

DDD-PI-077

TO: Regional DD Program Administrators
DD Service Providers

FROM: Gene Hysjulien, Director
Disability Services Division

DATE: May 1, 2003

SUBJECT: Requirement for Participation in Medicaid for Receipt of
Developmental Disabilities Services

Effective Date: July 1, 2003

APPEAL: None

This policy supersedes DDD-PI-034 dated March 25, 1993, DDD-PI-039 dated May 25, 1993, and DDD-PI-077 dated November 27, 2002.

In order to receive the following services authorized through Developmental Disabilities Case Management all clients must be Medicaid eligible and screened to the ICF-MR level of care criteria:

- Intermediate Care Facility for the Mentally Retarded adult and children
- Individualized Supported Living Arrangement
- Supported Living Arrangement
- Transitional Community Living Facility
- Minimally Supported Living Arrangement
- Congregate Care
- Specialized Placement (only two facilities in Region VII)
- Family Support Services (In-Home Support, Family Care Option, Family Care Option III)
- Day Supports
- AETS
- Extended Services

- County Waiver Services
 - Adult Family Foster Care
 - Respite Care in conjunction with Adult Family Foster Care
 - Home Health Aide/Personal Care
 - Home Maker
 - HCBS Case Management
 - Adult Day Health
- Infant Development

DD Services not affected by this policy include:

- 1) DD Case Management,
- 2) Corporate Guardianship, and
- 3) Family Subsidy

If an individual is not Medicaid eligible or does not meet the ICF-MR level of care the individual must private pay for the services.

Regional offices do not have authority to waive a family's or individual's Social Security (SSI or SSDI) responsibility or apply alternate fee scales for DD funded services.

EXCEPTIONS

1. Medicaid Eligible and currently screened for Nursing Home Level of Care

An exception can be requested by the Regional DD Program Administrator for individuals who were screened for nursing facility level of care; i.e. placed in a nursing facility or swing bed, and required and received Day Supports from a DD licensed service provider prior to September 30, 1997. This applies to individuals living in a nursing facility or a swing bed. Each exception approved by the DD Unit will be limited to a period of one year.

2. Child Less than 3 Years of Age with a large Medicaid recipient liability due to the child's income

- A. When a child is receiving Family Support Services and is not Medicaid eligible, the family must privately pay for any Family Support Services they wish to receive. Exceptions will be considered only when Family Support Services are being provided to a child less than three years of age as an integral activity in reaching a non-respite IFSP Outcome and the child has a large recipient liability due to their own income.

Example of Family Support Services provided as an activity in reaching a non-respite IFSP Outcome: In-Home Support that will allow a parent to attend disability specific training such as sign language or behavior intervention classes in order to them to implement activities critical in reaching the IFSP Outcome.

- B. When an infant or toddler is receiving Infant Development services and has a large recipient liability due to the child's income an exception may be requested.

The Regional Developmental Disabilities Program Administrator can request an exception to access federal Part C funds by submitting a written request to the Administrator of Children and Family Support. Exceptions that are granted by the Developmental Disabilities Unit will be approved for no longer than 12 months at a time.

Other Clarifications:

Qualified Medicare Beneficiaries (QMB) and Special Low-Income Medicare Beneficiaries (SLMB)

Individuals who are enrolled as a QMB or SLMB in Medicaid are not necessarily regular Medicaid recipients. If the individual is designated as QMB or SLMB only, the individual is not eligible for DD funded services. If there are questions regarding QMB or SLMB and Medicaid eligibility, contact Central Office.

Client Participation in Room and Board Costs

If the child is receiving Family Support Services/Family Care Option, the child's monthly Social Security benefits, minus a \$45 personal needs allowance and 1/12 of the previous years insurance deductible and insurance co-payment for the child, will be prorated based on the number of days per month the child is in Family Care Option and deducted from the Department's Family Care Option reimbursement. If a family carries more than one insurance policy, i.e., major medical and dental for their minor child, the insurance co-payment and deductible from both policies can be subtracted from the Social Security (SSI and SSDI) benefit.

When determining the insurance deductible and insurance co-payment amount to be deducted from the child's Social Security payment, the DD Case Manager will need to see a statement from the insurance company explaining the benefits paid for the child during the last policy year. Families will also need to sign a statement assuring they have no secondary or supplemental insurance coverage for the child. If a family does not wish to share insurance information with the DD Case Manager, insurance deductible and co-payment amounts will not be deducted from the child's Social Security payment that will go towards the Family Care Option payment.

cp

c: HSC Directors
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