

# Medicaid Waiver Institutional Deeming

Medicaid Waiver Institutional Deeming (ID) is a process to obtain full scope unrestricted Medi-Cal without a share of cost for developmentally disabled consumers under age 18. Through ID, the consumer's family income and resources are not taken into consideration; the consumer is assessed on their own merit. However, if the consumer has income and/or resources of their own (i.e., court appointed child support, trust fund income, etc.) this may result in ineligibility. When approved for Medi-Cal via Institutional Deeming our consumers will have access to all Medi-Cal services including medical, dental and Early and Periodic Screening Diagnosis and Treatment (EPSDT) supplemental services.

## EPSDT Services Include:

In-Home Nursing; Occupational Therapy (OT); Physical Therapy (PT); Speech; Communication Devices; Medical Equipment; Nutrition Counseling / Mental Health; and Therapeutic Behavioral Services. All of these services must be deemed medically necessary and they are accessed through a Medi-Cal provider.

## Institutional Deeming Protocol:

### Initial Criteria:

- Regional Center (RC) Consumer (Status 2) - This does not include high risk infants ages 0-3. However, if we know a child will become a RC consumer at age 3, a Waiver eligibility review will be completed.
- The consumer must have a valid Social Security number
- Under 18 and living at home with parents
- Not eligible for Medi-Cal due to parental income
- Must have two or more qualifying conditions on the CDER under self-help, motor, social / emotional domains, special health care conditions, extensive medical needs.
- At least one billable Medicaid Waiver service that is used at least one time per year. If not used at least once per year, the child is at risk of losing Medi-Cal / Medicaid Waiver eligibility.
- Must sign the Medicaid Waiver choice form. To maintain eligibility for Institutional Deeming, the consumer must be enrolled in Medicaid Waiver.

Once it has been determined the consumer meets the criteria for Medicaid Waiver, the Federal Revenue Coordinator will send the ID referral out to the county Medi-Cal office. An application will be sent to the family to complete and turn back in within 30 days. Once this is done, the county reviews the application (not taking parental income or resources into consideration) and deems the consumer eligible for Medi-Cal. The family is sent an identification card with the Medi-Cal number listed on it. The Medi-Cal office will send the Federal Revenue Coordinator a copy of the "Medi-Cal Notice of Action" indicating approval of Medi-Cal benefits retroactive to the date of initial application.

## Frequently Asked Questions:

**If the consumer has a trust fund, should the consumer be referred for Institutional Deeming through Medi-Cal?** Probably not. Any income specifically designated for the consumer (i.e. child support, trust fund) will generally result in ineligibility or a share of cost. Share of Cost Medi-Cal recipients cannot be enrolled in the Medicaid Waiver Program.

**What if my child has Medi-Cal but with a Share of Cost?** This can be waived through the Institutional Deeming referral however; this information must be made available to the Federal Revenue Coordinator prior to the referral being sent. Upon approval, the consumer will no longer have a share of cost but full scope, unrestricted Medi-Cal.

**If the consumer has private medical insurance, can the consumer apply for ID Medi-Cal?** Yes. The private insurance will be the first payor for services rendered and then Medi-Cal should be billed for uncovered services / amounts.

**When the consumer is approved for Medi-Cal, will the consumer be automatically eligible for In Home Supportive Services (IHSS)?** No. ID Medi-Cal has NO EFFECT on IHSS eligibility. IHSS eligibility uses Supplemental Security Income (SSI) eligibility criteria. However, ID Medi-Cal recipients are eligible for the Personal Care Services Program (PCSP) which includes: Assistance with ambulation, bathing, oral hygiene, grooming, dressing, care with prosthetic devices, bowel, bladder and menstrual care, skin care, repositioning, range of motion exercises and transfers, feeding and assurance of adequate fluid intake, respiration, paramedical services, assistance with self-administration of medications and ancillary services subordinate to personal care services.

**If my child is institutionally deemed, do I still have to participate in the Parental Co-Payment program?** No. Parental co-payment is not required for children who have Medi-Cal.

**How do I get ID for my child?** Contact your Service Coordinator