

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 evaluations. Chiropractic care and nutrition therapy are limited to the Healthy Kids program.

Alternative Benefits Plan (ABP)

This program is available to those 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 provider guides. This client population does not include those eligible for Medicare.

Apple Health Expansion (AHE)

This program covers many of the basic services such as doctor and dental visits, prescriptions, behavioral health, and hospitalizations. However, some services such as long-term care are not included in this coverage. This client population does not include those eligible for federally funded programs.

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. HCA 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 Chapter 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 and IUDs, emergency contraception, 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 covers many of the most basic services such as doctor and dental visits, prescriptions, and hospitalizations. However, some services such as 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, and hospitals, 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)

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

For more information, please submit questions to [Contact Us](#).

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 an Apple Health (Medicaid) program to identify their funding sources. The following table lists these program codes.

Category	ACES	Description	BSP
SSI and SSI related, also called Aged/Blind/Disabled (ABD); disability is determined by SSA or by NGMA referral to DDDS	S01	SSI recipients	CNP
	S02	ABD categorically needed	CNP
	S03	QMB Medicare savings program (MSP) Medicare premium and copays	MSP
	S04	QDWI Medicare savings program	MSP
	S05	SLMB Medicare savings program - Medicare premium only	MSP
	S06	QI-1 (SLMB) Medicare savings program	MSP
	S07	Undocumented alien - Emergency related service only	ERSO
	S20	Apple health expansion (AHE)	AHE
	S95	Medically needy no spenddown	MNP
	S99	Medically needy with spenddown	MNP
SSI related Healthcare for workers with disability	S08	Healthcare for workers with disability CNP premium based program - substantial gainful activity (SGA) not a factor in disability determination	CNP
SSI related, Long term services and supports (LTSS) at home receiving Home and community based services (HCS)	S32	LTSS presumptive eligibility for aged, blind or disabled, w/verified immigration status. WA resident, SSN, not eligible for other CN or state funded program. At home or discharged/discharging from certain hospitals to home with HCS services. LTSS period approved once in 24-month period.	CNP
SSI related living in an Alternate living facility (nonmedical institution), adult family home, boarding home, or DDD group home	G03	Non institutional medical in ALF CNP income under the SIL plus under state rate x 31 days + 38.84	CNP
	G95	Medically needy non-institutional in ALF no spenddown	MNP

Category	ACES	Description	BSP
	G99	Medically needy non-institutional in ALF with Spenddown	MNP
Institutional HCBS waivers (HCS/DDD) and hospice SSI and SSI related	L21	DDD/HCS waiver on SSI	CNP
	L22	DDD/HCS waiver – gross income under the SIL	CNP
	L24	Undocumented alien/non-citizen LTC – residential placement; must be preapproved by ADSA program manager; Emergency related service only (45 slots)	ERSO - CNP
	L31	PACE or hospice on SSI (effective 10/1/2015)	CNP
	L32	PACE or hospice – SSI-related (effective 10/1/2015)	CNP
	L41	Roads to community living on SSI (effective 10/1/2015)	CNP
	L99	Roads to community living – SSI related (effective 10/1/2015)	CNP
Non-institutional Community first choice	L51	Community first choice (CFC) on SSI (effective 10/1/2015)	CNP
Personal care services in the community	L52	Community first choice (CFC) – SSI related at home or in an ALF (effective 10/1/2015)	CNP
Institutional SSI - related Residing in a medical institution 30 days or more	L01	SSI recipient in a medical institution - residing in a medical institution 30 days or more	CNP
	L02	SSI related CNP in a medical institution income under the SIL	CNP
	L04	Undocumented alien/non-citizen LTC must be pre-approved by ADSA program manager; Emergency related service only (45 slots)	ERSO - CNP
	L95	SSI related Medically needy no spenddown Income over the SIL; Income under the state rate	MNP

