

Appendix E: Benefit Service Packages

Categorically Needy Program (CNP)

This program has the largest scope of care. A few of the services are: doctors, dentists, physical therapy, eye exams, eyeglasses (children only), mental health, prescriptions, hospitals, and family planning for men, women, and teens. There is limited coverage for Maternity Case Management, orthodontia, private duty nursing, and psychological evaluation. Chiropractic care and nutrition therapy are limited to the Healthy Kids program.

Alternative Benefits Plan (ABP)

This program is available to persons eligible to receive health care coverage under Washington Medicaid's Modified Adjusted Gross Income (MAGI)-based adult coverage. The scope of services available is equivalent to that available to CNP-covered clients with the addition of a benefit for habilitative services. Washington Administrative Code (WAC) program policies are applicable to this new eligibility group, as are the instructions in the ProviderOne Billing & Resource Guide and program-specific Medicaid Provider Guides. This client population does not include those eligible for Medicare.

Emergency Related Services Only (ERSO) – PA may be required

This program has coverage for only specific medical conditions: a qualifying emergency, end stage renal disease on dialysis, cancer actively receiving treatment, or post-transplant status on anti-rejection medications. Prior authorization for some services may be required. Services not related to the medical condition are not covered. The Agency determines if the client has a qualifying condition for any of these programs in accordance with the Washington Administrative Code (WAC) criteria. For specific details please see [182-507 WAC](#).

Take Charge – Family Planning Service Only (TCFPO)

This program is for both women and men. It covers family planning services such as: annual examinations, family planning education and risk reduction counseling, FDA approved contraceptive methods such as birth control pills, IUDs and emergency contraceptive creams and foams; and sterilization procedures.

Family Planning Services Only (FPSO)

This program is for women. Services include: coverage for all birth control methods, sterilization, OB-GYN exams, and counseling to help with family planning.

Medical Care Services (MCS) - no out of state care

This program covered many of the most basic services such as doctor's visits, prescriptions, and hospitalizations. However, some services, such as dental and mental health treatment may have restrictions that require prior authorization or may not be covered. This benefit was previously known as General Assistance (GA) and Disability Lifeline (DL).

Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) - no out of state care

This program covered many of the most basic services such as doctor's visits, prescriptions, and hospitalizations. However, some services, such as dental and mental health treatment may have restrictions that require prior authorization or may not be covered. Coverage is equivalent to Medical Care Services (MCS) below, with the addition of treatment for alcohol and drug addiction.

Limited Casualty Program – Medically Needy Program (LCP-MNP)

This program covers many medical services. A few of the services are: doctors, dentists, eye exams, eyeglasses (children only), mental health, prescriptions, hospitals, and family planning for men, women, and teens. There are some services that are not covered, such as physical therapy. There are also limited services; Maternity Case Management is one example. Chiropractic care and nutrition therapy are limited to the Healthy Kids program.

Qualified Medicare Beneficiary (QMB) – Medicare Only

This Medicare Savings Program pays for Medicare Part A and B premiums and pays for deductibles, coinsurance, and copayments according to Medicaid rules.

Specified Low-Income Medicare Beneficiary (SLMB)

This Medicare Savings Program only pays for Medicare Part B premiums. Health coverage through Apple Health Medicaid is not covered.

Qualified Individual 1 (QI-1)

This Medicare Savings Program only pays for Medicare Part B premiums. Health coverage through Apple Health Medicaid is not covered.

Qualified Disabled Working Individual (QDWI)

This Medicare Savings Program only pays for Medicare Part A premiums. Health coverage through Apple Health Medicaid is not covered.

Inpatient Psychiatric Care Only (IPCO)

The program covers services given in a psychiatric institution/hospital. Other services are not covered.

For more information, please visit <http://www.hca.wa.gov/medicaid/pages/client.aspx>.

ACES Program Codes

Some provider groups rely on the ACES program codes to help them determine if the client is on a state-only program or is on a Washington Apple Health Medicaid program to identify their funding sources. The following table lists these program codes.

