HOME AND COMMUNITY BASED WAIVER (HCB)

17.17 THE APPLICATION/REDETERMINATION PROCESS

The application/redetermination process is the same as for SSI-Related Medicaid found in Chapter 1, with the following exceptions:

The Worker is responsible for the following:

- Accepting form DHS-2.FRM, with an attached copy of the last page of the PAS-2000 from the contract agency which determines medical necessity. Both forms must be presented. The referral will originate from one of the following.

  - A case management agency, when the client chooses to use one; or

  - The WV Bureau of Senior Services (WV BoSS), when the client chooses self-directed case management.

  The DHS-2.FRM has 2 versions. The same information is contained on both, but one includes a third line in the form title which states “Self-Directed Case Management” and the distribution list includes WV BoSS, instead of the case management agency.

S Accepting an application for the Home and Community Based Waiver Program(HCB) after receipt of the DHS-2.FRM with a copy of the medical necessity information from the case management agency or WV BoSS. SSI and Deemed SSI AG’s must only provide the DHS-2.FRM and a copy of the medical necessity information. No application is required and no RAPIDS entry to change the coverage group or indicate HCB approval for these groups is required.

- Processing the application as for any other Medicaid AG, presuming that medical eligibility has been determined. The beginning date of eligibility is the date of application. The date of application is the date that the client or his representative contacts the local office by phone, fax, mail, e-mail or in person to inquire about making an application.

  The appointment must be scheduled within 10 calendar days of the date of the contact. The appointment may be scheduled after 10 calendar days only at the request of the client or

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his representative. Case management agencies who chose to represent clients have been instructed by BMS to request an application within 7 days of the date the medical approval is received.

- Complete a redetermination of eligibility each 6 months. Full-scale redeterminations are alternated with desk reviews When full-scale redeterminations are completed, use the same criteria and procedures used for applications. When desk reviews are completed, any eligibility requirements that have become questionable are verified. SSI and Deemed SSI AG's do not require a redetermination. Medicaid eligibility is established and the medical eligibility for services is monitored by BMS.

  The Worker receives an alert in RAPIDS when a redeter-mination is due.