AGED, BLIND, AND DISABLED MEDICAID 900
HCBS/Waiver Overview

Supersedes: ABD 900 (July 1, 2017)

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

Overview: Home and Community Based Services (HCBS) waivers are designed to allow individuals to remain in the community, rather than being institutionalized to receive necessary care and services. Individuals living in the community may be eligible for HCBS/waiver if they:

1. Apply for Medicaid or request the additional level of coverage (if Medicaid is already open);

2. Would qualify for Medicaid if placed in a nursing home or intermediate care facility for individuals with Intellectual Disabilities (ICF/IID);

3. Would require nursing home or ICF/IID placement without Home and Community Based Services (HCBS); and

4. Have an HCBS waiver slot available to them.

SSI RECIPIENTS:

An individual in receipt of SSI or State Supplement payment or 1619b is not required to have an independent evaluation of income and resources when the recipient requests additional coverage, including MSP.

FINANCIAL RESPONSIBILITY OF RELATIVES (PD, AGED & DD WAIVERS):

If an HCBS/Waiver applicant or recipient (Physically Disabled Waiver, Aged Waiver or any Developmental Disability Waiver) meets all nonfinancial criteria, is approved for one of the above-mentioned waivers, and will be enrolled into an HCBS/Waiver opening (slot), treat their responsible relative's income and resources as follows:

1. Ineligible parent to eligible child income and resource deeming are waived (Waiver Medicaid eligibility is based solely on the waiver recipient's income and resources);

2. Spousal impoverishment rules apply if only one member of a married couple meets level of care unless the second spouse resides in a medical institution that could be Medicaid covered, such as a nursing facility or MSH;

When only one spouse requests waiver program services and meets level of care, the other spouse, unless residing in a nursing home, is referred to as the 'non-waiver spouse' or 'community spouse' and the eligible individual is the 'waiver spouse'. **NOTE:** Spousal impoverishment rules apply to the waiver spouse. The couple cannot be treated as individuals or as a non-waiver couple, even if more beneficial to them. Additionally, the waiver spouse's income, resources, and presence are not considered when determining the non-waiver spouse's Medicaid eligibility.

3. When both spouses are requesting HCBS/Waiver program services and meet level of care, or the non-waiver spouse resides in a nursing home or other covered medical institution (ABD 800 Residential Medicaid Overview), each spouse is treated as an individual and spousal impoverishment rules (such as resource assessments and spousal income maintenance) do not apply.

RESOURCE ASSESSMENTS:

Resource assessments are required for married HCBS/Waiver clients requesting HCBS/Waiver program services and meet level of care. Only one resource assessment is required unless there are errors discovered. NOTE: When the waiver spouse is a recipient of SSI, State Supplement, or 1619b and there is a community spouse, a resource assessment is not required. See CMA 803-1 Resource Assessment for resource assessment instructions.

ASSET TRANSFERS:

Asset transfer/look back provisions apply to assets either the client or their spouse transferred prior to HCBS/Waiver eligibility determination. An asset transfer evaluation is completed for SSI related recipients. See CMA 404-1 Asset Transfers.

RESOURCES OWNED JOINTLY BY TWO WAIVER SPOUSES:

Evaluate resources held jointly by two waiver spouses, or by a waiver spouse and a spouse in a residential medical facility, according to jointly owned resource policy in CMA 401-1 Ownership, Accessibility and Equity Value.

PREADMISSION SCREENING:

Addictive and Mental Disorders Division (AMDD) conducts independent screenings for:

· PRTF Waiver,

- SDMI Waiver, and
- DD Waivers.

An SLTC/DD-55 completed by AMDD meets the required screening criteria for the above-listed programs. **NOTE:** A new Mountain Pacific-Quality Health Foundation (MPQHF) screening (SLTC-61) is required when a client moves from a DD or AMDD waiver slot to a nursing home.

MPQHF completes required screenings (SLTC-61) for:

- Physically Disabled Waiver
- Aged Waiver, and
- Nursing home services.

