Washington State Health Care Authority

APPLE HEALTH (MEDICAID) MANUAL REVISION

Revision #	**061**
Chapter / Section	**Long-term Services and Supports**
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Summary of Revision

General eligibility for long-term care clarifying information is amended under Nursing Facility (NF) limitations on billing. An exemption is allowed on recipients who enter a nursing facility on a weekend or holiday, if the department is notified by the next business day, the authorization date will start on the actual date of admission.

Apple Health (Medicaid) Manual revision via track changes:

https://www.hca.wa.gov/health-care-services-supports/program-administration/general-eligibility-long-term-care

General eligibility for Long-term care

Revised Date:
~~November 22, 2016~~ 4/1/2019
Purpose: WAC 182-513-1315 is ~~considered~~ the index roadmap WAC for the general eligibility of institutional and home and community based (HCB) waiver medicaid.

Clarifying Information

Special income level (SIL):

1. The agency compares a~~n~~ client's ~~individual's~~ nonexcluded income to the Special Income Level (SIL) under Standards LTSS to determine whether a~~n~~ ~~individual~~ client is eligible for LTC services under the CN program. ~~Individuals~~ Clients applying for HCB Waiver services authorized by Home and Community Services (HCS) can have income over the Medicaid SIL. (See WAC 182-515-1508).

2. The SIL is equal to 300% of the annually adjusted SSI Federal Benefit Rate (FBR).

3. The agency does not allow income disregards when determining initial eligibility for CN services. Income that is excluded by federal statute under WAC 182-513-1340 is not counted.

Income transfers:

1. The agency considers any agreement between spouses to transfer or assign rights to future income to be invalid when determining a~~n individual~~client's income eligibility and participation in the cost of care.

2. The agency considers such income available when comparing an ~~individua~~client~~l~~'s income to program Standards LTSS and includes it when determining the participation amount whether or not the ~~individual~~ client continues to receive it.

3. The agency considers all of a~~n individual~~client's income to be available as described in WAC 182-513-1325 and WAC 182-513-1330, unless exceptional circumstances exist that include but are not limited to the following:

    1. When income is established as unavailable in an administrative hearing as described in chapter 182-526 WAC.

    2. When income that at one time belonged exclusively to ~~an individual~~ the client becomes property of the spouse in a community property state. An example of this is when a court divides a pension between spouses by use of a "qualified domestic relations order" (QDRO). Under a QDRO a court transfers a portion of the pension, which it considers a resource, and thereby transfers a portion of the income produced by the resource.

4. The agency does not consider income generated by a transferred resource to be available. The income is a part of the resource, which is why the agency evaluates the transfer of such an asset as the transfer of a resource as described in WAC 182-513-1363.

LTC/Private Insurance:

Third party resources and LTC insurance

Institutionalized SSI Clients:

If an SSI ~~individual~~ client is admitted to a medical facility for a temporary period, SSI payments may continue for the first three months after admission~~.~~

Inpatient mental health treatment in Eastern or Western State Hospital:

Persons who are at least 21 and less than 65 years old who live in Eastern or Western State Hospital are not eligible for medical assistance (if ~~an individual~~ the person turns 21 in the facility while on medical assistance they can receive medical assistance until they discharge or turn 22, whichever comes first). Their medical needs are the responsibility of the hospital.

Parental responsibility:

1. The financial responsibility of parents is limited to what they choose to contribute when their child is institutionalized under WAC 182-513-1320 including receiving HCB waiver services.

2. Children who are eligible for Medicaid under institutional rules remain continuously eligible for Medicaid through the end of their one~~-~~-year certification upon discharge from the facility. See Health care for children WAC 182-505-0210 and 182-504-0125 for instructions.

Residency:

1. See clarifying information on WAC 182-503-0520 for ~~individuals~~ clients not residing in an institution and WAC 182-503-0525 for ~~individuals~~ clients residing in an institution.

2. If the ~~individual~~ client or ~~individual's~~their representative expresses the ~~individual~~clients's intent to return to the home, it is excluded when determining resources, even if the home is located in another state.

3. The expressed intent to return to a home that is in another state does not affect the ~~individual~~client's status as a Washington resident.

Nursing facility (NF) - limitations on billing:

1. For **recipients** active on medical coverage the NF can't bill a~~n~~ ~~individual~~ client who applies for or receives institutional services for the days between admission and the date the facility first notified the department of the admission. This requirement is under RCW 74.42-056. There is an exemption to this rule. If the NF admission is on the weekend or a holiday, and the NF notified the department on the next business day, the authorization date will start with the date of admit.

