Obtaining Medi-Cal Coverage for Your Child

Regional Center of Orange County (RCOC) would like to inform you of an opportunity to obtain Medi-Cal coverage for your child through a special Medi-Cal program. Regional Center staff know it as Institutional Deeming Medi-Cal; Medi-Cal workers call it Medi-Cal through the DDS Waiver program.

**DDS Waiver**
What is Institutional Deeming (ID) through the DDS Waiver program? This program enables regional center eligible children ages 3 to 18 to receive full-scope Medi-Cal coverage while continuing to live in their parent’s home! It means that if the family’s income and resources are too high for regular Medi-Cal eligibility a child can qualify for Medi-Cal based on his or her own assets and income “as if” he/she were living in a long-term care facility. 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 for Medi-Cal benefits.

**HCBS/Medicaid Waiver**
ID Medi-Cal through the DDS Waiver is actually a subset of a larger program called the Home and Community-Based Services for the Developmentally Disabled (HCBS-DDD) Waiver. The HCBS-DDD Waiver program is more commonly referred to as the Medicaid Waiver (MW). The Medicaid Waiver provides home and community-based services to developmentally disabled persons who are Regional Center consumers as an alternative to care provided in an Intermediate Care Facility/Developmentally Disabled-type facilities, or a State Developmental Center. (Medicaid is called Medi-Cal in California.)

In addition to eligibility for Full Scope Medi-Cal coverage for your child, enrollment in the Medicaid Waiver program allows the state of California to receive partial federal reimbursement for many of the services provided to regional center consumers. This extra funding helps ensure that the regional center system is able to continue providing services in California. *Note: RCOC does not approve or deny regional center services and supports to our consumers based solely on their participation in the HCBS Waiver or Institutional Deeming Medi-Cal.*

**Advantages of Having Full-Scope Medi-Cal for Your Child**
Once approved for Medi-Cal, your child will be eligible for all needed Medi-Cal services, including medical, dental, vision, and Early and Periodic Screening Diagnosis and Treatment (EPSDT) services (typically private duty nursing and other supplemental services). He or she may also be eligible for In-Home Supportive Services (IHSS) which include personal care services (such as bowel and bladder care, bathing, grooming), paramedical services, accompaniment to medical appointments, and protective supervision. In addition, Medi-Cal eligibility exempts the family from participation in California’s Family Cost Participation Program (FCPP) and the Annual Family Program Fee (AFPF).
Obtaining Medi-Cal Coverage for Your Child
If you are interested in applying for ID Medi-Cal through the DDS Waiver program and your child satisfies the criteria listed below, please contact your Service Coordinator. In order to qualify for the DDS Waiver/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 regular Medi-Cal due to his or her family’s income;
- Be diagnosed with a developmental disability and have an active case with the regional center;
- Have two or more “MW qualifying conditions” in the areas of self-help, motor and social/emotional functioning or some specific health care conditions;
- Receive a “MW qualifying service” from the Regional Center that addresses at least 2 of the MW qualifiers (examples include respite, nursing assessment, and day care);
- Use the MW qualifying service at least once within a 12 month period;
- Participate in the Annual Review of the IPP each year during the child’s birth month.

Application Process for Medicaid Waiver and ID Medi-Cal
Your Service Coordinator (SC) will provide you with two documents that need to be signed to allow RCOC to enroll your child onto the Medicaid Waiver program. Once you have signed and returned these documents to the SC, the SC will send them to the RCOC DDS Waiver Coordinator. The DDS Waiver Coordinator will prepare and send a DDS Waiver Referral to the Orange County Social Services Agency (OCSSA). As soon as RCOC sends the DDS Waiver Referral to OCSSA, Regional Center has completed our part in the application process.

Once OCSSA receives the DDS Waiver Referral, an Intake Supervisor will assign the case to a Medi-Cal eligibility worker and the worker will send you a Medi-Cal application. You will work with the Medi-Cal eligibility worker to complete the application process. You must meet the Medi-Cal application timelines and requests for information or the Medi-Cal application will be denied. As part of the application, you will be asked to provide information about your family’s income and financial resources.

OCSSA is required by regulation to evaluate either the entire family or the child for regular Medi-Cal. If the family does not qualify for regular Medi-Cal, the Institutional Deeming rules can be applied and only the income and assets of the child are considered to determine eligibility. If you need help completing the application, the Medi-Cal worker can assist you.

Once OCSSA has completed the evaluation of your application, they will send you a Notice of Action (NOA) with either the start date of the Medi-Cal eligibility for your child 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. The Medi-Cal eligibility card is also called the Benefits Identification Card or BIC. Your child’s Medi-Cal number and the date of coverage will be on the card. Medi-Cal coverage will be retroactive to the date of the initial application for Medi-Cal.

