

**-REVISED 8/13/19-
Policy Clarification**

Medicaid – All

PMN-19521-489

Submitted: 7/3/19

Agency: CAOs

Subject: Individuals Receiving Home and Community-Based Services (HCBS) in Modified Adjusted Gross Income (MAGI) Budget Categories

Question: Should individuals determined medically eligible for HCBS be authorized for Medical Assistance (MA) in MAGI budget categories?

Response By: Division of Health Services

Date: 7/8/19

No, individuals who meet medical and financial eligibility for HCBS, including Living Independence for the Elderly (LIFE), are not to be authorized in any MAGI budget categories. Per 42 CFR 435.603(j), when individuals request Long Term Services and Supports, they are excluded from MAGI methodologies for financial eligibility determinations.

As an exception, individuals eligible for the Adult Community Autism Program (ACAP) waiver can continue to be authorized in MAGI budgets as they were previously. They are currently the only waiver program allowed to use MAGI methodologies to determine eligibility. See the [HCBS Procedural Desk Guide](#) for details about authorizing the ACAP waiver.

Non-Money Payment (NMP) HCBS categories (PAW, PJW, PMW) require consideration of the individual's resources against the current \$2,000 limit with a \$6,000 disregard, a 60-month lookback period to determine if fair consideration was received for any disposed resources and use of the 300 percent of the Federal Benefit Rate income limit for income eligibility.

To ensure individuals applying for and receiving non-ACAP HCBS are authorized correctly in the Electronic Client Information System (eCIS) in a waiver category, the County Assistance Office (CAO) must input the following information on the case:

- Enter a current disability for any HCBS individual under the age of 65.
 - An active disability screen must be entered in eCIS for all individuals found medically eligible for HCBS under the age of 65, including individuals found eligible for the Infants, Toddlers and Families Waiver (Code 70).
- Update the HCBS individual's Medicare eligibility on the "Individual Attributes" screen.
 - When an individual is eligible for Medicare, ensure that the "Individual Attributes" screen is updated to reflect the individual's current Medicare entitlement and recipient status.
- Update eCIS verification codes for all resources on the case.
 - All resources owned by the HCBS individual (and their spouse if applicable) must be entered, verified, and any resource verification codes updated to a verified status in eCIS.

Currently eCIS permits the authorization of **non-ACAP** HCBS individuals in MAGI categories. Changes to eCIS will be made to ensure individuals are found eligible in a waiver category and a daily status will be issued to notify the CAOs of the changes.

See the “Building HCBS Categories” section of the [HCBS Procedural Desk Guide](#) for more detailed instructions on authorizing HCBS benefits in eCIS.