

Nursing Facility Provider desk tool on Apple Health coverage groups and scope.

Program Category	ACES	Description	Scope	NF short stay ^b (if not managed care or medicare days)	Institutional ^b 30 days or more	What agency maintains the program?
SSI and SSI-related (non-institutional) Aged/Blind/Disabled (ABD) category Disability is determined by SSA, or by NGMA referral to DDDS See below for S08/HWD	S01	SSI Recipients Categorically Needy (CN)	CN	Yes with NFLOC	No	S track cases are managed by CSD financial staff unless the client is receiving LTSS through DDA or HCS.
	S02	SSI-related	CN	Yes with NFLOC	No	S track - See above
	S03	QMB Medicare Savings Program (MSP). Medicare premiums, copayments, coinsurance, deductibles.	MSP	Pays Medicare premiums and co-payments. Bill as a claim if QMB eligible and status is under medicare days. No application required for NF if medicare days only, on QMB, & no other service is needed. No NFLOC is needed to submit a claim for Medicare days in a NF.		S track- See above Note: A client can be on full Medicaid program plus a Medicare Savings Program such as QMB.
	S04	Qualified disabled working individual (QDWI). Medicare Part A premiums.	MSP	No	No	S track - See above
	S05	Specific low-income Medicare beneficiary (SLMB). Medicare Part B premiums.	MSP	No	No	S track - See above
	S06	Qualified individual (QI-1). Medicare Part B premiums.	MSP	No	No	S track - See above
	S07	SSI-related Alien Emergency Medical (AEM). Emergency Related Service Only (ERSO).	ERSO	Hospital, cancer, or end stage renal only. No NF coverage		S track - See above
	S95	SSI-related Medically Needy (MN) no spenddown.	MN	Yes with NFLOC	No	S track- See above
	S99	SSI-related with spenddown (SD)	MN	Yes, only if SD met and shows active.	No	S track - See above
	SSI-related (non-institutional) Living in an	G03	Income under the SIL & under state rate x 31 days + \$38.84. Only used for MPC and BHO	CN	Yes with NFLOC	No

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alternate living facility (ALF) - AFH, AL or DDA group home.		placements.				behavioral health facilities
	G95	ALF private pay no spenddown. Income under the SIL, and under the private rate.	MN	Yes with NFLOC	No	DDA or HCS
	G99	ALF private pay with spenddown (SD) Income under the SIL, but over the private rate.	MN	Yes with NFLOC, If SD met, and it shows active	No	DDA or HCS
SSI-related/ABD (non-institutional) Healthcare for Workers with Disabilities (HWD)	S08	Premium based program for under 65 disabled that are employed.	CN	Yes with NFLOC	No	HCS if receiving HCS services, DDA for all other HWD cases
HCW Waiver (institutional) SSI or SSI-related 1915(c) waivers authorized by HCS or DDA Note: If on Medicare, the L21 and L22 group will always be on a QMB/S03 program too.	L21	SSI recipients on a HCB Waiver.	CN	Yes, NFLOC already determined as HCB Waiver client meets NFLOC/ICF-ID	No-once in NF 30 days or more, program change to L01	HCS if on HCS services, DDA LTC team if on DDA services
	L22	SSI-related DDA – income at or below special income level (SIL). HCS – income ≤ effective MNIL after deducting state NF rate.	CN	Yes, NFLOC already determined as HCB Waiver client meets NFLOC/ICF-ID	No-once in NF 30 days or more, program change to L02	HCS if on HCS services, DDA LTC team if on DDA services
State funded LTSS for non-citizens in the community (in home and residential)	L24	Limited 45 slot program for LTSS in the community based on HCB Waiver rules with the exception of citizenship. Requires pre-approval by Sandy Spiegelberg	SFCN	Yes, if active on L24	No-once in a NF 30 days or more, program change to L04	HCS
SSI and SSI-related (non-institutional) PACE, or Hospice	L31	SSI recipient on PACE; or SSI recipient in institution on hospice (do not change S01 to L31 for hospice outside of an institution).	CN	NF services included in managed care PACE contract	NF services included in managed care PACE contract	HCS if PACE case DDA if Hospice case

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				Hospice in a NF covered based on notification of Hospice election	Hospice in a NF covered based on notification of hospice election	
	L32	SSI-related PACE or hospice as a program. PACE is managed care (no CFC or HCB waiver with PACE). CFC or HCB waiver with hospice only.	CN	NF services included in managed care PACE contract Hospice in a NF covered based on notification of Hospice election. DSHS must be notified of election/revocation in order to determine correct program.	NF services included in managed care PACE contract Hospice in a NF covered based on notification of Hospice election. DSHS must be notified of election/revocation in order to determine eligibility for the correct program.	HCS if PACE. HCS if active NF case and electing Hospice. DDA LTC specialty team manages ongoing Hospice cases.
SSI and SSI-related Roads to Community Living (RCL)	L41	SSI recipient on RCL.	CN	Yes if NFLOC	No	HCS or DDA
	L42	SSI-related RCL. 365 day medical upon approval by social services. Must be receiving Medicaid on day of institutional discharge.	CN	Yes if NFLOC	No	HCS or DDA
SSI and SSI-related Community First Choice (CFC)	L51	SSI recipient on CFC.	CN	Yes if NFLOC	No	HCS or DDA