Notification to RCOC of Medi-Cal Eligibility
It is very important for the Regional Center to know if your child qualifies for Medi-Cal. Be sure to inform your Service Coordinator about the OCSSA decision and, once eligibility is approved, your child’s Medi-Cal card number. Once RCOC confirms that your child was approved for Medi-Cal, he or she will be added to the Medicaid Waiver program.
Frequently Asked Questions Related to ID Medi-Cal and the Medicaid Waiver program

**What if my child already has regular Medi-Cal, but with a Share of Cost?**
A child who currently has regular Medi-Cal with a share of cost may be eligible for Institutional Deeming through the DDS Waiver program. Enrollment in Institutional Deeming will remove the share of cost. Before applying, however, you should make sure your Service Coordinator knows that your child already has Medi-Cal coverage with a Share of Cost.

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. However, be sure to keep your child’s current Medi-Cal card as regardless of the Medi-Cal program that s/he qualifies for his or her Medi-Cal number will remain the same.

**What if my child has personal income, such as child support or Social Security income from a retired, disabled or deceased parent?**
OCSSA will evaluate the child’s personal income and may assess a Share of Cost (SOC) for his or her Medi-Cal. If the child has income, anything above $620 a month will be assessed as the child’s SOC.

**How does my child meet the Medi-Cal SOC?**
The SOC is like a monthly deductible. If you’d like Medi-Cal to fund expenses during a month, the SOC must be paid out of pocket by the family first. However, if you don’t use Medi-Cal during the month, you don’t have any out of pocket expenses. Services that are funded by Medi-Cal that can be used to meet the SOC include IHSS, pharmacy and medical services co-pays, EPSDT private duty nursing, dental services, and/or vision services.

**What if my child has personal assets or resources, such as a savings account, interest in another type of bank account or a trust?**
If the resources are valued at or above $2000, the child will not be eligible for Medi-Cal. If you are not certain whether a particular resource is counted as an asset to the child, RCOC can send the referral and OCSSA will make that decision.

**What do we have to do to maintain my child’s eligibility for Medi-Cal?**
In order to maintain your child’s eligibility for ID Medi-Cal under the DDS Waiver program (and all other Medi-Cal programs through OCSSA) you must respond to the letter that you receive each year from OCSSA asking for changes in your family’s and your child’s income. Failure to respond to this letter will result in cancellation of your child’s Medi-Cal coverage.

**What do we have to do to maintain my child’s eligibility for Medicaid Waiver?**
In order to maintain your child’s eligibility for the Medicaid Waiver, your child must continue to be eligible for regional center services; continue to live in the family home; continue to have two or more “qualifying conditions” in the areas of self-help, motor and social/emotional functioning or some specific health care conditions; continue to receive a “qualifying service” from the Regional Center that addresses at least 2 MW qualifiers and use that service at least once a year; and you must continue to participate in the Annual Review of the IPP each year during the child’s birth month. In addition, your child must have an active Medi-Cal case with No Share of Cost or the Share of Cost must be paid at least once within a 12 month period of time.
My child has private medical insurance. Should we still apply for Institutional Deeming Medi-Cal?
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. Co-pays and deductibles of your primary insurance plan may be paid for through Medi-Cal as long as the medical providers are contracted with CalOptima.

Once approved for Medi-Cal, where do I go to get medical treatment?
Orange County is a ‘managed care’ county. All Medi-Cal funded medical services are administered by CalOptima. Once your child is approved for Medi-Cal, you’ll need to select a health network and a medical doctor through CalOptima. CalOptima will send you information to help you make your choice.
- If your child does not have private insurance, you will select a CalOptima health network and medical doctor affiliated with that network.
- If your child has private insurance you will need to find out if your child’s doctor through your private insurance is also contracted with one of CalOptima’s health networks.
  - If your doctor is part of one of the health networks, you will choose that health network. This is optimal as you will only need to work with one doctor.
  - If your child’s doctor through your private insurance is not contracted with one of the CalOptima health networks, you will need to select a CalOptima health network and a doctor through the health network. You will use the doctor funded by your private insurance for services funded by your private insurance and you will use the doctor funded by the CalOptima health network for all Medi-Cal funded medical services not covered by your private insurance.

Dental services are funded through Denti-Cal. You can call them for a referral to a local dentist. Their number is (800) 322-6384.

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. To apply, you’ll call IHSS directly. Their number is 714-825-3000. If your child is eligible, IHSS will take the application and schedule an IHSS worker to come to your home and complete an assessment of your child’s needs. Your child’s Primary Care Physician and the regional center SC will also be contacted to provide additional information about your child’s medical and physical support needs.