate. f. Enter <Planned Departure Date> in the Planned Departure Date field, if appropriate. g. Enter <Expected Return Date> in the Expected Return Date field, if appropriate. h. Enter <Begin Date> in the Begin Date field. i. Enter <End Date> in the End Date field, if appropriate. j. Click the Save and Return button.

Income and Standard Allocation

LTC/HCBS SI Provisions allow for a different amount other than the standard allocation if there is a hearing, court order, or customer request. To apply the non-standard amount, an override must be completed. In a future release, the system will be updated to allow for a different amount other than the standard allocation without the need for an override.

Property

Effective January 01, 2024, a property test is no longer required for Non-MAGI Medi-Cal programs, including the SI provisions.

Pickle Program

A regular Pickle computation can take place as part of Mega Mandatory. However, a Pickle budget under SI provisions will need to be computed outside of the system and results overridden, as necessary. Per DHCS, a Pickle SI budget computation is not currently available. If a user needs to complete a Pickle budget with SI provisions, DHCS should be contacted for guidance.

Full Medi-Cal Hierarchy Requirement

There is 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 exists for Full Medi-Cal Hierarchy, or Full Medi-Cal Hierarchy is set to "No".

Institutional Deeming

Institutional Deeming only applies for individuals with a Customer Options record for Waiver Program Type Developmental Disabilities (HCBS DD) or Home and Community-Based Alternatives (HCBA), after they have been screened for the Full MC Hierarchy and found ineligible to MAGI, or eligible to a Non-MAGI SOC.

Release 23.11