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	L52	SSI-related CFC.	CN	Yes if NFLOC	No	HCS or DDA
SSI and SSI-related (institutional) In a medical institution for 30 days or more. Note: If on Medicare, the L01 L02, L95 group will always be on a QMB/S03 program too.	L01	SSI recipient. Residing in a Medical institution 30 days or more.	CN	If client is active on L01, NF is covered and NFLOC has been established. Has been institutionalized 30 days or more.	Yes	HCS or DDA. HCS maintains for NF admissions 30 days or more
	L02	SSI-related. Gross Income under the medicaid SIL (300% of the FBR) Residing in a Medical institution 30 days or more.	CN	If client is active on L01, NF is covered and NFLOC has been established. Has been institutionalized 30 days or more.	Yes	HCS or DDA. HCS maintains for NF admissions 30 days or more
	L04	Undocumented Alien / Non-Citizen LTC. Must be preapproved by HCS (Sandy Spiegelberg). State-funded CN (SFCN) scope. Institutional component of SFCN program.	SFCN	Yes if pre-approved by Sandy Spiegelberg and meets NFLOC		HCS
	L95	SSI-related no spenddown Income over the SIL, but less than the state rate.	MN	If client is active on L95, NF is covered and NFLOC has been established. Has been institutionalized 30 days or more.	Yes	HCS
	L99	SSI-related with spenddown Income over the state rate, but under the private rate. Client participation locked to state rate. Only has medicaid	MN	Yes if SD met and shows active. Client pays entire cost of care at the state rate	Yes if SD met and shows active. Client pays entire cost of care at the	HCS

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		attached if Spenddown is met and shows active.			state rate	
MAGI (institutional) Only used for individuals not eligible under non-institutional MAGI through the HPF. 6/1/2017 K track is maintained by HCA	K01	Categorically Needy Family in Medical Institution	CN		Yes with NFLOC	HCA
	K03	AEM Family in Medical Institution.	ERSO		Hospital, cancer or end stage renal only. No NF coverage	HCA
	K95	Family LTC Medically Needy no Spenddown in Medical Institution	MN		Yes with NFLOC	HCA
	K99	Family LTC Medically Needy with Spenddown (SD) in Medical Institution	MN		Yes with NFLOC and SD has been met and shows active	HCA
Pregnancy/Family Planning Maintained by HCA	P02	Pregnant 185 FPL & Postpartum Extension	CN	Yes, if NFLOC	No	HCA
	P04	Undocumented Alien Pregnant Woman	CN	Yes, if NFLOC	No	HCA
	P05	Family Planning (FP) Service	FP	No	No	HCA
	P06	Take Charge	FP	No	No	HCA
	P99	Pregnant Women & Postpartum Extension	MN	Yes. If NFLOC, SD is met and it shows active	No	HCA
Foster Care/JRA Maintained by HCA	D01	SSI Recipient FC/AS/JRA Categorically Needy	CN	Yes, if NFLOC	No	HCA
	D02	FC/AS/JRA Categorically Needy	CN	Yes, if NFLOC	No	HCA

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	D26	Title IV-E federal foster care – under 26	CN	Yes, if NFLOC	No	HCA	
MAGI	N01	Parent / caretaker	CN	Pays as a claim if no AH MCO coverage for NF skilled nursing/rehab. NFLOC is needed from HCS social worker. Award letter is not needed for the MAGI group.		HPF/HCA	
	N02	12 month transitional parent / caretaker	CN			HPF/HCA	
	N03	Pregnancy	CN			HPF/HCA	
	N05	Adult alternative benefits plan (ABP) (age 19-64)	ABP			HPF/HCA	
	N10	Newborn medical birth to one year	CN			HPF/HCA	
	N11	Children's (age under 19)	CN			HPF/HCA	
	N13	Children's Health Insurance Program (CHIP) (age under 19)	CN			HPF/HCA	
	N21	AEM parent / caretaker	ERSO			Hospital, cancer or end stage renal coverage only. No NF coverage	HPF/HCA
	N23	Pregnancy; not lawfully present	CN			Pays as a claim if no AH MCO coverage for NF skilled nursing/rehab. NFLOC is needed from HCS social worker. Award letter is not needed for the MAGI group	HPF/HCA
	N25	AEM (age 19-64)	ERSO			Hospital, cancer or end stage renal coverage only. No NF coverage	HPF/HCA
MAGI	N31	Non-citizen children's (age under 19)	SFCN	Pays as a claim if no AH MCO coverage for NF skilled nursing/rehab. NFLOC is needed from HCS social worker. Award letter is not needed for the MAGI group		HPF/HCA	
	N33	Non-citizen CHIP (age under 19)	SFCN			HPF/HCA	
Medical Care Services (MCS) Medical eligibility through eligibility for HEN or ABD	A01	ABD legally admitted persons in their 5-year bar or otherwise ineligible due to their immigration status. LTSS include state-funded residential and NF.	MCS	Yes, if NFLOC	Yes, if NFLOC	CSD. If in a NF 30 days or more HCS maintains the case. HCS also maintains if	

