
MAO COVERAGE GROUPS/CRITERIA FOR THE AGED & DISABLED
MAO LONG TERM CARE "AT-HOME" COVERAGE GROUPS

**B. DISABLED
CHILDREN
LIVING
AT-HOME**

Section 134 of the Tax Equity and Fiscal Responsibility Act Responsibility Act of 1982 (P.L. 97-248) allowed States, at their option, to make benefits available to children (age 18 or under) living "at-home" who qualify as disabled individuals provided certain conditions are met. These children would not ordinarily be otherwise eligible for Medicaid due to the deeming of parental income or resources. The specific statutory provisions establishing this option are contained in Section 1902(e) of the Social Security Act. State enabling legislation established authority for coverage of Disabled Children Living At-Home (DCLH) effective July 1, 1989.

**1. Eligibility
Criteria**

Effective July 1, 1989, in order for a child to establish Medicaid eligibility under this coverage group, all of the following conditions must be met.

- The child must be determined disabled according to SSI criteria by the Disability Determination Service (DDS).
- The child must require the level of care provided in a hospital, nursing facility or an intermediate care facility for the mentally retarded (ICF-MR) as determined by medical staff with the Division of Medicaid.
- The child must be determined eligible for Medicaid using the same criteria as is used for nursing home applicants.
- It must be appropriate to provide care to the child at home and the estimated cost of care at home must be no more expensive than the estimated Medicaid cost of institutional care.

The Regional Offices will process applications for Medicaid coverage under this provision in the same manner as applications for nursing home care. The child is treated as though he/she were actually in long-term care, i.e., the child's financial eligibility is based on the child's own income and resources.

MAO COVERAGE GROUPS/CRITERIA FOR THE AGED & DISABLED

MAO LONG TERM CARE "AT-HOME" COVERAGE GROUPS

THERE IS NO DEEMING OF PARENTAL INCOME AND RESOURCES TO THE ELIGIBLE CHILD IN ANY MONTH. The income limit for the child's own income is the institutional maximum and the resource limit for the child's own resources is the individual SSI resource limit.

**2. Level
of Care
Decision**

A level of care decision is required for disabled children at home just as if the child were in long-term care in a medical facility. The level of care (LOC) decision is in addition to the DDS disability decision that is also required. The LOC decision process for a disabled child at home is handled differently from on-going nursing home LOC decisions and requires Regional Office involvement in obtaining the decision. The procedure is as follows:

- a. The Regional Office will remain a supply of DOM-260DC Forms entitled "Medicaid Certification for Disabled Children Living-At-Home," which is the form used to evaluate LOC criteria.
- b. The Regional Office will provide the child's family with a DOM-260DC Form and a DOM-323A, Disabled Child Questionnaire, along with a "Disabled Child Living At-Home Information Sheet" which explains the requirement for completion of these 2 forms at each application and redetermination. The Information Sheet advises the parent or guardian to have the child's physician complete the DOM-260DC and include current medical information for the child. The medical information must be dated within the prior 12 months and must address or update the child's primary disability.

The DOM-323A, Disabled Child Living At-Home Questionnaire, is also addressed on the Information Sheet and must be included with the DOM-260DC. It is a required form for DDS purposes and for review by medical staff in the Maternal Child Health Unit for DCLH coverage.

MAO COVERAGE GROUPS/CRITERIA FOR THE AGED & DISABLED

MAO LONG TERM CARE "AT-HOME" COVERAGE GROUPS

When the DOM-260DC and the DOM-323A Forms have been completed by the physician and parent (or guardian), the forms must be returned to the Regional Office for handling.

- c. The Regional Office will forward the completed DOM-260DC with the current medical information and the DOM-323A to the Maternal Child Health (MCH) Unit of the State Office by way of a "Disabled Child Living At-Home Transmittal Sheet" containing identifying information about the child along with any comments about the case. The form will be reviewed by medical staff in the MCH Division who are responsible for making level of care decisions.
- d. The Maternal Child Health Unit will render the LOC decision and return the DOM-260DC Form to the Regional Office with a LOC decision. If the LOC decision is approved, the application for Medicaid can be approved if the child is eligible on all other factors. A disapproved DOM-260DC Form will result in a Medicaid denial.

If there is not sufficient medical information to make a level of care decision, the forms will be returned to the Regional Office with an "Unable to Process" decision. The additional information needed to make a decision will be specified. The Regional Office will relay this information to the parent or guardian by way of DOM-307 and 309.

If the requested information is provided, the Regional Office will forward all new and previously returned information to the MCH Unit for a final decision.

- e. The Regional Office will send the MCH Unit a copy of the Notice of Action (approving or denying eligibility) at the time of each application and redetermination so that the MCH Unit can file the notice with their records.

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- 3. Review Intervals** MCH has developed a review system that will utilize two review intervals, **one-year and three-year**. The criteria for determining intervals are:
- One-year -** Improvement is expected in the condition, currently requiring an institutional level of care, or the course of this condition is unpredictable. Examples include but are not limited to:
- all malignancies
 - all mental disorders
 - all developmental delays
 - all conditions requiring surgery within one year
 - unstable seizure disorders
- Three year -** The condition may improve, but improved results cannot be expected to require less than an institutional level of care based on current experience. Examples include but are not limited to:
- Mental retardation with IQ of 59 or less as determined by qualified mental health professionals per DSM-IV criteria.
 - End Stage Renal Disease diagnosis by a Urologist.
 - Permanently and totally impaired mobility uncorrected by prosthesis. (Wheelchair bound)
 - Full thickness burns to 10% or more of total body surface.

MAO COVERAGE GROUPS/CRITERIA FOR THE AGED & DISABLED

MAO LONG TERM CARE "AT-HOME" COVERAGE GROUPS

- Organ or bone marrow transplant within the last 12 months.
- Autism
- Pervasive Developmental Delay

Regional Offices must send the DCLAH review to MCH when the review is due. When the DCLAH is admitted to a facility, check to see if a review may be due when the child is discharged.

4. Effective Date of Benefits

Medicaid benefits are effective for the DCLH coverage group effective with the month in which all factors of eligibility are met, which includes up to 3 months prior to the month of application.

DCLH eligibles receive full Medicaid benefits.

5. 12-Months Continuous Eligibility

Effective July 1, 1998, children under age 19 will continue Medicaid eligibility for 12 months regardless of changes in circumstances. Exceptions to this rule:

- child reaches age 19
- child moves out of state or is admitted to a public institution
- child dies
- family requests voluntary closure