

**HOME AND COMMUNITY BASED WAIVER (HCB)****17.26 ESTABLISHING MEDICAL NECESSITY**

Medical necessity is determined by the case management agency. The Worker has responsibility in this process to obtain a signed copy of the last page of the PAS as verification of medical necessity at application and redetermination. When the DHS-2 is received from the case management agency, medical necessity is presumed to be determined.

The case manager notifies the Worker when a client is no longer has a medical necessity for HCB waiver services.

**NOTE:** Block 42 of the last page of the PAS must be completed by WVMI to verify medical necessity. The PAS cannot be older than 1 year minus 1 day for HCB Waiver applications and redeterminations.

**HOME AND COMMUNITY BASED WAIVER (HCB)****17.27 SPECIAL PROCEDURES RELATED TO COVERAGE GROUPS****A. CURRENT RECIPIENTS OF FULL-COVERAGE MEDICAID**

Current full-coverage Medicaid recipients, including, SSI and Deemed SSI recipients, must complete the DFA-LTC-5 at application for HCB to evaluate any annuities, trusts and/or other potential resources or transfers. **See Section 17.12,D.**

**B. ALL OTHERS**

Individuals who do not receive full-coverage Medicaid, including, QMB, SLIMB and QI-1 recipients, must complete **the full application process.**