



## MEDICAID WAIVER AND PARENTAL DEEMING FREQUENTLY ASKED QUESTIONS (FAQs)

### What is Medicaid Waiver?

The Office for People with Developmental Disabilities (OPWDD) Home and Community Based Services (HCBS) Waiver provides specific services such as:

- Respite
- Community Habilitation
- Assistive Technology
- Environmental Modification
- Vehicle Modifications
- Intensive Behavioral Services
- Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD)
- Self-Direction with Budget Authority
  - Self-Hire Respite
  - Self-Hire Community Habilitation

The HCBS Waiver “waives” certain Medicaid criteria, specifically parent/family income. For a child to be granted a waiver of parental deeming, there needs to be a Reasonable Indication of Need for HCBS Waiver services.

Children with approved Parental Deeming status are required to receive Office for People with Developmental Disabilities (OPWDD) HCBS Waiver Service(s) to maintain their Medicaid and CCO enrollment status.

### What is Parental Deeming?

Parental Deeming is the process to allow OPWDD eligible children (birth to 17) to receive Medicaid funded services when family income does not meet required Medicaid thresholds.

One of the core requirements for enrollment into Care Coordination Organization (CCO)/Health Home services and Home and Community Based Waiver Services (HCBS) is Medicaid approval.

### Parental Deeming Application Process to Obtain Medicaid Waiver Approval

To obtain Medicaid for Care Coordination and HCBS waiver services, the Office for People with Developmental Disabilities (OPWDD) must approve the unmet need for a waiver service (listed above).

To meet the requirement of a Reasonable Indication of Need for Services, all other avenues must be explored and documented in the In Process Life Plan. It is beneficial to add any supporting documentation. The avenues that should be explored before requesting a waiver service are:

- Family Support Services (FSS)
- Community Services
- Natural Supports
- School Supports

To show a Reasonable Indication of Need for HCBS Waiver services, **the individual must:**

- Require at least one (1) HCBS Waiver service provided by an OPWDD-certified service practitioner to remain out of an institution as documented in their Life Plan; and
- Require the HCBS Waiver service(s) at least monthly; or
- Require regular monthly monitoring of health and welfare by a Care Manager if their need for service(s) is less than monthly, as documented in their service plan/Life Plan.

The need for *Environmental Modifications, Vehicle Modifications, Assistive Technology, Family Education and Training, and Individual Directed Goods and Services*:

- Either alone or in combination with one another, is not sufficient to demonstrate the individual's reasonable indication of need for a monthly HCBS waiver service.
- These services, as well as other time-limited services, are not intended to be provided on a long-term and regularly recurring basis.
- Instead, they are designed to enhance, complement, or offset other regularly recurring service needs.

The need for Respite Services, alone or in combination with *one of the services listed above*, is also not sufficient to demonstrate the individual's reasonable indication of need for a monthly HCBS waiver service, unless **each of the provisions below are met**:

- Appropriate justification is provided in the Life Plan to demonstrate the individual requires Respite Services be provided at least monthly
- The qualifying respite services are provided by an OPWDD-certified service practitioner; and
- Respite Services are not otherwise sufficiently available through a non-Medicaid funding source.

The Intake Specialist applies for the Medicaid Waiver through the local Regional OPWDD Office. However, the process can differ by regional office.

The following documents must be completed and submitted to the Office for People with Developmental Disabilities (OPWDD):

- Eligibility Letter completed by OPWDD,
- Current Level of Care Determination (signed by Physician/Nurse Practitioner)
- Current DDP2 (completed by the Front Door Facilitator and the caregiver)
- Current CAS/CANS assessment (completed by CAS/CANS Assessor at Maximus and the caregiver/individual)
- HCBS Final Waiver Application (signed by caregiver)
- In-Process Life Plan (completed by Intake and Caregiver)
- Request for Service Authorization form (completed by Intake/Care Coordinator)

\*The RSA form is used to document the OPWDD services and individual needs.

Once the completed Waiver Application is submitted to the Office for People with Developmental Disabilities (OPWDD), the Quality Management Team (QMTA) reviews the waiver application documentation (listed above) to decide on whether they meet the criteria for Medicaid waiver services.

OPWDD may ask for more information. A letter is provided to the intake specialist and family requesting additional information to justify the unmet need for the waiver(s) requested. The intake specialist has 60 days to provide OPWDD with the requested information. Family and intake specialist work together to gather this information.

If OPWDD determines the child is eligible for enrollment in the HCBS Waiver, OPWDD will issue a Letter of Introduction (LOI) requesting the local Department of Social Services (DSS) waive parental income for purposes of Medicaid eligibility.

If a determination is made that the child is not eligible for enrollment in the HCBS Waiver, the OPWDD will issue a Notice of Decision informing the individual and their representative of their due process rights. The denial letter provides information regarding the fair hearing process.

## Applying For Medicaid

Once the Letter of Introduction (LOI) is received, the family will work with the CCO to complete the Medicaid Application packet.

The following documentation is required to submit a Medicaid application to the local Department of Social Services (DSS):

- Letter of Introduction (LOI) granting parental income waived
- DOH 4220 Medicaid Application
- DOH 5173 Authorization for Release of Information (to be completed for the CCO, Primary Physician, School District, and other developmental providers supporting developmental disability)
- DOH 3159 Disability Questionnaire
- DOH 5178A Supplement A form
- DOH 5153 Child Activity Form
- Documentation that supports the developmental disability (physical, psychological evaluation, IEP, diagnostic evaluation, etc).

The Local Department of Social Services will review the documentation provided and send it to Albany to complete the Administrative Disability Review, to determine whether the individual meets the criteria for disability under Medicaid law.

The Medicaid application process may vary across counties but can take between 4-10 months to process an approval.

Once Medicaid is approved and active, this allows the child/family to begin working with Person Centered Service CCO to coordinate and set up the waiver service(s). Care coordination enrollment takes place on the 1<sup>st</sup> of the following month after Medicaid is active.

## Additional Information

Getting eligibility granted by OPWDD does not guarantee approval of a HCBS waiver service. Eligibility is the first part of the process of obtaining an HCBS waiver service.

OPWDD eligibility allows families to access the Family Support Services (FSS) Program as they are grant-funded, non-Medicaid services.

The QMTA Team wants to know if Family Support Services (FSS) was explored first before they approve a waiver service. HCBS Waiver should be looked at as “last resort” because they are Medicaid funded.

HCBS under Self-Direction also includes Individual Directed Goods and Services (IDGS). FI, Support Brokerage, and Individual Directed Goods and Services (IDGS) are not stand-alone services but are rather support services under the Self-Direction model. FI, Support Brokerage, and/or IDGS services alone are not enough to meet the requirement for the receipt of a monthly HCBS waiver service.

Waiver & Enrollment  
ADM



Community  
Resources



Front Door Access  
to Services

