



MEC Weekly Update: 06/23/2017

New This Week

Deductible Calculation for Home- and Community-Based Services Waivers has Changed

Deductible Calculation for Home- and Community-Based Services Waivers has Changed [Top of the Page](#)



A section of the Affordable Care Act (ACA) requires states to apply the long-term care spousal impoverishment rules to Home- and Community-Based Services Waiver applicants/members. This past December, the maximum Community Spouse Resource Allowance limit was implemented for HCBSW members. *This past weekend, new logic was implemented in MA21 to support a change in the deductible calculation for HCBSW members.*

The Frail Elder HCBSW, the DDS HCBSW, and the MRC-TBI HCBSW allow for applicants/members to meet a deductible to become eligible for Standard + HCBSW. ABI and MFP Waiver applicants cannot meet a deductible to obtain eligibility for either waiver. **When applying for a HCBSW, if the applicant has a spouse, the spouse's income is not countable income in determining the applicant's HCBSW eligibility.** Historically, when an applicant/member had income in excess of 300% FBR, the deductible would be calculated by including the spouse's income. The ACA requires that the spouse's income *not* be counted when calculating a deductible for a HCBSW applicant/member and that the income standard for a household of one be applied. If the HCBSW applicant/member's spouse is applying for community benefits then a deductible will be calculated separately for that individual, business as usual.

As a reminder, applicants/members may submit bills that have been incurred by the individual, their spouse, or other family group member.