



APPLE HEALTH (MEDICAID) MANUAL REVISION

Revision #	045
Chapter / Section	Long-term Care, Hospice, Eligibility for the Hospice program with institutional Medicaid rules
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Summary of Revision

<https://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/eligibility-hospice-program-following>

No change in policy regarding hospice, but clarifying the language in the AH manual. Update to program codes.

Apple Health (Medicaid) Manual revision via track changes:

Eligibility for the Hospice program
with following institutional Medicaid rules

Revised ~~June 16, 2011~~

~~When am I eligible for~~ Eligibility for the L3222 ~~h~~Hospice program following utilizing institutional ~~m~~Medicaid rules?

~~Use~~ the L3222 hospice program ~~should be used~~ for a client who receives hospice services and who resides in a medical institution (nursing ~~facility-home~~, hospice care center). ~~(ACES will trickle to a L95 or L99 medically needy (MN) program if the gross income is over the medicaid special income level (SIL) when the client is in a medical institution).~~

For some clients who do not reside in medical institutions, it could be to their benefit to follow institutional rules when determining eligibility for ~~h~~Hospice services. Institutional rules allow the spend-down of excess resources towards the cost of care, a higher resource standard for married couples, a higher income allocation amount for a spouse and a higher income standard for a single person. Clients need to meet aged, blind, or disabled criteria to be eligible for the L3222 hospice program. Examples of cases that should be considered for L3222 coverage are listed below:

L3222 is a categorically needy (CN) program and has advantages over a MN program.

1. SSI-related medically needy. A client should always be considered for a L3222 program before authorizing benefits or services under MN for the following reasons:
 - Clients will not have to meet ~~the~~ spend-down amount prior to becoming eligible. ~~(They may have to pay toward the cost of care each month; pThis participation is paid directly to the hHospice provider).~~
 - Once ~~the client is found~~ eligible, ~~m~~Medicaid is backdated to the first of the month and CN scope of care.
 - The CN income limit is the ~~Special Income Limit(SIL)~~ which is higher than the CN income limit for non-~~i~~institutional medical.
 - ~~For a single client at home, T~~he personal needs allowance standard is higher ~~for a single person~~ (100% FPL), as opposed to the ~~medically needy income limit~~ (MNIL) used for non-institutional medical.
 - A community spouse's income is not counted when determining hospice participation. The personal needs allowance (PNA) is the MNIL when there is a community spouse.
 - A dependent's income is not counted when determining hospice participation.

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- o Higher income allocation to a community spouse and dependents when living with a community spouse.

See: LTC income and standards chart

2. Single-A single Healthcare-Apple Health for Workers with Disability (HWD) clients with income below 100% of the FPL. They would not have to pay a premium for medical coverage and would have no participation.
3. A minor Cchildren with a disabilityies who isare not eligible for a children's healthcare program due to the income of their parents.

For clients receiving waiver services through Aging and Long-term Supports Administration (AL TSA), see additional instructions under Worker Responsibilities - ALTSA HCB Waiver Programs.

HCB Waiver rules for Home and Community Services (HCS) clients are described in WAC 182-515-1505 for HCS clients.

HCB Waiver rules for Development Disabilities Administration (DDA) clients are described in WAC 182-515-1510.

A client can be on an HCB waiver program (L21, L22) with HCS or DDA and receive hospice services, if functionally and financially eligible. Both waiver and hospice services are coded on the Institutional Care screen under Services. The Waiver program is the priority program over Hospice. All participation is applied to the waiver program.

For a hospice client in a medical institution with income over the SIL, see ~~on the L22 Waiver program.~~

WAC 182-513-1395 Determining eligibility for institutional services for people living in a medical institution under the SSI-related medically needy program. Determining eligibility for institutional or hospice services and for facility care only under the medically needy (MN) program for clients with income over the SIL. (hospice clients in a medical institution with income over the SIL).

HCB Waiver rules are described in WAC ~~182-515-1510 through 182-515-1514~~ for DDA clients on the L22 Waiver program.

A client can be on an HCB waiver program with HCS or DDA and receive Hospice services. Both Waiver and Hospice service eligibility is coded on the INST screen. The Waiver program is the priority program over Hospice. All participation is applied to the waiver program.

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