



Policy Clarification 2020-08-01

Title: HCBS and Aged-Out Foster Care

Date: August 13, 2020

From: Erin Kelley, Senior Medical Eligibility Policy Manager

Program(s) impacted: All Medical Programs

The purpose of this document is to clarify section 2.6 of PM2014-01-01 regarding the treatment of co-existing Home and Community Based Services (HCBS) and Aged-Out Foster Care (AGO) coverage.

The subsections specifically referred to below state the basic policy:

PM2014-01-01 – 2.6 – *“The existing Foster Care Aged Out program is being expanded. Youth who aged out of foster care are now eligible through the month of their 26th birthday. This is an expansion of the existing program that provides coverage for former foster care youth up to age 21.*

To be eligible under the new Foster Care Aged Out program the young adult must meet the following guidelines:

...

j) Youth in this coverage group are potentially eligible for coverage of institutional stays (including PRTF.) No patient liability will be established. Youth in this group are eligible for HCBS up to age 21 and will need to be transitioned to the MS program if HCBS is to be continued or established.

k) When a young adult is eligible for more than one coverage group, the FC-AO program takes priority except in the following situations:

- 1. SSI recipients – Persons receiving SSI (or considered to be receiving SSI) shall be enrolled in SSI-related medical.*
- 2. MS or CI for LTC/HCBS as indicated above in item ‘j’.”*

An individual receiving AGO may also be entitled to receive additional services through an HCBS waiver. The basic Title 19 (TXIX) coverage associated with both AGO and HCBS will continue to provide the same coverage; however, HCBS comes with additional services catered to the recipient’s specific needs that must be associated with a corresponding level of care. While AGO, on its own, was expanded with the Affordable Care Act (ACA) and may be received until the age of 26, recipients shall only receive dual assistance of both AGO and HCBS through the month of their 21st birthday.

When an individual reaches the age of 21, a resource test is required should HCBS be expected to continue. The same is true for an individual over the age of 21 but less than 26 on expanded AGO becoming newly eligible for an HCBS waiver. Because the consumer is now considered an adult with a level of care, MAGI rules no longer apply; thus, resulting in the need to transition the individual over solely to the disability-related (MS) program.

Note: It is important to remember that although a resource test is not required from these individuals until the age of 21, if seeking HCBS through the PD, I/DD, or BI waivers, a disability determination must be obtained once the individual reaches the age of 19. If the consumer is not already determined to be disabled per Social Security's standards, a referral to the PMD team may be necessary. A disability determination is not necessary for individuals covered under the TA or SED Waivers between the ages of 19-22 as they are still considered youth under these waivers. (See Medical KEESM 8214 and 8216).

If all necessary information is received, the consumer has been determined disabled, and the consumer is eligible for HCBS waiver services, AGO shall be discontinued and HCBS shall take precedence. A client obligation shall be established effective the month after the month AGO is discontinued.

Remember: Policy Memo 2019-06-02 and Policy Memo 2019-12-02 shall continue to be adhered to when determining the effective date of HCBS.

Medical assistance shall not be discontinued while the transition of coverage is in progress unless the consumer fails to provide information necessary to make the determination of ongoing and/or newly entitled HCBS. Failure to provide information solely needed to determine HCBS eligibility shall not affect the consumers ongoing AGO coverage, if still within program guidelines. If the consumer fails to provide information necessary to determine HCBS eligibility, HCBS shall be denied/discontinued allowing for timely and adequate notice – the consumer shall remain eligible for AGO until their 26th birthday. Should the consumer be solely transitioned to HCBS but later discontinued for any other reason outside of failure to return an annual review, AGO may be reinstated if still within age requirements.

For questions or concerns related to this document, please contact one of the KDHE Medical Policy Staff below.

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