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Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

HCBA PL #19-001

Date: June 7, 2019
To: Home and Community-Based Alternatives Waiver Agencies
Subject: **Prioritization of Intake Screening for Children / Youth under 21-Years of Age Who Have Applied for Enrollment into the Home and Community-Based Alternatives Waiver**

POLICY EFFECTIVE ON JUNE 7, 2019

PURPOSE

The purpose of this Policy Letter (PL) is to clarify and make more specific the Home and Community-Based Alternatives (HCBA) Waiver Agency Contract terms regarding the prioritization of eligible children and youth under the age of 21 for intake screening and enrollment into the HCBA Waiver to ensure they are not added to the waitlist. The intent of this PL is to ensure children and youth with nursing level of care (LOC) medical need(s) receive comprehensive care management and have access to medically-necessary Medi-Cal services in the community setting of their choice and avoid institutionalization.

AUTHORITY

Federal Authority

- U.S. Social Security Act (Public Law 74-171) – The Medicaid Program is authorized in Title XIX and the HCBS Waivers are authorized under 42 U.S.C. section 1396n(c).
- [42 CFR §430 et. seq.](#), including sections [441.720](#), [441.725](#), and [441.540](#)

State Authority

- [WIC, Division 9, Part 3, Chapter 7, Article 4](#)
 - *Medical Necessity* is defined in [§14059.5](#)

- Authority for the HCBA Waiver is included in [§14132.99](#)

Provides the Department of Health Care Services (DHCS) the authority to delegate Waiver administration and comprehensive care management to contracted organizations [§14132.991](#); and to implement, interpret, or make specific the Waiver operations in whole or in part, by means of policy letters.

Contract Authority

- HCBA Waiver Agency Contract, Exhibit E Additional Provisions, Provision 1 Additional Incorporated Exhibits, Subparagraph D.

BACKGROUND

In administering the current HCBA Waiver, DHCS processes enrollment as follows:

1. Participant enrollment is based on a “first come, first served” process *unless* the applicant:
 - a. Meets reserve capacity criteria, which includes the following subpopulations:
 - i. Medi-Cal eligible individuals who have been residing in a facility for more than 90 days and wish to transition to a home or home-like setting in the community and receive long-term services and supports they require to maintain their health and wellbeing outside of an institution, or
 - ii. Current Medi-Cal members who will turn 21 years of age during the current waiver year AND who were authorized to receive private duty nursing services for at least six months prior to his/her 21st birthday, as provided under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit, or the California Children’s Services (CCS) program; or
 - b. Is under the age of 21 with full scope Medi-Cal, or requires institutional deeming to be eligible to receive Medi-Cal services or eliminate his or her share of cost.

Institutional Deeming

Under institutional deeming, only the income and resources of the child are considered when determining Medi-Cal eligibility. Similarly, children who are currently eligible for Medi-Cal with a share of cost based on their Medi-Cal Family Budget Unit determination may also be eligible for institutional deeming to waive their share of cost.

Note: People residing in a nursing home under a limited state-only Aid Code and people who do not have satisfactory immigration status are not eligible for institutional deeming.

To qualify for institutional deeming, a child must:

- Be under the age of 18 (upon turning 18-years old, applicants should apply for Medi-Cal directly),
- have a valid Social Security Number,
- be ineligible for Medi-Cal because of his or her family's income (or other source of income), and
- be eligible for Medi-Cal if he or she was in an institution and/or meets the LOC criteria for the HCBA Waiver.

The institutional deeming process begins when an applicant receives a face-to-face comprehensive assessment and an Intake Medical Summary (IMS) has been completed and approved.

1. Once the IMS is approved, a letter is sent to the California Department of Social Services (CDSS) and to the applicant/responsible party to notify him or her that the applicant is medically eligible for the HCBA Waiver.
2. CDSS mails the applicant a Medi-Cal application.
3. Timely submission of completed Medi-Cal application is essential for being approved for Medi-Cal.

POLICY

Children and youth under the age of 21 who meet HCBA Waiver LOC eligibility requirements are prioritized for intake screening and enrollment onto the Waiver.

PRIORITY ENROLLMENT PROCESS

Follow the steps outlined below to review HCBA applications for priority enrollment / intake processing:

1. Upon receipt of an HCBA application, Waiver Agency staff shall immediately identify if the applicant is under the age of 21.
 - a. Waiver Agency staff will also review to identify if an applicant under the age of 18 may require and/or qualify for institutional deeming.
2. Applicants under the age of 21 cannot be placed on the waitlist, and must be routed for priority enrollment / intake processing.
3. Once an applicant under the age of 21 is assigned to a Care Management Team (CMT), comprised of a Registered Nurse and a Masters of Social Work, the

CMT must schedule a face-to-face visit with the applicant within 60 calendar days of receipt of a qualified application.

4. The CMT must ensure that an IMS case report is completed and uploaded in MedCompass within one week after the face-to-face visit.
5. In developing the person-centered Plan of Treatment (POT) with the applicant, his or her legal guardian, and/or circle of support, the CMT shall provide the applicant, and their legal guardian with information on the EPSDT benefit, CCS, or similar services and supports for which the individual may qualify.
6. The CMT shall then complete the enrollment process and submit the packet to DHCS for final approval.
7. DHCS shall have 30 calendar days to review a completed enrollment packet. Incomplete enrollment packets will be returned to the Waiver Agency for completion. When an enrollment packet is completed and resubmitted to DHCS, the Department shall have an additional 30 days to review the completed enrollment packet. Upon approval by DHCS, the date of an applicant's enrollment into the Waiver shall be the date upon which a complete and approvable enrollment packet was uploaded in MedCompass and the applicant's status was switched from "Intake Assess" to "Pending Enrollment Review".
8. Once enrolled, the CMT shall provide on-going comprehensive care management to the HCBA Waiver participant.

QUESTIONS

For further information about this PL, please contact your assigned Contract Manager or submit a question to the HCBA email inbox at: HCBAAlternatives@dhcs.ca.gov.

(Original Signed by)

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