CODE REVISER USE ONLY



## RULE-MAKING ORDER PERMANENT RULE ONLY

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

OFFICE OF THE CODE REVISER STATE OF WASHINGTON FILED

DATE: April 21, 2021 TIME: 11:26 AM

WSR 21-09-092

Agency: Health Care Authority
Effective date of rule: Permanent Rules Solution of the second
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?
<b>Purpose:</b> The agency is revising this section to fix a broken hyperlink for Apple Health income and resource standards.
Citation of rules affected by this order:
New: Repealed:
Amended: 182-513-1380
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 <u>WSR 21-05-036</u> on <u>February 11, 2021</u> (date). Describe any changes other than editing from proposed to adopted version: N/A
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 w	/ith:				
Federal statute:	New	Amended		Repealed	
Federal rules or standards:	New	Amended		Repealed	
Recently enacted state statutes:	New	Amended		Repealed	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	New	Amended		Repealed	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	New	Amended		Repealed	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	New	Amended	1	Repealed	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Negotiated rule making:	New	Amended		Repealed	
Pilot rule making:	New	Amended		Repealed	
Other alternative rule making:	New	Amended	1	Repealed	
Date Adopted: April 21, 2021	Signat	ure:			
Name: Wendy Barcus		/V/	indi B	NR111 -	
Title: HCA Rules Coordinator		V (V	a way is		

AMENDATORY SECTION (Amending WSR 20-08-082, filed 3/27/20, effective 4/27/20)

WAC 182-513-1380 Determining a client's financial participation in the cost of care for long-term care in a medical institution. This rule describes how the agency or the agency's designee allocates income and excess resources when determining participation in the cost of care in a medical institution.

(1) The agency or the agency's designee defines which income and resources must be used in this process under WAC 182-513-1315.

(2) The agency or the agency's designee allocates nonexcluded income in the following order, and the combined total of (a), (b), (c), and (d) of this subsection cannot exceed the effective one-person medically needy income level (MNIL):

(a) A personal needs allowance (PNA) under WAC 182-513-1105.

(b) Mandatory federal, state, or local income taxes owed by the client.

(c) Wages for a client who:

(i) Is related to the supplemental security income (SSI) program under WAC 182-512-0050(1); and

(ii) Receives the wages as part of an agency-approved or department-approved training or rehabilitative program designed to prepare the client for a less restrictive placement. When determining this deduction, employment expenses are not deducted.

(d) Guardianship fees and administrative costs, including any attorney fees paid by the guardian, as allowed under chapter 388-79A WAC.

(3) The agency or the agency's designee allocates nonexcluded income after deducting amounts under subsection (2) of this section in the following order:

(a) Current or back child support garnished or withheld from income according to a child support order in the month of the garnishment if it is:

(i) For the current month;

(ii) For the time period covered by the PNA; and

(iii) Not counted as the dependent member's income when determining the dependent allocation amount under WAC 182-513-1385.

(b) A monthly maintenance needs allowance for the community spouse as determined using the calculation under WAC 182-513-1385. If the community spouse is also receiving long-term care services, the allocation is limited to an amount that brings the community spouse's income up to the PNA.

(c) A dependent allowance for each dependent of the institutionalized client or the client's spouse, as determined using the calculation under WAC 182-513-1385.

(d) Medical expenses incurred by the institutionalized individual and not used to reduce excess resources. Allowable medical expenses and reducing excess resources are described in WAC 182-513-1350.

(e) Maintenance of the home of a single institutionalized client or institutionalized couple:

(i) Up to one hundred percent of the one-person federal poverty level per month;

(ii) Limited to a six-month period;

(iii) When a physician has certified that the client or couple is likely to return to the home within the six-month period; and

(iv) When social services staff documents the need for the income deduction.

(4) A client may have to pay third-party resources as defined under WAC 182-513-1100 in addition to the participation.

(5) A client is responsible to pay only up to the state rate for the cost of care. If long-term care insurance pays a portion of the state rate cost of care, a client pays only the difference up to the state rate cost of care.

(6) When a client lives in multiple living arrangements in a month, the agency allows the highest PNA available based on all the living arrangements and services the client has in a month.

(7) Standards under this section for long-term care are found at ((www.hca.wa.gov/free-or-low-cost-health-care/program-administration/ standards-ltc)) <u>https://www.hca.wa.gov/health-care-services-supports/</u> program-standard-income-and-resources.