	ACES	DESCRIPTION	SCOPE
SSI and SSI Related SSI and SSI related, also called Aged/Blind/Disabled (ABD); disability is determined by SSA or by NGMA referral to DDDS	S01	SSI Recipients	CN
	S02	ABD Categorically Needy	CN
	S03	QMB Medicare Savings Program (MSP) Medicare premium and co-pays	MSP
	S04	QDWI Medicare Savings Program	MSP
	S05	SLMB Medicare Savings Program. Medicare Premium only	MSP
	S06	QI-1 (ESLMB) Medicare Savings Program	MSP
	S07	Undocumented Alien. Emergency Related Service Only	ERSO
	S95	Medically Needy no Spenddown	MN
	S99	Medically Needy with Spenddown	MN
SSI Related Living in an alternate living facility (non-medical institution) adult family home, boarding home or DDA group home.	G03	Non Institutional Medical in ALF CN-P Income under the SIL plus under state rate x 31 days + 38.84	CN
	G95	Medically Needy Non Institutional in ALF no spenddown	MN
	G99	Medically Needy Non Institutional in ALF with Spenddown	MN
SSI Related Healthcare for Workers With Disability	S08	Healthcare for Workers with Disability CN-P Premium based program. Substantial Gainful Activity (SGA) not a factor in Disability determination.	CN
Institutional HCBS Waivers (HCS/DDA) and Hospice; SSI related	L21	Categorically Needy DDA/HCS Waiver or Hospice on SSI	CN
	L22	Categorically Needy DDA/HCS Waiver or Hospice – gross income under the SIL	
	L24	Undocumented Alien/Non-Citizen LTC - residential placement. Must be preapproved by ADSA program manager. Emergency Related Service Only (45 slots)	ERSO – CN scope
	L31	PACE or hospice on SSI (effective 10/1/15)	CN
	L32	PACE or hospice – SSI-related (effective 10/1/15)	CN
	L41	Roads to Community Living on SSI (effective 10/1/15)	CN
	L51	Community First Choice (CFC) on SSI (effective 10/1/15)	CN
	L52	Community First Choice (CFC) – SSI related at home or in an ALF (effective 10/1/15)	CN
L99	Medically Needy Hospice in Medical Institution. With Spenddown	MN	
Institutional SSI	L01	SSI recipient in a Medical Institution - Residing in a medical institution 30 days or more	CN
Institutional SSI Related Residing in a medical institution 30 days or more	L02	SSI related CN-P in a Medical Institution Income under the SIL	CN
	L04	Undocumented Alien/Non-Citizen LTC must be pre-approved by ADSA program manager. Emergency Related Service Only (45 slots)	ERSO – CN scope
	L95	SSI related Medically Needy no Spenddown Income over the SIL. Income under the state rate.	MN
	L99	SSI related Medically Needy with Spenddown Income over the SIL. Income over the state rate but under the private rate. Locks into state NF rate	MN