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Cash						receiving state-funded residential under this program.
Note: Maintained by CSD unless client is on HCS LTSS. HCS takes over cases when in a NF 30 days or more or if in state funded residential.	A05	Incapacitated legally admitted persons in their 5-year bar or otherwise ineligible due to their immigration status. LTSS include state-funded residential and NF.	MCS	Yes, if NFLOC	Yes, if NFLOC	CSD. If in a NF 30 days or more HCS maintains the case. HCS also maintains if receiving state-funded residential under this program.
	S30	Breast and Cervical Cancer (Health Department approval)	CN	Yes, if NFLOC	No	HCA
Tailored Supports for Older Adults (TSOA)	T02	Pre-Medicaid benefit for the caregiver of a person 55 or older to support the caregiver. For those not eligible for a CN or ABP Medicaid program and not needing or eligible for other LTSS services because of resources. Must meet NFLOC. No Medicaid service card is issued with TSOA. Program is effective 7/1/2017	None	Kelly checking into the NF respite benefit under TSOA	No	HCS

This is a desk tool is a desk aid for nursing facility coverage.

b – All NF admissions for skilled or rehabilitation are the responsibility of the managed care entity if enrolled and must be pre-approved by the managed care plan

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Acronym	Definition
ABP	Alternative Benefits Plan. Scope of care for the expanded adult MAGI group (N05).
ACES	Automated Client Eligibility System (ACES) is used to determine Classic Medical programs, cash and food benefits
AH MCO	Apple Health managed care organization
Classic	Classic Medical programs are those that are not determined by the Health Benefit Exchange (HBE). These programs did not change with the Affordable Care Act (ACA). Sometimes referenced as “non-MAGI” programs. Classic programs are those who are age 65 or older and those under age 65 who are disabled or blind and not on Medicare. It also includes foster care, breast and cervical cancer, state-funded medical care services, Aged/Blind/Disabled non-institutional, Aged/Blind/Disabled institutional and Home and Community Based (HCB) Waivers. The eligibility for the Aged, Blind, Disabled group of Classic medicaid is done by DSHS staff at CSD, HCS or DDA. Another term for the Aged/Blind/Disabled group is the SSI-related Medicaid group because the rules are based on SSI methodology from the Social Security Act.
CN	Categorically Needy scope of care
CSD	Community Service Division. CSD does the eligibility for the Aged/Blind/Disabled group of medicaid that is not receiving services from HCS or DDA. The CSD offices are called the Community Service Office (CSO) and their call center is called the Customer Service Center (CSC).
DDA	Developmental Disability Administration. The DDA LTC specialty team are financial workers that maintain the ABD medicaid when the client is receiving services with DDA, HWD or Hospice in a NF or Hospice Care Center.
ERSO	Emergency Related Services Only for Alien Emergency Medical (AEM)
FP	Family planning service
HCA	Health Care Authority. The state Medicaid agency maintains foster care, breast and cervical cancer, MAGI-based institutional children and family (K track), and post eligibility for MAGI cases.
HCS	Home and Community Services. HCS Financial staff maintain the ABD medical for clients receiving HCS services in the community and 30 days or more in a NF.
MAGI	Modified Adjusted Gross Income. Eligibility is done through the Health Plan Finder (HPF) and post eligibility is done by HCA. No award letter is needed for a NF claim, but a NFLOC determination must be requested to the HCS intake and is required for payment.
MCS	Medical Care Services (state-funded medical assistance) has NF coverage if NFLOC. This program is for legally admitted non-citizens in their 5 year bar from federal medicaid.
MN	Medically Needy scope of care
MSP	Medicare Savings Program
NF	Nursing Facility
NF short stay	A short stay is a NF admission under 30 days. For clients on a classic medical program, (not on MAGI), an award letter is issued once a NFLOC determination is made by an HCS social worker. An award letter or NFLOC determination is not needed if the entire short stay is covered under an AH MCO.
NFLOC	Nursing Facility Level of Care. Determination of NFLOC is required by HCS social service staff for

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	medicaid payment. It is not needed when a MCO or Medicare is responsible for payment.
QMB	Qualified Medicare Beneficiary. This program covers Medicare B premiums and Medicare A/B related co-payments. No award letter or NFLOC determination is needed to claim for clients on QMB under Medicare designated days.
SD	Spenddown. A medically needy program. A client must meet a spenddown in order to be eligible for Medical.
SF	State-funded
SFCN	State-funded with state funded CN scope of care