



RULE-MAKING ORDER PERMANENT RULE ONLY

**CR-103P (December 2017)
(Implements RCW 34.05.360)**

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: December 06, 2023

TIME: 9:07 AM

WSR 23-24-095

Agency: Health Care Authority

Effective date of rule:

Permanent Rules

☒ 31 days after filing.

☐ Other (specify) _____ (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

☐ Yes ☒ No If Yes, explain:

Purpose: The agency is amending WAC 182-513-1110 to remove presumptive eligibility for long-term services and supports in an alternate living facility. This change is currently effective by emergency rule filed under WSR 23-19-050. The agency adopted WAC 182-513-1110 anticipating federal government approval from the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS). Currently CMS has approved presumptive eligibility for long-term services and supports (LTSS) in the person's home, but discussions continue for alternate living facilities. Because federal funding is not yet available, the agency is amending the rule to remove language related to LTSS in an alternate living facility and hopes to restore that language through future rulemaking upon CMS approval.

Citation of rules affected by this order:

New:

Repealed:

Amended: 182-513-1110

Suspended:

Statutory authority for adoption: RCW 41.05.021, 41.05.160

Other authority:

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as WSR 23-22-105 on October 31, 2023 (date).

Describe any changes other than editing from proposed to adopted version: None

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

Name:

Address:

Phone:

Fax:

TTY:

Email:

Web site:

Other:

**Note: If any category is left blank, it will be calculated as zero.
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.**

The number of sections adopted in order to comply with:

Federal statute:	New	_____	Amended	_____	Repealed	_____
Federal rules or standards:	New	_____	Amended	_____	Repealed	_____
Recently enacted state statutes:	New	_____	Amended	_____	Repealed	_____

The number of sections adopted at the request of a nongovernmental entity:

New	_____	Amended	_____	Repealed	_____
-----	-------	---------	-------	----------	-------

The number of sections adopted on the agency's own initiative:

New	_____	Amended	_____	Repealed	_____
-----	-------	---------	-------	----------	-------

The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	_____	Amended	<u>1</u>	Repealed	_____
-----	-------	---------	----------	----------	-------

The number of sections adopted using:

Negotiated rule making:	New	_____	Amended	_____	Repealed	_____
Pilot rule making:	New	_____	Amended	_____	Repealed	_____
Other alternative rule making:	New	_____	Amended	<u>1</u>	Repealed	_____

Date Adopted: December 6, 2023

Name: Wendy Barcus

Title: HCA Rules Coordinator

Signature:



WAC 182-513-1110 Presumptive eligibility (PE)—Long-term services and supports (LTSS) in a home setting (~~(or in an alternate living facility (ALF))~~) authorized by home and community services (HCS). (1) A person may be determined presumptively eligible for long-term services and supports (LTSS) in their own home, as defined in WAC 388-106-0010(~~(, or in an alternate living facility, as defined in WAC 182-513-1100)~~):

- (a) Upon completion of a screening interview; and
- (b) When authorized by home and community services (HCS).
- (2) The screening interview described in subsection (3) of this section may be conducted by either:
 - (a) A HCS case manager or social worker;
 - (b) An area agency on aging (AAA) or their subcontractor; or
 - (c) A state designated tribal entity.
- (3) To be presumptively eligible (PE), the person must:
 - (a) Be determined to meet nursing facility level of care under WAC 388-106-0355 during the screening interview; and
 - (b) Attest to information that meets the:
 - (i) Income limits at or below the average monthly state nursing facility rate;
 - (ii) Resource limits defined under WAC 182-513-1350;
 - (iii) Social security requirement under WAC 182-503-0515;
 - (iv) Residency requirement under WAC 182-503-0520; and
 - (v) Aged, blind, or disabled requirement under WAC 182-512-0050.
- (4) The agency or the agency's designee determines how much client responsibility must be paid to the provider for PE home and community-based services authorized by HCS when living at home (~~(or in an alternate living facility)~~) as outlined in WAC 182-513-1215, 182-515-1507, and 182-515-1509.
- (5) The client or the client's representative must submit an on-line application through Washington connection or an HCA 18-005 application for aged, blind, disabled/long-term care coverage to HCS within 10 calendar days of PE determination.
- (6) The PE period begins on the date the screening interview is completed and:
 - (a) Ends on the last day of the month following the month of the PE determination if an LTSS application is not completed and submitted within 10 calendar days of PE determination; or
 - (b) Ends the last day of the month that the final eligibility determination is made if a LTSS application is submitted under subsection (5) of this section within 10 calendar days of PE determination.
- (7) For application processing times, refer to WAC 182-503-0060.
- (8) If the applicant is determined not financially eligible for LTSS under WAC 182-513-1315, there is no overpayment for services received during the PE period; however, client responsibility applies as described in WAC 182-513-1215, 182-515-1507, and 182-515-1509.
- (9) People who qualify for PE under this section receive categorically needy (CN) medical coverage under WAC 182-501-0060 through the PE period. CN medical coverage begins as described in WAC 182-503-0070 (1).

(10) When PE services described in WAC 388-106-1810 and 388-106-1820 are approved or denied, the agency or the agency's designee sends written notice as described in WAC 182-518-0010.

(11) A person may receive services under a PE period only once within a consecutive 24-month period.

(12) The applicant does not have a right to an administrative hearing on PE decisions under chapter 182-526 WAC.

(13) Institutional resource and income standards are found at <https://www.hca.wa.gov/free-or-low-cost-health-care/i-help-others-apply-and-access-apple-health/program-standard-income-and-resources>.

(14) This section does not apply to medical assistance programs described in WAC 182-507-0125 or 182-508-0005.