2. For **applicants**, the agency will back date nursing facility payment authorization up to 3 months as long as the individual is otherwise eligible.

3. Recipients of non-MAGI medical programs must have their eligibility redetermined using institutional rules if the client is in a medical institution 30 days or longer. Recipients of non-MAGI medical can have nursing facility paid as a short stay for less than 30-~~-~~day admissions only.

4. Recipients of MAGI medical do not need an award letter for the nursing facility to submit a claim. Instructions ~~can be found~~ are in the nursing facility billing guide.

5. Nursing Home Services Prior Authorization is required under the State-funded long-term care for noncitizens.

Active MN Medicaid Individual Entering a Nursing Facility

Active MN Medicaid ~~individuals~~ clients who have met spenddown and are placed in a nursing home see clarifying information for the medically needy program.

Worker Responsibilities

1. See Filing

2. Follow rules for Washington Apple Health (WAH) Eligibility requirements:

    1. Chapter 182-503 WAC describes:

1. How to Apply
2. Who can apply
3. Interview requirements
4. Verification requirements
5. Application processing times
6. When coverage begins
7. Application denials and withdrawals
8. Exceptions to rule
9. Rights and responsibilities
10. Limited English proficient (LEP) services
11. Equal Access Services
12. General eligibility requirements
13. Program Summary
14. Social Security number requirements
15. Residency requirements-Persons who are not residing in an institution
16. Residency requirements for an institutionalized person
17. Citizenship and alien status- Definitions
18. Assignment of rights and cooperation
19. Age requirements for medical programs based on modified adjusted gross income (MAGI)

2. Chapter 182-504 WAC describes:

    1. Retroactive certification period
    2. Certification periods for categorically needy (CN) programs
    3. Certification periods for noninstitutional medically needy (MN) programs

4. Medicare Savings Programs certification periods
5. Renewals
6. Changes that must be reported
7. When to report changes
8. Effective dates of changes
9. Effect of reported changes
10. Continued coverage pending an appeal
11. Monthly income standards based on the federal poverty level (FPL)

3. Follow rules in Chapter 182-506 WAC regarding assistance units
4. Follow rules in Chapter 182-507 WAC for state funded LTC for ~~non-citizens~~non-citizens and AEM
5. Follow rules in Chapter 182-508 WAC for Medicare Care Services (MCS) state funded medical
6. Follow rules in Chapter 182-510 for SSI medical
7. Follow rules in Chapter 182-511 for SSI related Health Care for Workers with Disabilities (HWD).
8. Follow rules in Chapter 182-512 for SSI related medical
9. For a nursing facility or state funded residential individual whose eligibility is established under the A01 program, waive the sequential evaluation process (SEP) for a~~n individual~~ client who is eligible to receive ADS services in a nursing facility or state funded residential, refer to the CSO disability specialist for a determination of ABD cash if potentially eligible for ABD cash. If not eligible for ABD cash, because of the duration requirement, open on A01 MCS ~~which~~ that includes a referral for Housing Essential Needs (HEN).
10. For a~~n individual~~ client with a potential long-term disability who is not eligible for ABD cash, submit a request to the Division of Disability Determination Services (DDDS).
11. If a person is ineligible because of excess income or resources, or does not meet functional eligibility requirements, notify the ~~individual~~ client of the reasons why the application is denied. Determine eligibility for noninstitutional medical assistance as if the ~~individual~~ client were living ~~in their own~~ at home.

12. If notice is received that an individual no longer needs care provided in a medical facility, redetermine eligibility for other medical programs. Continue CN Medicaid ~~is continued~~ during the redetermination process.

13. If a~~n individual~~ client who is denied services for not meeting functional requirements requests an administrative hearing, notify the SW. The staff person who completed the assessment represents the agency at the hearing, unless someone else is designated for that responsibility.

14. ~~Individuals~~ Clients who have insurance must complete 14-194 Medical Coverage Information form including LTC insurance. The Coordination of Benefits (COB) unit at HCA will receive the 14-194 Medical Coverage Information form. The COB unit enters information from the Medical Coverage Form into their system. The information is interfaced with ACES and the TPL screens are auto populated.

15. Nursing facilities will be responsible for collecting payments from TPL carriers or obtaining a denial of benefits before the agency can pay the facilities. The ~~department~~ agency will continue to assign participation, which the nursing facility may collect until the TPL party begins making payments. See Third party resources and LTC insurance.

16. Admissions under 30 days into a medical facility is ~~considered~~ a Short stay~~s~~.