Category	ACES	Description	BSP
	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	MNP
Institutional family/children TANF related income/resource rules	K01	Categorically needy family in medical institution	CNP
	K03	Undocumented alien family in medical institution - Emergency related service only	ERSO
	K95	Family LTC Medically needy no spenddown in medical institution	MNP
	K99	Family LTC Medically needy with spenddown - in medical institution	MNP
Pregnancy	P02	Pregnant 185% of FPL & postpartum extension	CNP
	P04	Undocumented alien pregnant woman	CNP
	P05	Family planning service only	Family planning
	P06	Take charge family planning only	Family planning
	P99	Medically needy pregnant spenddown	MNP
Refugee medical assistance	R02	Transitional 4-month extension	CNP
	R03	Refugee Categorically needy	CNP
DCFS/JRA medical foster care	D01	SSI recipient FC/AS/JRA Categorically needy	CNP
	D02	FC/AS/JRA Categorically needy	CNP
	D26	Title IV-E Federal foster care	CNP
Family related medical assistance	F01	TANF cash and Medicaid (ended 9/30/2013)	CNP
	F02	Transitional Medicaid	CNP
	F03	Post TANF child/spousal support (4 months max - ended 12/31/2013)	CNP
	F04	TANF related	CNP

Category	ACES	Description	BSP
	F05	Newborn	CNP
	F06	Categorically needy medical children (effective 1/1/2009, this may be CNP Medicaid children or CNP state funded children)	CNP
	F07	Children's health insurance program	CNP
	F08	Undocumented alien children (this coverage group ended 12/31/2008 and is merged with the F06 group)	CNP
	F09	Undocumented alien – Emergency related service only	ERSO
	F10	Interim Categorically needy (2 months max - ended 12/31/2014)	CNP
	F99	Medically needy children spenddown	MNP
MAGI family related medical assistance	N01	MAGI parent/caretaker Medicaid; adult	CNP
	N02	12-month transitional MAGI parent/caretaker Medicaid; adult	CNP
	N03	MAGI pregnancy	CNP
	N04	After pregnancy	CNP/ABP
	N05	MAGI adult Medicaid; income = <133% (Medicaid expansion)	ABP
	N07	After pregnancy; not Medicaid eligible during pregnancy	CNP
	N10	MAGI newborn medical/birth to one year	CNP
	N11	MAGI children's Medicaid/age under 19	CNP
	N13	MAGI Children's health insurance program (CHIP) children under 19; premium payment program	CNP
	N20	Apple health expansion (AHE)	AHE
	N21	MAGI parents/caretaker; Emergency only; AEM	ERSO

Category	ACES	Description	BSP
	N23	MAGI pregnancy; not lawfully present	CNP
	N24	After pregnancy; not lawfully present	CNP
	N25	MAGI adult Medicaid; non-citizen - income = <133% (Medicaid expansion) AEM	ERSO
	N27	After pregnancy; not lawfully present; not Medicaid eligible during pregnancy	CNP
	N31	MAGI Children's medical; under 19; non-citizen	State funded CNP
	N33	MAGI Children's health insurance program (CHIP); under 19; premium payment program, non-citizen	State funded CNP
ADATSA State program drug & alcohol TX program	W01	ADATSA Medical state funded (ended 12/31/2013)	State funded
	W02	ADATSA Medical state funded (ended 12/31/2013)	State funded
	W03	Detox medical state funded (ended 12/31/2013)	State funded
Medical care services and ABD cash with CN Medicaid	G01	MCS Medical care services (ended 8/31/2014)	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
	A24	MCS Medical care services – non-citizen SFA for survivors of certain crimes	State funded
	G02	ABD cash plus either: ABD-X Presumptive SSI federally funded CN Medicaid (ended 12/31/2013) ABD-A federally funded CNP - AGED (ended 8/31/2014) ABD-D federally funded CNP- NGMA disability determination (ended 8/31/2014)	CNP

Category	ACES	Description	BSP
Mental health institutional	I01	Inpatient psychiatric (mental health - ended 12/31/2013)	CNP
Breast and cervical cancer program	S30	Breast and cervical cancer (Health Department approval)	CNP
Take charge	P06	Family planning (Take charge)	Family planning
Psychiatric inpatient	M99	Psychiatric indigent inpatient spenddown (MI prior to 7/2003) Mental health ONLY (ended 12/31/2013)	Inpatient psychiatric hospital only
Tailored supports for older adults (TSOA) HCS maintains TSOA cases	T02	TSOA-No medical benefits and no Medicaid services card issued 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 medical benefits

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