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Institutional Family/Children TANF related income/resource rules	K01	Categorically Needy Family in Medical Institution	CN
	K03	Undocumented Alien Family in Medical institution Emergency Related Service Only	ERSO
	K95	Family LTC Medically Needy no Spenddown in Medical institution	MN
	K99	Family LTC Medically Needy with Spenddown In Medical institution	MN
Pregnancy	P02	Pregnant 185 FPL & Postpartum Extension	CN
	P04	Undocumented Alien Pregnant Woman	CN scope
	P05	Family Planning Service Only	Family Planning
	P06	Take Charge family Planning only	
	P99	Medically Needy Pregnant Women & Postpartum Extension	MN
Refugee Medical Assistance	R01	Refugee cash and Medical (ENDS 09/30/13)	CN
	R02	Transitional 4 Month Extension	CN
	R03	Refugee Categorically Needy	CN
DCFS/JRA Medical Foster Care	D01	SSI Recipient FC/AS/JRA Categorically Needy	CN
	D02	FC/AS/JRA Categorically Needy	CN
	D26	Title IV-E federal foster care	CN
Family Related Medical Assistance	F01	TANF cash and Medicaid (ENDS 09/30/13)	CN
	F02	Transitional Medicaid	CN
	F03	Post TANF Child/Spousal Support (4 months max only - Ended 12/31/13)	CN
	F04	TANF Related	CN
	F05	Newborn	CN
	F06	Categorically Needy Medical Children (Effective 1/1/09, this may be CN Medicaid children or CN State funded children)	CN
	F07	Children's Health Insurance Program	CN S-CHIP (Not Medicaid)
	F08	Undocumented Alien Children (this coverage group ends 12/31/08 and is merged with the F06 group)	State Funded CN scope
	F09	Undocumented Alien- Emergency Related Service Only	ERSO
	F10	Interim Categorically Needy (2 months max only)	CN
	F99	Medically Needy no Spenddown	MN
MAGI Family Related Medical Assistance	N01	MAGI Parent/Caretaker Medicaid; adult	CN
	N02	12 month Transitional MAGI Parent/Caretaker Medicaid; adult	CN
	N03	MAGI Pregnancy	CN
	N05	MAGI adult Medicaid; income =<133% (Medicaid Expansion)	ABP
	N10	MAGI Newborn Medical birth to one year	CN
	N11	MAGI Children's Medicaid/age under 19	CN
	N13	MAGI Children's Health Insurance Program (CHIP) Children under 19; premium payment program	CN
	N21	MAGI Parents/Caretaker; Emergency only; AEM	ERSO
	N23	MAGI Pregnancy; not lawfully present	CN
	N25	MAGI adult Medicaid; non-citizen- income =<133% (Medicaid Expansion) AEM	ERSO
	N31	MAGI Children's medical; under 19; non-citizen	State

Every effort has been made to ensure this guide's accuracy. However, in the unlikely event of an actual or apparent conflict between this document and an Agency rule, the Agency rule controls.

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			Funded CN scope
	N33	MAGI Children's Health Insurance Program (CHIP): under 19; premium payment program, non-citizen	State Funded CN scope of care
ADATSA State Program Drug & Alcohol TX program	W01	ADATSA Medical-State Funded (Ended 12/31/13)	State Funded
	W02	ADATSA Medical Care-State Funded (Ended 12/31/13)	State Funded
	W03	Detox Medical-State Funded (Ended 12/31/13)	State Funded
Medical Care Services and ABD Cash with CN Medicaid	G01	MCS Medical Care Services (Ends 8/31/14)	State Funded
	A01	MCS Medical Care Services – non-citizen (aged, blind, disabled)	State Funded
	A05	MCS Medical Care Services – non-citizen (under 65, incapacitated)	State Funded
	G02	ABD cash plus either: (Ended 12/31/13) ABD-X Presumptive SSI Federally Funded CN Medicaid (Ended 12/31/13) ABD-A Federally Funded CN-P –AGED (Ends 8/31/14) ABD-D Federally Funded CN-P- NGMA disability determination (Ends 8/31/14)	CN
Mental Health Institutional	I01	In Patient Psychiatric (Mental Health - Ended 12/31/13)	CN
Breast and Cervical Cancer program	S30	Breast and Cervical Cancer (Health Department approval)	CN
Take Charge	P06	Family Planning (Take Charge)	Family Planning
Psychiatric inpatient	M99	Psychiatric Indigent Inpatient spenddown (MI prior to 7/03) Mental Health ONLY. (Ended 12/31/13)	Inpatient Psychiatric – Hospital Only

CN = Categorically Needy MN = Medically Needy ERSO = Emergency Related Services Only (AEM)
MSP = Medicare Savings ABP = Alternative Benefit Plan

For a high-level scope of care table for services covered by these programs see the [Health Care Coverage Program Benefit Packages and Scope of Service Categories](#) Table.

Providers can also find a version of this table in publication Medical Assistance Eligibility Overview form, HCA [22-315](#) and can order copies by visiting the [Publications](#) web page and clicking on ORDER.

See the [Alien Emergency Medical \(AEM\) coverage](#) web page for more information about eligibility.