HOME AND COMMUNITY BASED WAIVER (HCB)

17.18 CASE MAINTENANCE

A. COUNTY TRANSFER

When an HCB recipient moves from one county to another, the case record must be transferred to the new county of residence. Transfer procedures in 17.3, A apply.

B. CHANGES IN INCOME

When the client's income increases to above 300% of the SSI payment level, he is no longer eligible for HCB services. The Worker must:

- Notify the case management agency or WV BoSS.
- Notify the client or his representative by providing 13 days advance notice.
- Take appropriate data system action.
- Evaluate the client for all other Medicaid coverage groups.
- C. CHANGE IN MEDICAL CONDITION

When the client's medical condition improves to the extent that HCB services are no longer required, he is ineligible for the HCB coverage group when this is the method by which he qualified for Medicaid. He must be evaluated for all other Medicaid coverage groups. Recipients of HCB services who receive Medicaid under any other coverage group remain eligible for Medicaid, but cannot have HCB services paid any longer.

If the HCB client's condition changes to the extent that care in a nursing facility is required, the Worker must complete the following before nursing facility services can be paid.

S Insure that a valid PAS-2000 was completed on the date the client entered the nursing facility or within the 60-day period prior to entering the facility.

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- S Complete the post-eligibility process to determine the client's contribution to his cost of care. See Section 17.9,D for instructions.
- \$ Follow all notification procedures outlined in Section
 17.6
- **S** Insure that the AG remains in the same redetermination cycle. When this change occurs in the month of redetermination, it must be completed at the same time as the change from HCB to nursing facility services.
- S When the individual is under age 65 and does not receive a disability benefit or meet any other criteria specified in Section 12.4, disability must be established by MRT. See Section 17.11,A.