NOTE: SLTC-61 screenings are valid for 90 days for both waiver and nursing home services. When a waiver client with a valid SLTC-61 screening enters a nursing home directly from the waiver program, a new SLTC-61 screening is not required; the existing SLTC-61 is used. Likewise, a nursing home client with a valid SLTC-61 screening may leave the nursing home and directly enter the waiver program without needing a new SLTC-61.

The pre-admission screening must be completed within 90 days of enrollment into a Medicaid HCBS/Waiver program or entry into a nursing home**.**

AGED WAIVER:

HCBS/Waiver services are available to eligible physically disabled aged individuals under the Aged Waiver. Senior and Long-Term Care (SLTC), Community Services Bureau (CSB) administers the Aged Waiver.

PHYSICALLY DISABLED WAIVER:

Individuals under age 65 who have been determined disabled according to Social Security criteria may be eligible for HCBS/Waiver services under the Physically Disabled Waiver. The Physically Disabled Waiver is administered by the Senior and Long-Term Care Division, Community Services Bureau. If the individual is eligible for an ACA program, we will not require a disability determination.

DEVELOPMENTAL DISABILITIES (DD) WAIVER:

Specialized services are provided to waiver-eligible clients under HCBS Developmental Disabilities (DD) waivers. There are several DD waivers. Eligible DD individuals may receive HCBS services under the Waiver 208; Comprehensive Services waiver.

To qualify for coverage through the 208 waiver, individuals under age 65 must be determined disabled according to SSA criteria. **NOTE:** In addition to being categorized

as DD by the Developmental Disabilities Program (DDP), clients must also be determined disabled by SSA or through the MEDS process. If the individual is eligible for an ACA program, we will not require a disability determination.

Disability Service Division (DSD), Developmental Disabilities Program (DDP) administers the DD waivers. **NOTE:** DSD/DDP and the Disability Determination Services Bureau (DDS or DDB) are not one and the same. DDS/DDB makes disability determinations for the SSA.

SEVERELY DISABLING MENTAL ILLNESS (SDMI) WAIVER:

HCBS waiver services under the SDMI waiver are available to eligible individuals who are diagnosed with Severely Disabling Mental Illness (SDMI). Eligible clients can receive SDMI coverage under the SDMI Waiver program. Resource assessments, waiver of spousal deeming, and spousal/family income maintenance must be applied. Asset transfers must be evaluated. Under this program, a disability determination is not required.

Under ACA program, clients are not required to have a resource assessment completed and waiver of spousal deeming, and spousal/family income maintenance rules will not apply. Asset transfers must be evaluated. If the individual is eligible for an ACA program, we will not require a disability determination.

Under ABD Medicaid, resource assessments, waiver of spousal deeming, and spousal/family income maintenance must be applied. Asset transfers must be evaluated. In addition, if the client is requesting SDMI Waiver under an ABD program as a disabled individual, the client must meet SSA's disability criteria and have a disability determination established through SSA or MEDS

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY (PRTF) WAIVER:

Children ages 6 through 17 diagnosed with serious emotional disturbance (SED), and who meet psychiatric residential treatment facility (PRTF) admission criteria, may receive HCBS services under the PRTF waiver. **Waiver of parental deeming and spousal impoverishment rules do NOT apply to the PRTF waiver.** Clients must fit into a coverage group (disabled, child, pregnancy, ACA PCR, etc.) to receive coverage under the PRTF waiver. However, children who aren't eligible for HMK *Plus* or Family Medicaid must be determined disabled (according to SSA criteria) before they can receive these services.

Disability must be determined through either SSA or the MEDS process.

LIVING ARRANGEMENTS:

Services may be covered under the Aged and Physically Disabled Waivers while the enrolled client lives in a private residence, personal care home, retirement home,

physically disabled or mental health group home, adult foster care, or adult residential placement. Services are not covered if the client is institutionalized or in the hospital.

OVERLAPPING SPANS – WAIVER & INSTITUTION:

Physically disabled, SDMI, or PRTF waiver spans and nursing home span may overlap by no more than 30 consecutive days.

Effective Date: July 01, 2024