

Obtaining Medi-Cal Coverage for Your Child Through Institutional Deeming

Lanterman would like to offer you an opportunity to obtain “full-scope” Medi-Cal coverage for your child through a special program called “Institutional Deeming.” This program enables children ages 3 to 18 to receive coverage under full-scope Medi-Cal who would normally not be eligible because their family income is too high. (A child under age 2 may also qualify if he or she has been diagnosed with a developmental disability rather than only delay.)

Under the Institutional Deeming program, only the income and resources of the child are considered when determining eligibility. If the child has income or resources of his or her own, such as a trust fund or court-ordered child support, he or she may not qualify for the program or may qualify but be assessed with a share of cost when receiving Medi-Cal services.

Advantages for Your Child of Having Full-Scope Medi-Cal

Once covered by Medi-Cal, your child will be eligible for all approved Medi-Cal services, including medical, dental, and Early and Periodic Screening Diagnosis and Treatment (EPSDT) services. He or she may also be eligible for In-Home Supportive Services (IHSS) which may supplement any respite services you receive from the Regional Center. Finally, Medi-Cal eligibility exempts the family from participation in California’s Family Cost Participation Program.

Institutional Deeming and the Medicaid Waiver Program

Institutional Deeming is actually part of a larger program called the Home and Community-Based Services (HCBS) Waiver program. The HCBS Waiver program, often referred to as the Medicaid Waiver, was created by the federal government to allow the government to ignore, or waive, some of its own rules so it can pay for certain services that enable individuals with a disability to live at home or in the community rather than in an institution. (Medicaid is Medi-Cal in California.)

If your child becomes eligible for full-scope Medi-Cal through Institutional Deeming, he or she will actually be part of the HCBS Waiver program. For this reason, as part of the application for Institutional Deeming, Lanterman will ask you to sign a form consenting to be part of the Waiver program. The form is called “Medicaid Waiver Client Choice of Services/Living Arrangement Statement.”

In addition to bringing with it advantages for your child (i.e., Medi-Cal coverage), enrollment in the HCBS Waiver program allows the Regional Center to receive partial federal funding for many of the services that it provides. This extra funding expands the amount of service that the Regional Center is then able to provide to other families.

Note: Lanterman does not approve or deny regional center services and supports to clients based on their participation in the HCBS Waiver or Institutional Deeming.

Applying for Institutional Deeming

In order to apply for Institutional Deeming, an individual under the age of 18 must:

- ❖ Live at home with his or her family.
- ❖ Have a valid Social Security number.
- ❖ Be ineligible for Medi-Cal due to his or her family’s income.
- ❖ Have been diagnosed with a developmental disability.
- ❖ Have two or more “qualifying conditions” in the areas of self-help, motor and social/emotional functioning; special health care conditions; or extensive medical needs.
- ❖ Receive at least one “qualifying service” from the Regional Center and use that service at least once a year.

If your child does not have two qualifying deficits or is not receiving a qualifying service from the Regional Center at least annually, he or she will not be eligible for this program.

If your child satisfies the previous criteria, your service coordinator will send his or her information to the Center's Medicaid Waiver coordinator who will review the application and submit it to the local Department of Public Social Services (DPSS) Medi-Cal office. If you need help completing the application, the Medicaid Waiver coordinator can assist you.

Next Steps in the Application Process for Medi-Cal

You will receive a Medi-Cal application from DPSS and you must complete and return it within 30 days. As part of the application, you will be asked to provide information about your family's income and other financial resources. DPSS needs this information to confirm that your family income exceeds Medi-Cal requirements. When evaluating your application, DPSS will also screen other members of your family for Medi-Cal eligibility.

Once DPSS has completed the evaluation, it will send you a Notice of Action (NOA) with either the start date of eligibility or the reason for the denial of Medi-Cal eligibility. If your child is approved for Medi-Cal coverage, you will receive his or her Medi-Cal identification card in the mail soon after you receive the NOA. Your child's Medi-Cal number and the date of coverage will be on the card. Coverage will be retroactive to the date of initial application.

It is very important for the Regional Center to know if your child qualifies for Institutional Deeming. Since your service coordinator will not receive a copy of the NOA, you should be sure to inform him or her about the DPSS decision and, if eligibility is approved, your child's Medi-Cal number. You should also allow your service coordinator to make a copy of the NOA for your regional center record.

Definitions

Early and Periodic Screening Diagnosis and Treatment (EPSDT)

EPSDT allows for periodic screenings to determine health care needs of individuals under the age of 21. The program provides all services covered by Medi-Cal plus additional services called EPSDT Supplemental Services. They include: private duty nursing services, case management, pediatric day health care, nutritional services, and mental health evaluations and services.

In-Home Supportive Services (IHSS)

The types of services that may be authorized through IHSS are housecleaning, meal preparation, laundry, grocery shopping, personal care services (such as bowel and bladder care, bathing, grooming and paramedical services), accompaniment to medical appointments, and protective supervision.

Frequently Asked Questions Related to Institutional Deeming and Medi-Cal

What if my child already has Medi-Cal, but with a share of cost?

A child who currently has Medi-Cal with a share of cost may also be eligible for Institutional Deeming. Enrollment in Institutional Deeming will waive the share of cost. Before applying, however, you should make sure your service coordinator knows that your child already has Medi-Cal coverage.

Similarly, if your child is in danger of losing his or her Medi-Cal coverage because of an increase in your family's income, you should speak to your service coordinator about applying under Institutional Deeming. In either case, if you apply, you should keep your child's current Medi-Cal card. If your child qualifies under Institutional Deeming, his or her Medi-Cal number will remain the same.

What do we have to do to maintain my child's eligibility?

In order to maintain your child's eligibility for Medi-Cal under this program, you must respond to the letter that you receive each year asking for changes in your child's income. Failure to respond to this letter will result in cancellation of your child's Medi-Cal coverage.

My child has private medical insurance. Should we still apply for Institutional Deeming?

Yes. While the private insurance will provide the primary coverage for medical care received by your child, Medi-Cal may be billed for services that private insurance does not cover. In addition, if the private insurance's annual or lifetime limit is exceeded, as long as services are determined to be medically necessary, Medi-Cal may fund for them.

When my child is approved for Medi-Cal through Institutional Deeming will he or she automatically be eligible for In-Home Supportive Services (IHSS)?

No. IHSS eligibility is not automatic, since that program has its own eligibility criteria. Once your child is eligible for Medi-Cal through Institutional Deeming, you may apply for IHSS.